

# TRAUMA AND SOCIAL WORK IN SOUTH AFRICA, NEED FOR A COMPREHENSIVE TRAUMA INTERVENTION MODEL FOR SOCIAL WORKERS



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## Abstract

A significant proportion of South Africans are exposed to traumatic life experiences annually. The trauma is exacerbated by high crime rate which ranges from murder, violence, house breaking and theft. The trauma victims end up in the hands of social workers who are ill prepared to deal with such clients. The motivation for this study was built on assessments that indicated at the time of the study that social work students in South Africa receive little or no training on trauma and trauma intervention. The purpose of this literature study was to draw together relevant knowledge on trauma in South Africa, trauma intervention and the importance of trauma intervention training for social workers in South Africa. Articles reviewed were identified through search engines such as Google Scholar, JSTOR, ProQuest, EBSCOHost, Boloka-NWU Institutional Repository (NWU-IR), Scopus, Science Direct and Web of Science were the databases and search engines utilized in the search. The inclusion criteria that were used to help identify relevant and recent studies using key words regarding the topic of trauma, were chapters in books; conference proceedings; full-text journal articles and higher degree papers. The literature consulted exposes how South Africans are exposed to traumatic life events and provided a deeper understanding of the problem of trauma and trauma intervention. The literature study also clarified why it is critical to have a trauma intervention model for social workers in South Africa and provided guidelines for the development of the trauma intervention manual.

## 1. Introduction

The predominance of traumatic occurrences in South Africa is a challenge for social workers who regularly deal with traumatized people in practice. It is thus not only important but essential for social workers to have accurate information and proper comprehension of trauma. South Africa has always been characterised by violence, from the time of colonization, through apartheid up till the post-apartheid period, with crime and traumatic experiences occurring on a daily basis. South Africa's crime statistics report for 2019/2020 reporting year shows that a shocking 21, 325 people were murdered in a year. The total number of contact crimes against a person amounted to 621 282

(South African Police Service, 2020). Imiera (2018) agrees with the general consensus that violent crime in South Africa is outstandingly high, maintaining that crime put severe threats on the South African economy and negatively affects the country's development. South Africans are constantly threatened by crime. What is daunting however is that most crimes remain unreported to the police. For example, Business Tech (2020) reports that of an estimated 1.1 million incidences of theft of personal property that occurred in 2019/2020, on 38% of the cases were reported to the police.

People are murdered, raped, tortured and robbed each day. As far back as 2019's, Imiera (2018) explained, South Africa was

indicated as the “Crime Capital of the world” Consequently many people believe that crime is out of control and consequently South Africans live in fear. This is even more accurate today with ever-rising crime and atrocities against women and children (Van Diemen, 2019). Imiera’s (2018) point of view regarding South Africans living in fear is reiterated by Business Tech (2017) with reference to the latest Victims of Crime Survey released by Stats SA which indicates the crimes that scare South Africans. In the survey, families and people were asked which crimes they see as the most prevalent in the country and which violations terrified them the most. The outcome of the survey is outlined by Business Tech (2017) indicating the following: “The 10 crimes South Africans perceive to be the most common in South Africa are, housebreaking / burglary 58.8%; street robbery 41.5%; home robbery 38.5%; assault 19.4%; business robbery 17.9%; pick-pocketing or bag-snatching 17.9%; murder 15.9%; livestock / poultry theft 10.9%; car theft or any type of vehicle 10.4% and vehicle hijacking 10.2%”. Business Tech (2017) also indicated the crimes South Africans fear the most are: “housebreaking / burglary 49.2%; home robbery 45.5%; street robbery 41.9%; murder 35.7%; assault 21.5%; pick-pocketing / bag-snatching 17.2%; business robbery 15.8%; vehicle hijacking 15.0%; car theft or any type of vehicle 12.8% and child abuse 10.9%”. The violent crime discussed here should not overshadow the many other forms of violence such as child abuse, wife battering, domestic assaults and rape. These "out of sight" forms of violence, which are generally directed towards women and children and the more helpless of society, affects more people than what is publicly acknowledged.

The country has always been characterized by violence, from the time of colonization, through Apartheid up till the crime related trauma of today. Williams and Erlank (2019) discuss the term "continuous" traumatic stress, rather than "post" traumatic stress. They explain that this is because of the ever-rising rates of trauma related incidents, for example, violent crime, sexual assault and trauma related deaths experienced by South Africans. Subsequently, it is fundamental that the extent of social work practices focus more on emotional wellness, trauma and PTSD. Social workers should strive to intervene professionally in dealing with trauma, as South Africans are apparently exposed to "continuous traumatic stress" as a norm for the foreseeable future. As far back as 2002 Herman (2002) used the term complex trauma. Balch and Loomis (2017) say that complex trauma refers to “multiple and/or prolonged experiences of adverse events during early life”, which often happen within the family or caring system.

Although social workers are confronted with the “out of sight” forms of violence on a daily basis, the underlying aspect of trauma

is seldom addressed. The reason for that might be that the significance of trauma is not properly understood. Schnyder et al. (2017) are of the opinion that adult survivors of childhood abuse and neglect are hesitant to seek specialized help based on reasons of stigma, shame, fear of rejection, lack of knowledge and fear to re-experience the trauma. Trauma is a subject we can no longer ignore and we therefore need professionals in the helping professions, including social workers that are equipped to address the traumatized society in South Africa. It is thus critical for social workers to have sufficient knowledge of the impact of trauma and the treatment thereof.

Kawam and Martinez (2016) clarify that social workers work with people with extended and difficult pasts of exploitation and brutality, sometimes with demanding physical and emotional needs. Social workers work every day with people who have experienced a traumatic event that has had an impact on their lives. Williams and Erlank (2019) confirm the problem in submitting that “Social workers in South Africa have to deal with victims of trauma on a daily basis and, with the already overstrained, limited resources available to communities, it is a significant challenge for social workers to assist traumatized victims promptly and appropriately”. It is clear that the existing undergraduate training given to social work students does not prepare them satisfactorily to deal with trauma in practice.

Williams and Erlank (2019) are of the opinion that it is the responsibility of social workers in practice who deal with traumatized people to develop their knowledge and skills with regard to trauma intervention. Social workers should engage in Continuing Professional Development (CPD) as it is not possible to equip them for every possible practice challenge in a generic undergraduate course. It is therefore clear that “a social work practice can take on many forms and regardless of the roles you fulfil as a social worker, you will need skills to master the roles and meet the needs of your clients. Each person has a story to tell and the social worker must elicit and understand that story in order to be an effective helper”, (Cummins, Sevel & Pedrick, 2014). This paper explored the need for trauma intervention by South African social workers through literature study.

## **2. Importance of Trauma Intervention**

Carbajal (2014) states that: “Trauma is a psychological or physical wound resulting from combat exposure, crimes, rape, kidnapping, natural disasters or accidents, which causes great distress and disruption in a person’s life and leaves long lasting psychological effects. These psychological effects affect the person cognitively, emotionally, and behaviorally and diminish the function and quality of life as the traumatic symptoms increase.” Carbajal (2014) further says that when traumatic

symptoms develop, the recognition thereof or ability to adapt weakens. The individual starts to lose trust in self, others, and their surroundings and cannot realize any meaning in the trauma. Moreover, trauma influences an individual somatically and neurologically. The message sent through the sensory system is excessively actuated and incongruent with the experience the individual goes through. These different messages at the emotional, cognitive, neurological, and physical levels stimulate signs of trauma like the ones triggered during the traumatic event, in spite of the fact that the individual is protected and out of risk. Van Dyk and Van Dyk (2010) describe trauma as “a psychologically distressing event that is outside the range of usual human experience”. They explain that trauma is most often the result of incidents such as rape, disasters, war, introducing fear, terror and helplessness to a person. “Trauma can also be seen as the influx of violent and urgent events which exceed the defensive capacity of the person, such that the person cannot master these events through normal adjustment processes” (Crocq, & Crocq, cited by Van Dyk & Van Dyk, 2010). Herman (2015) is of the same mind that traumatic events do not occur on the odd occasion but are extraordinary because of the overwhelming changes they cause in the lives of ordinary people.

### **2.1. Prevalence of Trauma in South Africa**

The prevalence of trauma in South Africa is confirmed by Schnyder et al. (2017) who observes that trauma is a global problem and traumatic events are shared and collective in the lives of people. Welsh (2018) refers to the fact that trauma is typically underreported and it is therefore difficult to obtain true statistics and a clear picture of the incidence. Furthermore, we often do not recognize the pain of others because we have very different notions of what a traumatized person should look like. Some people live with symptoms of trauma for years but cannot define them, or do not realize that they signal the presence of trauma.

Because most South Africans have encountered in any event one trauma, and many have endured numerous horrendous encounters, the assumption is that trauma is not an unusual occurrence in South Africa society, but rather a typical one. For that reason, the researcher’s observations from practice are in agreement with Kaminer and Eagle (2010) asking the same important questions such as, if trauma is normal, does this standardize it?; do individuals living in states of incessant brutality and traumatization in the end become desensitized to trauma and find useful approaches to adapt and adjust, or would they say they are in actuality more in danger for mental challenges and different ways of living?; do South Africans who live with daily viciousness build damaged characters or subjectivities for themselves (that is, do they consider themselves traumatized);

without trauma free standards against which to quantify their experience?

Violent crime in South Africa is currently very high according to South African Government Crime Statistics (2018) and concerns have been raised by South Africans that crime and violence pose severe threats to the South African economy and negatively affect the country’s development. Kaminer and Eagle (2010) confirm the concern: “South African citizens are widely and commonly confronted with anecdotal accounts of traumatic events, both in the course of their everyday lives and in the mass media, often articulated in the discourse of living in a dangerous and traumatized society. Along with this awareness of the frequent occurrence of trauma is a preoccupation with its psychological consequences. The notion of ‘posttraumatic stress’ has entered the public domain to the extent that this terminology is in common usage and is even used to describe the state of characters in popular local television dramas or ‘soap operas’. It is also noticeable that in media accounts of traumatic events there are frequent references to the fact that victims are receiving debriefing or counselling, suggesting that trauma intervention is offered by many practitioners of various levels of skill to large numbers of trauma survivors, with an assumption that such intervention should take place as a matter of course.”

De La Porte and Davids (2016) sketch the reality of living in South Africa today and say that South Africa has a long history of political brutality because of the battle against politically-sanctioned racial segregation, joined with progressing relational, community based, financial and political viciousness that have cumulatively prompted an abnormal additional exposure to trauma in communities. De La Porte and Davids (2016) further indicate that South African communities are confronted everyday with crime and violence and highlight some key traumatic incident tendencies such as violent crime, robbery with aggravating circumstances, sexual offences and assault with the intention to inflict grievous bodily harm.

Kaminer and Eagle (2010) argue that research has not reliably upheld the prevalent idea that South Africans, in general, are presented to more trauma than the universal standard. Practically 50% of all South Africans die because of the after-effect of relational viciousness, which is four-and-a-half times the rate of violence related deaths internationally. Accordingly, the generalization of South Africa as an especially risky society appears to be bolstered by such proof. Be that as it may, the best weight of trauma presentation falls upon South Africans who have been the casualties of political mistreatment (under the ongoing politically-sanctioned racial segregation framework inside the more extensive recorded setting of colonization), a

considerable lot of whom still keep on living in states of destitution and debilitation.

In September (2019) it was the 50th anniversary of the Tullbagh, Ceres earthquake. That was one of many natural disasters in South Africa. There is a high prevalence of flooding in South Africa, compounded with intermittent drought. In 1999 there was a freak storm or mini-tornado in Cape Town which resulted in structural damage to many properties. Other common incidents are related to thunderstorms, and in particular incidents where people are struck by lightning. The poor people are often influenced severely by natural disasters such as flooding, when they build their informal housing under the flood-lines, as they have no other alternative land. They also have no risk insurance and this only further challenges their resilience.

Kaminer and Eagle (2010) identify other types of traumatization that are regular among the South African populace. This incorporates diagnosis with a life-threatening sickness, for example, HIV/AIDS, injuries that are persistent because of business related mishaps (especially in the mining area). Van der Spuy (2014) remarks that the difficulties that face South Africans, for example, impoverishment, criminality, violence and HIV/Aids, make South Africans especially vulnerable to trauma. These high indicators of trauma are worrisome and further point to the extraordinary trauma continuum in South Africa.

Saakvitne et al. (2000) present vicarious traumatization and define it as a result of empathic concern for a second-hand engagement with traumatized individuals. The connection of the helping professions such as social work and psychology to vicarious trauma as an unavoidable part of working with traumatized clients are confirmed by Clark et al. (2015). The social worker's openness and sensitivity to the traumatized person can cause feelings of defeat, betrayal and distress just by listening to traumatic stories and their effects.

Williams and Erlank (2019) conclude by introducing the expression "continuous" traumatic stress, rather than "post" traumatic stress, that has become additional jargon in the field. They explain that continuous trauma happens because of the progressing rates of trauma related incidents, for example, violent crime, sexual assaults and trauma related deaths experienced by South Africans. Subsequently, it is fundamental that the extent of social work practices focus on emotional wellness, trauma and PTSD. Social workers should prepare themselves adequately for the successful use of practices when dealing with trauma, as the South African national scenario seems to be assailed by "continuous traumatic stress" for quite a while to come. Substance Abuse and Mental Health Services Administration SAMHSA

(2017) together with Taylor (2016) confirm that an individual may experience more than one very hurtful and disturbing traumatic incident. These incidents do not just disappear over time. Instead, one may feel the pain and the impact of these traumas for many years, even for the rest of one's life. At times, one may not even be aware of the impact directly after the trauma occurs and the lack of knowledge becomes a destructive force in one's life. The status of South Africans' emotional wellness remains a concern for social workers. To manage these psychological wellness is a concern in South Africa, social workers need to be familiar with the different practice approaches, interventions and models that are accessible in the treatment of trauma.

## **2.2. Need for Trauma Intervention in the Social Work Profession in South Africa**

The heart of the social work profession is to support people in difficult times, assisting individuals towards emotional healing, aiding them to reach their full potential and to improve their lives. Hare (2004) supports this description contending that the motivation for social work is to uphold human rights, addressing needs, empowering people and creating social integrity. The 2015 Educational Policy and Accreditation Standards (CSWE, 2015) definition of social work includes the promotion of human and community well-being and enhancing quality of life. Cummins et al. (2014) indicate that the social work profession has a history of helping people in difficult situations and sometimes marginalized. They outline the social work profession as having the ability and discipline of helping others.

Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living" (Cummins et al. 2014). The motivation and focus of a social worker in practice therefore is to improve well-being, to help people with their basic needs and to empower the defenseless and burdened person. The social work profession utilises an array of methods to achieve these goals. Wade (2009) confirms that although social work in practice has many variations, such as clinical social work, statutory work, group work and community work, the focus is always on the well-being of people. The challenge for social workers in South Africa is that the effects of life-threatening traumatic events on their client population are on-going and relentless and they have to deal with that daily.

The passiveness of universities in South Africa and The South African Qualifications Authority ACT (SAQA), about acting on the needs of practicing social workers regarding trauma intervention training means there is a huge gap. The researcher wanted to clarify these issues and therefore focused on literature dealing with the importance and need for trauma intervention in

the social work profession. This literature was instrumental in confirming the need for a trauma intervention manual.

Taylor (2016) indicates that helping professionals frequently work in demanding and hostile conditions. He is of the opinion that sometimes the professionals are not aware that they are dealing with a person that experienced trauma because the conditions are not indicative of trauma, or they may be conscious of the trauma but have no adequate knowledge to offer treatment.

The South African Qualifications Authority ACT (SAQA), No. 58 of 1995 states that the president of South Africa has authorised the development and implementation of a National Qualifications Framework. The motivation in this was to establish the South African Qualifications Authority and improve learning achievements, thereby enhancing the quality of education and training. The role of SAQA is thus to guarantee that South African qualifications meet benchmarked criteria and is equal to international standards. All educational programs must therefore be registered with SAQA.

According to SAQA the purpose and rationale of the qualification of Bachelor of Social Work is to equip students with:

- Skills to challenge structural sources of poverty, inequality, oppression, discrimination and exclusion.
- Knowledge and understanding of human behavior and social systems and the skills to intervene at the points where people interact with their environments in order to promote social well-being.
- The ability and competence to assist and empower individuals, families, groups, organizations and communities to enhance their social functioning and their problem-solving capacities.
- The ability to promote, restore, maintain and enhance the functioning of individuals, families, groups and communities by enabling them to accomplish tasks, prevent and alleviate distress and use resources effectively.
- An understanding of and the ability to demonstrate social work values and the principles of human rights and social justice while interacting with and assisting the range of human diversity.

- The understanding and ability to provide social work services towards protecting people who are vulnerable, at-risk and unable to protect themselves.
- Knowledge and understanding of both the South African and the global welfare context and the ability to implement the social development approach in social work services.
- Understanding of the major social needs, issues, policies and legislation in the South African social welfare context and the social worker's role and contribution.
- The skills to work effectively within teams, including social work teams, multi- and inter-disciplinary teams as well as multi-sectorial teams." (SGB Social Work, 2015)

From the researchers' experience of working in the field of trauma intervention, networking with other trauma counsellors and lecturing at the North-West University, it has become clear that traumatized people and practicing social workers often do not know what to do with trauma. South Africans feel unable to deal with the emotional pain caused by trauma. The impact and effect of trauma justifies specific skills and appropriate and correct intervention by a professional person. Taylor (2016) confirms that specific skills and planning related to trauma work are essential for helping professions and without such skills social workers could unintentionally re-traumatize or aggravate a person's symptoms and experience of trauma. Trauma intervention expertise thus becomes a vital need for social workers. A good example is the Boston University School of Social Work. They have a strong philosophy that trauma theory is a critical, fast developing field and that social workers need training in working with different people who are affected by diverse traumatic experiences, including community violence, natural disasters, war trauma, and terrorism. "The Trauma Certificate Program is designed at Boston University for social work students who are interested in gaining specialized training and knowledge in the field of traumatic stress and trauma-informed social work practice. Students in the program select an advanced field placement related to trauma, complete a set of courses focused on trauma-informed practice at multiple levels, and participate in an advanced seminar facilitated by a core of faculty with trauma expertise" (Boston University, 2017).

Consequently, the practices of social work in dealing with trauma call for understanding and knowledge of human development and behavior, civil and financial structures and different social

standards, accentuating the need for proper trauma intervention training of practicing social workers in South Africa. Cummins et al. (2014) further state that the essential social work values are grounded in the belief that all people want to reach their full potential. The aim of social work is to construct a safe environment to provide the opportunity to individuals to recover, develop and grow.

Booth and Adlem (2016) introduce the link between social work and trauma intervention, explaining that the purpose of trauma counselling is to assist in confronting the traumatized person's experience of the incident. Through this action the social worker helps the person to regain control and security by reducing the emotional charge of the incident, to decrease the symptoms and to find meaning. Taylor (2016) specifies that in order to provide proper trauma treatment, the professional person must competently use the knowledge, skills and values related to their professions. Greenstone and Leviton (2002) add that the social worker with inadequate clinical experience can worsen the trauma. They underline the importance of a specific systematic trauma intervention manual and confirm the unmet need for trauma intervention training of practicing social workers in South Africa.

Greenstone and Leviton (2002) further explain that an all-inclusive model creates awareness, for the beginner as well as the experienced social worker, of the importance of keeping the fine line of facilitating the traumatized person in the right direction. Finally, an intervention should suggest steps for how the social worker can purposely meet the person where he or she is at, evaluate the level of danger, activate resources, and move strategically to treatment.

Kawam and Martinez (2016) confirm that it is vital and key for a social worker to realize the impact of trauma. Social workers must know the nature of a traumatic event and what that experience does to a person, a family and a society. They contend that a social worker must be able to assess for traumatic events during intake and case management. In this manner, trauma selection progresses to be regulated and standardized in the services provided. By the same token, proper education on trauma strengthens the intervention given to clients who have experienced trauma.

Van der Kolk (2014) agrees that the training of skilled trauma therapists must include the impact of trauma, exploitation, abandonment and neglect. He suggests that the therapist must be taught a range of techniques in order to stabilize the individual, to deal with the traumatic memories of the person and to help the person reconnect with fellow men and women. Menschner and

Maul (2016) maintain that people who have experienced trauma can be best helped by social work practices in which the social workers are adequately trained in trauma intervention. These practices need both organizational and clinical changes to increase the engagement with the traumatized people and to deliver results. Menschner and Maul (2016) specify important elements of trauma intervention, starting with the two basic organizational components:

- Leading and communicating to the social worker the changes regarding trauma intervention process within the organization.
- The social workers must be given proper and adequate training in trauma intervention.

The clinical element commences by engaging the traumatized people in the treatment process. Another important element is to engage the social work practices in referral sources and to partner with other organizations. Menschner and Maul (2016) further explain that this transformation of the social work practices is important to trauma intervention and the following core principles must be reflected on:

Empower the traumatized person.

- Tell people about trauma intervention options so that they can decide which option they like best.
- Get the best out of partnerships and associations with other health care professions and organizations.
- Ensure the physical and emotional safety of the traumatized person.
- Note exact expectations about what the trauma intervention will involve, who will provide the intervention and how the intervention will be delivered.

These principles form a core standard for organizations and social workers when dealing with trauma. In order to deliver adequate trauma intervention some organizations may need to adjust operations, revising regulations, allocation more resources, changing strategies and sometimes update the clinical instruction handbooks. Helping professionals are supposed to be created to help individuals dealing with the impact of trauma and assist in personal growth and developing their full potential. Unfortunately, not all helping professionals are educated and equipped to assist in trauma intervention. Taylor (2016) draws the

attention of professionals who work with trauma to the importance that they not only need competencies in helping people deal with the trauma, but also need to manage their own emotional involvement. He feels strongly that one of the difficult aspects of working with traumatized people is the emotional impact this may have on the helping professionals. Competent professionals and, especially social workers, need to understand and develop emotional competency to cope with the secondary trauma that is likely to be generated from working with traumatized people.

Ruben et al. (2007) confirms that components of professional competencies form part of formulating standards to get accreditation for an institution to train future professionals. Adequate knowledge is thus vital in the process of defining a programme curriculum, documentation of requirements and professional expectations related to the field. It would therefore be reasonable to argue that a competent social worker dealing with trauma must have adequate knowledge gained through proper education, that will develop conducts and actions associated with the profession and is currently an unmet need in South Africa. Unfortunately, helping professionals in many cases and specifically in the undergraduate social work programs in South Africa are not afforded the necessary educational training to provide trauma treatment.

Social workers are often faced with cases involving trauma and may not be aware that the underlying cause is related to a traumatic experience. Gardener et al. (2007) (cited by Taylor, 2016:8) confirms the importance of sufficient training by quoting “those who believe they have mastered the knowledge related to a task are likely to endorse higher levels of self-efficacy.

### 3. Conclusion

The purpose of this study was to examine and interrogate the results of other studies that are closely related to trauma. The literature consulted established a continuous exchange of ideas on trauma and filled epistemic and evidence-based gaps. This literature study provided a structure for establishing the significance and meaning of the study as well as a benchmark to link the findings. The reviewed literature also provided guidance to state broad goals and specific objectives for designing a trauma treatment manual.

The literature content channeled the selection of actions for the design of a manual that can train practicing social workers. Different trauma intervention practices were clarified in this study, highlighting important activities that influence a person’s reactions to the healing process. It is clear that trauma

intervention can no longer be viewed as an incipient action: it has now developed into a major healthcare field.

All of the interventions discussed in this chapter stimulated ideas and influenced the development of a trauma intervention manual. The parallel and almost matching components of Herman’s (2015) intervention model, the Wits model described by Masson et al. (2016) informed the outline of three phases as well as the different sessions within the phases, enhanced by the Trauma Incident Reduction (TIR) intervention (Gerbode, 2006). A selective combination of the approaches in this literature study will contribute to the development of a trauma intervention manual.

South Africans remain threatened by events that expose them to trauma. Social workers as one of the human service professionals in South Africa are not well trained to deal with trauma patients. Though there are trauma intervention models in place, we argue that there is a need for specific trauma intervention (s) model for social workers in South Africa and recommend that such a model or models will form part of the social work curriculum in the country.

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