
Abstract

A personal construct model of traumatic stress reactions has been developed to predict the relationships between personal, trauma, and recovery factors. This model was evaluated in two studies with police. This research establishes some normative baseline epidemiological data on the levels of Posttraumatic Stress Disorder (PTSD) in novice recruits and inexperienced police. The major implications of a personal construct model of traumatisation for police and policing organisations are discussed.

The cross-sectional study included 750 recruits and inexperienced police. The repeated measures study re-assessed 193 recruits after one year of policing. Data were obtained on history, personal theories, potentially traumatising events and their subjective impact, perceived availability of social support, and trauma symptoms. The existence of PTSD was assessed by structured interview with 20% of the participants.

A negative personal theory, a family history of psychological assistance, a reported emotional abuse or neglect history, and Catholicism were significant explanatory variables. The type of trauma, a perception of life threat, total trauma exposure weighted by subjective impact, and personal identification with a traumatic event were significant predictors of trauma symptoms. In the cross-sectional study, police with one year of experience had a current PTSD prevalence rate of 6.05% compared to recruits at 3.36%. In the repeated measures study, a current prevalence rate of PTSD for experienced police officers was 8.29% compared to themselves, as recruits, at 3.36%. Trauma symptoms were associated with being a police officer with one year of operational experience. Trauma symptoms were also associated with the
perceived availability of different types of social support in diverse ways. Baseline trauma symptoms did not predict trauma symptoms after a year of operational policing.

A personal construct model of traumatisation found considerable empirical support from these police studies. Psychological proximity to potentially traumatising life events, negative personal theories, and aspects of the recovery environment were related to trauma symptoms. The limitations of the findings are discussed. Fundamental systemic changes in policing environments are suggested which may help prevent traumatic stress reactions in police and facilitate their recovery from traumatic experiences.