The spectre of trauma in the South African Police Service

Dr Grainne Perkins
Adjunct Associate Professor
Criminal Justice Department
College of Arts and Sciences
Seattle University

Dr Simon Howell
Research Associate
Global Risk Governance Programme
Faculty of Law
University of Cape Town

Prof Clifford Shearing
Global Risk Governance Programme
Faculty of Law
University of Cape Town

Introduction

Much has been made of South Africa's very high levels of violent crime. Invariably, attention is drawn to the alarming statistics, the socio-economic impact, and somewhat less frequently, the personal impact that this violence has on the people who live in the country. What is rarely touched upon however is the impact that violent crime has on those who often encounter it repeatedly, if not daily – members of the South African Police Service (SAPS). Whether it be in the form of preventing acts of violence, protecting individuals who are the target of violence, attending to scenes of violence or the collecting of evidence, many SAPS officers encounter extraordinarily threatening and/or grisly scenes on a regular basis. While at least in theory SAPS aims to provide support services through its Employee Health and Wellness (EHW) division, the reality for police officers who have been negatively affected by the violence they witness and engage in is more complex. As we explore, this may be both as a result of administrative limitations but also because of the stigma attached to mental health needs more generally, derivative of a pseudo-masculine organisational culture in which such concerns are understood as a form of weakness or the seeking support has negative connotations. The stigma and silence are not only a significant barrier to individuals seeking help but also serves to limit efforts to understand their impact on policing in the country. Emblematic of this for instance are the rates of domestic violence, mariticide, and suicide are very high in the security sector, seemingly being driven by the trauma and stress resulting from the operational context and organisational demands of responding to the violent crime in the country. The impact may we sense be significant, not only on the efficacy and legitimacy of the police themselves, but on the growing number of lives that are broken apart by the effects of the violence itself. Such trauma finds expression, tragically, in the frequent use of individual officers' service pistols in such violent disputes.

In this chapter we take an ethnographic approach from a perspective not often heard or indeed accessed – police officers themselves. This research, while originally undertaken in the fulfilment of the requirements of a PhD study, has been thematically ordered so as to speak to the concerns of the book more broadly. While the scope of that research was then wider, we have here chosen to focus on three interrelated concerns – the role of idealised understandings of masculinity in the framing of mental health and the treatment thereof, the barriers to help reinforced by stigma and the rhetoric of weakness, and the pragmatic lack of sustained and organised mental health services offered internally to SAPS members. These are all intimately related to one another, and while analytically separated here for clarity, may impact on individuals in unison. In positioning the three areas of focus in relation to one another, the first on masculinity serves both to situate the latter areas as well as providing a space for conceptually locating the argument in respect to the wider tradition of ethnographic research. The second builds on this conceptual framework by focussing on some of the barriers to help, as spoken to by police officers themselves. It is clear, for instance, that the manner in which mental illness is framed as evidence of enfeeblement that significantly limits any assistance, if indeed it is actually available in the operational environment. Finally, in the third section, we draw attention to the organisational structures and modalities which

have failed to provide the requisite support services for police members at a pragmatic level and who are left traumatised by the events they encounter in the course of their professional careers, while also serving to illustrate how deeply embedded these failings are in the police organisation as a whole. In overview then, we make the argument that the significant levels of trauma experienced by many SAPS members is not only not dealt with but in some instances actively hidden for fear of exhibiting weakness, even if mitigating mental health services are available – which is not always the case. Such organisational shortfalls impact on the efficacy and legitimacy of the police themselves, as traumatised individuals are put to task policing what remains a fractured society, cyclically compounded by their interaction. Considering the paucity of analyses that give voice to police officers in South Africa in a substantive manner, the ethnographic lens adopted by this chapter is primarily concerned with providing a platform for these voices to be understood in the context in which they were made, rather than as a basis for conceptual analysis.

With this in mind then, the three discrete sections focus first on the manner in which the prescripts of an understanding of masculinity find expression in the operational logic of policing in the country, the second shifting focus to the manner in which the organisational culture within which such understandings are embedded actively limits or prevents access to the mental health services, while in the third we highlight how such limitations are further hamstrung by ineffective organisational structures and strategies. The pragmatic outcome of these discourses, limitations, and managerial concerns is that officers face the threat of violent crime, and indeed the consequences, with little recourse to the services they might need in making sense of the violence they witness daily.

Masculinity and murder: The trauma of violent crime

The concepts and literature relating to masculinity, policing, and indeed violence are both complex and extensive – so much so that an attempt to provide a substantive review of even one would not only be severely compromised, but is also impractical (with regards to just masculinity, for example, see Morrell, Jewkes, Lindegger & Hamlall 2013). With this in mind, this section aims to focus rather on the *relationships* between these domains, both in recognition of their vast analytical heritage and to sharpen focus on their effects on the manner in which they provide the scripts by which policing and provisioning of security, are viscerally performed by individuals in very real ways (Morrell 2002). These performances are of course different in each instance, and can be supportive, contradictory, and contextually specific – they are a function of the complex interaction of different scripts, in different circumstances, enacted by individuals in both conscious and unconscious ways, and performed differently to different audiences depending on what an individual may deem appropriate, or which may itself be deemed appropriate (Jewkes, Morrell & Lindegger 2012). Such dynamism is extremely intriguing, yet admittedly makes analysis very difficult. The literature on masculinity (and indeed gender more broadly) has shown how thoroughly political gender identities are, that their active and passive construction never ceases, and that individuals are both constrained by and yet able to strategically utilise various gender scripts so as to position themselves in relation to others (for a contextual overview, see Luyt 2003).

While the specific debates in the literature are beyond the scope of this paper, it is clear that both in the literature and in lived reality, masculinity is a contested performance (see, for example, Anderson 2005). Moreover, masculinity is ambivalent, both conceptually and the manner in which it may be portrayed, lived, and presented to others (Walker 2005). While such ambivalence may of course be performed in a myriad of ways, and is felt in the minutiae of daily interactions, the scripting of masculinity is emphasised in arenas where masculinity is itself focussed on. Both as a function of history and contemporary concerns with rampant crime, criminality (and insecurity generally) is conceptualised as a 'threat' which must be 'responded to' through the use (or minimally the show) of force (Lupton & Tulloch 1999).

While not all officers have this self-reflective ability, the theme of masculinity, tied to power, embodiment, movement, space and representation, is present throughout the SAPS organisation. In the SAPS the idea that police work is primarily a man's job is reinforced by officers, both male and female. As if reflecting traditional gendered societal roles, the female officers, remain at home, in the confines of the police station. For instance in one interview, a detective relayed how he ended up stationed in this township. He had ten years' service and in order to be nearer his home, he had sought a station transfer. His only option was to come to this station, so he took it. He explained, *'within my first 4 hours of working here, I had been to 4 murder scenes already, 4'*.¹ Prior to this he had been working as a police officer for 6 years in a quiet suburban police station and had never had to attend a murder scene. It was as if repeating the number 4 he was tallying the count of these scenes in his head. He continued talking, as if now reflecting on the current version of himself, *'I was a bit younger, I thought, to myself, ok eh, give it a chance to, to, get used to doing murder scenes'*. He paused and sipped his coffee in between. He continued, *'After a year passed I was going to murders each and every day. So it started getting to me'*. As a way of explanation he offered that his wife says, *'he has changed'*. He is a quiet individual and while recognising this trait he says *'I have become quiet short tempered, I will scream at her for nothing - she is very good and understands but I know I'm not the same. She lets me sit and I cannot stand noise now, when I go home so she moves the children away'*. When I ask if counselling would help he states bluntly, *'I will not go, the police the will think you are weak'*. A call then came over the police radio to attend a murder scene and we left our coffees down much like the conversational space and re-joined the township activities with lights and sirens blaring.

On entering into the Client Service Centre (CSC) in any township police station, the police that work behind the station counter are, in the majority, women. Regardless of the time of day, women consistently remained indoors. Throughout the research, women adhered to the status quo regarding 'real' policing as a predominantly male occupation. 'Real' policing involves engaging with the danger, violence and excitement of the police role. Throughout the research female officers frequently commented that their working presence outside somehow inhibited their male counterpart's safety. When speaking with three female officers questioning why they were not working outside, one commented that, *'it's too dangerous-*

¹ All quotations from SAPS members are derivative of field work conducted by Grainne Perkins in the completion of her PhD, as cited below.

they push a woman and then they take her gun and shoot me'. The ability to engage with danger was being shaped by the officers themselves where the physicality of the role became a central feature.

These observations support previous research on the idea of the 'weak' female police officers and their requirement for protection (Chan, Devery and Doran, 2003). However the difference here is that the females (in the majority) readily accept this positionality. The negative symbolic capital attached to the female role in the police is directly supported and reinforced by many female officers themselves. In doing so, the idea of danger becomes a physical issue which female officers (in the majority) felt ill equipped to deal with. The female officers however did little to negate this depiction of the helpless female officer. On many occasions on night duty, when there were few callers to the station, on returning to the station after a vehicle female officers were often found to be sleeping, applying creams to each other's scalps or braiding each other's hair.

Male officers also reinforced this belief of women perceived positionality in the station. One male officer offered, *'the ladies, as you can see (points around to women present) normally like to stay indoors, as its too dangerous outside'*. For the men, the ability to work outside was perceived as a physically demanding task. Throughout the research there were plenty of occasions where my own physical abilities were questioned and men expressed their discomfort that I, as a woman, was joining them on patrols. On one occasion on deciding whether I was allowed to accompany an officer, I was asked, *'can you run?'*. In challenging him to a race I addressed both his question and his masculinity. This type of masculinity where policing is predominantly perceived as a man's job, feeds into the doxa of the crime fighting nature and the physicality of the police role. In deciding on the gendered ability to deal with 'the outside' the notion of danger becomes amplified and exaggerated by the police themselves.

Senior managers also overtly supported this gendered approach to policing where women were continually placed on inside duties. On one occasion a senior manager was complaining to women about failing to go and train at the firing range. A female officer complained that they did not want to go because it was raining outside. The commander mocked them saying, *'What are you going to say when you are outside working? Ah it's raining, please don't shoot me? Please don't shoot me?'* to which he and the women laughed loudly. I remember thinking that both possibilities were fairly slim because the women were never placed outside to get shot in the first place. Of note, however was the fact that the commander did not force the issue and ensure the women went to either the firing range or outside. The commander appeared more concerned with being charismatic (joking about the situation) than actually enforcing compliance.

The cultural biases, the shared values and beliefs of the community (and officers themselves) also had a significant influence in how women and men in the police were perceived. One female officer explained to me that *'you see our people (her own emphasis) it's just that you don't understand isiXhosa. They undermine women. If you are coming to arrest them, they say no! I cannot be arrested by you or sometimes no, just shut up; I don't talk to a woman.'*

I'm only talking to a man'. The isiXhosa culture is a predominantly patriarchal culture and this appears to strongly influence police practice where females are not perceived as legitimate police officers. Male officers also commented on the influence of such cultural understandings in police practices.

However, there were exceptions to this rule. One female officer explained how she circumvented this status quo: *'Now the men are confident working with me because I don't act like a lady, you can't do the job (as a lady). You cannot be dependent on someone else.'* This woman was accepted by her male colleagues because she didn't act like a woman. Such exceptions, however, were not commonplace. This woman believed she was accepted by her male colleagues in working outside the station because she essentially didn't act like a woman.

The concern with these gendered identity roles is that mental health concerns become embedded into these positionalities. This understanding was reaffirmed in the Khayelitsha Commission of Enquiry where a senior commander identified the problem in that police officers do not want to be seen to be asking for emotional help. In this regard a *'cowboys don't cry culture'* exists. This culture reinforces the idea that those who do seek mental assistance are not aligned with the crime fighting ethos of the larger organisation.

The *'war on crime'* appears to be a large part of the organisational problem in recognising mental health issues amongst its members. As one employee Health and Wellness officer explained, *'the core business of this organization is fighting crime. So if you have a personal problem, you still have a lot of commanders not sensitised enough to say, listen, you need to attend to the other side of personal problems in order to make them work or perform better'*. For senior personnel there is a gap in understanding the health of the organisation relative to the health of its individual members.

In many cases, the Employee Health and Wellness officers suggest that most senior commanders adopt the approach of, *'listen here, you just up your game and come to work and I don't care about anything else'*. Long term consequences for officers are rarely factored into the decision. The high absenteeism rates, poor work performances and the high rate of police murders have all been recorded and spoken about in the public domain but they are rarely examined or discussed as being caused by the mental fatigue of many police members.

In the research police station during a one week period, 3 police officers of the same unit were murdered. That accounted for a third of the working group. An officer explained how she reacted on hearing about the murder of two of her colleagues at work. She had been working in the CSC in the station when she received a call that 2 police officers who had been waiting on a tow truck for a stolen car, had been shot dead and their firearms had been stolen. The attendance of other police at the scene had confirmed the murders. On reflection, her own reaction was one that surprised her, she said, *'I'm, I'm drunk or what, I'm dreaming. I couldn't continue. I went to the community in the CSC (waiting to be served), I chased them out of the station, I chased them! I said we can't help you because you are killing us, so I closed the doors'*.

This is, unfortunately, not an unusual position for a SAPS officer. In a focus group survey of 150 police Station commanders in the Western Cape Province, 38 percent of those present answered positively to the question of ‘During the past 5 years has a personal colleague of yours being killed on or off duty’. Amongst the incidents listed were road traffic collisions, shot dead, cross fire and attacks. Regardless of the reason behind the death, the outcomes and mental distress caused by these is an issue. When officers present were asked to describe how they felt when a colleague was killed the emotions ran on a spectrum from feeling ‘*stressed, as it is just like losing a family member*’ to ‘*anger- the attacking of a SAPS member is an attack on the State; an attack on democracy*’.

No doubt this is one of the organisational challenges faced by the SAPS. How to assist officers in dealing with the many different facets of the trauma that they face. This will now be explored in the next section in the examination of the support services offered to the police in dealing with the daily routines of policing in South Africa.

Stigma and the stunting of mental health services

Driving with the police around a township space is a journey around the memory markers that make up their daily routines. Each marker reminds officers about a particular event that took place at that location while evoking an emotional response about that event. This one particular night we drove around the township in no particular direction. Talking as we passed a house the officer recalled attending an incident there. ‘*The husband, he killed his wife there*’. He nodded towards the direction of the small house. ‘*Then, after killing her, he ate her heart...what do you do after work after dealing with that? How do you deal with that?*’ The image of a flesh eating husband was hard to dispel. I offered a suggestion, ‘*If you are the police? Drink?*’. Both officers laughed in unison and said ‘*Exactly!*’. During the conversation, as an alternative to alcohol I suggested sport activities but it fell on deaf ears as the two officers had already begun explaining their preferred type of whiskey to me. The coping mechanisms employed by many officers are deeply engrained in the masculine culture associated with the police role. Alcohol, much like the normalisation of violent events, becomes a recognised substitute for dealing with the work of township policing. One officer explained that when they come as new recruits to the township space, in many cases they perceive themselves as, ‘*emotionally soft*’. However ‘*working in this place you become hard. All the dead bodies you see, it affects you. In townships, management are like you will be ok, but how can you be ok with all the dead bodies? You can’t be ok*’. This was not a unique response and the sentiments were echoed by many officers across many different units through the year spent working with them.

The African culture is predominantly patriarchal and the idea of men seeking emotional support is not a natural fit with these traditions. Layering this culture with the predominantly masculine culture of policing is a recipe for denial for most male officers. This denial is reflected in the number of referrals to support services provided by the EHW relative to the number of violent incidents that the SAPS are known to deal with. The inadvertent hardening

of police members is meant to be addressed through the EHW support services. However the biggest hurdle in this process is the stigma of asking, or suggesting one ask, for such help in the first place.

As seen from the above examples, individual officers are able to recognise that they are often emotionally ill-equipped to deal with many of the things that they witness. In particular, the murder or injury of colleagues resonates with many officers where the idea of 'it could have been me' persists. One officer relayed how he coped with such news, *'The office called, I just ehm, I just broke down and I wept. My father, my father was there. He didn't know what was happening, he just held me and, he took the phone from whoever I was speaking to and they explained to him'*.

Another female officer explained how she had been called to the scene where 2 of her colleagues had been murdered. In speaking about the incident she was still emotionally raw about their murders. *'You see when I think about them. It's, its' like they are still on their holidays to me. I don't take them as people who are passed away or who will never come back to the station. To me, it's like they are still on their vacation leave.'* In many cases the normalisation subsides to a type of resignation about being a police officer in South Africa. This officer expressed her understanding in that *'when you leave your family for work, you must be sure that your family is happy. You must say goodbye as it may happen that you are not going to comeback, only your uniform will come back'*.

The EHW suggest that officers are reluctant to seek assistance with these traumas due to, *'a legacy of in the past that members in the past distrusted us because we work for the same organisation and there's an issue of confidentiality'*. While this fear that the EHW might report those who seek help to senior commanders is understandable, there does not appear to be any attempt to remove this stigma. This compounds the problems of the EHW in addressing officer needs and does little to encourage them to seek help at all. From the above examples and in speaking with the SAPs over a period of a year it becomes apparent that the officers were not averse to discussing how they reacted to particular incidents. They are willing to talk about their feelings and the impact of their experiences. They are not, however, having these conversations within the policing framework or EHW as it currently exists. How the EHW works on the ground is of note in recognising how this stigma persists. As observed in the section on masculinity, asking for support is largely perceived as a personal weakness by the majority of individual police officers. Yet little is done to dispel this idea by the EHW counselling services which operate on a largely self-selection basis. Police officers can self-refer but this is unusual for the aforementioned reasons. In the majority, members are referred to the EHW service by a senior commander. When this occurs it is regarded as a mandatory referral meaning that their behaviour after the event is now affecting work performance and as a result the member must attend EHW for counselling. Even with this mandate in situ however the individual can still refuse to attend once they *'sign a form and say I am declining services but I undertake to see someone externally so I will and go and see my own private psychologist or social worker outside'*.

The most feared file for many SAPS officers is what is colloquially referred to as the ‘brown file’. This is a disciplinary file which can have consequences for the individual officer. Disciplinary sanctions can impact future promotions, job positions, courses, a reduction in salary, and at worst, dismissal. On the ground, individual officers are encouraged to engage with the services of the EHW at a surface level as, *‘it covers you in the long run because there is some kind of disciplinary action instituted against that member it will show at least what was the role of the member, he did reach out for help’*. While this could be regarded as a practical understanding of the process, it shows that the EHW service is being used as a tool within the larger police organisation rather than as a service. If members just attend for the sake of attending, it negates the actual value that the service offers. Going to counselling as a future insurance policy does little to address mental health concerns. It also does little to lessen the stigma associated with seeking such help. Even though this may be a tactic employed to engage the officers with the support services it does little to separate the mental wellness from the watchful disciplinary gaze of the larger organisation.

The EHW is a service that is already clogged and unable to operate effectively. The abuse of this service by individual officers, either to stave off disciplinary action or in some cases obtain housing, means that officers who actually need counselling are pushed further down the treatment list. This combination of misconceptions around the confidentiality of the service, the abuse of the service by other officers, and the sheer lack of resources to achieve its mission leaves the EHW and officers in a less than stable position.

The administrative quagmire of Employee Health and Wellness

The Employee Health and Wellness support services are meant to assist with mental health issues in the SAPS, but in practice, are often used by officers for other reasons. The uses and indeed abuses of the support services offered to the police is something which is often overlooked and under examined. This section explores how police interactions with support services, such as the Employee Health and Wellness (EHW) division, can shape how mental health is framed within the larger police organisation. In a South African policing context, the necessity for an Employee Health and Wellness unit in the SAPS needs little explanation. The violent crime rates reflect the daily realities for many police officers and this continuous exposure is a form of secondary trauma for most officers. Indeed their own individual near death experiences bear testimony to the need for support from groups like EHW.

Throughout the field research, there were numerous examples of how the practicalities of being able to provide a police service was misaligned with the emotional supports required to properly provide that service. For many officers the process of normalising the violence and danger that they experience becomes a substitute for a mental health service. This normalisation can be seen in officer comments on, what could be considered, abnormal scenes. One evening when walking through a murder scene with three dead bodies, I commented aloud, *‘This is not normal’*. The detective looked at me, as if reflecting on what I had said and retorted, *‘yes, you are right, but it becomes our normal. We are so used to it’*.

Even though officers become accustomed to the daily exposure of violence when that violence impacts them directly, the need for EHW becomes even more apparent. When working with Vispol² one evening, we were driving around and the subject of danger arose. It was early morning and the quietness and dimness of the street lamps added to the soberness of the story being told. The driver spoke. *'I shot 2 dead'*. He gripped the steering wheel as we drove, staring straight ahead at nothing particular, lost in his own words. The silence hung between us in the patrol car. *'It was 2005, the first one'*. More silence. *'You don't sleep for 6 months after that, months. You close your eyes and...'*. The silence hung waiting for him to fill the void. Each word punched the air as he spoke, *'You keep thinking what if he had been any quicker'*. He shook his head as if shaking off the idea of death and drove us back to the station in silence.

The EHW services have a wide gamut which adds to the difficulty of providing the service to those who actually need among the over 200,000 people they serve. Depression, Post-Traumatic Stress Disorder (PTSD), stress disorders, substance abuse, and attempted suicides all fall under the remit of the EHW (PMG, 2016). Their objective is to ensure a healthy, productive workforce through the development and implementation of health and wellness programmes, strategies and interventions. They must cover key areas, such as, occupational, emotional, physical, psycho-social, financial, and intellectual health (PCOP, 2016). In practise this means dealing with issues relating to HIV/AIDS, TB, suicide, and femicide as well as mental health.

The problem with this broad and overlaid breadth of responsibility is that those who genuinely require the services of the EHW often cannot receive it. One such example was given by a group of crime prevention officers. This unit spoke of an incident where they were the first to attend the suicide of a colleague from another station. They had inadvertently become the investigators of their own friend's death. The sergeant in charge of this unit explained what happened. *'We went and dealt with it. Then over a week later, when we had already nearly forgotten about it, they [EHW] come and make us talk about it again!'* The secondary trauma of having to re live the scene was something that officers were angry with. The delay in the counselling coupled with the fact they *'were made'* speak with a counsellor did little to support the emotions that the officers felt.

A large part of the EHW workload centres around these types of *'personal and domestic problems of the police'*. In many cases the EHW have found that the extra-organisational stresses of South African life become intra-organisational concerns. Once such stressor is accommodation. Originating from the Apartheid police regime, official accommodation was provided for the police in the form of barracks in many cases adjacent to the police station. These were built in order that police officers could reside safely close to the township stations where the majority of violence occurred. Nowadays the provision of this official accommodation for police officers is meant to be for officers who have difficulty in finding accommodation.

² Visible Policing (Vispol) is the uniform section of the SAPS.

The current oversight and management of this housing by the SAPS is that all police officers, regardless of circumstances can apply to live there. Although each application is on a case by case basis it is not regulated in any way which makes sense to EHW officers. This allocation process has created a problem in that that once there, many refuse to leave. As one EHW officer explained, *‘People would live there forever because it’s a very minimal fee and you have some very nice official quarters where people are living, very very nice, I promise you. I have seen some of them and I wouldn’t want to leave’*. As a result of the gap in the rules governing these accommodations it has become problematic for real cases where the accommodation is then required.

In explaining this, the EHW officer spoke of a case where a police member had his life threatened by a local gang. The officer was regarded as an active police member and the threat was perceived as credible as a result. Even though there was validity in this man’s complaint and concerns about his safety there was no room to house him in the official accommodation, and he was left to fend for himself.

Throughout the research whenever speaking with police officers about mental health issues it always seemed, ironically, to be against a backdrop of the nourishment of our own physical self’s. On this occasion I sat in a quite coffee shop eating lunch accompanied by a health and wellness employee as she shared her worst experience in the SAPS. She commented on how this case was worse than a previous one she had experienced, one in which a station commander had been held at gunpoint by one of his own officers in the police station. I waited as she paused; putting her utensils down as if to prepare me for what was to follow. The case was to do with a police transfer request which quickly escalated. The more we talked about her involvement with individual officers the more it became apparent that the issue of police transfers appeared to initiate quite a lot of her workload.

In addition to the accommodation issue highlighted earlier perhaps some more background information can contextualise how this has come to be. For officers in Cape Town, and indeed in many other large South African cities, these new officers are, as explained by a SAPS field officer, recruited from rural communities. They are trained and then many are often deployed to township stations because like many of the residents there, they are native Isixhosa speakers. While they may have a connection through the language, there are little other ties. As the SAPS trainer explained, *‘the trainees from rural areas, the trainees there, compared to ones recruited from the city, are totally different, I think it’s something to do with their upbringing...the crime in the metropolises is higher than in the rural’*. This difference, their lack of exposure to the violence of city living, becomes their downfall. In the process of being submerged in this high crime rate and often violent environment, the officers have also been displaced from their families. As a result of this the emotional ties to their natural support services are severed.

The EHW officer continued with her story. She spoke with familiarity about the experience of police seeking transfers to be nearer home, *‘you know some (officers) actually come to the*

work place and throw some kind of depressive episode where they would go completely bonkers’. She explained that the police are often so desperate to get transferred out of the station that they are in, which are in the majority violent high rate crime locations, that, *‘they will resort to all kinds of actions to actually get[transferred] home.’*

The use of the EHW office by the police officers in this way is not altogether unusual. This makes the EHW more of a tool than a service. In some instances the individual officer will build their own cases after an incident in which their own safety became an issue. The EHW officer explained that the excuses for a transfer are plenty *‘I have a family at home, I don’t feel well, they come with doctors reports, they come with psychologist reports they come with physiatrist reports’*. When this approach fails, police members often take a different route. The EHW officer recounted an incident that was vivid for her, even though it had occurred over two years ago. She was on standby and had been called to a situation where a police member had stripped naked and was walking up and down the passage ways in the police station screaming. When she got there she was struck by how pitiful the situation was. *‘It was the first time I’ve actually seen one of the members go down on his knees and literally begging, crying like a small child asking us, just send me home, just send me home, I want to home’*. For the EHW officer, the problem was two-fold in its creation and subsequent management. She explained, *‘it’s reached a point where you thought that you’d resort to this kind of action. I take off all my clothes and I pretend that I’ve completely lost my marbles sort of thing, in the hope that somebody (her emphasis) would be able to say send this guy back home’*.

The idea that the EHW is both overwhelmed and used as a tool by officers is in contrast to the low number of mental trauma cases that are officially referred to them. In 2017/18 SAPS members attended over 20,336 murders and yet only 1,770 requests for debriefing were referred to EHW (SAPS, 2017/18). Station commanders make these referrals when they believe that their members require debriefing after a traumatic incident. Masculinity and culture prevents officers and administrators from asking for help when they need it and bureaucracy and antiquated systems force officers to use the EHW in ways it was not intended to be and in some ways is not quipped.

Conclusion

If there is a pervasive theme that seems to cut across the multitude of voices of SAPS officers, some of which are highlighted above, it is itself that of trauma. Witnessing first-hand the violence of a country still unsure of itself, many SAPS members have been left both physically and mentally scarred. The violence they are witness to has many drivers, ranging from the uniquely personal to the destruction that apartheid wrought. Indeed, as a result of the democratic dispensation to adequately redress the lingering socio-economic disparities of the past, much of the country’s violence is driven by the ongoing social marginalisation and economic exclusion of the majority of the country’s citizens. This is the spectre of apartheid. In attempting to police such anger and such need, SAPS members are forced to confront the

visceral consequences of this spectre, and in turn, are themselves haunted by trauma. It is difficult to conclude or to suggest resolutions to this. It is clear that there is a significant need for meaningful interventions aimed at facilitating mental health services in the organisation. It is clear that a lot of education about these services is needed, and that the discourses which limit their accessibility need to be fundamentally questioned. Such ‘recommendations’ are easy to suggest, yet far more difficult to implement in a manner that actually makes a difference in the lives of SAPS officers. The discourses that may serve to limit access to mental health services have found continued application as survival mechanisms, after all. Moreover, providing yet another list of recommendations also seems to ignore the complexity of the reality that SAPS members encounter and in which they are embedded. This reality is on a daily basis tainted by violence that can be statistically aggregated, debated in the media, or dissected by the academic literature. Yet for many SAPS members the violence is more than this, for it is their bodies that are commanded to confront it and as a result, it is their own lives that are all too often lost.

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