

# Secondary trauma amongst administrative support staff working with traumatic incident dockets within the South African Police Service in Johannesburg, South Africa

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## Keywords

mental health, secondary traumatic stress, stigma, employee health and wellness services, employee assistance programmes

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## ABSTRACT

**Background:** Secondary trauma is trauma experienced by those in close contact with the victims of trauma. Research shows that some individuals exposed to photographs or video presentations of traumatic events may experience secondary trauma. This includes administrative staff within the South African Police Service (SAPS), who work with trauma dockets.

**Objectives:** We explored the effects of secondary trauma on administrative support staff within the SAPS, their access to psychological support in the SAPS, and their use of the employee health and wellness (EHW) services in the SAPS.

**Methods:** An exploratory qualitative study was conducted among administrative support staff from one of the four Johannesburg clusters of the SAPS. In-depth interviews took place with seven staff members. The data were analysed using Atlas.ti.

**Results:** Administrative support staff are exposed to trauma through incident dockets, victim statements, and gruesome images. The study participants indicated that they experienced trauma daily, and symptoms of trauma such as flashbacks, anxiety, sadness, nightmares, paranoia, avoidance, recurrent thoughts, and fear of death. They were over-protective of their loved ones and paranoid. They were not utilising the EHW services due to lack of access to appropriate services, or the stigma attached to seeking help from mental health professionals.

**Conclusion:** The SAPS needs to develop and implement a strategy to mitigate the impact of secondary trauma on its personnel, which include administrative support staff. Evidence-based interventions, such as resilience training, should be considered as part of the strategy.

## INTRODUCTION

Administrative support staff, working with traumatic incident dockets (police records of violent crimes and other gruesome incidents) in the South African Police Service (SAPS) read, summarise, scan, and capture statements from victims and witnesses. Working with traumatic incident dockets, such as gruesome killings with bodily mutilation, exposes individuals to deeply personal accounts of victims' experiences of violence and images that can carry a significant emotional cost.<sup>1,2</sup> Police officers deal with trauma survivors and the traumatic events in which they have been involved, while the administrative staff deal with indirect trauma by capturing and recording the dockets.<sup>3</sup> This involves typing statements from traumatic incident dockets and scanning gruesome images.

Exposure to these images may cause physical, emotional, and cognitive reactions, i.e. secondary trauma.<sup>4</sup> Administrative staff may experience loss of motivation because of prolonged emotional stress, and features of burnout such as emotional exhaustion, depersonalisation, and feeling a lack of personal accomplishment.<sup>5</sup> Secondary trauma is characterised by exhaustion, anger and irritability, and negative coping behaviour, such as drug and alcohol abuse.<sup>6</sup> According to Benedek et al.,<sup>7</sup> there are three categories of response to exposure to traumatic events. Most people experience mild and transient distress, e.g. sleep disturbance, anger, fear, sadness, or an increase in tobacco and alcohol use.<sup>7</sup> A smaller group may have moderate symptoms, e.g. persistent anxiety, persistent insomnia, or changes in workplace behaviour.<sup>7</sup> The third group

may develop psychiatric illnesses such as major depression or post-traumatic stress disorder.<sup>7</sup> It is also possible that traumatic events may lead to increased resilience and post-traumatic growth.<sup>8,9</sup>

Employee health and wellness (EHW) services are available to public service employees in South Africa, including employees of SAPS. These services comprise four pillars, viz. HIV/AIDS and TB management (pillar 1), health and productivity management (pillar 2), safety, health, environment, risk, and quality management (pillar 3), and wellness management (pillar 4).<sup>10</sup> The management of mental health forms part of pillar 2, while individual psycho-social wellness is part of pillar 4.<sup>10</sup> EHW services in the SAPS are provided by a multidisciplinary team, which includes social workers, psychologists, and occupational therapists.<sup>11</sup> Mental health programmes, as part of the SAPS EHW services, include suicide prevention, anger management, initial debriefing, stress management, and substance dependency.<sup>11</sup>

As indicated in a systematic review by Greinacher et al. (2019),<sup>12</sup> several studies have identified that people directly working with victims are exposed to trauma, but individuals who are indirectly exposed as part of their work through listening and reading have not been the focus of research. They may be incorrectly perceived as being at low risk of trauma as they lack opportunities to share their experiences with clinically trained professionals.<sup>13</sup>

In this study we explored the effects of secondary trauma on administrative support staff working with traumatic incident dockets within the SAPS in Johannesburg, their access to psychological support in the SAPS, and their use of employee EHW services.

## METHODS

An exploratory qualitative study was conducted amongst administrative support staff working in the Johannesburg East cluster of the SAPS. Johannesburg East is one of four organisational clusters of the SAPS in the City of Johannesburg and comprises seven police stations. Seven EHW personnel (four social workers, one psychologist, and two chaplains) are employed to support staff within the cluster, and SAPS members can be referred to two psychiatric institutions for further intervention. Johannesburg East was selected for the study for logistical reasons.

The study population comprised the 21 administrative support staff working with traumatic incident dockets in the seven police stations in the cluster, with at least one year of service. All those administrative support staff who could be reached were invited to participate in the study. Access to some potential participants was limited due to them working on the night shift at the time of the study, lack of support for the research from a few station commanders, and the COVID-19 pandemic. Twelve administrative support staff were contacted, seven of whom consented to participate in the study.

Data were collected from in-depth interviews from October to December 2021. MFM, who was trained in qualitative research methods during her Master's degree, interviewed the study participants, using a semi-structured in-depth interview guide with open-ended questions, and following up with probes for clarification and elaboration on responses. Demographic data – age, sex, years employed, and job title – were recorded. The questions covered the participants' understanding of exposure to trauma, thoughts and feelings when capturing gruesome images, the effect of the work on home and family life, and the availability of support in the workplace.

The interviews took place in a private space where there were no disturbances. Before the interviews began, the participants signed informed consent forms, which were audio recorded. Non-verbal cues were noted and a journal was used to record the interviewer's thoughts immediately after each interview. Each interview took 45–60 minutes to complete. Six of the seven study participants responded in English; one responded in Xitsonga. All audio recordings were transcribed. The Xitsonga interview was translated into English by an expert in both languages.

The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria approved the study (ethics reference number: 231/2021). The participants completed an informed consent form before the interview, and received assurance of confidentiality, especially regarding the processing of the data after the recording. Participant numbers were used instead of the participants' names.

## Data analysis

The analysis began with reading through all the transcripts to get a general sense of the information, and to reflect on the responses and the overall depth, credibility, and use of the information. Open coding technique, as described by Khandkar (2009), was used as a first step,<sup>14</sup> after which similar codes were clustered. Categories and topics relating to each other were grouped, and lines were drawn between categories to show interrelationships. The resulting categories were combined to form overarching themes or sub-themes, depending on the complexity of the categories. The sub-themes and themes were discussed between the first and second authors to reach agreement before being finalised. Atlas.ti was utilised for data analysis.

## RESULTS

The seven participants were from four different police stations. Five of the seven participants were 40 years of age or older, and four were male. Five had worked in the SAPS for 10 or more years.

### Occupational exposure to trauma

There was a sense amongst the participants that their exposure to trauma was through dockets that contained gruesome images and distressing statements:

*"I work with murder dockets and serious groups. When I have to scan the dockets or file it, along with the statements, it is traumatising because I have to go through those pages."* (P6, male)

*"Now you are seeing a photo, it is traumatic, but they had to see it visually with their own eyes. It's a hard thing to see and a hard pain to swallow. But is the reality of what's happening in our society or community."* (P3, male)

*"The trauma, sometimes you are not expecting to see something like that in the docket. And that thing sits with you for a long time."* (P4, female)

When asked how often they are exposed to trauma, the majority said daily. Participants shared that there was a delay in scanning inquest dockets because of their gruesome nature:

*"Usually, filing the dockets, for me it just a seconds thing but with that one, I can take the whole day because I will do the first page, the second page, when I am... in that page with that photo, I will close the docket and put it there."* (P4, female)

### Impact on mental health

The study participants indicated that they had mental health symptoms such as avoidance, flashbacks, fear of death, nightmares, worries, recurrent thoughts, paranoia, and sadness. Some appeared exhausted and burnt out. They were not motivated to be at work because of the emotional stress.

*"Because when the traumas start to pile up, it makes you not live the normal life that you used to live. You change your behaviour."* (P7, male)

*"I didn't sleep. I wasn't sleeping at night because of those things. I would picture every docket that I would see, but for now, no more dreams."* (P5, female)

*"But when you are alone, then you start to imagine all that you have seen."* (P6, male)

*"So, I just become quiet and sit. Feel like not going to work. It is too much."* (P3, male)

### Impact on family life

The secondary trauma also appeared to affect the participants' family lives and parenting. It had made some of them paranoid and more protective of their children:

*"You become paranoid because you have seen it happen. So, like I saw a child that was killed, I don't know how but they were in the presence of their parents but was killed so you become paranoid."*

*You think right now if kids are being killed in the presence of their parents, how am I supposed to trust other people with my kids. So, you should always have your kids next to you.” (P3, male)*

*“The only thing is that I am overprotective. My child is a girl so that is why.” (P5, female)*

*“If I am stressed at work or ...working in an environment that is not good is going to affect me even when I am at home. When I get home will start to complain or be grumpy, so it will affect me. Ja.” (P2, male)*

### **Employee health and wellness (EHW) services: access and utilisation**

Some participants mentioned that they did not have access to the appropriate EHW services to deal with their exposure to trauma, while others revealed they did not utilise the services because of the stigma attached to help seeking. Participants stated that their colleagues were afraid to go to the EHW offices because of trust issues, and being afraid of being labelled as crazy:

*“They feel as if there are victims of the circumstances, people will gossip about them and staff, yes, so they are not free to go to EHW because of the gossip of the people.” (P1, male)*

One participant noted that another reason might be that:

*“...they think talking doesn't help. Ja, that's why they are reluctant.” (P2, male)*

However, the majority of participants acknowledged the need for psychological support:

*“I think, we need people to come and help us. Prepare us and lecture us. Because even if you are a police officer, you can't deal with this. Deal with this every day, it will affect your mind.” (P4, female)*

*“I think for now when people start working, they have to do counselling. Although it will depend on a person.” (P5, female)*

### **DISCUSSION**

The findings from this study showed that administrative support staff working in high-risk environments in the SAPS were affected by secondary trauma, which impacted their mental health and family life. Their symptoms were suggestive of mental health issues, but we did not assess them for psychiatric disorders. An interesting finding was the effect of traumatic exposure on parenting: participants overcompensated with excessive control of their children. The negative effects of secondary trauma affected all participants regardless of sex, age, or number of years in the service.

Interventions to address secondary trauma amongst administrative support staff working with traumatic incident dockets should be included in the SAPS' EHW programmes. While the EHW programme may address some mental health issues, including post-traumatic stress disorder among police officers, we found no evidence of specific services, programmes, or interventions currently in place to address the issue of secondary trauma amongst administrative staff. Interventions to build resilience would be useful as higher levels of resilience have been found to result in lower levels of burnout, psychological distress, and secondary traumatic stress.<sup>15</sup> A curriculum for building resiliency

to protect against secondary traumatic stress has been proposed by Kerig (2019)<sup>16</sup> and comprises six core elements, viz. appraisals, self-efficacy, emotional awareness, affect regulation, resilience, and prevention. Mindfulness-based programmes have also been suggested as potentially useful interventions with respect to secondary trauma.<sup>17,18</sup> A recent systematic review by Rushforth et al. (2013)<sup>19</sup> found promising evidence for self-compassion training in the improvement of secondary traumatic stress.

The poor utilisation of employee health and wellness services due to concerns about being labelled as mentally ill, as well as trust issues, is concerning as this prevents individuals from using these potentially beneficial services. The findings are consistent with a study conducted by Dilpela (2016),<sup>20</sup> which also found that few SAPS members were using EHW services because of the attached stigma.<sup>20</sup> The provision of an external employee assistance programme (rather than internal EHW services) may allay some of these concerns.

Interventions such as education and training, and reassurance and guidance, are critical.<sup>7</sup> The administrative support staff require education about mental health issues, including the nature of such conditions, progression, the consequences of ignoring symptoms, prognosis, and treatment. The participants in our study expressed their need for regular counselling. Counselling is also necessary when preparing new administrative support staff at the beginning of their employment.

Although this was a small exploratory study, it raises an important issue for future research within the South African Police Service and other organisations in which there is a high risk of secondary trauma. A larger survey is needed to determine how widespread secondary trauma and its consequences are within the SAPS. Future research should include screening for and reporting on specific psychiatric symptoms and disorders, in order to develop policies for appropriate interventions. The perspectives of EHW managers and staff regarding the provision, access, and utilisation of EHW services for mental health and secondary trauma would be useful for policy development.

### **Limitations**

The study took place during the COVID-19 pandemic. It was, thus, not possible to contact all potential participants as some were in isolation after testing positive for COVID-19, and others were working in rotational shifts. In addition, a few station commanders did not provide support for the study, which limited access to potential participants. Staff working on the night shift were not included because of logistical issues. As only seven support staff from four police stations in one SAPS cluster in Johannesburg participated in the study, the findings may not be representative of the entire SAPS.

### **CONCLUSION**

Administrative support staff working with trauma-related dockets experience secondary trauma. This impacts their mental health, and their work and family lives. Evidence-based interventions such as resilience training could reduce the impact of secondary trauma in the SAPS. A strategy is needed to remove the stigma associated with mental health issues, and to address the concerns of staff regarding the utilisation of SAPS' internal EHW services.

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## DECLARATION

The authors declare that this is their own work; all the sources used in this paper have been duly acknowledged and there are no conflicts of interest.

## AUTHOR CONTRIBUTIONS

Conceptualisation of the study: MFM

Review of the literature: MFM

Design of the study: MFM, SVM, JS

Data acquisition: MFM

Data analysis: MFM

Interpretation of the data: MFM, SVM, JS

Drafting of the paper: MFM

Critical revision of the paper: SVM, MFM, JS

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