

**THE EFFECT OF EXPOSURE OF CENTRE-BASED CORRECTIONAL OFFICIALS
TO TRAUMATIC EVENTS IN THE DEPARTMENT OF CORRECTIONAL SERVICES**

by

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degree**

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DECLARATION

I **Ntebeng Moche** declare that this dissertation is my own work. All secondary material used was carefully acknowledged and referenced in accordance with the requirements of the University of Pretoria.

I understand what plagiarism is and I am aware of the University's policy and its implications in this regard.

Ntebeng Jacqueline Moche

January 2015

DEDICATION

I dedicate the completion of this research study to my Lethabo (brother as we call him), son Melusi (Meluda) and daughter Reneilwe (Venge). These are the people who inspire me daily and keep me motivated in life.

I am also grateful to my mother Bertha Padi Setshogoe who has been walking this path with me. I remember when I was writing my final research examination; she accompanied me to the University as I was worried and very anxious about the examination. Even worse, it was raining very heavily and she waited for me in the car until I finished my examination. I am truly blessed to have you as my mother and wouldn't wish for anybody. This one is for you.

To my brother Andrew Surprise Moche, whenever I bothered you, be it finances or moral support, you have never closed that door for me but you have always reached out.

To the entire generation of **Nkubile Evelyn Moche**, "Matlhogonolo ke ao"

Remember these words always:

"You will never fulfill your destiny doing something you despise".

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ABSTRACT

The purpose of the study was to explore the effect of exposure of centre-based correctional officials to traumatic events in the Department of Correctional Services (DCS) and to determine the extent of support to those who might be exposed to trauma and traumatic events.

To achieve this, a literature review was conducted which provided an in-depth knowledge and understanding on the types of exposures, the symptoms that affect individuals and the provision of support and/or intervention to those exposed to traumatic events in DCS. The literature review focused on the causes of trauma, the symptoms related to trauma and traumatic events and the different trauma intervention models that can be applied to those exposed.

The information obtained from the literature review was utilised when drafting and consolidating information relevant and necessary for the survey questionnaire. Through a systematic sampling technique within stratified sampling, a sample was selected and a self-administered questionnaire was used to collect the data from centre-based correctional officials. The results obtained were used to come to a theoretical conclusion of the study. The empirical study established that centre-based correctional officials are exposed to traumatic events in DCS and that there is limited provision of support upon exposure to traumatic events.

Based on analysis and interpretation of the research findings, recommendations were made to management, Employee Assistance Programme (EAP) personnel and to centre-based correctional officials at Kgoši Mampuru II Local correctional centre for Awaiting Trial Detainees (ATD's) on how to manage issues related to trauma upon exposure in DCS.

KEY CONCEPTS

- Centre-based correctional official
- Correctional Services
- Trauma

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LIST OF ACRONYMS

ATD	-	Awaiting Trial Detainee
CISD	-	Critical Incidence Stress Debriefing
CISM	-	Critical Incidence Stress Management
DCS	-	Department of Correctional Services
DSM	-	Diagnostic Statistical Manual
EA	-	Employee Assistance
EAP	-	Employee Assistance Programme
EAPA SA		Employee Assistance Programme Association of South Africa
EST	-	Emergency Service Team
PTSD	-	Post-Traumatic Stress Disorder
TFCBT	-	Trauma-Focused Cognitive Behavioural Therapy
TRC	-	Truth and Reconciliation Commission
WHO	-	World Health Organisation

CHAPTER ONE

GENERAL INTRODUCTION AND ORIENTATION

1.1 INTRODUCTION

Individuals working in correctional settings are highly vulnerable to varying degrees of emotional, psychological and even physical trauma (Garner, Knight, & Simpson, 2007:517), because of the unique and often dangerous and unpredictable setting of the correctional officials overseeing a very volatile population. Keinan and Malach-Pines (2007:385) explain further that the day to day function of correctional officers can be very taxing since the nature of correctional environments makes it almost impossible for employees to escape either direct or indirect traumatic experiences. Increased rates of illness, post-traumatic stress, burnout, alcohol abuse and suicides as well as decreased levels of job satisfaction and job performance when compared to norms for the general population, were found to be evident during research with police members (Anshel, 2009:27). Bergh (2011:384) concludes that symptoms such as fatigue, intolerance, loss of concentration, depression, heightened aggression and withdrawal can contribute to workplace absenteeism, illness and social isolation.

Until the country's transition to democracy in 1994, state-perpetrated human rights abuses such as detention without trial, torture, killing, abduction and politically motivated assaults were endemic (Burke, 2008:5). Many who gave evidence before the Truth and Reconciliation Commission (TRC) showed symptoms of Post Traumatic Stress Disorder (PTSD). PTSD is not a phenomenon that is unique to South Africa alone as the United Nations' World Health Organization has published estimates that 7.8% of adult Americans suffer from PTSD (Burke, 2008:6). As the officials in a correctional facility constitute a group of individuals who are exposed to an excessive amount of violence within the workplace, the possibility is there to develop symptoms of PTSD upon exposure to a traumatic event.

Constant exposure to inmate behavior, negative social climate and inmate resistance paired with the ever-present risks to personal safety present in the correctional

setting, pose great risks for direct or indirect experiences of trauma (Castle & Martin, 2006:70). If individuals do not receive any mental health assistance in the aftermath of traumatic encounters, many issues remain unresolved for them, leaving them victimised by the memories of their experiences. The following key concepts were applicable to the study.

- **Centre-based correctional official**

A centre-based correctional official refers to all categories of employees, based at Correctional Centres and Social Reintegration Offices and include all other employees who fall under the establishment of the Correctional Centre (CC), working 45 hours per week (General Public Service Sectoral Bargaining Council, 2009:1).

- **Correctional service**

Correctional service is a necessary, proactive, real time and reactive intervention in the encouragement and enforcement of constitutionally accepted values. Correctional services are directed to incarcerate, rehabilitate and integrate the offenders back into the community (The White Paper on Correctional Services in South Africa, 2011:75).

- **Trauma**

The Employee Assistance Programme Association of South Africa (EAPA SA) (2010:2) describes trauma as “any event resulting in extreme emotional and/or physical reactions in clients in the present or future” which is generally considered to be outside the range of ordinary human experience. Rosenbloom, Williams and Atkinson (2010:13) indicate trauma may also be regarded as a bodily or mental injury that is caused by an external agent and involves feelings such as intense fear, helplessness and terror and is considered to evoke the response of a catastrophe. The concept “trauma” is according to Peters (2009:7) a highly stressful event often perceived as life threatening to the survivor (James & Gilliland, 2005:91) as its intensity goes beyond the normal bounds of daily stress. It is usually short in duration and occurs in a manner that does not allow the affected person an opportunity to prepare for the incident prior to its occurrence.

1.2 THEORETICAL FRAMEWORK

In an attempt to describe accurately the effect of exposure of centre-based correctional officials to traumatic events, the social systems theory was utilised. The social systems theory made it possible to describe the behaviour of the individual within the organisation internally and externally (Ambrosino, Heffernan, Schuttlesworth & Ambrosino, 2005:50; Grinnell & Unrau, 2011:127). In the social systems theory individuals and their environment are separate systems (Kirst-Ashman, 2010:20) that are interconnected and interdependent (Thyer, 2010:04) and a change or a movement in one of the systems results in a change or movement in the others (James & Gilliland, 2005:9), as there is consequently “a relationship amongst them” (Ambrosino et al., 2005:50).

Exposure to traumatic events can have an effect on the functioning of an official within the workplace on a psychological, physical, social and religious level, as Ambrosino et al. (2005:54) indicate that the theory’s inclusiveness incorporates the biological, sociological and cultural aspects of developing individuals and their interactions with the broader environment. In the study, the focus was on the transactions that occur between centre-based correctional officials and their environments. Traumatic events have the potential to affect the transactions within the organisation (Dvoskin & Spiers, 2004:45) and an individual within the system, which in turn affects productivity (Kirst-Ashman, 2010:20). This is in line with the view of Hepworth, Rooney, Rooney, Strom-Gottfried & Larson (2006:17) that systems and individuals within the social systems theory, each other reciprocally influenced.

The social systems theory explains the system as a set of elements that are orderly and interrelated to make a functional whole (Ambrosino et al. 2005:50). The different parts or elements of a system do not function in isolation, but function by depending on and interacting with each other to complete the system as a whole. The interaction and interdependence between individuals and the environment are used to explore social and environmental forces (Hepworth et al., 2006:386) that give rise to a crisis situation or event. The DCS as a system has various components which are dependent on each other in order for it to achieve its own mission, vision and

objectives and therefore, needs the participation of all elements. Centre-based correctional officials within the DCS thus become objects which need to interact and relate accordingly in order to achieve the organisational goals. Organisational commitment refers to the level at which individuals are willing to personally invest in or attach themselves to the organisation (Castle & Martin, 2006:70). DCS as an institution requires that its officials must be committed to the organisations mission, strong willingness to performance of duties and a desire to remain connected to the organisation.

Castle and Martin (2006:70) also mention that the negative impact of the correctional setting has significant bearing on the overall functioning of the institution as impaired correctional officers become a liability to the institution and their behaviours, attitudes and actions, can become quite costly to the institution on many levels. The centre-based correctional officials are thus the target of change to improve some aspects of effective service delivery to accommodate change. A strong point of the social systems theory is its potential to provide a trans-disciplinary framework for a critical exploration of the issues surrounding traumatic events (Teater, 2010:33). According to Ambrosino et al. (2005:50) one advantage of the social systems theory is the conceptual framework which can be applied in many different ways to many different situations. The mentioned advantage made it possible for the researcher to work in the environment of the DCS which the centre-based correctional officials represent, with different systems.

The two components of the social systems theory in an organisational structure that are most heavily influenced by the effects of trauma are the institution's administrative (McCraty, Atkinson, Lipsenthal & Arguelles, 2009:255) and operational functions (Keinan & Malach-Pines, 2007:389). Operationally, the goal of DCS is to maintain order and efficiency in the day-to-day functioning of the institution. This includes a safe, secure and orderly environment for both correctional officials and inmates within the institution. The inability to perform at maximum levels within this type of setting can be dangerous, detrimental and even disastrous. In addition to the negative impact on the operational functioning of DCS as an institution, high levels of impairment among centre-based correctional officers can often result in an

administrative nightmare. Negligence by correctional officials caused by impairment places a greater liability on the institution.

Organisational and environmental factors have been reported to be one of the most consistent variables and the strongest single predictor of stress among correctional officers (Carlson & Thomas, 2006:22). To establish a clear frame of reference for this concept, Lambert (2004:210) indicates that organisational structure refers to how an institution arranges, manages, guides and functions in its operation. Commitment to the institution is heavily influenced by the structure of the organisation. Correctional officers with greater levels of commitment to the institution report higher levels of job satisfaction. Personnel input in decision making, supervision, communication and institutional justice have all been identified as common factors in organisational commitment (Lambert, 2004:211).

Should most centre-based correctional officials be affected by traumatic events, it will become practically too difficult to achieve the stated goals and objectives of the DCS. However, it is imperative that the researcher applies the social systems theory in order to determine and describe systems that can be affected by traumatic events and gain an understanding of how centre-based correctional officials are functioning as individuals within the system of the DCS. This is in line with James and Gilliland's (2005:9) view that it is of great value to look at events in their total social and environmental settings, "not simply as one individual being affected".

As the researcher wanted to understand the effect of exposure of centre-based correctional officials to traumatic events in the DCS with the objective in mind to describe the support strategies in place, Ambrosino et al. (2005:66) indicate that the social systems theory can be used to help understand issues at every level of the environment and across levels. These authors continue that the theory can also be used to determine types of intervention at all levels of the environment once the complex issues are understood. In the study the complex issues that were addressed were to determine the nature of traumatic events to which centre-based correctional officials are exposed to and the effect thereof on productivity.

1.3 RATIONALE AND PROBLEM STATEMENT

There are four correctional facilities under the Kgoši Mampuru II Management Area formerly known as Kgoši Mampuru II Management Area, namely, Pretoria Central, Pretoria Female, C-Max and Kgoši Mampuru II Local. Kgoši Mampuru II Local Correctional Centre where the study was conducted is a home to male offenders and has the responsibility for incarcerating community members who are not yet sentenced, called Awaiting Trial Detainees (ATDs). One of the factors that place workers at risk in the workplace, is dealing with violent people or volatile situations (Ambrosino et al., 2005:460). Correctional officials frequently work in an environment where traumatic events have become commonplace and, consequently, the safety of both inmates and correctional officials may constantly be in question. The dynamics of violence in human services settings is complex as it involves the human services workers and the institution (James & Gilliland, 2005:372) which means the centre-based correctional officials often observe or experience events of offender assault, attempted escapes, self-mutilation, suicide and the associated aftermath of various kinds of violence on any given day within the correctional facilities.

Due to emotional factors in the individual or the interaction between the person and the work environment Bergh (2011:390) indicates that work performance may be impaired. The DCS suffers from a lack of Employee Assistance (EA) practitioners nationally and also a lack of peer educators and wellness champions, a lack of support strategies such as in-house EAP services and programmes in the management of trauma amongst functional DCS officials. These mentioned shortcomings may be the reason for absenteeism, tardiness, alcohol abuse and under-performance in the workplace.

Coping involves activities undertaken to “master, tolerate, reduce or minimise environmental or intrapsychic demands perceived to represent threats, existing harm or losses” (May 2011:364). Trauma however, has sufficient power to overwhelm an individual’s ability to cope and confront his/her sense of vulnerability and control. Although there is a plethora of information in the psychological literature with regard to traumatic events, little research has been conducted on trauma in populations

such as the officials of the Department of Correctional Services (DCS). Through this study the researcher offered solutions aimed at avoiding the ultimate possibility of PTSD in the DCS amongst the centre-based correctional officials.

As the researcher described the effect of exposure of centre-based correctional officials to traumatic events in the DCS, she formulated the research question as follows: What is the effect of exposure of centre-based correctional officials to traumatic events in DCS?

1.4 GOAL AND OBJECTIVES

The goal was to describe the effect of exposure of centre-based correctional officials to traumatic events in the DCS. The objectives of the study are set out below. They were:

- to conceptualise trauma theoretically;
- to determine the nature of traumatic events to which centre-based correctional officials are exposed;
- to describe the effect of traumatic events on productivity of centre-based correctional officials;
- to describe the support strategies in place for centre-based correctional officials who experience traumatic events; and
- to formulate recommendations for the effective management of trauma in the DCS.

1.5 ETHICAL CONSIDERATIONS

The topic of trauma revealed itself as sensitive and it was essential for the researcher to abide by the ethics as they were associated with morality (Babbie, 2007:67). If the centre-based correctional officials as respondents knew that they were protected from any form of harm, they would be more willing to participate in research than if they were unprotected. The researcher obtained permission from

the Ethics Committee of the DCS after approval was granted from the Research and Ethics Committee of the University of Pretoria (see Addendums A & E).

The researcher informed the head of the identified management area by disseminating the approved letter that permitted the researcher to conduct the research. The researcher abided by the ethical issues during the duration of the study which are discussed below. Literature and the application of ethical considerations were discussed in an integrated manner in order to prevent the duplication of information.

➤ **Avoidance of harm to the respondents**

It is impossible to list all possible ways of harming the respondents psychologically or otherwise, as everything that was done had the potential of harming someone else (Babbie, 2007:27). There was no reason for the researcher to believe that the respondents could be harmed by the study. The study did not deal with the private details of the respondents' lives, something that could possibly have caused harm by embarrassing or exposing their family lives, relationships or work. The study did not probe into information which might relate to any unjust past behaviour, attitudes the respondents felt were unpopular or personal characteristics that might seem demeaning. The fact that the study was not on social- but on workplace aspects, did minimise any harmful effects.

➤ **Voluntary participation**

Employees were given the freedom to choose whether they wanted to be part of the study as participation was voluntary (Strydom, 2011a:116) and no one was forced to participate in the study concerning the effect of exposure of centre-based correctional officials to traumatic events in DCS.

➤ **Informed consent**

The researcher gave all the relevant and accurate information regarding the goal of the study, the procedures to be followed, any possible risks involved, the credibility of the researcher and the advantages and disadvantages of voluntarily participating in the study (Babbie, 2007:68; Strydom, 2005a:59) (see Addendum B). The centre-based correctional official who was willing to give consent was legally and

psychologically competent to do so and did so voluntarily. The researcher also ensured that the centre-based correctional officials gave consent voluntarily in writing.

➤ **Non-violation of privacy/anonymity/confidentiality**

The researcher safeguarded the privacy and confidential information of each respondent by treating personal issues in a sensitive manner. Certain information requested from the respondents was sensitive and the request for such information could be regarded as an invasion of privacy. The researcher ensured that information disclosed by respondents was kept confidential at all times and that such information would only be shared as per the agreement between the researcher and the respondents (Strydom, 2011a:119). Although information shared in the study will have to be published, anonymity will be maintained by not revealing any identification details of respondents.

➤ **Deception of respondents**

The researcher gave information in an honest and transparent manner. Employees were not coerced into participating in the study by deceiving them, misleading them or giving distorted information or making unjust promises (Strydom, 2011a:118). The concerns or questions of employees were addressed.

➤ **Actions and competence of the researcher**

The researcher has successfully completed a module in research methodology at the University of Pretoria and was thus competent to undertake the proposed investigation (Strydom, 2005a:63). No false data was created and the researcher avoided plagiarism in every possible way by acknowledging all sources utilised (Strydom, 2011a:123). The entire research project ran its course in an ethically correct manner as the researcher was bound by the ethics code of her profession.

➤ **Publication of findings**

The researcher ensured that the research findings were formulated and produced accurately and objectively to minimise any errors, ambiguity and misappropriation of the subject. The researcher ensured that the data collected was compiled accurately

and interpreted correctly, so that in future, anyone who needs to read or verify any information can understand and evaluate it correctly.

The research report was produced in the format of a mini-dissertation (Strydom, 2011a:126). The mini-dissertation was made available to the University of Pretoria, DCS and the respondents. Data was also published in journals or used for conference purposes, without sharing any of the confidential information of respondents.

The hard copies of data collected will be stored in the Department of Social Work and Criminology in accordance with the policy of the University of Pretoria for 15 years.

1.6 LIMITATIONS OF THE STUDY

Various challenges were experienced by the researcher during the administration of the questionnaire and those are discussed below.

- The allocation of the direct supervisor by the DCS Research and Ethics Committee as a memorandum was given with the senior official allocated to the researcher. The researcher experienced a time consuming effort as she had to follow-up on the matter until an internal guide was formally appointed.
- Some centre-based correctional officials were not keen to complete the questionnaire as it brought back memories of the trauma-related events that had occurred. However, the intervention and skills by the researcher assisted in clearing any reluctance, by giving information on the referral process of EAP programmes and services in DCS.
- In retrospect, the question on exposure to traumatic events such as murder, tattooing and death was answered by some respondents which seems incorrectly, and should not have been included in the questionnaire.

1.7 OUTLINE OF THE REPORT

The outline of the research report is set out below.

Chapter One: General introduction and orientation.

Chapter Two: Conceptualising trauma and traumatic events with the outcome outlining intervention strategies to traumatic events.

Chapter Three: Research methodology, data analysis and interpretation.

Chapter Four: Conclusions and recommendations.

1.8 SUMMARY

Chapter One focused on the definition and description of key concepts, developing a theoretical framework, exploring the reasons for the study, indicating the specific ethical considerations that might have an impact on the research and highlighting the study's goals and objectives, together with the limitations that were experienced during the implementation of the research.

In Chapter Two the literature review will outline trauma and traumatic events that centre-based correctional officials may experience with the aim of creating an understanding on how to manage the effects of exposure to traumatic events.

CHAPTER TWO

TRAUMA, TRAUMATIC EVENTS AND INTERVENTION STRATEGIES FOR TRAUMATIC EVENTS

2.1 INTRODUCTION

Trauma occurs at all levels of people's lives and may have serious implications for the exposed person and significant others which include family, spouses, friends and colleagues. However, the workplace is not excluded from trauma incidences and it is therefore essential to put the necessary structures in place to address challenges that may be encountered.

Factors contributing to workplace trauma encompass events such as workplace violence, bullying and victimisation, together with exposure to a wide range of other stressful incidents, including accidental injuries and interpersonal conflicts (Hepworth et al., 2006:385). Exposure to trauma triggers feelings and emotions which, though normal in the context of the traumatic experience, can be difficult to understand and manage (Yehuda, 2005:36). Bergh (2011:384) refers to feelings such as fright reactions, irritation, fatigue, insomnia, intolerance. Nightmares, loss of concentration, memory impairment, depression, heightened aggression and withdrawal. If these feelings continue over time, dysfunctional reactions can occur which can affect both the wellbeing and organisational performance of a person (James & Gilliland, 2005:96). It is likely that a large number of employees have been exposed to trauma situations in the workplace with a potential of causing them post-traumatic stress or other trauma-related disorders, especially if the trauma is experienced as a chronic condition (Bergh, 2011:382).

Trauma involves a situation where an individual is confronted with a life threatening event (James & Gilliland, 2005:91) and the victim's coping capabilities are diminished, therefore rendering him/her vulnerable, helpless and with a feeling of intense fear. Trauma management, including trauma defusing and trauma

debriefing, is an essential part of the therapeutic component of the Employee Assistance Programme (EAP) (EAPA SA, 2010:11).

The focus of Chapter Two is to contextualise the concept of trauma and traumatic events in the workplace especially with the focus on centre-based correctional officials at Kgoši Mampuru II Local Correctional Centre. The chapter will be concluded with an in-depth discussion of intervention strategies that could be applied when dealing with centre-based correctional officials who may be exposed to traumatic events in the workplace.

2.2 TRAUMA DEBRIEFING IN THE EAP CONTEXT

According to Regel (2007:411) the duty of employers is to take reasonable care of the health and safety of their workforce, taking into account both the moral and legal duties and to consider the psychological needs of personnel following exposure to traumatic events related to the workplace. There are debates supporting the idea that debriefing should be made compulsory to all the individuals exposed to traumatic experiences (Black, 2007:240), but Yehuda (2005:37) reminds us that making trauma debriefing compulsory would be imposing and violating the person's right to privacy. Ethically any form of counselling or therapy whether directed towards individuals or groups, thus, should be voluntary.

Trauma debriefing is described by Tehrani (2004:85) as an intervention conducted by a trained professional shortly after an incident, which allows victims to talk about their experiences and receive information on the normal types of reaction to such an event. James and Gilliland (2005:574) take it further that debriefing helps make the transition from processing facts about the event to emotional responses to the event and, finally, back to cognitive information about reactions and coping with traumatic experiences. For a controlled environment such as the DCS, trauma debriefing is defined by The National Trauma Committee of the South African Police Service (in Jonas & Taute, 2006:349) as "an emotional ventilation of feelings in a controlled and safe environment". It can be concluded that debriefing in the DCS should involve sharing feelings and experiences in a safe environment in the presence of a trained

person who will provide support and information on how to manage the trauma. In cases where there are clear indications that an employee has been affected by the traumatic event and that such an event has an impact on job performance, Ambrosino et al. (2005:464) suggest that supervisors consider mandatory referral to the EAP, but employee participation is still voluntary.

EAPs are in a unique position to provide services in the aftermath of a traumatic event because of their close working relationship with organisations and their individual employees (James & Gilliland, 2005:474). EAPA SA (2010:11) refers to trauma management and includes trauma defusing and trauma debriefing as components of the process. The objectives of trauma management in the EAP context, is according to EAPA SA (2010:11) to:

- provide trauma-defusing services for the immediately-affected employees;
- provide trauma debriefing services in response to traumatic situations and
- influence organisational policies and protocols relating to trauma management.

Looking at the above layout, it seems unavoidable for organisations to provide trauma debriefing to their employees. Jacobson, Paul and Blum (2005:28) are adamant that using a continuum of services to assist management and employees in responding to a workplace disaster enables EA professionals to support business continuity and employee recovery.

2.3 TRIGGERS FOR TRAUMATIC EVENTS

Although occupational stress exists in all work situations, the intensity and emotional demands of the law enforcement environment, which is often life-threatening in nature, places exceptionally high performance expectations and stress on centre-based correctional officials. James and Gilliland (2005:92) highlight that traumatic events are recognised as the triggering mechanism in the development of PTSD and as a result the person has persistent symptoms of anxiety or arousal that were not evident before the traumatic event.

A major hazard involved in being a centre-based correctional official in a correctional facility, is the possibility of being involved in traumatic or critical events; incidents in which human lives are lost or severely injured. Carlson and Thomas (2006:28) mention that in the correctional setting, officers may assume the role of counsellor, confidant, or advisor to inmates in their care, and are often exposed to recounts of traumatic events that inmates may have experienced both inside and outside of the institution.

Correctional officials are responsible for the direct oversight of individuals who have been convicted of a crime and sentenced to confinement, as well as those who have been arrested and charged and are awaiting trial (The White Paper on Corrections in South Africa, 2011:109). While the institutional settings such as DCS to other workplace environments may slightly differ, the experiences encountered by centre-based correctional officers are very similar.

Correctional officers are charged with the supervision and control of a potentially violent population of individuals being held against their will (Armstrong & Griffin, 2004:582). Such demands require according to Senol-Durak, Durak and Gencoz (2006:158) that correctional officers adapt to a highly stressful and potentially dangerous environment. It is also worth mentioning that correctional officers are more likely to encounter traumatic acts of violence than most professions. In this regard, James and Gilliland (2005:545) are adamant that police officers might be thought of as psychologically at risk due solely to the high stress and potentially lethal situations they face.

The individual experiencing the traumatic event may, according to Ward (2006:4) feel lonely, helpless, terrorised, vulnerable and afraid. James and Gilliland (2005:575) indicate traumatic events may be identified as a single or multiple traumas, simple or complex trauma as well as man-made trauma. Ward (2006:4) elaborates further with examples of traumatic events such as violent crime and witnessing violent death as well as being involved in a serious accident.

Triggers and cues act as reminders of the trauma and Wingo, Ressler and Bradley (2014:94) point out that it can cause anxiety and other associated emotions. Often

the person can be completely unaware of what these triggers are. These authors continue that in many cases this may provoke a person suffering from traumatic disorders to engage in disruptive or self-destructive coping mechanisms, often without being fully aware of the nature or causes of their own actions. Wingo et al. (2014:95) state panic attacks are an example of a psycho-somatic response to such emotional triggers, which can sometimes lead to severe-case psychosis.

2.3.1 Effects and symptoms of trauma

People who go through types of extremely traumatic experiences often have certain symptoms and problems afterward. How severe these symptoms are, depends on the person, the type of trauma involved and the emotional support they receive from others (Carlson & Ruzek, 2005:21). Reactions to and symptoms of trauma, can be wide and varied and can differ in severity from person to person. Castle and Martin (2006:71) as well as Tehrani (2004:6) comment the effects of trauma on correctional officers can lead to physiological, psychological, emotional and social impairment that are directly related to their jobs. Jacobson et al. (2005:28) also mention the effect of trauma on the employers and the entire organisation.

A more common symptom of trauma among correctional officials is withdrawal and isolation (Deville, Wright, & Varker, 2009:373). The need for correctional officials to intimately engage with the inmate population on various levels makes them extremely vulnerable to experiencing symptoms of trauma (Lambert & Hogan, 2010:21). Consequently, intense feelings of anger may frequently surface according to Briere and Scott (2006:40), sometimes in inappropriate or unexpected situations, as danger may always seem to be present and may have been experienced from past events.

Upsetting memories such as images, thoughts or flashbacks may haunt the person and nightmares may be frequent. Bergh (2011:389) describes nightmares as one of the abnormal physiological reactions to sleeplessness, due to traumatic events. Insomnia may occur as lurking fears and insecurity keep the person vigilant and on the lookout for danger, both day and night. Trauma does not only cause changes in one's daily functions, but could also lead to morphological changes (Briere & Scott,

2006:41). Such epigenetic changes can be passed on to the next generation (Wingo et al., 2014:96), thus making genetics one of the components of the causes of psychological trauma.

The person may not remember what actually happened, while emotions experienced during the trauma may be re-experienced without the person understanding why. This can according to Wingo et al. (2014:96), lead to traumatic events being constantly experienced as if they were happening in the present, preventing the subject from gaining perspective on the experience, which lead to a pattern of prolonged periods of acute arousal, punctuated by periods of physical and mental exhaustion. Emotional exhaustion may lead to distraction and clear thinking may be difficult or impossible, which according to Briere and Scott (2006:42), may cause emotional detachment as well as dissociation or "numbing out". Dissociating from the painful emotion includes numbing all emotion and the person may seem emotionally flat, preoccupied, distant, or cold.

Some traumatised people may feel permanently damaged when trauma symptoms do not go away and they do not believe their situation will improve (Briere & Scott, 2006:41) and feelings of despair, loss of self-esteem and frequently depression may occur. If important aspects of the person's self and world understanding have been violated, the person may call his/her own identity into question (Wingo et al., 2014:96).

Braga, Fiks, Jair and Mello (2008:68) noted the following short and long term consequences of trauma: (a) emotional reactions such as fear, anxiety, depression, anger, guilt and shame; (b) cognitive disturbances and dissociative processes; (c) biological reactions such as hyper-arousal and somatic disturbances; (d) behavioral changes such as aggressive and suicidal behavior, substance abuse; and, (e) interpersonal problems such as revictimisation, even where the victim is becoming a victimiser. Jacobson et al. (2005:28) indicate the negative effects from unresolved trauma in the workplace can contribute to overall lowered levels of productivity, poor performance, more frequent interpersonal conflict, increased absenteeism, increased use of physical and mental health benefits, higher turnover and lower overall employee satisfaction and morale.

Tehrani (2007:7) states that many people have been affected by trauma, injury or death as a result of violent situations and, with support from others affected, this creates cohesion in a society since the experiences are shared by many others and contributes positively to emotional growth. It is thus necessary that the potential risks associated with traumatised correctional officials, demand according to Seble, Sims and Hummer (2008:7), proactive and preventative approaches to stress management to decrease the likelihood of emotional and physical exhaustion.

2.4 DCS AND TRAUMA

Upon entering the correctional environment, officials are frequently leaving behind the capacity to take security for granted (Smith & Moss, 2009:6). Correctional facilities are unique communities that are socially far different than the rest of society. A large community of the population in prison is confined to the facility and often to a specific area of the building for the greater part of each day. The centre-based correctional officials must attempt to maintain security while interacting with the prisoner population as they work, during their recreation and in their living units 24 hours a day. Impaired individuals working within this setting compromise the safety, security and overall operation of the institution. For Lambert (2004:221) this means the stability of the organisation is dependent upon the well-being of the correctional officers charged with the orderly operation of the institution

The competencies of the ideal correctional official as outlined in the White Paper on Corrections in South Africa (The White Paper on Correctional Services in South Africa, 2011:110) are informed by:

- a focus on productivity, efficiency and discipline through implementation of best work methods, procedures and systems in order to lead to efficiency in service delivery;
- recognition of the need to take responsibility for assigned tasks and to be accountable for one's own omissions or actions; and
- the upholding of security through vigilance, to ensure the safety of employees, offenders and the community.

Beliefs, thoughts, ideas and perceptions that were previously held by correctional officials may be altered and contaminated by experiences encountered in the correctional setting as a system (Shapiro, Brown & Biegel, 2007:112). Correctional officers who are overwhelmed by the effects of exposure to traumatic events may become progressively worse, which may ultimately lead to some level of impairment (Cremer & Liddle, 2005:92). The solidity of such information dictates some level of response and/or immediate intervention. Working within a correctional environment in which individuals have experiences that are beyond ordinary human experiences, such as being directly (exposure) or indirectly exposed (witnessing) if not involved in greater acts of violence and too often finding themselves in life-threatening situations, may exert a powerful influence on the well-being of correctional officials.

As the study noticeably distinguished between the words “exposure” and “witnessing” it is necessary to explain the meaning of these nouns. The Cambridge Advanced Learner’s Dictionary (2008:494) defines exposure as “when someone experiences something” while witness is defined as “a person who sees an event happening” (Cambridge Advanced Learner’s Dictionary, 2008:1674). In the light of the above explanation it is clear that centre-based correctional officials not directly experiencing a traumatic event i.e. those who witness the traumatic event, may receive secondhand exposure through others’ recounting of events (Smith & Moss, 2009:13). The experience and effect of witnessing the traumatic event can also be psychologically and emotionally taxing. The nature of the correctional setting, paired with the level of intimacy, engagement and interaction between correctional officials and those placed in their care, would seemingly render them equally vulnerable to exposure of trauma (Cremer & Liddle, 2005:90).

Factors contributing to workplace trauma encompass events such as workplace violence, bullying and victimisation, together with exposure to a wide range of other stressful incidents (Attridge & Vandepol, 2010:143), including accidental injuries and interpersonal conflicts. It is likely that a large number of employees have been exposed to traumatic situations in the workplace with a potential for causing them post-traumatic stress or other trauma related disorders (Regel, 2007:412). By taking steps to build resiliency and demonstrating support for mental health and wellness initiatives, Burton, Gorter and Paul (2009:10) mention that organisational

leaders and EA professionals can set the stage for a more successful recovery from a traumatic event. Although some service providers may concentrate on supplying high-quality clinical support, others may focus on work/life balance and emotional well-being. Nowlan (2007:29) stresses that ultimately, all EAPs are interested in work performance.

2.5 TRAUMA DEBRIEFING

Once a traumatic event has occurred, the affected person requires a range of practical, physical and psychological support. In the early stages the emphasis is more on medical care based on the nature of the crisis (Yehuda, 2005:37). Over time needs emerge such as to re-establish feelings of personal safety and security, the need to deal with psychological symptoms and to understand how the traumatic event fits into the rest of the person's life.

The first step after a traumatic event is trauma defusing (James & Gilliland, 2005:574) to assist in the gradual defusion or melting away of the strong emotions and responses associated with a traumatic event. Trauma defusing is an individual or group meeting that is conducted within a few hours of the incident and it is usually organised and led by the section head. Black (2007:240) states it is during this stage that feelings and reactions related to the traumatic situation are discussed. James and Gilliland (2005:574) indicate the session usually lasts for about an hour. Those involved are given the assurance that their reactions are normal. The possibility of other reactions is explained and the available support is also discussed (Parkinson, 2004:227-228). Defusing according to Chabalala (2005:51) is to assist victims with both physical and psychological needs and is conducted on the scene in an informal way in which informal discussions of the events take place as well as protection of the victims from secondary traumatisation.

During defusing the victims may have little to say, but Yehuda (2005:37) indicates as time goes by and the group relaxes, they tend to give more details on their experiences. Defusing can be conducted by any person on the scene by providing

physical comfort whilst waiting for the relevant others to arrive. During defusing employees are provided with detailed information (Jacobson et al., 2005:28) on the practical and emotional support available from the organisation as well as the details of the debriefing session to be arranged.

Trauma debriefing on the other hand, is a form of short-term intervention, usually a planned, structured group meeting which is organised with the aim of reviewing in detail the facts, thoughts, impressions and reactions after a traumatic event (Regel, 2007:412). Although Jacobson et al. (2005:28) question the effectiveness of trauma debriefing when practice as a single session, James and Gilliland (2005:574) indicate trauma debriefing as a single session lasting for two to three hours, performed for the majority of individuals who were exposed to a traumatic event.

Roberts (2005:22) defines debriefing as an emotional and psychological first aid that can also be administered by trained individuals (Jacobson et al., 2005:28) such as emergency care workers. It is conducted in groups in a controlled and confidential environment (James & Gilliland, 2005:574) with the individuals who experienced a traumatic event. Trauma debriefing can be conducted by one or two debriefers (Tehrani, 2004:85), depending on the size of the group, but the advantage of two debriefers is that they can support and complement each other to observe non-verbal cues as well as to escort those who need assistance in going outside (Yehuda, 2005:37).

Tehrani (2004:85) indicates trauma debriefing is conducted in a safe and private environment within 24 to 72 hours after the initial impact. If the time between exposure and debriefing is lengthened, the debriefing intervention will be far less effective. Confidentiality should be emphasised (James & Gilliland, 2005:577) to enable members to feel free to share their experiences which may also include their previous similar experiences and how they managed to cope.

2.5.1 The benefits of trauma debriefing

According to Tehrani (2004:82) the following benefits of trauma debriefing have been listed:

- the rapid reduction of intense reactions to the traumatic event

- normalising of the experiences
- enabling employees to return to normal life as quickly as possible
- restoration of cognitive processes disrupted by the event
- affirmation of the value of every member of the personnel to each other and to the organisation.

The motivation for EAPA SA (2010:11) for trauma debriefing is to lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels. This correlates with the systems theory according to Hepworth et al. (2006:17) that systems and individuals each other reciprocally influenced. According to James and Gilliland (2005:573) some studies show the effectiveness of debriefing, if the procedure is used correctly and if the people who do it are trained to do it. Debriefing seems to be significant to victims of any traumatic situation.

2.5.2 Rationale for Trauma debriefing

Generally, victims of trauma refuse early intervention because according to James and Gilliland (2005:108) they either see the event as too difficult to deal with or believe people of good character ought to be able to cope with such events on their own without outside intervention. The primary purpose of debriefing is precisely to assist and empower individuals after a threatening or overwhelming traumatic situation and Attridge and Vandepol (2010:132) indicate further, to enhance individual resistance to stress reactions. For example, it creates resiliency in individuals as well as the ability to “bounce back” from a traumatic experience. It further facilitates recovery from traumatic stress coupled with a return to normal, healthy functioning. Attridge and Vandepol (2010:132) continue and state the following three main objectives of debriefing, namely:

- ✓ the mitigation of the impact of a traumatic incident;
- ✓ the facilitation of the normal recovery processes; and
- ✓ the restoration of adaptive functions in individuals who were considered psychologically fit but are currently distressed as a result of traumatic event.

Regel (2007:412) identifies the aim of debriefing as being to provide individuals exposed to trauma, with education concerning normal and pathological reactions to traumatic events and with resources for further help and support if necessary. James and Gilliland (2005:118) also mention it assists the victims with the process of coming to terms with the traumatic incident through promoting support and encouraging the stage of processing the traumatic experience in a group setting. Most significantly, debriefing was designed to facilitate early help, seeking normalisation of personal experience, resilience, personal growth and encouragement of victims to become positive. Tehrani (2004:82) is of the opinion that debriefing aims to speed recovery before harmful stress reaction causes negative effects in the individual performance, careers, health and families of victims.

The rationale for debriefing is highlighted by James and Gilliland (2005:105) to reduce acute emotional distress and prevent the onset of PTSD. The authors describe the rationale of debriefing as three principle components namely,

- processing and coming to terms with the horrifying, overwhelming experience,
- controlling and mastering physiological and biological stress reactions and
- re-establishing secure social connections and interpersonal efficacy.

Vandepol, Gist, Braverman and Labardee (2006:119-121) point out how organisations that respond quickly, efficiently and compassionately could potentially bond with their employees as opposed to companies who fail to respond effectively to trauma. The latter has the potential to do lasting damage to the company in the form of reduced quality, performance and productivity (Vandepol et al., 2006:128). These authors continue by indicating what employees most need from their organisation in times of crisis is thus informed, compassionate leadership. What organisations most need from their EAPs in these times is professional planning, preparation, response and reaction that makes leadership clear to the client.

A business case in favour of implementing critical incident response services to trauma is presented by Attridge and Vandepol (2010:132). In their research they indicate that services such as these can offer financial savings and business value, mainly due to the reduction of disability and worker's compensation claims as well as

in the improvement of the success rate of employee return to work after traumatic events (Attridge & Vandepol, 2010:140). It is, however, emphasised that the potential therapeutic value is even stronger than the business case.

2.6 POST-TRAUMATIC STRESS DISORDER (PTSD)

One of the goals for debriefing is to prevent the onset of PTSD (James & Gilliland, 2005:105). According to Paul and Thompson (2006:190-191) PTSD can be grouped into three categories namely, natural disasters such as earthquake, floods, fires, hurricanes and tornadoes; accidents, for example, car crash bombing, shootings; and human actions, like rape, robbery, assault, abduction or abuse. Bisson (2007:399) is of the opinion that PTSD is increasingly gaining recognition and it is perceived to have the potential to be preventable.

There are certain factors that have been associated with its development such as the severity of the trauma and the perceived lack of social support (Hepworth, et al., 2006:385). In recent years the management of individuals involved in traumatic events in the form of debriefing has emerged to mitigate development of PTSD and this should be done immediately after a traumatic event (Bergh, 2011:385). There are, however, those individuals who develop PTSD following traumatic incidents. For most people, the reactions to a traumatic event become less pronounced over time and O'Brien (2005:88) indicates it may even disappear completely after a few weeks. However, if these symptoms continue for six weeks or longer, it may be a sign of PTSD.

PTSD is described by Scott and Stradling (2006:6) as an anxiety disorder that manifests as a result of an uncommon, extremely stressful life event such as floods, rape, torture, car accidents or military combat. These authors emphasise that, in order for a disorder to be diagnosed, the symptoms must be present for a month or more. Bergh (2011:382) concludes that PTSD is present when anxieties associated with the trauma remain as a chronic condition.

PTSD is a severe anxiety disorder that can develop after exposure to any event that result in psychological trauma. Cantor (2005:18) indicates such an event may involve the threat of death to oneself or to someone else, or to someone else's physical, sexual, or psychological integrity, overwhelming the individual's ability to cope. Scott and Stradling (2006:9) elaborate further, categorising PTSD as a pattern of psychological and behavioural disturbances resulting from an uncommon experience outside the framework of a normal day-to-day crisis. PTSD is believed to be caused by experiencing any of a wide range of events which according to Hidalgo and Davidson (2008:34), lead to intense negative feelings of fear, helplessness or horror.

2.6.1 Symptoms of PTSD

PTSD symptoms may be experienced when a traumatic event causes an over-reactive adrenaline response, which creates deep neurological patterns in the brain. The neurological patterns can persist long after the event that triggered the fear, making an individual hyper-responsive to future fearful situations (James & Gilliland, 2005:93). It causes biochemical changes in the brain and body that differ from other psychiatric disorders such as major depression (O'Brien, 2005:89). The persisting PTSD symptoms may then cause significant disruptions of one or more important areas of life functioning because reactions can according to Bergh (2011:384) be acute, chronic or delayed.

While the symptoms of PTSD may seem similar to those of other disorders, there are differences. Cohen (2006:09) explains PTSD symptoms may seem similar to those of anxiety disorders, such as acute stress disorder or obsessive-compulsive disorder. However, there are distinct differences between these disorders. In general, the symptoms of acute stress disorder must occur within four weeks of a traumatic event and come to an end within that four-week time period (O'Brien, 2005:90). Cohen (2006:10) further says that PTSD symptoms can also seem similar to adjustment disorder because both are linked to anxiety that develops after exposure to a traumatic event. With PTSD, this stressor is a traumatic event. With adjustment disorder, the stressor does not have to be severe or outside the "normal" human experience.

2.6.2 Diagnostic Criteria for PTSD

According to the Diagnostic Statistical Manual of Mental Disorders (DSM V) (2013), the diagnostic criteria for PTSD are as follows.

A: The person has been exposed to a traumatic event in which both of the following were present.

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

B: The traumatic event is persistently re-experienced in one (or more) of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognisable content.
- Acting or feeling as if the traumatic event were recurring (this includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
- There may be intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event
- There is also physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event

C: There is persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma;
- Efforts to avoid activities, places, or people that arouse recollections of the trauma;
- Inability to recall an important aspect of the trauma;
- Markedly diminished interest or participation in significant activities;
- Feeling of detachment or estrangement from others;
- Restricted range of affect (e.g., unable to have loving feelings); and
- A sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D: There are persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- Difficulty falling or staying asleep;
- Irritability or outbursts of anger;
- Difficulty concentrating;
- Hyper vigilance; and
- Exaggerated startle response.

E: Duration of the disturbance (symptoms in Criteria B, C and D) is more than one month.

F: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Specify if:

Acute: if duration of symptoms is less than three months

Chronic: if duration of symptoms is three months or more

With Delayed Onset: if onset of symptoms is at least six months after the stressor.

2.7 CRISIS INTERVENTION

EAPA SA (2010:120) describes the goal of crisis intervention as the response to emergencies and urgent situations in a timely fashion consistent with organisational

policies. Crisis intervention thus, helps individuals return to an adaptive level of functioning and to prevent or mitigate the possibility of negative psychological impact of trauma. Crisis intervention is perceived by Black (2007:238) as an urgent and acute psychological intervention.

Crisis intervention is describe by (Roberts, 2005:15) as a therapeutic practice used in helping clients in crisis to promote effective coping meganisms that can lead to positive growth and change by acknowledging the problem, recognising its impact and learning the new or more effective behaviours for coping with similar unpredictable experiences. Hepworth et al. (2006:384) indicate that this intervention is rapid within a limited time frame. Crisis intervention is regarded as being far more extensive than debriefing and requires four to eight weeks (Hepworth et al., 2006:384) depending on the needs of the client. The person providing crisis intervention should be in possession of a graduate level course in a mental health discipline (Roberts, 2005:21-22).

After a traumatic incident the crisis can be experienced according to Hepworth et al. (2006:384) as acute or chronic. The person's acute reaction is usually in the form of helplessness, confusion, anxiety, shock, disbelief and anger (Roberts, 2005:130). Low self-esteem and depression can also result from the crisis state. The person exposed to trauma may seem incoherent, disorganised, agitated and volatile or calm, withdrawn and apathetic. Robert (2005:130) indicates that it is during this time that the individual is most willing to seek help.

James and Gilliland (2005:8) specify that although brief therapy may be the equivalent of crisis intervention (in that it seeks to restore the person to a state of equilibrium), not all brief therapy is related to crisis intervention. Hepworth et al. (2006:385) is adamant that understanding the nature of the crisis, the perception of threat the harm to or vulnerability of those involved and the client's affective, emotional and behavioural functioning will assist the practitioner to respond and plan appropriate interventions. Taking the above into consideration, James and Gilliland (2005:9) state the resolution of crisis may lead to positive and constructive outcomes such as self-enhancing coping ability and a decrease in negative, self-defeating, dysfunctional behavior.

2.8 SUMMARY

Chapter Two dealt with the theoretical conceptualisation of trauma, traumatic events and PTSD with the outcome outlining intervention strategies to traumatic events.

Chapter Three will be focusing on the research methodology, data analysis and the interpretation of the results of the empirical study that was conducted at Kgoši Mampuru II Local correctional centre.

CHAPTER THREE

RESEARCH METHODOLOGY, DATA ANALYSIS AND INTERPRETATION

3.1 INTRODUCTION

The focus in Chapter Three is on the research methodology and the procedure of data collection from the empirical study conducted, as well as the analysis of data and its interpretation at Kgoši Mampuru II Local correctional centre (formerly known as Pretoria Local Correctional Centre for ATDs) in the Kgoši Mampuru II Management Area.

3.2 RESEARCH APPROACH

The researcher intended to focus the research on a quantitative approach as it is an exploration into the social or human problem of the effect of exposure of centre-based correctional officials to traumatic events in the DCS. Babbie (2005:23) explains that the distinction between quantitative and qualitative data in social research is essentially the distinction between numerical and non-numerical data. As the researcher was interested in precise, objective and analytical information (Fouché & Delpont, 2011:65) rather than meaning, experience and perceptions, a quantitative approach was implemented (Kumar, 2011:20) through an objective and systematic process (Grove, 2005:23).

Data was measured with numbers and analysed with statistical procedures (Fouché & Delpont, 2005:74). The purpose of the research was descriptive in nature (Babbie, 2005:88) as the researcher wanted to acquaint herself with the effect of exposure to traumatic events amongst centre-based correctional officials in the DCS. The factual nature of the quantitative approach seemed to be appropriate for the study as numbers (statistical procedures) according to Bless, Higson-Smith and Kagee (2007:44), have the advantage of being exact.

3.3 TYPE OF RESEARCH

Applied research is according to Fouché and De Vos (2005a:105) motivated by a need to solve practical problems or to answer useful questions regarding programmes, projects, policies or procedures. As applied research emphasises the quantification of concepts (Babbie & Mouton, 2006:49) applied research was utilised since the primary aim of the study was to gain an understanding of the effect of exposure of centre-based correctional officials to traumatic events in the DCS.

Applied research is viewed as the type of research that aims to address immediate problems such as trauma that are facing the Employee Assistance Programme (EAP) and/or professional in practice. Utilising applied research, the researcher made recommendations to the management of the DCS to enhance the well-being of centre-based correctional officials after exposure to a traumatic events.

3.4 RESEARCH DESIGN AND METHODS

3.4.1 Research design

A quantitative research design was utilised (Rubin & Babbie, 2010:110) and a survey design was selected (Becker & Bryman, 2004:186). The study implemented the non-experimental design, which Babbie (2007:102) explains is mainly used in exploratory and descriptive studies in which respondents were selected to take part in the research and relevant variables were measured at a specific time. It should be noted that there are two methods of non-experimental designs, which are the randomised cross-sectional survey (Kumar, 2011:107) and the replicated randomised cross-sectional survey as explained by Fouché and De Vos (2005b:137). In the study, the researcher applied the randomised cross-sectional survey as she wanted to determine the effect of exposure of centre-based correctional officials to traumatic events in the DCS by taking a cross-section of the population.

The collection of information from the selected officials was conducted with reference to Bless et al. (2007:74), in a single event which according to Creswell (2009:146), turned out to be more economical and thus resulted in a rapid turnaround time in data collection. The most significant disadvantage of the cross-sectional survey is that it cannot measure change, as the measurement of change needs at least two cross-sectional studies on the same population, as clarified by Kumar (2011:107). This disadvantage did not have an impact on the study, as the focus was not on change.

3.4.2 Research population, sample and sampling method

The research population consisted of the officials of Kgoši Mampuru II Local correctional centre for ATD's. As the population set boundaries on the study units (Strydom, 2011b:223), the researcher was interested in approximately 595 male and female centre-based correctional officials who are permanently employed in DCS. The target population were limited (Babbie & Mouton, 2009:174) to employees who might be prone to being exposed to trauma and traumatic events such as the administrators, managers, warders, health care professionals and EST members, performing the duties of office administration, security, inmate escorting and giving treatment and medication to inmates on a daily basis.

Stratified random sampling was applied within probability sampling (Kumar, 2011:198), in order to ensure that the administrators, managers, warders, health care professionals and EST members all require an equal chance of being represented in the sample (Creswell, 2009:156). The researcher could not obtain an updated confirmed list of officials from Kgoši Mampuru II Local CC according to the mentioned job categories.

In order to apply the stratified random sampling method, the researcher applied the systematic sampling technique within each stratum as to obtain, as explained by Strydom (2011b:23), a representative sample of the strata. The researcher drew a 20% sample from each stratum (Strydom, 2011b:230) from the list of the Human Resources Department by selecting every third case. In addition the HR manager at

the centre was identified by senior management to orientate the researcher on the different shift systems and briefing parades for all officials at the facility that consists of these categories. The sampling method chosen was appropriate and the sample size of 119 was adequate to conduct the study as it was representative of the defined population of full-time employees of Kgoši Mampuru II Local CC for ATDs.

3.4.3 Data collection

A questionnaire was utilised as a method of data collection (Delpont, 2005:166) as it generated information that was useful for analysis (Babbie, 2007:245). As no standardised questionnaire on the topic was available, the researcher developed a questionnaire with closed- and open-ended questions (See Addendum C).

Closed-ended questions offered the respondents the opportunity to select one or more responses from the provided list, whereas open-ended questions gave the respondents the opportunity of writing any answer in the open space (Delpont, 2005:174). With the use of both the closed- and open-ended questions, the results were obtained in both numerical and non-numerical form. The answers to closed-ended questions were easier to understand, code and analyse, whereas open-ended questions offered the respondents the latitude to share and divulge more information about the phenomenon (Rubin & Babbie, 2010:754). The questionnaire also included demographic information and questions that addressed the objectives of the study as discussed in Chapter One.

Strydom (2005b:209) explains that pilot testing should be conducted on a small scale of the real total community where the main investigation would take place in order to uncover aspects of the instrument that needed refinement. A pilot test was conducted with five officials from National Head Office who did not form part of the actual study that was intended to be conducted at Kgoši Mampuru II Local correctional centre for ATDs. There were no discrepancies in the questionnaire that required the researcher to modify the questionnaire.

The benefit of a self-administered questionnaire is that a significant amount of time and cost was saved (Delpont & Roestenburg, 2011:186). As the researcher is an

official at National Head Office and not based at Kgoši Mampuru II Local correctional centre for ATDs, she had to hand-deliver the questionnaires to the different individuals (Babbie, 2005:258) who were based at the correctional centre.

The disadvantage encountered in using questionnaires was the availability of officials as they were often escorting and/or guarding inmates. However, the researcher was allocated a Human Resource manager within the centre who briefed the researcher on the various shift systems of officials who were on duty for those days. As groups changed after four days and a new group reported on duty, a briefing parade was attended and centre-based correctional officials were addressed and presented on the purpose of the study to be undertaken. The researcher was then able to brief the various shift systems, for example 06:00 am, 07:00 am and 10:00 am on different days as the shifts rotated before hand-delivering the questionnaires (McBurney & White, 2004:245) to the respondents at their individual work stations.

In addition, due to security issues, some centre-based correctional officials could not attend the parades and their managers after the briefing session arranged for their subordinates to assemble at the boardroom. The researcher was in a position to provide instructions to the respondents (Delpont 2005:168) prior to completing the questionnaire at their work stations later, and in turn clarifying any uncertainties that might prevail amongst the respondents (Delpont & Roestenburg, 2011:186). At the end of each day, the researcher physically collected completed questionnaires. A total of 103 centre-based correctional officials completed the questionnaires. Another disadvantage was that some officials had trouble in understanding certain questions and instructions which lead to Babbie's (2005:258) explanation of answering questions arbitrarily.

3.4.4 Data analysis

According to Kruger, De Vos, Fouché and Venter (2005:218), data analysis involves categorising, ordering, manipulating and summarising data to obtain answers to research questions. Numerical and non-numerical data was collected and, therefore, the data required coding for its analysis and interpretation when collected.

Before analysing the collected data, the researcher needed to quantify the data. Data quantification is the conversion of hard data into readable forms amenable to computer processing and analysis (Babbie, 2009:422).

During data analysis, the data was converted to numerical and statistical forms in order for it to be easily understood, categorised, ordered and summarised (Kruger et al., 2005:218) to obtain answers to the research question which was: What is the effect of exposure of centre-based correctional officials to traumatic events in DCS? The researcher asked the Statistical Department of the University of Pretoria for assistance in analysing the collected data (Bless et al., 2007:17). All the data were presented in graphs, tables, diagrams and percentages (Bless et al., 2007:170). Once data quantification and coding has been completed by the researcher (Fouché & Bartley, 2011:248-249), the data was entered into a computer and calculated with a Pearson correlation coefficient (r) by comparing the answers of respondents.

RESEARCH FINDINGS

The data were analysed and interpreted from literature and the theoretical framework underpinning the study, in terms of the sections below.

SECTION A: Biographical information

SECTION B: Exposure to traumatic events

SECTION C: Traumatic events and workplace productivity

SECTION D: Knowledge about the EAP in the DCS

SECTION E: Knowledge of debriefing and intervention strategies

SECTION F: Support strategies by the DCS

At the end of each section, the findings will be integrated with the theoretical framework.

SECTION A: BIOGRAPHICAL INFORMATION

The first section, Section A, provides the demographic details of the respondents with regards to gender, race, age, home language, years of employment with DCS, job classification and place of employment within the facility.

- **GENDER**

Figure 1: Illustrating gender distribution of employees

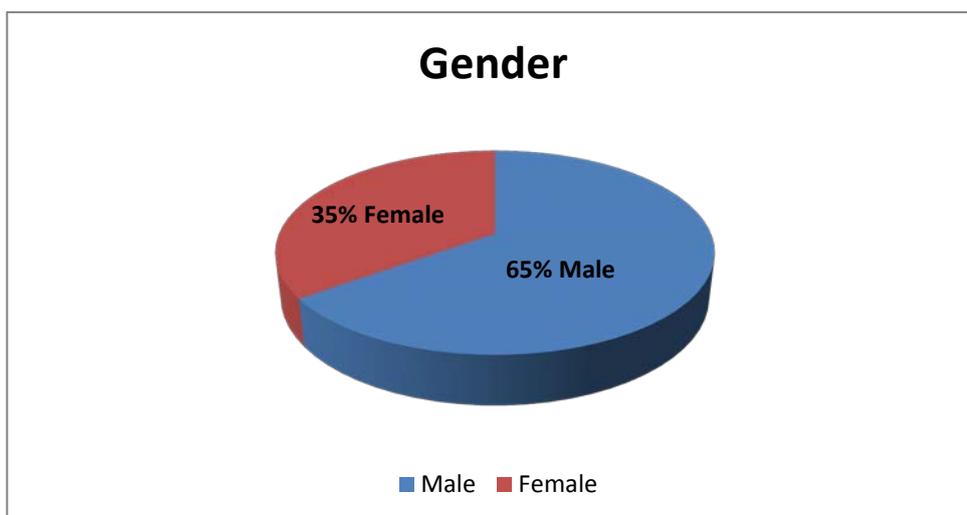
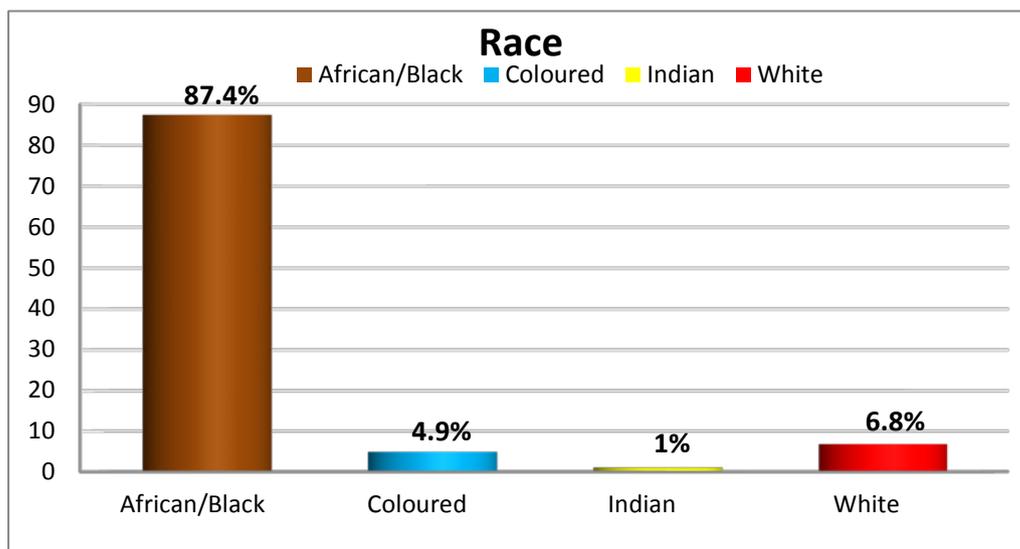


Figure 1 shows that only 35% of respondents were female, while 65% were male, which means the majority of the respondents were male. This data show that more

men than women are employed by DCS. This finding corresponds with the employee base of Kgoši Mampuru II Local Centre for ATDs, where females are in the minority. It is worth mentioning that due to the nature of DCS workplace environment, the employee demographic profile, like Kgoši Mampuru II Local CC for ATDs, is dominated by male employees. The gender breakdown of Kgoši Mampuru II Local CC for ATDs is reflected in the study by Bhoodram (2006:11) as being accurate in that the majority of correctional officials are men. It cannot be neglected to emphasise the view of Phillips (2005:25) who says that although women remain under-presented as emergency planners, involving women broadens the range of ideas proposed for and incorporated into planning initiatives.

- **RACE**

Figure 2: Illustrating the race distribution of employees



As shown in Figure 2, the majority of respondents according to race were African/Black at a percentage of 87.4%, followed by the White employees at 6.8% and Coloured and Indian employees at 4.9% and 1% respectively. The data show that the majority are Black employees according to expectations of the Affirmative Action as enshrined in the Employment Equity Act 55 of 1998.

- AGE

Figure 3: Illustrating age distribution of employees

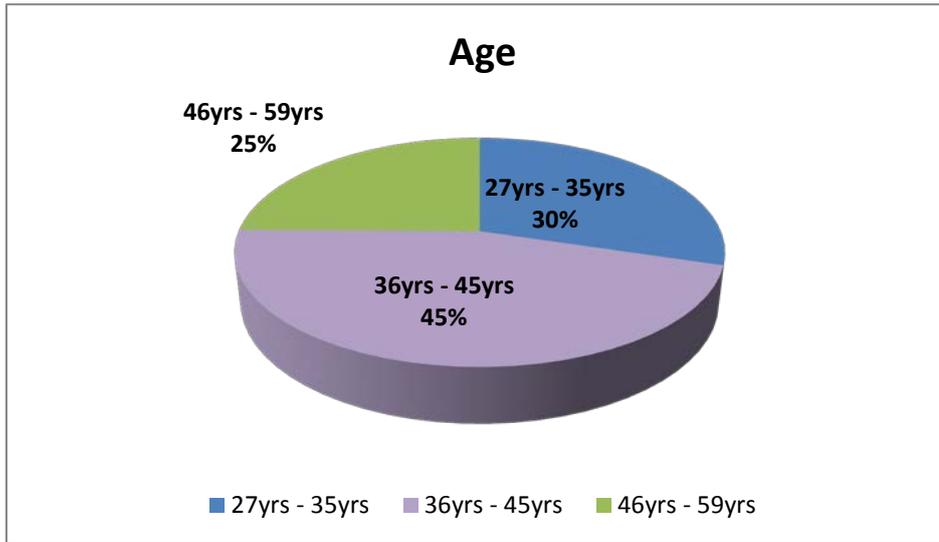
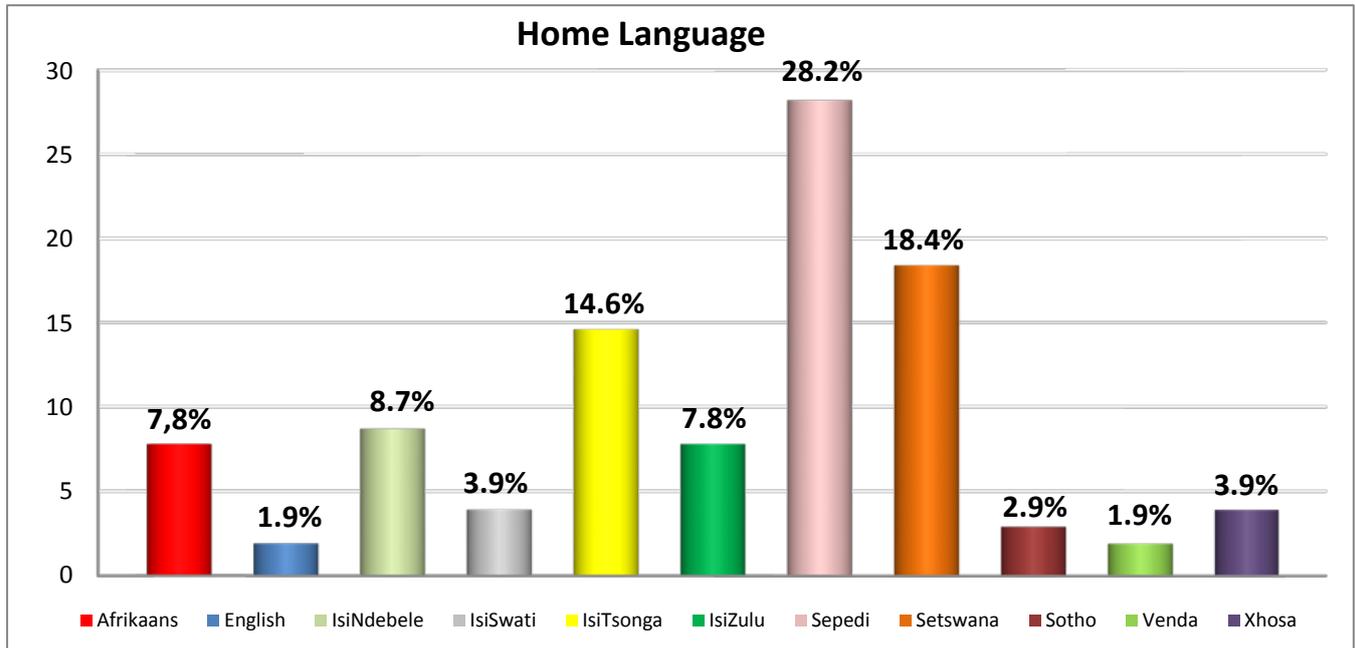


Figure 3 indicates that the greatest single proportion of the respondents (45%) was in the age range of 36 to 45 years followed by 30% in the age group of 27 to 35 years. The data indicate that the majority of centre-based correctional officials are those in their mid-life expectancy years as employees of the DCS.

- HOME LANGUAGE

Figure 4: Explaining home language of employees



The dominant home language at 28.2% of the respondents at Kgoši Mampuru II Local CC for ATD's as indicated in Figure 4 is Sepedi followed by Setswana (18.4%), which indicates that the dominant home language is Sepedi with 28.2%. This correlates with the finding in Figure 2 that the majority of centre-based correctional officials are black employees.

- **NUMBER OF YEARS EMPLOYED IN DCS**

Figure 5: Showing number of years employed in DCS

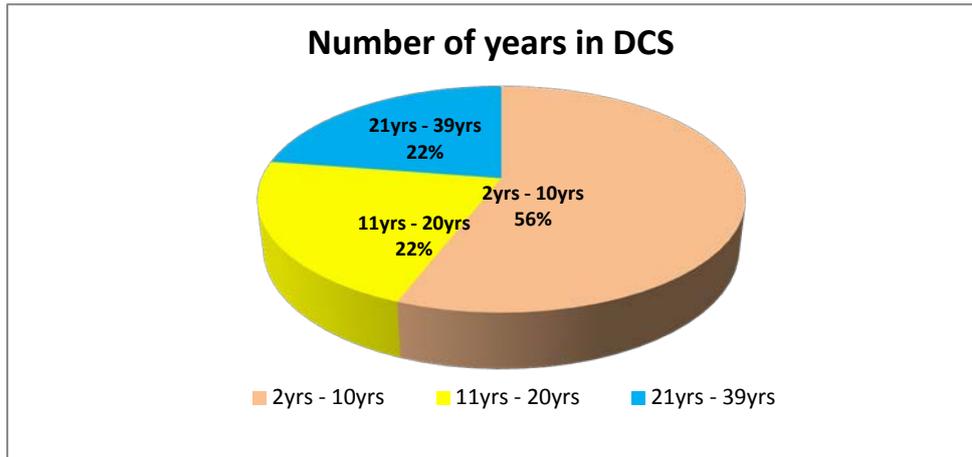
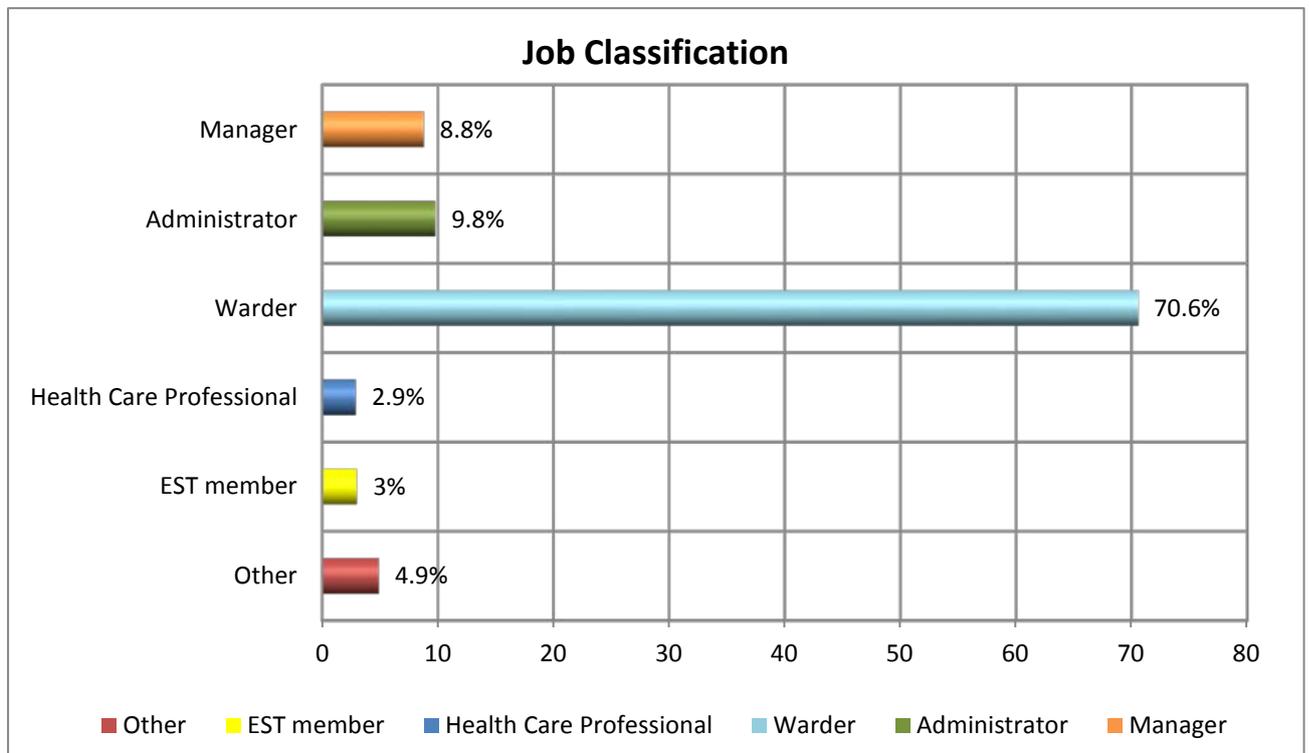


Figure 5 shows the majority of correctional officials at 56% have been employed for a number of two to ten years in the DCS. However, those employed between the years 11 to 20 and 21 to 39 are an equivalent proportion of 22%. The data from Figures 3 and 5 make it clear that the workforce is relatively young with not much work experience when comparing to the other age groups.

- **JOB CLASSIFICATION**

Figure 6: Describing the job classification of employees



The majority (70.6%) of respondents in Figure 6 according to job classification are warders. The data confirm that warders in the DCS are regarded as centre-based correctional officials which Harris and Fallot (2007:18) say are the core of those who are needed to ensure a secure and safe custody of inmates. The second highest percentage is that of administrators at 9.8% and the lowest respondents (2.9%) were health care professionals.

- PLACE OF EMPLOYMENT WITHIN THE FACILITY

Figure 7: Describing distribution of employment in the facility

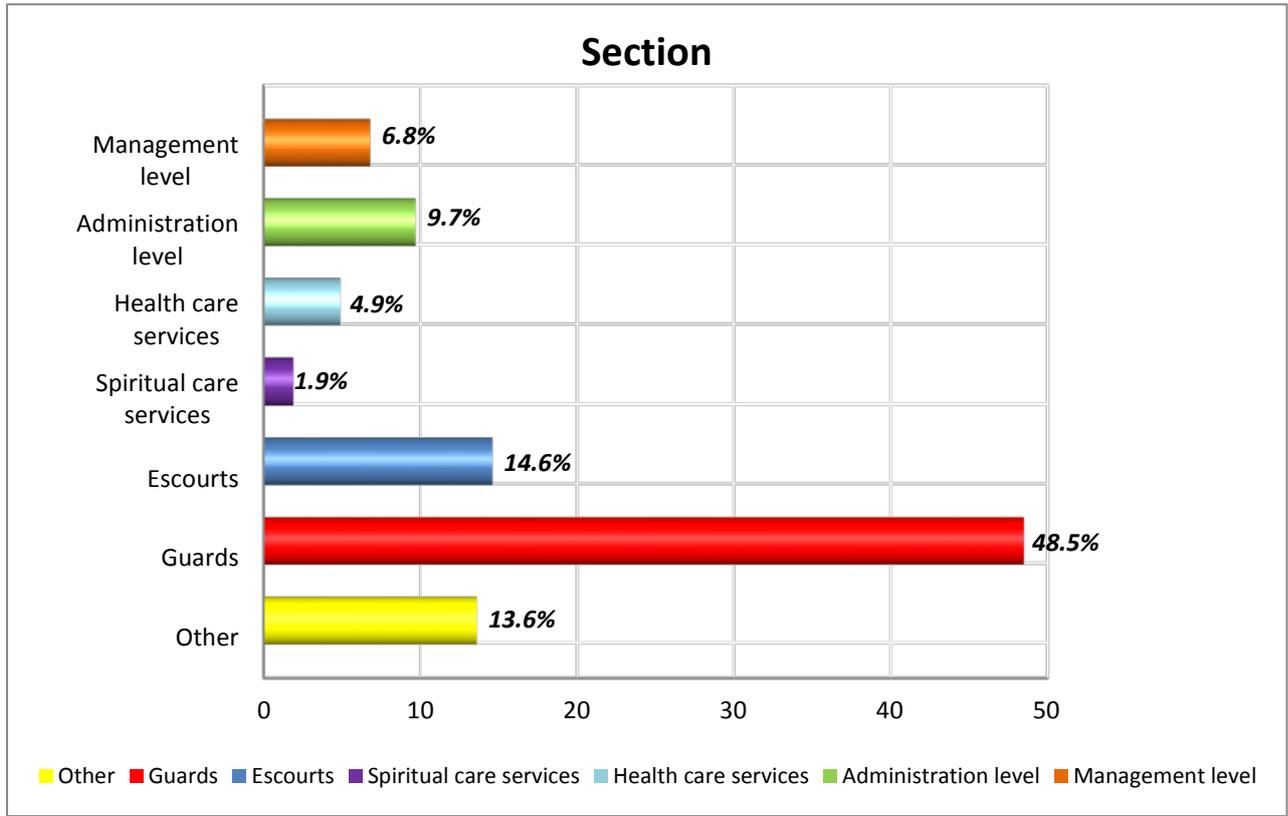


Figure 7 indicates that most of the respondents are guards at 48.5%. The lowest response rate is that of respondents working as spiritual care services (1.9%), followed by health care services (4.9%). It is clear from the data that centre-based correctional officials are well-placed in DCS and have an important role to play in ensuring the safe custody and rehabilitation of inmates at all times. This finding correlates with the finding in Figure 6 and is in line with the White Paper on Corrections (2010:10) which states that every member is a rehabilitator and the centre-based correctional official must assist and facilitate the rehabilitation processes of inmates.

Section A on biographical information of centre-based correctional officials implies that gender especially of males has been consistently identified as the most influential factor in the workplace. It has been noted as well that DCS as a system in totality is dependent on various aspects such as the age, work experience of employees and distribution of race in order to achieve its core mandate of ensuring a secure environment to those in their care. This is in line

with the social systems theory which defines the system as a set of elements that are orderly and interrelated to make a functional whole (Ambrosino et al., 2005:50).

SECTION B: EXPOSURE TO TRAUMATIC EVENTS

Questions in this section were aimed at gaining background information about the various types of exposures and witnessing of traumatic events that the employees had experienced and to what extent they had encountered such traumatic events in the DCS. These questions were asked in order to assess whether correctional officials upon exposure to traumatic events do also become vulnerable to symptoms of trauma and how often they have experienced such symptoms.

The breakdown of various traumatic incidents that correctional officials were exposed to was asked in the questionnaire. Very few respondents did answer the column in the questionnaire on how often had they been exposed to a traumatic event if the event occurred more than once. The information was not given and fewer than ten respondents did provide information in this regard. It should be noted with concern that the missing data may have compromised the validity of the information in these specific instances.

On the next page are the responses from the questionnaire that was distributed to the correctional officials.

- FIST FIGHTING**

Figure 8: Elucidating exposure to fist fighting

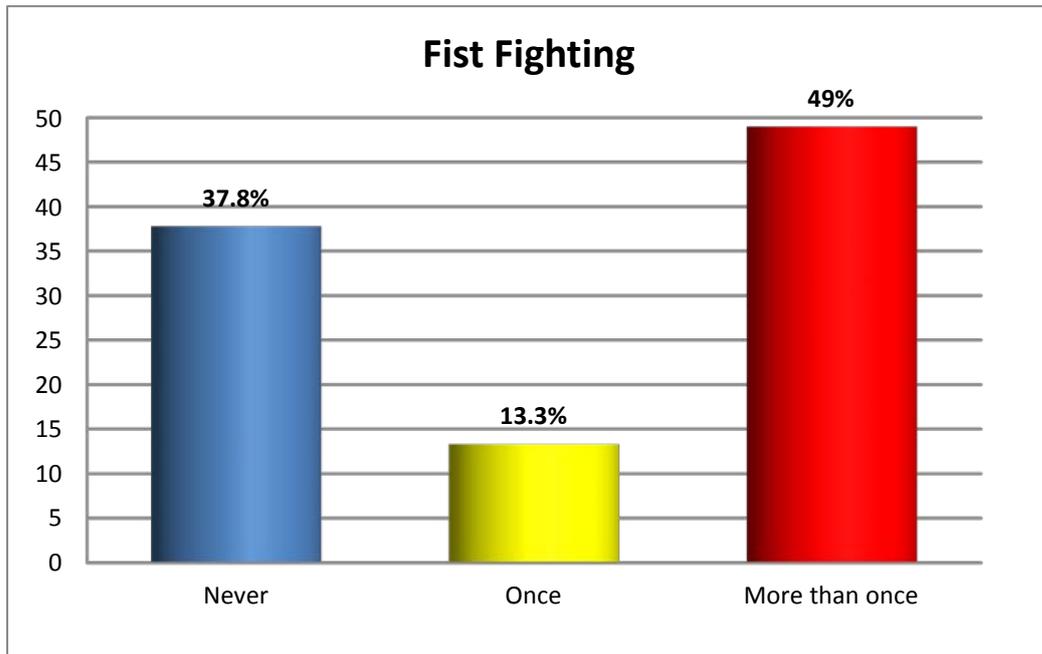
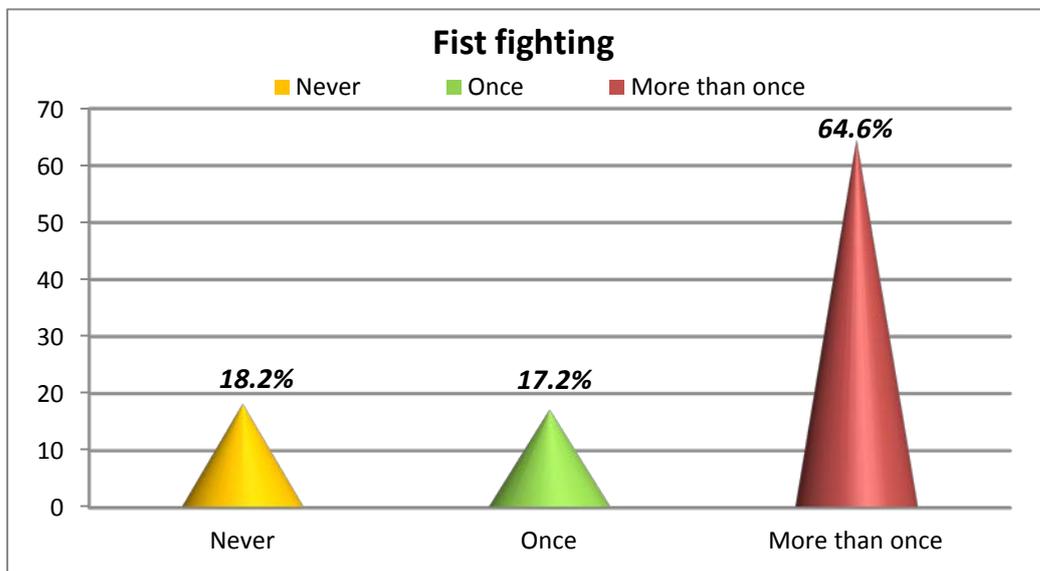


Figure 9: Elucidating witnessing of fist fighting



Figures 8 and 9 indicate that 62.3% and 81.8% of respondents respectively have been exposed to, or have witnessed fist fighting once or more than once at Kgoši Mampuru II Local correctional centre for ATDs. From the data it is clear that fist fighting is an occurrence known to the majority of centre-based correctional officials.

• **STABBING**

Figure 10: Expounding exposure to stabbing

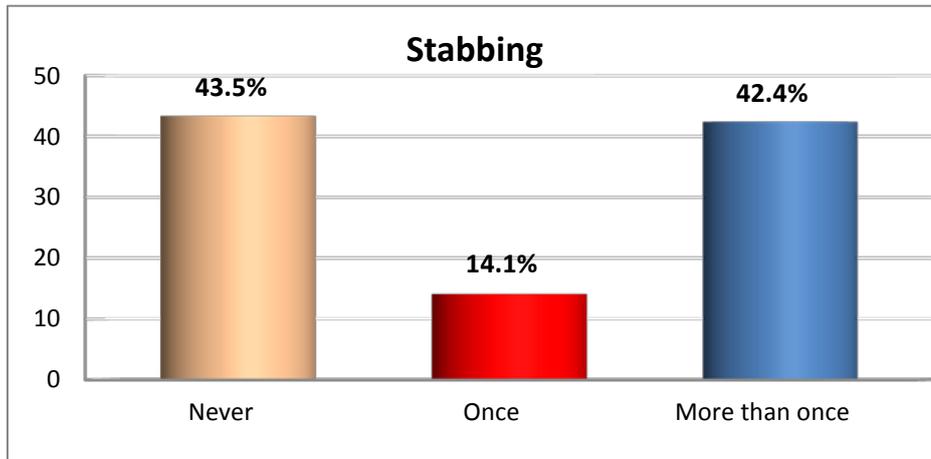
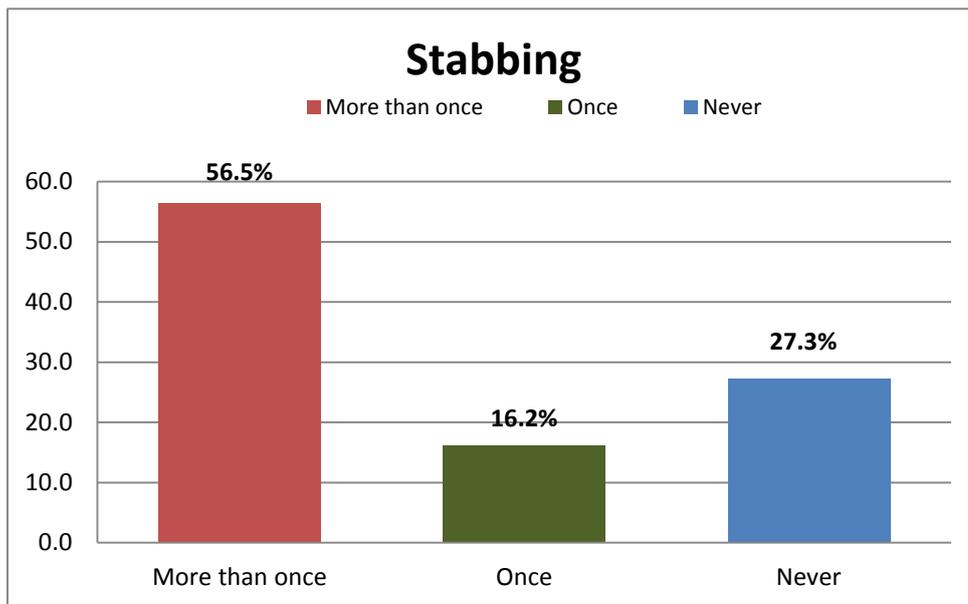


Figure 11: Expounding witnessing of stabbing



Figures 10 and 11 illustrate that 56.5% of the respondents have been exposed to and 72.7% witnessed stabbing once or more than once, whereas 43.5% and 27.3% respectively have never been exposed to or witnessed stabbing. The data indicate that centre-based correctional officials have been exposed to or witnessed stabbing. As the majority of respondents have experienced or witnessed stabbing, James and Gilliland (2005:370) warn that in retaliation for offenses against them, offenders are without fear or remorse regarding any person, at any time or at any place, which place centre-based correctional officials in great danger.

• **BULLYING**

Figure 12: Explaining exposure to bullying

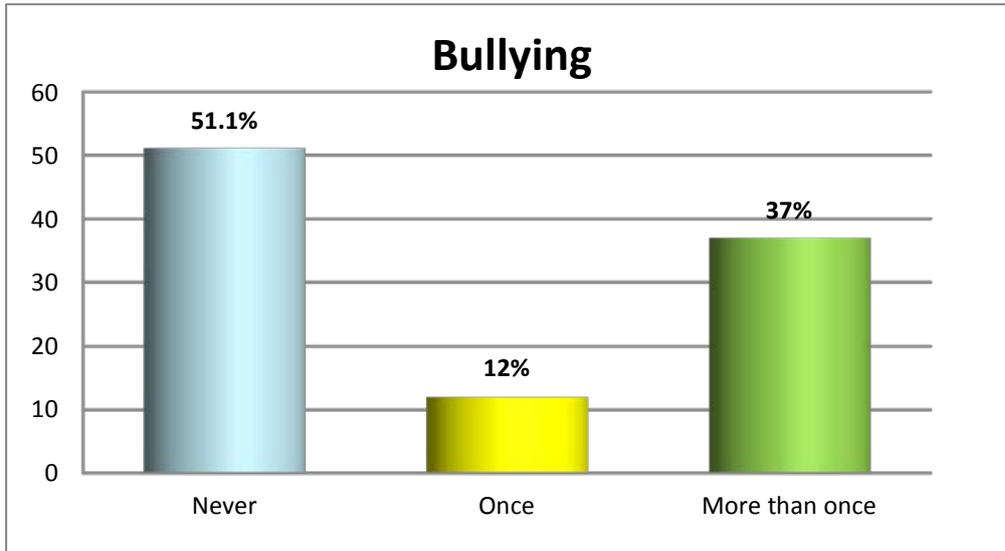


Figure 12 reflects that 49% of respondents have been exposed to bullying once, or more than once. It is with a small margin of 2% that the majority of respondents have not been exposed to bullying.

Figure 13: Explaining witnessing of bullying

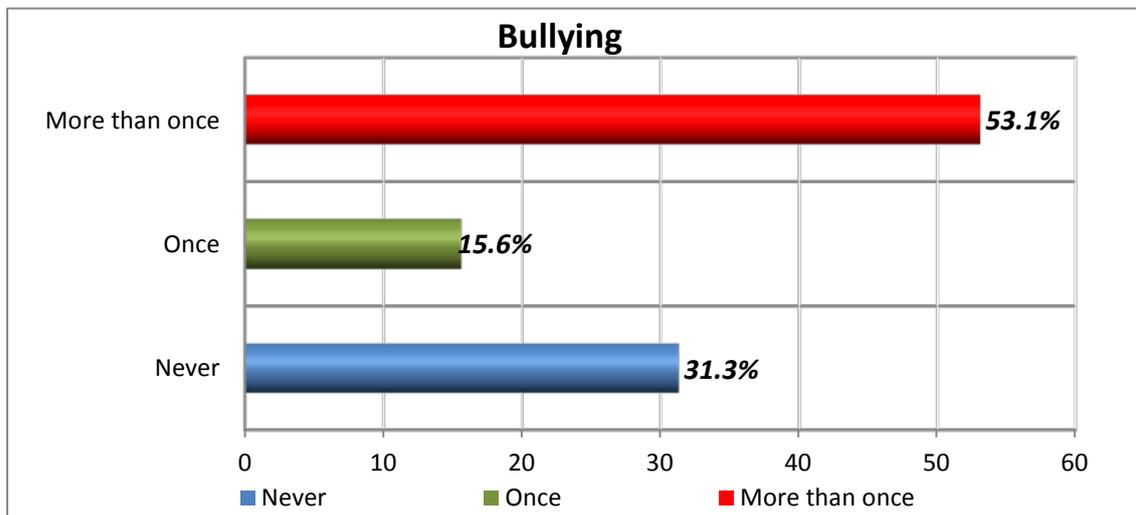


Figure 13 shows that 68.7% of respondents have witnessed bullying at Kgoši Mampuru II Local Centre for ATDs once or more than once. The data give the impression although the centre-based correctional officials have not been exposed to bullying, they have witnessed it on numerous occasions. Although Figures 12 and 13 indicate that 51% and 31.3% of respondents respectively have

never been exposed to, or witnessed bullying, Bergh, May and Naidoo (2011:176) indicate that bullying is unwanted by the victim, cause humiliation and distress, are offensive, interfere with work performance and/or might cause an unpleasant working environment.

- **MURDER**

Figure 14: Explaining exposure to murder

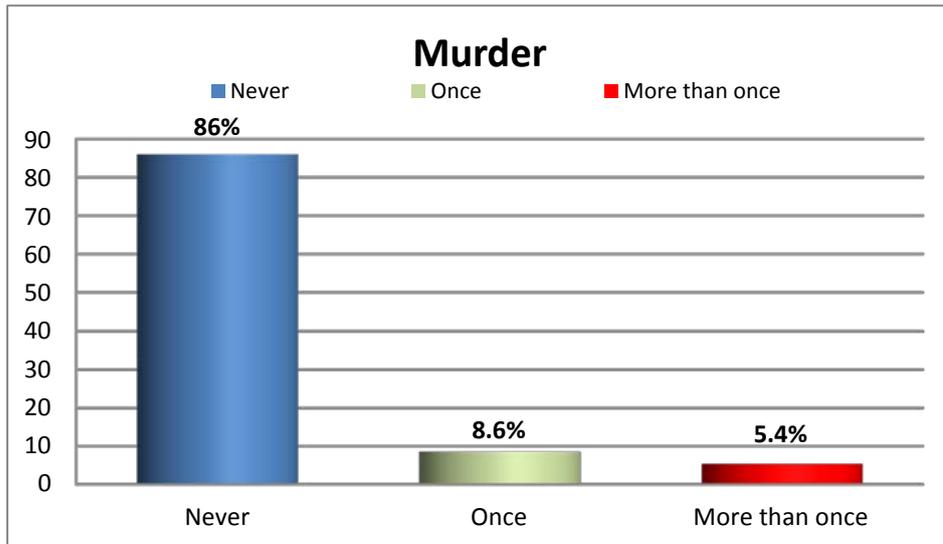
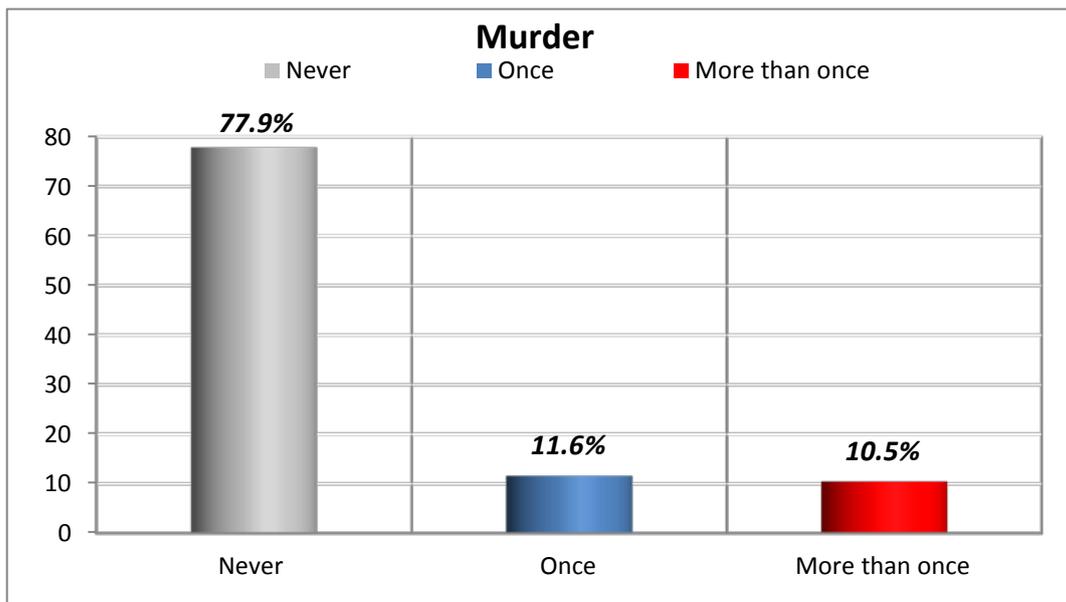


Figure 15: Illustrating witnessing of murder

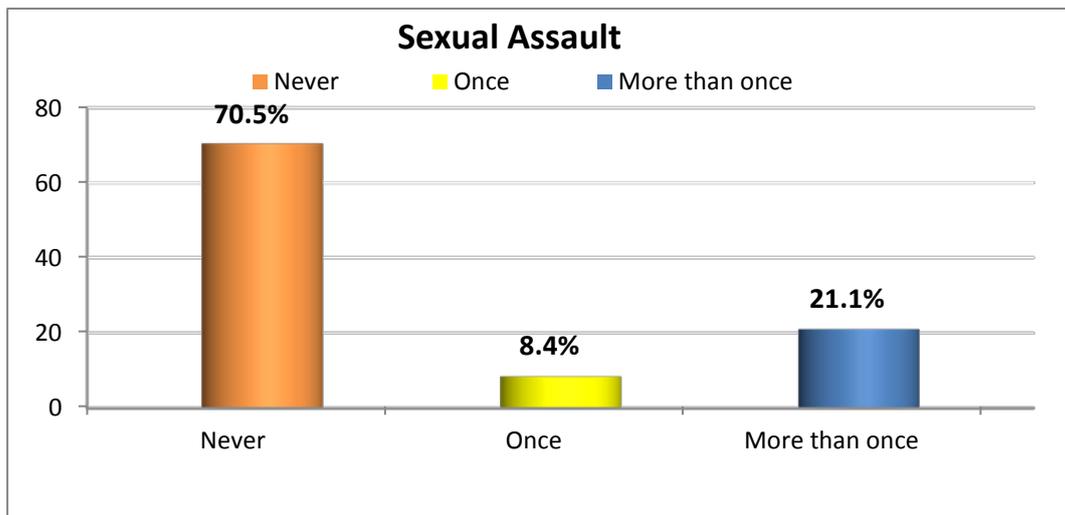


A total of 86% and 77.9% of respondents respectively have never been exposed to, or witnessed murder as reflected in Figures 14 and 15. Rost et al. (2009:83) caution

that the inability to prevent, identify and safeguard against direct or indirect exposure to traumatic events within the prison setting i.e., violence, suicide, murder and high rates of mortality, could not only be potentially dangerous, but also life threatening.

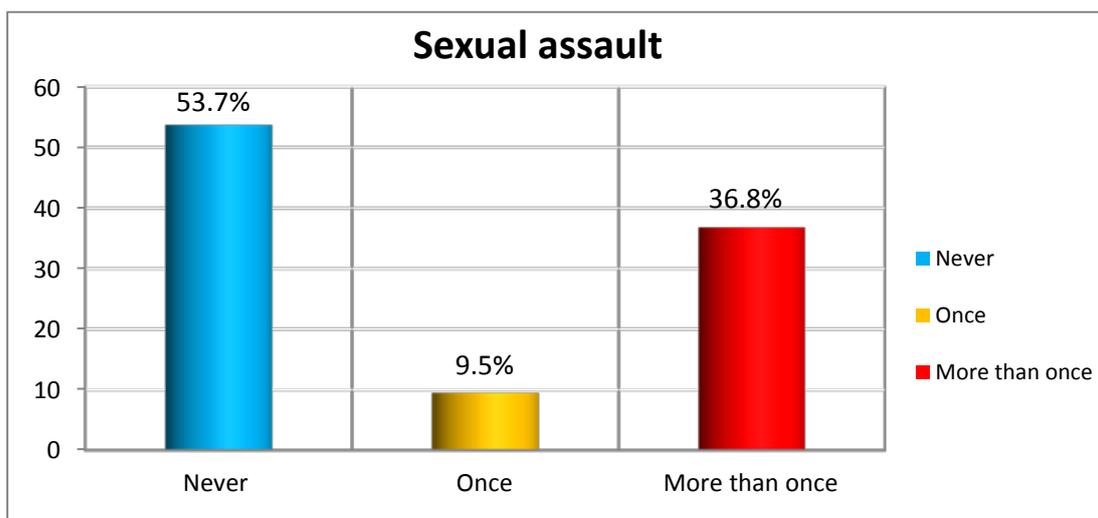
- **SEXUAL ASSAULT**

Figure 16: Revealing exposure to sexual assault



As shown in Figure 16, 70.5% of respondents have never been exposed to sexual assault at Kgoši Mampuru II Local Centre for ATDs. The data indicate that a small minority of 29.5% of centre-based correctional officials have been sexually assaulted in the workplace.

Figure 17: Revealing witnessing of sexual assault



As shown in Figure 17, 46.3% of respondents have witnessed sexual assault once or more than once at Kgoši Mampuru II Local Centre for ATDs. It seems like exposure

to, or witnessing of sexual assault is not a major occurrence in the workplace. This is fortunate as sexual assault is an unlawful and intentional sexual violation of one person by another (Criminal Law Amendment Act 32 of 2007).

• **SMUGGLING**

Figure 18: Explaining exposure to smuggling

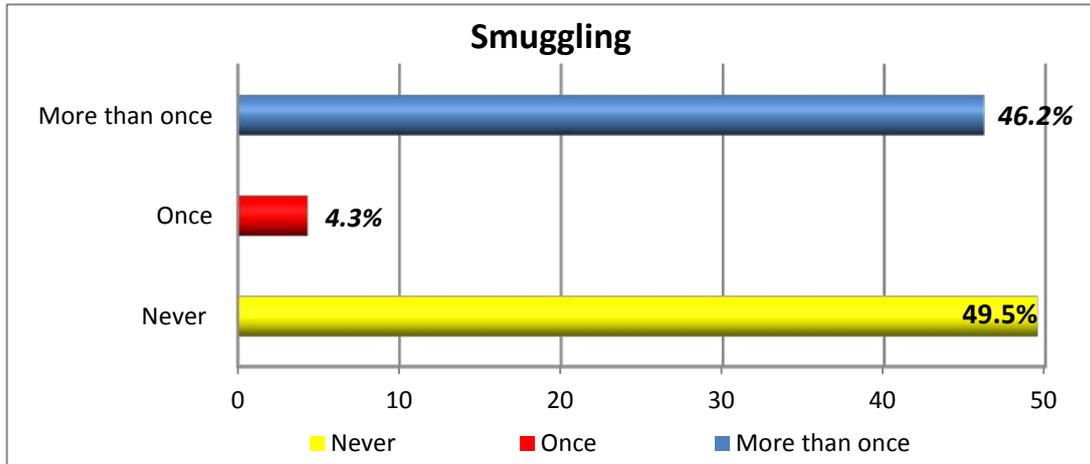
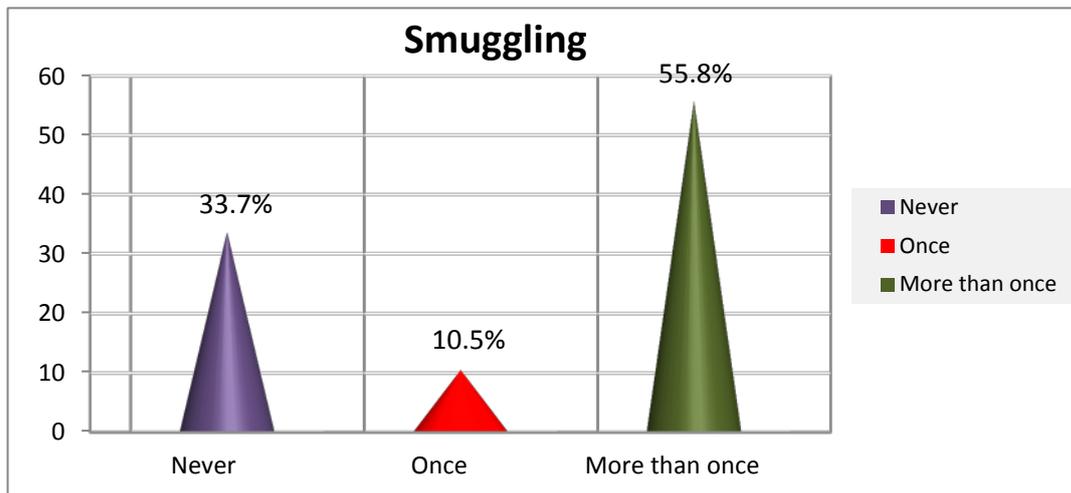


Figure 18 indicates that 50.5% of respondents have been exposed to smuggling once or more than once. It seems that centre-based correctional officials are exposed to smuggling and Goyer (2003:28) noted that certain correctional officials are responsible for the smuggling of food, weapons, cigarettes, drugs and other items. However, 49.5% of the respondents indicated that they have never been exposed to any form of smuggling.

Figure 19: Explaining witnessing of smuggling

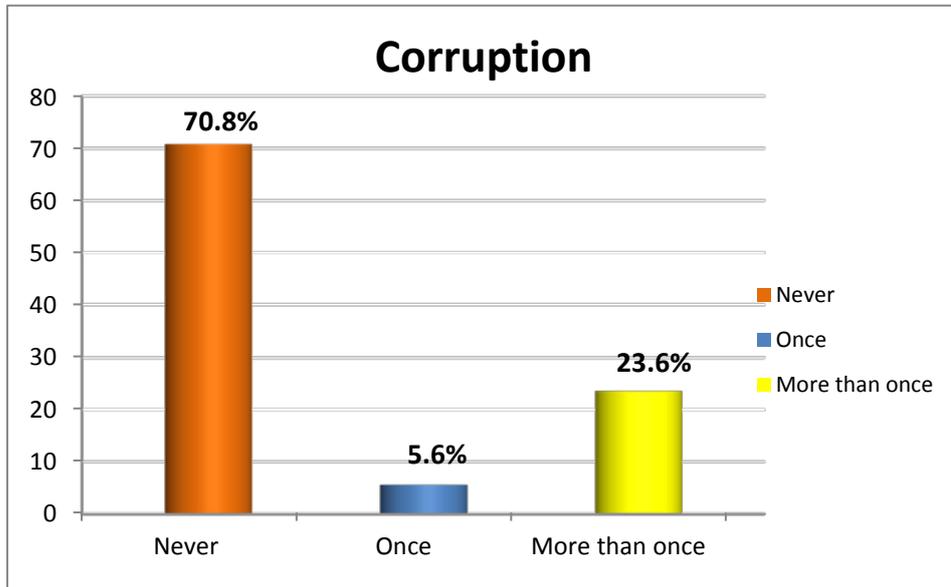


In comparison to Figure 18, Figure 19 shows an even higher percentage of 66.3% of respondents who have witnessed smuggling once or more than once. From the data presented, it looks as if the centre-based correctional officials have been involved in smuggling through either exposure or witnessing thereof. This finding is alarming as The White Paper in Corrections in South Africa (2011:112-113) expect an ideal

correctional official to achieve a level of excellence in any field and a focus on productivity, efficiency and discipline.

- **CORRUPTION**

Figure 20: Elucidating exposure to corruption



As shown in Figure 20, a low percentage of 29.2% of the respondents have been exposed to corruption once or more than once and a high 70.8% of respondents have indicated that they have never been exposed to corruption. The data give the impression that a low percentage of centre-based correctional officials are involved in corruption.

Figure 21: Elucidating witnessing of corruption

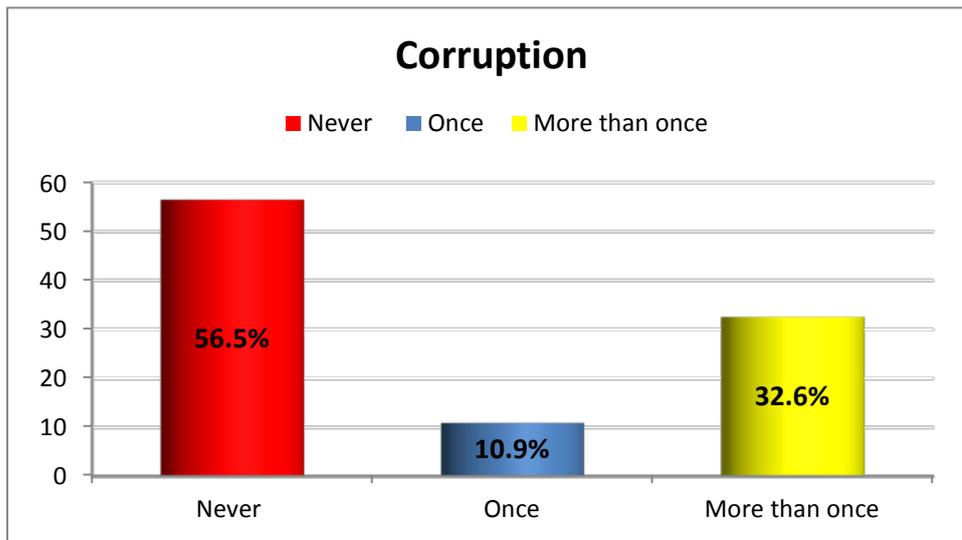


Figure 21 shows that 56.5% have never witnessed corruption and 43.5% have been witnesses to it once or more than once. The data from Figures 20 and 21 give the impression that a low percentage of centre-based correctional officials were involved or witnessed corruption. Although it appears that corruption is not a major mishap among centre-based correctional officials, the concern over corruption in DCS is however emphasised in The White Paper in Corrections (2011:123) which states that the department intends to intensify its campaign and processes systematically and comprehensively to deal with corruption through internal investigation and sanction, as well as referral to external law enforcement agencies where appropriate.

- **PRISON GANG FIGHTS**

Figure 22: Showing exposure to prison gang fights

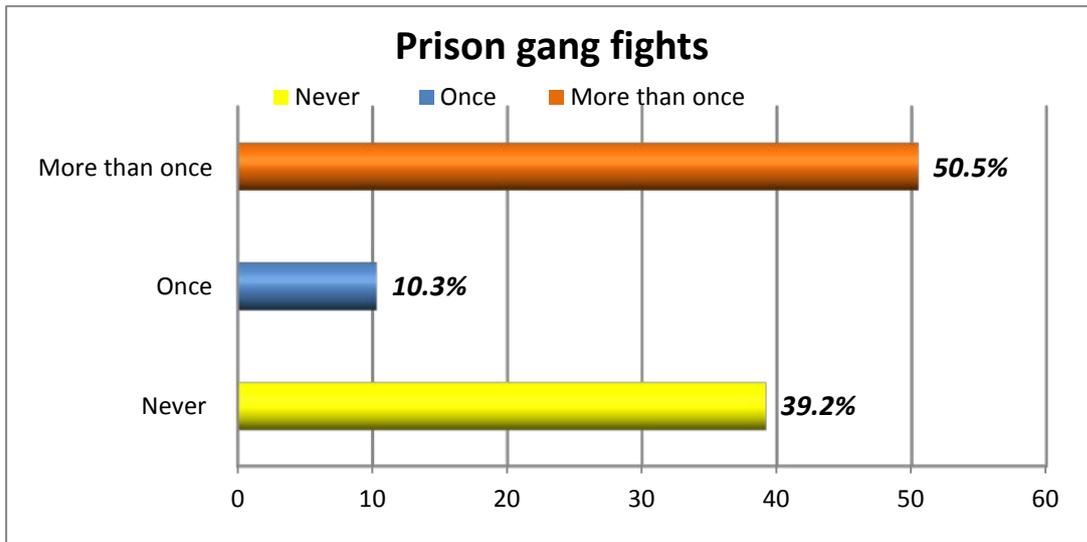
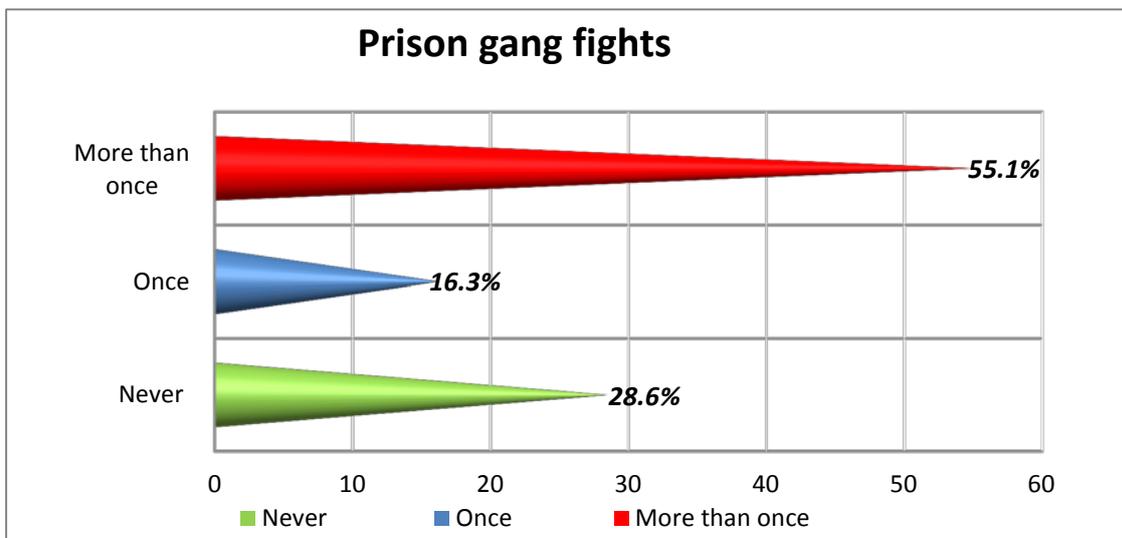


Figure 23: Showing witnessing of prison gang fights



Pete (2008:59) mentions that highly organised and structured criminal gangs have dominated all aspects of life in South African prisons for more than a century. The respondents agreed with this statement as reflected in Figure 22 (60.8% exposure) and Figure 23 (71.4% witnessing) prison gang fights once or more than once. It is clear that centre-based correctional officials have been exposed to by being involved in trying to separate the gangs and also witnessed these situations wherein they saw and assisted those gangs that were involved in fights within the correctional centres.

• **TATTOOING**

Figure 24: Illustrating exposure to tattooing

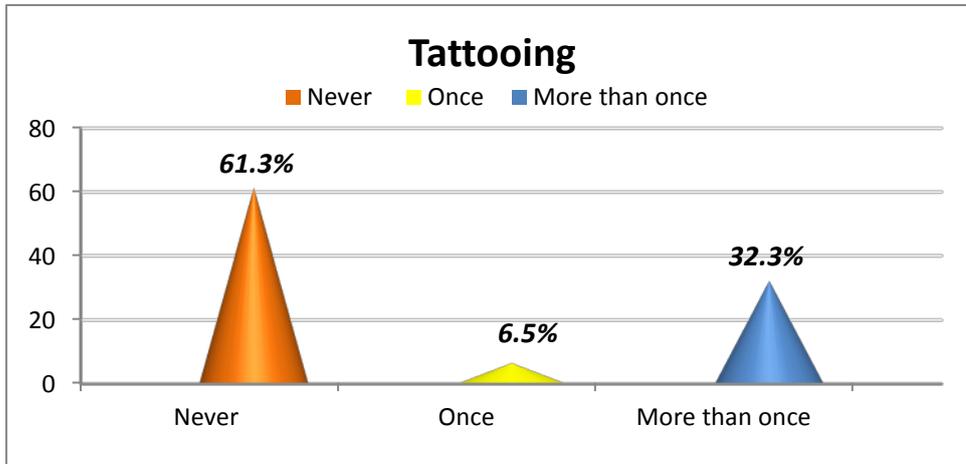
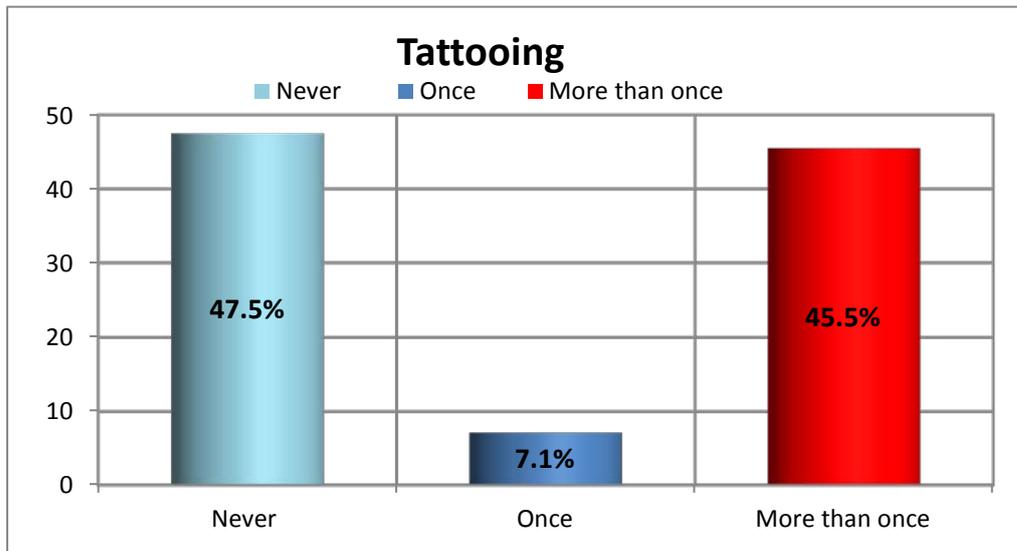


Figure 24 indicates that 32.3% of respondents have been exposed to tattooing of inmates within the facility.

Figure 25: Illustrating witnessing of tattooing



In Figures 25, a slight majority of the respondents (52.6%) have reported witnessing tattooing once or more than once at Kgoši Mampuru II Local correctional centre for ATDs. It is clear from the data that centre-based correctional officials are witnesses of tattooing in the DCS. This is in line with the view of Goyer (2003:32) who states that in South Africa, tattooing is part of the powerful gang structures within the correctional centres. As everyone's clothing is standard issue, identifying tattoos become the medium for communicating who belongs to which gang.

- **ESCAPE**

Figure 26: Explaining exposure to escape

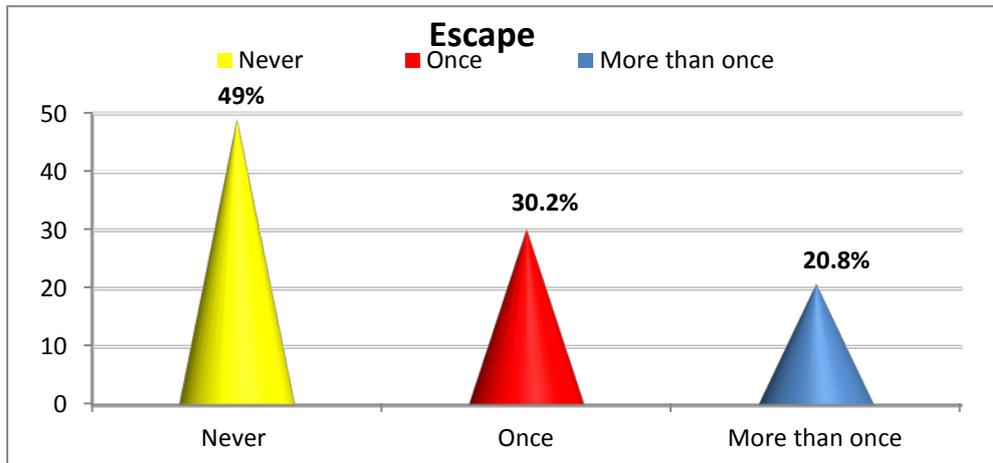
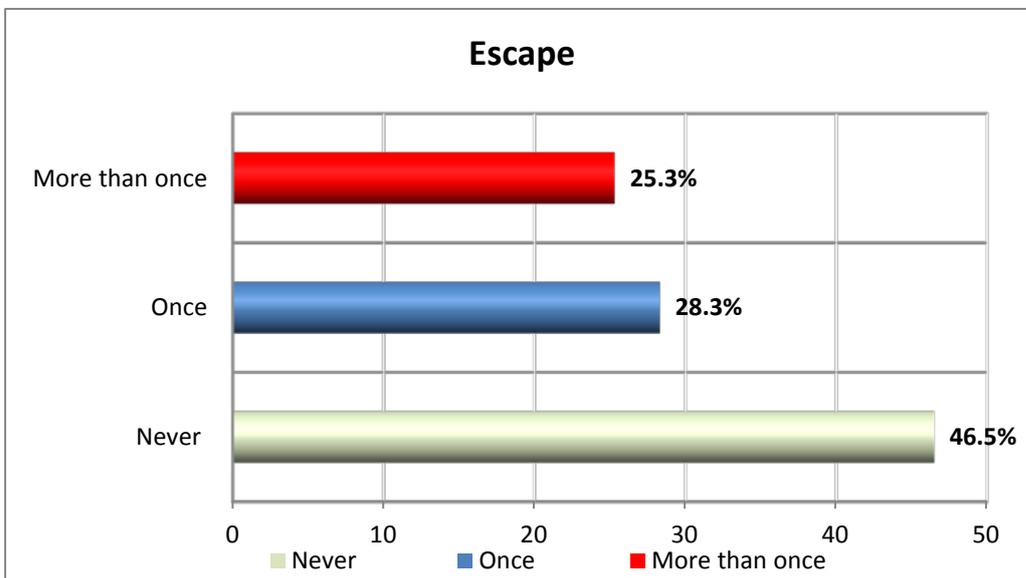


Figure 26 indicates that 51% of the respondents have been exposed to some form of escape. The data indicate that escape from prison by detainees is part of centre-based correctional officials' work life.

Figure 27: Explaining witnessing of escape



Escape can happen at any given point and at any facility and Figure 27 shows that 53.6% of the respondents have witnessed escape once or more than once. The data presented, give the impression that the centre-based correctional officials have witnessed some form of escape.

- DEATH

Figure 28: Describing exposure to death

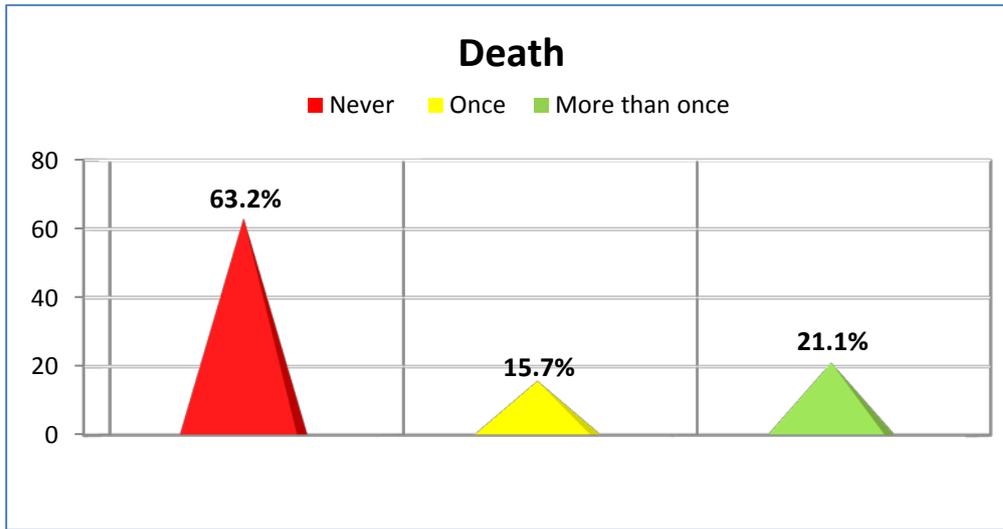
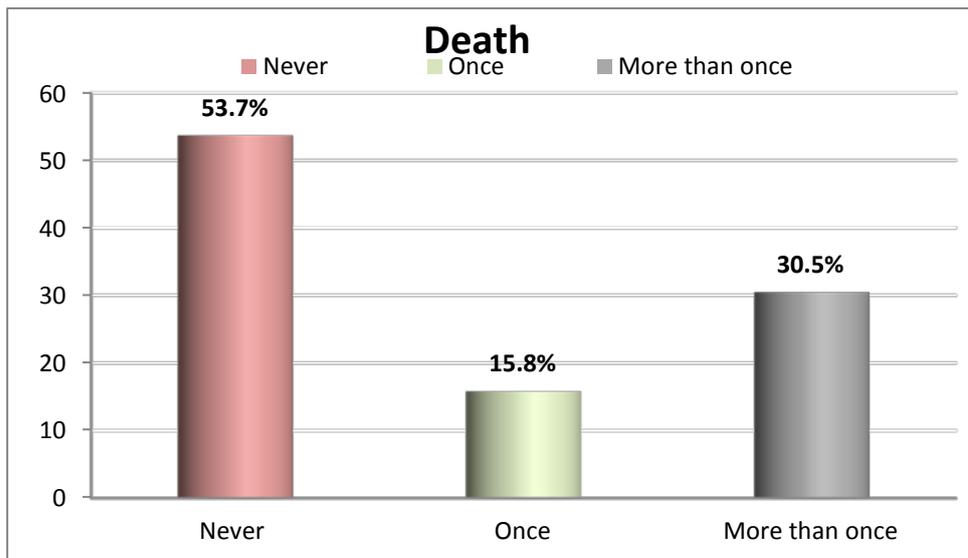


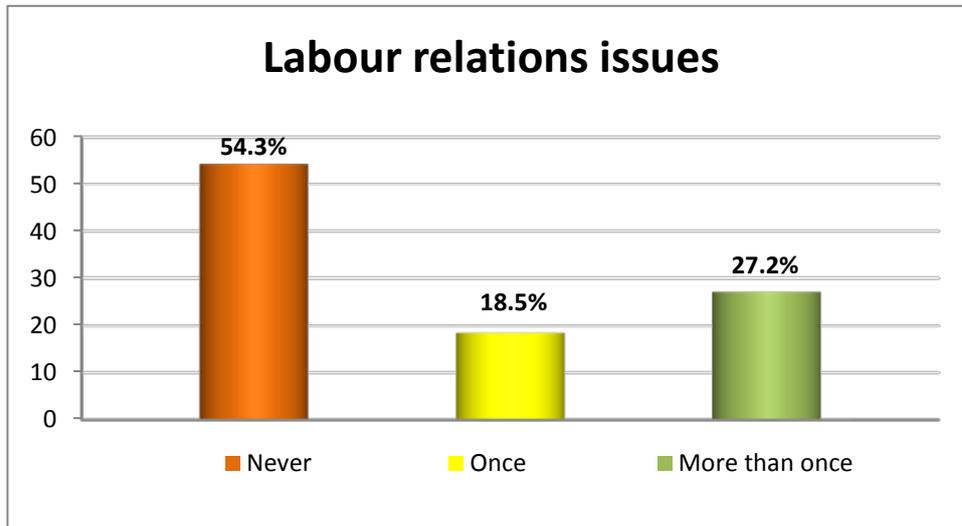
Figure 29: Describing witnessing death



Both Figures 28 and 29 show a high 63.2% and 53.7% of respondents who have never been exposed, or witnessed death since being employed at Kgoši Mampuru II Local Centre for ATDs. It appears that the centre-based correctional officials are not exposed to death very often in their workplace. Lubisi and Mapikolo (2009:1) state that exposing correctional officials to dying inmates is a violation of inmates' human rights when they state that "the law allows for inmates to be released on medical grounds when they are close to death so they can die near their relatives".

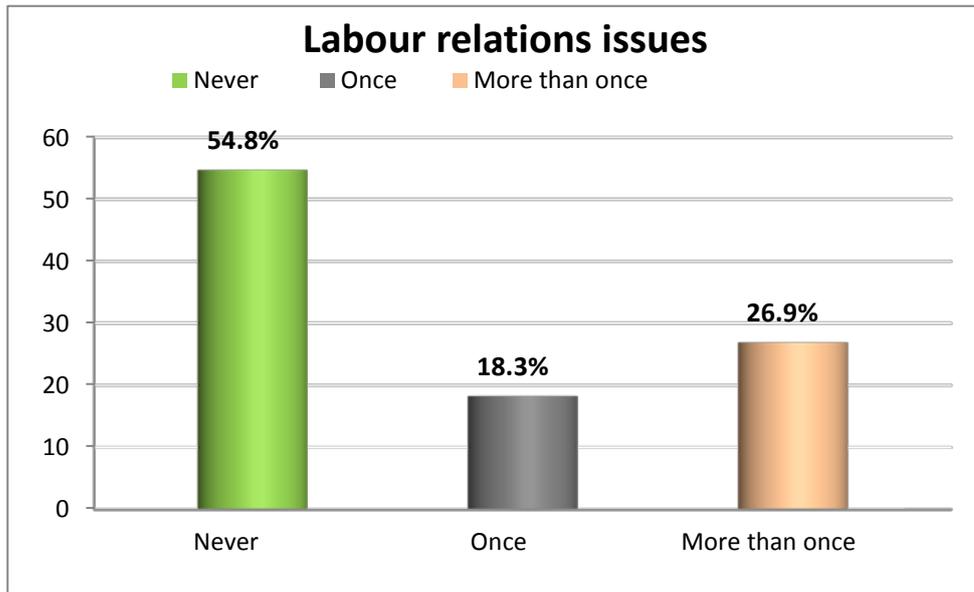
- **LABOUR RELATIONS ISSUES**

Figure 30: Illustrating exposure to labour relations issues



As reflected in Figures 30, the data reflect that the majority of respondents (54.3%) have never been exposed to labour relations issues. It seems that the centre-based correctional officials are not much involved in labour relations issues.

Figure 31: Illustrating being witness to labour relations issues



As reflected in Figures 31, the data reflect that the majority of respondents (54.8%) have never witnessed labour relations issues. It seems that the centre-based correctional officials are not much involved in labour relations issues.

- **TERMINALLY ILL PATIENTS**

Figure 32: Indicating exposure to terminally ill inmates

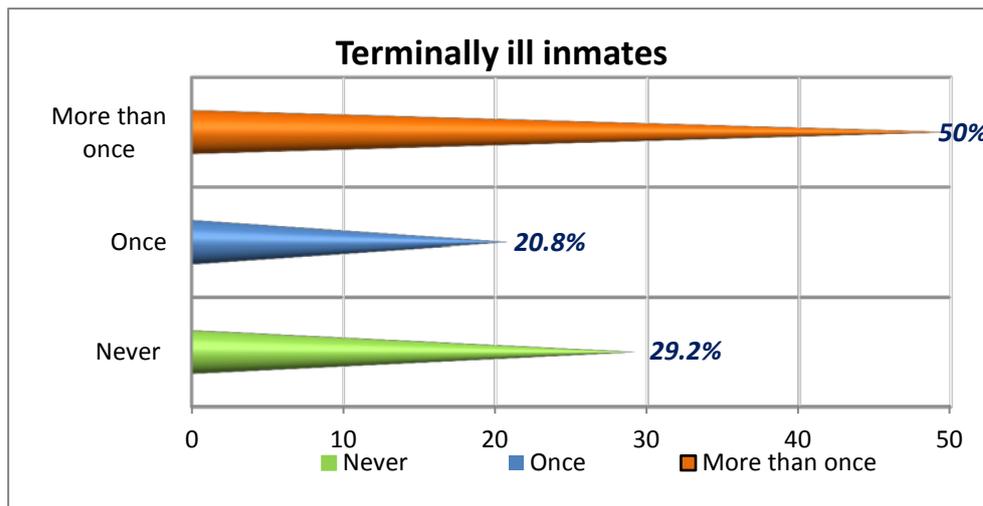
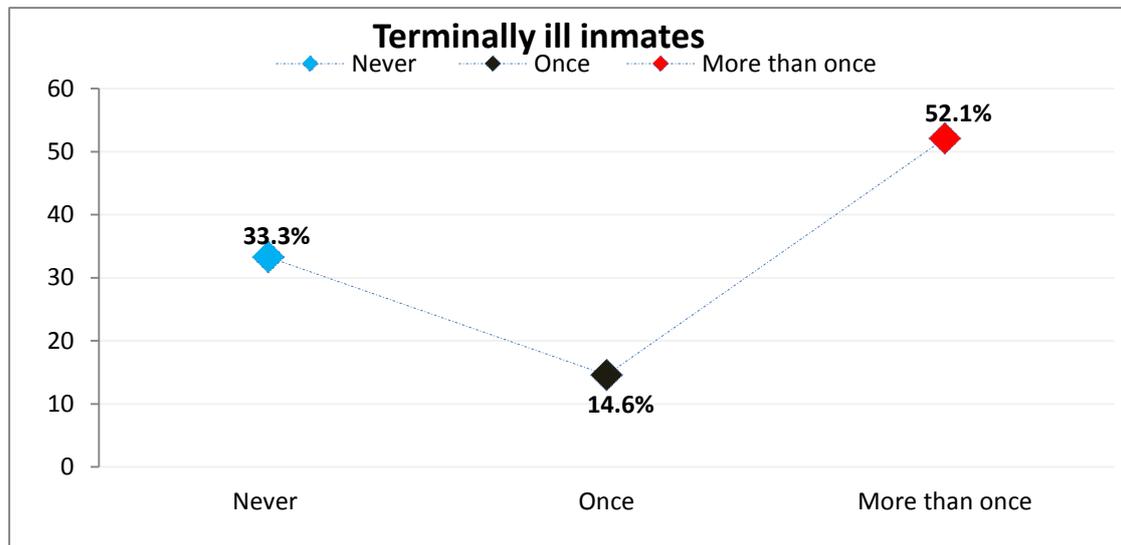


Figure 32 shows that the majority of respondents (70.8%) were exposed once or more that once to terminally ill inmates. From the data it is obvious that those who are terminally ill are being well taken care of by the department and this fact is mentioned in The Correctional Centre-based Care (CCBC) Policy Procedures

(2007:2) which stipulates that the policy seeks to guide the department in the practical implementation of care and support services that are rendered voluntarily by offenders to other terminally ill offenders in correctional centres.

Figure 33: Indicating witnessing of terminally ill inmates



The above Figures 33 indicates that the majority of respondents (66.7%) have witnessed terminally ill patients once or more than once within the correctional centre. This means that some centre-based correctional officials work directly with terminally ill inmates, while others are aware of them through witnessing when they pass the hospital section or seeing those sick sleeping in their beds.

PRISON RIOTS BY INMATES

Figure 34: Elucidating exposure to prison riots by inmates

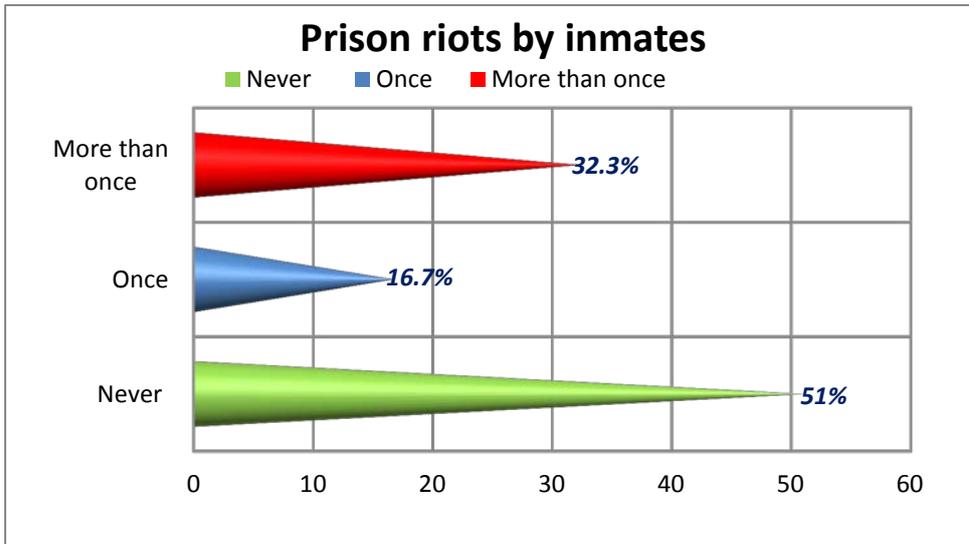
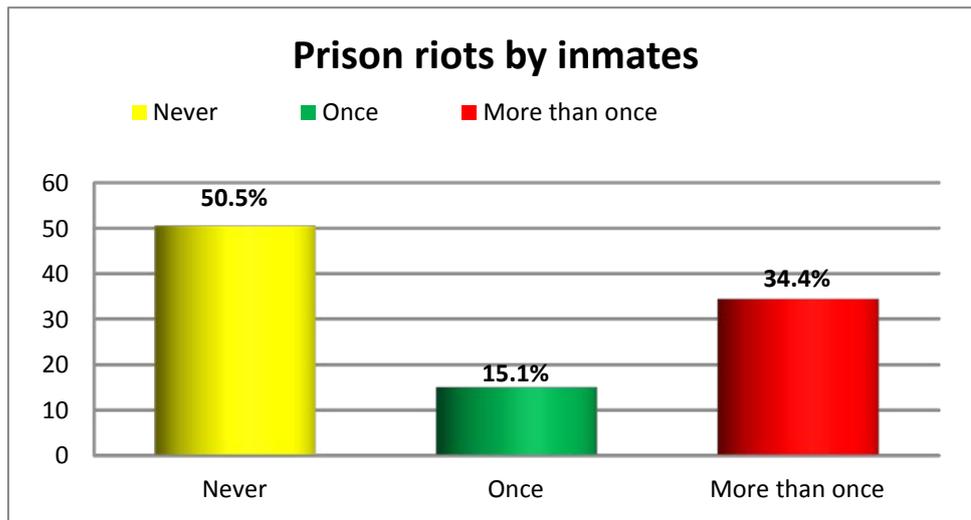


Figure 35: Elucidating witnessing of prison riots by inmates



Figures 34 and 35 reflect that almost the same percentage of responses, 49% to exposure and 49.5% to witnessing of prison riots once or more than once, is evident at Kgoši Mampuru II Local correctional centre for ATDs. As the percentages are so nearly the same, the data give the impression that centre-based correctional officials are exposed to or witness prison riots from time to time. The exposure or witnessing of riots by inmates are alarming and reiterate the view of Ambrosino et al. (2005:460) that workers are at risk due to their dealings with violent people or volatile situations.

• **HOSTAGE TAKING**

Figure 36: Illustrating exposure to hostage taking

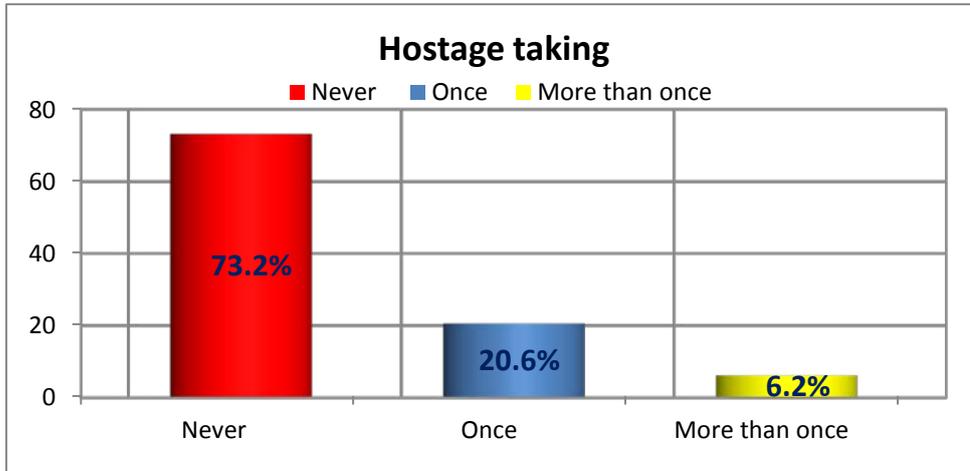
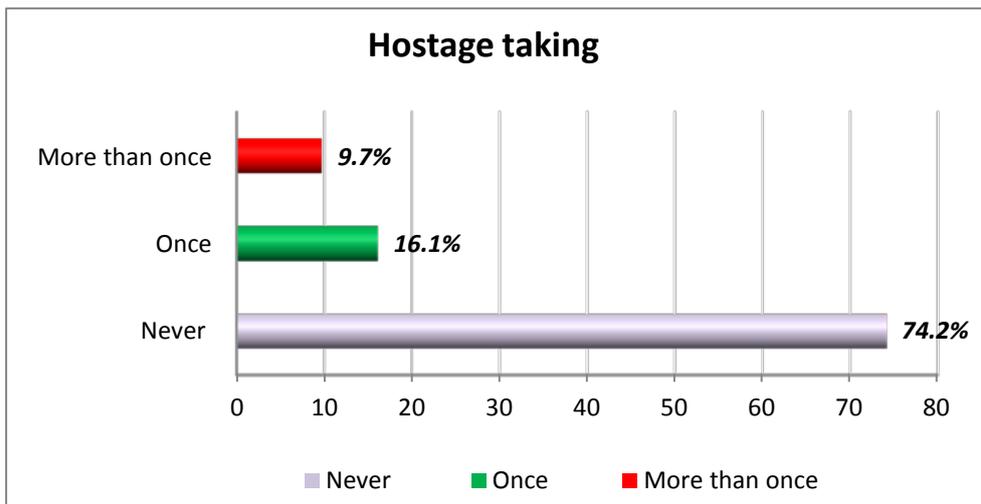


Figure 37: Illustrating witnessing of hostage taking



The above Figures 36 and 37 show that 73.2% and 74.2% respectively of the respondents have never been exposed to, or witnessed hostage taking. It is however alarming that some centre-based correctional officials are exposed to hostage taking incidents. These high percentages are in accordance with Rost et al. (2009:84) who indicate that centre-based correctional officials work in an environment where they are exposed to traumatic events such as hostage takings, self-harming behaviours as part of their job.

In this sub-section of Section B, centre-based correctional officials have been exposed to or witnessed fist fighting, stabbing, smuggling, prison gang fights, efforts

of escape, terminally ill inmates and hostage taking. Some of the centre-based correctional officials have also been witnesses of bullying and tattooing. In the social systems theory individuals and their environment are separate systems (Kirst-Ashman, 2010:20) that are interconnected and interdependent (Thyer, 2010:04) and a change or a movement in one of the systems results in a change or movement in the others (James & Gilliland, 2005:9). Although centre-based correctional officials and the DCS are separate systems, it is necessary to be aware of the effect of exposure to traumatic events of centre-based correctional officials as it may be significant to DCS as the separate systems are interconnected and interdependent.

SYMPTOMS EXPERIENCED AFTER EXPOSURE TO TRAUMATIC EVENTS

The following sub-section was aimed at determining the symptoms that are experienced when a respondent was exposed to or has witnessed traumatic events. The symptoms will be discussed with caution as centre-based correctional officials may have experienced these triggers from outside the DCS environment.

- **NUMBNESS**

Figure 38: Describing experiences of numbness

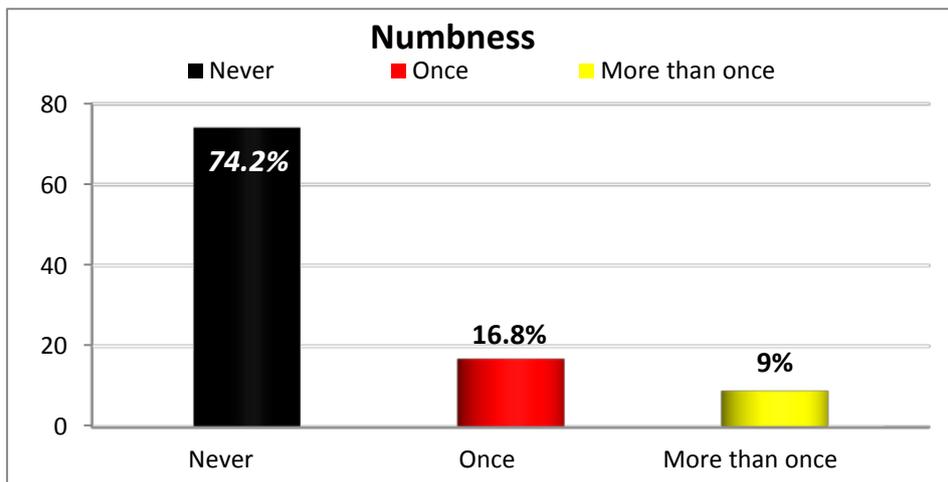
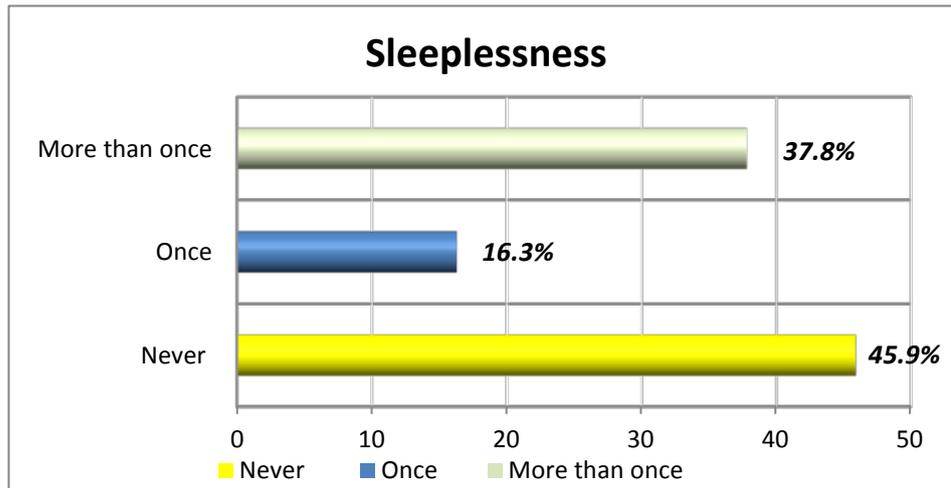


Figure 38 illustrates that 74.2% have never experienced numbness and 25.8% did experience it once or more than once. It seems that numbness is not a symptom experienced by the centre-based correctional officials of DCS after exposure to or witnessing of traumatic events. Although the majority of respondents did not experience numbness, James and Gilliland (2005:101) warn that survivors of trauma

may experience emotional numbing and repression. Briere and Scott (2006:42) refer to dissociation or "numbing out". Dissociating from the painful emotion includes numbing all emotion and the person may seem emotionally flat, preoccupied, distant, or cold.

- **SLEEPLESSNESS**

Figure 39: Describing symptoms of sleeplessness



There is an indication that 45.9% of respondents in Figure 39 have never experienced sleeplessness but 54.1% of the respondents have suffered from sleeplessness once or more than once. From the data presented, it is clear that centre-based correctional officials suffer from sleeplessness after exposure to or witnessing of traumatic events. As the majority of respondents suffered from sleeplessness and Bergh (2011:389) indicating that sleeping disorders may involve maladaptive patterns of the amount, timing and quality of sleep or nightmares, it is possible that these mentioned patterns may influence the work performance of centre-based correctional officials.

- HEADACHE

Figure 40: Expounding symptoms of headache

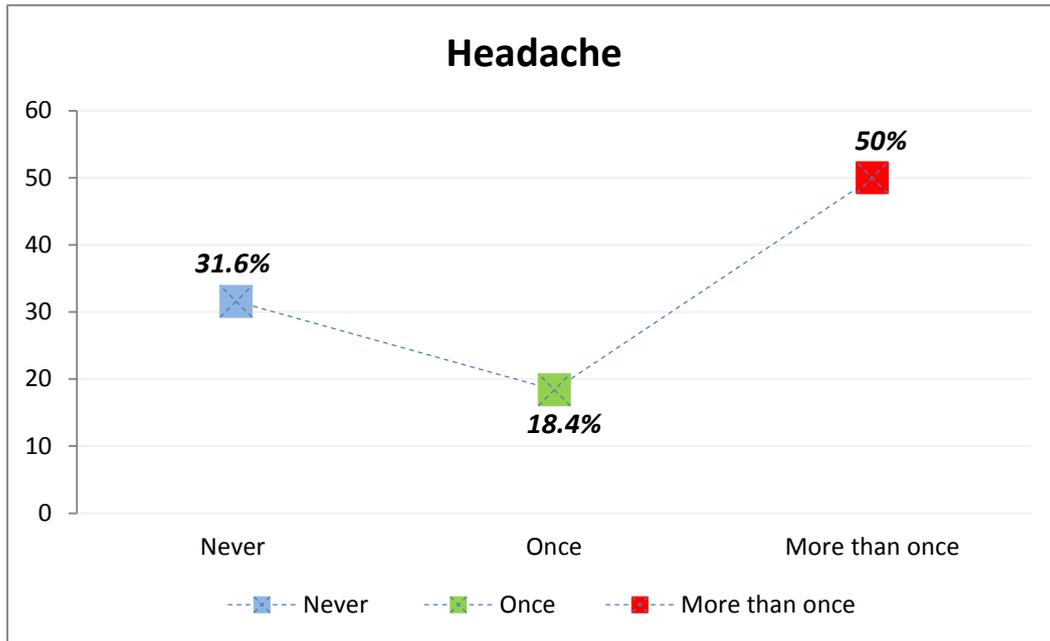
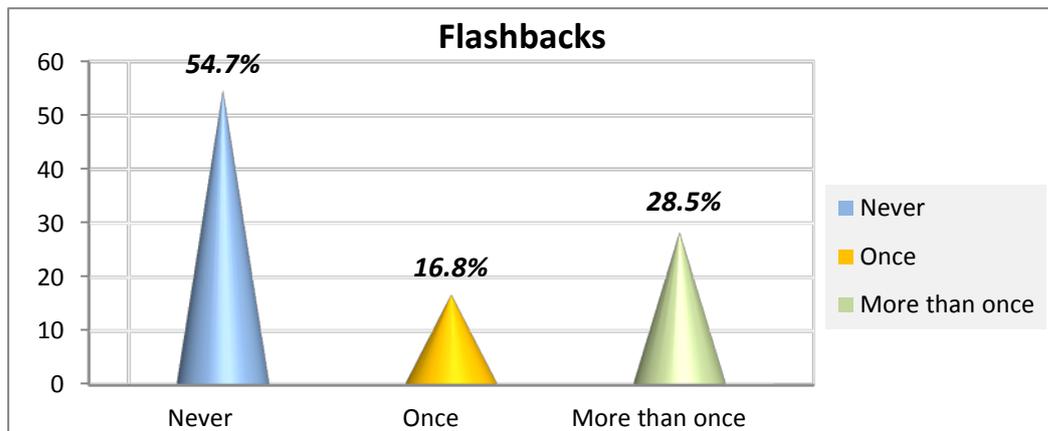


Figure 40 shows that 68.4% of the respondents have experienced headaches once or more than once. It looks like headaches are one of the after effects of exposure to or witnessing of traumatic events and correlates with the view of Wingo et al. (2014:94) who explain that long-term reactions to trauma include unpredictable emotions, strained relationships and even physical symptoms like headaches.

- **FLASHBACKS**

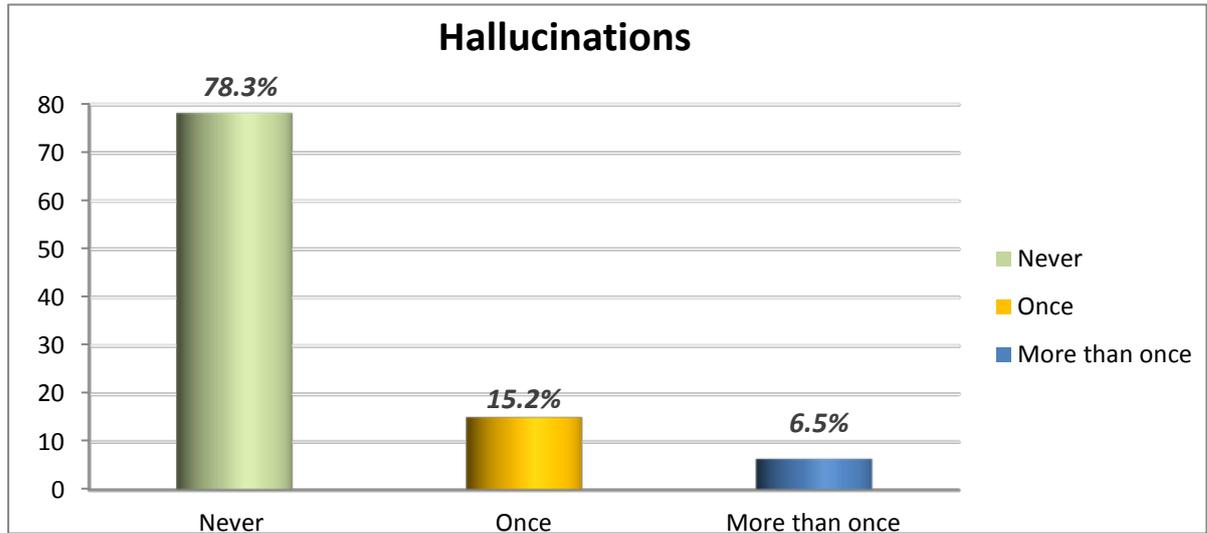
Figure 41: Illustrating experiences of flashbacks



Although the majority of 54.7% of the respondents indicated in Figure 41 that they have never experienced flashbacks, 45.3% of the respondents, however, have experienced flashbacks once or more than once. It appears that flashbacks are not one of the symptoms experienced by centre-based correctional officials on a regular basis. It is however necessary to be aware of the statement of Wingo et al. (2014:96) that upsetting memories such as images, thoughts, or flashbacks may haunt the person as if they are re-experiencing the traumatic event.

- HALLUCINATIONS

Figure 42: Expounding symptoms of hallucinations



As shown in Figure 42, there were 78.3% respondents who have never experienced hallucinations, followed by a minority of 21.7% having experienced it once or more than once. From the data presented, it looks as if the minority of centre-based correctional officials suffers from hallucinations after exposure to or witnessing of traumatic events. As the majority of the respondents have not experienced hallucinations, the description thereof by Berg (2011:389) namely that a hallucination is “an inaccurate observation without the existence of a corresponding stimulus”, is noted.

- **AVOIDANCE**

Figure 43: Indicating experiences of avoidance

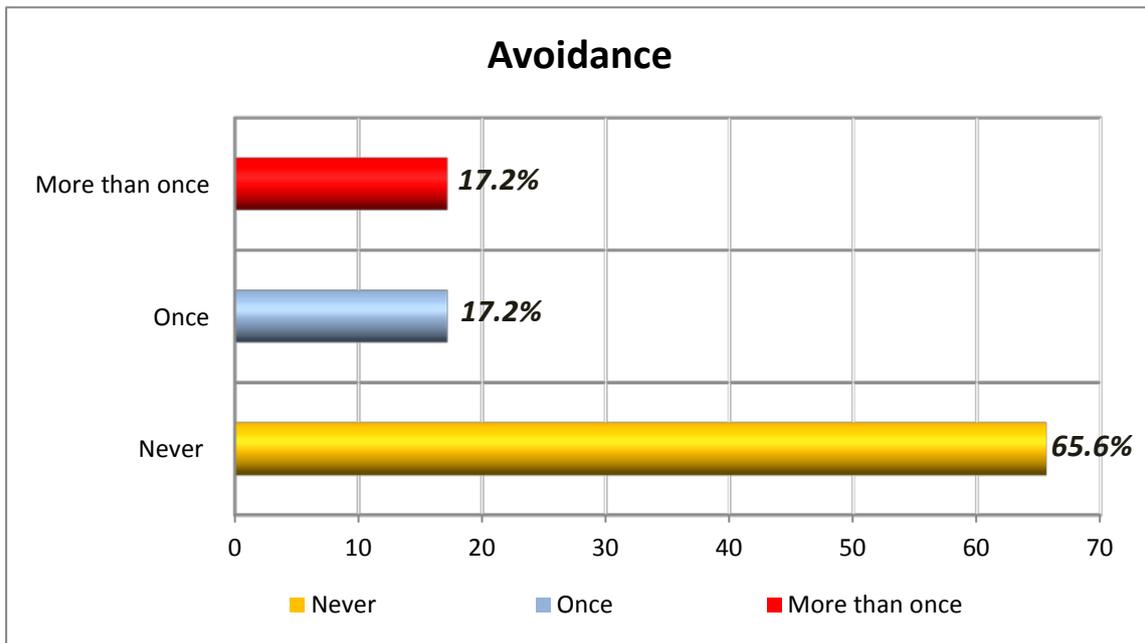
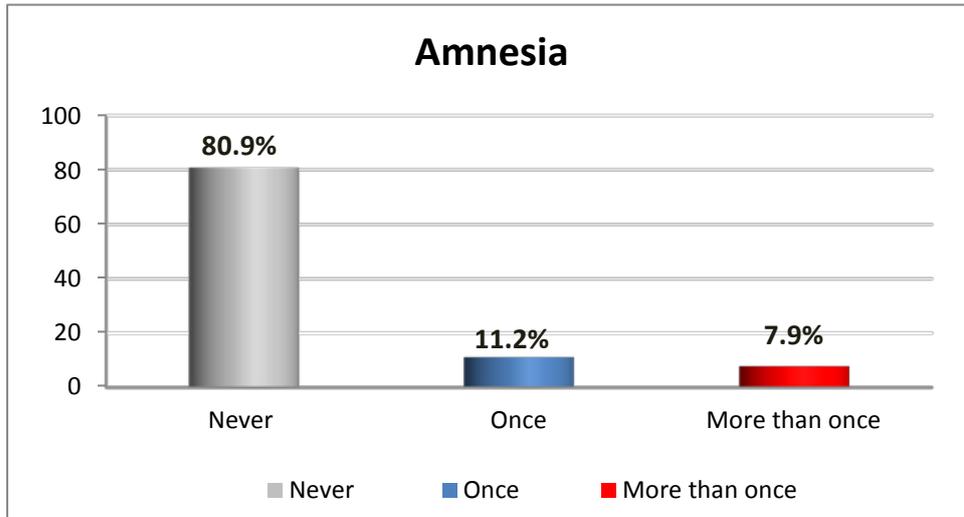


Figure 43 shows that 65.6% of respondents have never experienced avoidance of people or things after exposure to or witnessing of traumatic events. The data presented give the impression that centre-based correctional officials do not avoid people or things after exposure to or witnessing of traumatic events. The fact that the majority of respondents did not avoid people or things after exposure to traumatic events is positive as Bergh et al. (2011:185) describe avoidance as negative behavior when feelings are ignored or suppressed.

- **AMNESIA**

Figure 44: Showing symptoms of amnesia



As shown in Figure 44, the majority of respondents (80.9%) have never experienced amnesia, while a low percentage of 19.1% have experienced amnesia once or more than once. It is clear from the data that the minority of centre-based correctional officials suffers from amnesia due to exposure to or witnessing of traumatic events.

- **VERY ALERT**

Figure 45: Explaining experiences of being very alert

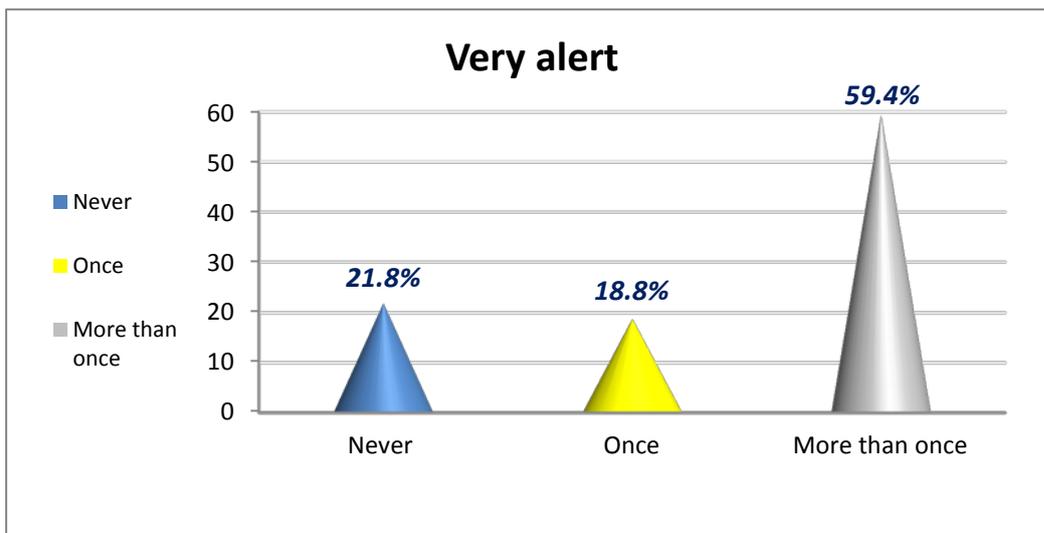
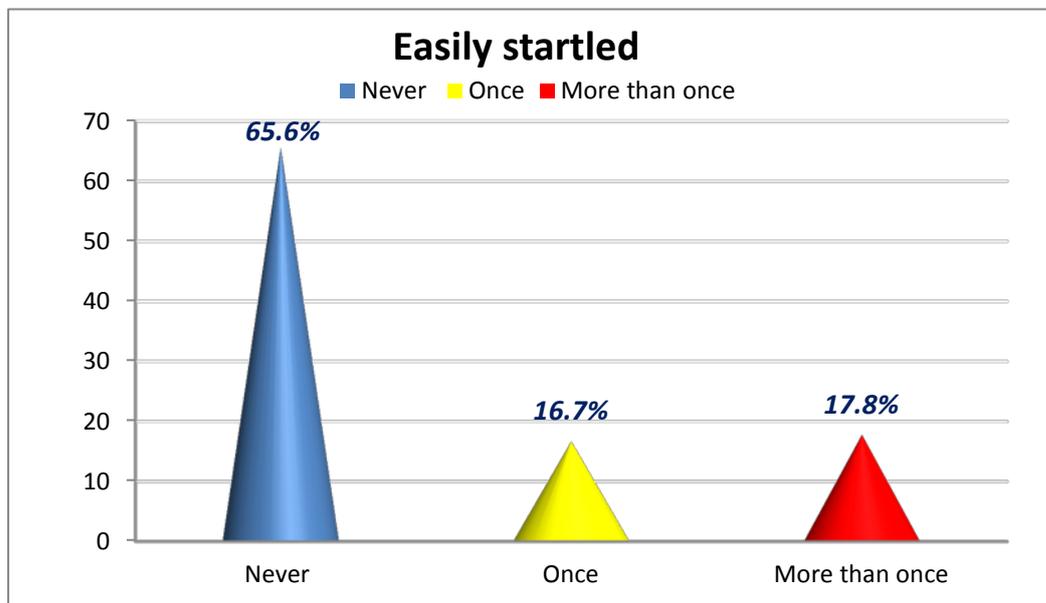


Figure 45 shows that 78.2% of the respondents have mentioned that they have had symptoms of being very alert once or more than once while executing their duties. It

appears that centre-based correctional official's experience alertness after exposure to or witnessing of traumatic events. This finding correlates with the statement of Wingo et al. (2014:96) that traumatic events can be constantly experienced as if they were happening in the present, preventing the subject from gaining perspective on the experience, which lead to a pattern of prolonged periods of acute arousal, punctuated by periods of physical and mental exhaustion. As Lambert (2010:371) states that the correctional environment is one that may contribute to experiencing intense levels of stress there is concern that mental exhaustion may be a factor hindering job performance among the centre-based correctional officials.

- **EASILY STARTLED**

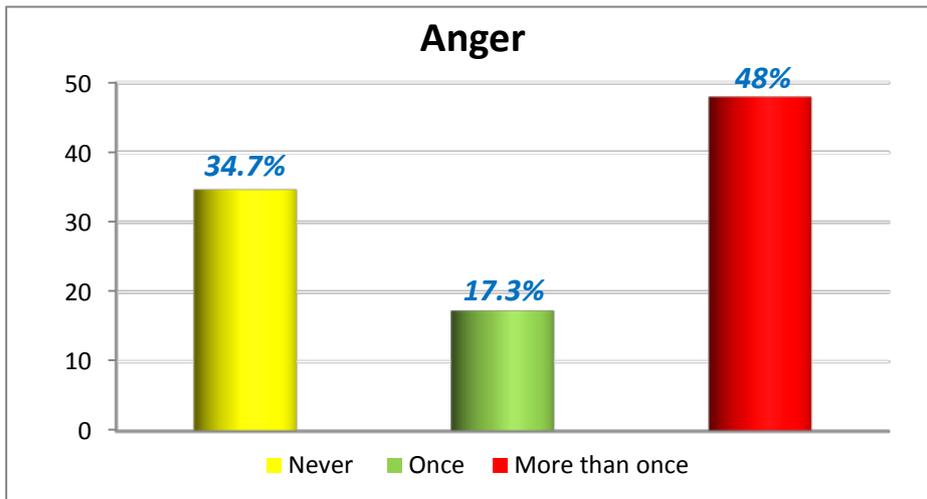
Figure 46: Expounding experiences of being easily startled



In Figure 46 respondents who have never experienced symptoms of being easily startled represented 65.6%, while 34.5% of the respondents were easily startled once or more than once. It is clear that the majority of centre-based correctional officials are not easily startled after exposure to or witnessing of traumatic events, which indicates that they did not suffer from persistent symptoms of increased arousal which exaggerated startle response as mentioned by (DSM V, 2013).

- **ANGER**

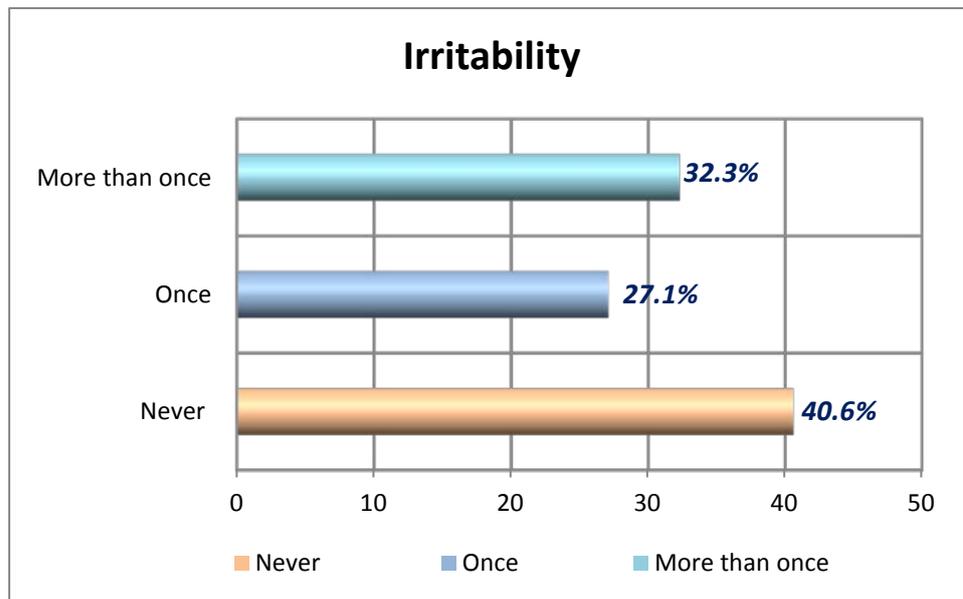
Figure 47: Showing symptoms of anger



As shown in Figure 47, the majority of the respondents (65.3%) have reported having symptoms of anger, while the minority of 34.7% indicated that they have never experienced anger as a symptom after being exposed to a traumatic event in the workplace. It thus seems that centre-based correctional officials allow exposure to traumatic events to influence their temper. As the majority of the respondents specify that they did experience symptoms of anger, it is necessary to keep in mind that Briere and Scott (2006:40) said that intense feelings of anger may frequently surface sometimes in inappropriate or unexpected situations as danger may always seem to be present and may have been experienced from past events.

- IRRITABILITY

Figure 48: Illustrating experiences of irritability



In figure 48 it is clear that 59.4% of the respondents were once or more than once irritable after they had been exposed to or witnessed a traumatic event. It looks like centre-based correctional officials become irritable after exposure to or witnessing of traumatic events. This finding is in line with the conclusion of Roberts (2005:130) who says that the person exposed to a traumatic event may become irritated.

- **FEELING HOPELESSNESS**

Figure 49: Illustrating feelings of hopelessness

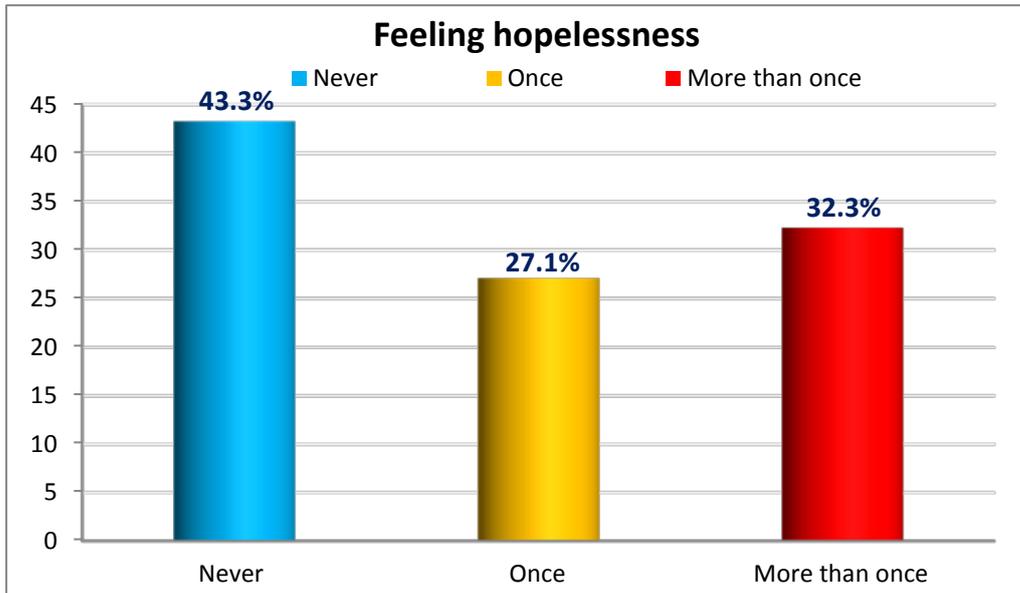
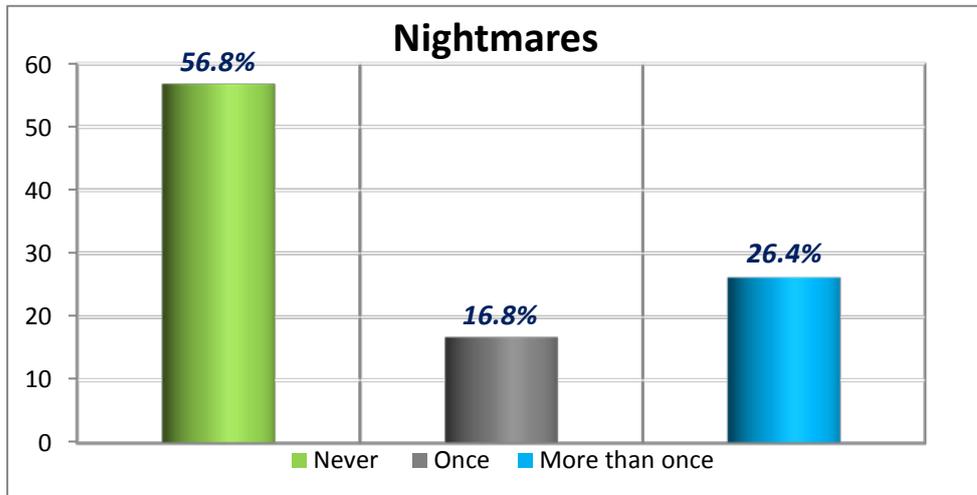


Figure 49 on feelings of hopelessness indicates that the majority of respondents (59.4%) have experienced these symptoms once or more than once. It is clear that centre-based correctional officials experienced feelings of hopelessness after exposure to or witnessing of traumatic events. The feeling of hopelessness correlates with the view of Roberts (2005:130) that the person exposed to trauma may seem hopeless and is it during this time that the individual is most willing to seek help. Lambert (2010:378) takes it further that a person perceives him/herself to have reached a dead-end within their particular job function due to the feelings of hopelessness.

- NIGHTMARES

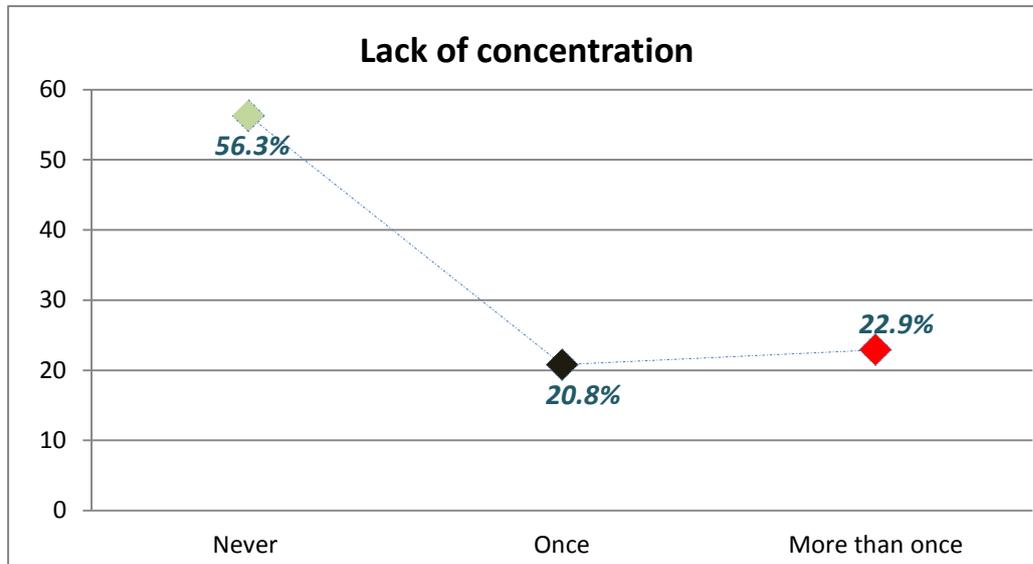
Figure 50: Indicating experiences of nightmares



The majority of respondents (56.8%) did not suffer from nightmares when they were exposed to or witnessed traumatic events, as indicated in Figure 50. From the data presented, it looks as if centre-based correctional officials do not struggle with nightmares due to exposure to or witnessing of traumatic events. As Figure 39 indicated that the majority of the respondents suffered from sleeplessness, it is encouraging that the majority of the respondents did not experience nightmares as Bergh (2011:389) describe nightmares as one of the abnormal physiological reactions to sleeplessness.

- **LACK OF CONCENTRATION**

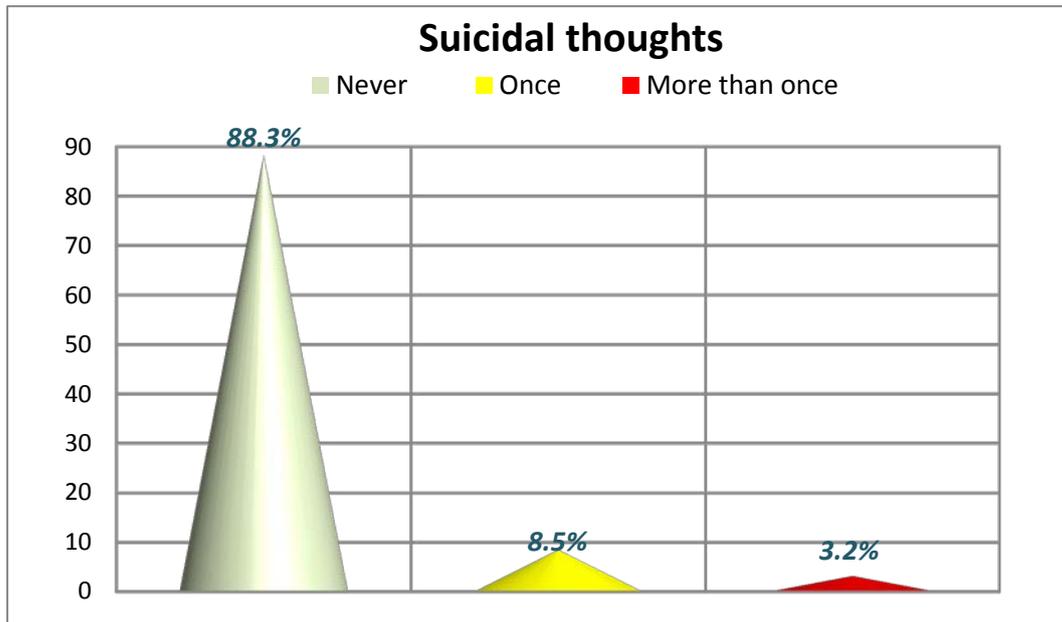
Figure 51: Indicating lack of concentration



Although Figure 51 shows that the minority of the respondents (43.7%) experienced a lack of concentration once or more than once. It appears that centre-based correctional officials can function in the workplace, without a slip of concentration after exposure to or witnessing of traumatic events, although Roberts (2005:133) indicates that concentration difficulties are normal reactions to traumatic situations.

- **SUICIDAL THOUGHTS**

Figure 52: Elucidating experiencing suicidal thoughts



As shown in Figure 52, the majority of correctional officials (88.3%) have never thought of suicide, while 11.7% have thought of suicide once or more than once. It is reassuring to know from the data that the majority of centre-based correctional officials do not consider suicide after exposure to or witnessing of traumatic events. Although it is reassuring that the majority of respondents did not feel suicidal after their exposure to or witnessing of traumatic events, Ambrosino et al. (2005:211) warn us that people can feel so helpless and hopeless and experiencing so much pain that they do not see any options other than ending their pain. Therefore, it is necessary to provide a stable support system for centre-based correctional officials who are directly exposed to trauma.

The results in the above sub-section of Section B, signify that an individual as a system has other subsystems that are interrelated and does have an influence on each other, which includes physical, psychological, social and spiritual well-being and if one subsystem is affected, one cannot be able to function appropriately within an institution such as DCS. This is in line with Ambrosino et al. (2005:54) who indicate that the social system's theory incorporates the biological, sociological and cultural aspects of developing individuals and their

interactions with the broader environment. Correctional officials reported experiencing symptoms related specifically to exposure to traumatic events such as sleeplessness, headaches, alertness, anger, irritability and feelings of hopelessness and these indicate that the correctional official, if affected by these symptoms might not be able to function as a whole as stipulated by Ambrosino et al. (2005:50).

SECTION C: TRAUMATIC EVENTS AND WORKPLACE PRODUCTIVITY

The following section focuses on the various traumatic events that centre-based correctional officials are exposed to and the impact of these on workplace productivity.

- **EXPERIENCES OF EMPLOYEES**

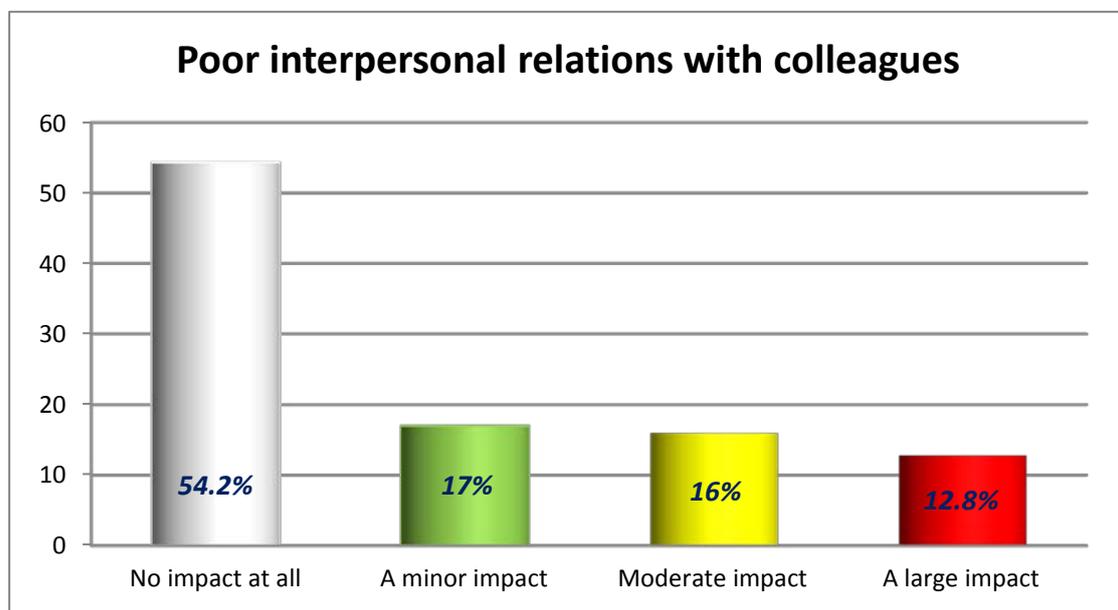
Table 1: Illustrating experiences of employees to workplace traumatic events

Traumatic events	Percentage of cases
Being absent from work on a regular and/or continuous basis	5.1%
Spending more time at work than being paid for	5.1%
Tardiness	4.2%
Lack of support from management	18.5%
Lack of concentration	8.3%
Unable to complete tasks	4.5%
Conflict with colleagues	7.7%
Isolation	3.3%
Fear of the unknown	11.9%
Stigma	3.6%
Frequently being on sick leave	5.4%
Fear of victimisation	10.4%
Fear of the workplace environment	8.3%
Lack of being delegated duties/tasks	3.3%
Other	0.6%
Total	100.0%

Table 1 indicates that lack of support from management was highlighted as a concern at 18.5% of the respondents followed by fear of the unknown with 11.9% and fear of victimisation at 10.4%. It is concerning that data indicate that centre-based correctional officials experienced lack of support from management after exposure to traumatic events in the workplace, because Armstrong and Griffin (2004:579) indicate that prolonged exposure to a negative work environment often results in elevated levels of stress and emotional discord.

- **POOR INTERPERSONAL RELATIONS WITH COLLEAGUES**

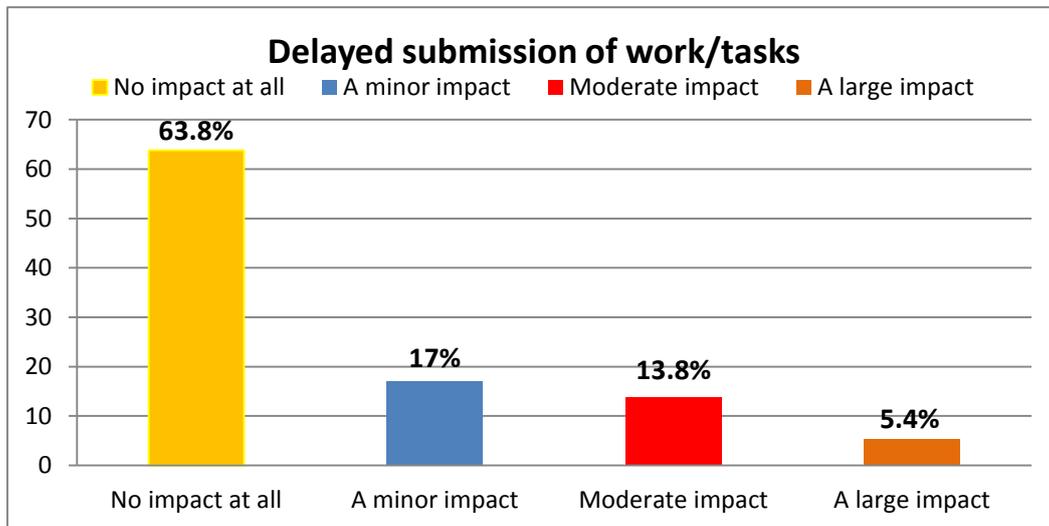
Figure 53: Illustrating poor interpersonal relations with colleagues



As reflected in Figure 53, 54.2% of the respondents mentioned that exposure to, or witnessing of traumatic events had no impact at all on poor interpersonal relations with colleagues, whereas 45.8% responded to having a minor to a large impact. It is encouraging that exposure to traumatic events does not affect the majority of respondents' relationships with colleagues negatively but rather enhanced it as Lambert (2010:371) indicates that centre-based correctional officials who believe that they are supported and respected through organisational practices, are more likely to experience lower levels of workplace stress.

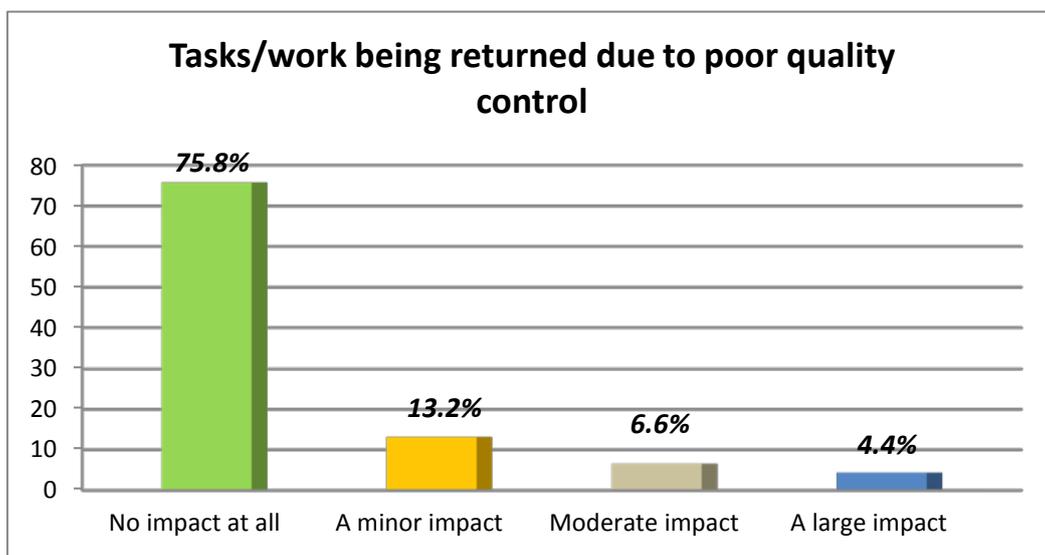
- **DELAYED SUBMISSION OF WORK/TASKS**

Figure 54: Showing delayed submission of work/tasks



- **TASKS/WORK BEING RETURNED DUE TO POOR QUALITY CONTROL**

Figure 55: Showing tasks/work being returned due to poor quality control

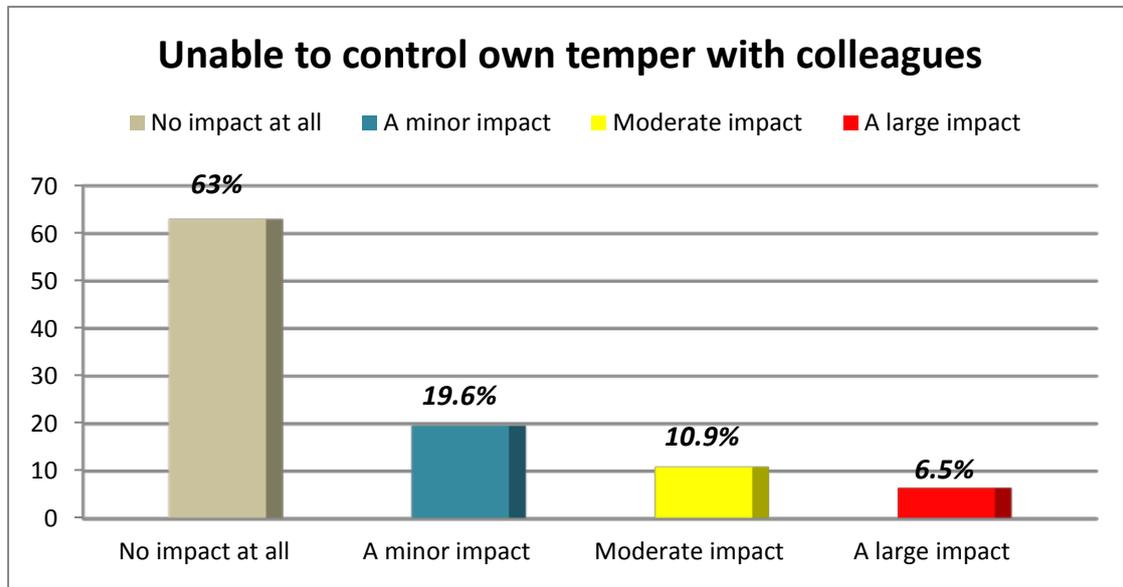


As depicted in Figures 54 and 55, most respondents with percentages of 63.8% and 75.8% have highlighted that exposure to, or witnessing of traumatic events had no impact at all on both issues of delayed submission of work and tasks being returned due to poor quality. The data imply that the majority of correctional officials at Kgoši Mampuru II Local correctional centre upon exposure to a traumatic event continue to perform their duties in a diligent and professional manner. This is inspiring as substandard work performance of the impaired centre-based correctional officials,

could ultimately compromise the safety, security and integrity of the institution (Lambert, 2010:374).

- **INABILITY TO CONTROL OWN TEMPER WITH COLLEAGUES**

Figure 56: Illustrating being unable to control own temper with colleagues



As reflected in Figure 56, the majority of respondents at 63% reported that exposure to, or witnessing of traumatic events had no impact at all on being unable to control his/her own temper with colleagues. The data show that the majority of centre-based correctional officials do not lose their tempers with colleagues after exposure to traumatic events, although they acknowledged in Figure 47 that they do experience symptoms of anger after exposure to traumatic events. It seems that the majority of centre-based correctional officials, in spite of feelings of anger, succeed in optimal functioning by implementing what Bergh et al. (2011:175) suggest namely, a firm and constructive way of expressing feelings and acting and achieving goals.

- **EASILY ANNOYED**

Figure 57: Illustrating being easily annoyed

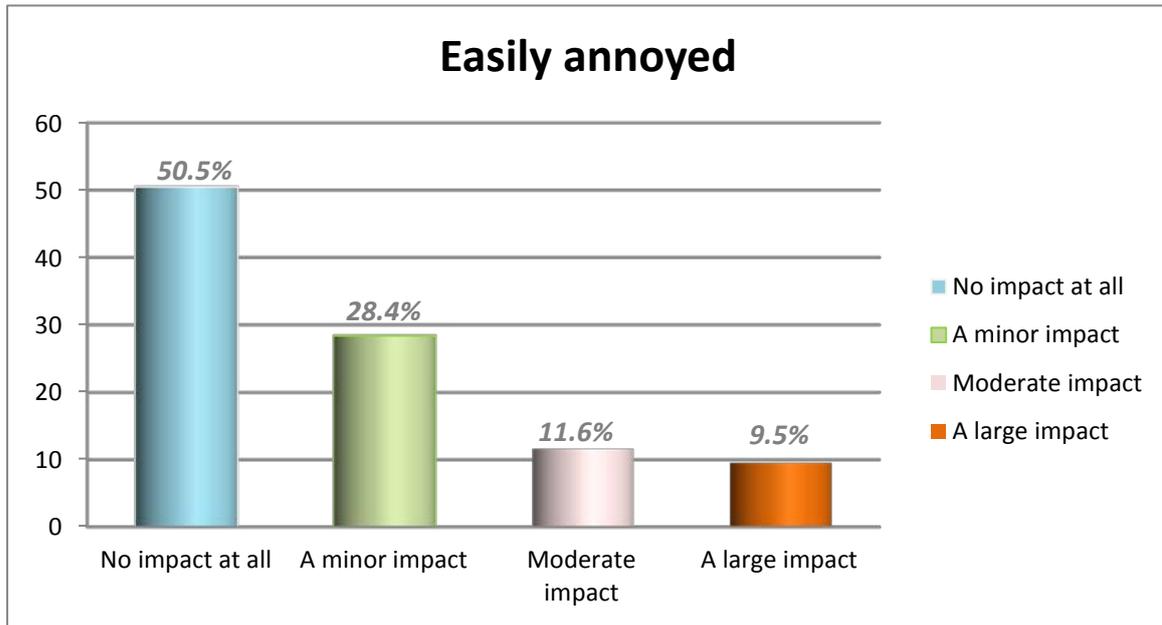


Figure 57 displays data where 50.5% of respondents indicated that exposure to, or witnessing of traumatic events did not have any impact on their being easily annoyed, whereas 49.5% of the respondents indicated that exposure to or witnessing of traumatic events had a minor to a large impact and that they were easily annoyed. The data give the impression that centre-based correctional officials do feel annoyed from time to time after exposure to traumatic events. This correlates with the fact that they also experienced feelings of irritability (Figure 48) and over-arousal (Figure 45).

- **LACK OF PUNCTUALITY**

Figure 58: Showing lack of punctuality

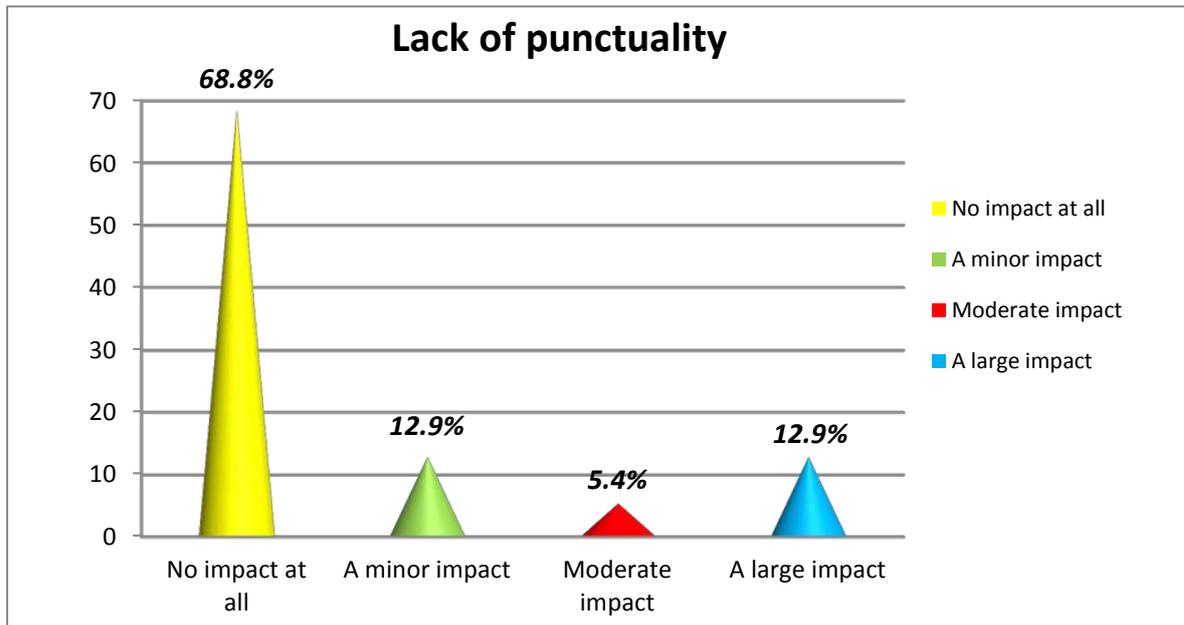
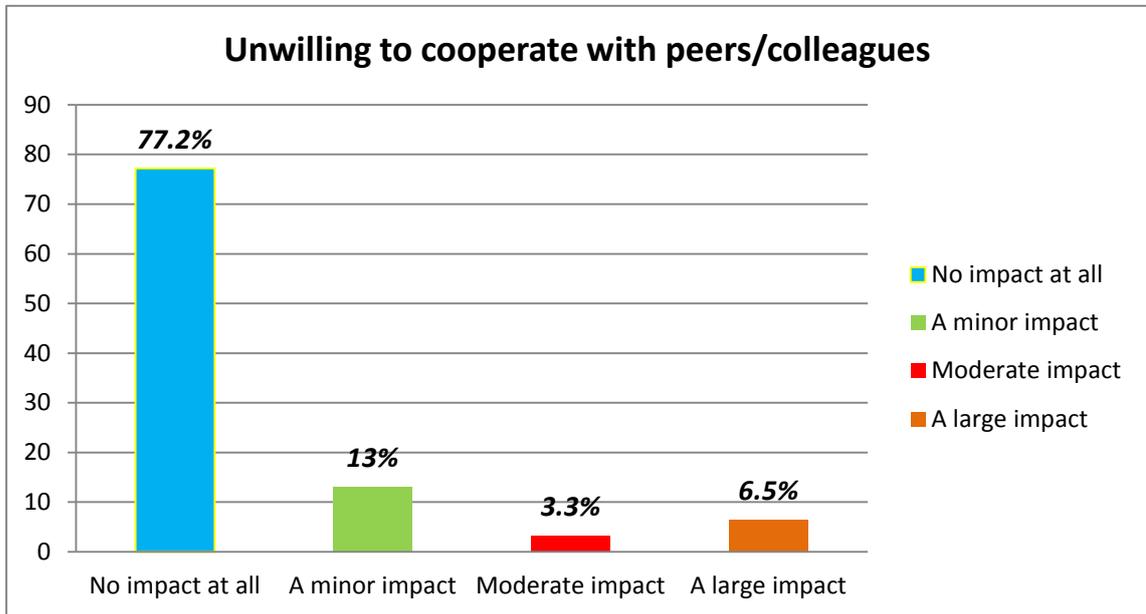


Figure 58 indicates that the majority of respondents at 68.8% did not experienced lack of punctuality after exposure to traumatic events. An equal response to data collected of 31.2% of the respondents indicated that exposure to, or witnessing of traumatic events had a minor to a large impact on lack of punctuality. Data show that exposure to, or witnessing of traumatic events has no impact on punctuality of the majority of centre-based correctional officials.

- UNWILLING TO COOPERATE WITH PEERS/COLLEAGUES

Figure 59: Expounding being unwilling to cooperate with peers/ colleagues



A peer is a person who is of equal standing with another such as the correctional officials; one belonging to the same societal group especially based on a variety of similar characteristics (Stanko, Gillespie & Crews, 2004:8). When focusing now on the cooperation amongst peers/colleagues, Figure 59 shows that the majority of respondents at 77.2% indicated that exposure to, or witnessing of traumatic events had no impact at all. It seems from the data collected, that not alone are the relationships amongst colleagues sound (Figure 53), there is also cooperation amongst them after exposure to traumatic events. This may be due to what Cilliers and Werner (2011:207) refer to as trust among each other that leads to willingness to share information and collaborate with each other.

- UNWILLING TO TAKE INSTRUCTIONS FROM A SUPERVISOR

Figure 60: Indicating being unwilling to take instructions from supervisor

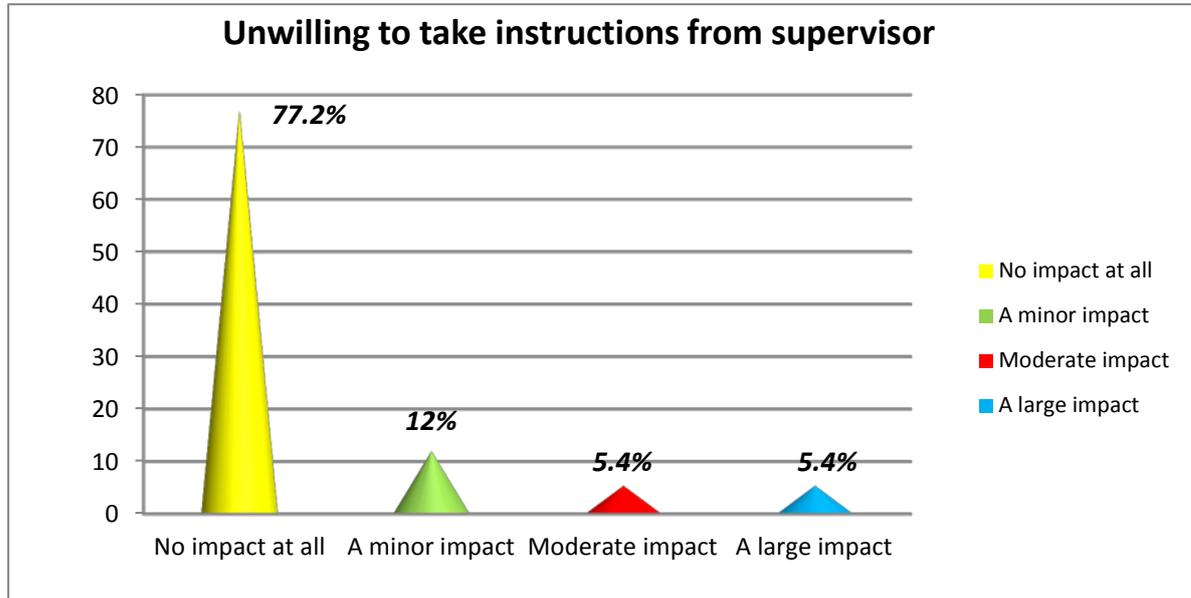
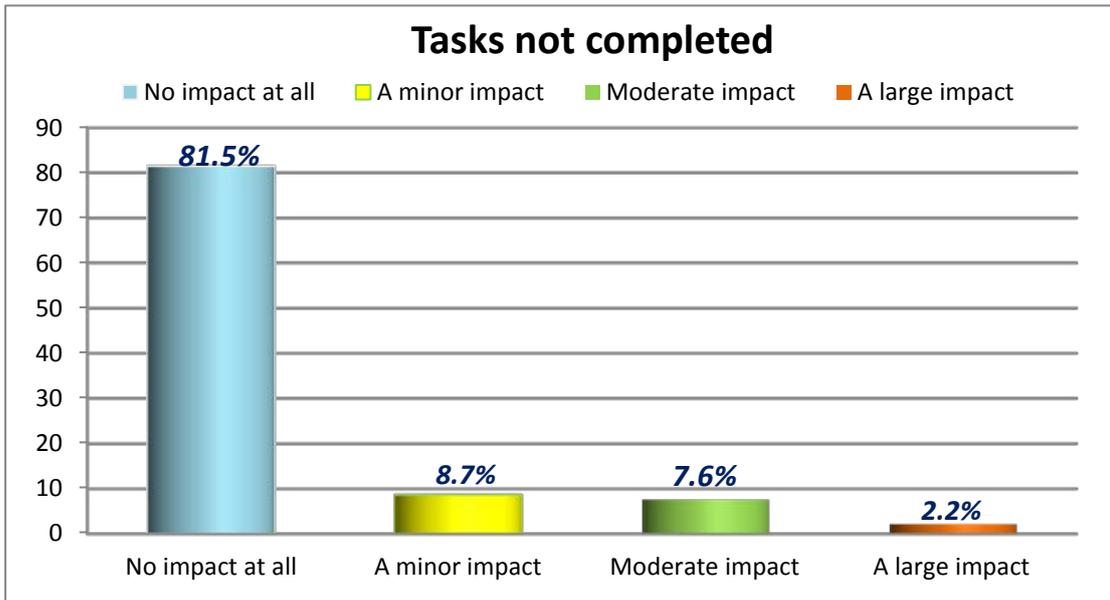


Figure 60 specifies that 77.2% of the respondents did not experience that exposure to, or witnessing of traumatic events had any impact on being willing to take instructions from a supervisor. The data imply that although centre-based correctional officials were exposed to traumatic events, the majority were still able to take instructions from their supervisors and continue in doing their jobs. The data indicate that it seems that the majority of centre-based correctional officials cope in spite of traumatic events as they succeed according to May (2011:364) to master, tolerate, reduce or minimise environmental or intra-psychic demands perceived to represent threats, existing harm or losses.

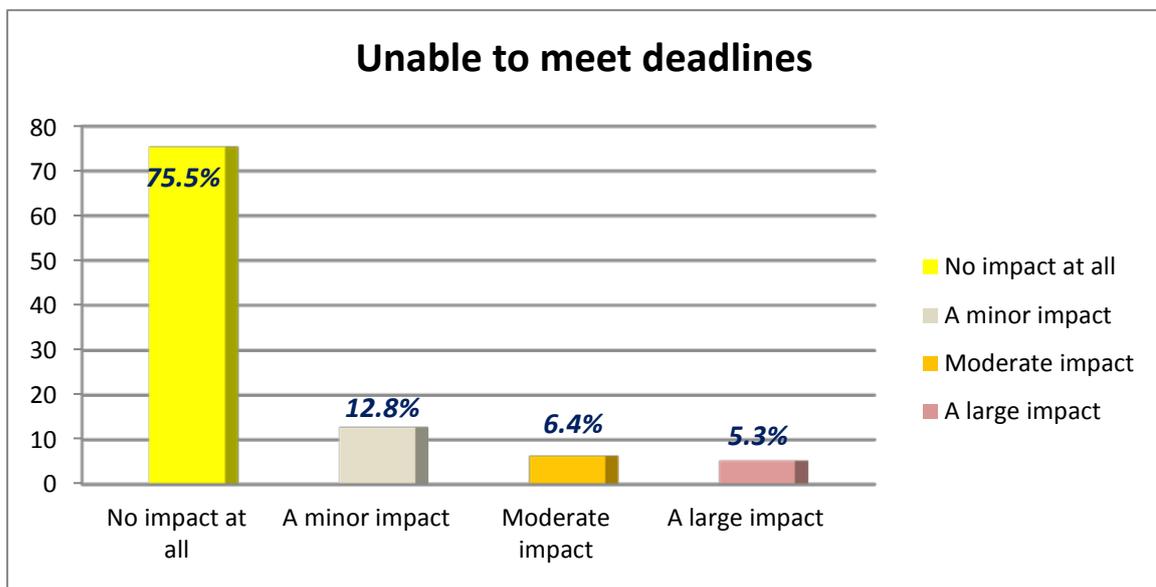
- **INCOMPLETE TASKS**

Figure 61: Illustrating incomplete tasks



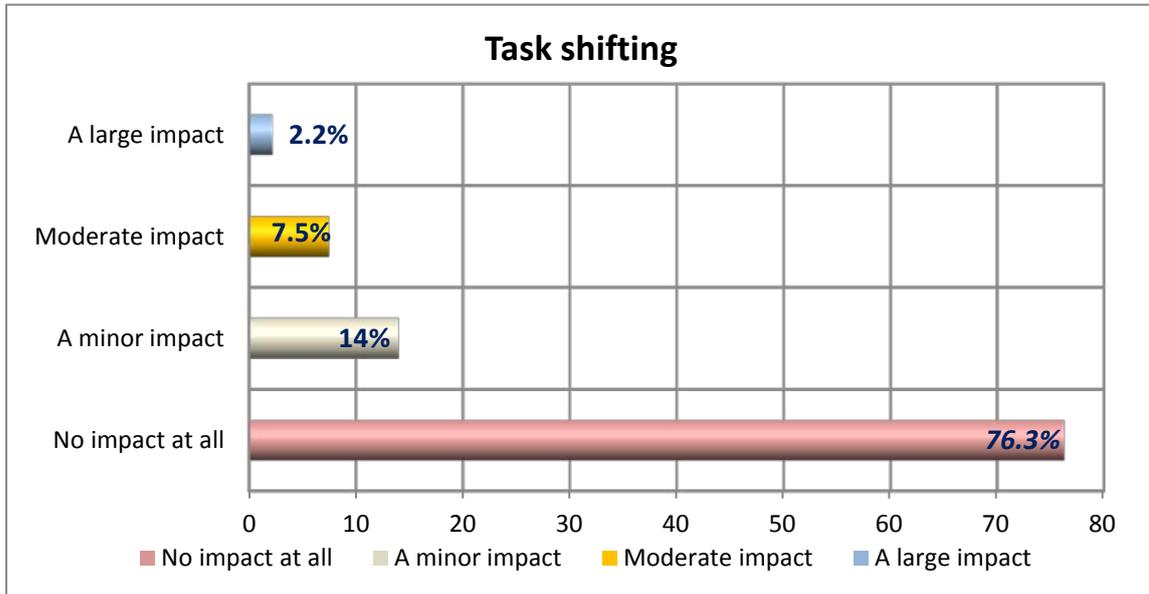
- **UNABLE TO MEET DEADLINES**

Figure 62: Indicating deadlines not met



- **TASK SHIFTING**

Figure 63: Describing task shifting



Figures 61, 62 and 63 reflect 81.5% of respondents indicating that there was no impact at all observed on the failure to complete tasks by correctional officials after exposure to, or witnessing of traumatic events, together with being unable to meet deadlines (75.5%) and task shifting reported at 76.3%. The data signify that correctional officials at Kgoši Mampuru II Local correctional centre adhere to the code of conduct of DCS, which is in line with The White Paper on Corrections in South Africa (2011:113) indicating that an ideal correctional official will achieve a level of excellence through recognition of the need to take responsibility for assigned tasks and to be accountable for his/her own omissions or actions.

Although Carlson and Thomas (2006:22) indicate organisational and environmental factors to be one of the most consistent variables and the strongest single predictor of stress, Section C indicates that most centre-based correctional officials are not influenced by organisational factors that might lead to lack of productivity, unwillingness to take tasks and/or task shifting within their working environment. Although operational functions, according to Keinan and Malach-Pines (2007:389), is one of the social systems theory in an organisational structure that are most heavily influenced by the effects of trauma, it seems that the above section is in accordance

with Lambert’s (2004:210) view that commitment to the institution is positively influenced by the structure of the organisation.

SECTION D: KNOWLEDGE ABOUT THE EAP IN DCS

Section D explored whether the respondents were knowledgeable and familiar about the EAP in DCS especially focusing on the employees of Kgoši Mampuru II Local correctional centre. This section also assessed whether the employees did receive support and who rendered the services after exposure to traumatic events.

- **KNOWLEDGE OF EAP**

Figure 64: Demonstrating familiarity with the concept of EAP in DCS

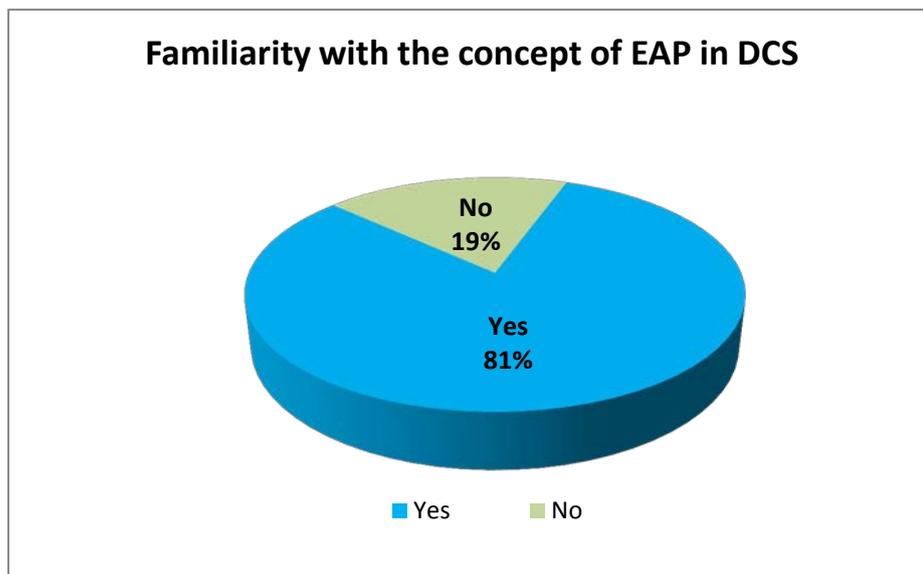
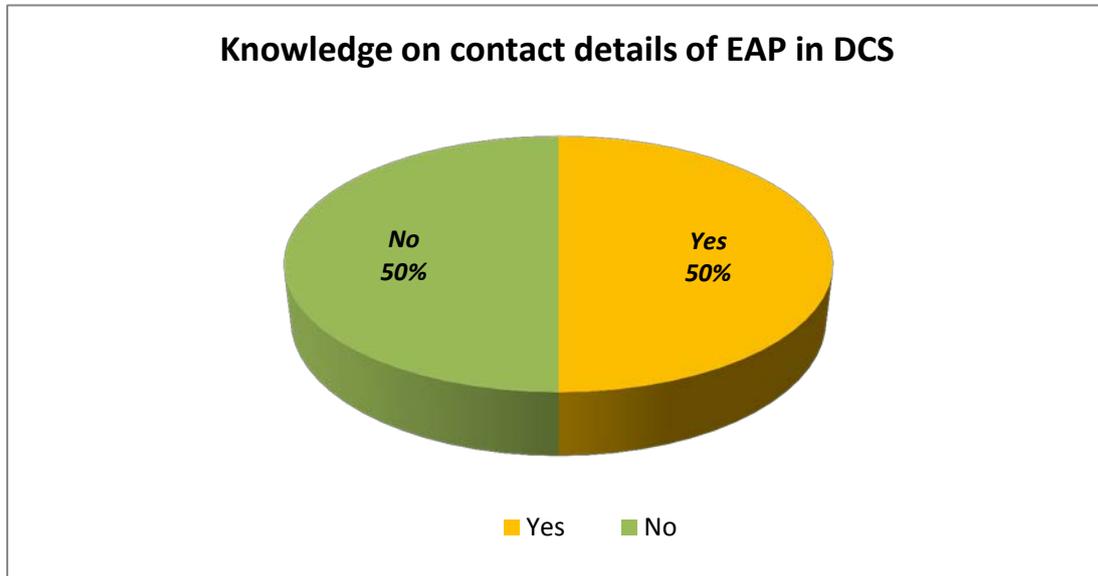


Figure 64 shows that the majority of respondents (81%) know about EAP in DCS. The question whether employees are familiar with EAP in DCS and its contact details was assessed in order to determine the level of knowledge about EAP to the correctional officials at Kgoši Mampuru II Local correctional centre. It appears from the data that the majority of centre-based correctional officials are familiar with the concept of EAP in the DCS. It can be assumed that the majority of centre-based correctional officials know employee assistance is according to EAPA (2010:1) the work organisation’s resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues.

- CONTACT DETAILS OF EAP

Figure 65: Demonstrating knowledge about the contact details of EAP in DCS



Of the respondents in Figure 65, 50% reported that they are aware of the contact details of EAP in the DCS while another 50% said they were not aware of this information. It seems although the centre-based correctional officials know of the EAP some do not know the contact details of EAP in DCS.

- **MARKETING OF THE EAP IN THE DCS**

Table 2: Indicating information about EAP in the DCS

The following table reflects the manner in which respondents got to hear about the EAP programme in the DCS.

Response	Percentage
I do not know of such a programme	4.1%
Heard from a supervisor	16.6%
Heard from colleagues	19.5%
Through an email from the EAP section	3.0%
Read an article, a poster or a brochure	9.5%
Presentation(s) by the EAP section [Appearing/talking to personnel in the parades/sessions]	30.2%
Marketing session(s) by the EAP section [through promotions/publicising]	5.3%
Attended an event organised by the EAP section [wellness events/wellness lifestyle screening]	11.2%
Other	0.6%
Total	100.0%

In Table 2, 30.2%, of the respondents mentioned that they had heard about the EAP service at Kgoši Mampuru II Local correctional centre through a presentation that was conducted by the EAP section. Although EAPA-SA (2010:1) identifies marketing as one of the EAP core technologies, only 5.3% of respondents indicated their awareness of the EAP through a marketing session. It seems like the best source for information sharing for the centre-based correctional officials, was presentation(s) by the EAP section, e.g. appearing/talking to personnel in the parades/sessions.

- **UTILISATION OF THE EAP SERVICES**

Table 3: Indicating the provider of EAP services

Response	Percentage
I do not know what profession was the service provider	2.0%
DCS Social worker	10.2%
DCS Spiritual care worker	2.0%
DCS Psychologist	3.1%
External Service provider	3.1%
I have not utilised the EAP services in DCS in the past	76.5%
Other	3.1%
Total	100.0%

Table 3 indicates that the majority of the respondents (76.5%) have not utilised the EAP services in DCS. If one looks at the effect of exposure to, or witnessing of traumatic events of centre-based correctional officials (Figures 8-13, 18-19, 22-23, 25-27, 32-35), it is worrying that 76.5% of the respondents have not utilised the EAP services. It is thus evident from the data that the majority of centre-based correctional officials do not utilised the EAP services in DCS. It is important for the EAPA SA (2010:2) that the EAP as a worksite-based programme, assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including emotional or stress related problems which may adversely affect employee job performance.

- **ACCESSIBILITY OF SERVICE**

Figure 66: Indicating accessibility of service

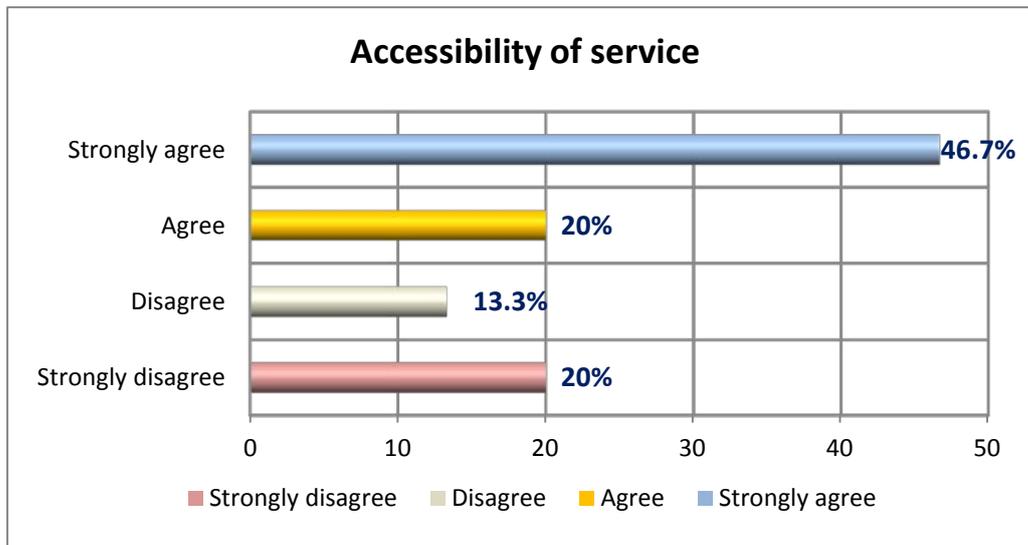
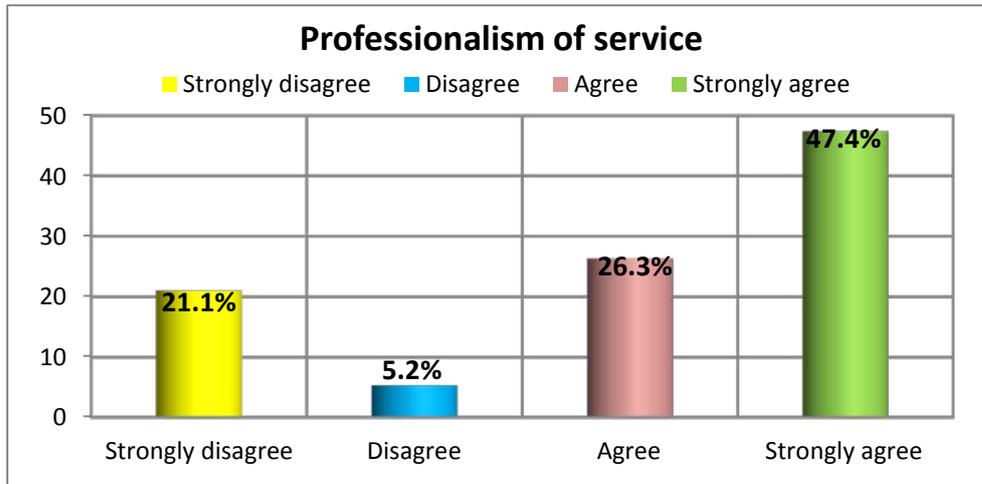


Figure 66 shows that 66.7% of the respondents agreed/strongly agreed that the service was accessible, followed by 33.3% disagree/strongly disagreeing that they could not access the service. It seems that although the majority of the respondents did not make use of the EAP services, the centre-based correctional officials however, describe it as accessible. This correlates with Cowell’s (2011:72) statement that EAP services should be accessible to all levels of employees regardless of educational background or language.

- **PROFESSIONALISM OF SERVICE**

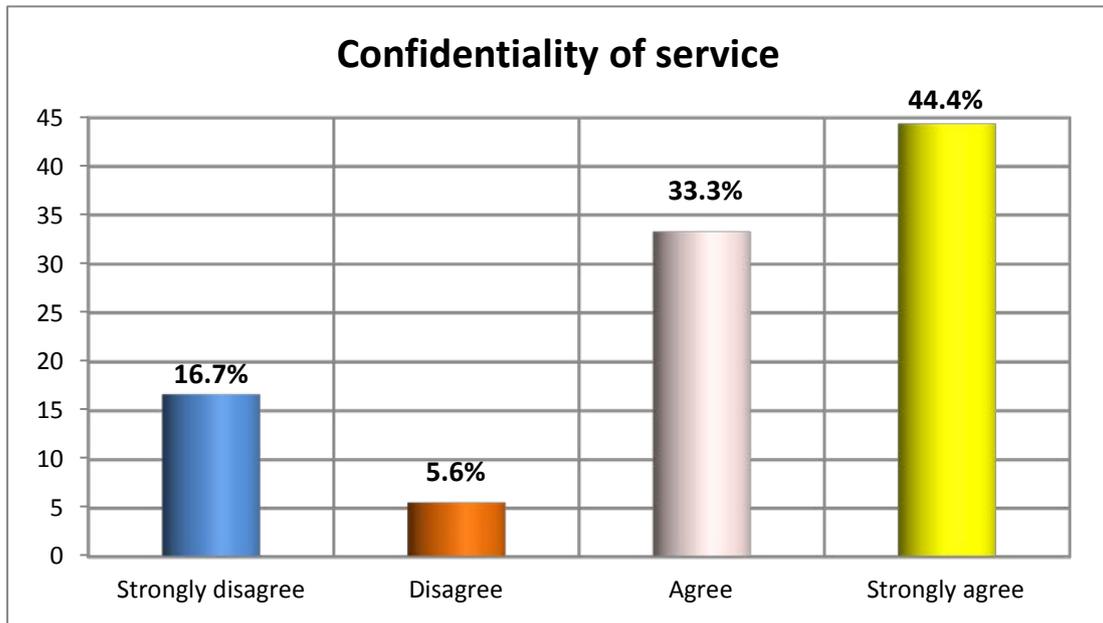
Figure 67: Elucidating professionalism of service



In addition, for the service to be accessible, it should be rendered in a professional manner. On this issue, 73.7% of the respondents in Figure 67 expressed the view that the service was professional. It is clear that the centre-based correctional officials are of the opinion that the services of the EAP are delivered in a professional manner. This finding reiterates the importance according to EAPA-SA (2010:7) the need to employ competent, professional staff in order to operate a successful EAP in an organisation.

- **CONFIDENTIALITY**

Figure 68: Explaining confidentiality of service



EAPA-SA (2010:11) refers to confidentiality as the professional’s obligation to maintain the privacy of therapeutic or consultative communications between a client and a professional. As reflected in Figure 68, 77.7% of the respondents agreed/strongly agreed that the service they received was confidential. It appears that the centre-based correctional officials experience the EAP services as highly confidential. If the centre-based correctional officials experienced the service as confidential, it means that it is true what Tehrani (2004:85) stipulates about confidentiality, namely; it enables members to feel free to share their experiences which may also include their previous similar experiences and how they managed to cope.

- **NON-JUDGEMENT**

Figure 69: Indicating non-judgemental attitude of therapist

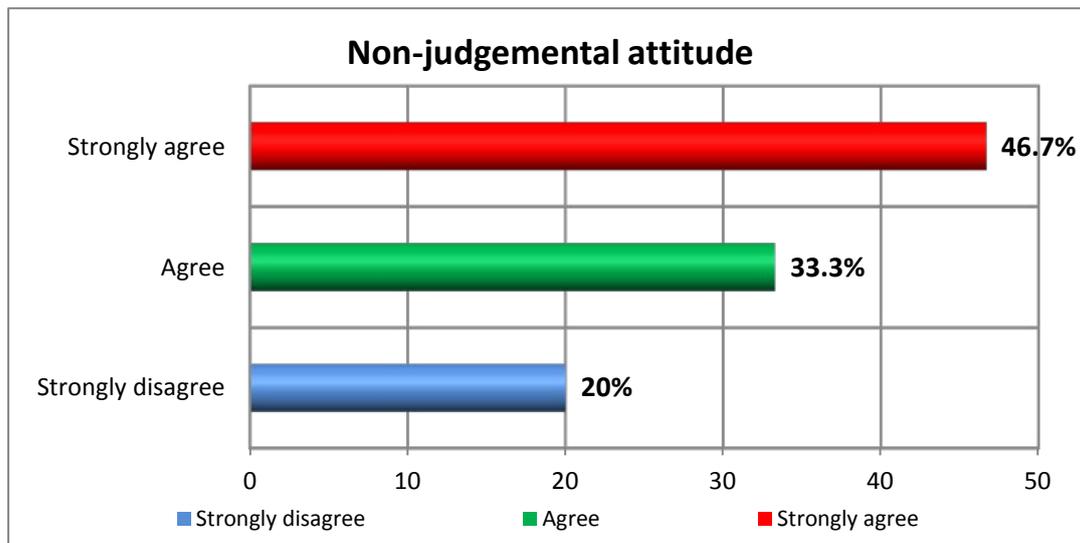
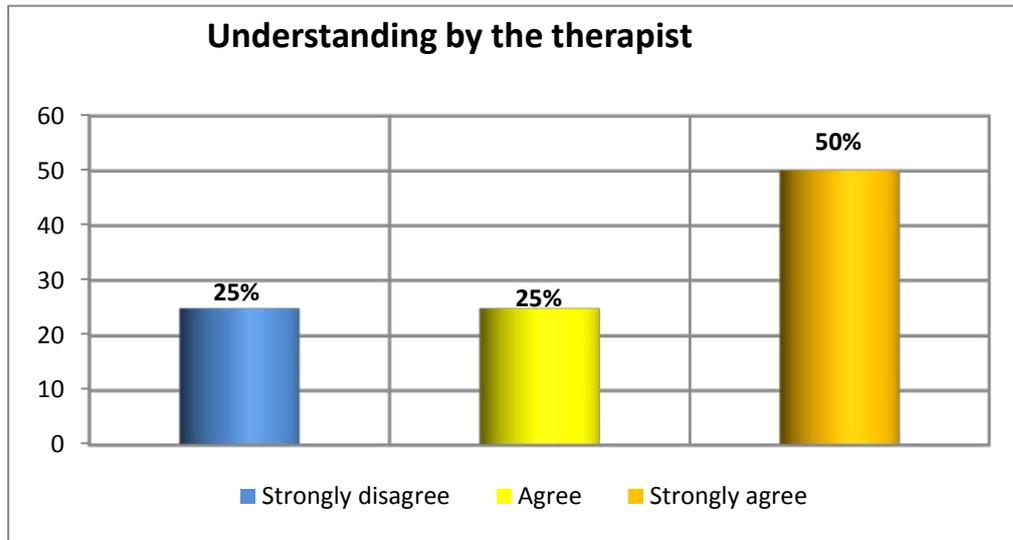


Figure 69 indicates that 80% agreed/strongly agreed that they had received a non-judgmental service from the therapist, with only 20% disagreeing with the statement. It is clear that the centre-based correctional officials are positive about the non-judgemental attitude of the therapist. This finding is in line with Ambrosino et al. (2005:114) who indicate that notwithstanding any acts of inappropriateness from human beings, practitioners are supposed to maintain a neutral attitude toward the client's behavior.

- **UNDERSTANDING**

Figure 70: Indicating understanding by the therapist



The results in figure 70 reflect 75% of the respondents agreed/strongly agreed that the therapist was understanding, followed by a percentage of 25% of those who disagreed that the therapist displayed understanding during the service. It appears that the centre-based correctional officials felt understanding from the therapist during their contacts. To feel understood during therapy is important as James and Gilliland (2005:34) highlight that clients in crisis often feel that no one understands what they are going through.

- **ACCESSIBILITY OF THE EAP SERVICES**

Table 4: Describing challenges with regards to accessing and/or utilising the workplace EAP service in the DCS

Response	Percentage
Lack of practitioners within the centres/ Management Area	9.0%
Fear of divulging one's information	13.8%
Being seen going to EAP offices	9.6%
Lack of trust	16.5%
Fear of being stigmatised	6.4%
Lack of confidence in EA practitioners	8.5%
Lack of knowledge on the referral process to EAP	10.1%
Lack of knowledge regarding the role of EAP in DCS	11.2%
Lack of marketing of EAP in DCS	13.3%
Other	1.6%
Total	100.0%

As depicted in Table 4, lack of trust is seen by 16.5% of the respondents as the biggest challenge to accessing and/or utilising the EAP programme in DCS and 13.8% mentioned fear of divulging one's information as a challenge. As the percentages are very low in general, the impression is that there is no single challenge that makes accessing of services difficult.

The findings in Section D show the EAP services are experienced as positive with the therapist who is excellently rated on service delivery of a high standard. As illustrated in Section D, employees are knowledgeable about the concept of EAP in DCS which is necessary, because the social systems theory reminds us that although individuals and their environment are separate systems (Kirst-Ashman, 2010:20) they are still interconnected and interdependent (Thyer, 2010:04). Vandepol et al. (2006:119-121) point out that organisations who respond quickly, efficiently and compassionately to trauma that can affect employees in the workplace, could potentially bond with their employees with the possibility of lasting reparation to the company in the form of quality, performance and productivity. It is necessary in the DCS for centre-based correctional officials to utilise and/or be

knowledgeable of EAP in DCS in case they are exposed or have witnessed a traumatic event thereby affecting their productivity, because the social systems theory indicates the different parts or elements of a system do not function in isolation, but function by depending on and interacting with each other to complete the system as a whole (Ambrosino et al., 2005:50).

SECTION E: KNOWLEDGE OF DEBRIEFING AND INTERVENTION STRATEGIES

It must be emphasised that in any workplace after exposure to any traumatic events, the EAP will offer “intervention services for employees, family members and the organisation in crisis situations” (EAPA SA, 2010:12). The following section will be focusing on the types of intervention received and who specifically rendered such intervention.

Table 5: Explaining the type of intervention received upon exposure and/or witnessing of traumatic events in the DCS

Response	Percentage
I did not receive any form of intervention after being exposed or witnessing a traumatic event	41.6%
Referred to a counsellor	2.9%
Trauma debriefing	0.7%
Talking to a friend/family	24.8%
Psycho-therapeutic intervention	5.8%
Offered alternative (temporary) workplace placement to another unit	2.9%
Offered transfer to another unit	3.6%
Support from management	3.6%
Support from colleagues	11.7%
Perpetrator(s) was/were transferred	0.7%
Other	1.5%
Total	100.0%

According to Table 5, the responses given by the respondents of Kgoši Mampuru II Local correctional centre on the type of intervention that they have received upon exposure to and/or witnessing a traumatic events, reveal that 41.6% did not receive

any form of intervention, 24.8% were able to talk to a friend or family and 11.7% received support from colleagues. The data give the impression that no formal intervention was delivered to the centre-based correctional officials after exposure and/or witnessing of traumatic events in the DCS, which is a great concern as Griffin (2006:12) has identified the lack of social support received by centre-based correctional officials, may serve as an additional stressor and predictor of emotional distress. The fact that the second highest form of support received by respondents, comes from their friends or family, contradicts with James and Gilliland (2005:545) who indicate that law enforcement officers do not usually talk about their jobs or their feelings because they sense their spouses are uncomfortable hearing about such matters.

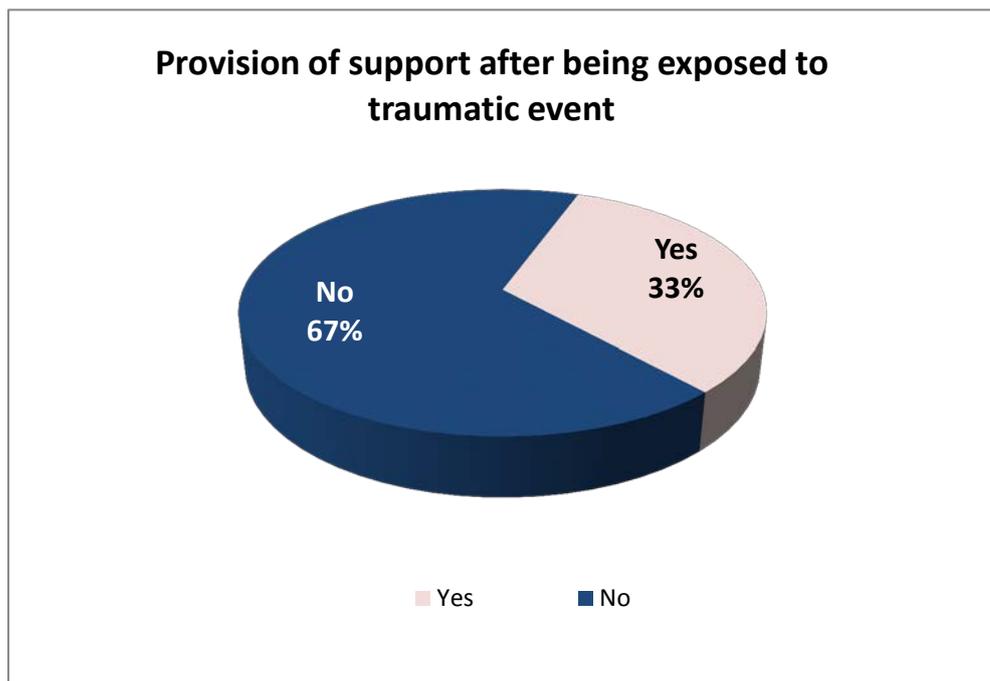
One of the objectives of the study was to describe the support strategies in place, and as Ambrosino et al. (2005:473) indicate the systems theory focuses on the interactions between individuals and environments, Ambrosino et al. (2005:66) further state that the social systems theory can be used to determine types of intervention at all levels.

SECTION F: SUPPORT STRATEGIES BY THE DCS

In section F, the focus was on determining whether there is any support services for respondents upon exposure to or witnessing of a traumatic events and also the type of support that management can offer to its employees. For the benefit of this study, support especially at the workplace, refers to support that can be given to an individual if they experience any event which can either be traumatic, financially or socially problematic.

- **PROVISION OF SUPPORT RECEIVED UPON EXPOSURE TO TRAUMATIC EVENTS**

Figure 71: Illustrating provision of support upon exposure to traumatic events



As reported in Figure 71, the minority of 33% of the respondents at Kgoši Mampuru II Local correctional centre received any form of support upon exposure to a traumatic event. It is evident that the centre-based correctional officials did not receive professional support after exposure and/or witnessing of traumatic events, which is alarming as interventions relied increasingly on both formal and informal support networks (Hepworth et al., 2006:421).

- **TYPE OF SUPPORT RECEIVED AFTER EXPOSURE TO A TRAUMATIC EVENTS**

Table 6: Expounding the type of support received

Response	Percentage
Advice from Manager/Management	8.6%
Professional intervention	15.7%
Religious intervention	10.0%
Advice from a partner/spouse	15.7%
Talking to a colleague	22.9%
Talking to a friend	20.0%
Other	7.1%
Total	100.0%

The data reflected in Table 6 clearly shows that the support received by respondents after exposure of traumatic events is 22.9% who did talk to a colleague, followed by 20.9% talking to a friend. Professional intervention and advice from partner or spouse are both at 15.7%. The data imply that the centre-based correctional officials made use of a variety support systems after exposure to traumatic events. This finding supports the view of Griffin (2006:13) stating that peer support is critical in reducing negative emotional responses in workplaces where there is perceived danger.

- **PROVISION OF SUPPORT RECEIVED UPON WITNESSING TRAUMATIC EVENTS**

Figure 72: Illustrating provision of support upon witnessing traumatic events



A majority of 68% in Figure 72 have indicated that they did not receive any support after witnessing a traumatic event.

- **TYPE OF SUPPORT RECEIVED AFTER WITNESSING TRAUMATIC EVENTS**

Table 7: Illustrating the type of support after witnessing the traumatic events

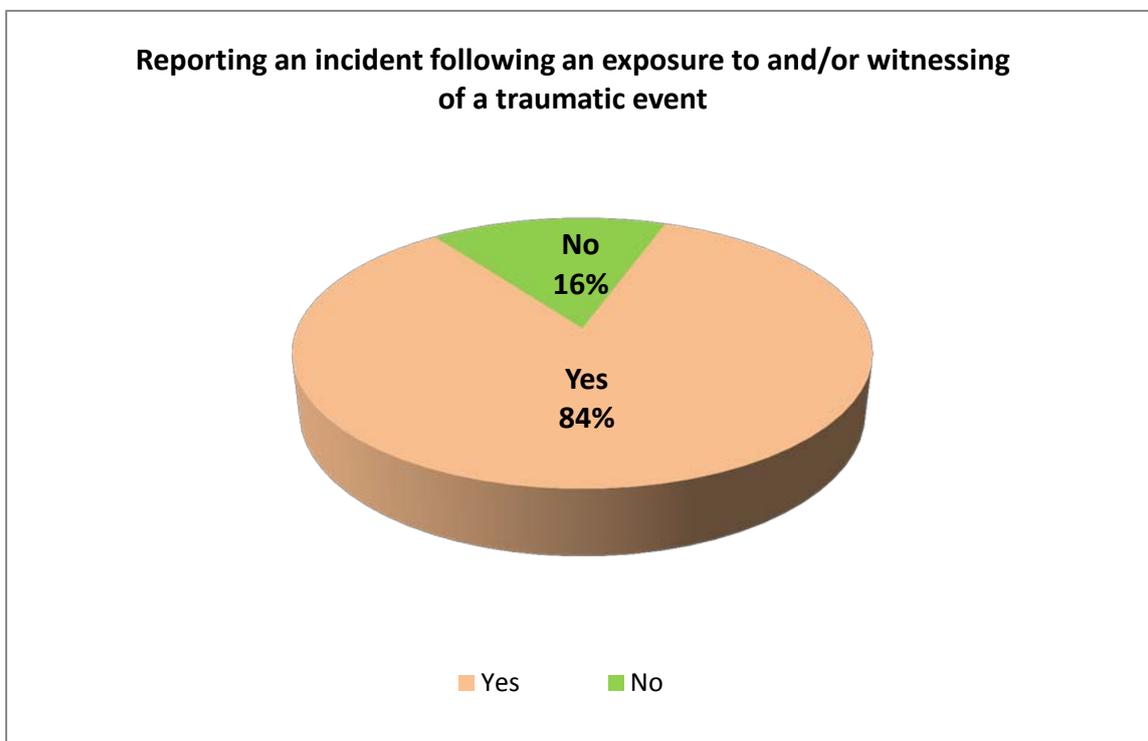
Response	Percentage
Advice from Manager/Management	3.7%
Professional intervention	20.4%
Religious intervention	13.0%
Advice from a partner/spouse	13.0%
Talking to a colleague	25.9%
Talking to a friend	20.4%
Other	3.7%
Total	100.0%

Talking to a colleague is reported in Table 7 as the major type of support the respondents received (25.9%), followed by both professional intervention and talking

to a friend with 20.4%. Advice from management (3.7%) is the lowest reflected. The data give the impression that the centre-based correctional officials made use of a variety support systems after witnessing of traumatic events. This finding is in line with the view of Griffin (2006:12) who says given the limited social support provided to centre-based correctional officials, family and peer support assumes an even greater role in buffering experiences of vicarious trauma and secondary traumatic stress.

- **REPORTING OF INCIDENTS IN THE DCS**

Figure 73: Indicating reporting of an incident following an exposure to and/ or witnessing of a traumatic event



According to Figure 73, the majority of 84% of the respondents indicate that they will be able to report any incident upon exposure to a traumatic event in the DCS. Figure 73 also indicated that only 16% responded that they would not be able to report an incident. It is clear from the data that reporting an incident upon exposure to a traumatic event in DCS won't be a problem for centre-based correctional officials.

- **REASONS FOR HESITANCY ON REPORTING**

Table 8: Clarifying reasons for not being able to report an incident following an exposure to traumatic events

Response	Percentage
Fear of being victimised	15.8%
Fear of being labelled by other colleagues	14.0%
Fear of the unknown such as being suspended on duty	3.5%
Lack of guidelines addressing trauma and traumatic events in the workplace	14.0%
Lack of knowledge/ fear of an investigation that must be instituted after any incident has occurred in the DCS	7.0%
Fear of not getting support	15.8%
Fear of being regarded as attention seeker	3.5%
Lack of trust in management	17.5%
Low self-esteem	1.8%
Convincing self that you will deal with the problem on your own	5.3%
Other	1.8%
Total	100.0%

Although the minority of the respondents (16%) in Figure 73 indicate that they won't be able to report an incident of exposure to a traumatic event, the major reasons as reflected in Table 8 were brought to light as lack of trust in management (17.5%), fear of being victimised (15.8%) and fear of not getting support (15.8%). The lowest percentage of 1.8% was low self-esteem. The data indicated that the centre-based correctional officials are afraid of the reactions of perpetrators in DCS on reporting an incident and the reaction of management thereafter, which is in contrast with Vandepol et al. (2006:128) who state that what employees most need from their organisation in times of crisis is informed, compassionate leadership.

- **ASSISTANCE AND/OR INTERVENTION BY MANAGEMENT**

The aim was to determine the need of respondents in order to ensure management does give support following an exposure to and/or witnessing of traumatic events in the DCS.

Table 9: Describing assistance and/or intervention by management following an exposure to traumatic events

Response	Percentage
Develop guidelines on the referral process to a professional service	13.8%
Develop promotional and/ or marketing material on how to deal with trauma and traumatic events in the workplace	17.0%
Initiate a toll-free number in cases where a professional is out of reach	18.5%
Conduct ongoing and/or regular sessions at centre level on trauma and traumatic events	16.3%
Training of managers and supervisors not to divulge a person's problems to other managers and/or colleagues	20.3%
Make availability of in-house professionals for the officials at centre level	13.8%
Other	0.4%
Total	100.0%

In Table 9 the majority of the respondents (20.3%) said that training of managers and supervisors not to divulge a person's problems to other managers and/or colleagues is important. The respondents also specified (18.5%) that a toll-free contact number should be initiated as another priority in cases where a professional is physically unavailable. The data reflected that the centre-based correctional officials see training of managers and supervisors as a priority which is acknowledged by EAPA SA (2010:1) describing training and development of and assistance to, managers, supervisors and unions as a core technology in the EAP, to enhance and improve the job performance of the employee. The development of promotional and/or marketing material on how to deal with trauma and traumatic events in the workplace is also seen as a priority and correlates with the opinion of EAPA SA (2010:16) that it is essential to use electronic media as well as promotional material as a marketing strategy.

The above Sections E and F reveal that given the limited social support provided to centre-based correctional officials by DCS, family and peer support assumes an even greater role in buffering experiences of trauma. A strong point of the social systems theory is its potential to provide a trans-disciplinary framework for a critical exploration of the issues surrounding traumatic events (Teater, 2010:33).

One of the two components of the social systems theory in an organisational structure that is most heavily influenced by the effects of trauma is the operational functions (Keinan & Malach-Pines, 2007:389). Operationally, the goal of DCS is to maintain order and efficiency in the day-to-day functioning of the institution. This includes a safe, secure and orderly environment for both correctional officials and inmates within the institution. The various units which are interdependent on each other enables the department and its employees to achieve its goals and objectives, thus support is essential in instances where centre-based correctional officials are exposed to trauma and traumatic events within the workplace. This correlates with Ambrosino et al. (2005:50) that one advantage of the social systems theory is the conceptual framework which can be applied in many different ways to many different situations. Lastly, the EAP is expected as indicated by Paul and Thompson (2006:19) to continue to be an organisational tool to be used for proactive consultation and disaster preparation as well as offering supple and tailor-made responses to meet the health and productivity needs of the workplace.

3.5 SUMMARY

The aim of Chapter Three was to present the results of the empirical study conducted at Kgoši Mampuru II Local correctional centre on the types of exposures and witnessing of traumatic events, intervention services and support available after exposure to, or witnessing of a traumatic event. The above was achieved by describing the research methodology, analysis and interpretation of results of the study.

In Chapter Four, the conclusions on research findings and recommendations will be presented.

CHAPTER FOUR

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The goal of this study was to describe the effect of exposure of centre-based correctional officials to traumatic events in the DCS. An empirical study of a quantitative nature was undertaken. Data was gathered using a questionnaire as discussed in Chapter Three. The relevant literature was reviewed in Chapter Two and integrated with the data analysis presented in Chapter Three.

In this chapter the main findings will be discussed while focusing on the aims and objectives of the study. Conclusions will be based on the main findings of the study as presented in Chapter Three. This will be followed by recommendations based on the conclusions and finally recommendations for further research will be motivated.

4.2 CONCLUSIONS

Based on the findings of the study, the following conclusions are made after careful consideration.

There are more male centre-based correctional officials than females employed in the DCS and the majority of employees are blacks in the guarding services between the ages of 36 – 45 years (see pages 36-42).

Correctional officials have been exposed to, or have witnessed traumatic events such as fist fighting, stabbing, bullying, smuggling, prison gang fights, escapes, prison riots by inmates and terminally ill inmates once or more than once (see pages 43-62).

Due to the exposure to and witnessing of the above-mentioned traumatic events, the correctional officials have experienced symptoms of sleeplessness, headaches, anger, irritability and feelings of hopelessness. In the work environment however, the correctional officials succeeded in performing their duties without a significant impact on their productivity (see pages 62- 76).

The study revealed that, upon exposure to, or witnessing of traumatic events there is a lack of support from management to centre-based correctional officials and they fear the unknown as well as victimisation. Correctional officials prefer support from colleagues, family and friends (see pages 98 - 103).

Although centre-based correctional officials are aware of the EAP and its contact details, there seems to be under-utilisation of the EAP services made available by the DCS due to a lack of trust, the fear that confidentiality will not be maintained and a lack of marketing of the programme. The lack of marketing seems obvious as the correctional officials get their information about the programme through presentations from the EAP section and colleagues. However, those who utilised the EAP services rated it as accessible, professional, confidential and saw the therapists as being non-judgemental and understanding (see pages 86 - 96).

The correctional officials indicated that they have never received any form of intervention or support after exposure to, or witnessing of a traumatic event in the DCS, but prefer to talk to a friend, family and colleagues. However, they indicate that they are comfortable with reporting any incident if they were to be exposed and/or witness traumatic events in the DCS (see page 96 - 97).

4.3 RECOMMENDATIONS

The following recommendations are made to the management of Kgosi Mampuru II Management Area and Local CC for ATDs in light of the above-mentioned conclusions.

The provision of relevant interventions by EAP services for employees who are exposed to traumatic events should be made available and that information and sessions on trauma and its interventions be made in the form of marketing, awareness and other Information, Education and Communication (IEC) materials.

With the nature of duties that centre-based correctional officials perform in DCS, employees are more likely to be exposed to traumatic events while performing those duties. There needs to be more effort made to implement trauma debriefing to all employees as this process has a major role to play in ensuring that employees are productive and their quality of life is improved.

Training and development need to be conducted for the management in order to assist and facilitate the provision and support of trauma services for employees who have been exposed to trauma and traumatic events in DCS. The training will also benefit the department to continue rendering professional and diligent service to those inmates who are in their care. This should form part of the standard procedures in implementing trauma services for employees by both management and EAP.

Centre-based correctional officials should be constantly reminded of the effects of trauma and its symptoms as it will help them to be ideal correctional officials and will also assist in avoiding the side effects of trauma either psychologically or physically.

The DCS need to initiate a toll-free number in cases where a professional is out of reach.

4.4 SUMMARY

The aim of the study was to describe the effect of exposure of centre-based correctional officials to traumatic events in the DCS. The goal was guided by the objectives which are set out below

The first objective was to conceptualise trauma theoretically. An extensive literature review on intervention strategies applicable upon exposure to a traumatic event were discussed in Chapter Two which also focused on the different processes to be adopted by the EAP when assisting correctional officials upon exposure to a traumatic event. In addition, there was also a description of the nature of traumatic events that centre-based correctional officials are exposed to and the effects of trauma on productivity which referred to the support strategies available for employees upon exposure to trauma and traumatic events in the DCS. The first objective was thus accomplished.

The second objective was to determine the nature of traumatic events that centre-based correctional officials are exposed to, while the third objective was to describe the effect of traumatic events on productivity of centre-based correctional officials. These objectives were both achieved in Chapter Three where the research findings were explored through a quantitative-descriptive survey of the effect of exposure of centre-based officials to traumatic events in the Department of Correctional Services.

The last objective was to describe the support strategies in place for centre-based correctional officials who experience traumatic events. The support strategies applicable were analysed and the results were presented in graphic and tabular form according to the sequence of the questions in the questionnaire that was implemented. To accomplish this objective, Chapters Three and Four dealt with the lack of strategies available and the necessary recommendations have now been made to address the shortfall.

The last objective further indicated the formulation of conclusions and making recommendations to management. This objective was achieved in Chapter Four through a discussion of information received by advising EAP professionals and management at Kgoši Mampuru II Local correctional centre and management of the entire DCS on how to manage and raise awareness on trauma and traumatic events that centre-based correctional officials may be exposed to, as this will enhance the productivity and the quality of life of all employees.

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ADDENDUMS

- ✓ **PERMISSION FROM EMPLOYER TO DO RESEARCH**

- ✓ **INFORMED CONSENT**

- ✓ **QUESTIONNAIRE**

- ✓ **LETTER FROM EDITOR**

- ✓ **ETHICAL CLEARANCE FROM THE UNIVERSITY OF PRETORIA**