

Prevalence And Associated Risk Factors For Post-Traumatic Stress Disorder Among Police Officers In Nairobi, County

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Abstract:

Although the nature of work for police officers frequently predispose them to traumatic events, limited studies in Kenya have focused on this subject. This study explored the prevalence and associated risk factors for posttraumatic stress disorder among police officers in Kenya. The sample size was 250 adult males and females police officers. The study used census method. Data was analyzed using inferential statistics. Findings showed the prevalence of posttraumatic stress disorder among police officers was at 18.01%. Associated risk factors for PTSD was assessed from socio-demographic questionnaire. Marital status was established as a risk factor for PTSD as observed by an effect strength of partial Eta squared value (ηp^2) = .362. The study recommends the need for psychological services such as trauma counselling and recovery to be provided for police officers.

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I. Introduction and Background

According to the Diagnostic and Statistical Manual of Mental Disorder-5, a posttraumatic stress disorder conclusion is likely if an individual's capability to operate regularly has been remarkably diminished for thirty days, and this is normally accompanied by continuous intrusive recollections, avoidance of stimuli corresponding with trauma, negative alterations in cognitions and mood, and hyper arousal. According to Bisson et al., (2015), about 3% of adult population has post-traumatic stress disorder and lifespan occurrence is around 1.9% and 8.8% respectively, nonetheless this frequency increases among people afflicted by war and more than 50% in victims of sexual violence.

Various studies have shown that police are at a great risk of developing posttraumatic stress disorder. In an article by Miller (1995), dubbed 'tough guys: psychotherapeutic strategies with law enforcement and emergency services personnel', police officers are usually predisposed to extraordinary types of traumatic happenings and everyday stressors that entail assertiveness, personality, and preparedness. Deprived of that firmness, they cannot do their work efficiently. Occasionally, nonetheless, the pressure becomes too much, and the very strength that enables leveled running in their day-to-day responsibilities now develops into an impairment essentially making the helpers to look for help themselves. He further points out that; police officers usually perform their duties and responsibilities under oath with devotion and bravery, nonetheless some stressors can become extreme to absorb, and every single officer has the limit. For some, it occurs in the form of specific traumatic encounter, including a grisly injury or murder, brutal crime against a minor, a near individual encounter with bereavement, the death or severe injury of a spouse, the killing of an offender or innocent citizen.

Many studies have identified different risk factors to posttraumatic stress disorder. According to Sandica and Pop (2014), individual risk factors that were associated with posttraumatic stress disorder include anxiety or substance abuse disorders, avoidant personality, per traumatic dissociation, lower intellectual operations, and particular injuries in explicit recollection and heightened neurological soft signs; indicative of subtle nervous system abnormality. Additionally, alternative risk factors include existence of physical injury, loneliness, sex, lower education and salary, separated, widowed, joblessness, death of loved ones, household dysfunction and trauma severity which have substantial associations with advancement of posttraumatic stress disorder.

Similarly, a study done by Olff, Langeland, Draijer and Gersons (2007), on 'gender differences in post-traumatic stress disorder', found out that females have been established to be at a greater threat of advancement of posttraumatic stress disorder, and this might be as a result of different experiences, exposure, perceptions of threat, in-sufficient social support and feminine severe psychobiological responses to distress. The result of this

was thought to be connected to changes in mental and genetic anxiety reactions and managing mechanisms among sexes. Additionally, an analysis studying sex variances in PTSD between grownups established that sex variances in reactivity to mental anxiety (e.g. higher hypothalamic-pituitary-adrenal (HPA) axis dysregulation between women) could describe why women need lengthier period to recuperate from post trauma signs likened to males (Olf et al., 2007).

According to a study by Nyanga (2005), on ‘occupational stress among Kenyan police: a case study of police officers in Nairobi county; Kenyan, police officers are stressed, have existence of symptoms that causes stressors and have low morale which leads to lowered job satisfaction and reduced productivity. The study also established that police also experience both negative and positive coping strategies when exposed to stressful and traumatic situations. In Kenya, not much research has been done to explore trauma and its associated risk factors as experienced by police officers in their line of duty

II. Methodology

The study was conducted among 250 police officers in Nairobi. The participants were 25 years and above. The study employed a correlational research design to assess the prevalence and associated risk factors for posttraumatic stress disorders among police officers in Nairobi. Census sampling technique was used to include all the participants who were available in the different police stations, and questionnaires administered. However, 211 questionnaires were collected. The researcher gathered quantitative data through PTSD checklist for DSM-5 (PCL-5) and researcher-generated socio-demographic questionnaire, to include characteristics such as age, gender, level of education, years of work, marital status, religious affiliation and socio-economic background. The Diagnostic and Statistical Manual of Mental Disorders was developed by the National Center for PTSD. After getting authorization from National police service, the researcher approached five different police stations and explained the nature of the study, once they accepted involvement, participants they were given an informed consent attached to the questionnaire to sign prior to filling the questionnaires. No police officers were compelled to participate in the research. The complete questionnaires were collected and the outcomes analyzed. Participants who scored 31 and above were considered to present with clinical posttraumatic stress disorder whereas participants who scored 30 or less were considered to present with non-clinical posttraumatic stress disorder. Associated risk factors for posttraumatic stress disorder was done using the sociodemographic data of the participants and was analyzed using Multivariate analysis of variance (MANOVA) to contrast the variance between the groups.

During the research study, various ethical considerations were observed. The scholar sought for clearance letter from Tangaza University Research Ethics Committee (TUREC), National Commission for Science, Technology and Innovation (NACOSTI), and National Police Service (NPS) to collect data for the study. The participants were taken through the main study objective in an effort to help them make an informed decision. Further, explanation on their rights, such as; voluntary participation and freedom to withdraw, was also done. Furthermore, the respondents were allocated a period of time to consider the information, process and ask questions. Upon acceptance of involvement in the research, the respondents signed an informed consent, attached to the questionnaire. The data collected was handled with confidentiality. The participants’ names were not used or referenced in the research.

Table 1: Response Rate

The study targeted a total of 250 respondents. The participants were drawn amongst officers within Nairobi County, Kenya. Table 1 shows the response rate.

Questionnaires	Frequency	Percentage (%)
Response	211	84.8%
Incomplete	24	9.6%
Not returned	15	6.0%
Total	250	100.0%

III. Results

Findings were presented in writing and tables. The study highlighted demographic characteristics of the respondents, findings were based on prevalence of posttraumatic stress disorder and associated risk factors of posttraumatic stress disorder. Table 2 shows the socio-demographic information of the respondents.

Table 2: Socio-demographic information of respondents

Socio-demographic Variables		<i>n</i>	%
Gender	Male	148	70.1
	Female	63	29.9

Age Group	25-29	48	22.6
	30-34	61	28.8
	35-39	36	17.0
	40-44	22	10.4
	45-49	27	12.7
	50-54	11	5.2
Education Level	55-59	7	3.3
	Certificate	92	43.6
	Diploma	62	29.4
	Graduate	32	15.2
	Post Graduate	7	3.3
Years the participants have worked	Others	18	8.5
	1-5	39	18.5
	6-10	63	29.9
	11-15	39	18.5
	16-20	27	12.8
	21-25	23	10.9
	26-30	12	5.7
Marital Status of Participants	31 and above	8	3.8
	Married	156	73.9
	Single	42	19.9
	Divorced	6	2.8
	Widow/ed	4	1.9
Religious Affiliation of the participants	Separated	3	1.4
	Catholics	60	32.7
	Pentecostals	40	19.0
	Protestants/Evangelicals	60	28.4
	Muslims	20	9.5
Socio-economic Status of the Participants	None	10	4.7
	Others	12	5.7
	Ksh. 29,000 and below	64	30.3
	Ksh 30,000-39,999	69	32.7
	Ksh. 40,000-49,999	41	19.4
	Ksh. 50,000 and above	37	17.5

According to the table above, the age bracket with the least participants was 55-59 with only 7 participants, representing (3.3%); 70.1% were males, 7 participants had post graduate degree, representing (3.3%); 39 participants had worked between 1-5 years, representing 18.5%, 1.4% were separated, 32.7% of participants were Catholics and 30.3% were earning below 29,000 shillings.

Table 3: Prevalence of Posttraumatic Stress Disorder among police officers

Scores	Variables	Frequency	Percentage
0-30	Non-Clinical PTSD	173	81.99
31-61	Clinical PTSD	38	18.01
Total		211	100

According to table 3, 18.0% participants presented with clinical PTSD. This indicates the participants who presented with posttraumatic stress disorder at a cut-off score of 31

Table 4: Associate risk factors for Posttraumatic Stress Disorder

The risk factors associated with posttraumatic stress disorder was conducted using the socio-demographic information and analyzed using multivariate analysis of variance (MANOVA). Table 4 below shows the findings

Univariate Tests; PTSD							
Variable	Squares	Sum of	df	Mean	F	Sig.	Partial
Age of participant		138.731	46	3.016	1.182	.231	.297
		329.109	129	2.551			
Gender of the participant		11.163	46	.243	1.229	.185	.305
		25.479	129	.198			
The highest level of education achieved by the participant		69.418	46	1.509	.660	.946	.190
		295.127	129	2.288			
Years that the participant has been on the job		125.707	46	2.733	1.062	.388	.275
		332.029	129	2.574			
Marital status of the participant		33.243	46	.723	1.588	.023	.362
		58.691	129	.455			
Religious affiliation of the participant		77.672	46	1.689	.842	.745	.231
		258.760	129	2.006			
Socio-economic status of the participant i.e. monthly income		54.571	46	1.186	1.058	.393	.274
		144.607	129	1.121			

The F tests the effect of PTSD. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

Univariate test was done to investigate the effect each socio-demographic information had on PTSD. Mean scores of PTSD were compared across different levels of sociodemographic variables. The analysis found marital status to be the only variable with an effect in PTSD ($F(46,129) = 1.588, p = .023$). The model accounted for a significant proportion of variance indicating a large size effect ($\eta^2 = .362$)

IV. Discussion

Findings from this study showed percentage of participants with clinical posttraumatic stress disorder was 18.01%. These findings correspond with existing data on posttraumatic stress disorder among police officers. For example, an online study conducted by Michelle (2020), on state of officers’ mental health during Covid-19 pandemic and civil arrests reported about 7% as well as 19% of police officers showing indicators of posttraumatic stress disorder. This was found to be true in another study conducted by Emmah (2016), in a study conducted among police officers in Nairobi County, Kenya in 2016 where police officers exposed to traumatic events in the line of duty was at 73% and the prevalence of posttraumatic stress disorder among police officers was at 73%. Results from this study align with another study conducted in Uganda by Isabirye, Diana and Kinyada (2022), among 392 police officers which reported that the prevalence of posttraumatic stress disorder was at 7.4% and those with additional threshold for posttraumatic stress disorder was 62.5%.

The risk factors associated with posttraumatic stress disorder revealed that marital status was the only variable that had a significant effect on PTSD. This effect was found to be large, as indicated by a partial eta squared (η^2) value of 0.362. This implies that individuals with different marital statuses experienced different levels of PTSD. The findings of this study were aligned with a study conducted by Taft, Watkins, Stafford, Street and Monson on posttraumatic stress disorder and intimate relationship problems: A meta-analysis, revealed medium sized associations between PTSD and intimate relationship discord ($p = .38, N = 7,973, K = 21$), intimate relationship physical aggression perpetration ($p = .42, N = 4,630, K = 19$), and intimate relationship psychological aggression perpetration ($p = .36, N = 1,501, K = 10$). The study established the strength of the association between PTSD and relationship discord was higher in military (vs. civilian) samples The findings of this study suggests that police officers’ mental health has become critical in the course of their work and this underlines the need to reinforce prevention, surveillance, and access to care

V. Conclusion

The study established that police officers in Nairobi, Kenya generally present with posttraumatic stress disorders. The study recommends that clinicians frequently assess and screens for symptoms of posttraumatic stress disorder. This will help to determine holistic therapeutic interventions when addressing PTSD among police officers. Mental illness prevention programs need also to be put into place to equip police officers with skills to cope with the challenges they experience

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