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**SUDDEN DEATH: THE IMPACT OF THE IMMEDIATE  
AFTERMATH ON POLICE OFFICERS, VICTIM  
SUPPORT WORKERS, AND BEREAVED SURVIVORS.**

**A thesis presented in partial fulfilment of the requirements for the degree of  
Doctor of Philosophy in Psychology at Massey University, Wellington,  
New Zealand**

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## ABSTRACT

The immediate aftermath of a sudden death is known to be distressing for bereaved survivors and the first responders who assist them. However, its impact on posttraumatic stress disorder (PTSD) and complicated grief (CG) in survivors and secondary traumatic stress (STS) in first responders is largely unknown. This study investigated factors contributing to, and resulting from, peri-event distress on suddenly bereaved family members and friends of the deceased ( $n = 125$ ) and first responders (police officers,  $n = 165$  and Victim Support volunteer workers,  $n = 148$ ). Perceived lack of first responder support and violent death independently predicted peritraumatic distress in the bereaved sample. In turn, peritraumatic distress was the biggest predictor of both PTSD and CG symptoms. Among first responders, violent death, distress at survivor reactions, and identification with the survivor predicted peritraumatic distress. Distress at survivor reactions predicted less helpful survivor support and, equal with peritraumatic distress, was the strongest STS predictor. Findings suggest that first responders' ability to support survivors and their chances of developing STS symptoms are mostly influenced by how distressing they find survivors' immediate grief and trauma reactions. The degree to which they support survivors directly affects survivors' peritraumatic distress, which affects PTSD and CG symptoms more than other pre, peri, and post-event variables in this study. Using an information processing model, the findings further the theoretical understanding of how sudden bereavement leads to PTSD, CG, and STS. It is argued that peritraumatic distress not only disrupts the processing of trauma information, resulting in PTSD, but also of grief information, leading to CG, and *secondary* trauma information, resulting in STS. Practical and clinical recommendations are made that may help first responders minimise psychological distress for both survivors and themselves following a sudden death, and help therapists identify survivors at risk of PTSD and CG.

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