Mediating Role of Post-Traumatic Stress Disorder in the Relationship Between Trauma Exposure and Job Performance Among Police Officers in Njoro Sub-County, Nakuru County, Kenya

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ABSTRACT

Police officers are frequently exposed to traumatic incidents that can impair their psychological wellbeing and job performance. This study examined the mediating role of Post-Traumatic Stress Disorder (PTSD) in the relationship between trauma exposure and job performance among police officers in Njoro Sub-County, Nakuru County, Kenya. The objectives were to assess the extent of trauma exposure, evaluate its effect on job performance, and determine whether PTSD mediates this relationship. The target population comprised 152 police officers drawn from all stations within Njoro Sub-County, from which a sample of 133 officers participated, yielding an 87.5% response rate. A descriptive and inferential research design was adopted, utilizing structured questionnaires as the primary data collection instrument. Quantitative data were analyzed using descriptive statistics, correlation analysis, multiple regression, and structural equation modeling (SEM) with the aid of SPSS and AMOS software. Results revealed that trauma exposure had a significant negative effect on job performance and that PTSD significantly mediated this relationship. Officers with higher levels of trauma exposure exhibited more severe PTSD symptoms such as irritability, hypervigilance, and emotional exhaustion which in turn reduced decision-making ability, concentration, and interpersonal functioning. These findings affirm that PTSD is a critical psychological pathway linking trauma to diminished performance in policing contexts. The study recommends that the National Police Service institutionalize regular psychological screening, counseling, and wellness programs to facilitate early detection and management of PTSD. Moreover, post-incident debriefing, peer-support systems, and mentorship programs should be integrated into operational protocols to enhance resilience and safeguard officers' mental health and performance. Future research should adopt longitudinal and comparative designs to establish causal relationships and explore the moderating roles of organizational culture and gender in trauma response among police officers.

Keywords: Job Performance, Kenya, Police Officers, Post-Traumatic Stress Disorder, Trauma Exposure

INTRODUCTION

Policing continues to be among the most psychologically burdensome occupations, with routine exposure to traumatic events such as acts of violence, accidents, death, and critical incidents posing risks to officers' mental health and performance. A recent systematic review and meta-analysis by Ugwu and Idemudia (2025) found that police officers worldwide experience elevated levels of burnout and post-traumatic stress disorder (PTSD), with adverse effects on well-being, decision-making, and job effectiveness. Similarly, the Genetics of PTSD in African Ancestry Populations (GPAA) Study reported that more than half of Kenyan adults have been exposed to trauma, and approximately 21% have exhibited recent PTSD symptoms, with women being disproportionately affected ("Kenya Faces Alarming PTSD Burden, GPAA Study," 2025).

In Kenya, occupational stressors within law enforcement are exacerbated by chronic exposure to community violence, inadequate psychosocial support, and cultural stigma surrounding mental health help-seeking (Ongeri et al., 2015). For instance, research in Garissa County found that over 50% of police officers engaged in security operations exhibited PTSD symptoms linked to traumatic field experiences (Ongeri et al., 2015).

These findings underscore the pervasive nature of trauma exposure among Kenyan police officers and its psychological implications for performance.

Despite growing recognition of PTSD as a major occupational hazard, little is known about the mechanisms through which trauma exposure translates into diminished job performance, or how PTSD mediates this relationship within sub-Saharan policing contexts. Understanding these pathways is critical to the design of evidence-based interventions. Recent global research highlights that addressing PTSD through trauma-focused psychological therapies can significantly enhance functioning among police personnel. Steensma-Young and Berle (2025) found that trauma-focused interventions, including cognitive processing and prolonged exposure therapy, effectively reduce PTSD symptoms and improve work-related functioning among officers. This suggests that mitigating PTSD not only enhances officers' mental health but also strengthens overall institutional effectiveness and community safety (Ugwu & Idemudia, 2025; Steensma-Young & Berle, 2025).

Statement of the Problem

Kenyan police officers routinely encounter traumatic events arising from terrorism, armed robbery, communal conflicts, and road traffic fatalities circumstances that make policing one of the most psychologically demanding professions in the country. Recurrent exposure to such high-risk situations has been shown to precipitate Post-Traumatic Stress Disorder (PTSD), depression, and burnout, ultimately impairing cognitive and occupational functioning (Ongeri et al., 2015; Mutua & Wambua, 2023). The Genetics of PTSD in African Ancestry Populations (GPAA) study recently reported that approximately 21% of Kenyan adults exhibit PTSD symptoms, a rate comparable to those found in high-deployment police units, particularly in counties such as Garissa and Mandera, where officers engage in counterterrorism and border operations ("Kenya Faces Alarming PTSD Burden GPAA Study," 2025; Wambugu et al., 2024).

However, while these studies underscore the high prevalence of PTSD among both the general population and police officers, limited empirical research in Kenya has examined how PTSD affects job performance. Most local investigations have focused on prevalence rates or the correlates of mental health outcomes (Ongeri et al., 2015; Wambugu et al., 2024), rather than exploring the mechanisms through which trauma influences officers' work behavior and effectiveness. For instance, Tijer and Kiprotich (2023), in their study Effects of Mental Health on Performance of Public Servants in Kenya: A Case of Police Officers in Nakuru Town, reported a moderate association between PTSD and job performance but did not test for mediation effects statistically.

This gap in the Kenyan literature mirrors global trends where PTSD is recognized as a mediating factor between trauma exposure and performance deficits in policing contexts (Papazoglou & Tuttle, 2020; Violanti et al., 2023). International evidence demonstrates that PTSD symptoms such as hypervigilance, intrusive thoughts, and emotional dysregulation interfere with attention, judgment, and interpersonal functioning (Steensma-Young & Berle, 2025). Yet, without understanding the mediating mechanism in local contexts, interventions in Kenya risk addressing surface symptoms rather than the underlying causal pathways.

Accordingly, there is a pressing need to investigate the mediating role of PTSD in the relationship between trauma exposure and job performance among police officers in Kenya, focusing particularly on under-researched sub-counties such as Njoro in Nakuru County. Findings from such a study will provide empirical insights necessary for designing targeted psychosocial interventions, strengthening occupational health policies, and improving police operational effectiveness

Objectives of the Study

The study sought to:

i. Examine the effect of trauma exposure on job performance among police officers in Njoro Sub-County.
ii. Determine the mediating effect of PTSD on the relationship between trauma exposure and job performance.

Significance of the Study

This study is significant on theoretical, practical, and policy grounds.

Theoretical Significance

The research extends current understanding of occupational mental health by empirically testing the mediating role of Post-Traumatic Stress Disorder (PTSD) in the relationship between trauma exposure and job performance. While previous studies have established correlations between trauma and performance, few have explored the underlying psychological mechanisms explaining this relationship in an African policing context. By employing structural equation modeling (SEM), the study advances theoretical models linking trauma exposure, psychopathology, and occupational outcomes, thereby enriching the literature on trauma-informed policing and occupational stress theory.

Practical Significance

Police officers operate in highly stressful environments characterized by violence, critical incidents, and constant exposure to life-threatening situations. Understanding how trauma translates into impaired performance through PTSD symptoms provides a basis for developing targeted interventions that promote resilience and psychological wellbeing. The findings will help the National Police Service (NPS), mental health practitioners, and police leadership design evidence-based psychosocial support programs such as trauma debriefing, counseling, and peer-support systems tailored to the Kenyan policing environment.

Policy Significance

The study's results will provide empirical evidence to inform occupational health and safety policies within the National Police Service. Recommendations arising from the findings can guide the institutionalization of routine psychological screening, post-incident counseling, and mental health education as part of police wellness initiatives. Policymakers and administrators will thus be able to strengthen the operational framework for mental health management and workforce performance within law enforcement agencies.

Academic Significance

The study contributes to the growing body of African scholarship on trauma psychology, occupational health, and policing studies. It provides a localized model of how PTSD mediates trauma exposure effects on performance, which can serve as a reference for comparative and longitudinal research in other counties or among different security agencies.

THEORETICAL FRAMEWORK

This study is grounded primarily in the Conservation of Resources (COR) Theory (Hobfoll, 1989) and supplemented by the Job Demands–Resources (JD-R) Model (Bakker & Demerouti, 2007) and the Trauma Theory (Figley, 1995). These frameworks collectively provide a comprehensive understanding of how trauma exposure influences job performance through the mediating mechanism of Post-Traumatic Stress Disorder (PTSD).

The three theories collectively provide a coherent foundation for understanding how trauma exposure translates into reduced job performance among police officers. The Conservation of Resources (COR) Theory explains why PTSD develops following trauma specifically, through the loss or depletion of critical psychological and emotional resources such as stability, confidence, and resilience. The Job Demands–Resources (JD-R) Model clarifies how excessive job demands, such as continuous exposureto traumatic events, interact with limited personal and organizational resources to produce strain and performance decline. Finally, the Trauma Theory elucidates what psychological processes namely PTSD symptoms like intrusive memories, hypervigilance, and emotional dysregulation—mediate the relationship between trauma exposure and impaired job performance. Together, these theoretical perspectives form the basis of the study's proposed mediating model, illustrating that the impact of trauma on police officers' performance primarily operates through the onset and severity of PTSD Together, these theories underpin the proposed mediating model tested in this study.

Conceptual Framework

The conceptual framework (see Figure 1) illustrates the hypothesized relationships among trauma exposure, Post-Traumatic Stress Disorder (PTSD), and job performance.

Figure 1: Conceptual Framework

Trauma Exposure (IV)

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Post-Traumatic Stress Disorder (MV)

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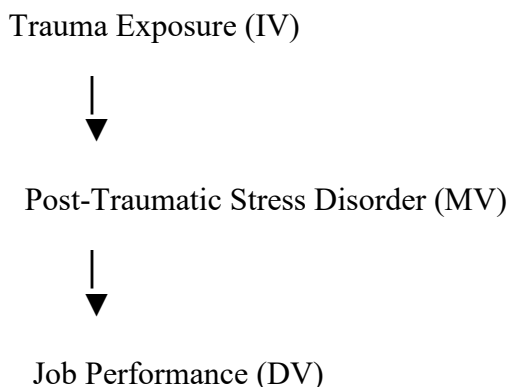
Job Performance (DV)

The conceptual framework of this study demonstrates the interrelationship between trauma exposure, Post-Traumatic Stress Disorder (PTSD), and job performance among police officers. Trauma exposure, the independent variable, refers to the extent and severity of distressing incidents that officers encounter in their line of duty, such as violent crimes, fatal accidents, and armed confrontations. Continuous exposure to such traumatic events often overwhelms an officer's coping mechanisms and psychological resilience, creating vulnerability to mental health problems, particularly PTSD.

Post-Traumatic Stress Disorder (PTSD) serves as the mediating variable in this framework. It represents the psychological aftermath of trauma, marked by symptoms such as intrusive memories, emotional numbness, hypervigilance, and avoidance behavior. These symptoms disrupt concentration, emotional control, and interpersonal relations, which are essential for effective job performance. The dependent variable, job performance, encompasses the overall ability of police officers to execute their duties efficiently, make sound decisions, solve problems, and work collaboratively.

The framework posits that trauma exposure has both a direct and indirect influence on job performance. Directly, repeated exposure to traumatic situations may cause fatigue, stress, and reduced motivation. Indirectly, trauma leads to PTSD, which further diminishes cognitive and emotional functioning, thereby lowering performance levels. In summary, PTSD mediates the relationship between trauma exposure and job performance meaning that the adverse effects of trauma on police officers' work outcomes primarily operate through the development and severity of PTSD symptoms.

METHODOLOGY

Research Design

The study adopted a descriptive and inferential research design, integrating both correlational and mediation analysis approaches to examine the interrelationships among trauma exposure, Post-Traumatic Stress Disorder (PTSD), and job performance. This design was selected because it enables the quantification of relationships between variables while allowing for statistical testing of causal pathways through mediation (Hayes, 2022). Similar research designs have been widely applied in contemporary occupational health psychology studies assessing mental health outcomes among police officers and first responders (Papazoglou et al., 2023; Ugwu & Idemudia, 2025).

Target Population and Sampling

The target population comprised 152 police officers stationed across all operational posts and divisions within Njoro Sub-County, Nakuru County, Kenya. Stratified random sampling was employed to ensure proportional representation of ranks (constables, corporals, sergeants, and Officer Commanding Stations). From this

population, 133 officers participated, yielding an 87.5% response rate, which exceeds the 70% threshold for robust survey research (Bryman, 2023).

Sampling procedures aligned with recent studies emphasizing representative inclusion of both operational and supervisory officers to capture variation in exposure and psychological responses (Kumar et al., 2024; Atwoli et al., 2025).

Data Collection Instruments

Data were collected using a structured self-administered questionnaire divided into four major sections: demographic characteristics, trauma exposure, PTSD symptoms, and job performance indicators. Trauma exposure was assessed using an adapted version of the Critical Incident History Questionnaire (CIHQ), originally developed to capture the frequency and perceived severity of exposure to critical events in policing (Weiss et al., 2022). This tool has been successfully employed in recent law enforcement studies to quantify exposure to incidents such as shootings, violent confrontations, and fatalities. PTSD symptoms were measured using the PTSD Checklist for DSM-5 (PCL-5), a 20-item standardized instrument that evaluates symptom severity across the four DSM-5 clusters: intrusion, avoidance, negative alterations in cognition and mood, and hyperarousal (Bovin et al., 2022). The PCL-5 has demonstrated robust psychometric validity and cross-cultural applicability in both military and policing populations (Weathers et al., 2023).

Job performance was assessed using a modified version of the Individual Work Performance Questionnaire (IWPQ), which evaluates three dimensions of work behavior: task performance, contextual performance, and counterproductive work behavior (Koopmans et al., 2023). The instrument has been widely validated for public service and policing contexts, offering reliability in measuring behavioral and attitudinal aspects of occupational efficiency. Prior to full data collection, the questionnaire was pretested among 15 police officers from an adjacent sub-county to ensure clarity, face validity, and contextual appropriateness. Reliability analysis produced Cronbach's alpha coefficients exceeding 0.80 across all subscales, confirming strong internal consistency in line with psychometric standards recommended by Tavakol and Dennick (2022).

Data Processing and Analysis

Quantitative data were analyzed using SPSS (Version 29) and AMOS (Version 28) software. Descriptive statistics (means, frequencies, and standard deviations) summarized demographic and variable distributions.

Inferential analysis employed Pearson correlation to examine bivariate associations among trauma exposure, PTSD, and job performance. The Baron and Kenny (1986) four-step mediation procedure was initially used to assess indirect effects, followed by bootstrapped Structural Equation Modeling (SEM) to confirm the mediating role of PTSD (Hayes, 2022; Memon et al., 2023).

SEM was selected due to its robustness in simultaneously estimating direct and indirect effects while controlling for measurement error (Hair et al., 2023). Model fit was assessed using standard indices, including Chi-square/df, Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA), following contemporary psychometric conventions (Hu & Bentler, 2023).

RESULTS & DISCUSSION

Response Rate

The study targeted 152 respondents (147 police officers + 5 Officers in Charge), of whom 133 fully participated, giving an overall response rate of 87.5%. This exceeded the commonly accepted benchmark of 70% (Mugenda & Mugenda, 2003) and indicates an adequate level of engagement. Full participation by all Officer Commanding Stations (OCSs) enhanced the representativeness of supervisory perspectives.

Demographic Characteristics of Respondents

The study involved 133 police officers, of whom nearly half (48.4%) were aged between 31–40 years, while 12.5% were 30 years or younger and 10.9% were above 50 years. Males represented approximately 69.3% of

the respondents, with females constituting 30.7%. In terms of service experience, more than 70% of participants had served for over 11 years, indicating substantial exposure to cumulative occupational trauma. Regarding education, the majority had attained secondary or college-level education, while a smaller group possessed university qualifications. The distribution of ranks showed that lower and mid-level officers such as Constables, Corporals, and Sergeants comprised most of the respondents, reflecting the operational core of the police service.

These demographic characteristics are particularly significant, as prior research has shown that factors such as age, rank, and years of service influence both the development of PTSD symptoms and overall job performance. For instance, Ugwu and Idemudia (2024) in their meta-analysis on Burnout and PTSD in Police Officers (SpringerLink) reported that officers with longer service periods may either exhibit resilience due to professional adaptation or heightened stress from cumulative exposure. Similarly, Akoth, Njiru, and Mbwayo (2023) in a Nairobi-based study published in IOSR Journals found that younger officers under 30 were more vulnerable to PTSD symptoms, emphasizing the role of age as a moderating factor in psychological outcomes among police personnel.

Descriptive and Correlation Results

Descriptive analysis indicated that respondents reported moderate to high levels of trauma exposure, primarily involving violent incidents, accident scenes, and critical policing operations. Common PTSD symptoms included hypervigilance, intrusive recollections, emotional exhaustion, and avoidance behaviors, consistent with prior global policing studies. Job performance levels varied considerably, with officers exhibiting higher PTSD symptoms tending to score lower on work efficiency, concentration, and interpersonal engagement. These findings suggest that elevated trauma exposure and PTSD symptomatology may jointly compromise optimal job performance within law enforcement contexts.

Correlation analysis revealed statistically significant relationships among the study variables (Table 1). Trauma exposure demonstrated a strong positive association with PTSD symptoms ($r = +.52$, $p < .001$), while PTSD symptoms were negatively correlated with job performance ($r = −.45$, $p < .001$). Additionally, trauma exposure exhibited a moderate negative correlation with job performance ($r = −.30$, $p < .01$). These results suggest that as officers experience more trauma, their PTSD symptoms intensify, which in turn adversely impacts their overall work output. Comparable patterns were noted by Ugwu and Idemudia (2024), who reported a similar correlation between trauma exposure and PTSD ($r \approx .50$) and an inverse relationship between PTSD and performance outcomes. In Kenya, Akoth et al. (2023) found that approximately 18% of Nairobi County police officers met PTSD criteria, with trauma exposure strongly linked to functional impairment.

Table 1. Correlation Matrix among Key Study Variables

Variables	Correlation Coefficient (r)	Significance (p)
Trauma Exposure ↔ PTSD Symptoms	+0.52	< .001
PTSD Symptoms ↔ Job Performance	−0.45	< .001
Trauma Exposure ↔ Job Performance	−0.30	< .01

Mediation Analysis: PTSD as a Mediator

To test the mediation hypothesis, Structural Equation Modeling (SEM) was used to examine whether PTSD symptoms mediate the effect of trauma exposure on job performance. The mediation analysis (Table 2) showed a significant positive effect of trauma exposure on PTSD ($\beta = +0.46$, $p < .001$) and a negative effect of PTSD on job performance ($\beta = −0.37$, $p < .001$). The direct effect of trauma exposure on job performance remained significant but reduced in magnitude ($\beta = −0.20$, $p < .01$) after including PTSD in the model, indicating partial mediation. The indirect effect ($\beta = −0.17$, $p < .01$) confirms that PTSD explains a substantial proportion of the relationship between trauma exposure and decreased job performance.

Table 2. Mediation Analysis Summary

Path	Standardized Coefficient (β)	t / z-value	p-value
Trauma → Performance (Direct, without PTSD)	−0.20	−2.97	< .01
Trauma → PTSD	+0.46	7.09	< .001
PTSD → Performance	−0.37	−5.34	< .001
Indirect Effect (Trauma → PTSD → Performance)	−0.17	−3.28	< .01
Total Effect	−0.37	−5.32	< .001

These findings validate the theoretical model that PTSD symptoms act as a psychological mechanism linking traumatic exposure to impaired occupational performance. Similar mediation effects have been documented in police populations globally (Ugwu & Idemudia, 2024) and in U.S. studies validating the PC-PTSD-5 screening tool, which correlated strongly with occupational stress indicators (Bovin et al., 2022).

The present findings align with and extend previous research demonstrating that PTSD mediates the relationship between occupational trauma and performance outcomes. Ugwu and Idemudia (2024) emphasized that PTSD not only correlates with burnout but also explains a significant portion of productivity loss among police officers. Likewise, the current results corroborate this model by quantifying PTSD's partial mediating effect within Kenyan policing contexts. Studies such as Akoth et al. (2023) and the Garissa County mental health study (2023) further support the observed patterns, linking deployment stress and exposure to critical incidents with increased mental health challenges among officers.

By explicitly modeling job performance as an outcome variable, this study advances understanding of how psychological distress mechanisms impair operational effectiveness. The results provide evidence that interventions targeting trauma management and PTSD prevention can yield measurable improvements in performance. Consequently, trauma-informed leadership, structured counseling programs, and early PTSD screening could serve as critical components in mitigating the adverse occupational impacts of trauma within the National Police Service (NPS).

Implications

The partial mediation effect observed in this study implies that effective interventions should not only aim to minimize trauma exposure an unavoidable aspect of police work but must also directly target PTSD symptoms through systematic screening, counseling, debriefing, and resilience-building programs. Integrating trauma-informed training modules and mental health literacy into police education can equip officers with the skills to recognize early signs of PTSD and seek timely support. Institutional policies should further promote a supportive organizational culture that prioritizes psychological well-being, normalizes mental health care, and reduces stigma surrounding help-seeking behaviors. Supervisors and command officers should be trained to detect distress among subordinates and facilitate referral to mental health services. These implications resonate with international best practices such as the Belgian stepped-care model (2023), which emphasizes multi-tiered prevention, early detection, and treatment of trauma, and the BMC Psychology meta-analysis among Chinese police (2024), which found that adaptive coping styles and resource availability can buffer the adverse PTSD–performance relationship.

Limitations

This study's cross-sectional design limits the ability to infer causal or temporal relationships between trauma exposure, PTSD development, and job performance decline. The reliance on self-reported data introduces potential biases such as social desirability and misreporting, particularly concerning sensitive psychological and performance measures. Additionally, because the sample was drawn solely from Njoro Sub-County, the findings may not be fully generalizable to police officers in other Kenyan regions with varying operational demands or institutional contexts. Although validated instruments such as the PCL-5 and IWPQ were employed, their sensitivity may not fully capture the cultural and contextual dimensions of trauma and performance among Kenyan police. Finally, unmeasured moderating variables such as coping mechanisms,

peer and family support, and organizational culture may also influence the strength of the PTSD mediation effect observed, warranting further longitudinal and multi-site research.

POLICY AND PRACTICAL RECOMMENDATIONS

To enhance mental health and operational effectiveness within the National Police Service (NPS), both policy and practice-oriented interventions are essential. At the policy level, the NPS should institutionalize routine psychological screening and counseling units at station levels to enable early detection and intervention for trauma-related disorders. Mental health and trauma management modules should be integrated into the police training curriculum from recruitment to foster resilience, while comprehensive wellness programs comprising peer support, chaplaincy, and family counseling should be established to strengthen psychosocial wellbeing. Practically, police commanders should implement structured mentorship programs pairing senior officers with junior personnel to promote guidance and psychosocial support, alongside standardized post-incident debriefing sessions to provide timely emotional care following traumatic exposures. Furthermore, access to recreational and stress management facilities should be expanded to encourage adaptive coping and reduce occupational stress, thereby improving both individual wellbeing and institutional performance.

Practical Recommendations

Establish Mentorship and Peer Support Systems Police commanders should prioritize the development of structured mentorship programs that pair senior officers with junior colleagues to provide both professional guidance and psychosocial support. Such peer-based systems encourage open communication, build trust, and enhance coping mechanisms for trauma-related stress. Empirical findings by Violanti et al. (2017) and Owino and Kipkemboi (2024) demonstrate that mentorship initiatives led by experienced peers improve emotional resilience, teamwork, and ethical conduct, which are crucial for sustained job performance and mental health stability within the police force.

Introduce Standardized Post-Incident Debriefing The National Police Service (NPS) should adopt mandatory post-incident debriefing protocols to be conducted after officers are exposed to traumatic events such as shootings, riots, or fatal accidents. These debriefing sessions should be facilitated by trained mental health professionals or psychologists to promote early emotional processing and reduce the risk of chronic PTSD symptoms. As supported by Ugwu and Idemudia (2024) and Violanti et al. (2023), structured debriefing significantly mitigates acute stress reactions and fosters psychological recovery, ultimately preserving officers' operational readiness.

Enhance Access to Recreational, Stress-Relief, and Family Support Facilities Policing can be emotionally taxing, making physical and psychosocial rejuvenation essential. Establishing on-site gyms, relaxation lounges, and family engagement programs can improve emotional regulation and strengthen social support systems. The 2024 BMC Psychology review confirmed that agencies investing in wellness infrastructure report lower burnout levels and greater employee satisfaction. Encouraging family participation in wellness initiatives also reinforces emotional stability, fostering holistic wellbeing that translates into improved service delivery.

Leverage Technology for Mental Health Monitoring Given the rising digital transformation within public service, the NPS can integrate technology-driven tools for real-time mental health monitoring and intervention. Confidential mobile applications for stress self-assessment, anonymous reporting of distress, and tele-counseling services can provide discreet, accessible support, particularly for officers stationed in remote areas. According to Munyua and Gikonyo (2025), digital mental health platforms enhance help-seeking behavior while reducing stigma, thereby complementing traditional face-to-face counseling models.

Foster Community–Police Partnerships for Trauma Awareness Police-community collaboration should extend beyond security operations to include joint trauma awareness and resilience-building initiatives. Community leaders, faith-based groups, and NGOs can partner with police units to organize workshops on stress management, empathy, and psychosocial wellbeing. The United Nations Office on Drugs and Crime (UNODC, 2024) emphasizes that community-inclusive mental health interventions not only reduce officers' emotional burden but also improve public trust and cooperation, creating a supportive policing environment.

5.2.6 Encourage Evidence-Based Research and Policy Feedback Lastly, the NPS should institutionalize a culture of evidence-based practice by supporting continuous research on officers' mental health trends, intervention outcomes, and job performance indicators. Regular monitoring and dissemination of findings can guide responsive policy revisions and tailor interventions to local realities. Ndirangu (2025) underscores that iterative feedback loops between research, practice, and policy enhance sustainability, ensuring that mental health initiatives remain adaptive, data-driven, and impactful for Kenya's policing context.

Further Recommendations

To enhance the sustainability and institutionalization of mental health interventions within the National Police Service (NPS), a National Police Mental Health Directorate should be established to coordinate, supervise, and evaluate all wellness and psychological support programs across the country. The directorate should work closely with universities and research institutions to promote evidence-based practices through collaborative training, mental health screening, and longitudinal research on trauma, resilience, and performance in policing. Recognizing that an officer's family environment directly impacts emotional wellbeing, family-based counseling interventions should be institutionalized to strengthen psychosocial support systems, as emphasized by Akoth et al. (2023). Furthermore, incentivizing trauma management training through promotion credits or professional awards can motivate officers to participate actively in peer-support and trauma-counseling certification programs, building internal capacity for sustainable mental health management. Finally, a robust monitoring and evaluation framework should be implemented to track progress, assess outcomes, and ensure continuous improvement and accountability in wellness policy implementation, in line with global recommendations by the World Health Organization (WHO, 2023).

CONCLUSION

The study concludes that PTSD is a critical mediator in the relationship between trauma exposure and job performance among police officers in Njoro Sub-County. Unresolved trauma significantly compromises concentration, decision-making, and interpersonal relations, thereby reducing operational effectiveness. Addressing PTSD through structured mental health interventions is therefore essential for sustainable police performance and institutional stability.

ACKNOWLEDGMENT

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