

American Journal of
Psychology
(AJP)



**Trauma and Percieved Internal Support of Police Officers
in Kenya**

Peter Kiragu Ndero, Prof. Charles Kimamo & Dr. Lucas Mwaura



Trauma and Percieved Internal Support of Police Officers in Kenya

 Peter Kiragu Ndero^{1*}, Prof. Charles Kimamo² & Dr. Lucas Mwaura³

¹Ph.D. Candidate at the University of Nairobi, Department of Psychology

²Professor at the University of Nairobi, Department of Psychology

³Lecturer at the University of Nairobi, Department of Psychology



Article history

Submitted 31.01.2024 Revised Version Received 22.02.2024 Accepted 23.02.2024

Abstract

Purpose: This paper explores how Police officers in Kenya and elsewhere in the globe play an irreplaceable role of ensuring security, law and order but are exposed to a wide range of potentially psychologically traumatizing events in the course of duty without adequate internal trauma informed support. This trauma potentiates them to develop Post Traumatic Stress Disorder which is associated with many dysfunctional behaviors like assault, homicide and suicide.

Materials and Methods: Hermeneutic phenomenology approach is used to collect information from scholarly articles and media reports on the subject of police trauma and internal support. This data is then assessed to generate findings presented in this paper. Thirty case studies of Kenya police perpetrated assault, homicide or suicide are also selected randomly from the media to support the scholarly findings about work related police trauma and internal support.

Findings: Kenyan police officers are exposed to traumatic events but police training and culture encourages hardiness,

masculinity and repression instead of trauma informed coping. The case studies reveal that traumatized police officers in Kenya develop severe Post Traumatic Stress Disorder (PTSD) which then presents in various psychological disorders and deviance like assault (14%), murder (30%), suicide (90%) and homicide (17%).

Implications to Theory Practice and Policy: Police management should put in place trauma informed curriculum in police training and practice. Psychological and situational mediators should also be established as a priority for trauma prevention, mitigation and stress management. Researchers should go beyond highlighting police psychological morbidity to investigate models and interventions that work to prevent and speedily resolve police trauma.

Keywords: *Internal Trauma Informed Support, Police Officers, Police Managers, Post Traumatic Stress Disorder, Psychological Wellbeing, Trauma, Trauma Informed Coping*

1.0 INTRODUCTION

Police officers in Kenya and elsewhere in the globe play a precious role of ensuring security, law and order. And in fact the job of a police officer can be satisfying except that police officers in Kenya are exposed to a wide range of potentially psychologically traumatizing events (PPTES) like horrific accidents, armed robbery scenes, cattle rustling, angry, violent and weaponised mobs, traffic grid locks, international terrorism and dangerous drug traffickers (Opondo & Gioto, 2021). Police training and culture also promotes stoicism and machismo, hardiness, and other forms of hardcore masculinity (Onyango & Otuya, 2019). However, in the face of the above PPTES police officers are human beings with legitimate feelings and needs and when hurt psychologically they have vulnerabilities that must be addressed. Despite this dire need police managements are not sufficiently trauma supportive and instead expose such returning police officers to bureaucratic red tape and inconsistent leadership expectations. Examples of these include unfair job assignments, sudden transfers, inadequate rest and recuperation, and other unfair human resource practices like bullying the already traumatized officers (Kegoro, Otieno & Akoyo, 2020). The problem of meagerly budget including shortage of fuel and other supplies when police duty calls is pervasive (IMLU, 2020).

According to Raver & McElheran (2022) when police officers develop but don't resolve trauma, it then escalates into clinical Post Traumatic Stress Disorder (PTSD) at a rate ten times higher than the rest of the population. This morbidity then results in a very high incidence of mood and anxiety disorders, toxic anger syndrome, colleague and intimate partner assault, violence, murder or homicide among police officers. Unmitigated trauma therefore not only decreases police officer psychological wellbeing, it is also dangerous to superiors, family and the entire community. The main predictor of this behavior is police officers lack of trauma awareness, trauma prevention and mitigation skills in themselves, colleagues and members of the community. Police managers fail to develop trauma informed training and practice. There is absence of psychological and situational mediators to speedily and continuously give police officers support and collaborative and consulting multidisciplinary trauma mitigation teams are not working seamlessly with police officers and their families.

On the whole in Kenya and elsewhere in the globe police work environment is not calibrated to yield trauma informed support for police officers and this constitutes a major research gap (Purba & Demou, 2019). Moreover, in Kenya and the rest of the developing world community-police liaisons to support police officers are rare mainly because of internal legal and bureaucratic frameworks that encourage secrecy. Police are also alienated from the community in terms of career orientation during training where they (*serikali*) versus the public (*raia*) is the mantra. They are further alienated from the community by the uniform, weapons, separate residence, and authoritative presence (Gramckow, Greene, Marshall & Barão, 2016).

To underscore the seriousness with which the office of The Inspector General of police is taking the matter of Kenya police work related trauma he was quoted as promising that *channels of communication* among police officers were going to open for stress detection

(ombati, 2022). Police commanders and all police officers were also to be trained to be sensitive to trauma related triggers for early mitigation (Amol & Ombati, 2022). And the police stations, camps, colleges and communities were identified as the *safe spaces* for police officers to get support in a non-judgmental environment. This is back to back on another program (*kumekucha*) rolled out in 2017 to examine cycle of violence, trauma, resilience and healing; all aimed at developing trauma informed skills and psychological wellbeing of police officers (Kiage, 2021). There was also *Muamko Mpya* rolled out in 2020 to establish a counselling unit to provide psychosocial support to police officers with trauma coping knowledge in a peer-to-peer framework (Ombati, 2021). The problem of police suicide-murder-assault however persists and there is need for further research to find out whether the above programs were implemented and their efficacy in mitigating police work related trauma in Kenya.

Statement of the Problem

The job of police officers inevitably involves constant exposure to potentially psychologically traumatizing events. These events are antecedent to the development of police work related trauma and therefore progressive police managers put in place trauma informed situational and psychological mediators to prevent, mitigate, and alleviate it before it develops into Post Traumatic Stress Disorder or any other biopsychosocial disorder. The perennial problem of assault, murder, homicide and suicide among Kenya National Police officers continues to present a huge research gap despite a wide variety of interventions suggested and implemented by police managers. This paper attempts to address this gap by examining thirty case studies selected randomly from the liberal media. Underpinned in the neurobiological theory of trauma and trauma informed coping, the relationship between trauma and perceived internal support is examined. For each case study data is captured on gender, location and type of crime. Evidence of trauma, triggers, and trauma informed support before the incident is also recorded.

Theoretical Framework and Design

Hermeneutic phenomenology is applied in this paper to explore the deeper meaning of police work related trauma as a phenomenon. This includes how traumatized officers perceive support from their managers, teams and peers. Phenomenology is an approach towards gaining knowledge that validates inner subjective human experience as a source of scientific knowledge (Hergenhahn, 2018). Such an approach helps to examine an officer's inner world of feelings, thinking, attitudes, values and ideas as he or she goes about work (Alsaigh & Coyne, 2021). Hermeneutic approach focuses on human experience as it is lived and expressed using language or other symbolic gestures like a police officer suddenly going berserk and shooting a loved one and then committing suicide. This method helps to identify trauma as a human experience that requires in-depth analysis from our preunderstanding which is refined using extensive literature review on what scholars have researched and written about police trauma and support.

This is subjected to the hermeneutic circle which is relating the experience of one or more police officers to the whole police experience including the frameworks that guide police behavior like training, supervision and police cultures. Using the fusion of

horizons by relating the case studies of police suicide to theories like the neurobiological theory of trauma (Raver & McElheran, 2022) major themes emerge to explain the dynamics of police trauma as also arising from endemic labelling and stigma (Copeland, 2020; Levine, Perkins & Perkins, 2005). In the same measure, the conservation of resources theory and perceived organizational support theory help to espouse the role of perceived support in trauma mitigation among police officers (Zeng, Zhang, Chen, Liu & Wu, 2020).

2.0 LITERATURE REVIEW

Police Officers -Murder-Suicide-Assault in Kenya and Trauma

The magnitude of police trauma in Kenya is in critical proportions because almost daily there is a trauma related incidence involving police officers like assault, suicide and murder mainly using the gun assigned to keep law and order. From 2014 to 2020 more than 200 police officers committed suicide according to the liberal press and Amnesty International (Kahendo, 2021). The pattern is that the officer runs amok and shoots dead a family member, colleague or members of the public before shooting themselves and committing suicide. This is the main pattern while there is another group that commits suicide without violent drama. They withdraw and then jump into a dam or commit suicide by hanging. So serious is this problem in Kenya that the question on the nature of police training and practice begs answers from researchers particularly on the subject of trauma literacy, prevention, resilience and mitigation. There are also questions about the quantity and the quality of counselling services available at the police station which is the hub as they go and come back from PPTES. The National Police Service Commission was covered in The People Daily as having put out an advert advertising jobs for counsellors and social workers (People Team, 2021) and The Inspector General of Police was also quoted as promising that the police training curriculum has been adapted to include trauma mitigation skills (Ombati, 2021). A press release from senior police officers undergoing trauma mitigation training in one of the major mental hospitals appearing in The Star also stated that over 12,000 police officers out of 110,000 (13%) present with mental health challenges (Ombati,2022) but the questions as to whether sufficient trauma informed interventions are in place still begs answers from researchers.

Trauma and Police Work

Trauma is a deep psychological hurt caused by an incident or a set of incidents that are experienced by an individual, a group or a community directly or vicariously. The psychological wound is severe to the extent that the victim's functioning immediately or after the event is disrupted (Levine, Perkins & Perkins, 2005). The victim can indeed suffer permanent damage on his or her entire psychological, physical, spiritual, cognitive, social and emotional wellbeing (Raver & McElheran, 2022). Sustained trauma upsets ideas of control and how life works so that victims feel emotionally or psychologically overwhelmed.

Trauma is more debilitating when PPTES involve perceptions of death, psychological pressure and bodily injury (IPSA, 2019). Universally however police managers are

unsupportive to police officers who develop trauma or Post-Traumatic Stress Disorder (PTSD) and so without any mitigation, the officers are required to diligently and repeatedly continue policing in a job environment that involves PPTES like violent mobs, armed and vicious criminals. Some already traumatized officers may even be deployed to rescue victims of natural disasters or terror attacks. In the process they are retraumatized as they put their lives in danger or witness injuries or imminent death of colleagues (Edwards & Kotera, 2020). This exacerbates and sustains police work related trauma.

Neurobiological Theory of Trauma and Police Work

Flight- Fight Survival Mechanism

According to the neurobiological theory of trauma, in the face of PPTES, also called critical events, the central nervous system behaves the same way our ancestors would have reacted to a threat from a dangerous animal (Mitchel, 1983). The individual police officer like all humans is normally programmed to process and deal with these threats in primal ways. This involves activation of the sympathetic nervous system which suspends rational thought and higher order decision making processes. Thinking processes like good judgment and weighing of options to come up with a good strategy, impulse control and good conflict resolution are shut. The neuroendocrine system which includes activity from the hypothalamus, the pituitary and adrenal gland system gears up response to threats by supplying large amounts of norepinephrine and serotonin for higher energy *fight or flight* mechanisms. These include heightened arousal and hypervigilance. There is correspondingly decreased volume of activity in the hippocampus, amygdala, and the prefrontal cortex which is the site of higher order cognition and adaptation (Raver & McElheran, 2022). The police officers may experience shock, fear, dread, and automatic pilot, anorexia or insomnia as part of the initial trauma reaction but there are individual differences from one officer to another.

The Acute Phase of Trauma

Normally when the threat is gone or defeated the officer returns to a calm equilibrium. Depending on the magnitude of the PPTES, trauma informed officers are good coppers and according to Lazarus and Folkman (1984) they have adequate resources to deal with the emergent trauma reaction and return to their normal state. However, those who appraise the internal and external demands as exceeding their resources will move on to the acute trauma phase (Levine, Perkins & Perkins, 2005). This group of officers will apply either *the overactivating* or the *deactivating* strategy. *Overactivators* catastrophize the reality of dangerous stimuli in the environment and are so hypervigilant that they will selectively perceive neutral actions as disapproval or rejection which then aggravates their anxiety and depression or any other related physical, psychological or psychosomatic condition. *Deactivators* on the other hand apply the self-alienating and minimising strategy to try and exercise control and avoid tensions and relational conflicts as they engage the situation and the people they encounter during and after the critical incident (Civilotti, 2021). They come across as cold and stoic or even resigned and apathetic as long as denial is in place. Such attitudes lead them to depression and other

manifestations of acute trauma including toxic anger syndrome and impulse control disorder when they cannot suppress emotion anymore.

Post-Traumatic Stress Disorder Phase of Trauma

Whenever officers exposed to PPTES come back to a sanctuary that is unsafe (no psychological safety or social support from peers or superiors, no opportunity to rest, digest and recuperate) this moral injury exacerbates their trauma. The trauma exposed but invalidated or neglected officers will continue to experience sympathetic nervous system arousal and hyper vigilance which in turn generates clinical Posttraumatic Stress Disorder or serious mental illness and deviant behaviors. A good example is the case of Nancy (not actual name) a traffic police officer who despite being trained to be *stoic and focused on the task* went on to develop Post Traumatic Stress Disorder Symptoms as related by Kahenda (2021). She rushed to a road accident scene to collect the body of a *bodaboda rider* only for more vehicles to run over it. Sweeping the scattered small body parts of a victim she had witnessed being hit into a body bag without gloves was daunting enough. However, the problem is that the memory remained stuck in her mind. She then went on to develop flash backs and intrusive thoughts about the incident. She also developed meat aversion. This case illustrates the fact that no amount of exposure can sanitize trauma. It has to be processed and healed in a healthy way beyond the repressive and rationalizing strategies found in police training and culture.

In the absence of support and trauma mitigation as demonstrated by the case of Nancy, Post Trauma Stress Disorder phase now sets in. There is no timely closure therefore no return to *the window of tolerance* (a psychological state that includes normal parasympathetic nervous system activation). So acute trauma subsists and seems to gain permanence with higher excitation, higher heart rate, higher glucose and oxygen supply to the muscles, suppressed bowel movement, constricted blood vessels, sweating and higher blood pressure. In the absence of support in the form of empathy or normalizing universality, the parasympathetic nervous system does not kick in to allow healing of acute trauma symptoms (Papazoglou & Turtle, 2018). So even in the absence of a threat the officer suffers from chronic selective negative perception, hyper vigilance, brain fog and impulsivity. Functioning in the higher brain areas of memory, learning and lexical access according to Desrochers et al. (2021) is also heavily impacted and this badly distorts the officer's performance at work and in non-work (family, leisure and other functioning out of work). Depending on how many officers are affected this can glossily disorient police communities around the station, camp or neighbourhood.

During the Post-Traumatic Stress Disorder (PTSD) phase, continued buildup and overload of hormones like cortisol, epinephrine, and norepinephrine creates unmanageability of stress and increases anxiety. This also causes cellular damage to the neurons in the central nervous system. Eventually, this causes shrinkage of the brain and memory loss as the officer's trauma continues unabated (IPSA, 2019). The confluence of all these physiological activities is the emergence of other symptoms which include withdrawal and self-alienation, oversleeping, negligence of duty and substance abuse because of fatigue, listlessness, amotivation and apathy. Hyper vigilance and hyper

arousal also continues making the officer edgy and irritable. This anger may then be projected to family or colleagues in the form of displaced aggression and toxic confrontation. Such a state of high activation retains high levels of cortisol which then is linked to more toxic states like cardiac arrest, ulcers, diabetes, H-pylori, and other serious psychological and psychosomatic disorders (Wirth, Burch & Violanti, 2011). Some police officers who are repeatedly exposed to serious trauma also develop Complex Post Traumatic Stress Disorder (Steel, Lewis & Billings, 2021) which is more disorganising and more difficult to treat and is characterized by flashbacks, nightmares and extreme distress or excessive alcohol and drug abuse to the point that the officer is occupationally dysfunctional, retired or hospitalized (Miller, Brewin & Sofia, 2021).

Complex Post-Traumatic Stress Disorder (C-PTSD) Death Imprint and Violence

According to IPSA (2019) Complex Post-Traumatic Stress Disorder causes hyper vigilance, fear, intrusive thoughts and other pesky emotions and attitudes. This tiring affect makes re-entering police officers fail to take charge, calm and control situations. It interferes with the act of reflecting on the problem task at hand and so there is failure by the officer to establish empathetic and decisive action including communication with colleagues and even members of the public in the situation. Instead, hypervigilance and the other negative states reactivate strong psychological responses which re-traumatize the officers. It is like the traumatic event is happening again producing an avalanche of emotions like anger, frustration, depression and despair. These emotions are so intense that traumatic memories are relived and the individuals may get into a state of terror. Complex Post-Traumatic Stress Disorder (C-PSTD) like this can also produce a serious condition called death imprint which is associated with suicide and homicide.

Death imprint according to Lifton (2013) is a Complex Post Traumatic Stress Disorder where the individuals are immersed and preoccupied with their own death and deathly violent experiences which they cannot resolve, repress, or gain insight from. So deeply ingrained in their mind is the death imprint that it changes the way individuals perceive the environment and they can become delusional and irrational. In this state of death imprint or death instinct they can harm themselves by committing suicide or other forms of self harm. Death imprint can also be projected to other members of the society including colleagues or loved ones (Warren, 2015). The opposite of this is desensitization which numbs normal feelings of guilt or fear in the face of death and which can make victims of C-PTSD get into a trance like state and commit atrocities like homicide and serious assault (IPSA, 2019).

Finally, without trauma informed coping some victims of Post Traumatic Stress Disorder adopt negative coping styles like alcohol and drug dependence, withdrawal and stoicism. Severe Post Traumatic Stress Disorder also precipitates psychological disorders like psychosis, mood and anxiety disorder, and somatization. Post-Traumatic Stress Disorder is also recognized as a major predictor of police assault-homicide-murder-suicide pattern of crime and deviance, Gender Based Violence, marital distress and divorce (Klinoff, Hasselt & Black, 2014). Police Trauma is therefore recognized as a disease and economic burden whose morbidity and mortality heavily affects productivity. The outcome is

usually lost police work time in the form of mental health related premature leave, retirement, and sick offs which are increasing globally and have been reported even in The United states of America, Australia and Canada (Edwards & Kotera, 2020).

Trauma, Labelling and Police Culture

Labelling is the amplification of acts of primary deviance into secondary deviance. For example, when traumatized police officers break rules which are part of police culture, this is noticed by peers and police managers and they are labelled weak or *nogwe* (moron). Through such labelling, alienation and stigma the primary deviance now becomes a career (secondary deviance). The traumatized officer for example after being labelled weak or unfit comes to accept that assigned new role and he sustains this through self-negative labelling, low self-esteem and withdrawal (Levine, Perkin & Perkin, 2005). Police culture and training sets the rules by presenting and stamping into officers only tough and aggressive models which value hegemonic masculinity, strength, stoicism, suppression of emotion and dominance. Independence, emotional control and self-reliance is rewarded (Porter & Lee, 2023) even in the face of trauma. This negates any show of emotions like fear, sadness, anxiety or depression. Traumatized officers therefore have no room to show vulnerability or seek psychological help from peers, superiors or professionals like counsellors, social workers or psychiatrists because getting noticed leads to labelling as weak and effeminate (Angehrn, Fletcher & Carleton, 2021) which then attracts overt or subtle punishments like bullying and discrimination.

Traumatized officers therefore may not disclose their condition or mental health issues out of fear of labelling and victimization during promotion or deployment (Edwards & Kotera, 2020). They suffer in silence stoically hiding vulnerability (Bikos, 2020). This way they therefore miss early trauma intervention and closure (Rees & Smith, 2007). Stigma may even push police officers to operate self-medication using alcohol, sleeping pills or other drugs to cure insomnia, anxiety or depression pushing themselves deeper and deeper into the abyss of unresolved trauma. Self-stigmatisation from self labelling and low self-esteem is also linked to other problems like paranoia and depression. Such officers are easily triggered to the tipping points if targeted unfairly by trauma insensitive and stigmatizing managers, colleagues or family members. The net effect is that police perform dismally in psychological wellbeing. There is also the lack of data on mental health issues on police because of fear of police officers being labeled or deemed unfit if taken to court. There is the fear of litigation for unlawful murder or injury and the awarding of payments in civil suits which is feared can further strain police resources (IPSA, 2019).

Police Trauma Coping and Perceived Support

According to the conservation of resources theory of management it behooves individual police officers and police management to preserve, grow and sustain vital human resources (Gong, Yang, Gilal, Vanswal & Kui, 2020). These resources are lost through the outcomes of unmitigated trauma (Klinoff et al. 2015) like death and serious injury, early retirement, proliferating sick offs and presentism (Hesketh & Tehran, 2018). According to the perceived organization support theory there is a vital exchange

relationship that exists between the police like all other employees and their management. If the officers perceive that their supervisors, stakeholders, and the community cares for their wellbeing then as a consequence they develop trust and other positive feelings and behaviors that become the basis of positive coping mechanisms in the face of trauma (Miller, Unruh, Wharton, Liu & Zhang, 2017; Armeli, 1998). This theory has given primacy to supervisor support, co-workers and peer support in the development of resilience against burn out and exhaustion. There is evidence that when officers are assured of support they are able to overcome the debilitating effects of secondary trauma and triggers. And if stress management training is given there is evidence that police officers will present with improved and vibrant physiological functioning (Miller et al., 2017).

The insufficient trauma support in the police service globally emanates from leadership and policy contradictions, inadequate social support and budget deficits, work distribution frustration, welfare and remuneration, and top down and coercive tendencies (Civiloti et al, 2021). In Kenya the office of the Inspector General of police has stated that the most common triggers of trauma are tough work and financial issues, marital discord, transfers, separation from primary relationships and friends and exposure to stressors (Ombati, 2023). As part of informed trauma support infrastructure, it is important that police officers perceive support in all these welfare and administrative areas because such deficits in support can also cause and sustain trauma (Papazoglou & Tuttle, 2018). The culmination of lack of support is development of clinical Post-Traumatic Stress Disorder (PTSD) and the attendant devastating outcomes.

3.0 METHODOLOGY

This case study is the analysis 30 occurrences of assault, suicide, murder or homicide selected from the liberal Kenyan media at random. The study captures information on gender and location of the incident to determine the gender and geographical spread. It also records data on the nature of the violence and crime and how the weapon is used, and the amount of negative energy projected to harm self and others. The study also captures the reasons given for the crime or incident. In every case the trauma indicators and the triggers are noted as well as evidence of trauma informed internal support before the incident.

4.0 FINDINGS

The study reveals the following broad themes regarding police work related trauma in Kenya: -

Gender Disparity Between Men and Women

As in indicated in Table 1, there is a significant gender disparity between men and women because 86.6% of the cases in our sample were male, implying that males could be more prone to trauma and its outcomes. However, the female officers in this sample were also highly activated and masculine in their reactions. As captured by Gitonga (2014) the female police officer “*stabbed herself twice in the throat*”. While the one

captured by Zadock & Maundu (2016) *blew herself up with a pistol*. The female police officer captured by Ombati (2022) was even more activated in her trauma reaction as *she shot herself through the mouth and blew her head*. The most activated however was a female officer who shot dead two men one in Kiambu and another one in Nakuru and was pursuing a third male target before she shot herself dead in a suicidal act (Cherono & Joseph, 2021). This may indicate the need to give both male and female officers equal treatment when giving trauma informed support.

Table 1: The Gender and Regional Spread in the Case Studies of Selected Police Murders Assault or Suicide in Kenya

CASE AND GENDER	REGIONAL FREQUENCY
4 Female officers	Gilgil (1) Elegeyo Marakwet (1) Limuru (1) Eldoret (1)
26 Male Officers	Nairobi (5) Garissa (2) Nakuru (2) Kisii (2) Mombasa (2) Naivasha (1) Kirinyaga (2) Uasin Gishu (1) Garissa (1) Moyale (1) Trans Nzoia (1) Kisumu (1) Kilifi (1) Murang'a (1) Taita Taveta (1) Nyeri (1)

Wide Geographical Spread in the Country with an Urban Bias

Table 1 again indicates that police murder, assault and suicide is widespread and is found in the whole country but in addition, results from the 30 cases show that the most prominent location where incidences of traumatized officers were having an urban bias with Nairobi County leading with 17%. The implication of this could be that urban areas have more difficult living conditions and stress for police officers compared to the rural areas. This was supported by Zadock and Maundu (2016) in a case study where an officer who committed suicide at Jomo Kenyatta International Airport had shared on social media that she was tormented at home and at the work place.

Toxic Anger Syndrome Is a Common Trauma Indicator

Toxic anger from repressed trauma is a common theme of police suicide and assault as captured in Table 2. The traumatized officers repress symptoms of trauma until they are triggered and then in an over activated reaction they hurt self and others. The anger loading is indicated by the statements below describing their actions.

Table 2: Trauma Indicator – Toxic Anger Syndrome (Over Activated)

TRAUMA INDICATOR (TOXIC ANGER SYNDROME)	MEDIA SOURCE
Stabbed herself twice in the throat	(Gitonga, 2014)
Got into a Shooting spree shot seven fellow officers	(Kimenyora, 2016)
Blew herself up with a pistol	Zadock & Maundu (2016)
Shot girlfriend 19 times	Wangari(2019)
Shot himself in the mouth	Ombati (2018)
Shot partner and self-dead	(Roberto,2018)
Shot fellow officer in the neck/ Hurt another colleague	Wang'ondu(2021)
Shot colleague in the chest/ Hurt another colleague	Chepkwony(2021)
Shot two senior officers	Ongwae (2021)
Shot two men...was targeting another male	Cherono& Joseph(2021)
Went berserk killed two colleagues, assaulted two	(Murimi(2022)
Shot himself in the shin. Blew up his head with G-3 Rifle	Ombati (2022)
Shot herself through the mouth. Blew her head	Ombati (2022)
Shot girlfriend seven times	Wambui (2023)
Shot indiscriminately at night	Koskei (2023)
Shot himself twice in the stomach	Abuga (2019)
Shot husband 12 times	Murugi (2023)

Some of the officers are not so activated and it appears they are more passive in their trauma reaction as indicated in Table 3.

Table 3: Passive Aggressive (Deactivated Trauma Reaction)

TRAUMA INDICATOR	SOURCE
Jumped and drowned in a waterfall	Ombati (2023)
Went back to his house committed suicide	Murimi(202)
Set house on fire, burnt to death	Murugi(2021)
Committed suicide by hanging from the ceiling of the police canteen	Kiage (2022)
Hanged himself inside his rural home	Mureithi(2021)
Shot himself in the chest inside his car in the parking	Ombati (2023)

Suicide Was the Most Common Trauma Indicator

Data from the 30 cases indicate that the most frequent trauma indicator was suicide (90%) followed by murder (30%) homicide (17%) and assault (14%). In almost all of the

cases it appears that self harm was the ultimate goal. This may indicate the fact that post traumatic stress disorder is quite entrenched among Kenyan police officers. And because of the severity of this trauma the morbidity is also projected to colleagues and supervisors in the form of murder, homicide and assault as revealed by Murimi (2022) and Kimenyora (2016). Members of the public were also not spared (Koskei, 2023).

Organizational and Family Triggers Are Common among Kenya Police Officers

Trauma triggers of suicide and murder are also rooted in or are exacerbated by organizational and familial stress. Results from the case studies show that the most frequent reason given was organizational stress (40%) which was driven by transfer issues (Gitonga, 2014; Ombati 2018), work reorganization issues (Ongwae, 2021), and supervisor bullying. An example of such bullying is an officer re-entering work after a rehab parole initiated by family but was ignored by the officer at the desk when he reported back to the station after an assignment (Waithera, 2023). There is also retirement related trauma (Zadock, 2023; Ombati, 2023). Familial triggers make up 30% of the trauma triggers in this sample and they reveal social and relationship skills deficit (Kimenyora, 2016; Zadock & Maundu, 2016; Roberto, 2018) and in particular deficit behavior in resolving love triangles (Wang'ondy, 2021).

Organizational, familial and close relationship triggers are made worse by negative coping through alcohol abuse (Wangari, 2019; Murugi; 2021; Koskei, 2023). One male police officer was captured on video staggering home with a gun and since this went viral he was triggered to commit suicide by hanging from the ceiling of the police canteen (Kiage, 2022). Mental illness like depression was also recognized as complicating the above triggers particularly in one case of a male who was described as a “loner” who went on a shooting spree and shot seven colleagues. He was also reported as having terrorist links (Kimenyora, 2016) which is evidence of antisocial personality disorder. Another officer in the case study was described as a man of few words and withdrawn (passive-aggressive) but he shot his colleagues in a fit of rage when triggered. Depression was also reported as triggering suicidal ideation followed by suicide (Zadock, 2023; Gitonga, 2014; Murimi, 2022). Undisclosed personal problems and financial crisis also triggered some of the officers at a frequency of 10%. There was one case of a male police officer who was triggered by an accumulated debt of 81,000 shillings owed to colleagues. And another similar case is of a male officer who was triggered by a beer bill dispute in a pub and shot at customers and waiters and killed two innocent people (Koskei, 2023).

Perceived Trauma Support Is in Deficit among Kenya Police Officers

Perceived trauma informed support is very low among Kenyan police from the sample. Almost all the cases never received any trauma support (99%) and this was so even when officers were obviously crying for help (Gitonga, 2014; Kimenyora, 2016). Even after sharing widely in the social media one traumatized officer only found indifference and apathy (Zadock & Maundu, 2016) before she committed suicide. The few suicide notes also carried little information like “*give my phone to my son*” (Mureithi, 2021) or merely “*just take my body home*” (Editorial desk, 2021). The causes of suicide, assault, murder

or homicide for a significant number of police officers (20%) in this case study was unknown and seemingly mysterious. There is the example of the officer who hanged himself in his rural home (Mureithi, 2021) and another one who shot himself in the shin (Abuga, 2019). This lack of information also underlines the fact that police in Kenya lack the necessary trauma informed coping skills.

Discussion

The research questions remain: in order to build the resilience of police officers against trauma what are the internal trauma informed support imperatives? Further, how can this support address the problem of police apathy and indifference towards seeking psychological support even when the situational and psychological mediators are in place? In order to address these questions there is need to address the problem of management apathy and resistance towards establishing mediators to prevent and mitigate not just trauma but the whole spectrum of police work related psychological wellbeing. According to Phythian, Birdsall, Kirby, Cooper, & Boulton (2022) trauma support should be delivered and in a holistic manner so that there is alignment between the physical and psychological (body mind and the soul) needs of the officers. There should also be personal and collective responsibility of maintaining health for example by exercising and other self-care activities that promote health. The support should also be all embracing and inclusive of all candor from the senior staff to the rank and file even in such issues as ergonomically safe rising desks or chairs, enlarged canteen facilities or noise reducing technology.

In particular, there is need to establish a baseline of mental health in currently operating police officers in Kenya as observed by The International Public Safety Association (2019) while addressing the problem of police trauma in America. The tendency by police managements is to cover up, censor and shield behind the excuse that exposing police vulnerability would hurt the force and attract too much criticism and expensive civil suits. But the counter argument is that neglecting police trauma hurts not just individual officers but also the team, the entire police service and the community at a vastly more expensive level materially and psychologically in terms of peer violence, assault and suicide, unjustifiable murder, rape or verbal abuse directed at community members.

The internal trauma informed support to police officers would include the development of evidence based policing in the form of physical and mental health data to be used in all aspects of police management, recruitment, training, development and support (Hesketh & Tehran, 2017). For example, police stations should have data on the suicide rates of police officers locally but also relayed to the headquarters which then allows researchers and law enforcement officers to collaboratively analyze the trauma risk factors, come up with solutions and implement them (IPSA, 2019). Evidence based policing includes psychological screening in order to understand the antecedents and outcomes of trauma. Various researchers have developed checklists that can be adopted or adapted to assess the potential trauma experiences.

A good example is Miller et al. (2021) who highlights eleven potentially psychologically traumatizing events common in police work in a survey that targeted over 16,857 officers in United Kingdom. The reported traumatic events included children and child related fatalities, abuse and exploitation, sudden or unnatural deaths, horrific road accidents and dead bodies. The researchers also included family tragedies, serious injury, terror attacks, physical assaults, and vicarious trauma or serious disease exposure including COVID 19. Situational factors also aggravate the trauma and a good check list according to Hesketh & Tehran (2018) would capture such factors and rate their impact. For example, trauma would be aggravated if the incident was more malicious than accidental or if the scene was more gruesome than unexceptional.

There is on the whole the need to research continuously focusing on all the ways possible to support police officers, health and wellbeing as a special population offering the society very vital services. There should be a paradigm shift from focusing solely on the factors that cause disease to researching factors that build resilience and successfully dealing with trauma. One way is innovatively using technological advancement for newer ways of trauma prevention and mitigation. In fact, Pythian et al (2022) highlights use of technology like putting coping materials on videos and screening them on accessible smart boards or putting them in police websites. Social media trauma information can be strategically used to spread trauma awareness and coping information particularly during important police events.

This resilience research should include the preventive approach on the three levels: primary, secondary and tertiary in an ongoing version (Levine & Perkins & Perkins, 2005). Adopting J.T. Mitchell (1983) debriefing model or its adaptations is recommended as one of the best practices (Whybrow et al., 2015) in conjunction with Dohrenwend's model of coping and adaptation (Levine, Perkins & Perkins, 2005). Such models can be used to establish structures and protocols which then become part of trauma informed mitigation and prevention. Also training and creating awareness starting with leaders and then cascading this to the police rank and file. Situational and psychological mediators would include setting up a trauma informed police training curriculum, and establishing counselling centers and safe havens. Such empowerment also includes strategically and continuously training peer-to-peer partners, trauma mitigation assessors and responders from among the members of the police force. Such officers are trained to recognize potential traumatic experiences and make trauma assessments. They are trained to respond empathetically and carry out psychological first aid, make referrals, and follow-up, all in an atmosphere of the highest level of ethical practice (Strong Mind, 2023). This kind of training would require external support in the form of partnering and consulting with professionals like psychiatrists, counselling psychologists and social workers (Raver & McElheran, 2022). Finally, continuously researching, evaluating and monitoring the success of prevailing models is crucial. And the focus should be on ensuring that the interventions and the resources are actually going to empower traumatized police officers.

In order to make the police station a safe place to return to (without moral injury or sanctuary trauma) after PPTES police organizational culture needs to be addressed. A

trauma informed approach accepts trauma is a debilitating problem and not merely a job hazard. And so starting with management the psychology of trauma should be made clear and a new vocabulary and culture of understanding trauma and psychological wellbeing should be birthed. From knowledge of critical incidents with the potential for traumatizing police officers, the symptoms and prognosis of trauma should be understood. This includes how it progresses from the early phase into the acute phase and how this escalates to the chronic phase and clinical Post Traumatic Stress Disorder. The neurobiological nature of stress and trauma should be understood particularly the fact that trauma is a normal biological reaction of human beings under extreme threat. This normalization helps to not only remove stigma but it validates the individuals who are exposed to trauma. So these officers develop self-awareness and self-acceptance and see connections between the environmental triggers of trauma, their emotions and sensations, thoughts and behavior (Edwards & Kotera, 2020). This way the officers, supervisors and management read from one page of addressing trauma from an informed perspective. This lifts everyone to the important position of coping and adapting from trauma using a wide variety of coping skills and techniques from the same basket.

Police values also need to be expanded beyond emphasis on dominance, tough masculinity, stoicism and emotional control. Expanded repertoire of values include ability to show vulnerability with congruence and spontaneity in seeking help and making trauma related disclosure. A culture of empathy among supervisors and colleagues goes a long way with interdependence and cooperative team work. Negative coping styles should be attacked and rectified like macho culture and use of self-medication with drugs and other addictions which just numb feelings only for them to fester and get uncontrollable when they are triggered (Ngeera & Muia, 2020).

Internal trauma informed support therefore will take shape to ensure that the trauma exposed officers have timely support in terms of empathy, rest and recuperation, screening, psychological first aid and referral whenever necessary and all this with prior arranged payment facilities and insurance. Civilotti et al. (2021) also explains that psychological self-awareness by individual police officers is important in order to discover and moderate or strengthen coping styles when exposed to trauma. Adults who have entangled or insecure attachment styles for example would tend to catastrophize and over monitor threats about the non-availability of attachment figures then move on to be more pessimistic and distressed. The more secure attachment adults would tend to minimize threats by dismissing adverse sensation and ignore the apparent non availability of significant others. This group would appear secure and resilient but this is just a mask of physical, cognitive and emotion distance and like the above group would still need help in developing better coping skills against trauma. Following is the summary of the findings and recommendations from this study: -

Summary of the Findings

- i. Police officers in Kenya play a valuable and indispensable role of providing security, law and order but they are daily exposed to potentially psychologically traumatizing critical events in the course of their normal duties.

- ii. Police training culture promotes stoicism and hardiness and other forms of masculinity. They are not however trauma informed or aware and have trauma coping skills deficit when facing traumatic events and experiences.
- iii. Police officers avoid trauma disclosure and all forms of help seeking from psychological problems and may not utilize counselling services directly even when they are in place because of fear of labelling, stigma and discrimination.
- iv. Unmitigated police work related trauma escalates into Post-Traumatic Stress Disorder (PTSD) at a rate ten times higher than the rest of the population and this morbidity results in very high incidence of psychological disorders and deviance among police officers.
- v. The magnitude of police trauma and its complications in Kenya remains high as evidenced by a proliferation of police assault-murders-suicide mainly using the gun assigned to maintain law and order.
- vi. The level of perceived support among police officers in Kenya is quite low despite visibly increasing awareness about organizational and operational stressors that cause mental illness and trauma.
- vii. There is perennial insufficient budget claim in addressing police trauma and psychological disorder but this is not economically sound because the loss from trauma related turn over, sick leaves and sick offs and special duties is much higher. The loss to the family and the community in terms of police dysfunction and death is much higher. High psychological wellbeing from resolved trauma is vastly more beneficial in terms of police officer's retention, and higher productivity.
- viii. Because of trauma repression and avoidance of disclosure and lack of trauma awareness negative coping is pervasive among police officers and this includes drug and alcohol abuse. *Death imprint* is the worst form of police work related trauma that leads the officers to commit suicide or harm other people including peers, supervisors loved ones or any other members of the community.

5.0 CONCLUSION AND RECOMMENDATIONS

- i. Police officers exposed to potentially psychologically traumatizing critical events need sufficient trauma informed support in the form of training by professionals including psychologists and psychiatrists.
- ii. Police managements need to develop situational and psychological mediators including partnering and collaborating with professionals, and creating structures and infrastructures like counselling centers, gymnasiums and communication networks using all media to prevent and mitigate trauma robustly and continuously.

- iii. The problem of insufficient funds in addressing mental health and trauma should be resolved by courageously marshalling funds from the point of view that trauma outcomes greatly hurt the police officers, their families and the community
- iv. Individual police officers and their teams starting with the higher levels of the police hierarchy need trauma informed awareness, prevention and mitigation with the aim of empowering every individual with a basket of skills to understand and resolve trauma in self and others.
- v. Police public liaisons should be encouraged to yield more support for police officers.
- vi. There is need to train Kenya police officers in relationship skills and family therapy and support should be extended to close family members and loved ones.
- vii. Police managers and stakeholders should address police bureaucracy gaps that create the problem of inadequate social support, unfair work distribution, sudden transfers and other welfare related problems.
- viii. The problem of alcohol and drug abuse and dependence should also be addressed in the form of preventive and proactive counselling and referral to rehabilitation centers and peer support networks
- ix. Police stations should also be safe sanctuaries for police officers returning from traumatic events in terms of empathy, care and referral mechanism. This enables validation, and direction in terms of early and continuous trauma mitigation.
- x. Police managements should develop policies and legal structures to collect and store data for evidence based trauma management at the station and at the county level and the headquarters. This would help to establish the level of risk, the extent of the damage and the needs of the officers who are traumatized. This would assist in developing risk assessment tools and coping information.
- xi. Research monitoring and evaluation would also clearly help to determine what is working in trauma mitigation and also establish whether the resources committed to trauma mitigation are reaching the targets in terms of empowerment and psychological wellbeing after trauma recovery.
- xii. A new police training curriculum that would also inculcate in police officers trauma awareness, trauma prevention and coping skills is necessary. Both in training and in practice police cultures would shift from machismo, repression and denial of trauma. It would help police officers move from skills deficit behavior to healthy coping and adaptation values like trauma competence, empathy, self-awareness, congruence, spontaneous help seeking behavior and disclosure. Self-awareness and competence also includes knowing and resolving traumas that are carried over from the family of origin and from childhood.
- xiii. To increase perceived support, supervisor support, coworkers support, and peer support should be boosted through trauma informed training and team building that includes training of trauma mitigation assessors and responders from among

- willing police officers using robust trauma mitigation models like JT. Mitchel's structured debriefing technique.
- xiv. Research on police work should also focus more on building trauma resilience among police officers beyond just focusing on and pointing out police morbidity. This can be aided by leveraging technological advancement to come up with new and innovative techniques of preventing and mitigating trauma.

REFERENCES

- Abuga, E. (2019, November 21). Police officer commits suicide in Kisii. <https://www.standardmedia.co.ke/>
- Alsaigh, R. & Coyne, I. (2021). Doing a Hermeneutic Phenomenology Research Underpinned by Gadamer's Philosophy: A Framework to Facilitate Data Analysis. *International Journal of Qualitative Methods*. Vol. 20: 1–10
- Amol & Ombati (2022, January 26). Alarm as over 12,000 officers suffer mental health Challenges. Triggers include tough work, financial issues, marriage wrangles, transfers and working far from friends. <https://www.the-star.co.ke/news>
- Angehrn, A., Fletcher, A.J., & Carleton, R. N. (2021). "Suck it up. Butter cup.": understanding and overcoming Gender Disparities in Policing. *International Journal of Environmental Research and Public Health*. 18, 7627
- Armeli, S., Eisenberger, R., Fasolo, P., & Lynch, P. (1998). Perceived organizational Support and police performance: The moderating influence of socioemotional needs. *Journal of Applied Psychology*, 83(2), 288–297.
- Bikos, L.J. (2020). "'It's all window dressing: Canadian police officers' perceptions of mental health stigma in their workplace", *Policing: An International Journal*, Vol. Ahead-of-print No. ahead-of-print <https://doi.org/10.1108/PIJPSM-07-2020-0126>.
- Chepkwony, M. (2021, January 4). Kamukunji cop fatally shoots colleague, turns gun on Self. <https://www.standardmedia.co.ke/>
- Cherono, S., & Joseph, O. (2021, July 16). Alarm as policewoman suspected of killing Colleague murders another man. <https://nation.africa/>
- Civilotti, C., Fini, G., and Maran, D. A. (2021). Trauma and Coping Strategies in Police Officers: A quantitative –Qualitative Pilot Study. *International Journal of Environmental Research and Public Health*. 18,982
- Copeland, A. L. (2020). *Social Workers' Perceptions of the impact of trauma on Police Officers*. Wilden Dessertations and Doctoral studies collection. <https://scholarworks.waldenu.edu/dissanddoc/>
- Desrochers, A.B., Rouleau, I., & Angenhrn et al. (2021). Trauma on Duty: cognitive functioning in police officers with or without Posttraumatic Stress Disorder (PTSD). *European Journal of Psychotraumatology*. Vol. 12, 1959117
- Editorial Desk (2021, December 9). Just take my body home, Mombasa police officer says in suicide note. <https://www.capitalfm.co.ke/>
- Edwards, A. & Kotera, Y. (2020). Mental Health in the UK police force: A Qualitative Investigation into the Stigma and Mental illness. *International Journal of Mental Health and Addiction*. 19: pp. 1116-1134
- Gitonga, A. (2014, November 12). Shock as policewoman commits suicide in Gilgil <https://www.standardmedia.co.ke/business/>
- <https://doi.org/10.47672/ajp.1801> 19 Ndero, et al., (2024)

- Gong, Z., Yang, J., Gilal, F. G., Vanswal, L. M., & Kui, Y. (2020). Repairing Police Psychological Safety: The Role of Career Adaptability, Feedback Environment, and Goal-Self Concordance Based on the Conservation of Resources Theory. *Sage open* 10(2)
- Gramckow, H. P., Greene, J., Marshall, I. & Barão, L. (2016). *Addressing the Enforcement Gap to counter crime: part 1. Crime poverty and the police*. Washington D.C: World Bank.
- Hergenhahn, B. R. (2018). *An Introduction to The History of psychology*. Boston: Cengage Learning.
- Hesketh, I., Tehrani, N. (2018). Responding to trauma in policing: A practical guide College of policing. <http://www.college.police.uk/>
- IMLU Kenya (2020). Policing Budgets in Kenya: Money vs. Functions? Analysis of Kenya's National Policing Budgets. *Independent Medico-Legal Unit* www.imlu.org.
- IPSA - International Public Safety Association (2019). Policing through the pain: How Trauma Impacts police officers. *International public safety Association*, 501(c) 3
- Joho, J. (2023, June 29). Taveta: Police Officer Shoots Colleague Dead, Turns Gun On Self. <https://www.citizen.digital/>
- Kahenda, M. (2021). Looking tough yet broken: Tales of depression in police service. <https://standardmedia.co.ke>
- Kegoro, H. O., Otieno, D. A., & Akoyo, S. I. (2020). Work-Life Balance and Performance of National Police Service in Kenya. *Stratford Peer Reviewed Journals and Book Publishing Journal of Human Resource & Leadership* Vol. 4 Issue 1 pp. 10-18
- Kent Police (2021). Human Resources -Trauma Risk Incident Management (TRIM) Protocol (L11260). <https://www.kent.police.uk/>
- Kiage, N. (2022, July 7). Buruburu police officer seen on video staggering dies by suicide <https://nation.africa/>
- Kiage, N. (2021, April 14). Why stress and trauma push police to the Edge. <https://pd.co.ke/news/>
- Kimanyore, K. (2016, July 14). Seven Officers Killed In Kapenguria Police Station Siege. <https://www.citizen.digital/>
- Klinoff, V. A., Hasselt, V. B., & Black, R. A. (2015). Homicide-suicide in police Families: An analysis of cases from 2007-2014. *Journal of forensic practice* 7 (2):101-116.
- Koskei, M. (2023, December 13). Nakuru police officer arrested over fatal shooting of Woman. <https://nation.africa/>

- Lazarus, R. S., Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York: Springer Publishing Company.
- Levine, M., Perkins D. D., Perkins, D.V. (2005). *Principals of Community Psychology. Perspectives and Applications*. New York: Oxford University press.
- Lifton, R.J. (2013). The psychology of the Survivor and the death imprint. *Psychiatric Annals*, 12(11):1011–1020
- Miller, A, Unruh, L., Wharton, T., Liu, X. A. & Zhang, N. J. (2017). The relationship *Between perceived organizational support, perceived coworker support, debriefing and professional quality of life in Florida law enforcement officers*. *International Journal of Science and Management Vol. 19 Issue 3*.
- Miller, J.K, Brevin, C. R., Soffia, M., Elliot-Davies, M.E. Burchell, B.J. & Peart, A. (2021). The development of a UK police traumatic events checklist. *The Police Journal: Theory, Practice and Principles* 1–1.
- Mitchell, J.T. (1983). When disaster strikes. The critical incident stress debriefing process. *JEMS: J.Emerg.Med.serv*, 8, 36-39.
- Mureithi, J. (2021, July 28). Police Officer Attached To JKIA Commits Suicide In Kirinyaga. <https://www.citizen.digital/>
- Murimi, B. (2022, October 23). Police Officers kills two colleagues, injures two, and Dies by suicide in Moyale. <https://ntvkenya.co.ke/news/>
- Murugi, S. (2023, October 15). Eldoret Policewoman Arrested After Shooting Husband 12 Times. <https://www.citizen.digital/news/>
- Ngeera, J. M. & Muia, D. (2020). Influence of substance abuse on service delivery by the Kenya police officers: A case study of Nairobi City County, Kenya. *International Academic Journal of Law and Society*, 1(2), 85-95
- Owiti, G. (2022, December 9). Police officer commits suicide in Trans Nzoia. <https://www.the-star.co.ke/news/>
- Ojwang, J. (2022, February 20). Migori Officer Commits Suicide After Killing His Wife. <https://www.capitalfm.co.ke/news/>
- Ombati, C. (2022, January 10). Cop shoots self dead in his house at Makupa, Mombasa. <https://www.the-star.co.ke/news/>
- Ombati, C. (2022, January 22). Alarm as 12,000 police officers suffer mental healthChallenges. <https://www.the-star.co.ke>
- Ombati, C. (2021, January 2021). Fresh plan to safeguard police officers against trauma <https://www.standardmedia.co.ke/>
- Ombati, C. (2022, November 16). Koome creates directorate for police mental wellness. Orders that experts be sought for effective delivery of service. <https://www.the-star.co.ke>

- Ombati, C. (2022, December 23). Policeman Dies by Suicide in Malindi, Kilifi County. <https://mpasho.co.ke/news/>
- Ombati, C. (2022, May 17). Female police officer dies by suicide at Limuru camp. <https://www.the-star.co.ke/news/>
- Ombati, C. (2023, November 23). Cop dies by suicide after jumping into a Waterfall in Nyeri. <https://www.the-star.co.ke/news/>
- Ombati, C. (2022, October 27). Police officer shoots himself dead in Garissa. <https://www.the-star.co.ke/news/>
- Ombati, C. (2018, May 16). Policeman shoots himself dead over transfer in Garissa. <https://www.standardmedia.co.ke/>
- Ombati, C. (2023, October 12). Officer in suicide incident at DCI headquarters was to retire in months. <https://www.the-star.co.ke/news/>
- Ongwae, S. (2021, March 17). Police officer shoots two colleagues, commits suicide <https://www.standardmedia.co.ke/>
- Onyango, D. & Otuya, P. (2019). Police Perceptions, Attitude and Preparedness in Managing Public Assemblies. Policing protests in Kenya. *Centre for Human Rights and Policy Studies*. <https://chrips.or.ke/>
- Opondo, P.O, & Gioto, V. A. (2021). Factors shaping Police performance in Kenya. *National Crime Research Centre, Nairobi*. <https://www.crimeresearch.go.ke/>
- Papazoglou, K., Tuttle, B. M. (2018). Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers. *Journal of police Emergency response*. 1- 11 Vol. 8 (3)
- People Team (2021, April 13). National Police Service Commission announces vacancies. <https://www.pd.co.ke/news/>
- Phythian, R., Birdsall, N., Kirby, S., Cooper, E., & Boulton, L. (2022). Developments in UK police wellbeing frameworks. Special issue: Are we OK? The state of Wellbeing in Policing. *Police Journal: Theory Practice and principles* vol. 95(1)24-49
- Porter, C.N., & Lee, R. (2023). The policing Culture. An Exploration into the mental health of former British police officers. *Curr psychology* <https://doi.org/10.1007/s12144-023-04365-y>
- Purba, A., Demou, E. (2019). The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. *BMC Public Health* 19, 1286
- Raver, J. L. & McElheran, M. (2022). A trauma-informed approach is needed to reduce police misconduct. *Psychology*, Cambridge University Press, vol. 15(4), pp.583-587.

- Rees, B. & Smith, J. (2007). Breaking the silence: the traumatic circle of policing. *International Journal of police science and Management*. Vol. 10 no. 3
- Roberto, M. (2018). Police officer commits suicide after killing lover in Nakuru. <https://www.tuko.co.ke/>
- Steel, C., Tehrani, N., Lewis, G. & Billings, J. (2021). Risk factors for complex Posttraumatic stress disorder in UK police. *Occupational Medicine*, Volume 71, Issue 8, pp. 351-357
- Strongmind Resiliency Training (2023). *Trauma Risk Management Overview*. TRiM – *Trauma Risk Management* <https://strongmindresilience.co.uk/courses/trim#>
- Wambui, M. (2023, March 6). Shock murder-suicide in Lang'ata as policeman kills Girlfriend, neighbour and self. <https://nation.africa/>
- Wangari, S. (2019, January 21). Police Shoots Girlfriend 19 Times in Naivasha. <https://www.kenyans.co.ke/>
- Waithera, A. (2023, November 21). Cop who killed self in Murang'a was an alcohol addict Mathioya police chief. <https://www.the-star.co.ke/news/>
- Wang'ondu, W. (2021, January 4). Cop kills colleague over ex-wife, shoots himself <https://www.the-star.co.ke/counties/>
- Warren, T. A. (2015). The Effects of Frequent Exposure to Violence and Trauma on Police Officers. <https://scholarworks.>
- Whybrow, D., Jones, N., & Greenberg, N. (2015). Promoting organizational well-being: a comprehensive review of Trauma Risk Management. *Occupational Medicine*, Volume 65, Issue 4, Pages 331–336,
- Wirth, M., Burch, J., Violanti, J., Burchfiel, C. Fekedudulegn, D., Andrew, M... & Zhang, H. (2011). Shift Duration and the Awakening of Cortisol Response Among Police Officers. *Chronobiol Int.* 28(5): 446–457.
- Zadock, A. (2023, June 30). Officer shoots colleague, self as concern rises over police suicide. <https://www.pd.co.ke/news/>
- Zadock, A. (2022, October 6). Police boss injures man, kills himself in Utawala. <https://www.pd.co.ke/news/>
- Zadock, A. & Maundu, P. (2016, September 5). *Revealed: Suicide officer was a Tormented soul*. <https://nairobinews.nation.africa/>
- Zeng, X., Zhang, X., Chen, M., Liu, J., & Wu, C. (2020). The influence of Perceived Organizational Support on police job burnout: A moderated mediation model. *Frontier psychology*. 26:11:948.

License

Copyright (c) 2024 Peter Kiragu Ndero, Prof. Charles Kimamo, Dr. Lucas Mwaura



*This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).
Authors retain copyright and grant the journal right of first publication with the work
simultaneously licensed under a [Creative Commons Attribution \(CC-BY\) 4.0 License](https://creativecommons.org/licenses/by/4.0/) that
allows others to share the work with an acknowledgment of the work's authorship and
initial publication in this journal.*