RENDERING TRAUMA-INFORMED SERVICES: EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF SOCIAL WORKERS

By

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DECLARATION

I, Rhulani Sherlock Bopape (Student No: 4114-075-3), declare that **Rendering trauma-informed services: Experiences, challenges and coping strategies of social workers** is my own work and that all sources that I have quoted have been indicated and acknowledged by means of complete references.

24 Janaury 2022

Signature Date

(Ms R.S Bopape)

DEDICATION

This thesis is dedicated to my husband Joseph Bopape and our three children, Rorisang, Phenyo and Mohau Bopape. For being patient as their precious time with me was consumed for a long time by me studying books, and for always being supportive to me, even when it seemed impossible to complete. It is also dedicated to my parents, Adolpf Alfred Rikhotso and Ennie Moyavo Rikhotso, who stood by my side and prayed for me throughout this journey. Your love has been an indescribable source of comfort and strength, pulling me through tough times and helping me to remain focused.

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ABSTRACT

Background of the study: Social workers are confronted with persons' experiencing extreme levels of trauma in South African communities. Limited research has so far been documented regarding the experiences, challenges and coping strategies of social workers rendering trauma-informed services in South African communities.

Aim: The aim of this study was to explore the experiences, challenges and coping strategies of social workers rendering trauma-informed social work services in the Waterberg District of the Limpopo Province.

Methods: A qualitative research approach was applied, utilising a phenomenological research design supported by the explorative, descriptive and contextual research designs. The ecological systems theory and trauma-informed perspective were the underlining theoretical frameworks. Semi-structured interviews assisted with an interview guide, were used for data collection from a sample of purposively selected social workers employed in the Department of Social Development in Limpopo Province in the Waterberg District. Data analysis was done according the eight steps of Tesch (in Creswell 2014:198) and data verification of collected data was done according to the model of Lincoln and Guba (Lietz & Zayas 2010:443). The study complied with the ethical principles of informed consent, anonymity and confidentiality, privacy, beneficence and thorough management of information.

Results: The social workers concerned encountered *positive experiences and negative experiences* while rendering trauma-informed services. The positive experiences resulting in feelings of intrinsically reward and self-actualisation served as motivational factor and feelings of work satisfaction. Negative experience included secondary trauma and over-identification with clients (counter-transference) because of rendering trauma-informed services.

The social worker's *challenges* regarding rendering trauma-informed services included challenges in their work circumstances, wherein social workers felt unsafe and unsupported. They lacked resources, had high caseloads and had to deal with uninformed and uncooperative stakeholders in their work circumstances. The social workers' challenges also included dealing with resistant clients while rendering services. *Coping strategies* utilized by the social workers rendering trauma-informed services, included seeking counselling and joining the employment assistance programmes, getting support from supervisors and others, self-care strategies, their religion, engaging in different constructive activities and destructive activities. The social workers made several *suggestions to improve internal organisational structures* with regards to rendering trauma-informed services. These included suggestions that the Department of Social Development should provide support and debriefing services to social workers, development of multi-disciplinary teams, suggestion for staff training and ensuring a safe workplace in the organisations.

KEY TERMS: Experiences, challenges, coping strategies, trauma-informed services.

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LIST OF ACRONYMS AND ABBREVIATIONS

CBT	Cognitive behavioural therapy
CPD	continuing professional development
COVID-19	Corona Virus Disease of 2019
CPA	Child Physical Abuse
DSD	Department of Social Development
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye movement Desensitization and Reprocessing
EPCSRP	Evidence-based Practice Centre Systematic Review Protocol
GBV	Gender-based violence
IFSW	International Federal of Social worker
IPT	Interpersonal Therapy
IPV	Intimate partner violence
ISC	Intersectoral collaboration
IT	Information technology
JD-R model	Job Demands-Resources Model
LCSW	Licensed clinical social workers
LPRC	Limpopo Province Research Committee
NASW	National Association of Social Workers
OSHA	Occupational Safety and Health Administration
PC	Personal computer
PFA	Psychological first aid
POE	Portfolio of Evidence
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
RC	Truth and Reconciliation Commission
SA	South Africa
SACSSP	South African Council for Social Service Professions
SAMHSA	Substance Abuse and Mental Health Services Administration
SANAW	South African National Association of Social Workers
SAPS	South African Police Services
STATS SA	Statistics South Africa

TIP	Trauma-informed practice
TIPs	Trauma-informed practices
TIS	Trauma-informed Services
TRC	Truth and Reconciliation Commission
VPC	Violence Policy Centre
WHO	World Health Organization

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 GENERAL INTRODUCTION

In this chapter the topic under investigation is introduced with a presentation of the background of the study, the problem formulation and problem statement which guided the research study. The rationale for the study and the theoretical framework is discussed. This is followed by the formulation of the research question**,** goal, and objectives. The description of the research methodology and methods are presented including the methods of data collection, data analysis and data verification. Ethical considerations underlying to the research, the clarification of key concepts used in the study and the structure and format of the research report are presented, before concluding the chapter with a summary.

1.2 BACKGROUND OF THE STUDY

Trauma and its aftermath constitute a growing concern across the world (Lopez-Zeron & Parra-Cardona 2015:60). With the coronavirus disease (COVID-19) pandemic which commenced in December 2019 in China, upcoming research showed that the prevalence of traumatic stress symptoms as a result of this ongoing global stressor, are further creating more traumatic distress and exacerbating mental health disorders in populations worldwide (Bridgland, Moeck, Green, Taylor Swain, Nayda, Matson, Hutchison & Takarangi 2021:1). Social work service delivery is therefore presently confronted with “facing increasingly complex client needs during the covid-19 pandemic, not only the interpersonal societal and economic impact of the pandemic, but as well as the mental distress and traumatic experiences of clients accompanying this time frame” (Ashcroft, Sur, Greenblatt & Donahue 2021:2).

Traumatic experiences could take on many forms. It may for instance include community violence, sexual, physical or emotional abuse of children, intimate partner violence, war and natural disasters that all have a devastating multi-dimensional effect on the victims (Anyikwa 2016:484). The devastating worldwide effects of trauma on individuals, families and communities, force many affected people to look up to social workers across different systems of service delivery for assistance for all

kinds of problems (Levenson 2017:1). Many health and social problems are linked to trauma. Therefore, it is noted that following a trauma-informed perspective is important and relevant for social work practice (Bowen & Murshid 2016:223). Trauma-informed care provides services that are appropriate to the needs of trauma victims and takes cognisance of the possibility that clients may have experienced some form of past or present traumas influencing their present situation (Kusmaul, Wilson & Nochajski 2015:25).

The implementation of trauma-informed guidelines in organisations is challenging and forces service providers to examine their present policies and to develop procedures to create sensitivity in rendering services to clients who experienced trauma, as well as to employees of organisations in the same situation (Wolf, Green, Nochajski, Mendel & Kusmaul 2014:112). Internationally and nationally an increasing need has emerged for broader organisational or service-level systems of care, that respond to the needs of clients with a lived experience of past or present traumas, going beyond a clinical response (Wall, Higgins & Hunter 2016:2).

South Africa has an increasing reputation for being a highly dangerous place because of crime, violence and injury and high levels of trauma experienced in South African communities (Kaminer & Eagle 2010:8; McLea & Mayers 2017:423). It is estimated that in South Africa, 73.8% of the adults will experience at least one traumatic event (Atwoli, Stein, Williams, Mclaughlin, Petukhova, Kessler & Koenen 2013:182; Williams, Williams, Stein, Seedat & Moomal 2007:845-855). The situation in South Africa, that is known for its racial segregation and political violence before 1994, suggests a high level of trauma exposure amongst the members of the general population and especially in disadvantaged and resource-poor communities (Atwoli et al 2013:182; McLea & Mayers 2017:423). Decades of apartheid and political violence have created environments where violence is used to react to injustice and victimisation to resolve conflict (Norman, Schneider, Bradshaw, Jewkes, Abrahams, Matzopoulos & Vos 2010:1).

Data from high-income and low- and middle-income countries indicated that the majority of all people will experience a traumatic event in their lives (Kaminer, Du

Plessis, Hardy & Benjamin 2013:112). However, studies showed that trauma exposure is higher in lower-income countries in comparison with high-income countries (Atwoli et al 2013:182). Post-traumatic stress disorder (PTSD) prevalence rates were the highest in post-conflict settings, like that of South Africa (Atwoli et al 2013:182).

Internationally, trauma–informed care is implemented in social work practice settings because of improved findings of integrated service delivery outcomes (Kusmaul et al 2015:25). Social workers worldwide, are presently becoming more aware of the need for trauma-informed services in all different social service settings, including that of family and child welfare organisations (Becker-Blease 2016:131; Knight 2015:25). Presently there is not a fixed standard of measurement to assess the degree to which an organisation is delivering trauma-informed services (DeCandia, Guarino & Clervil 2014:16). Rendering trauma-informed services is suggested as being part of an integrated approach in service delivery in all organisations worldwide (DeCandia, et al 2014:16; Dass-Brailsford & Myrick 2010:202).

Practising trauma-informed social work takes into consideration that a client's presented problems may also be related to past victimisation and traumatic experiences (Knight 2015:26). Trauma-informed practices assist clients to extend their skills and competencies to manage their lives more effectively (Knight 2015:26). Trauma-specific interventions focus on the treatment of post-traumatic stress disorders (PTSDs) and other trauma related disorders. Trauma-informed social work services provide care to victims which is sensitive to focus not just on the social problems experienced by a client but also on the special needs of clients who experienced trauma (Kusmaul et al 2015:25).

Trauma-informed social work service delivery involves the awareness of possible traumatic experiences of clients and the influence of traumatic experiences on clients' holistic functioning. Trauma-informed practices should follow certain principles of safety, trust, choice, collaboration, and empowerment. These principles link closely with the principles of the social developmental approach, followed in social welfare in South Africa (Bowen & Murshid 2016:223). The developmental

approach as postulated by Patel (2015:127) includes “the practical and appropriate application of knowledge, skills and values to enhance the well-being of individuals, families and communities in their social context” and supports social policies to promote change through the person-environment reciprocal interaction. The features of the social developmental approach further encourage the promotion of human rights and human development, the integration of social and economic development encourages people’s participation, collaborative partnerships and the integration of micro and macro practice (Lombard 2015:482-499). Trauma-informed services also consider the role of adversity and the relationships between trauma, poverty, and oppression, which are underlined in the characteristics of the social developmental approach. The core values of social justice and promotion of services to vulnerable groups are underwritten by trauma-informed practices, further highlighting the close synergism of the principles of trauma-informed services and the developmental approach followed in South Africa (Levenson 2017:105). Trauma-informed service delivery in the context of the social developmental framework of social welfare is therefore a relevant and necessary subject to pursue.

In terms of the framework of service delivery of the Department of Social Development (DSD) (South Africa 2013:6), social workers in South Africa are especially focusing on rendering services to vulnerable individuals and groups, including clients who have been traumatised in various ways or have histories of life-time trauma. In practice, social workers are often the professionals who encounter and must render assisting services to victims who have experienced trauma (Fogel 2015:5).

In formulating an internationally acceptable definition for ‘trauma’, a known classification system accurately describing bio-psychosocial symptoms is used for the clarification of certain concepts (Dziegielewski 2014:5). In the authoritative *Diagnostic and statistical manual of mental disorders V (DSM-5)* (APA 2013:271), trauma is defined as “a terrifying experience which is having psychological and physical effects causing the individual to feel threatened”. A traumatic event as such, is defined by the same source as “exposure to a threatening situation or exposure to a near death experience, injuries and violence which may be direct or indirect

exposure, as well as hearing from such incident to some close relatives or family members" (APA 2013:271). A traumatic event can therefore be experienced directly, indirectly, or as a learning experience about a traumatic event that happened to someone close.

Victims experiencing trauma do not necessarily develop permanent mental problems, but some individuals experience on-going negative consequences of trauma, which impair their well-being and require further psychological or psychiatric treatment. When on-going negative consequences of the trauma are experienced, a diagnosis of post traumatic disorder (PTSD) will be taken in consideration (Kaminer & Eagle 2010:28). Post-traumatic stress disorder is a diagnosis for a mental disorder described in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) (APA 2013:271), and includes many symptoms such as involuntarily intrusive memories, recurrent distressing dreams, avoidance of distressing thoughts and feelings related to the event and avoidance of external reminders of the event because of the experiencing of the traumatic incident or incidents.

International studies indicated that in developed countries, between 28 and 90% of people experience at least one traumatic event during their lifespan, and that most common traumatic events were death of a close family member or friend, motor vehicle accidents and being robbed (Benjet, Bromet, Karam, Kessler, McLaughlin, Ruscio, Shahly. Stein, Petukhova, Hill, Alonso, Atwoli, Bunting, Bruffaerts, Caldas-de-Almeida, de Girolamo, Florescu, Gureje, Huang, Lepine, Kawakami, Kovess-Masfety, Medina-Mora, Navarro-Mateu, Piazza, Posada-Villa, Scott, Shalev, Slade, ten Have, Torres, Viana, Zarkov & Koenen 2016:327). The tendency of persons in the United States of America to experience traumatic incidents during their lifetimes is rated as between 40 to 80% (Littlechild, Hunt , Goddard , Cooper , Raynes, Wild 2016:36).The tendency of experiencing PTSD is estimated as being 1% to 2% in Western Europe, 6% to 9% in North America and just over 10% in countries suffering from decades of violence (Swain, Pillay & Kliewer 2017:1). The prevalence of life-time PTSD amongst South Africans is estimated as 2.3%, with 50% of these PTSD diagnoses being associated with violence (Atwoli et al 2013:182).

Quite a number of research studies documented that experiencing traumatic events has detrimental effects on people's physical and psychological health, thereby contributing to dysfunctional patterns in their lifestyle (Benjet et al 2016:327). A national study of South African adults, the Stress and Health Survey conducted between 2002 and 2004, describes a spectrum of potentially traumatic events and post traumatic disorders in the South African general population (Atwoli et al 2013:182). To compile a list of most of the causes of potential traumatic events South Africans may experience, the potentially traumatic events which may have a negative influence on a person's general well-being were divided into the following seven categories (Atwoli et al 2013:182):

- War experiences (including the injury and torturing of refugees).
- Physical violence (such as physical abuse, domestic violence, assault, mugging, having been kept hostage with a weapon and kidnapping).
- Sexual violence (having been raped, sexually assaulted, and stalked).
- Accidents (including toxic chemical exposure, automobile accidents, natural disasters and chronic, debilitating illnesses).
- The decease of a loved one.
- Events involving family and close friends (for instance chronic illnesses of children, a traumatic incident that happened to a person of importance, and the accidental injury or the death of a family member or close friend).
- Witnessing traumatic incidents (such as witnessing a person dying, having been confronted with dead bodies or witnessing domestic violence).

Social workers in South Africa often encounter clients who had traumatic experiences that could influence their levels of functioning, problem solving capabilities and activate a need for trauma-informed services (Levenson 2017:1). Social workers are often the first line of service delivery available to victims of trauma, especially in poor and disadvantage communities where the availability of specialised services is limited and too expensive (McLea & Mayers 2017:424).

The rates of traumatic experiences, experienced in indigent South African communities, point out the need for "local, contextually-specific understandings and interventions to emerge" and for researchers to understand "the intersection of continuous trauma and the structural violence of poverty which creates a particular challenge for South Africans" (Kaminer & Eagle 2010:154). Guidelines to assist social workers in practice settings in rendering services to trauma victims, especially those related to the characteristics of South African communities, can improve integrated service delivery. Rendering integrated services, including trauma-informed services requires social workers to embrace the generalist approach, that is the guiding framework of the developmental approach and the guidelines of rendering social services in South Africa (Patel 2015:204). The 'generalist' social worker is "a social worker who wears many hats and can change them often in response to competing client and community needs" (Lavitt 2009:462). Social workers therefore need to be efficiently equipped in social work practice to render services to trauma victims in need for trauma-informed services.

The high rate of appearance of victims of trauma in South Africa raises curiosity about social workers' experiences, challenges, and coping strategies in rendering trauma-informed services. Social workers in South Africa are also confronted with challenges in their service delivery since the acceptance of the new welfare policies from 1997 which influence the quality and effectiveness of service delivery (Sibanda & Lombard 2015: 335). The social welfare service delivery in South Africa is operating in an environment of post national trauma resulting in complex issues of poverty, violence, social inequality, and lack of persistent service delivery to the majority of South Africans, posing serious challenges for social workers to achieve the developmental goals (Abdullah 2015:44). Suggesting guidelines for integrating trauma-informed services in social work practice can therefore improve service delivery, which is indicative of the need for the current research.

The working relationship of social workers in South Africa, with their unique circumstances in service delivery and frequent encountering of trauma victims in their practice settings, make specific demands on the service rendering of social workers in South Africa. Therefore, the undertaking of this timely exploration of their

experiences, challenges, and coping strategies in delivering of trauma-informed services with a view to make suggestions for social work practice for more effective service delivery.

1.3 PROBLEM FORMULATION AND PROBLEM STATEMENT

All research arises with the identification and clear formulation of a research problem (Babbie & Mouton 2016:73). The first and most important step in undertaking a research study, is the formulation of the research problem to be addressed (Akhtar 2014:1210). Formulating a research problem requires the researcher to develop a specific focus for the research study (Maree 2016:26). Hence the focus falls on the formulation of the research problem underlying to this research and the factors leading to it.

Historically, psychosocial service systems, including social welfare services have rendered services to people who have experienced trauma without acknowledging, understanding, or addressing its impact and the role trauma plays in creating other psychosocial problems (DeCandia et al 2014:3). Presently, there is an internationally and nationally arising awareness of the importance of trauma-informed service delivery in social welfare organisations (Kusmaul et al 2015:25; Becker-Blease 2016:131; Knight 2015:25).

Statistics in the United States of America have indicated the following tendencies of trauma experiences of clients with whom social workers are dealing with in various service systems (DeCandia et al 2014:3):

- The justice system in the United States of America indicated that 96% of female offenders have experienced trauma, often in the form of sexual abuse and intimate partner violence and 75%–93% of youth involved with juvenile justice have experienced trauma.
- Statistics regarding homeless mothers found that 93% of them had a lifetime history of interpersonal trauma and 83% of homeless children have been exposed to at least one serious violent event by age 12.

- Mental and behavioural health statistics showed that 93% of psychiatrically hospitalised adolescents have histories of physical and/or sexual and emotional trauma.
- Statistics of women veterans who have been exposed to trauma during their lifetimes were 81%–93%.
- Child welfare organisations indicated that 50% of children and youth in the child welfare system have experienced trauma.
- The percentage of school-aged children in educational facilities who have been exposed to a traumatic event was an estimated 25%.

In a review study regarding violent crimes in South Africa undertaken in 2007, it was concluded that South Africa ranked on the top of the world's league tables for violent crimes (Kaminer & Eagle 2010:13). Monthly surveys conducted regarding crime by Galal (2021) are confirming the tendency of crime and violence in South Africa being still one of the highest among other countries. The youth in South Africa are especially vulnerable and twice more likely than adults to become victims of crime, thus experiencing trauma (Kaminer & Eagle 2010:15). South African women and girls are also at high risk for experiencing sexual violence and intimate partner abuse (Kaminer & Eagle 2010:16). Limited studies are available regarding the specific prevalence of trauma under South African populations and specifically the trauma experiences of children in Southern Africa (Smigelsky, Aten, Gerberich, Sanders, Post, Hook, Ku, Boan & Monroe 2014:362). A study done in Kenya and South Africa, showed that 80% of male and female adolescents experienced traumatic events and PTSD symptoms, with the South African youth having reported significantly higher levels of PTSD and posttraumatic stress symptoms (Seedat, Nyamai, Njenga, Vythilingum & Stein 2004: 169-175).

Social workers frequently must deal with clients who have experienced trauma, but there are limited resources and access available to social workers for the referral of clients to mental health facilities (Blokland 2014:75). Social workers who need to address all the challenges of presenting problems of clients daily, may feel overwhelmed and may not always be able to assist individuals dealing with trauma related experiences (Knight 2015:28).

Limited research is documented in indigenous literature in South Africa about counsellors' experiences, challenges and coping strategies in delivering trauma-informed services to clients in the communities (Benjamin 2014:4). Some South African researchers explored the trauma experiences of and interventions for individuals in specific communities but there is still a lack of research exploring the nature of trauma interventions and service delivery in South African communities (Ahmed, Seedat, Van Niekerk & Bulbulia, 2004; Appelt, 2006; Dinan, McCall & Gibson, 2004; Edross 2008).

Against this background the problem statement for this study was as follows:
Knowledge is required about the nature of the experiences, challenges and coping strategies of social workers rendering trauma-informed services, with a view to make suggestions for social work practice with traumatised clients.

1.4 RATIONALE FOR THE STUDY

The rationale for a study is described by indicating the reason why the researcher developed an interest in this particular topic and why the research is worthwhile to be conducted (Maree 2016:30; Creswell & Poth 2018:131). In other words, the rationale of a research study is the justification of the proposed study, supported by a literature review (Davis 2014:93). Therefore, the rationale of a study can be summarised as referring to the reasons why the researcher wants to conduct the study.

As a social worker previously employed at the Department of Social Development, the demands of service delivery and the challenges social workers experience in dealing with clients with trauma-related problems, provoked the researcher's curiosity about their experiences, challenges and coping strategies in this service delivery. Resources for referral of clients who experienced trauma-related problems and access to professional services are limited and expensive. This results in social workers having to deal with caseloads of clients experiencing trauma-related problems who need to be effectively assisted, raising questions regarding social workers' nature of service delivery with trauma-related issues (Masson 2016:235).

Creswell (2014:17) therefore postulated that when a researcher discovers a lack in the knowledge base of a certain topic, as indicated above, this could lead to an investigation to address this identified dearth of information.

As discussed in the Introduction (1.1.), experiencing trauma is globally acknowledged as a problem facing most individuals and communities (Smigelsky et al 2014:362). The countries situated in Sub-Saharan Africa are known for their human rights violations, ethnic and civil conflicts, disease epidemics and conditions of poverty-trauma amongst communities (Smigelsky et al 2014:362). In South Africa, which is a developing country, the estimated experience rate of adults is at least one traumatic event amongst 73.8% of the population (Atwoli et al 2013:182; Williams et al 2007:845-855). Social work has always served society's most vulnerable individuals and groups and all areas of practice have clients who have been traumatized in some way (Allen & Strand 2017:1). Trauma-informed services are increasingly recognised as an important component of social work service delivery because of the diversity of clients with backgrounds of traumatic experiences (Capezza & Najavitis 2012:390). In child and family welfare services social workers often deal with clients with behaviour related to traumas experienced (Wall, Higgins & Hunter 2016:2).

During the past two decades, the South African social welfare policy went through many changes to adapt into a developmental approach that promotes human rights and social justice and implementing the developmental framework for service delivery (Sibanda & Lombard 2015:335; McLea & Mayers 2017:423). Taking into consideration the adjustments and the changes of the political and legislation arena in South Africa, social workers are confronted with experiencing unique challenges in their professional occupational environments, implementing new policies and having to cope with high caseloads, limited infrastructure, funding restraints, poor working conditions, lack of support and increasing demands for service delivery (Sibanda & Lombard 2015:335; Calitz, Roux & Strydom 2014:155).

The interaction of a variety of factors influencing social workers rendering services to victims of trauma needs to be considered. Inadequate research is available

regarding the experiences, challenges and coping strategies of social workers rendering trauma-informed social work services. Hence, the rationale for undertaking this study was to contribute to the knowledge base of social work practice and suggest guidelines for social work practice of specific relevance in the present climate of many South Africans experiencing various forms of trauma.

1.5 THEORETICAL FRAMEWORK

The theoretical framework of research contains specific theories that relate to the study under investigation (Bezuidenhout 2014:55). The theoretical framework applied assists the researcher to focus the research, to test or apply the theory to the relevant research strategy (Maree 2016:32). In qualitative research the theoretical framework is a guiding factor to ensure that the study will excel in describing the matter at hand (Padgett 2017:60). The current study was underpinned by two theoretical frameworks, namely the ecological systems theory and the trauma-informed perspective which respectively entail the following:

1.5.1 Ecological systems theory

This study was guided by the overarching lens of the ecological systems theoretical framework assisting the researcher in understanding the environmental demands on the personal, interpersonal, social competencies and work environments of people (Kemp 2010:3). The ecological systems theory explains how human development is influenced by different types of systems and subsystems in a person's environment.

Important principles underlining the ecological systems theory include the focus on the complex, reciprocal and dynamic relationships of the person and environment. In this research study it refers to the relationship of the social workers with their environmental interactions and relationships in their personal and professional work environment (Molepo 2014:42). The concept of understanding people and their environment within their relationships and interactions with the various systems and subsystems is a guiding principle in the ecological systems theory (Kemp 2010:3).

The ecological systems theoretical framework is a metatheory or higher order theory which integrates a multilevel and multi-dimensional approach to the person-environment relationship. This takes cognisance of the influences of various systems in a person's environment which can have a significant impact on the person's biopsychosocial functioning (Kemp 2010:3).

Traumatic stress experiences often focus on the person and the person's reaction to the traumatic event. The ecological systems theory assists the researcher to create a broader understanding of social workers' context of rendering services to clients who had experienced trauma. This is done by taking into consideration the context of the service provider's environment and the interconnected relationships, which may include family, friends, their work-environment, the community and the person's relation with him or herself (De La Porte & Davids 2016:46).

The different systems of importance identified by Bronfenbrenner (1979:22), which play a role in a person's life cycle in each context, are the micro-, meso-, exo-, macro- and chronosystems. These different systems are illustrated in Figure 1.1 as adapted from Ambrosino and cited in Molepo (2015:50) and are discussed and applied to this research study.

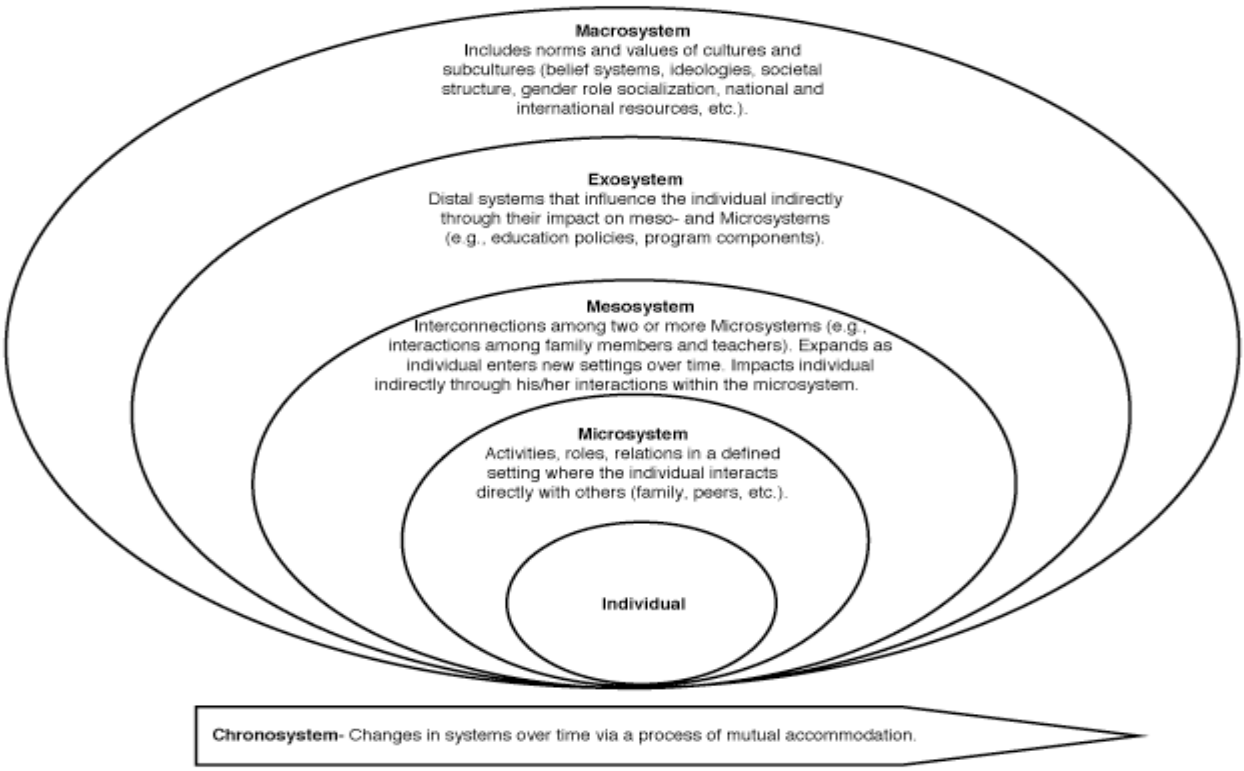

Figure 1.1: Systems of the ecological systems framework

The *micro-system* is the first system surrounding social workers on a personal level which includes direct roles and interconnections with family members, friends and peers. Social workers' professional work-related environments on a micro level include direct trauma-informed service delivery to clients and the interactions and relationships within the organisation. This accentuates the interconnectedness and reciprocal interactions of subsystems underlined by the ecological systems theory (Molepo 2015:51; Rosa & Tudge 2013:246). The personal characteristics of social workers including their intellectual and emotional abilities, roles, motivations, and own traumatic life experiences are also seen as a part of the social worker's micro level functioning, which plays a role in rendering trauma-informed services (Molepo 2015:51).

The *meso-system* includes the interconnections of the different micro-systems in which a person is involved (Rosa & Tudge 2013:246). Social workers are daily influenced by different personal and work-related contexts. In their work environment

this may include networking and collaborating with other organisations and role players, with all these systems having their own interactional dynamics.

The *exo-system* involves links between social settings in which the individual does not have a role to play and is not even present in the specific context. The individual may however be influenced by its dynamics (Ambrosino, Hefferman, Shuttleworth & Ambrosino 2012:50). This means that on exo-system level, social workers may be influenced by dynamics where they are not personally involved, like the accessibility of resources and policies, which may influence the rendering of trauma-informed services in their organisations.

The *macro-system* describes the influence and relationships of the cultural context, society's values, socio-economic status, international resources, and ethnicity which indirectly affect social workers' trauma-informed service delivery (Kail & Cavanaugh 2010; Ambrosino et al 2012:56). The macro systems may influence social workers in delivering trauma-informed services because of decisions made about legislation and policies on national level. The macro system also includes communities where community violence may be present and the influence of the socio-cultural of service delivery in communities (Molepo 2015:55). The importance is for social workers to advocate for policies which include sensitivity towards the influence of trauma on individuals, groups and communities and to further embrace trauma-informed principles in policies.

The *chrono-system* is prevalent because it is concerned with changes happening over time and includes past historical events which have an impact on the individual (Neal & Neal 2013:729). Looking at the chrono-system, which includes the political environment of South Africa which have changed considerably over the past two decades, resulted in influencing social work service delivery in the social welfare system considerably. The COVID-19 pandemic is having a considerable worldwide impact and may be seen as part of the chrono-system, which exacerbated the prevalence of traumatic stressors and involvement of social workers dealing on different levels with the impact of the pandemic (Ashcroft et al. 2021:2).

Using the ecological systems framework ensured that the researcher has taken all systems and their reciprocal interrelationships into consideration in conducting the research. The ecological systems theory underlining this study required the researcher to develop a multidimensional understanding of the positive and negative aspects which can affect a social worker's personal and work-related well-being and functioning in delivering trauma-informed services on multiple levels.

1.5.2 Trauma-informed perspective

The trauma-informed perspective views the presenting of "trauma-related symptoms and behaviours as an individual's best and most resilient attempt to manage, cope with, and rise above his or her experience of trauma" (Substance abuse and Mental Health Association (SAMSHA) 2014:3). The trauma-informed perspective in social work service delivery starts within organisations which require a continuous process of awareness, sensitivity, engagement of stakeholders, quality improvement and a cultural change on organisational levels to embrace the different key elements of adopting a trauma-informed perspective (SAMSHA 2014:4). Organisations can become trauma-informed regardless of the services they provide, by embedding the principles of trauma-informed services in their policies and practice guidelines and providing the necessary training for staff members.

Many clients who seek treatment in social welfare settings have histories of trauma, without recognising the significant effects of trauma in their lives. Clients may also be unable to draw connections between their trauma histories and the role it plays in their experience of their present challenges (SAMHSA 2014:3). Likewise, treatment providers including social workers, may also not ask questions that elicit a client's history of trauma, or may feel unprepared to address trauma-related issues proactively, or may struggle to address traumatic stress effectively within the constraints of their treatment programme, the programme's clinical orientation, or their agency's directives (SAMSHA 2014:3). Concluding the importance of organisations and social workers to implement the necessary steps to move toward a trauma-informed service delivery culture, to be in a better position to assit victims of trauma more adequately.

Defining the concept of rendering trauma-informed services from a trauma-informed perspective can be summarised as follows: “Trauma-informed practice means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work” (Ministry of Youth and Family Development 2016:10). The trauma-informed perspective incorporates the acknowledging by social workers and service providers of the role that trauma can play in their clients’ biopsychosocial functioning; recognises how trauma affects clients functioning and behaviours, as well as that of organisations, including its own workforce; and responds appropriately and with the necessary knowledge and skills to clients’ needs.

Trauma-informed practising social workers respect the trauma victim’s self-determination, understand difficulties with trust in relationships and assist in rebuilding healthy interpersonal and coping skills, by always keeping in mind the ecological systems perspective of the influencing interactions of the person-in-environment (SAMSHA 2014:6). The trauma-informed perspective considers the impact of early adversity on an individual’s functioning across a person’s lifespan and is the second theoretical framework which underlines this study.

Social justice and the promotion of services to vulnerable groups are also underwritten by the trauma-informed perspective (Levenson 2017:105). Trauma-informed practices assist trauma victims to develop their own strengths for managing their problems and to function more effectively in their daily lives, by accentuating the strength-based perspective as a significant point of departure in trauma-informed service delivery (Knight 2015:26).

The Framework for Social Welfare Delivery of the Department of Social Development (2013:9) covers the social developmental approach to social welfare services that focuses on the strengths and capacity development of individuals, groups and communities. The social developmental approach in social work practice is synergistic with the principles of the trauma-informed perspective. The decision to implement the trauma-informed perspective in social work practice may require a

culture change for organisations but are beneficial for both clients and service providers to improve integrated service delivery (Howes 2008:3). Implementing guidelines for trauma-informed services in an organisation contains an organisational change process centred on guidelines of promoting healing and reduces the development of more serious problems like PTSD (Bowen & Murshid 2016:223).

Social workers are in a fortunate position to render trauma-informed services to clients, and of which are not specific type of services but a set of applied principles. The trauma-informed perspective has six key principles, namely safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural, historical, or gender issues (Vande Berg 2017:6). Each of these principles entails the following:

- Safety includes the ensuring of physical, emotional, and psychological safety for clients to receive assistance.
- Trustworthiness is important by communication being transparent and expectations need to be communicated clearly.
- Collaboration refers to every person taking responsibility and recognises that everyone in an organisation contributes in creating a positive environment and everyone may be also affected in various degrees by past traumas.
- Empowerment refers to the importance of enabling clients in determining their courses of action in their lives.
- Cultural, historical, or gender issues relating to trauma need to be taken in consideration when formulating and applying policies, and the adverse effects trauma may have on individuals need to be accommodated (Vande Berg 2017:6).

The effective engagements of social workers with clients are underlined by the profession's principles and values. This includes clients to be preferably within a safe environment where confidentiality, respect, transparency, trustworthiness and exercising of clients' self-determination and choices are valued (Berg-Weger, Adams & Birkenmaier 2020:37). The elements of the trauma-informed perspective of collaboration, empowerment, and sensitivity towards cultural, historical and gender issues are also underlined as key elements in developmental social work in South

Africa (Patel 2015:127). The trauma-informed perspective key elements therefore emphasise the social work developmental approach which underlines social work practice in South Africa.

The importance of delivering trauma-informed services is emphasised in the literature because of the traumatic experiences' clients bring with them as service users in organisations where social workers render services. The delivery of trauma-informed services also contributes to the improvement of the quality of social work service delivery in organisations (Vande Berg 2017:31).

Organisations that follow a trauma-informed perspective are rendering social work services acknowledging the intense and often traumatic nature of social work, which may become an occupational hazard, and counteracts the consequences by developing an environment for support and assistance (Vande Berg 2017:31). The trauma-informed perspective is therefore a beneficial theoretical perspective to be included in this research study. Together with the ecological systems theory, it gave the researcher a multi-dimensional understanding of the importance of trauma-informed social work service delivery and the impact of the different levels of the service delivery of social workers and the influences of the interactions and relationships of these different levels on social workers' service delivery.

1.6 RESEARCH QUESTION, GOAL AND OBJECTIVES

In this section the focus is on a discussion of the research question, research goal and the objectives of the research study.

1.6.1 Research question

The characteristics of social work research questions need to be relevant to social work practice and should also be informed by existing literature to make an original contribution to the field of social work (Lewis & Nicolls 2014:50). Formulating a research question is asking the question of what will be studied and how it will be studied (Ming 2005:25). The research question relates directly to the research statement of purpose (Maree 2016:32). It also narrows the purpose of the study,

thereby ensuring that several other questions could be asked and addressed during the study (Creswell & Poth 2018:137). A research problem should be reformulated into a research question (Creswell 2016:94, Bezuidenhout & Davis 2014:68). The formulation of secondary research questions for a research study also needs to be closely linked to the primary question (Maree 2016:28).

The proposed guidelines of Rubin and Babbie (2016:146-149) assisted the researcher in constructing a research question for this research. In terms of these guidelines, the research question must be -

- precisely formulated.
- clear about what is being investigated.
- able to address the research problem.
- answered by observable evidence.
- answerable by more than one answer; and
- must have the potential to guide social work practice or social welfare policy.

By taking the abovementioned guidelines into consideration, the research questions for the study therefore is as follows:

- What are the experiences, challenges and coping strategies of social workers in rendering trauma-informed services?
- What are the suggestions of how social workers can render more effective social services to persons who had experienced trauma?

1.6.2 Research goal

The research goal is linked to the research questions (Maree 2016:32). A research goal is regarded as the product or result of a research study (Rubin & Babbie 2009:13). The research goal, purpose or aim is the ‘dream’ that the researcher wants to attain with the research (Fouché & de Vos 2011:94). The central phenomenon of the study, the participants, and the setting where the study is conducted need to be included in the research goal or purpose statement (Creswell 2014:109). The research goal needs to be specifically formulated and must indicate clearly how the research will be done, what the focus will be, who will be involved and where the research will be conducted (Maree 2016:31). The research goal guides the

researcher how the research process will be executed. Taking the abovementioned guidelines into consideration, the goal for this study was formulated as follows:

- To develop an in-depth understanding of the experiences, challenges and coping strategies of social workers rendering trauma-informed social work services.
- To proffer suggestions on how social workers can render more effective social work services to persons who experienced trauma.

1.6.3 Research objectives

Research objectives state the outcome measures to be used and guide the development of the research design (Farrugia, Petrisor, Farrokhyar & Bhandari 2010:278). The research objectives consist of the identified steps the researcher must take one by one within a certain time span, to achieve the goal or 'dream' of the study (Fouché & de Vos 2011:94-95). Research objectives are mostly formulated in action words using terminology such as 'to explore', 'to describe' and 'to establish' (Davis 2014:98). An objective helps "frame the inquiry in ways that are consistent with the kind of knowledge that qualitative approaches bring" (Lewis & Nicolls 2014:51). The objectives of a study need to be clearly and specifically formulated and unambiguously communicated (Kumar 2011:62-64). Research objectives are descriptions of what needs to be done in the research study. The objectives of a study therefore give a clear workable picture of the research study. In terms of Lewis and Nicolls' (2014:49) criteria to be applied when formulating objectives in a research study, these objectives need to be -

- clearly formulated.
- focused and not too narrowly formulated.
- able to be researched through a data collection method; and
- feasible, in that enough resources must be available to conduct it.

By bearing the above criteria in mind, the following research objectives were formulated and executed to achieve the research goal for this study:

- To explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services in social work practice.
- To describe the findings regarding the experiences, challenges and coping strategies of the social workers rendering trauma-informed services.
- To draw conclusions and make recommendations regarding experiences, challenges and coping strategies of rendering trauma-informed social work services.

1.7 RESEARCH METHODOLOGY

Explaining the research methodology applied in a research project includes discussing the research paradigm followed (Du Plooy-Cilliers & Cronjé 2014:289). It is emphasised that the precise description of the specific methodology and strategies applied are important to direct the study (Maree 2016:36). Research methodology is also described as a theoretical foundation to conduct a research study (Whittaker 2012:30). The research methodology applied in this study is discussed in terms of the research approach and research design that were followed and applied in this research.

1.7.1 Research approach

Over time the research approaches developed to such an extent, that presently a prospective researcher is faced with the decision of whether a qualitative, quantitative, or mixed methods approach should be the most appropriate to use for a specific study, taking in consideration the research problem and question (Blaikie & Priest 2017:7). Quantitative research is focusing on relationships between variables, formulation of a hypothesis and incorporating statistical procedures (Creswell 2014:33). Data collection methods used in quantitative research includes longitudinal studies, experimental designs, and survey research. Qualitative research focuses on the studying of the meaning people apply to their lives in their direct environment (Creswell 2014:32, 2009:4; Yin 2011:8). The mixed methods approach is more likely to be used for complex problems using more than one approach, an integrated quantitative and qualitative approach (Blackie & Priest 2017:10).

This study followed a qualitative approach. In qualitative research the researcher wants to explore the in-depth experiences and meanings people associate with a specific phenomenon (Strydom & Bezuidenhout 2014:174). Qualitative research methods rely on text and image data, having specific steps in data analysis, and make use of diverse designs (Creswell 2014:232). The benefits of using a qualitative approach include groups being more accessible and individuals enabling the researcher to focus on critical social problems at hand (Aluwihare-Samaranayake 2012:64-81). Applying a qualitative research approach, aims at explaining new phenomena and developing a multi-dimensional understanding of social problems (Patterson & Silverman 2017:3).

The choice of the qualitative approach is a logic choice when the researcher wants to explore a topic about which little is known from the participants' perspective (Padgett 2017:16). A topic of a sensitive nature with emotional depth, capturing the personal experiences of persons from their perspectives are also reasons to apply the qualitative approach (Padgett 2017:17). The researcher wanted to explore a limited researched social work phenomenon to develop an in-depth understanding of all aspects of social workers' experiences, challenges and coping strategies rendering trauma-informed services to make suggestions for social practice. Therefore, the qualitative research approach was an appropriate choice in this study.

After taking the research problem, the goals and objectives identified for the planned research project, into consideration, it became clear that applying the qualitative approach was the most suitable approach for this study. The inclusion of the contextual environment in which people live and work in research, assists in contributing to new insights to explain people's behaviour and representing different and similar perspectives of peoples' lives, thereby making a qualitative approach the most appropriate choice for this type of research (Yin 2011:7).

Qualitative research places the emphasis firstly on words, then on numbers in data collection and data analysis (Du Plooy-Cilliers & Cronjé 2014:30). The characteristics of a qualitative research approach are described as follows (Creswell & Poth 2018:43-44):

- Qualitative research is conducted in a natural environment where the participants perform their everyday roles. This means that the qualitative researcher normally goes to the site of the participant to carry out the research. In this study the researcher conducted semi-structured interviews assisted with an interview guide, whilst visiting the work environment of the participants in the Department of Social Development in the Waterberg District by appointment. Apart from conducting interviews with participants, the researcher, as the key instrument in collecting the data, used observation as well, and continuously reviewed decisions and interpretations by also taking reflexivity in consideration during the data collection process.
- In qualitative research the researcher collects the data personally and is therefore the key instrument in data collection. In this research, the researcher collected the data by conducting semi-structured interviews with participants, assisted by an interview guide consisting of open-ended questions.
- The qualitative researcher collects data from various sources and does not rely on just one source of data. In this research, the researcher interviewed social workers of the Department Social Development in four different municipalities in the Waterberg district. The researcher also made use of observation and taking field notes during the data collection process.
- In qualitative research the data analysis is an inductive process. It consists of building patterns, themes and categories from the bottom up, by organising the data progressively into more units of information. Inductive analysis during the data analysis was applied in this study, ensuring a clear understanding of the meaning's participants to the specific topic.
- Understanding the meaning participants apply to a phenomenon as well as taking existing literature of researchers into consideration, are of essence to a qualitative researcher. The multiple perspectives and factors involved in this study are reported and discussed in the presentation of the findings in Chapter 4.
- In qualitative research a flexible rather than a pre-arranged or determined research design is selected. The research process is therefore also

adjustable. The plans of action for the research process are not always precisely predetermined because changes were anticipated in the process or phases of data collection. As the research is formatted in the research process, the research design may be altered accordingly. The research design and data collection method were not changed in this research study.

- Qualitative research is context–dependent and the researcher needs to understand the influences the environment is having on the participants. In this study the researcher took the work-related environment of the participants in cognisance in conducting the interviews.
- Qualitative research is reflexive in nature. This reflexivity involves researchers conveying their background and how it influences their interpretations of the information obtained in the study. In this study the researcher considered thoroughly how her viewpoints and perspectives could influence the study.
- A holistic report was given, involving multiple perspectives, and describing the interactions about the social workers' experiences, challenges and coping strategies in rendering trauma-informed services.

The characteristics of the qualitative approach proved to be most appropriate and suitable to ensure a comprehensive understanding of the experiences, challenges and coping strategies of social workers rendering trauma-informed services in-depth.

1.7.2 Research design

The aim of the research design is to clarify what kind of a study is planned by focusing on the end results of the study (Babbie & Mouton 2016:75). The research design can be defined as a general strategy, providing an overall structure for the procedures the researcher will follow, as well as for the data collection and the data analysis (Leedy & Ormrod 2015:92; Flick 2014:112). Research designs are also described as types of inquisitions within qualitative, quantitative, and mixed methods research approaches, providing guidance for a study (Creswell 2014:41). The selection of participants, data collection methods and data-analysis to be implemented, are also part of the research design (Nieuwenhuis 2016:72). A

phenomenological design supported by an explorative, descriptive, and contextual design are utilised in this study.

The *phenomenological research design* describes people's experience and the meaning they attach to their experiences of a certain phenomenon (Creswell & Poth 2018:75). Researchers collect the data from the persons who experience or experienced the phenomenon and compose a thorough description of the experiences of all the persons selected to participate in the study (Nieuwenhuis 2016:78). Phenomenology takes in consideration that people are continuously constructing, developing and changing their interpretations of their environments. This tendency needs to be taken in consideration in social science research (Babbie & Mouton 2016:28). This study provides answers to the research question that required answers based on the participants' unique lived experiences, challenges and coping strategies rendering trauma-informed social work services.

The explorative research design was adopted as a supportive design to explore answers for the research question of the study. An explorative research design focuses on the study of an unknown or new phenomenon (Rubin & Babbie 2016:141; Gray 2013:36). The explorative research design can be based on obtaining new insights and becoming familiar with unknown situations to develop hypotheses, to identify key concepts, to confirm assumptions, to identify key stakeholders and to prioritise social needs (Davis 2014:75). If little is known about a certain phenomenon which is to be studied, an exploratory research design is the most appropriate type of design to use (Bless et al 2013:60). In this study the researcher used an explorative research design for an in-depth exploration of the challenges and coping strategies of social workers rendering trauma-informed services. The main reason for this decision is that the researcher's search for literature addressing the matter indicated that little research has so far been conducted about this phenomenon. Therefore, the explorative design was also identified and applied as an appropriate design for this study.

The *descriptive research design* supports the phenomenological design by accurately describing the research phenomena's characteristics and relationships between phenomena (Davis 2014:75). Descriptive research is needed when the researcher seeks to test factual statements and variables and to express facts about the social world (Bless, Higson-Smith & Sithole 2013:61). The descriptive research conducted assisted the researcher in this study to describe the experiences challenges and coping strategies of social workers who rendering trauma-informed services, to make suggestions for social work practice.

A contextual research design supports the phenomenological design to describe or explain and understand events within the environment or milieu in which they take place and also explains why the events observed happen only to certain people rather than the others (Babbie & Benaquisto 2010:82). The context includes the subject, the theoretical, cultural, physical and the methodological circumstances and the context or setting of issues and implications which need to be part of the research process (Hennink, Hutler & Bailey 2011:288). To contextualise this research, the study's introduction, problem formulation and rationale described the subject context. The theoretical context of the research is provided in the discussion of the theoretical framework. The methodological context is the qualitative approach followed for this study. Analysing the context of issues and implications relevant to the research is conducted in the findings and recommendations of the study. The cultural and physical contexts within which this research took place, are the social workers' values, geographical environment, experiences, challenges, and coping strategies underlying to and experienced whilst rendering trauma-informed social work services.

1.8 RESEARCH METHODS

Research methods refer to the specific techniques and tools used in a research study (Punch 2009:65). The research methods may include interviewing, observation or textual and visual data collection (Nieuwenhuis 2016:51). The research method also includes the techniques employed for participant recruitment (sampling), and the tools for data collection, analysis, interpretation, and verification

(Creswell 2009:15). The methods used in this research were influenced by the research questions, the theoretical framework, and the goals of the study (Nieuwenhuis 2016:74). The research methods constituting the research population, sampling, data collection, data analysis and the data verification applied in this research study entailed the following:

1.8.1 Population

The concept ‘research population’ refers to a group of people of whom a researcher wants to draw conclusions about (Rubin & Babbie 2016:359; Babbie & Mouton 2016:100). The research population refers to all elements, individuals or units that meet the selection criteria for a group to be studied, and from which a sample is taken for detailed examination (Lussier 2008:32). The population concerned is also determined by the research question and research problem (Pascoe 2014:132). The researcher needs to identify the population group at which the research is aimed and the characteristics the participants need to share, to achieve the goal of answering the research question. Bless et al (2013:162) emphasise in this regard that the target population needs to be clearly identified and described.

The population selected for this research study consisted of the social workers employed by the Department of Social Development, in the Waterberg District in Limpopo Province, who render trauma-informed social work services in the Victim Empowerment, Crime prevention and Child Protection Directorate. Limpopo Department of Social Development, Waterberg District, is a government department under the Ministry of Social Development in South Africa, with the responsibility to provide social welfare services to the inhabitants in the district. The research is focussed on four local municipalities, namely Mookgophong, Modimolle, Bela-Bela and Mogalakwena, which are part of six municipalities in the Waterberg District. The four municipalities were chosen by the researcher, as they were easily accessible, and it was cost effective and convenient to conduct the research there. Undertaking the research in the four municipalities provided the researcher with the opportunity to explore the social workers’ experiences, challenges and coping strategies in rendering in-depth trauma-informed services and to make suggestions for rendering effective social work services in this regard. The Department of Social Development,

servicing the four municipalities concerned employs a total of 60 social workers rendering services to a large client system in need of social work services in the Limpopo Province. The 60 social workers constituted the research population for the research.

1.8.2 Sampling

Usually, it is not possible to include the whole population in a research study because of the time and costs that would be involved. Therefore, sampling and obtaining data from a sample of the population is a logic choice (Maree & Pietersen 2016:192). Sampling can be defined as a procedure used to select units of observation to be studied (Babbie & Benaquisto 2010:178). A sample is a group of people drawn from a population to be studied to gain more understanding of the whole population (Bless et al 2013:395; Yin 2011:99). Sampling, in research is therefore a process of selecting individuals who are knowledgeable and have experience about the research problem, from the larger group (population) to participate in the research study.

Two types of sampling methods are available for use in social research, namely probability and non-probability sampling (Babbie & Mouton 2016:166). Probability sampling refers to the fact that each unit of the population has an equal opportunity to be part of the sample (Pascoe 2014:136). Probability sampling methods, like random sampling, systematic sampling and stratified sampling are specifically focused on obtaining a representative sample to be studied and therefore statistical procedures are used in probability sampling (Babbie & Mouton 2016:166). Depending on the type of research, probability sampling is not always an appropriate choice to conduct a qualitative research study. Therefore, applying non-probability sampling methods like random sampling, purposive (judgemental) sampling, snowball sampling and quota sampling could be more applicable in qualitative research where samples need not be representative of the total population (Babbie 2013:130). Non-probability sampling is also applicable when it is difficult to determine the entire population or gain access to the whole population (Pascoe 2014:137).

A variety of strategies or sampling techniques can be employed to recruit participants (Padgett 2017:71). Non-probability sampling is often used in qualitative studies where the goal is not the generalisation of the research findings (Pascoe 2016:137). Qualitative research is also known for the using of non-probability sampling. Non-probability sampling techniques include the purposive sampling technique which is used to ensure the inclusion of those participants that are able to give detailed data about the phenomenon being researched (Yin 2011:88). Another non-probability sampling technique used in the qualitative approach is convenience sampling used to select units or participants that are randomly available. Snowball sampling is used when an existing participant refers the researcher to other suitable participants for the study (Yin 2011:88). The use of accidental sampling consists of including elements or participants in the sample that were available (Pascoe 2014:142). Quota sampling refers to different characteristics that are decided on in the population parameters, allocating proportions to the characteristics, and making sure that the characteristics stipulated are representative in the final sample (Pascoe 2014:143). As a qualitative research approach was followed in this research study, a suitable non-probability sampling technique was required. The purposive sampling technique was selected and applied.

Qualitative researchers regularly use the purposive sampling technique in their research studies (Etikan, Musa & Alkassim 2016:1-4) and the use of purposive sampling takes place with a specific purpose in mind (Maree & Pietersen 2016:198). A purposive (or judgmental) sampling technique is selected based on the researcher's judgement about which participants will be the most useful or representative of the population (Rubin & Babbie 2016:365).

As stated above, the focus in the research study was on social workers employed by the Department of Social Development in Limpopo Province, Waterberg district in the municipalities of Mookgophong, Modimolle, Bela-Bela and Mogalakwena. The researcher purposefully selected social workers who were connected to the Victim Empowerment directorate, Crime Prevention directorate and Child Protection directorate that have experience in rendering trauma-informed services. This type of

sampling technique enabled the researcher to get relevant and valuable information from people who have knowledge of the subject matter.

Participation in the research was voluntary and the researcher formulated and followed the set criteria for inclusion in the sample (see section 3.5.2). The list of criteria for inclusion enabled the researcher to select suitable participants who provided relevant information about their experiences, challenges and coping strategies on rendering trauma-informed services, for inclusion in the sample. A list of exclusion criteria was also compiled (3.5.2).

The sample size in qualitative research is not determined beforehand at the beginning of the study (Abrams 2010:539). In qualitative research the size of a sample is determined by the principle of data saturation. This means that the researcher will continue to collect data from more participants until no new data are forthcoming and the data become repetitive, when data saturation takes place and the sample is regarded as being sufficient (Fusch & Ness 2015:1408, Creswell 2014:248; Bless et al 2013:179; Bezuidenhout 2016:84).

It is pointed out that gaining access to organisations and getting the people in authority to respond to a request to undertake research in the organisation may be some of the challenges experienced by researchers (Creswell & Poth 2018:172). In this case, the researcher contacted the Head of the Department Social Development in Limpopo Province, to request the necessary permission with an informative letter of intent to conduct the research study with social workers employed by the Department working at the Mookgophong, Modimolle, Bela-Bela and Mogalakwena municipalities (Addendum A). Upon receiving permission from the Limpopo Provincial Research Committee (LPRC) to conduct the research in the four municipalities, arrangements were made with the social work managers and municipal supervisors concerned to act as gatekeepers and contact persons for the purpose of informing the relevant social workers about the study and to assist the researcher to identify prospective participants. A gatekeeper needs to be informed about all the information and the nature of the research study, as well as its time

frame (Padgett 2017:73). The researcher engaged with the gatekeepers electronically through emails and telephone calls about the research, to minimise the possible spread of COVID-19. They were given an informative letter of intent about the study (Addendum B) and all questions they had regarding the research study were answered.

The researcher then arranged telephonically to meet with the individual social workers. The protocol regarding the COVID-19 prescribed by the DSD were followed and the University of South Africa's prescribed measures to be implemented by researchers because of the COVID-19 pandemic (Unisa 2020), were discussed with them as part of the preparation for the data collection. It is recommended that participants be presented verbally and in writing with information regarding the study, which explains their roles, their rights, the aim of the study and the criteria for inclusion in the study (Padgett 2017:73). The participants who were willing to participate in the study were given this information verbally and in writing, together with consent forms to be completed to indicate their willingness to participate in the research (see Addenda C and D). Appointments were scheduled with the selected participants for the interviews to take place at time and places convenient for them.

1.8.3 Data collection

Data collection involves the application of certain methods and activities to collect data in a scientific manner to answer the research question (Creswell & Poth 2018:148). The basics to any research project are several fundamental questions about the collection of data (Leedy & Ormrod 2015:93). Important aspects which need to be covered are which data are needed, what limits will be placed on the nature of acceptable data and how the data will be interpreted. With data collection, consideration must also be given to the placement of the study in time, the time span in which the study is conducted, where the research will take place and the tools and methods that will be used to collect and analyse the data (du Plooy-Cilliers & Cronjé 2014:147). With reference to the data collection in this research, the preparation of participants for data collection, the method of data collection and pilot testing of the research instrument are discussed.

1.8.3.1 Preparation for data collection

Formal permission to enter a research site and to contact prospective participants needs to be granted and informal permission needs to be granted by the gatekeepers in a field setting (Padgett 2017:73; Silverman & Patterson 2015:43). In preparation for collecting the data for this research, permission had to be obtained from the authorities in charge of the participants to obtain their input, as described above. The researcher acquired written informed consent from the Limpopo Provincial Research Committee (LPRC) using a letter (Addendum A) describing the purpose of the study, possible risk levels, data collection methods, time frames and ethical considerations applied (Creswell & Poth 2018:56). Receiving the consent from the Limpopo Provincial Research Committee (LPRC) permitted the researcher entry into the four selected local municipalities to conduct the research and interview the social workers concerned. When permission was granted by the Limpopo Provincial Research Committee (LPRC), the researcher contacted the social work managers concerned, followed up by sending letters to them explaining the study and requesting them to act as gatekeepers in the four municipalities (Addendum B). The necessary arrangements were made with them to identify potential participants for the study and to obtain access to them.

Prospective participants selected for the study were contacted and the purpose of the study was disclosed to them with a written letter to inform participants about all ethical issues and information containing the study accompanied by an informed consent form to be signed by participants (Addendum C and D). After participants gave their consent to participate in the research study, the researcher arranged interviews with them for data collection to be conducted in an environment that was safe and conducive for the research participants (Creswell & Poth 2018:57) and where the participants felt comfortable and safe to participate in the study.

In preparing and organising the logistics of the data collection interviews, the researcher took the following prescribed COVID-19 precautions (Unisa 2020):

- The researcher informed the supervisor and notified the University's Department of Social Work's Research and Ethics Committee by completing

the prescribed amendment form, signed by the supervisor and the student, with the safety precautions to be taken clearly described and acknowledged.

- All appointments with participants intended for direct contacts were either cancelled or postponed if the participants indicated that they were not feeling well.
- Pre-screening of participants were done telephonically prior the visit, a register of participants that were involved in face-to-face data collection activities was provided and kept safe.
- The researcher was also screened whenever she made contacts with the participants.
- If the visit could go ahead, the following procedures were followed:
    - The researcher and participants wore three-layered masks. The researcher advised the participants to avoid touching their faces and ensure that they use the sanitizer frequently.
    - The researcher ensured that she kept a physical distance of two meters between herself and the interviewees.
    - All surfaces were sanitised before starting with each interview and the procedure was repeated after the interviews as well
    - The consent forms were sent electronically to participants to avoid the exchange of papers.
    - No food or drinks were allowed during the interviews

In addition, the researcher also informed the participants about the researchers' role during the interview (Creswell & Poth 2018:173; Padgett 2017:114). Permission was obtained from participants for digitally recording the interviews, at the signing of the informed consent forms and the discussion of the permission letters (See Addendum A). In accordance with research ethics, the researcher informed the participants of the various people who would have had access to the data, namely the researcher, the independent coder and the researcher's study leader, and she constantly reminded them of the ethical considerations to be observed in this study (Creswell & Poth 2018:174). The interview was then scheduled in accordance with the availability of the research participants.

1.8.3.2 Method of data collection

The method of data collection and its application is a critical step in the research process because it is the link between theory and practice which consists of a detailed plan of procedure aiming at gathering data for a specific purpose (Grinnell & Unrau 2011:380-381). Data can be collected in many forms including by means of interviewing individual participants, focus group interviews, taking field notes of shared experiences, journal records, interview transcripts, observations, storytelling, letter writing and autobiographical writing (Creswell & Poth 2018:140).

The researcher used semi-structured interviews assisted by an interview guide consisting of open-ended questions to be asked and discussed to collect the data required for this research. An interview is a two-way communication when the researcher is asking questions and the participants share their experiences, challenges and coping strategies about the matter being researched (Nieuwenhuis 2016:92; Strydom & Bezuidenhout 2014:188). Semi-structured interviews have the foundation of a pattern of inquiry developed before the interview (Nieuwenhuis 2016:93). Using the semi-structured interview with an interview guide assisted the researcher to be informal, flexible and to adapt the style of the interview regarding the sequencing and wording of questions to the participants (Rubin & Babbie 2016:235; Hesse-Biber & Leavy 2011:102). The interview guide gave a guideline of the topics and issues addressed by the researcher, but also gave flexibility to the researcher to adapt the structure and choice of words of questions during the interview (Rubin & Babbie 2016:465). The success in using interviewing as a data collection method, depends on the factors of reproducibility, whether it is systematically directed, credible to generate valid accounts of the phenomena and transparent in writing up the data to be available, and how it was collected and analysed (Niewenhuis 2016:94).

In qualitative research, collecting data by means of conducting interviews with an interview guide mostly relies on asking and discussing open-ended questions (Rubin & Babbie 2016:238). Conducting semi structured interviews with an interview guide with open-ended questions as the data collection method in this research, assisted in

acquiring the needed information on the experiences, challenges and coping strategies of social workers when rendering social work services in the context being researched. The use of an interview guide (Addendum G) ensured that all the important aspects were addressed during the interviews and that all the important key areas were covered (Edwards & Holland 2013:54). The researcher compiled a list of open-ended questions included in the interview guide, for discussion to ensure that the questions are relevant and clear.

At the beginning the interview, participants' biographical information was obtained by noting their gender, age, highest qualification, how long they have been practising as a social worker and how long they have they been working for the current employer. Biographical information was obtained from the participants for the purpose of compiling a biographical profile on them. This profile, as presented in Chapter 4 (see section 4.2), highlights information about the number of participants and their main characteristics to render some indication of the generalizability of the findings and their limitations (Miller 2003:15).

In the data collection interviews, the researcher discussed the following questions related to the topic under investigation:

- Explain to me your experiences of rendering trauma-informed services in practice.
- Describe what your responsibilities as a social worker in the Department of Social Development entail and the social work services that you render
- Please share with me your understanding of rendering trauma-informed services.
- Explain to me the day-to-day challenges you are experiencing in rendering trauma-informed services.
- What coping strategies do you use to help you deal with the challenges of rendering trauma-informed services?
- What suggestions do you have to address the challenges and to assist other social workers rendering trauma-informed services?

During the interview process, the researcher used interviewing skills that assisted the process to be more effective. The researcher used the skills of eliciting their stories, using participants ordering of and phrasing of sentences in follow up questions. The researcher used open-ended rather than closed questions and probing as interviewing skills (Bless et al 2013:214; Nieuwenhuis 2016:94). Specific interviewing skills that the researcher took cognisance of and applied were active listening, probing and clarification. Active listening involves that the researcher has superb listening skills and is focussed on of the participants' narrative (Greeff 2011:345). Probing is a useful interviewing skill to deepen a response to a question and verify what you have heard (Greeff 2011:345; Nieuwenhuis 2016:94). The researcher got a full picture of the participant's views and experienced, by frequently asking "Please tell me more about it". The interview skill of clarity was used to get clarity on unclear statements (Greeff 2011:345). The researcher used this interviewing skill by asking participants to tell her more about a specific question.

1.8.3.3 Pilot testing

Before the actual data collection commenced, it was important to conduct a test by piloting the study (Hennink et al 2011:120). Pilot testing is a method to test the efficiency of the research instrument (Silverman & Patterson 2015:67). The pilot testing assisted the researcher to determine whether the questions and wording of the interview guide were clear enough to collect the required data, to show the researcher how the interview guide needed to be modified and what should be removed or added to it. Pilot testing also awarded the researcher an opportunity to try out the research interviewing skills, to be prepared for the actual research interviews. Thus, the researcher did pilot testing of the interview guide by interviewing two social workers that met the inclusion criteria, in order to make any necessary adjustments to the interview guide. The results of these two interviews and the information obtained by conducting them, were not included in the main study, although the researcher followed the same methodology in the pilot testing as in conducting the interviews for the research (Kumar 2011:305).

1.8.4 Data analysis

The analysis of data in a qualitative study begins with the onset of the study and continues throughout the research process (Silverman & Patterson 2015:25). Data analysis is the process of creating answers to questions through the inspection and interpretation of data (Silverman & Patterson 2015:25-26). Data analysis involves that data need to be reduced and transformed through an iterative process of reading, transcribing and interpreting (Padgett 2017:141). Qualitative data analysis involves the reduction, organisation, interpretation and substantiation of data (Bezuidenhout & Cronjé 2014:233). Therefore, 'data analysis' can be described as a way of unpacking, making sense and interpreting data collected during the implementation phase.

The researcher analysed the data collected from various participants by executing the following eight steps for qualitative data analysis as proposed by Tesch (cited in Creswell 2014:196):

- The researcher organised and prepared for the data analysis by transcribing the interviews and sorting the data according to different types and typing field notes.
- The researcher then focused on getting an overview of all the data and reflected on the general ideas and meanings expressed in the transcripts.
- One interview was selected, and the researcher read it by extensively focusing to understand the transcript. The researcher continued by repeating the process in reading several transcripts, developing categories and naming the different categories to establish a list of themes. The themes were clustered together by categorising them according to their similarities and differences and putting them together in labelled clusters.
- Codes were assigned to the different clusters, and this assisted in the process of organising categories and identifying new categories and codes that might have been present.

- The categories were abbreviated, and the codes were put in alphabetical order.
- The number of categories were minimised by grouping together similar categories and also describing how they are related.
- The researcher assembled the data material belonging to each category for the preliminary analysis to be conducted.
- The researcher recoded the data when it was deemed necessary

Following the data analysis assisted by the independent coder, the researcher presents the research findings in Chapter 4.

1.8.5 Data verification

In qualitative research, researchers prefer the concept trustworthiness to measure validity and reliability (Koonin 2014:253). The researcher must keep in mind that in qualitative research the aim is on promoting the understanding and perception of a phenomenon by research participants and not to specifically generalise results to the broader population (Koonin 2014:258). The trustworthiness of this study was validated by applying the model of Lincoln and Guba (in Lietz & Zayas 2010:443) by addressing credibility, transferability, dependability and confirmability. The four criteria of trustworthiness and the techniques relevant for each criterion, to ensure trustworthiness are summarised in Table 1.1 (Lincoln & Guba listed in Loh 2013:5) and described in more detail.

Table 1.1: Summary of trustworthiness criteria and techniques

Criteria	**Techniques**
Credibility (Internal validity)	Prolonged engagement Persistent observation Triangulation (sources, methods, investigators)

	Peer debriefing Negative case analysis Referential adequacy (archiving of data) Member checks
Transferability (external validity)	Thick description
Dependability (reliability)	Triangulation Dependability audit - examining the process of the inquiry (how data were collected; how data were kept; accuracy of data)
Confirmability (objectivity)	Examine the product to attest that the findings, interpretations and recommendations are supported by data

The four aspects of trustworthiness with their techniques used in ensuring trustworthiness summarised in Table 1.1 as presented by Lincoln & Guba in Loh, (2013:5) entail the following:

1.8.5.1 Credibility

The credibility or trustworthiness of a study depends on the congruency between the participants' views and the researchers' interpretations (Padgett 2017:210). The following aspects contribute to ensuring credibility in a research study (Creswell & Poth 2018:259–261; Nieuwenhuis 2016:123):

- The adaption of well-established research methods.
- A research design in line with the research question.
- A theoretical framework in congruency with the research questions and methods.
- An early involvement with the participants' and organisations.
- Clearly defined purposive sampling.
- Extended data-collection and triangulation, which implies checking multi-sources of data.

- The use of thick descriptions of the phenomenon.
- Verifying data gathered with participants.

The researcher ensured credibility in this study by making use of well-established research methods, a theoretical framework in congruency with the research question and methods and a research design in line with the research question. Direct quotations from the transcribed interviews from the participants substantiating the themes that emerged were used to ensure a thick description of the research findings. During data analysis the researcher requested some participants to review the transcriptions of their interviews to ensure if it's a true reflection of the interviews.

1.8.5.2 Transferability

Transferability in ensuring the trustworthiness of research refers to the aspect of the generalisation of the findings of the research study (Padgett 2017:210). The degree to which the results can be applied broader than in the specific project, is not a priority in qualitative research studies because the focus is on the subjective meanings of participants (Padgett 2017:210; Koonin 2014:258). Transferability in qualitative research does not comprise of generalised claims, but rather wants to create transferability by focusing on how typical participants are connected to the context of the study and the context that the findings apply to (Nieuwenhuis 2016:124). Through thick descriptions of the context and the process of this study, the reader is enabled to compare it with similar settings. Another strategy the researcher applied to ensure transferability, was to carefully select the participants by means of purposive sampling to ensure they present the whole research population in terms of the phenomenon studied (Nieuwenhuis 2016:124). The researcher ensured the selected participants presented the whole research population regarding the phenomenon studied and documented the data collection process in detail to ensure thick descriptions of the interviews.

1.8.5.3 Dependability

The aspect of dependability relating to the trustworthiness of research, refers to a research process traceable and linked to data (Padgett 2017:210). There is a close connection between dependability and credibility (Nieuwenhuis 2016:124). The diligence of the integration of the data collection method, data analysis and theory generated from the data, is part of dependability (Koonin 2014:259). Dependability can be illustrated by guidelines that the researcher followed, consisting of the -

- specific application of the research design, which may change during the study.
- extended detail of data collection by adding new sources; and
- reflective appraisal of the research study by writing down decision the making during the process (Nieuwenhuis 2016:124).

The researcher wrote down all the procedures followed during the study to leave an audit trial to trace the research step by step. The researcher adhered to the specifically application of the research design, documenting the details of data collection and writing down all decisions made during the study.

1.8.5.4 Confirmability

In ensuring confirmability in research, the researcher disregards personal biases and proclivity while conducting the research and when analysing the raw data that was collected (Bryman 2016:303). The data collected need to support the findings and interpretations and may not be shaped by the researcher's interest and motivation (Koonin 2014:259; Nieuwenhuis 2016:125). The findings need to be strictly linked to the data (Padgett 2017:210). The following strategies increase confirmability and were applied in this study as explained below (Creswell & Poth 2018:259-261; Nieuwenhuis 2016:125):

- Triangulation which can be done by member checking through taking the final findings back to the participants for feedback.
- Leaving an audit trail to trace the research step by step.

- Use rich, thick description of the findings
- Using of peer debriefing by others about the study

Triangulation was done utilising member checking to seek feedback from some of the participants to determine if they agreed with the research findings. Curtin & Fossey (2007:92) describes member checking as a “way of finding out whether the data analysis is congruent with the participants’ experiences”. As such after the the process of data analysis researcher presented the themes to two of the participants to check they agreed with the themes. All the decisions and procedures applied were systematically documented to leave an audit trail (Schurink, Fouché & de Vos 2011:422). Thus, the researcher used detailed information about the research process and the data collection, the interview process and used transcriptions of the participants in the research report. The researcher utilised an independent coder to ensure that the raw data is evaluated and transcripts and analysised in order to acertain confirmability of the findings (Tobin & Begley cited in Anney 2014:277).

1.9 ETHICAL CONSIDERATIONS

Research ethics are defined as complying with the standards and regulations of a given profession (Babbie & Mouton 2016:520). Research ethics are applied to prevent unethical research behaviour and to assist researchers with performing their responsibilities and the guidelines to follow (Bless et al 2013:28). It is emphasised that protecting the safety and interest of participants and others that may be affected by the findings of a qualitative research is vital (Shaw & Holland 2014:102). As the flexibility of qualitative research can deliver some ethical considerations it needs to be dealt with in advance (Padgett 2017:57).

Various ethical considerations were followed to safeguard and promote the interests of participants and to ensure that participants are protected from harm that might arise of taking part in the research study (Shaw & Holland 2014:104). For this purpose, the researcher upheld the ethical considerations and principles of informed

consent, confidentiality, anonymity, management of information, debriefing and privacy which respectively entail the following:

1.9.1 Informed consent

As qualitative research mostly comprises a face-to-face involvement with participants, informed consent needs to be an "ongoing and negotiated" process (Padgett 2017:81). The following aspects were taken into consideration when getting informed consent from participants (Creswell & Poth 2018:56; Padgett 2017:81):

- A brief description and understanding of the study and procedures, number of interviews and timeline is required.
- Full disclosure of the researcher's identity and contact details.
- Voluntarily participation and the right to withdraw need to be explained.
- Confidentiality needs to be assured.
- Any possible risks or benefits need to be communicated to participants.

In qualitative research, participants are required to sign a consent form as an indication of their understanding of the research study as explained to them (Bless et al 2013:32). The cultural context of the participants is also taken into consideration when getting their informed consent because informed consent may have different consequences in different cultural settings (Bless et al 2013:32).

In this research, the researcher gained informed consent from the Head of the Department of Social Development in the selected district, as well as from the social work managers, also fulfilling the role of the gatekeepers for gaining access to the participants. After informing them about the research, the researcher ensured that all participants gave their consent to be interviewed, by signing the necessary consent form (Addendum A). Due to the COVID-19 pandemic, the researcher also explained to the participants the University's prescribed COVID-19 guidelines for researchers and postgraduate students and adhered to the specific protocol (Unisa 2020).

1.9.2 Anonymity

Ensuring anonymity in research includes not being able to trace a specific participant in the study to the data collected (Rhodes & Weiss 2013:131). Maintaining anonymity also ensures that participants' names will not be recorded in the research process and that it will not be possible to match their responses to their identities (Louw 2014:267). Anonymity therefore includes the protection of participants' identities, as well as their interests and well-being (Rubin & Babbie 2016:87). In addition, qualitative research cannot offer safety in numbers as in quantitative research. Therefore, the guarantee of anonymity is vitally important for participants (Padgett 2017:83). In this research, anonymity of participants was ensured by not linking participants' responses to their true identites, but by allocating a pseudonym and codes to a participants' data. Anonymity is linked with the ethical consideration of confidentiality, because it must never be possible to associate a participant's data with her or his name or that of any other identifier (Bless et al 2013:33).

1.9.3 Confidentiality

Confidentiality is when the researcher knows the identity of the participants but does not disclose that information to anyone and ensures that no record exist anywhere in the research project through which the reader can trace the identity of participants who provided that information (Picardi & Kevin 2014:27-28). To ensure confidentiality, all names were replaced in the transcripts and data records of this research with numbers, and the master file with the names of participants was kept securely and unavailable to anyone except for legitimate purposes (Rubin & Babbie 2016:870). Audiotapes and digital recordings are unavailable for access except for legitimate purposes of the study (Padgett 2017:84). Hence the researcher ensured that the information and audiotapes or digital recordings with the information provided by the participants during the interviews are kept confidential, locked away and that only the researcher, her study supervisor and the independent coder may have access to it.

1.9.4 Privacy

Privacy includes the aspect of personal privacy and is related to the ethical consideration of confidentiality which entails the handling of information in a confidential way which is a continuation of privacy that limits others' access to private information according to the agreement between the researcher and participant (Strydom 2011a:119). The right of privacy also includes conducting interviews with participants in privacy and in a safe place where other colleagues for example will not be able to identify the participant (Wright & Raab 2014:6). The researcher ensured that she interviewed the participants in a safe place where privacy was secured. Privacy also includes the acceptance of the participants' norms during the interview and the information the participants' wants to disclose or not (Lounsbury, Reynolds, Rapkin, Robson & Ostroff 2007:214). The researcher further respected the participants' norms and values they are bringing into the interview.

1.9.5 Beneficence

Organisations and participants involved in a research project, need to be assured of minimal harm that could be done to research participants (Shaw & Holland 2014:107). Researchers need to be sensitive and careful not to create situations for participants which may harm their prospects (Louw 2014:266). Research findings need to be communicated in such a way not to disclose or harm participants in any way (Creswell & Poth 2018:56). The researcher addressed any possible risks and benefits that may be result from partaking in the study in the written information and consent document and would discuss any identified possible risks associated with the study with participants. The researcher did not anticipate any risks as she kept all information and data obtained in a safe place and adhered to the principles of anonymity and confidentiality as discussed above.

1.9.6 Management of information

As pointed out above, appropriate security measures need to be taken with the storing of materials (Creswell & Poth 2018:55; Padgett 2017:83). Technology presents new ethical risks for storage and security, and data storage is done on virtual servers, which acquire procedures to keep the data secured (Silverman & Patterson 2015:18). In managing the information and data obtained from the

participants, the researcher ensured that all the recordings of the notes and transcripts of the interviews are kept in a lockable safe inaccessible to unauthorised persons and the device used to safe the study information will be password protected. After all transcriptions and recordings will be destroyed after a period of five years.

1.9.7 Debriefing of participants

Sometimes a participant's well-being may be compromised because of the participation in a research study. Therefore, a process needs to be in place for managing any possible negative consequences for participants (Bless et al 2013:33). To deal with this, the researcher must make prior arrangements for participants to be referred for professional counselling and debriefing if needed (Padgett 2017:85). Debriefing is viewed as a critical part of ethical consideration that involves human participants (Babbie 2013:7). The researcher made the necessary arrangements to ensure that a qualified social worker with experience in debriefing was available to debrief participants and work through participants' experiences when interviewed, if they required debriefing.

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1.10 CLARIFICATION OF KEY CONCEPTS

The concepts central to this study and how they should be understood in the context of this study, are as follows:

1.10.1 Social worker

In general terms a social worker is a professionally registered person with a certain educational qualification, set of values and principles that guides practice, who assists individuals, groups and communities in various settings and on different levels of intervention (Kirst-Ashman 2015:5). In terms of South African legislation, a social worker is a person registered by the South African Council for Social Service Professions (SACSSP) as such, under section 17 of the Social Service Professions Act (No. 110 of 1978) (SACSSP 1999:1-2). The Children's Act 38 of 2005 (South Africa 2006: section 1) confirms that a social worker is "a person who is registered or deemed to be registered as a social worker in terms of the Social Service

Professions Act, 1978 (Act No. 110 of 1978).” The SACSSP may register as a social worker “any person who holds the prescribed qualifications and satisfies the prescribed conditions, and who satisfies the Council that he is a fit and proper person to be allowed to practice the profession of social work” (SACSSP 1999:1-14, 1-15). Therefore, a social worker is a professional person registered with the statutory professional body for social work, who is responsible for helping individuals, groups, families, and communities to cope with their social welfare situations. This study focused on social workers employed by the Department of Social Development in the Waterberg District rendering social welfare services, including trauma-informed services.

1.10.2 Experiences

Experiences refer to the framework of a person’s perceptions, feelings, and memories (*Collins 2010*, sv “experience”). Experiences can also be defined as “the knowledge and skill that you have gained through doing something for a period of time, to have a particular situation affect you or happen to you" (*South African Concise Oxford Dictionary*, 2010 sv “experience”). The involvement of a person exposed to an event, which creates knowledge for future occurrences, can be classified as an experience (Pindani 2008: vii). Therefore, the concept ‘experiences’ is regarded as a persons’ perceptions, attitudes, emotions, and behaviour that resulted from previous encounters in life. In this study, the focusing is on exploring the experiences, knowledge and skills of social workers due to their involvement in rendering trauma-informed services to persons that experience trauma.

1.10.3 Challenges

The word ‘challenge’ is defined as: “a situation or task in which one must show one’s ability” (*Oxford School Dictionary*, 2007, sv “challenge”). A further description of challenges is that it is seen as: “a demanding or stimulating situation” (*Collins 2010*, sv “challenges”). A challenge is also described as an activity to activate a person’s skill or ability (Kwanisai 2014:3). As used in this study, challenges refer to the difficulties social workers encounter in a specific situation, namely the rendering of trauma-informed services and their abilities to deal with and assist clients to overcome these challenges.

1.10.4 Coping strategies

Coping strategies can be defined as the way through which an individual deal with a stressful situation (Centre for Studies on Human Stress 2016). Coping strategies can also be described as the ability to overcome difficulties (Sawyer & Burton 2012:27). In addition, coping strategies are seen as efforts or skills of a person to mitigate the consequences of life stressors present (Litt & Tennen 2015:403). In this study the efforts and skills of social workers in coping or dealing with the difficulties and stressors experienced in trauma-informed social work service delivery to clients, are explored.

1.10.5 Trauma

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (DSM 2013) defines trauma as an exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear. It is pointed out that "An individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being" (SAMHSA 2014:7). Trauma in a broader sense can be understood as experiences which cause certain negative emotions that have a long-term consequence on a persons' psychosocial functioning (Bowen & Murshid 2016:223). Trauma is an emotional response to traumatic stressors such as an accident, rape, or natural disaster or physical, emotional, or sexual abuse (Myers 2016:4). The focus of this study is on exploring social workers' experiences, challenges and coping strategies when dealing with and assisting clients with traumatic experiences as described above, which are part of and influence clients' psychosocial functioning and wellbeing.

1.10.6 Trauma-informed services

The concept 'trauma-informed social work services' refers to taking cognisance of the possibility of clients' who may have experienced trauma which affect their functioning negatively (Knight & Borders 2018:2). Trauma-informed practice (TIP) "is aiming to transform entire systems of care by embedding an understanding of

traumatic stress response in all aspects of service delivery and placing priority on the individual's safety, choice, and control" (Bryson, Gauvin, Jamieson, Rathgeber, Faulkner-Gibson, Bell, Davidson, Russel & Burke 2017:2). The nature of trauma-informed services is described by the Substance Abuse and Mental Health Services Administration (SAMHSA 2014:22) as "a strengths-based perspective that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment". Exploring the experiences, challenges and coping strategies of social workers working with and rendering trauma-informed social work services to clients with a background of experiencing past or present traumatic events that may influence their wellbeing are explored in this study.

1.11 STRUCTURE/FORMAT

The research report of the study is divided and structured into the following different chapters:

Chapter 1: General introduction to the study

This chapter contains the introduction to the study, the problem formulation, the rationale for the study, the research questions, goal and objectives addressed in the study, the research approach, the research design, ethical considerations, and clarification of the key concepts.

Chapter 2: Literature Review

Chapter 2 is a review of the literature regarding and applicable to the study and all its central concepts are presented in this chapter.

Chapter 3: Study methodology

This chapter describes the qualitative research method and outlines the application of the qualitative research approach and methodology in the study.

Chapter 4: Presentation of research findings

This chapter presents the study findings sorted into themes, subthemes and categories that are discussed, compared and contrasted with the existing literature related to the topic, by means of a literature control.

Chapter 5: Conclusions and recommendations of the study

This chapter summarises the research findings and the conclusion and makes recommendations and suggestions resulting from the research findings and recommendations.

1.12 SUMMARY OF THE CHAPTER

This chapter presented all the stages and steps that were followed in this study, including the problem statement, rationale of the research study, the theoretical framework, research methodology, research methods, data collection, method of data analysis and data verification, ethical considerations, and clarification of key concepts. The next chapter offers an overview of literature relevant to this study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

A literature review of applicable scholarly work on the experiences, challenges and coping strategies of social workers rendering trauma-informed services forms an integral part of this research study. Therefore, based on the literature, this chapter embarks with an overview describing the context of trauma in South Africa, followed by describing the types and effects of trauma in the context of social work service delivery, the interventions for trauma, as well as trauma-informed services contrasted with trauma specific services in service delivery. The role of social workers in rendering trauma-informed and trauma specific services is clarified before expounding the impact of rendering trauma-informed services on social workers and the coping strategies of social workers rendering trauma-informed services. The literature review provides a lens to view the experiences, challenges and coping strategies social workers rendering trauma-informed services in practice.

2.2 THE CONTEXT OF TRAUMA IN SOUTH AFRICA

The decades of apartheid, political violence and state sponsored oppression in South Africa have contributed to a situation in which, for many people, violence is a first-line strategy for resolving conflict. This violence includes acts of family violence such as child abuse and intimate partner violence (IPV) as well as violence that occur among unrelated individuals in the community (Norman et al 2010:1-12). Under the uppertheid regime in South Africa, violence, or the threat thereof, was used to control and oppress black people and subdue insurrection from certain segments of the white population, particularly Afrikaners. As a result, a high level of state violence was sanctioned against other racial groups, including police brutality, the internal deployment of the military, torture, racial and gender discrimination, oppression and dehumanisation (Lamb 2016:12).

With South Africa's transition to democracy in 1994, when Nelson Mandela was elected as the first democratic president in South Africa, there was a need for South

Africa to adopt new legislature and amend some of the existing acts in order to align the country and its people to the new democracy which emphasised equality amongst all people who live in South Africa (White paper for social Welfare 1997:13-14, Mbecke 2016:3797-3203). Currently, South Africa is characterised by a strong legislative and policy-enabling environment that is aligned with international conventions that seek to protect and promote human rights. Yet, despite the myriad of legal protections and interventions instituted by state and non-state actors, people in South Africa continue to experience extremely high rates of violence (Sibando-moyo, Khonje & Brobbery 2017:11-69). Consequently, the focus of violence research in the country shifted from addressing political violence towards preventing violence between individuals, groups and communities as well as remedying its social, economic and psychological effects (Brankovic 2019:1-10).

For more than two decades after South Africa's transition to democracy, the country was seen by the international community as a regional example of democratic and social rebirth. However, it is currently rated as one of 10 most violent countries in the world (Gould, Mufumadi, Hsiao & Amasi 2017:2). Despite the end of apartheid, the violent attitude towards the law and the criminal justice system remains among many South Africans and a lack of respect for the rule of law is noted as a significant contributor to the high rates of violent crime in South Africa (Lamb 2016:12).

Research revealed that there is no single cause of violence in South Africa (Hamber 1998:349-370; Lamb 2019:365-385, Gloppen 2019:13-16). However, Daniels and Adonis (2017:151) points out several risk factors that comes together in different ways as reinforcing factors in the level of violence in the country, depending on their context. These factors include socioeconomic inequality, frustrated masculinity and lack of social cohesion connectedness, especially in combination with alcohol and firearms. It is notable that most of the high crime places, such as large urban townships and informal settlements, are densely populated and infrastructural marginalised with high levels of poverty, making poverty one of the main factors that exacerbate the level of violence amongst individual due to the availability of limited resources (Lamb 2015:22-25).

Reported violent crimes are branded as the highest cause of trauma in South Africa, the incidence which is higher than in most other countries. These violent crimes include the rates of murder, rape, aggravated assault, robbery and vehicle hijackings (Brankovic 2019:5). Violence has become a normalized and accepted form of communication, being seen as a legitimate means to resolve disputes and highlight issues in South African society (Collins 2013:29-37; Lamb 2015:22; Morrel 2016:3-20). Violence in its many forms represents a fault-line to the new adopted democracy and efforts to understand, address and prevent it are required as a way to protect democracy (Bandeira & Higson-Smith 2011:5). Every human being in South Africa has the right to freedom and security, which includes the right to be free from all forms of violence from either public or private sources (RSA 1996). It is unfortunate that for many people in South Africa, this right is not fully experienced due to violence and fear thereof which is a daily reality in the country (Bandeira & Higson-Smith 2011:5; Statistics SA 2015). Instead, the people of South Africa have to live daily with the reality of trauma that they incurred due to violence, which may have serious implications for the exposed person and significant others which include family members, spouses, friends and colleagues (Moche 2014:12).

Trauma in South Africa (SA) remains the neglected epidemic, with high levels of interpersonal violence and road traffic-related injury stubbornly persisting for over the decades (Laing, Bruce, Aldous & Clarke 2014:3-8). Poorly enforced traffic regulations, in conjunction with rapid urbanisation and increased rates of motor vehicle ownership, have resulted in high rates of motor vehicle-related trauma and injury in SA (Laing eet al 2014:3-8). The excessive burden of interpersonal trauma related violence in SA affects a number of vulnerable groups, especially women and children (Khumalo-Mugabi, Moffatt, Bekker, Smith, Bruce, Laing, Manchev, Kong & Clarke 2020:33-36). While young males are traditionally the most common victims of interpersonal violence related trauma, they are also most likely the perpetrators to female trauma known as gender-based violence (GBV), as most women sustain their injuries at the hands of men, making them vulnerable to experience multiple traumas (Zsilavecz, Wain, Bruce, Smith, Bekker, Laing, Lutge & Clarke 2020:1110-1112). Women encounter trauma at home, whereas men commonly encounter it outside the home. It appears that women are not always safe in their places of residence and

that gender-based violence is perpetrated in the home by people with whom women live (Astrid, Zsilavecz et al 2020:1110-1112).

Consequently, these conditions have had a profound effect on the professional practice of social workers in SA, posing critical challenges to them in achieving both the goals of social work and the democratic ideals of the country (Abdullah 2015:43-44). The records of the Truth and Reconciliation Commission (TRC) highlight possible sites for community assessment and intervention for multicultural social work within the framework of the profession's responsibility, which in South Africa is to respond to national trauma and to attain redress for the majority of the county's citizens (Abdullah 2015:49).

The researcher therefore approached this study from a theoretical framework of the ecological systems framework and the trauma-informed perspective. The ecological systems framework was very relevant in assisting the researcher in understanding the experiences, challenges and coping strategies of social workers while rendering trauma-informed services in their various environmental relationships and in the context of social work practice. This framework further assisted the researcher in understanding the environmental demands made on on the personal, interpersonal, social competencies and work environments of social workers in dealing with trauma-informed service (TIS) (Kemp 2010:3). The different systems involved include family, friends, work and social services, political and educational systems (Molepo 2015:42). In essence the ecological systems framework assumes that individuals try to maintain a good level of fit between themself and their environment as they move through the life course (Teater 2014:1). The profession of social work was built upon the acknowledgement that individuals, families, groups and communities interact with their environments and are shaped by them (Teater 2014:1-15). The trauma-informed prespective assisted the researcher to understand that trauma occurs in all levels of people's lives across all systems and subsystems. Therefore, affected persons may need social work intervention to help them cope with the trauma they experienced, through assisting them to understand the difficulties that victims encounter regarding trust in relationships and their functioning as a whole, and in rebuilding healthy interpersonal and coping skills.

2.3 TYPES AND EFFECTS OF TRAUMA IN SOCIAL WORK SERVICE DELIVERY CONTEXT

Most individuals seeking social work services such as the homeless, abused children and victims of GBV have histories of trauma (Myers 2016:27). Such individuals often present with co-occurring disorders such as mental health conditions, substance abuse, eating disorders, sleeping disorder and anti-social behaviour (SAMSHA 2014). Such persons have presented with different types of traumas and at many times are seeking social work services. Therefore, it is necessary to shortly discuss the types of traumas and their effects where social workers need to intervene and apply interventions with a trauma-informed focus. This discussion commences with child abuse as a type of traumatic experience which social workers need to deal with in their delivering of social work services and subsequently focusses on childhood trauma, domestic violence, crime and violence related trauma and health related trauma.

2.3.1 Child abuse

Child abuse is defined as the non-accidental injury, sexual abuse, emotional abuse or trauma inflicted on a minor by a parent or other caregiver (Dahake, Kale, Dadpe, Kendre, Shep & Dhore 2018:36). Child abuse is also viewed as behaviour directed towards a child that endangers or impairs a child's physical or emotional health and development (Johnson & James 2016:1837). It includes maltreatment of a child (a person younger than 18 years of age), by a person responsible for the child's welfare (Dahake et al 2018:36). The person wilfully assaults, ill-treats, neglects, abandons or exposes the child or causes or procures the child to be assaulted, ill-treated, neglected, abandoned, or exposed in a manner likely to cause that child suffering or injury to his physical, mental or emotional health. (Childrens Act 2005:130). Physical abuse, sexual abuse, neglect, and emotional abuse are considered as the four main forms of child abuse (Stoltenborgh, Bakermans-Kranenburg, Alink & Van Ijzendoorn 2012:870-890). Children who experienced abuse may exhibit signs of the abuse in the forms of anger, depression, risky sexual behaviour, and mistrustfulness (Janagan Johnson & James 2016:1837). However, reactions to abuse are very individual (Dodaj & Sesar 2020:1-7). It is therefore clear that traumatic experiences

are disruptive and overwhelming to a child's ability to adapt to the stresses and vicissitudes of life. Trauma is thus viewed as a root cause of some diseases and high-risk behaviours in children (Kimberg & Wheeler 2019:25-56). Trauma-informed services will therefore be important to treat the physical, emotional, relational and others aftermath conditions of children who experienced trauma (SAMHSA 2014). The trauma-informed services are grounded in an understanding of responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Kimberg & Wheeler 2019:25-56). Trauma-informed social workers and other staff members work together to create and sustain a safe and calm atmosphere that is suffused with compassion for the benefit of the trauma victims (Kimberg & Wheeler 2019:25-56).

Social workers are confronted by having to render social work services to families and individuals who have experienced childhood trauma which still has a negative effect on their present functioning. In the following section the delivery of trauma-informed services to individuals and families with experiences of childhood trauma is discussed.

2.3.2 Childhood trauma

Whilst all children have stressful experiences, such as the anxiety associated with the first day of school, being frustrated by a friend's behaviour, or being frightened by a big dog, not all stressful experiences are traumatic experiences (Dudley 2015:1-15). Childhood trauma is defined as a psychologically distressing event involving exposure to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association 2013:261). Childhood trauma is the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects. (Giedd, Raznahan, Alexander-Bloch, Schmitt, Gogtay & Rapoport 2015:43-49). Researchers found that persistent exposure to traumatic experiences during childhood increased the lifetime risk of diseases, mental illness, emotional and social problems, victimization, and perpetration (Shannon, Hanna, Tumelty, Waldron, Maguire, Mowlds, Meenagh & Mulholland 2016:511-519; Whitfield, Anda, Dube & Felitti 2003:166-185). Being repeatedly traumatized affects

the growth and development of preadolescent children, especially when such children lack a nurturing and protective parental figure that might mitigate the impact of the trauma (Dudley 2015:1-15).

However, persistent exposure to stressful situations and sources such as physical, sexual and emotional abuse, neglect, family violence and discourses, community violence, caregiver substance abuse, mental illness, and imprisonment have the most pervasive and far-reaching effects (Shannon 2016:2-61). Children may also experience other events that also result in trauma, such as bullying, death of a family member, illness, out-of-home placement, and poverty. Nevertheless, some traumas are quite overt, like experiencing physical and sexual abuse or witnessing domestic violence, being exposed to emotional neglect, an absent parent, or a substance-abusing caretaker who may be subtler but can leave insidious effects relating to childhood trauma (Finkelhor, Turner, Hamby & Ormrod 2011:1-12; Maschi, Baer, Morrissey & Moreno 2013:49-64). Repeated exposure to traumatic events during childhood can have dramatic and long-lasting effects (Shannon 2016:2-61). Therefore, this will need social work intervention to mitigate the impact of childhood trauma through rendering trauma-informed services to the affected individuals.

The impact of childhood trauma can last well beyond childhood and research has found that survivors may experience the impact and consequences of childhood trauma as adults (SAMHSA 2015). The consequences of childhood trauma are described according to the following categories: consequences of childhood physical abuse, childhood emotional abuse, childhood sexual abuse, childhood neglect and childhood trauma because of growing up in child and youth care centres.

2.3.2.1 Consequences of childhood physical abuse

Physical abuse in childhood is reported to increases the likelihood of reporting more diagnosed illnesses and physical symptoms (Dodaj & Sesar 2020:1-7). There is suggestive evidence of a significant association between child physical abuse (CPA) and arthritis, ulcers, headaches, and migraine in adulthood. For other outcomes, including type 2 diabetes, hypertension, cardiovascular diseases, respiratory

diseases, neurological disorders and cancer, the association with childhood physical abuse is mostly weak and inconsistent (Norman, Byambaa, De, Butchart, Scott & Vos 2012:9-11). Furthermore, persons who encountered childhood trauma had changes in sleep rhythms (Dahake, Kale, Dadpe, Kendre, Shep & Dhore 2018:39-41). The overview of the evidence suggests a causal relationship between CPA and a range of long-term consequences such as depressive disorders, anxiety disorders and suicidal behaviour (Norman et al 2012:9-11). Consequently, social workers cannot ignore the impact of childhood physical abuse while rendering trauma-informed services in practice, as looking into childhood physical abuse might be needed in determining the the best trauma-informed approaches to be used.

2.3.2.2 Consequences of childhood emotional abuse

Anxiety and depression in adulthood frequently are consequences of exposure to childhood emotional abuse (Norman et al 2012:9-11). Children with experience of childhood emotional abuse have a much higher risk of committing suicide or having suicidal thoughts (Norman et al 2012:9-11, Thompson, Proctor, English, Dubowitz, Narasimhan & Everson 2012:175-186; Neto 2019:14). Childhood emotional abuse appears to be a strong predictor of substance abuse in adults who experienced childhood emotional abuse, and substance abuse may serve as an associated coping mechanism (Spinazzola, Hodgdon, Liang, Ford, Layne, Pynoos, Briggs, Stolbach & Kisiel 2014:18-28; Layne, Briggs-King & Courtois 2014:1-8).

2.3.2.3 Consequences of childhood sexual abuse

Women exposed to childhood sexual abuse (CSA) are at greater risk of contracting sexually transmitted diseases such as HIV/AIDS (Amado, Arce & Herraiz 2015:49-62; Varese, Smeets, Drukker, Lieverse, Lataster, Viechtbauer, Read, Van Os & Bentall 2012:661-671; Shrivastava, Karia, Sonavane & De Sousa 2017:4-12). People who were exposed to childhood sexual abuse, especially women are at greater risk of suicidal behaviour in adulthood (Paraventi, Claudino, Morgan & Mari 2011:222-226). Research indicates that survivors of childhood sexual abuse are at a substantially increased risk for depression, PTSD, personality disorders, poor self-

images, substance abuse problems, suicidal tendencies and sexual disorders (Dodaj & Sesar 2020:1-15). Women who were exposed to CSA tend to be dissatisfied with the appearance of their bodies and their body weight, they often go on diets, use cleansing methods, and restrict their dietary intake (Boroch, Jarząbek-Bielecka, Jarząbek, Mizgier, Jarząbek, Mizgier, Sowińska-Przepiera, Kędzia, Pisarska-Krawczyk, Chuchracki, Opydo-Szymaczek & Wilczak 2018:1124).

They experience interpersonal problems such as difficulties in relationships with others, loss of trust, feeling betrayed, fear of sexual partners and susceptibility to re-victimisation are common as long-term consequences of CSA (Lamoureux, Palmieri, Jackson & Hobfoll 2012:605- 613). CSA victims have more difficulties in their relations with their partners; they do not trust their partners and perceive them as less caring and excessively controlling, often leading to failed marriages (Howell, Barnes, Miller & Graham-Bermann 2016:43-57). The consequences of sexual abuse may be short–term and long-term for children, the victims will need social work intervention to render trauma-informed services to diffuse their heavy situations related to abuse (Amado, Arce & Herraiz 2015:49-62).

2.3.2.4 Consequences of childhood neglect

Childhood neglect, especially exposure to childhood physical neglect, leads to delays in physical development, with victims losing weight, despite the fact that their parents meet the child's physical needs (McCoy & Keen 2019: 1-38). Abusive care can have considerable consequences in terms of children's health and social, psychological, cognitive, and brain development (De Bellis & Zisk 2014: 185 -222). Children who have experienced abuse and neglect are therefore at increased risk for a number of problematic developmental issues leading to, detrimental health, and mental health outcomes, including learning problems, problems relating to peers, depression, anxiety, and posttraumatic stress disorder (PTSD) (Petersen, Joseph & Feit 2014:113).

2.3.2.5 Childhood trauma resulting from growing up in child and youth care centres

Children in the child welfare system also frequently experience trauma within the care giving relationship and these traumatic experiences may be compounded by system trauma and place these children at high risk of emotional disorders (Hubin & Jordyn 2018:17). Therefore, the growth of children in the welfare system increases the risk of adults who suffers from childhood trauma (Wilson, Pence & Conradi 2013:1-25).

Since 2005 social work publications have focused on systemic and practice changes within child welfare which seek to identify and reduce trauma to children and families experiencing child maltreatment or other distressing events, as well as to the agency personnel working with these clients (Pence 2011:325-336). Thus, social workers are trained to treat victims with respect and a non-judgmental attitude, creating a conducive environment for a healing process to commence and strive to provide victims with as much control and choice regarding their care as is possible (Kimberg & Wheeler 2019:32-34). Such a trauma-informed setting is a therapeutic milieu, with staff and patients operating as a team, working toward the client's recovery (Kusmaul, Wilson & Nochajski 2015:25-36). Social workers come to the job with knowledge and skills that prepare them to successfully conduct emotionally laden inquiries to assist those who are affected by trauma of being place in a child and youth care centre (Pence 2011:325-336).

The value of the ecological systems theory in treating children who suffered childhood trauma is emphasised as it is based on the healing process that takes place in the child's surrounding environment. The ecological systems framework considers the development of the child in the context of the broader social environment in which he or she functions within the context of a family; accepting in turn that children and families are embedded in a larger social system that includes communities, neighbourhoods, and cultures (Petersen et al 2014:113). The assumption underlying this approach is that behaviour is complex and that it is determined by the characteristics of the individual, parents and family,

neighbourhood and/or community and the child's interactions. Therefore, in a social work context a social worker has to take into account the different systems that influence one another in a child's surroundings when helping the child recover from trauma. The social worker also becomes part of the subsystems that interact with the child while rendering trauma-informed services.

2.3.3 Domestic violence

There seems to be a high rate of violence in South Africa which is a huge cause of trauma amongst women and children. Literature has revealed that intimate partner violence and sexual coercion are the most common forms of domestic violence globally (World Health Organization 2016). Domestic violence is viewed not as a single isolated attack, but rather as a pattern of coercive control using multiple tactics such as intimidation, isolation, coercive control, emotional abuse, financial control and often physical and sexual violence leverage (Sapkota, Bhattarai, Baral & Pokharel 2016:1-9). In addition, domestic violence is viewed as a traumatizing experience that has devastating psychological and physical consequences on victims of domestic violence, with both adults and children being survivors of traumatic experiences (Sapkota et al 2016:1-9). The act of domestic violence encompasses but is not limited to the following: physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation (Enaifoghe 2019:15-25). Being hurt by a loved one who is a part of the family, can have serious consequences on how survivors of domestic violence think, act and feel (Sullivan, Goodman, Virden, Strom & Ramirez 2018:563-570).

Domestic violence was previously socially accepted in male dominant cultures until the late 20th Century, supported by different ethnic customs and traditions and in some countries condoned by law (Flasch 2016:24). However, here in South Africa after the transition to democracy new progressive and comprehensive laws and policies that promote gender equality and curb gender-based violence were developed to ensure equity to all who live in South Africa (Mpani & Nsibande

2015:30). The Constitution of South Africa and the Bill of Rights being the documents in the forefront in promoting the rights to equality of all persons, facilitating the breakdown of patriarchal dogmas that continue to oppress women under the name of culture and religion (Stone 2012:6). Unfortunately, the laws and policies are ineffectively implemented, thus women continue to suffer from trauma caused by domestic violence (De la Harpe & Boonzaier 2011:147; Day & Gill 2020: 830-850).

The cycle of violence is further perpetrated by a lack of a functional justice system and a dearth of available resources (Enaifoghe 2019:15-25). There is also a lack of economic opportunities for women, which leads to the survivor being dependent on the abuser, consequently most women continue to live the reality of experiencing gender-based violence (Enaifoghe, Dlelana, Durokifa, Anuoluwapo & Dlamini 2021:117-146). Despite the various efforts by governments and international organisations to put an end to domestic violence globally, it remains the foremost human right violation. Particularly in South Africa, domestic violence continues to be a significant social and public health problem that causes its victims immeasurable trauma (Black cited in Cordero 2014:7; Cloninger & Zohar 2011:24; Jacobsen 2013:11).

According to the 2019 crime statistics of the South African Police Service (SAPS), crimes against women numbered 1 7076 cases for that year, while crimes committed against children (persons under the age of 18 years) numbered a total of 42 348 cases (STATS SA 2020). These statistics highlight those women and children are significantly more likely than adult men to fall victim to homicide and gender-based violence (Lamb & Wartson 2016:13). The crime statistic of 2019 released by the Department of Police revealed the depth of the crisis (STATS SA 2020). Nearly 3 000 women were murdered between April 2018 and March 2019, translating to seven such deaths per day. According to Pikoli (2020:1) the national Gender-Based Violence Command Centre attested to the increase in these numbers, saying that they were experiencing triple the usual number of calls in the year 2020. Furthermore, the recent GBV statistics increased to an alarming 2 320 complaints during the first week of the global lockdown from March 2020 till end of June. This

figure is 37% higher than the weekly average of 87 290 domestic violence cases reported to the police during 2019, according to the South African Minister of Police Bheki Cele (Pikoli 2020:1).

Domestic violence has serious consequences for women's lives and health issues, such as in the form of homicides, suicides, AIDS-related deaths, physical injuries, chronic pain syndrome, gastrointestinal disorders, complications during pregnancy, miscarriage and low birthweight of children (Enaifoghe, Dlelana, Durokifa, Anuoluwapo & Dlamini 2021:117-146). Literature revealed that experiencing domestic violence brings forth feelings of helplessness and powerlessness, it is therefore critical for social workers to help trauma survivors regain control over the many areas of their lives that have been impacted by the traumatic experiences through trauma-informed services (Fernak & Ramirez-Hammed 2019:31).

Trauma-informed interventions go beyond treating the symptoms of trauma. This approach includes providing survivors with a sense of control and hope and requires the involvement of all stakeholders working with the survivor, including caseworkers, lawyers, judges and the police, as such trauma-informed practices present an excellent opportunity for improving the persons' mental wellbeing (Klain & White 2013:1-15; Sullivan, Goodman, Virden, Strom & Ramirez 2018:563-570). The trauma-informed perspective therefore assists social workers to help victims of domestic violence to develop their own strengths for managing their problems and functioning more effectively in their daily lives after encountering trauma (Knight 2015:26). Social workers will need well informed stakeholders and cooperation from other stakeholders such as the police, health care practitioners and presiding officers to be able to deliver services effectively to those who have been affected by gender-based violence.

2.3.4 Crime and violence related trauma

Trauma and crime often co-occur; crime is defined as an activity that violates the criminal code and that is punishable by sanction (Leclerc, Delisle, Wemmers & Brunet 2017:1-21). A large proportion of crime in South Africa is violent crime, and the level of violence involved in violent crimes is often excessive, it being the cause

of most traumas (Collins 2013:29-37; Van Der Merwe 2013:65-83). For instance, an event characterized by the exposure to threatened death, serious injury, or sexual violence can cause severe trauma related symptoms to the victims (American Psychiatric Association [APA] 2013:271).

Another force that causes crime and violence related trauma is community violence which is defined as exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim (Siegfried & Blackshear 2018). According Vagelakos and Levy (2017:1-15) report, Community violence is a traumatic experience that contributes to unhealthy social and psychological development for people. Exposure to violence involving weapons is associated with higher trauma symptoms, over and above exposure to all other types of violence, making it a strong contributor to adolescent depression, anxiety and aggression (Vagelakos & Levy 2017:1-15). Violent crime therefore, presents a major challenge for policy makers and those responsible for making South Africa a country in which “all people in South Africa are and feel safe” (Office of the Presidency 2019).

Trauma be perceived asa life changing experience with dire concequences for the victim involved, especially for those encountered multiple traumatic events, repeated experiences of trauma, or prolonged exposure to trauma (Ashcroft, Sur , Greenblatt & Donahue 2021:1 -23). Consequently, the effect of exposure to trauma stemming from violence and crime has been linked to a host of mental-health issues that negatively impact on the emotional wellbeing and behaviours of the victims (Cecil, Viding, Barker, Guiney & McCrory 2014:55-57). A victim of crime is defined as an individual who has experienced physical or emotional harm, or who has suffered economic loss because of a criminal act (Allen 2015:1-55). Victims of violent crime are particularly vulnerable to pathological outcomes given the nature of injurious, unpredictable, uncontrollable, and intentionally perpetrated trauma (Ford & Gomez 2015:487-522).

During or immediately after trauma exposure, many individuals experience an intense emotional response characterized by disbelief or shock (Ford & Gomez

2015:487-522; Friedman 2014:31-37). A traumatic event is rare experience, wherein victims are often shocked, often feel emotionally overwhelmed and some victims suffer intense emotional experiences after exposure (Friedman 2014:31-37). Some victims are resentful, and they do not understand why they were chosen as victims (Ford & Gomez 2015:487-522; Friedman 2014:31-37). Sadness and anger are particularly likely to be experienced by victims who were exposed to a traumatic event with others, especially if they were the only one, or one of a few to survive (Friedman 2014:31-37). As such, victims may find it hard to believe that someone can assist them, thus reducing their level of engagement in the therapeutic process (Leclerc et al 2017:13).

Trauma-informed social workers must first build a rapport with the victims of trauma in order to elicit therapeutic engagement and must collect as much information as possible about the the situations concerned, in order to conduct the most adequate assessment that will in turn inform the trauma specific intervention to be used (Yeager & Roberts 2015:502-522). To adequately serve and support victims of crime, it is important for social workers to understand the psychological changes that result from victimization (Leclerc et al 2017:1-21). Failure for a victim of trauma to receive the appropriate support might result in secondary victimization. These concepts reflect the notion that a victim can be harmed initially due to a criminal act and be affected secondly due to an unsympathetic response following the victimization (Wemmers 2013:221-233). Trauma-informed services acknowledge the need to understand a person's life experiences in order to deliver effective care and have the potential to improve client engagement, treatment adherence, health outcomes, and provider and staff wellness (Menschner & Maul 2016:2-10). Trauma-informed services must involve both organizations and social workers that recognize the complex impact trauma has on victims (Menschner & Maul 2016:3).

2.3.5 Health related trauma

Medical trauma can be described as a direct personal experience of an event that involves actual or threatened death or serious injury with the response involving fear, helplessness, or horror (APA 2013:463). When one considers the events, such as real or perceived threats to one's life or wellbeing and diminished personal power, it

becomes clear that an experience in the medical setting has the potential to be traumatic too (Hall & Hall 2013:2-15).Trauma experienced as a result of medical procedures, illnesses, injuries and hospital stays can have lasting effects (Magruder, McLaughlin & Elmore Borbon 2017:1-12). As such, those who experience medical trauma, can develop clinically significant reactions such as PTSD, anxiety, depression, complicated grief, and somatic complaints (Hall, M.F. and Hall 2013:2-15). The public health impact of trauma exposure is staggering for both communities and individuals, as catastrophic events such as natural and man-made disasters and terrorist attacks can have devastating effects on the social fabric of society and communities (Magruder & Elmore Borbon 2017:2). In the ecological systems framework, there is a fit between a person and his or her environment (Sreetheran & Van Den Bosch 2014: 1-18).

A hospital setting is foreign for many patients. For those receiving treatment for life-threatening medical diagnoses or injuries, being hospitalised means departure from their familiar environment and it can therefore be a traumatic experience (Janssen 2013:2-15). Survivors of trauma, even in the absence of PTSD, may be consciously and unconsciously be triggered by sights, smells, sounds, and situations that occur in the health care setting to remember the traumatic event (Kimberg & Wheeler 2019:13). Excessive waiting times, invasive physical procedures, the need to undress, the inherent imbalance in power between the patient and the service providers, the use of physical restraints and more, may result in re-traumatisation (Kimberg & Wheeler 2019:13-14). Ideally, trauma-informed services rendered by social workers prompt examination of all the ways in which injustice and inequity cause and perpetuate trauma and its associated health disparities (Gee, Walsemann & Brondolo 2012:967-74; Goosby & Heidbrink 2013:630-43). Trauma-informed social workers advocate for equity for individuals, families, and communities, especially for those who are most marginalized and under-resourced, to generate shared resilience and communal healing (Kimberg & Wheeler 2019:51).

2.4 INTERVENTIONS FOR TRAUMA

In the treatment of psychological trauma different strategies and specific methods can be used. For instance, sometimes social workers can use integrative vision (Vasile 2014:781-785). However, for this study the focus is on trauma specific services and trauma-informed services are delivered in a manner that recognizes the emotional vulnerability of trauma survivors. Most importantly, the social worker in these approaches must avoid inadvertently repeating any dynamics of abusive interactions in the helping relationship (Elliott, Bjelajac, Fallot, Markoff & Reed 2005:461-477; Knight 2015:25-37). Trauma-informed services also incorporate an understanding of the frequency and effects of early adversity on psychosocial functioning across the life span (SAMHSA 2014).

There are several trauma specific psychological interventions especially for treating PTSD, which is the most common result after a traumatic event (Vasile 2014:781-785). However, it is noted that the assessment stage informs the type of intervention to be selected based on the thoughts, feelings or behaviours that are the focus of change (Abramowitz 2013:548-558). Certain trauma specific interventions have been developed and studied by various professions for the treatment of psychological trauma. According to the Evidence-based Practice Centre Systematic Review Protocol [EPCSRP] 2017:1-20) these trauma specific interventions include cognitive behavioural therapy (CBT) such as, psychological debriefing, cognitive restructuring, cognitive processing therapy, exposure-based therapies, coping skills therapy, and psychodynamic therapy; eye movement desensitization and reprocessing (EMDR); interpersonal therapy (IPT); group therapy; hypnosis/ hypnotherapy; eclectic psychotherapy; and brainwave neuro feedback.

Of these interventions for the treatment of psychological trauma, psychological debriefing, cognitive behavioural therapy (CBT), psychological first aid (PFA), eye movement desensitization and reprocessing (EMDR), cognitive restructuring, Interpersonal therapy (IPT) and group therapy entail the following:

2.4.1 Psychological debriefing

In psychological debriefing interventions, social workers try to raise the awareness of victims about normal reactions to trauma and to encourage them to share their experiences and their emotional responses to the event (Vasile 2014:783). Usually, psychological debriefing is a group administered process conducted soon after a traumatic event (within 36-72 hours) with individuals considered to be under stress from trauma exposure (Baldwin 2013:1549-1566).

2.4.2 Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy is a method that aims to reduce psychological distress and dysfunction by exploring and addressing how the integration of service users' thoughts, feelings and behaviours are contributing to the presenting problem (Teater 2013:1-22). Its purpose is to enable the victim to re-position towards the distorted thoughts and beliefs generated from a traumatic event and increase the awareness of dysfunctional trauma-related thoughts and correct or replace those thoughts with more adaptive and/or rational cognitions (Vasile 2014:783; Sharf 2012:49). Most forms of CBT consist of a minimum of eight to twelve weekly sessions lasting 60 to 90 minutes each. CBT can be administered either as group- or individual therapy (EPCSRP 2017:1-20; Bamford & Mountford 2012:49-59).

2.4.3 Psychological first aid (PFA)

PFA consists of a set of helping actions aimed at reducing first post-traumatic event distress and helping short and long-term adaptive functioning (Vasile 2014:783). PFA is designed as an initial step of a complex trauma response, and it is constructed around eight core actions. According to the Agency for Health care Research and Quality [AHRQ]) PFA is intended for use by mental health professionals, counsellors, and others who may provide immediate support for trauma survivors (AHRQ 2012: 1). It is considered that PFA has some major advantages such as its high portability and the possibility of delivery PFA anywhere after a recent trauma (Anitei & Chraif 2013:1116-1120).

2.4.4 Exposure-based therapy

Exposure-based therapy involves confrontation with frightening stimuli and is continued until anxiety is reduced; the exposure is based on mental imagery from memory or introduced in scenes presented by the therapist (imaginal exposure) (Neuner 2012:299-312). When a traumatic event occurs, the memory is stored maladaptively or dysfunctionally in the brain, with the brain continuing to process the event or events, often by bringing up nightmares or flashbacks, but the event is 'blocked' and unable to be stored away like most other memories (Klockner 2018:5-6). The therapy tends to activate the brain's information processing system and rebalance it (Klockner 2018:5-6). The clients do not lose the memory, they know it happened to them, but the memory becomes adaptively stored without the negative emotions, body sensations and cognitions that it once had (Van den Hout & Engelhard 2012:724-738). Exposure therapy is typically conducted for eight to twelve weekly or biweekly sessions lasting 60 to 90 minutes (Abramowitz 2013:548-558).

2.4.5 Eye movement desensitization and reprocessing (EMDR)

EMDR combines imaginal exposure with the concurrent induction of saccadic or rapid jerky eye movements that are believed to help reprogram the brain function so that the emotional impact of trauma can be resolved (EPCSRP 2017:1-25). The therapy is further applied by explaining that often when something traumatic happens, it seems to get locked in the nervous system with the original picture, sounds, thoughts, feelings and so on about it. Since the experience is locked there, it continues to be triggered whenever a reminder to it comes up (Jones, Rabu, Rossberg & Ulberg 2020:4628; Klockner 2018:146).

2.4.6 Cognitive restructuring

Cognitive restructuring is based on the theory that the interpretation of the event, rather than the event itself, determines an individual's mood. It aims to facilitate relearning thoughts and beliefs generated from a traumatic event, increase awareness of dysfunctional trauma-related thoughts and correct or replace those thoughts with more adaptive and/or rational cognitions (EPCSRP 2017:1-25). Cognitive restructuring is a useful technique for understanding unhappy feelings and

moods and for challenging the sometimes-wrong ‘automatic beliefs’ that can lie behind them. It can be used to reframe the unnecessary negative thinking experienced from time to time (APA 2013). Restructuring generally takes place over eight to twelve sessions of 60 to 90 minutes (EPCSRP 2017:1-25).

2.4.7 Interpersonal therapy (IPT)

IPT is a time-limited, dynamically informed psychotherapy that aims to alleviate patients’ suffering and improve their interpersonal functioning (EPCSRP 2017:1-25). This type of therapy focuses specifically on interpersonal relationships and aims to help clients improve their interpersonal relationships or change their expectations about them (Weissman, Rabinovich & Verdell 2013:270-276). In addition, it aims to help patients improve their social support to manage their current interpersonal distress more effectively (Weissman, Rabinovich & Verdell 2013:270-276; EPCSRP 2017:1-25). Interpersonal therapy generally requires ten to twenty weekly sessions in the acute phase, followed by a time-unlimited maintenance phase (EPCSRP 2017:1-25).

2.4.8 Group therapy

A group is a collection of individuals whose association is founded on commonalities of interest, norms and values. Membership in the groups may be by chance, by choice or by circumstances (Brown & Pehrson 2019:1-12). Trauma-focused group therapy can vary in theory and practice and in its focus on education, cognitive and/or behavioural skills, and interpersonal relations/dynamics (EPCSRP 2017:1-25).

2.5 TRAUMA-INFORMED SERVICES VERSUS TRAUMA SPECIFIC SERVICES IN SOCIAL WORK SERVICE DELIVERY

The terms ‘trauma-specific services’ and ‘trauma-informed services’ are sometimes used interchangeably. Both refer to providing care for people exposed to traumatic stress, however, trauma-specific services are clinical interventions, whereas trauma-

informed services address organizational culture and practices to be sensitive to clients with trauma experiences and to have knowledge and skills to support clients who have experienced trauma (Decandia, Guarino & Clervil 2014:10).

In more detail, trauma-specific services, trauma-informed services, and the reasons why both are needed, respectively entail the following:

2.5.1 Trauma specific services

The term ‘trauma-specific services’ is described as “evidence-based and promising prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders including substance use and mental disorders that developed during or after trauma” (Abuse 2014). Trauma-specific interventions go beyond treating the symptoms of trauma, such as mental health disorders and substance abuse, and focus on the interplay between trauma and its consequences (Klain & White 2013:2). Trauma-specific interventions include medical, physiological, psychological and psychosocial therapies provided by trained professionals that aid in the recovery from adverse trauma exposures (Klain & White 2013:4-5). Its treatments are designed to maximize survivors’ sense of physical and psychological safety, develop coping strategies and increase the survivor’s resilience (Wilson, Fauci & Goodman 2015:586-599). Trauma specific services in the psychological therapies, include exposure therapy, cognitive processing therapy, cognitive behavioural therapy–mixed therapies, eye movement desensitization and reprocessing, and narrative exposure therapy that proved to be effective for improving PTSD symptoms (Kimberg 2019:19). Social workers delivering TSS programmes generally recognize victims’ need to be respected, informed, connected, and hopeful regarding their own recovery. This is facilitated by allowing the victims to also have a voice in their healing process (Miller & Hefner 2016:142-167).

2.5.2 Trauma-informed services

In contrast with trauma-specific services, trauma-informed care in service delivery is defined as a universal framework that requires changes to the practices, policies, and culture of an entire organisation, therefore all the staff members will have the knowledge and skills needed to support trauma survivors (Decandia, Guarino & Clervil 2014:10-12). Trauma-informed services are based ecological systems theory that is grounded in the understanding of the impact of trauma on various systems of the person him- or herself, as well as on the broader systems the person is functioning in. That creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuk & Olivet 2010:82; Kimberg 2019:14). Trauma-informed services redirects attention from treating symptoms of trauma (that is for example mental health disorders and behavioural problems) to treating the underlying causes and context of trauma (Klain & White 2013:4; Ghandour, Campbell & Lloyd 2015:57-61). In recent years, there has been a growing movement for trauma-informed practices to be implemented across service rendering organisations and client populations, such as in child welfare, in-patient psychiatric settings, with inmates of institutions and the homeless (Azeem, Aujla, Rammerth, Binsfeld & Jones 2011:11-15; Allen & Strand 2017:134; Levenson, Willis & Prescott 2014:340-359; McKenzie-Mohr, Coates & McLeod 2012:136-143).

Most organisations are in the process of becoming trauma-informed and have recognised the importance of promoting a calm, peaceful environment through employment practices, workforce development and support, management training, improved workflows and the alteration of the physical environment (Kimberg & Wheeler 2019:37). In trauma-informed care settings, social workers assess and understand the impact of trauma on the clients, provide clients with knowledge and skills needed for recovery, and actively address treatment barriers and service delivery practices that may lead to re-traumatisation of clients (Klain & White 2013:5). To avoid re-traumatisation, social workers need to recognise and promote trauma-based principles as a key component of interventions for complex psychological and social problems (Allen & Strand 2017:1-10).

To implement guidelines for trauma-informed services in an organisation requires an organisational change process cantered on guidelines of promoting healing and reducing the development of more serious problems like PTSD (Bowen & Murshid 2016:223). Trauma-informed services are embedded in core guiding principles. Therefore, regardless of the services an organisation provides, organisations can adopt the core trauma-informed principles listed in Table 2.1 to improve their services (SAMHSA, 2012; Klain & White 2013:8). As shown in Table 2.1, the principles of TIS include understanding trauma and its impact, promoting safety, ensuring cultural competence, supporting consumer control, choice, and autonomy, sharing power and governance, integrating care, allowing relationships that promote healing, and believing that recovery is possible (Radmore 2012:14).

Table 2.1: Core principles in trauma-informed service delivery

Core Principles	Examples
Understanding trauma and its impact	Understanding traumatic stress and recognizing that many current behaviours and responses are ways of adapting to and coping with past traumatic experiences.
Promoting safety	Establishing a safe physical and emotional environment where basic needs are met; safety measures are in place; and provider responses are consistent, predictable and respectful (Poole et al 2013:17-19; Bowen & Murshid 2016:224; Kimberg & Wheeler 2019:3-33)
Supporting consumer control, choice, and autonomy	Helping people regain a sense of control over their daily lives. Keeping people informed about all aspects of the system and allowing them to drive goal planning and decision-making (SAMHSA 2014).
Sharing power and governance	Sharing power and decision making across all levels of an organization, whether related to daily decisions or when reviewing and establishing policies and procedures (SAMHSA 2014; Kimberg & Wheeler 2019:3-33).
Ensuring cultural competence	Respecting diversity within the programme, providing opportunities for consumers to engage in cultural rituals, and using interventions specific to cultural backgrounds (SAMHSA 2014).

Integrating care	Maintaining a holistic view of consumers that acknowledge the interrelated nature of emotional, physical, relational, and spiritual health and facilitates communication within and among service providers and systems (SAMHSA 2014).
Healing happens in relationships	Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors (Bowen & Murshid 2016:224).
Understanding that recovery is possible	Understanding that recovery is possible for everyone regardless of how vulnerable he or she may appear, instilling hope by providing opportunities for consumer involvement at all levels of the system and establishing future-oriented goals (SAMHSA 2014).

The importance of trauma-informed services is emphasised in literature because of the trauma experiences of social workers' clients in social work organisations and a need to improve the quality-of-service delivery (Vande Berg 2017:31). Organisations that are following a trauma-informed perspective are rendering social work services acknowledging the intense and often traumatic nature of social work, which may become an occupational hazard and counteracts the possible consequences by developing an environment for support and assistance (Vande Berg 2017:31).

2.5.3 Trauma-Informed services and trauma-specific services: Why both are needed

Trauma-informed service delivery includes social workers recognising the prevalence of early adversity in the lives of clients, viewing presented problems as symptoms of maladaptive coping, and understanding how early trauma shapes a client's fundamental beliefs about the world and affects his or her psychosocial functioning across the life span (Levenson 2017:105-113). Helping people who experienced trauma is naturally challenging and daunting for social workers. Thus, it is essential for social workers to maintain a calm, compassionate demeanour and model a healthy relationship with appropriate relationship boundaries when caring for victims of trauma (Kimberg & Wheeler 2019:19). Furthermore, comprehensive care

for trauma survivors from all cultural backgrounds in all service settings requires systems to provide both trauma-specific services and trauma-informed services. As the approaches are viewed as complementary and not exclusive; one supports the efficacy of the other (Decandia et al 2014:10). An organisation that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients; and seeks to actively resist re-traumatisation (SAMHSA 2014:9).

2.6 ROLE OF SOCIAL WORKERS IN RENDERING TRAUMA-INFORMED AND TRAUMA SPECIFIC SERVICES

Social work practice involves “helping people obtain tangible services; counselling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services processes” (National Association of Social Workers (NASW 2011). According to the Code of Ethics of the National Association of Social Workers the social work profession is committed to the needs of populations who are vulnerable, oppressed, and disadvantaged (NASW 2008).

The following global definition of social work was approved by the International Association of Schools of Social Work (IASSW), the General Assembly and the International Federation of Social Workers (IFSW) General Meeting in July 2014:
“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (IFSW, n.d.).

In terms of this definition, the social work profession’s core mandates include promoting social change, social development, social cohesion, and the empowerment and liberation of people. South Africa, with many other countries,

accepted this definition (IFSW, n.d.). The global definition of social work relates to the current research, within the context of rendering trauma-informed social work services to traumatised clients.

Social workers work with those experiencing trauma in numerous settings, including mental health facilities, hospitals, prisons, private practices, shelters for battered women, child welfare and rehabilitation centres and social workers works in large populations (Yarvis 2011:51-72; Figley 2012:700-703). Thus, many of the clients served by social workers have experienced some form of trauma, either resulting from witnessing or indirectly experiencing an event that involves actual or threatened death or serious injury, or other threats to their physical integrity (SAMHSA 2014:9; American Psychological Association 2013).

Trauma-informed social workers appreciate how common trauma is and that violence and victimization can affect a person's psychosocial development and lifelong coping strategies. They emphasize client strengths as they work on building healthy skills rather than simply addressing symptoms (Bloom & Farragher 2013:133-134; Brown, Baker & Wilcox 2012:61–76). Social workers use a diverse body of intervention including trauma specific services, to mitigate the impact of trauma on the victims (Figley 2012:701). Trauma-specific services are trauma treatments that have been researched and are evidence-based. Such interventions are conducted by social workers trained in the specific modality of trauma (Allen & Strand 2017:46). Social workers render trauma specific assistance across several social types of welfare services, with the most prominent ones being victim empowerment and child protection services (Fogel 2015:1-44; Decandia et al 2014:10). Trauma-specific interventions include cognitive processing therapy, trauma-focused cognitive behaviour therapy, crisis intervention stress debriefing (CISD), eye movement desentization reprocessing (EMDR) and prolonged exposure (PE). Most of the treatments for trauma that have been categorized as evidence-based or promising have specifically treated PTSD (Allen & Strand 2017:46).

The fundamental steps for social workers when working with victims of trauma is assessment, which is defined as the investigation and determination of variables

affecting an identified problem or issue as viewed from micro, mezzo, or macro perspectives (Van Breda 2018:2-14). After the completion of the assessment phase the social worker will draw on a range of interventionstrategies deemed to be appropriate to assist the client with her or his life challenges (Van Breda 2015:10).

Trauma-informed social workers rely on their knowledge about trauma to respond to clients in ways that convey respect and compassion, honour self-determination and enable the rebuilding of healthy interpersonal skills and coping strategies (Levenson 2017:105). In addition, in trauma-informed service delivery social workers look at how the entire person and his or her subsystems are organised, and services are delivered through a 'trauma lens' (Wilson, Pence, & Conradi 2013:2).Therefore, organisations that adopted the trauma-informed perspective, render trauma specific services in acknowledging the intense and often traumatic nature of social work, which may become an occupational hazard, and counteracts the consequences by developing an environment for support and assistance (Van der-Berg 2017:31).

It is important to recognise that social workers are affected in different ways in rendering trauma specific services; the possible impact of which is discussed next.

2.7 IMPACT ON SOCIAL WORKERS OF RENDERING TRAUMA-INFORMED SERVICES

Social work is considered to be one of the most stressful professions, social workers stand out as being a particularly exposed occupational group in which high work demands are paired with a large individual responsibility to carry out the work (Barck-Holst, Nilsonne, Åkerstedt & Hellgren 2021:94-108; Astvik, Melin & Allvin 2014:52-66). Social workers have supported confidence building, generated a feeling of security, defused conflicts in communities, united conflicting groups and provided counselling services to victims of various traumas, the responsibilities of which make social workers perfect targets to experience work related stress (Kabunga & Kihoro 2014:33-38). Thus, in various settings and treatment levels, social 2011 workers work with clients who have histories of sexual abuse, childhood neglect, violence and abuse. In therapy, clients reveal traumatic events and in turn, social workers are

often exposed to vivid and explicit accounts of abuse and trauma (Myers 2016:8; Wilson et al 2013:3). Social workers frequently encounter clients with a history of intense trauma (APA 2013). In assisting the victims of trauma, social workers ought to empathetically engage with victims of traumatic experiences, they in turn may re-experience the images as clearly as if it is their own experiences because of having empathy with victims (Fogel 2015:1-44).

The skill of having empathy requires social workers to put themselves in the shoes of the client, feel their client's emotions as they are experiencing it, which in turn exposes them to the reality of secondary trauma (Cuff, Brown, Taylor & Howat 2016:144-153). As a result, it is likely that many social workers have been exposed to traumatic situations in the workplace which potentially cause traumatic secondary traumatisation for them (Bergh 2011:382). Various authors have concurred that some of the stress that social workers encounter is because of their work-related environments (Chung & Chun 2015:136; Dagan, Itzhaky & Ben-Porat 2015:210; Lizano & Barak 2015:25; Marc & Osvat 2013:129; Wilberforce et al 2014:812).

The essence of rendering trauma specific services is to assist others cope with traumatic experiences. It would seem paradoxical that professional therapists working with trauma victims may themself be unable to cope with traumatic situations or listen to accounts of traumatic situations (Masson 2016:6). Consequently, for this very reason social workers may not openly acknowledge what they are experiencing, instead they bottled up their own feelings which harm their mental health (Masson 2016:6-36). Unfortunately, social workers who work with traumatised clients may develop conditions such as secondary trauma, vicarious trauma, or compassion fatigue and counter transference (Ludick & Figley 2017:112-123; Klinic Community Health Centre 2013:10). The last two decades, there has been a growing body of evidence looking at the effects that trauma work has on those who are working with traumatized individuals. Secondary traumatic stress is said to be one of the effects of working with trauma (Cohen & Collens 2013:570-573). The concept of secondary trauma (also known as vicarious trauma) is used to describe the cumulative and damaging effects that happen to social workers when

they are chronically exposed to their clients' traumatic stories (Michalopoulos & Aparicio 2011:646).

Myers' (2016:8) study findings concur and emphasise the impact of compassion fatigue; secondary traumatic stress; shared trauma; vicarious traumatisation; and burnout as negative outcomes that workers can experience from rendering trauma-informed services. Supporting studies highlight that secondary trauma most often occurs in areas of social work where they work directly with traumatized clients (Smith 2015:1-73; Quinn, Ji & Nackerud 2019: 54-528). After repeatedly hearing about the torture, humiliation and betrayal people perpetrate against one another, social workers might react with grief, rage, fright reactions, irritation, fatigue, insomnia, intolerance, nightmares, loss of concentration, memory impairment, depression, aggression and withdrawal might be experienced (Bergh 2011:384). It is clear that social workers encounter multiple stressors when assisting traumatised clients in practice and end up being affected in the process (Smith 2015:1-73). Secondary trauma can further lead to chronic fatigue, disturbing thoughts, poor concentration, disturbed sleeping patterns, eating disorders and emotional detachment and exhaustion, avoidance, absenteeism and physical illness (Menschner & Maul 2016:2-10; Ewer, Teesson, Sannibale, Roche & Mills 2015:252-258; Klinic Community Health Centre 2013:10).

High caseloads, shortage of time, staff shortages, demands of clients, bad work relations with colleagues and clients and lack of social support are some of the contributing factors to social workers experiencing high stress levels and an inability to cope, which also affect service delivery (Ntsoane 2017:3). Studies have also revealed that high caseloads contribute towards stress, burnout, and illness, often leading to further absenteeism and high staff turnover, in turn creating increased caseloads for remaining staff (Wilberforce, Jacobs, Challis, Manthorpe, Stevens, Jasper, Fernandez, Glendinning, Jones, Knapp & Moran 2014:825).

Numerous studies have identified workloads and caseloads as important causes of work stress and burnout in social work practice (McFadden, Campbell & Taylor 2015:1546–1563). Marc and Osvat (2013:129), on their study of stress and burnout

among social workers found that social workers' experiences of burnout are because of more work demands, time constraints, the sensitive nature of their work, working with clients who experienced trauma and a lack of supervision, among other things (social workers may also experience potentially more burnout symptoms and their feelings of personal achievement may be hampered, compared to other human service professionals (Pretorius 2020:55-58). Heavy caseloads are one of the major factors contributing to job stress, anything that poses a challenge or a threat to people well-being is considered as stress (Mumtaz, Hiram, Rohani, Jati & Yusman 2016:5-15). There is evidence that high caseloads negatively affect client contact, as social workers' ability to engage in therapeutic work is affected (Barck-Holst, Nilsonne, Åkerstedt & Hellgren 2019:4-14). High caseloads may both jeopardise client care, as clients become frustrated when overbooked social workers are not easily reached; and it also exacerbates burnout amongst social workers when they fail to handle the workload (Savaya 2012:1-16; Barck-Holst et al 2020:1-14).

In addition, there seems to be a lack of supervision in most organisations and the apparent limited availability of office equipment, such as furniture, stationery, information technology or administrative and language support, exacerbates the feeling of job dissatisfaction amongst social workers (Keyter 2014:21). Unfortunately, when resources do not match the organisational goals or quality standards, the social workers are forced into strategies that endanger their own health or threaten the quality of service such as engaging in dysfunctional activities, for example substance abuse and self-medicating (Astvik, Melin & Allvin 2014:52-66).

Most social workers lack sufficient knowledge related to trauma work and studies revealed that in undergraduate social work education, there is little inclusion of trauma content into social work curricula despite the realities of the populations often served by the profession (Carello & Butler 2014:153-168; Crosby 2015:223-230; Marlowe & Adamson 2011:623-634; Strand, Abramovitz, Layne, Robinson & Way 2014:120-135). There is a view that this lack of emphasis on knowledge related trauma work in undergraduate social work education, may be a frustration to social workers who are expected to render trauma-informed services without a full understanding of what it entails (Carello & Butler et al 2014:153-168). With a

significant amount of research that displays the benefits of using a trauma-informed lens, there should be a discussion about changing the educational requirements for social workers, so it can be implemented fully into the social work curriculum (Norgren 2018:36).

The trauma-informed perspective serves as a useful conceptual framework for organisations and as a tool and approach for working with clients (Vande Berg 2017:87). However, social workers lose confidence when they are expected to execute and apply an approach that they are not familiar with. Notably, there has been a movement in some social work practice settings to incorporate a trauma-informed approach to providing services. Capacitating social workers in this regard is conceptualized as a need, which is cantered on principles intended to promote healing and reduce the risk of re-traumatisation vulnerable individuals (Bowen & Murshid 2016:223).

It is clear that the impact of rendering trauma-informed social work services occurs on a continuum and is influenced by a number of factors such as the role of a practitioner, how much traumatic information a practitioner is exposed to, the degree of support in the workplace, the case load, availability of resources, personal life support, and personal experiences of trauma (Poole 2013:51).

2.8 COPING STRATEGIES OF SOCIAL WORKERS RENDERING TRAUMA-INFORMED SERVICES

A considerable number of research papers has been published on burnout amongst social workers on the basis that social work is a profession known for the exposure of its practitioners to environmental stressors (Smith & Clark 2011:1950-1959; Lizano & Mor-Barak 2012:1769-1776; Tartakovsky & Kovardinsky 2013:91-98; Adamson 2012:270-272). Authors refer to the exposure of social workers to situations causing high levels of stress, making them vulnerable to burnout (Yürür & Sarikaya 2012:457-478). Contrary to this, Grant and Kinman (2020:4-22) suggest that being a social worker is to be resilient, dedicated, compassionate, calm, and resourceful. On the other hand, Masson (2016:61-36) points out that when social

workers deny their feelings of emotional exhaustion, they may resort to desperate measures in order to cope temporarily and relieve the negative emotions that are often experienced with trauma. This is constant with the views of Bittner, Khan, Babu and Hamed (2011:17-21) that first and foremost it is necessary for social workers to acknowledge the impact of working with traumatised clients on themself, because denying the traumatic experiences is a maladaptive coping strategy associated with emotional exhaustion or fatigue.

In order to successfully achieve good professional conduct and to improve the level of service delivery in practice, the importance of coping strategies for social workers cannot be neglected. Coping can be described as the process of managing external and internal demands that tax or exceed the resources of the person (Masson 2016:61-69). Coping involves activities undertaken to master, tolerate, reduce or minimise environmental or intrapsychic demands perceived to represent a threat, existing harm or losses (Ben-Ezra & Hamama-Raz 2021:1551-1567). In addition, coping is also viewed as a continuous, goal-directed process in which individuals consciously and unconsciously engage to adjust their cognitive and behavioural efforts to maintain personal control during specific stressful situations (Du-Plessis & Martins 2019:3). The vulnerability to work related stress can be reduced through the use of particular coping strategies (Sui 2015:46)

Coping strategies are considered as the range of cognitive and behavioural strategies that can be used by social workers to reduce, minimise, master, or tolerate the internal and external demands of their work environment (Weiten, Dunn & Hammer 2015:99). Therefore, coping styles or strategy can influence a person's psychological and physical reactions to stressful situations and influence the outcomes when one faces stressful life events (Stapleton, Young & Senstock 2016:1-10). Thus, the social worker's ability to adjust to work related stress is highly dependent upon his or her individual coping strategies and resources (Gil & Weinberg 2015: 551-561).

There are over 400 types of coping strategies, which indicate that there is no consensus among researchers on the best way to categorise coping strategies.

Researchers have therefore proposed several coping strategies for individuals to adopt in response to work related stressors (Du- Plessis & Martins 2019:1-19). Of the numerous strategies individuals can use to cope with work related stress, three types have been studied the most, namely task-oriented coping, emotion-oriented coping and avoidance-oriented coping (Smith, Saklofske, Keefer & Tremblay 2016:319). For the purpose of this study, the focus is on five coping strategies used to mitigate the impact of job-related stress, namely emotion-oriented strategies, health-oriented strategies, cognitive oriented strategy, positive-coping strategies and social support as a coping strategy. These strategies can be used by social workers to relieve their stress and negative emotions caused by working with traumatised clients and can be conveyed to their clients in their therapeutic relationships, to enable them to deal with their stress and negative emotions caused by the traumas they experienced.

2.8.1 Emotion-oriented strategies

Emotion-oriented strategies involve the subjective, psychological and physiological expressions and reactions to stressful encounters that are appraised as taxing or exceeding a person's coping resources, emotional expression and emotional processing. The purpose of these sub dimensions is to alleviate distress of individuals by minimising, reducing or preventing the emotional components of a stressor which intensify their suffering (Stapleton, Young & Senstock 2016:79; Weiten, Dunn & Hammer 2015:107-114). The therapeutic benefits of emotion-oriented coping involve constructive emotional disclosure (Pennebaker & Chung 2011:417-437; Stanton 2011:369-386). Therapy helps people to address emotional burden caused by environment related stressors and it enhances their mental and emotional stability (Triplett 2017:1). Social workers working with stressful situations sometimes seek therapy to help them deal with the emotional imbalances caused by it. Therapy may assist social workers to be resilient and competent in their line of duty (Lundgren 2013:6; Du- Plessis & Martins 2019:1-19).

2.8.2 Health-oriented strategies

Health orieteted strategies are those that help a person to cope and experience fewer negative emotions that are detrimental to his or her health. This includes

strategies such as nutrition, exercise, sleep and relaxation techniques that are described as positive self-sustaining health-focused coping strategies (Wang, Kong & Chair 2011:238). Moreover, time for rest and relaxation; eating healthy to support the biological functioning and exercising, are common ways of reducing stress and improving overall health, together with taking time for self-reflection and creative expression, such as writing, drawing, painting, sculpting, dancing, or cooking (Fogel 2015:17).

2.8.3 Positive-coping strategies

Positive-coping strategies include social coping such as seeking social support from family members, friends, and significant others without compromising their clients' confidentiality (Tariq & Khan 2013:331). If interpersonal relationships, including religious activities, meditation, and cultural rituals, are channelled positively, they may be beneficial in minimising stress (Hombrados-Mendieta 2013:231).

2.8.4 Social support

The coping strategy of social support refers to the perceived support that individuals receive from their social support networks to regulate heightened emotions in response to environmental demands, including emotional support, network support, information support and tangible support (Du- Plessis & Martins 2019:1-19). Relationships with friends, family members, and significant others might prevent the disruption of self-schemas that occurs from chronic exposure to a client's trauma (Michalopoulos & Aparicio 2012:651). Social support can be obtained from sources, such as relatives, church members, friends, neighbours, co-workers and significant others.

2.8.5 Cognitive-oriented coping

This coping strategy refers to the cognitive processes of acquiring knowledge and understanding through thoughts and experiences to manage the intake of emotion-arousing factors. The steps identified in this regard include cognitive restructuring, acceptance, problem-solving coping, planning and critical thinking. It is characterized by strategies in which individuals attempt to reconceptualise or find solutions to the

problem causing distress (for example action planning, problem solving and positive reappraisal). (Smith et al 2016:319).

2.9 SUMMARY OF THE CHAPTER

In describing the context of trauma in South Africa it became clear that violent crimes are the highest cause of trauma in South Africa as compared to other countries. Consequently, these conditions have a profound effect on social work in SA, posing critical challenges to them in achieving goals of the profession.

The types and effects of trauma in the context of social work service delivery consist of child abuse, childhood trauma, domestic violence, crime and violence related trauma and health related trauma.

The interventions for trauma comprise of Psychological debriefing, Cognitive behavioural therapy (CBT), Psychological first aid (PFA), Exposure-based therapy, Eye movement desensitization and reprocessing (EMDR), Cognitive restructuring, Interpersonal therapy (IPT), Interpersonal therapy (IPT) and group therapy.

Contrasting trauma-informed services with trauma-specific services in service delivery indicated that Trauma-specific interventions go beyond treating the symptoms of trauma focus on the connection between trauma and its consequences, on the contrary trauma-informed services redirects attention from treating symptoms of trauma to treating the underlying causes and context of trauma.

The role of social workers in rendering trauma-informed and trauma specific services entails social workers use a diverse body of intervention including trauma specific services, to mitigate the impact of trauma on the victims and emphasizing the victim's strengths as they work on building healthy coping skills rather than simply addressing symptoms.

The impact of rendering trauma-informed services on social workers included the development of conditions such as secondary trauma, vicarious trauma, or compassion fatigue and counter transference.

The coping strategies of social workers rendering trauma-informed services involve emotion-oriented strategies, health-oriented strategies, Positive-coping strategies, social support, and cognitive-oriented strategies.

CHAPTER 3: APPLICATION OF THE RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of this research was to explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services. The focus in this chapter is on the application of the research question, research approach, research design, data collection, data analysis and data verification and ethical considerations in conducting the research.

The application of the research methods was to find the answers to the research question and achieve the research objectives is demonstrated (Creswell 2014:50). In view of the fact that the research approach, design and methodology were introduced in Chapter 1, the necessary cross-references are made in this presentation of its application in this research.

3.2 RESEARCH QUESTION

The point departure of a scientific research study like this is the formulation of a research question. The formulation of research questions guides researchers in their studies (Fouché & De Vos 2011:308). According to Flick (2018:86) research questions must be formulated in qualitative research and be clear, despite the openness of the qualitative approach, of what is studied. In meeting these requirements, the research questions for the study were formulated as follows:

- What are the experiences, challenges and coping strategies of social workers in rendering trauma-informed services?

- What are suggestions on how social workers can render more effective social services to persons who had experienced trauma?

A description of the application of the research methodology in this study to obtain answers to the research question follows.

3.3 ROLE OF OF QUALITATIVE RESEARCH APPROACH CHARACTERISTICS

As described in Chapter 1 (1.6.1), a qualitative approach was applied in the research. After taking into consideration the research problem, the research question, the goals and objectives identified for the research project, it was clear that applying the qualitative approach would be the most suitable approach for this study. The reason being that the researcher's interest in the matter to be researched corresponded with authors Mohajan and Haradhan's (2018:23-47) view that "qualitative researchers are interested in people's beliefs, experiences, and meaning systems from the perspective of the people" which underline the aim of this research study.

The research approach used in this study assisted the researcher to access the thoughts and feelings of research participants, which assisted in the in-depth understanding of the meaning that people ascribe to their experiences (Austin & Sutton 2014:436-440). Applying the qualitative research approach in this study, produced a thick (detailed) description of the participants' feelings, opinions and experiences about the phenomenon being researched (Busetto, Wick & Gumbinger 2020:1). The meaning of the participants' actions regarding their experiences, challenges and coping strategies as social workers while rendering trauma-informed services in practice could be interpreted and described.

It is emphasised in the literature that in designing a qualitative procedure, cognisance must be taken of the characteristics of qualitative research and the researcher's role in this, which typically is a sustained and intensive experience (Creswell 2009:174-177). The attention now falls on these characteristics as previously listed and described (1.7.1), and their application in this research in more detail (Creswell & Poth 2018:43-45).

3.3.1 Naturalistic setting

The interviews with the participants were conducted in the natural environment where the participants perform their everyday working roles, or at the homes of some of them when they had to work from their homes due to the COVID-19 pandemic. The researcher executed the task by making telephonical appointments at the workplaces of most of the participants at the Department of Social Development's offices in the Waterberg districts of the different local municipalities, to collect the data by means of semi-structured interviews. Collecting the data in the work environment of the participants was useful because it caused less disruption in the daily functioning of the participants and the participants were at ease since they were in a familiar environment. Thus, they were able to express themselves freely. Confidentiality and safety were ensured by allocation of a secure office for the researcher for conducting the interviews.

3.3.2 The researcher as a key instrument

The researcher collected the data personally being the key instrument in the data collection process. The researcher collected the data by conducting semi-structured interviews with participants, assisted by an interview guide consisting of open ended questions. Collecting personally the data assisted the researcher to be flexible and be guided in conducting the interviews by the participants' responses and behavioural cues. The researcher also made use of research interviewing skills which included active listening, clarifying, summarising and probing to gain in-depth information about the subject.

3.3.3 Multiple methods

In qualitative research researchers use different methods to collect data and information from various sources such as conducting interviews, doing observation, making notes and studying literature. In this research, the researcher interviewed social workers of the Department Social Development working at four different local municipalities in the Waterberg District and the data gave rise to five themes with different subthemes and categories. The researcher digitally recorded the interviews, observed the participants at their workplaces, kept a journal wherein observations

were noted and obtained information by doing a thorough study of the relevant literature.

3.3.4 Inductive and deductive analysis

In qualitative research the researcher builds the patterns of themes from the bottom up, by organising the data progressively into more units of information through including sub-themes and categories. Inductive analysis during the data analysis was applied in this study by ensuring a clear understanding of the participants' meanings that they attached to the specific topic. The researcher also made use of an independent coder to process and analyse the data. The researcher's analysis of the data was compared to that of the independent coder and the findings were compared and discussed with the study supervisorand coder to reach consensus about it.

3.3.5 Multiple meanings and perspectives

The researcher interviewed a total number of 15 social workers who shared different views about their experiences and challenges in rendering trauma-informed services in practice. In taking multiple meanings and perspectives about the matter being researched into consideration, the researcher focused on understanding the meaning participants apply to their experiences in rendering trauma-informed services and studied existing literature of other researchers about it. This can be articulated as the essence of the research study.

3.3.6 Context sensitivity

In qualitative research, researchers take the context in which the research takes place and how the context influences the participant's experiences, into consideration. The researcher understood the influences of the work-related environment and other environmental factors had on the participants, such as their social and interpersonal relations and the restrictions brought about by the COVID-19 pandemic and took it into consideration.

3.3.7 Reflexivity

During the research process in qualitative research, the researcher examines his or her own beliefs, judgments and practices and how these may have influenced the research, and the research is flexible and evolves as the research progresses, to accommodate unexpected factors that emerge during the research process (Creswell 2014:98; Daymon & Holloway 2011:8; Edwards & Holland 2013:30). The study was conducted during the COVID-19 pandemic and at the time when different levels of restriction applied in the country. Thus, the study had to and was able to accommodate all changes that came with the pandemic and its impact on the participants and the researcher. The researcher acknowledged her role in the research and took her background of having previously been employed by the DSD and how it influenced her interpretations of the information obtained in the study, into consideration. What prompted the interest of the researcher in this study and what she stood to gain from it, were conveyed to the participants.

Taking the abovementioned characteristics into consideration and utilising them, prompted the researcher to consider that this approach was well suited to this research. In conducting the research these characteristics enabled the researcher to gain first-hand information from the participants about their experiences, challenges and coping strategies they employ when working with victims of trauma. The researcher was able to report on the personal perceptions and meanings that participants attributed to their experiences, challenges and coping strategies employed when rendering trauma-informed services in practice. The adoption and application of the qualitative research approach and its characteristics were also consistent with the chosen theoretical frameworks, which were the ecological systems framework and trauma-informed perspective. Describing the application of the research design follows.

3.4 RESEARCH DESIGN

The research design is the conceptual blueprint according to which research is conducted. It can be considered as the structure of research, it is the “glue” that holds all of the elements in a research project together (Inaam 2016:68-69). The aim

of the research design is to clarify what kind of study is planned by focusing on the end results of the study (Babbie & Mouton 2016:75). The research design can also be defined as a general strategy, providing an overall structure for the procedures the researcher will follow, as well as for the data collection and the data analysis (Leedy & Ormrod 2015:92; Flick 2014:112).

As discussed below a phenomenological design supported by an explorative, descriptive and contextual design was utilised in this study.

3.4.1 Phenomenological research design

The phenomenological research design was chosen because it describes people's experiences and the meaning they attach to their experiences of a certain phenomenon (Creswell & Poth 2018:75). In applying the phenomenological research design, researchers collect data from the people who experienced the phenomenon and compose a thorough description of the experiences of all the persons selected to participate in the study, about it (Nieuwenhuis 2016:78). The design takes into consideration that people are constantly constructing, developing and changing their interpretations of their environments and that it needs to be taken in consideration in social science research (Babbie & Mouton 2016:28). Phenomenological research proceeds through an objective and methodological analysis of how people experience things as those things appear, manifest, or make themselves known, whether those things are other people, animals, objects, events, or ideas (Frey 2018:2-5). The phenomenological design was relevant to this study as the research question dealt with, required answers from the participants' unique lived experiences, challenges, and coping strategies of rendering trauma-informed services in practice. Phenomenology offered the researcher the flexibility that was needed to venture into an area of research that had not been researched previously in the Limpopo Waterberg District, enabling her to be responsive to contextual factors that became evident. This aided the researcher to –

- gather first-hand knowledge from participants which enabled her to answer the research questions with the biggest benefit of using phenomenological research being the fact that it provided the researcher with a profound, detailed understanding of a single phenomenon (Glab 2015:151); and

- tap into the participants' experiences, perceptions and the meanings they attached to an event (Petty, Thomson & Stew 2012:379), and their experiences and coping strategies of rendering trauma-informed services in practice.

3.4.2 Exploratory research design

The explorative research design was also adopted as a supportive design to explore answers to the research question of the study. An explorative research design focuses on the study of an unknown or new phenomenon (Rubin & Babbie 2016:141; Gray 2013:36). An explorative research design is based on obtaining new insights and becoming familiar with unknown situations to develop hypotheses, to identify key concepts, to confirm assumptions, to identify key stakeholders and to prioritise social needs (Davis 2014:75). If little is known about a certain phenomenon which is to be studied, an exploratory research design is the most appropriate type of design to use (Bless, Higson-Smith & Sithole 2013:60). In this study the researcher used an explorative research design to explore the experiences, challenges and coping strategies of social workers rendering trauma-informed services in-depth. The main reason for the decision to use an explorative research design is that the researcher's search for literature addressing the matter indicated that little research has so far been conducted about this phenomenon. Therefore, the explorative design was identified as an appropriate design for this study.

3.4.3 Descriptive research design

The descriptive research design supports the phenomenological design by accurately describing the researched phenomena's characteristics and the relationships between phenomena (Davis 2014:75). Descriptive research develops a picture of the phenomenon by offering details of the situation, social setting and relationships between different variables (Creswell 2014:34; Neuman 2014:38; Thyer 2012:116). Descriptive research is necessary when the researcher seeks to test factual statements and variables and to express facts about the social world (Bless et al 2013:61). The intention of the study was to develop a description of the phenomenon under investigation. Hence, using a descriptive research design assisted the researcher in this study to describe and portray the experiences challenges and coping strategies of social workers rendering trauma-informed services and also to make suggestions for their social work practice.

3.4.4 Contextual research design

A contextual research design supports the phenomenological design to describe or explain and understand events within the environment or milieu in which they take place and also explains why the events observed happen only to certain people rather than to others (Babbie & Benaquisto 2010:82). The context includes the subject, the theoretical, cultural, physical and the methodological circumstances and the issues and implications which need to be part of the research process (Hennink, Hutler & Bailey 2011:288). In this study, this is contained in the introduction to Chapter 1 (1.1), the problem formulation (1.2) and the rationale for undertaking the research (1.3) that describe the subject context. The theoretical context is provided in the theoretical framework (1.5). The methodological context is the qualitative approach followed for this study. Analysing the context of issues and implications relevant to the research are discussed in the findings and recommendations of the study (4.3). The cultural and physical contexts, within which this research took place, are the social workers' values, geographical environment, experiences, challenges,

and coping strategies underlying to and experienced whilst rendering trauma-informed services.

3.5 RESEARCH METHODS APPLIED

This section provides detailed steps on how the research methods were used for the researcher to address to research objectives (Taylor, Bogdan & DeVault 2015:3). Research methods may be described as specific techniques and tools used to collect data in a research study (Punch 2016:65). The research methods used are influenced by the research questions, the theoretical framework, and goals of the study (Nieuwenhuis 2016:74).

This discussion starts by outlining how the researcher obtained access to participants, followed by describing the population, sample and sampling; data collection; pilot testing; analysing the data, and the application thereof in the research study.

3.5.1 Obtaining access to participants

In approaching the research problem, the researcher first obtained permission from the legitimate authorities in charge of the relevant institutions to conduct research in such settings and to involve their social workers as participants (Singh & Wassenaar 2016:42-43). The gaining of access to organisations and getting specific people to respond is one of the challenges experienced by researchers (Creswell & Poth 2018:172). As the researcher was not aware who the relevant authorities were, she first contacted the head of the Department of Social Development in Waterberg district, who informed her that all research in the Limpopo Province involving the Department and its staff, is regulated by the premier's office and that only its research board can issue an approval. Therefore, she contacted the Head of the Limpopo Provincial Research Committee and requested permission with an informative letter of intent to conduct the research study with social workers in the province working in the Mookgophong, Modimolle, Bela-Bela and Mogalakwena local municipalities in the Waterberg District (Addendum A). The duration of the process

was very lengthy, and it took a period of ten months to complete the whole process of obtaining the permission. Upon receiving permission to conduct research in the four municipalities, arrangements were made with the social work managers and municipal supervisors concerned, to act as gatekeepers and contact suitable persons for the purpose of informing the relevant social workers about the study and to help the researcher identify social workers that render trauma-informed services in the Victim Empowerment, Crime Prevention and Child Protection Directorate. The gatekeeper needs to be informed about all the information and the nature of the research study, as well as the planned time frame (Padgett 2017:73). The researcher personally met with the gatekeepers by appointment and gave them an informative letter of intent of the study and answered the questions they had regarding the research study (see Addendum B). The supervisors furnished the researcher with a name and contact list of social workers who work in the relevant directorate for the study to select prospective participants from.

The researcher then arranged telephonically to meet with the individual social workers after they were identified by the gate keepers. The protocol regarding COVID-19 prescribed by the DSD, was followed and the directive from the University of South Africa about the measures to be implemented by researchers because of the Covid-19 pandemic, was discussed with prospective participants as part of the preparation for the data collection (Unisa 2020). They were then presented verbally and in writing with the information regarding the study and what their roles, their rights, the aim of the study and the criteria of inclusion in the study entailed (Padgett 2017:73). Research participants were orientated to the research process and what was required of them; how their interests and privacy would be safeguarded; and the significance of voluntary consent and their rights during the research process (Creswell 2014:31; Daymon & Holloway 2011:60-65). The participants who were willing to participate in the study were given consent forms which on completion indicated their willingness to participate in the research (see Addenda C and D). Appointments were scheduled with the selected participants for the interviews to take place at a time and place convenient, private, and safe for them. However, due to the nationwide lockdown, the researcher later had to reschedule the selected

dates as it was not permitted for anyone to travel across provincial borders during that time.

3.5.2 Population, sample and sampling

The concept research population in research refers to a complete set of people with specified characteristics, with reference to a specific phenomenon (Thacker 2020:3; Kothari & Garg 2014:88). Strydom (2011b:223) asserts that population refers to the total number of specific components in the field of the study in which the research problem is concerned. For this study, the population consisted of the social workers employed by the Department of Social Development, in the Waterberg district of the Limpopo Province, who render trauma-informed social work services, in the Victim Empowerment, Crime Prevention and Child Protection Directorate.

Time and cost involved, made it not possible for the researcher to include the whole population in the research study. Therefore, a sample was required (Maree & Pietersen 2016:192). The researcher used sampling to save time and resources and a sample was drawn that represented the population. A sample is a small group of people selected from a larger population (Kothari & Garg 2014:88).

For this study the researcher used the non-probability sampling technique called purposive or judgmental sampling adhering to specific characteristics required for the research (Babbie 2014:200; Edmonds & Kennedy, 2013:17). Using purposive sampling to obtain suitable participants enabled the researcher to obtain more valuable information from the selected social workers who were well suited to the purpose and research questions of the study (Khan 2014:305).

Participation in the research was voluntary and all the participants met the criteria for inclusion in the sample as listed in section 1.7.3. They all had to be social workers employed by the Department of Social Development, Waterberg district, working in one of four respective local municipalities, connected to the Victim Empowerment, Crime prevention and Child Protection Directorate. They were required to be rendering trauma-informed services to clients as part of their social work practice and had to have had two years or more working experience as social workers.

Participants also had to be able and comfortable to express themselves in English, and could be females or males of different ages, selected from different population groups.

In selecting research participants, exclusion criteria are usually also determined in research to exclude persons as participants who met some of the inclusion criteria but presented with additional characteristics that could interfere with the success of the study or increase the risk for an unfavourable outcome (Patino & Ferreira 2018:44). Therefore, exclusion criteria were formulated in this research to eliminate social workers rendering services in the selected department and districts municipalities without at least two years' working experience; or not connected to the Victim Empowerment, Crime Prevention and Child Protection Directorate. As participation was voluntary, social workers not willing and not wanting to participate in the study were excluded. Some social workers were on leave and not available to participate in the study. Social workers coordinating programmes in the Department of Social Development and not involved in direct service delivery to clients, also did not qualify for inclusion in the sample of participants.

The sample size in qualitative sampling is not determined at the beginning of the study, but by means of the principle of data saturation (Bless et al 2013:179). In applying the principle, the researcher continues to collect data from participants until no new data are forthcoming and the data have become repetitive and saturated, with the sample then being large enough (Fusch & Ness 2015:1408, Creswell 2014:248; Bless et al 2013:179). By applying the principle of data saturation in this research, the sample eventually numbered 15 participants.

The researcher conducted interviews with 15 accessible participants; with their permission, she recorded the interviews as well as took notes. The audio records were transcribed word by word and after that, themes, sub-themes and categories were revealed through the analysing the data obtained by means of the interviewing process. The sample of 15 participants was large enough to obtain rich detailed data. There was no need to interview additional participants because data saturation

had been reached. The next discussion focuses on the data collection methods that were utilised in this study.

3.5.3 Data collection

The methods and process of data collection applied during this study are explained in this section. The researcher's preparations taken before data collection, the methods of data collection that were used, the pilot testing and the methods of data analysis and data verification as applied to this study are discussed, reflecting the extent to which the applied methods were executed according to the original research plan.

3.5.3.1 Preparation for data collection

The researcher took into consideration the notion that research preparations before data collection bear an influence on the quality of the research findings (Krefting 1991:215). Firstly, the researcher was granted the University's ethical clearance and consent to commence with the study (Creswell & Poth 2018:172). The process of preparing for data collection was explained in Chapter 1 (see 1.7.4.1 and Addendum A). The protocol to be followed regarding the COVID-19 pandemic prescribed by the DSD and the procedures required to be followed by the University of South Africa (Unisa 2020), were discussed with participants as part of the preparation for the data collection.

After receiving formal permission from Limpopo Province Research Committee to undertake the research, the researcher telephonically contacted the relevant gatekeepers who were supervisors in each relevant municipality and followed it up by sending each of them a letter explaining the significance of the study (Addendum B). Singh and Wassenaar (2016:42) describe a gatekeeper as someone who controls access to an institution or an organisation. Arrangements were made with the gate keepers to identify potential participants for the study and to obtain access to them.

Due to COVID 19 the researcher had to amend her initial plans of physically meeting with the participants prior the commencement of the study, to contacting them telephonically. In doing so, she outlined the nature of the study to the prospective participants. This included describing the nature of their required participation and what their rights were before they gave their consent to participate in the study (Creswell 2014:31) (see Addenda A and B). The researcher subsequently emailed each participant the consent form for them to give their consent by signing the consent form (Addendum C). The signed consent form served as proof that the prospective participants agreed to participate in the study and that they understood the nature of the study, because it is important that both the researcher and the prospective participants have a mutual understanding about a study (Boblin, Ireland, Kirkpatrick, & Robertson 2013:1267). All participants also gave their consent for the interviews to be recorded and that the researcher could make notes during the interviews. To ensure anonymity and confidentiality of the participants, the identifying information of the participants were coded before the study supervisor and independent coder had access to them (Creswell & Poth 2018:57).

The researcher liaised with each prospective participant to schedule an appointment that was convenient to the participant. The logistics around what will happen at the interview, as well as the time, place and duration of the interview were mentioned beforehand to ensure that the participants were on par with the study processes. In an effort to make the research study less intrusive and disruptive, the participants were interviewed at a time of their convenience and at a place that they were comfortable with. The researcher also informed the participants about her role during the interview (Creswell & Poth 2018:173; Padgett 2017:114). During these appointments, the informed consent forms were collected by the researcher since they were signed by the prospective participants prior to the appointment.

3.5.3.2 Application of the methods of data collection

The researcher followed the prescribed COVID-19 protocols to ensure that participants were safe and free to participate (Unisa: 2020). The following protocols were adhered to during the face-to-face interviews with the participants:

- The researcher conducted a telephonic pre-screening test with participants before visiting them and ensured participants of the researcher's adherence to the Covid-19 guidelines for research interviewing.
- The researcher followed the prescribed protocol of screening and sanitising, before meeting the participants
- The researcher was mindful of the following Covid-19 protocols before and during the interviewing of participants:
    - The researcher wore a cloth mask, and she also requested the participants to wear their cloth masks.
    - A pre-screening test was done by measuring the participants' temperatures.
    - Participants, who did not have cloth masks, were issued a cloth mask.
    - The researcher ensured that participants used hand sanitizer with a 70% alcohol content before commencing the interviews.
    - All the surfaces in the venue were sanitised before and after the interviews.
    - A physical distance of two meters were kept between the researcher and the participants.
    - No food and drinks were shared,
    - In managing the hard copies of documents, a disposable glove was used, such as during the exchange of the consent forms between the researcher and the participants.

The method of data collection and its application is a critical step in the research process because it is the link between theory and practice which consists of a detailed plan of procedure aiming at gathering data for a specific purpose (Grinnell & Unrau 2011:380-381). Data can be collected in many forms, including by means of interviewing individual participants, conducting focus group interviews, taking field notes of shared experiences, studying journal records, interview transcripts, and observations, storytelling, letter writing and autobiographical writing (Creswell & Poth 2018:140).

The researcher used semi-structured interviews assisted with an interview guide consisting of open-ended questions, to collect the data required for this research (Addendum H). The advantage of semi-structured interviews is that in elaborating the discussion, the researcher can explore and understand the participants' views, experiences, and perspectives about the research topic in-depth (Zahle 2017:146). Peel (2020:6) adds that the motive behind using semi-structured interviews is to produce different understandings from the participants, not to impose the researcher's own knowledge on participants, but to offer pathways to conceptualise issues and to make connections from emerging responses. The interview guide (Addendum H) included biographical questions to gather participants' biographical details and questions relating to the topic.

After noting the participant's gender, the following biographical questions were asked:

Biographical questions

- How old are you?
- What is your highest educational qualification?
- How long have you been practising as a social worker?
- How long are you working for your current employer?

An interview guide gives guideline to the researcher of the topics and issues to be addressed, but also gives flexibility to the researcher to adapt the structure and choice of words of questions during the interview where and if necessary (Rubin & Babbie 2016:465). Using semi structured interviews with an interview guide assisted the researcher in acquiring the necessary information about the experiences, challenges and coping strategies of social workers when rendering trauma-informed social work services. The interview guide was flexible to allow the researcher to prompt participants to share more information on their experiences, challenges and coping strategies if necessary (Edwards & Holland 2013:29; Englander 2012:25; Jacob & Furgerson 2012:1).

The factual details required for the research were obtained by discussing the following open-ended questions:

Questions related to the topic

- Explain to me your experiences of rendering trauma-informed services in your social work practice.
- Describe what your responsibilities as a social worker in the Department of Social Development entail and the social work services that you render.
- Please share with me your understanding of rendering trauma-informed services.
- Explain to me the day-to-day challenges that you are experiencing in rendering trauma-informed services.
- What coping strategies do you use to help you deal with the challenges of rendering trauma-informed social work services?
- What suggestions do you have to address the challenges and to assist other social workers rendering trauma-informed social work services?

During the interview process, the researcher used specific interviewing skills that assisted the process to be more effective and deepen participants' responses and helped to obtain full and rich data. The researcher took cognisance of the interviewing skills and used the skills of active listening, probing, paraphrasing and clarification to obtain information from the participants. Participants were made to feel that the researcher was fully acquainted, alert and immersed in what was being shared (Chan, Fung, & Chien. 2013:5; Edwards & Holland 2013:71; Turner 2010:754-760).

The interviewing skills used entailed the following:

- The researcher asked follow-up questions during the interviews to obtain clarity about statements made by the participants (Greeff 2011:345).
- The researcher used the skill of active listening by encouraging the participants to express themself in more detail as they realised that the

researcher had a keen interest in what they were saying (Ebigbo 2019:80). Doing this, encouraged the participants to give a deeper narrative of their everyday experiences in practice while rendering trauma-informed services.

- The use of probing, as an interviewing skill was very fundamental during the interviews, as it allowed the researcher to ask clarity seeking questions from the participants and encouraged them to elaborate on their initial answers (Babbie 2016:269; Creswell & Poth 2018:191). The researcher used probing questions by asking participants to tell her more about a specific question whenever she deemed it necessary. This allowed participants to open up more and to expand more about a specific question. It helped the researcher to get a more detailed picture of the participant's experiences, challenges and coping strategies.
- The interviewing skill of obtaining clarity about a question by asking a participant to clarify a matter, was used to get clearness on unclear statements and to make sense of the information, so that the data obtained are accurate and specific (Hofisi, Hofisi & Mago 2014:62).
- The researcher used the skill of paraphrasing to confirm the information that was provided by the participants. This was done to ensure that the researcher captured the information from the participants as it was intended to be received. Paraphrasing and summarising gave the participants assurance that the researcher had listened actively and carefully to what they said (Polit & Beck 2010:341; Jacob & Furgerson 2012:9)

The researcher tried to nullify factors that affected the safety and or privacy of the participants and conducted interviews in neutral and accessible venues where interruptions and noise could be controlled. These factors had to be taken in consideration as the study was conducted during the COVID-19 pandemic and the participants and the researcher were highly aware about the risk of infection from coronavirus. The researcher had to purchase protective gear and produce her COVID-19 test results as proof to the participants that she was not infected with coronavirus. Data collection had to be paused from March to July, due to the nationwide lockdown. Therefore, as restrictions were eased, the researcher

contacted participants who initially showed interest in participating, to check if they were still willing to be part of the study. They all showed their willingness; however, three of the participants expressed their discomfort in participating in the study as they were aware that the researcher resides in Gauteng Province which at the time was the epicentre of infections. Hence, they wanted proof that the researcher was not infected with coronavirus. In response to this, the researcher e-mailed her test results indicating that she tested negative from corona virus to all participants. After seeing the test results, all participants were willing to continue with the study. She requested them to complete a short screening test with a note that the participants did not present with coronavirus symptoms.

Some of the DSD offices were not fully accessible at this point, due to the lockdown regulations. So, some of the interviews could not be held at participants' places of work. Some participants had requested at the later stage that their interviews take place at their residences as they were working from home at that point. Six of the participants preferred that that the interview be conducted in the researcher's motor vehicle while parked at their places of work. The researcher had to disinfect the car before and after each interview to ensure the safety of the participants. The researcher also purchased disposable masks as the cloth masks that some participants used, had proved to interfere with the audibility of the participants' voices, and this interfered with the audio recordings. This was a new element, as during the pilot testing the use of masks was not yet in practice. The researcher noticed after listening to the first audio recording, that it was not audible enough due to the cloth masks blocking the sound. Therefore, medical disposable masks were used with the permission of the participants. The researcher also noticed that her wearing of protective clothing put the participants at ease. Five participants insisted that the interviews still be conducted in their offices. That was done with the permission of the gatekeepers, since this was a small number, and the COVID-19 safety protocol was not compromised.

The researcher considered all the participants suitable for the study as they all met the requirements for participation and contributed rich, detailed information about their experiences, challenges and coping strategies in rendering trauma-informed

services to victims of trauma. However, three participants struggled a bit with expressing themselves fully in English. This led the researcher to ask more clarifying questions which to some extent limited the richness of their data. With the guidance of her supervisor, to compensate for this the researcher included another three participants in the interviews to ensure the richness of data and to ensure that data saturation was reached.

Using the interview guide granted leeway to participants to decide how they wished to reply to the questions (Edwards & Holland 2013:29; Englander 2012:25). The interview guide was flexible, and it allowed the researcher to prompt participants to share more information about their experiences, challenges and coping strategies when something emerged in the discussion about a topic relevant to the participant's interests and concerns relating to the matter discussed (Edwards & Holland 2013:29; Englander 2012:25).

A total of 15 participants were interviewed which deepened the richness of the data obtained and ensured data saturation having been reached. The interviews took place from August to September 2020. The researcher was able to observe the participants' reaction to each question posed to them, as well as their non-verbal cues, gestures and facial expressions whilst responding to the questions. This prompted the researcher to know which skill to apply at any given time or to further investigate the matter being discussed (Edwards & Holland 2013:29; Englander 2012:25).

3.5.3.3 Pilot testing

Pilot testing was important in this study as it allowed the researcher to test the performance of the research instrument before the commencement of the study. It enabled the researcher to identify potential challenges and make adjustment and modification where necessary (Dikko 2016:523). Strydom (2011c:236) states that the pilot study is indeed a prerequisite in any research study as it enables the researcher to successfully execute and complete a planned research project and is an integral part of the research process.

The pilot testing assisted the researcher to determine whether the questions were proper to collect enough data as intended as well as determine the estimated time frame needed for each individual interview. Before starting to interview the participants in this research, the researcher pre-tested the semi-structured interview tool with two participants to determine whether the questions were clear, logical, simple and understandable (Creswell 2014:162). The researcher followed the same procedures in the pilot testing as in subsequently conducting the interviews for the research. However, as prescribed, the results of these two interviews and the information obtained were not included in the main study (Roessler 2010: 664-669).

The researcher slightly adjusted the questions according to the feedback obtained from the two social workers for the questions to be more specific and clearer. The questions were modified and the wording in the questions were rephrased where necessary to allow for further exploration of the experiences, challenges and coping strategies of the participants. The researcher was satisfied that the adapted interview guide allowed the participants to express themselves in-depth about their personal perspectives about the experiences, challenges and coping strategies of rendering trauma-informed services. The amended interview guide is attached as Addendum H.

3.5.4 Analysing the data

The process of data analysis in qualitative research includes the understanding of the phenomenon under study using classification, interconnections and descriptions to enable the researcher to interpret, explain and understand the data collected (Graue 2015:8). Nieuwenhuis (2016:114) states that any analysis of qualitative data must be systematic and organised so that the researcher can easily locate information in the data.

As previously mentioned, (see 1.8.4) the researcher employed the following eight steps for qualitative data analysis proposed by by Tesch (cited in Creswell 2014:196):

- Organising and preparing for the data analysis by listening carefully to the recorded interviews, thereafter, transcribing each interview and sorting the data according to different types and typing field notes.
- Getting an overview of all the data by studying it and reflecting on the general ideas and meanings expressed in the interviews as recorded in the transcripts.
- Selecting one interview and reading it extensively by focusing on understanding the transcript. In executing this step, the researcher tried to uncover the underlying meaning, rather than the explicit information at hand, and to understand the deeper meaning of the participant's expressions.
- Extensively focusing on several transcripts, developing categories from the data and naming the different categories to establish a list of themes.
- Clustering the themes together by categorising them according to their similarities and differences and putting them together in labelled groups.
- Assigning codes to the different clusters, which assisted in the process of organising categories and identifying new categories and codes that were present. The categories were abbreviated, and the codes were put in alphabetical order.
- Minimising the number of categories by grouping together those who were similar and also describing how they are related.
- Assembling the data material belonging to each category for the preliminary analysis to be conducted.

The researcher obtained the assistance of an independent coder to assist in creating and analysing the themes, sub-themes, and categories from the text of the interviews. The interview transcriptions and biographical information of the participants were made available to him. The coding process took a month, from October 2020 to November 2020. Once the report was received from the independent coder the researcher and supervisor compared it with the researcher's coding and concluded that there was consensus about the themes and how they were labelled. The coder's report was used to present the findings. Five themes were identified with sub-themes and categories where applicable. The listed themes

were the participants' conceptualisation of trauma and trauma-informed services, experiences of social workers rendering trauma-informed services, challenges faced by social workers rendering trauma-informed services, coping strategies employed by social workers rendering trauma-informed services and suggestions on the way forward for social workers rendering TIS.

Applying Tesch's eight steps of qualitative data analysis (cited in Creswell 2014:196) was effective in analysing and coding the collected data. The results of the data analysis and the research findings are presented in Chapter 4, where the results are compared with literature in the form of a literature control. In analysing the data, the researcher also took into consideration the theoretical frameworks used in this study, namely the ecological systems framework and the trauma-informed perspective, in order to interpret the findings of the study.

3.5.5 Method of data verification

Data verification can be described as methods used by the researcher in ensuring the accuracy, trustworthiness, validity and reliability of the collected data (Anney 2014:276). In qualitative research there are certain factors that need to be considered to achieve trustworthiness to measure validity and reliability (Schurink, Fouché & De Vos 2011:419-421). Babbie (2016:405) emphasises the fact that the quality of a qualitative research project is determined by its credibility and dependability. Therefore, to achieve trustworthiness of this study, the researcher applied the model of Lincoln and Guba (in Lietz & Zayas 2010:190), which addresses the study's credibility, transferability, dependability, and confirmability. The application of the four aspects is discussed below:

3.5.5.1 Ensuring truth value or credibility

Credibility of research can be ensured by implementing strategies like ensuring an audit trail, prolonged engagement in the field, peer debriefing and member checking (Strydom 2021:395-397). To ensure the study's credibility, the researcher made sure that the phenomenon of the experiences of social workers rendering trauma-

informed services and all related challenges are always described unerringly in this research report. This was achieved using proper interviewing skills and building rapport with the participants. Therefore, the participants were put at ease and expressed their experiences and challenges when rendering trauma-informed services in practice in detail. To ascertain that the researcher captured the views of the participants correctly, member validation or informant feedback was used during interviews to ensure accurate and authentic data as intended by the participants (Bryman 2012:39). The researcher also ensured that the research findings are a true reflection of the experiences, challenges and coping strategies of social workers who are rendering trauma-informed services in practice and of their perceptions of with what and how they need, in terms of support, by utilising triangulation by applying the method of member checking. During the data analysis the researcher requested participants in Bela-Bela to review the themes that emerged from the transcription of their interviews to ensure that it truly reflects the interviews. This ensured that the participants had an opportunity to aunthenticate particular features of the interpretation of the data they provided (Doyle 2007:888-908). Participants in Bela Bela were chosen for this purpose as they were more reachable to the researcher, as compared to those in the other local municipalities. She also made use of supervision to reduce her personal and professional biases and prevent it from influencing the research study (Creswell 2014:259).

In addition, to ensure the truth value of the research, the audio recordings were transcribed and double-checked by the researcher herself and she kept a journal in which to note her observations and all the important aspects that transpired during the interviews. For factual correctness, the researcher further made use of direct quotations from the transcribed interviews from the participants to substantiate or contrast the themes that emerged and to ensure thick descriptions of the research findings, when compiling this research report.

The researcher's professional standing and work experience also contributed to the accuracy of the research. The researcher is a social worker with eleven years of experience, and she is familiar with the selected four local municipalities in Waterberg district and their communities. Due to the strict lockdown measures that

were put in place resulting from the COVID-19 pandemic, the researcher did not have access to post graduate support structures and peers. She therefore relied mostly on supervision from her study leader to ensure the accuracy and validity of the findings. The researcher communicated on a regular basis with her supervisor via e-mail and telephonically to discuss the research process and its progress. These contacts were invaluable to the researcher in conducting the research under these circumstances.

3.5.5.2 Ensuring applicability or transferability

Transferability can be described as a process where the research findings can be applied in other contexts or to other participants (Babbie & Mouton 2014:277). As prescribed, the researcher considered the possibility of the study findings to be applied and understood in other areas or settings (Schurink et al 2011:420). To ensure that the research and its results can be compared favourably with research in similar settings, thick descriptions were obtained from the participants about the phenomenon researched and careful attention was given to the context and the process of this study.

The researcher produced a thick and in-depth description of the data obtained from the participants, which provided a database for other researchers to make judgements about the possible transferability of findings (Bitsch 2005:85). Thus, the researcher ensured that level to which the study findings can be applied to undistingushable contexts and settings (Anney 2014:277).

3.5.5.3 Ensuring consistency or dependability

Researchers can ensure the dependability of a study by thoroughly describing the research process, ensuring an audit trail and making the necessary documentation for this available (Strydom 2021:394; Bless et al 2013:237). Dependability can be illustrated by what the guidelines that the researcher followed consisted of (Nieuwenhuis 2016:124). The dependability of this research is established by the researcher ensuring that the process of research was logical, well documented, and well audited (Schurink et al 2011:420; Rubin & Babbie 2016:451). Therefore, the

researcher recorded all the procedures followed during the study and how they were applied, in this chapter to leave an audit trial to trace the conducting of the research step by step. The researcher specifically adhered to the application of the research design, documenting the detail of data collection, and writing down all decisions that were made during the study. She made use of a dense description of the research method and the services of an independent coder to analyse the transcripts of the interviews independently to further establish dependability. Use was also made of an auditing approach to leave an audit trail to ensure that all records are kept safe from the beginning, up to the end of the process, from the problem statement, recruitment of participants, interview transcripts, field notes and the process of data analysis to ensure that auditing will confirm the consistency and dependability of the study (Bryman 2016:303; Babbie & Mouton 2016:278).

3.5.5.4 Ensuring neutrality and confirmability

Maintaining neutrality and confirmability is regarded as an aspect to ensure data quality. Bryman (2012:393) describes those researchers should maintain a reflexive stance when they are carrying out their research studies for the purpose of ensuring data quality. This criterion is concerned in ensuring that complete objectivity is maintained (Bryman 2016:303). The steps taken to ensure that the data collected supported the findings and interpretations and were not shaped by the researchers' interest and motivation, went according to plan (Koonin 2014:259; Nieuwenhuis 2016:125). The findings were strictly linked to the data (Padgett 2017:210). To summarise, the following strategies that increased confirmability was employed by the researcher as suggested by Creswell and Poth (2018:259-261) and Nieuwenhuis (2016:125):

- Triangulation was utilised by using member checking to seek feedback from the participants to determine if they agreed with the research findings.
- The researcher used detailed information about the research process and the data collection, the interviewing process, and the transcriptions of the interviews with participants in compiling the research report.

- An independent coder assisted the researcher by analysing the transcripts of the interviews.

3.6 APPLICATION OF ETHICAL CONSIDERATIONS

Research ethics can be described as a code of principles which places a responsibility on the researchers to adhere to the professional standards of their professions and include a code of conduct which protects the rights of participants and the community (Strydom & Roestenburg 2021:119).

In qualitative research interaction with the participants is intense, it is therefore important that the researcher should consider the ethical issues (Shaw & Holland 2014:103). As is prescribed, the protection of human subjects as participants through the application of appropriate ethical principles was important in this research study (Arifin 2018:30). Applying research ethics and the principles to guide the conduct of ethical research, prevent unethical behaviour in the conduction of research and assist researchers in meeting their ethical responsibilities towards participants (Shivayogi 2016:53).

Apart from applying the necessary considerations in the research, the researcher obtained the necessary ethical clearance from the Research and Ethics Committee in the Department of Social Work at the University of South Africa (Unisa) (Addendum E) before the commencement of the research study.

The researcher was satisfied that she conducted the research in an ethical manner, she modulated the manner in which she interacted with the research participants, and she followed the necessary ethical considerations during the study to ensure that participants were protected from any harm that might have arisen from taking part in the research study. For this purpose, the researcher applied the ethical considerations and principles of obtaining informed consent, maintaining confidentiality and anonymity, beneficence, providing debriefing, secure management of information, and privacy.

3.6.1 Obtaining informed consent

Before starting with the research, the researcher obtained informed consent from the Limpopo Provincial Research Committee in writing to conduct the study in the selected local municipalities, as well as from the social work supervisors of the participants that also fulfilled the role of the gatekeepers, for gaining access to the participants and assistance with it.

Qualitative research is mostly a face-to-face involvement with participants and therefore informed consent needs to be an ongoing and negotiated process during the research (Ryne 2016:32). In getting the informed consent from the participants to participate in this research, the researcher ensured that each participant had a brief description and understanding of the study, its procedures, the number of interviews to be conducted and the timelines involved (Vanclay, Baines & Taylor 2013:247). The researcher also gave a full a disclosure of her identity and her contact details to each participant in case they later had clarity seeking questions to ask, or any other concerns to discuss.

It was also made clear from the beginning of the project that their participation was voluntarily and that each participant had the right to withdraw from the study at any time. This was achieved through lengthy telephonic conversations and video calls with each prospective participant before the interviews commenced. In addition, a letter of information about the research (Addendum C) was emailed to them, since it was not possible to meet with them in person beforehand, due to travelling constraints and financial implications.

The researcher ensured that prospective participants understood what the letter of consent entailed before they agreed to participate in the study (Addendum B). After informing them about the research, the researcher ensured that all participants formally gave their consent to be interviewed by signing the consent form (Addendum A). Therefore, each participant was treated as a unique individual and their different needs were respected.

3.6.2 Ensuring confidentiality and anonymity

In qualitative research, anonymity is described as protecting the identity and dignity of the participants as it is important that they remain unidentifiable (Corti, Van den Eynden & Bishop 2014:118; Ryne 2016:33). In the present study, confidentiality was taken into consideration in the informed consent form where the researcher clarified the nature of the study in-depth. Babbie (2017:67) states that the researcher can only guarantee anonymity when the reader cannot link the identity of any participant to the research in any phase of the study. For this study the researcher ensured confidentiality and anonymity by safeguarding that the names of the participants were protected, the information was kept anonymous, and the the participants' true identities were concealed. The data can not be traced back to the participants. The researcher pseudonyms and codes substituted the names of the participants.

3.6.3 Ensuring beneficence towards participants

In upholding the principle of beneficence in a research project the organisations and participants involved in the research project, should be assured of minimal harm that could be done to study participants (Babbie & Mouton 2014:22). In conducting the research, the researcher was sensitive and careful not to create situations for participants which could harm their future prospects (Strydom 2011a:115). Due to this study being about the experiences, challenges and coping strategies of social workers while rendering trauma-informed services, the fact that she kept all information and particulars received in a safe place and adhered to the principles of anonymity, confidentiality and privacy, the researcher did not anticipate any risks or possible harm to participants regarding their participation in the study. However, the only foreseeable risk factors to them were minor inconveniences such as taking time out of their daily work schedule to participate in the research study and revisiting their past experiences while rendering trauma-informed services. This was discussed with the participants before the commencement of the study, to minimise fear of the unknown or of being victimised. Participants were told how the results would be used and published and ensured that pseudonyms would be used instead of their real names.

The participants were not given any, nor promised to receive any incentives by participating in the study. All participants participated in the study out of their own willingness and interest in the study, with full knowledge that there would be neither incentives nor any financial benefits applicable to this study. The only benefits as outlined by the researcher, was that the knowledge base of social work practice would be contributed to and increased by their contribution, leading to recommendations that may improve social work services.

3.6.4 Offering participants debriefing

Debriefing serves as a methodological and educational component as well as ethical purposes (Straits & Singleton 2018:490). Participating in research studies may provoke the suppressed emotions of the participants due to past experiences. Therefore, it is advised that researchers are obliged to decide to address such incidences (Webster, Lewis & Brown 2013:98). For this study the researcher had made arrangements with a social worker to be available for debriefing of participants should the need arise. Her written acceptance of the request to offer such services appear in Addendum F.

It was emphasised that if the participants felt in any way that their wellbeing was compromised, the researcher had made prior arrangements for participants to be referred for professional counselling and debriefing if needed. After their interviews, the researcher asked each participant in a respectful manner if they had a need to be debriefed or assisted in any way. None of the participants indicated that they had a need for debriefing assistance and none of them made use of the debriefing service.

3.6.5 Managing and protecting the data

Precise data management is described as ensuring a high quality of data protection in terms of sustainability, reusability, and accessibility (Corti, Van den Eynden & Bishop 2015:545-559). In managing the information and data obtained from the participants, the researcher ensured that all the recordings of the notes and transcripts of the interviews are locked up and inaccessible to unauthorised persons. To prevent unauthorised access to the data and other particulars, the researcher's

personal computer (PC) used to store the research information on, is password protected. As required, all records will be deleted and destroyed after five years.

In further managing and protecting the data, the researcher explained to each participant that all interview notes, audio digital recordings and transcriptions would be coded to ensure that participants' names and details would not be revealed. The researcher explained that only she would have access to the audio recordings, and that it would be transcribed by her. All participants' identifying details were removed before the independent coder and the researcher's supervisor had access to it.

3.6.6 Privacy

Hennie (2010:46) defined privacy as the "interests of individuals to control the access that others have to them. Wright and Raab (2014:6) asserted that privacy include protection of the collected data aswell as the participants's behaviourial patterns and communication styles. As such the researcher upheld the ethical principle of privacy by ensuring that information shared by the participants is kept confidential, thus the information shared by the participants was was only handled by the researcher herself, the study supervisor and the indipendant coder. Nevertheless, the researcher ensured that the information provide to the third party was not identyifiable to the third party. Furthermore Strydom (2011a:119) indicated that "has the right to privacy and to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed.", thus the researcher allowed the participants to answer questions in a way that they felt comfortable, according to their own point of views and from their own frame of reference. In addition, Vanclay et al. (2013:247) asserted that a researcher ought to obtain permission to utilise an audio-recorder prior the commencement of the process of data collection, thus the researcher assured the particpants that their crucial information will be kept safe at all times. Lastly the researcher conducted the interviews in a private space to affirm to the participants that their information will be kept confidential.

3.7 SUMMARY OF THE CHAPTER

This chapter presents an exposition of the research methodology by attending to the application of the research question, the qualitative research approach, research design, research methods, data collection and ethical considerations in this research study. The introductory description of the research methodology followed in the research provided in Chapter 1 is expatiated and further elaborated on in this chapter by expounding its application.

CHAPTER 4: RESEARCH FINDINGS

4.1 INTRODUCTION

In this chapter, the data are presented, interpreted, and analysed, with findings discussed based on information obtained from the fifteen participants who took part in this study. The purpose of this chapter is to provide and process the data in answer to the research question that guided the study, namely - *What are the experiences, challenges, and coping strategies of social workers in rendering trauma-informed services?*

The raw data were collected directly from participants who were given an opportunity to contextualise, describe and explore their experiences, challenges and coping strategies through semi-structured interviews, as social workers in rendering trauma-informed services. It is important to note that the names used in the individual interviews of this study are pseudonyms for confidentiality and anonymity purposes (Daymon & Holloway 2011:60-65).

The themes, sub-themes and categories emerged from answers to the following topic-related questions that the researcher posed to the participants during the semi-structured in-depth interviews that were digitally recorded (with the participant's permission):

- Explain to me your experiences of rendering trauma-informed services in your social work practice.
- Describe what your responsibilities as a social worker in the Department of Social Development entail and the social work services that you render.
- Please share with me your understanding of rendering trauma-informed services.
- Explain to me the day-to-day challenges that you are experiencing in rendering trauma-informed services.
- What coping strategies do you use to help you deal with the challenges of rendering trauma-informed social work services?

- What suggestions do you have to address the challenges and to assist other social workers rendering trauma-informed social work services?

Apart from the biographical information of the participants, this chapter therefore presents the five themes and their sub-themes and categories that emerged from the raw data collected during the interviews. In processing the data, a qualitative data analysis was conducted as according to Tesch's eight step as described by Creswell and Poth (2018:186). The data were coded and analysed by the researcher and the independent coder. The themes identified were the participants' understanding of trauma; their experiences in rendering trauma-informed services; the challenges faced by them in rendering trauma-informed services; the coping strategies they employed in rendering trauma-informed services; and their suggestions to social workers about rendering trauma-informed services as the way forward. Each theme and its accompanying sub-themes and categories are discussed and described by using extracts from the transcripts of the interviews to highlight corresponding themes, sub-themes and categories. The discussion starts with an outline of the biographical profile of participants.

4.2 BIOGRAPHICAL INFORMATION

A summary of the biographical information of the fifteen participants interviewed is presented in the Table 4.1. The key characteristics mentioned are the gender of the social workers, their ages, their highest qualifications, the duration of their work experience as a social worker, duration of employment at the Department of Social Development, and their capacities in which they were employed at the Department of Social Development during the interviews.

Table 4.1: Participants' biographical profile

Pseudonym	Gender	Age	Highest qualification	Years social work experience	Years at DSD	Capacity at DSD
1. Cindy (C)	Female	33	BSW	10	10	Generic Social Worker
2. Frans (R)	Male	40	BSW	19	19	Generic Social Worker
3. Mpho (M)	Female	32	BSW	**7**	7	Generic Social Worker
4. Katlego (KT)	Female	35	BSW	6	3	GBV
5. Ntombi (NT)	Female	35	BSW	6	6	Generic Social Worker
6. Provia (P)	Female	38	BSW	10	10	Generic Social Worker
7. Kgaapu (K)	Male	34	BSW	6	3	Generic Social Worker
8. Boitshepo (B)	Female	36	BSW	3	3	Generic Social Worker
9. Cynthia (CY)	Female	30	BSW	6	4	Generic Social Worker
10. Lebo (L)	Male	34	BSW	3	2	Childcare
11. Jennifer (J)	Female	38	BSW	12	12	Generic Social Worker
12. Minah (MH)	Female	28	BSW	4	3	Generic Social Worker
13. Thapelo (T)	Female	31	BSW	7	7	Generic Social Worker
14. Francinah (FR)	Female	29	BSW	6	6	Foster Care Coordinator
15. Ika (I)	Female	29	BSW	5	5	Generic Social Worker

4.2.1 Gender

Gender is defined as a fundamental dimension of human experience, revealing an ever-present set of differences between men and women (Thompson 2012:55; Khunou, Pillay & Nethononda 2012:120-130). A study conducted by the Department of Labour in South Africa indicated that social workers in the profession are predominately female (Earle 2008:23). Pease (2011:406) confirms that social workers are predominantly women and that the social work profession continues to face a gender imbalance. As is generally known, and according to the researcher's experience, there are more female than male social workers employed at

Department of Social Development, Limpopo Province in the Waterberg District. This confirms the trend that female social workers dominate the gender distribution in the profession.

Social work is described in the literature as a female-dominated profession, in which men disproportionately occupy senior roles (Hicks 2015:471-487). Women are often perceived to fulfil traditional roles of family caregivers, discouraged from pursuing leadership positions, and are therefore at increased risk to confront prejudice and discrimination throughout their careers; factors that in combination, lessen their opportunities for advancement (Hoyt & Simon 2011:143-157). Statistics regarding the gender differences of social workers in South Africa are scarce. Khunou et al (2012:122) referred to available statistics in South Africa which indicated that 85% of social workers registered at the SACSSP in 2011 were females. As indicated in Table 4.1, of the 15 participants in this research, the majority, namely 12 were females while only three participants were males. It is therefore clear that at the Department of Social Development in Limpopo Province, working in the Waterberg District, female social workers mostly render trauma-informed services and experience the challenges of rendering TIS at first hand, in comparison with male social workers.

4.2.2 Age

Considering the ages of the social workers, it is noticeable that the majority, namely twelve participants were between the ages of 30 and 40 years, with three social workers under the age of 30. All participants were at the same stage of the life cycle as depicted by the theory of Erik Erikson's eight life developmental stages, that is, they were in the young adulthood developmental stage with ages of 20 to 40 years (Sacco 2013: 140-146). Erikson's well-known stages of psychosocial development theory was introduced in the 1950s by the psychologist and psychoanalyst Erik Erikson, who posited eight stages of human development that are influenced by biological, psychological, and social factors throughout a person's lifespan (Orenstein & Lewis 2020:1). During the young adult stage, Erikson's theory states that most young adults pursue their careers, get married and or develop significant relationships (Ogle, Rubin & Siegler 2013:2191-2200). Young adults have a need to

form intimate loving relationships with other people during this developmental stage, while failure in acquiring it in this developmental stage, may result in loneliness and isolation (Berntsen, Rubin & Siegler 2011:1190-1201). The young adulthood stage also involves individuals pursuing a career and have the need to develop and establish their identity in their occupation.

All the participants were in the young adult stage of development according to the stages of Erikson's life cycle and were rendering trauma-informed services. Literature studies point out the negative impact of direct or indirect exposure of trauma on young adults (Ogle et al 2013:2191-2200). Cognisance is taken that in the context of this study, the social workers' involvement with clients who experienced trauma may be detrimental to their psychological and physical functioning (Ogle et al 2013:2191-2200). Moreover, the centrality of traumatic events from young adulthood may undermine the development of positive schemas, such as achievement in the domains of education, career and family, that typically dominate life scripts during young adulthood, and which serve as a buffer against emotional stress (Berntsen et al 2011:1190–120). The age of the participants and the effect of being exposed to working with victims of trauma, in their developmental stage of young adulthood, might have influenced their developmental tasks of developing intimate relationships and pursuing their career goals. It is evident from the results of the study that younger social workers are placed at a production level in the Department of Social Development, Limpopo, where trauma-informed services are rendered.

4.2.3 Highest qualification

All fifteen participants have obtained the Bachelor of Social Work degree. None of the participants obtained any post graduate qualifications. With reference to the "barriers to postgraduate qualifications among Social Workers", Mmadi (2018:12) found that family commitment is a common barrier for individuals preventing them to improve their qualifications. Because the social work profession is perceived as a female dominated profession, the barrier of being married and taking care of a family may hinder social workers to pursue further studies (Mmadi 2018:13). Most of the participants in this study were female and all 12 female participants were between 30 and 40 years old, when most women are getting married and engage in family life,

which may have influenced them in not pursuing further studies in social work (Mmadi 2018:13).

4.2.4 Social work experience

The total number of years of social work experience of the participants are more than 100 years, with an average of about eight years per social worker. This indicates that the participants had extensive professional experience in social work practice. It also suggests that the social workers in this study had some significant interaction with traumatised persons and could therefore provide sufficiently important insights to this research study.

A research study of Curtis, Moriarty, and Netten (2010:1629) regarding the expected working life of a social worker, using a methodology developed in the health care professions, discovered that the estimated number of years a social worker is employed in the profession ranges from eight to 13 years. In comparison, other professions with this, a medical doctor's work life span was estimated to be 25 years, that of nurses 15 years and 28 years for pharmacists (Curtis et al 2010:1630). The retention period in the social work profession of the participants in this study indicated that four of the participants' working life exceeded the minimum of eight years in the social work profession and six participants had two to seven years' experience in the social work profession. The fact that only four (26,6%) of the participants practised as social workers longer than eight years, supports the findings postulated by Cauvain (2010:1) that the social work profession is having problems in retaining social workers long term, especially within the children and family welfare sector.

4.2.5 Duration of employment at the Department of Social Development

Six of the participants were employed at the DSD, for seven years and longer seven participants were employed at the Department for three to six years, with two participants who were employed for less than three years. An acceptable timeframe for the retention of social workers in child and family work has not yet been determined (Chauvain 2010:29). Although, according to a study of Curry, McCarragher and Dellmann-Jenkins cited in Chauvain (2010:29), seven years are

regarded as a reasonable indicator of employment retention in a specific workplace. Literature studies showed a close correlation between job satisfaction and retention as an indicator of when social workers will resign from a certain place of employment (Geisler, Berthelsen & Muhonen 2019:1; Curtis et al 2010:1630). Taking into consideration the two above mentioned study findings, the fact that six, or 40% of the participants in this study were employed for seven years and more at the DSD, may indicate that these participants experienced job satisfaction in their work environment.

4.2.6 Nature of participants' employment

Social work consists of many fields of practice arenas include school social work, medical social work, probation and other criminal justice services, mental health services, youth services, child welfare services, and housing and urban development, to name a few. Intenationally the predominant fields of social work practice, representing more than 70% of the professional workforce, are mental health, medical health, child welfare, and aging services (NASW 2013).

All participants were employed as social workers, which is globally defined as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (International Federal of Social worker [IFSW] 2012).

The majority of the participants, namely thirteen, worked as generic social workers at the DSD. Generic social work provides an integrated and multifaceted approach for meeting the core function of the social work profession (NASW 2018). Thus, generic social workers acknowledge the interplay of personal and collective issues, prompting them to work with a variety of systems which includes communities, families and individuals, as stipulated by the ecological systems framework, one of the theoretical frameworks that underpins this study. Generic social work also puts

emphasis on the principle of empowerment which implies that social workers should focus on helping people identify and use their inner resources, skills, and abilities to solve their own problems (IFSW 2012:9, Midgley & Conley 2010:14). Helping people to develop and creating awareness that they have the strength and resources to solve their problems can be achieved through dialogical conversation with service users about their circumstances (Ife 2012:230; Midgley 2010:16).

One participant did specialise in gender-based violence (GBV) which is in the Victim Directorate at the DSD. Gender based violence is one of the most prevalent forms of violence in South Africa (Retief & Green 2015:135). The White Paper for Social Welfare (RSA, 1997) provides the mandate for all social welfare services to include victim empowerment services. Victim empowerment services are services of care and assistance aimed at facilitating victims' access to a range of services that may be needed after their crime victimisation (Schoeman 2012:92). One participant was employed in the area of childcare and another participant as a foster care coordinator. It is notable that children in alternative care frequently experience trauma within the caregiving relationship (Hubin & Jordyn 2018:17). Therefore, they are constantly in need of social work services designed to address the behavioural, psychological and emotional difficulties of the children in alternative care. However, all participants could relate to traumatic incidents experienced as part of their generic social work at the Department of Social Development, Limpopo.

4.3 PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS: THEMES, SUB-THEMES AND CATEGORIES

Themes in qualitative research are patterns found across data sets that are significant in the description of the phenomenon investigated, relating to a specific research question (Cho & Lee 2014:1-2; Connelly & Peltzer 2016:52-57; Erlingsson & Brysiewicz 2013:92-99; Braun & Clark 2006:93; Guest 2012:12). Defining and naming themes consist of determining the heart of the message what each theme wants to convey (Scharp & Sanders 2018:1-4). Themes and their subdivisions including sub-themes and categories are the analytical products of data analysis (Vaismoradi, Turunen & Bondas 2013:398-405). Coding is a process of identifying

and organizing themes in qualitative data which then is open to interpretation (Guest 2012:11; Cope 2010:223-233). Interpretation involves highlighting comparisons of frequencies, co-occurrences of themes and graphic displays of relationships between the different themes (Guest, MacQueen & Namey 2012:12).

The themes, subthemes and categories which emerged from the interviews with the participants were related to their experiences of rendering trauma-informed services and the meanings they associated with these experiences as depicted in Table 4.2. A discussion of each theme and its sub-themes and categories are presented, using quotes extracted from participants' interviews. Their perspectives are integrated and linked with a literature control throughout the discussion.

The different themes, sub-themes and categories determined in analysing the data are illustrated in Table 4.2.

Table 4.2: Themes, sub-themes and categories of experiences, challenges and coping strategies of social workers rendering trauma-informed services

Themes	Sub-themes	Categories
Theme 1: Participant's conceptualisation of trauma and trauma-informed services.	**Sub-theme 1:** Understanding the concept of trauma.	
	Sub-theme 2: Understanding of the concept trauma-informed services.	
	Sub-theme 3: Definition of and understanding of the main principles of trauma-informed services.	- Participants' conceptualisation of trauma-informed services as empathy. - Participants' conceptualisation of the principles of trauma-informed services as exploring the root causes and the impact of trauma on victims.

Theme 2 Experiences of social workers rendering trauma-informed services.	**Sub-theme 1:** Positive experiences of intrinsic reward and self-actualisation and self-development	
	Sub-theme 2: Negative experiences of rendering trauma-informed services.	- Secondary trauma. - Over-identification (countertransference) with the client.
Theme 3: Challenges faced by social workers rendering trauma-informed services.	**Sub-theme 1:** Work-related circumstances.	- Unsafe working circumstances. - Unsupportive working circumstances. - Lack of resources. - High workload. - Uncooperative and uninformed stakeholders. - Lack of organisational support.
	Sub-theme 2: Participants' experiences of resistant clients to receive trauma- informed services.	
Theme 4: Coping strategies employed by social workers rendering trauma-informed services.	**Sub-theme 1:** Counselling services and employment assistance programmes (EAPs).	
	Sub-theme 2: Other support systems.	- Support from colleagues. - Support from family and friends.
	Sub-theme 3: Self-care.	- Religion. - Engaging in activities. - Dysfunctional coping strategies.
Theme 5: Suggestions for the way forward.	**Sub-theme 1:** Suggestions to improve internal organisational structure.	- Providing of support and debriefing. - Development of multi-disciplinary teams. - Staff training.

		- Security.

The themes, sub-themes and categories regarding the experiences, challenges, and coping strategies of social workers in rendering trauma-informed services as listed in Table 4.2, entail the following:

4.3.1 Theme 1: Participants' conceptualisation of trauma and trauma-informed services

Under the theme of participant's conceptualisation of trauma and trauma-informed services, emerged three sub-themes namely, understanding the concept trauma, trauma-informed services, and the main function of trauma interventions. The last sub-theme generated three categories which include participants' conceptualisation of trauma-informed services as empathy, and participants' conceptualisation of the principles of trauma-informed services as exploring the root causes and the impact of trauma on victims. This theme and its three sub-themes provide the background against which the other themes need to be understood and interpreted.

The fifth edition of the authoritative Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (DSM-5 2013) define trauma as an exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear. It is pointed out that "an individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being" (SAMHSA 2014:7). Trauma in a broader sense can be understood as experiences which cause certain negative emotions that have a long-term consequence on a persons' psychosocial functioning (Bowen & Murshid 2016:223). Trauma is an emotional response to traumatic stressors such as an accident, rape, natural disaster, physical, emotional, or sexual abuse (Myers 2016:4).

The term ‘trauma-informed services’ (TIS) refers to taking in cognise the possibility of clients who may have experienced trauma which affect their functioning negatively (Knight & Borders 2018:2). Trauma-informed practices or services “is aiming to transform entire systems of care by embedding an understanding of traumatic stress response in all aspects of service delivery and placing priority on the individual’s safety, choice, and control” (Bryson et al 2017:2). TIS at its core, seeks to understand human behaviour, coping mechanisms (both positive and negative), and any problems that result by examining traumatic events throughout life (Kimberg & Wheeler 2019:14).

Internationally, trauma–informed services are implemented in social work practice settings because of improved findings for integrated service delivery outcomes (Kusmaul et al 2015:25). Also, TIS redirects attention from treating symptoms of trauma (such as mental health disorders, behavioural problems) to treating the underlying causes and context of trauma (Klain & White 2013:4; Ghandour, Campbell & Lloyd 2015:57-61). This is aligned with the theoretical framework of the ecological systems theory which underpins this study. This framework was very relevant in enabling the researcher to understand participants’ conceptualisation of trauma and trauma-informed services in their various environmental relationships and in the context of social work practice. The ecological systems theory further assisted the researcher in understanding the environmental demands on the personal, interpersonal, social competencies and work environments of social workers (Kemp 2010:3). The different systems involved include family, friends, work, and social services, political and educational systems (Molepo 2015:42). In essence, the ecological systems theory assumes that individuals try to maintain a balanced level between themselves and their environment as they move through their life course (Teater 2014:1).

The trauma-informed perspective is also applicable to this theme and its sub-themes referring to the importance of understanding the concepts of trauma and trauma-informed service delivery in social work practice.

Having said that, participants' responses to the question concerning their understanding of trauma gave rise to two subthemes which are discussed below.

4.3.1.1 Sub-theme 1: Understanding the concept of trauma

The participants were asked about their understanding of the concept of 'trauma' since they were rendering trauma-informed services to their clients at the Department of Social Development (DSD) in Limpopo Province. Most of the participants referred to their understanding of trauma, as trauma being an incident which negatively affects a person emotionally, but also physically and socially. Notably, their understanding of the concept of trauma is consistent with Carbajal`s (2014:1-2) definition of trauma, which 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. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014:7) further describes trauma as the results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening. The circumstances should have lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being (SAMHSA 2014:7). These descriptions confirmed the following elaborations of participants on their understanding of the concept of trauma:

Cindy: *"A disturbing experience that might affect one's function, psychological, socially".*

Thabelo: *"When something has happened to you, and that causes discomfort in your emotions and in your thoughts and it makes you to live in fear and anxiety, and it is difficult to go back to you normal functioning".*

Kgaapu: *"An unpleasant experience that one had to really undergo, an experience that remains and it takes long sometimes for one to forget".*

Provia: *"Trauma is a situation which is unfavourable or unpleasant, that might be something that one might take time to accept or deal with the emotions around it, hence it will be difficult to forget".*

Mpho: *"A bad event like robbery, death, something harmful comes in your way and disturbs the way you function emotionally and psychologically, so the way you respond to events changes forever, in fact trauma causes damage to your emotions, psychological wellbeing and sometimes it can actually cause you, even physical illnesses".*

Lebo: *"It is not easy to forget, and the memories just stays with you for a long time. When a traumatic event is happening, it scares you at that moment and thus you don't know what to do at that stage and the fear just stays with you for a very long time".*

Some participants also mentioned the concept of trauma in terms of secondary trauma when working with traumatised persons. Secondary trauma is described as the cumulative and damaging effects that happen to social workers after they have been chronically exposed to their clients' traumatic stories (Michalopoulos & Aparicio 2011:646). Secondary trauma occurs in areas of social work where practitioners work directly with traumatized clients (Smith 2015:1-73, Quinn et al 2019: 54-528). It is therefore clear that not all participants are able to differentiate between trauma and secondary trauma as it was perceived as describing the same concept. The following excerpts from interviews substantiate participants' understanding of the concept of trauma that includes the concept of secondary trauma:

Minah: *"Trauma is when social workers experience traumatic situations every day when working with children who have been sexually abused, the experience as a whole is traumatic because you have to relive the experience even after work, the client's voice will still echoes' in your head...well, it is just so difficult to forget it all".*

Frans: *"Trauma is more stressful because as a social worker you have to put yourself in the shoes of the client wherein sometimes it affects you as a counsellor or as a person who is rendering service with those people".*

Katlego: *"You are also get affected as a person, because you witness people in their worst moments, you witness them when they are crying after losing people that are very close to the heart, you therefore also put yourself in their shoes and you end up feeling the same pain, it is just unbearable".*

Ika: *"When I am in the process of rendering services I have to be as professional as possible, but then the moment when the client leaves, it hits you, you carry the clients 's pain at times it also takes me back to my own".*

The two different positions held amongst participants about their understanding of trauma resonates with the plight that trauma is complicated, however understanding it, better enables social workers to care for the needs of their clients from a deeply holistic perspective (Briere & Scott 2014:21). Trauma counselling is a critical, and a fast-developing part of social work assistance rendering. As a result, social workers need sufficient knowledge in working with different people who are affected by diverse traumatic experiences, including community violence, natural disasters, war trauma and terrorism (Van Wijk 2020:149). Social work involves helping people who are considered vulnerable by the society and who are struggling in some way to fully participate in the society (Parker 2020:02).

Trauma-informed services are a way of providing services by which social workers recognise the prevalence of early adversity in the lives of clients. They do this by observing presenting problems such as symptoms of maladaptive coping, and further understand how early trauma shapes a client's fundamental beliefs about the world and how it affects his or her psychosocial functioning across the life span (Levenson 2017:105-113). Trauma-informed social workers rely on their knowledge about trauma to respond to clients in ways that convey respect and compassion, honour self-determination, and enable the rebuilding of healthy interpersonal skills and coping strategies (Levenson 2019:105).

Social workers' sentiments and dispositions towards their ethical responsibility are to competently provide clients with the best service available (Carbajal 2014:17). It is therefore advocated that to adhere with appropriate ethical responsibility, social workers must have knowledge of trauma as one of the key services they provide to their clients. Little empirical research describing the inclusion of trauma-informed services as part of the content in social work curricula could be found, despite the realities of the populations often served by the profession, and this is especially true for undergraduate social work education (Carello & Butler 2014:153-168, 2015:262-278; Crosby 2015:223-230; Marlowe & Adamson 2011:623-634; Strand, Abramovitz, Layne, Robinson & Way 2014:120-135). Some participants explained the concept of trauma as an umbrella term to include their experiences of secondary trauma. The participants may not be fully knowledgeable of the concepts used in the field of trauma counselling, because of little exposure to this specialised field during their undergraduate training. The majority of the participants could define the concept of trauma from their experience in practice. Six of the participants articulated their conceptualisation of trauma in the framework of their own experiences of rendering services to victims of trauma and the influence it had on them as professionals.

4.3.1.2 Sub-theme 2: Participants understanding of the concept trauma-informed services

Trauma-informed social work practices refer to taking cognisance of the possibility of clients who may have experienced trauma which negatively affects their daily functioning (Knight & Borders 2018:2). At its core, trauma-informed services seek to understand human behaviour (both positive and negative coping mechanisms) and any problems that result from examining traumatic events throughout life (Kimberg & Wheeler 2019:14). Trauma-informed services redirects attention from treating symptoms of trauma (such as mental health disorders and behavioural problems) to treating the underlying causes and the context of trauma (Klain & White 2013:4; Ghandour, Campbell & Lloyd 2015:57-61).

Some of the participants referred to debriefing, explaining it as trauma-informed services, which may indicate that the participants are not knowledgeable about all the different concepts in the field of trauma counselling. Debriefing is defined as a set of procedures, which includes counselling and information given, which aims to prevent psychological morbidity and aiding recovery after a traumatic event (Kamsani, Ibrahim, Ishak 2017:32-34). Debriefing is also described as a type of crisis intervention where victims of trauma discuss their cognitive perception, as well as their physical reaction to trauma. It includes reflection on an experience through a facilitated conversation with the victims of trauma normally done in a group setting (Elhart, Dotson & Smart 2017:2). There evidently is a significant difference between debriefing and trauma-informed services. This is illustrated in the following statements:

Mpho: "*It is any services that you are doing, rendering for the client to try and help clients to come back to their normal self, to help the client to develop resilience so that they can function better as they were functioning before the event came into their life".*

Lebo: *"Mostly, the services that we were rendering to the family includes that I was mostly helping the client, child to understand the emotions that they are experiencing to try and help them to cope with small emotions that they were experiencing".*

Kgaapu: *"Engaging with and what I was taking after I was rendering services I saw that the child was able to now have new friends sitting, going back to playing soccer, he was a soccer player even at school, he could go back to school and he was K91 almost his normal self."*

Jinniffer: *"To me is a process of assisting the clients so that they can be able to cope with the traumatic events that they basically went through...."*

The researcher observed that the participants were not knowledgeable to exactly conceptualise what trauma-informed services are. They seemed to be uncertain of expressing their understanding of the concept and its principles. It was clear that

they only had a partial understanding of what trauma-informed services entail. This indicates that there is a need for social workers to understand trauma and become trauma informed. This is confirmed by Van Wijk (2020:271-273) study findings which highlight the need for social workers to understand the concept of trauma and trauma-informed service, by having a full comphrehension of its definition, the different types of traumas, and its guiding principles. Kawam and Martinez (2016:18-20) concurs that rendering trauma-informed serviceses are complicated; however, having a broader understanding on them enables social workers to deliver effective services to the victims of trauma.

Trauma-informed services also include a strengths-based perspective grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Kimberg & Wheeler 2019:31). Hence, the role of social workers is to render trauma-informed services across several social welfare services (Fogel 2015:1-44; DeCandiaet al 2014:10). Becoming trauma-informed is a journey that is guided by foundational principles. These trauma-informed principles include the core principles of safety, trust, collaboration, choice, and empowerment across treatment modalities so that clients can experience healthy relationships with others (Levenson 2017:106).

Therefore, social workers become more trauma-informed as they delve deeply into how each of the trauma-informed principles influences their service delivery, relationships, experiences, and workplace (Kimberg & Wheeler 2019:31). For a social worker to realise the impact of trauma, he or she must know the nature of a traumatic event and the impact of such an experience on a person, a family and the community (Kawam & Martinez 2016:20). The legacy of historical trauma and its ongoing manifestations in affected communities can be integrated into the response to trauma (Kimberg & Wheeler 2019:33). The transformation of social work practices is important to offer trauma-informed services by intervention and adhering to the core principles of trauma-informed services (Menschner & Maul 2016:1-5). Social workers use a diverse body of interventions which may include trauma specific

services to assist trauma survivors to recover and potentially grow from a traumatic experience. As a result, survivors will come to terms with the conditions that contribute to the traumatic event (Figley 2012:701).

The sub-theme about the participants' understanding of trauma-informed services reflected that the participants might not be knowledgeable about all the different concepts in the field of trauma counselling, particularly TIS, is confirmed by the literature referred to. The literature referred to above, provides ample information and guidelines of how to deal with it,

The following sub-theme describes the social workers' understanding of the main principles of trauma-informed services as reported by the study participants.

4.3.1.3 Sub-theme 3: Participants definition of and understanding of the main principles of trauma-informed services

SAMSHA (2014:7) defines trauma-informed services as the context in which trauma is addressed or treatments are deployed to contribute to positive outcomes for specific trauma survivors, the people receiving services from the organisation and the employees of an organisation. Carello and Butler (2015:262-278) support the above definition by recognising that trauma-informed services understand and consider the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatise victims.

The primary goals of trauma-informed services are "the accurate identification of trauma and related symptoms, training all staff to be aware of the impact of trauma, minimizing re-traumatisation, and a fundamental 'do no harm' approach that is sensitive to how institutions may inadvertently re-enact traumatic dynamics" (Miller & Najavits 2012:1). The functions of trauma-informed services, therefore, include several characteristics which include the knowledge to specifically identify trauma symptoms of service users and employees and or colleagues, awareness of the impact of trauma on victims, how to minimise the re-traumatisation of victims of

trauma and the developing of an attitude of sensitivity and awareness towards clients and colleagues who may have experienced trauma.

Two categories emerged from this sub-theme. The categories are participants' conceptualisation of TIS as empathy, and participants' conceptualisation of the function of TIS as exploring the root causes and the impact of trauma on victims. These categories are discussed below.

Category 1: Participants' conceptualisation of trauma-informed services as empathy

Four of the fifteen participants perceived trauma-informed services as the exercising of the technique of empathy. Their understanding of trauma-informed services involves empathy which is defined as the social worker's ability to respectfully perceive what the client is bringing from his or her frame of reference, wherein the social worker should further communicate back in a way that makes the client feel to being understood (Cuff, Brown, Taylor & Howat 2016:144-153). Moreover, empathy enables social workers to step into the shoes of the client and attempt to see the world through the client's frame of reference. Thus, reflecting on his or her understanding of the client's feelings, which in turn helps the client to feel that his or her emotions are accepted, and they are able to express themselves even further.

The limited knowledge about TIS among the participants may be due to the little focus of the undergraduate training of social workers regarding trauma (Fair 2017:43-44). A further reason for limited knowledge of TIS may be that not all organisations have policies and guidelines on trauma-informed approaches, however, some organisations may have policies on TIS but do not implement them effectively (Sweeney, Filson, Kennedy, Collinson & Gillard 2018:323-324). For instance, Muskett (2014:51-59) explained that in many organisations there is little opportunity to reflect on these practices and feedback among employees is limited due to large workloads and all the other priorities which need to be met in an organisation. As a result, this can impact negatively on knowledge sharing and the

implementation of TIS. Corresponding findings by Sweeney et al (2018:323-324) further reported that some organisational cultures at times fail to support service renderers or have conflicting procedures regarding trauma-informed service and intervention methods.

Sweeney et al (2018:323-324) further explained that a general lack of supervision, and support, together with lack of training on trauma-informed approaches can also impact the limited knowledge of TIS of social workers. The following excerpts substantiate the fact that the participants were unsure about the functions and the definition of the concept of TIS and were not knowledgeable about the nature of rendering TIS, which can be ascribed to the reasons expressed in the above-mentioned research.

Provia: *"The main function of trauma-informed services as being empathetic toward the client, being able to feel what the client is feeling and also ensuring that the client feel understood in their experiences".*

Cinthia: *"That's social worker needs to be sensitive, they need to be empathetic, they need to understand, they need to put themselves in the shoes of the person that they are rendering services to and they should avoid judging the client at all cost. Being empathetic is the only ways that will help the client feel better about themselves again".*

Kgaapu: *"The function of trauma-informed services is to empathize with the client, so that the client will feel heard and understood".*

The following category emerged regarding the participants' understanding of the function of trauma-informed services as exploring the root causes and the impact of trauma on victims.

Category 2: Participants' conceptualisation of the principles of trauma-informed services as exploring the root causes and the impact of trauma on victims

Two of the participants mentioned that the functions of trauma-informed services are to focus on exploring the root causes of traumatic events and understanding the impact of trauma on the victims. The understanding of some of the participants about the functions of trauma-informed services is to identify the root causes of trauma and to understand the impact of trauma on victims. The responses of the participants partially included the goals of TIS. Trauma-informed services seek to understand human behaviour, positive and negative coping mechanisms of trauma victims and any problems that result from examining traumatic events throughout life (Kimberg & Wheeler 2019:14). The defining of TIS includes multiple characteristics and the participants' responses included some of the characteristics of TIS, but not one participant included all the multiple factors involved in TIS.

Trauma-informed service delivery includes an understanding of the incidence and effects of early adversity on psychosocial functioning across the life span (SAMSHA 2014). Its primary goal is to view presenting problems in the context of a client's traumatic experiences over their lifespan (Brown, Baker & Wilcox 2012:509). Additionally, trauma-informed social workers rely on their knowledge about trauma to respond to clients in ways that convey respect and compassion, honour self-determination and enable the building of healthy interpersonal skills and coping strategies. Below are the participants' excerpts illustrating their understanding of the principles of TIS:

Kgaapu: *"Focus on the root cause of whatever challenge the client might be going through, once you get to the root of what is causing the client trauma that is when you can successfully help the client recover. Because what is perceived as trauma can be just a simple experience to another person, therefore it is important to go deeper to the roots of the problem".*

Francinah: *"As getting to understand the bottom of the challenge that one is experiencing and the impact that it left the person with, it is necessary to understand the impact, because then you will then be able to know how to help that particular client".*

In support to the above responses from participants, Sweeney et al (2018:323-324) explained that the understanding of TIS, is based on a recognition and inclusive understanding of the prevalent effects of trauma. Supporting results by Sweeney et al (2018:323) revealed and the important shift in trauma-informed approaches is moving from 'What is wrong with you?' to considering 'What happened to you?' this means that service providers understand and acknowledge the prevalent influences and effects of trauma on clients and integrate this into their practices or working space.

Some participants further outlined the function of TIS as being to assist victims in coping with trauma and refer victims for counselling. Coping can be described as the individual's ability to overcome difficulties (Sawyer & Burton 2012:27). Coping can also be described as efforts or skills of a person to mitigate the consequences of life stressors present (Litt & Tennen 2015:403). The above-mentioned findings of the researchers confirm the views of the participants that assisting victims of trauma in coping with the effects and impact of trauma is one of the purposes of TIS. The participants' responses to the question of how they conceptualise the principles of trauma-informed services as exploring the root causes and the impact of trauma on victims are as follows:

Ika: *"Is to try and make the client cope and for them to function normally again".*

Katlego: *"In therapy as a social worker in VEP, I just try to help in various ways where possible for clients to regain a sense of who they are and the sense of themselves as well as secure the well-being of women who experience gender-based violence".*

Provia: *"To help the client cope with traumatic experiences is through counselling and if is the most difficult case, or if the client is presenting with difficult behaviour, it is important to other professional that are more knowledgeable in the field of trauma like psychologists".*

Jinniffer: *"When I attended to a woman that was raped or beaten up by their partner or a child exposed to abuse at home. Just the intervention of making sure that I remove them from that danger, I try to assure their safety, I attend to their emotions through counselling, I attend to their well-being making sure that they receive adequate Health Care, however most of the times I refer my clients to of trauma to psychologists as I feel it is not my field of speciality".*

The participant's conceptualisation of trauma-informed services as offering support services to victims of trauma and referring them to other professionals is supported by findings in the South African study of Munyoro and Mavhungu (2021:3) conducted to explore the experiences of social workers working with victims of violent crime. The study revealed that social workers assist trauma victims to cope with their traumatic issues experienced, but they do that with limited knowledge of trauma work (Munyoro & Mavhungu 2021:3). In contrast with this, according to a report on research conducted by Fair (2017:43-44) trauma is still seen by several individuals as a specialised field and best left to those trained in trauma intervention. This concurs with some participants' understanding that it is not social workers' role to offer trauma-informed services to victims of trauma. This is also supported by the findings of Van Wijk (2020:129) in a study aimed at developing a trauma intervention manual for South African social workers. The findings revealed that there are many professional therapists who wish not to work with trauma because they feel inadequately trained, or reluctant to work with traumatised people due to their own traumas.

Similarly, some participants described the functions of trauma-informed services as to support clients, explain the trauma itself to them and what they should expect in the process. This should be cone by emphasising that explaining trauma in detail to

clients will enable them to better understand each stage of what they are going through. Three participants expressed themselves as follows in this regard:

Kgaapu indicated that the function of trauma-informed services is to *"support and clarify the stage of the client of what he is going through; also helping the client understand some of the emotions they are going through so that they can understand to feel all that they are feeling, because at times a clients might feel way too overwhelmed by emotions, and this can be a devastating and frustration process if the client is also not well informed on trauma."*

Francinah: *"Sometimes clients' relapse along the journey, the social worker can make an appointment to invite the come for counselling, sometimes you may find that they no longer come, or they are no longer able reach you. You as a social worker you must then go to them and check on them because it is easy to relapse on the journey, therefore the social worker needs to be patient and supportive when working with people that have undergone trauma, because it is really a challenging journey for one to undertake"*

Katlego: "Making sure that victims are safe, make them feel safe and secure at all times, because by doing so you will be instilling hope and the victim will feel that they have source of support."

A research study by Florida State University (2020) described the social workers` role and impact on the community with regard to trauma related issues and highlighted that social worker assist people to cope with life's challenges by providing solution-focused services and rendering support generally. This concurs with participants' understanding that social workers' role is to offer informed support to various victims of trauma. Furthermore, Barsky (2020:1-8) supported the understanding that social workers provide a range of social services support to help survivors of trauma cope with the incidents.

A trauma-informed perspective strives to understand the wholeness of the individual who is seeking services, when trauma occurs, it affects an individual's sense of self,

their sense of others and their beliefs about the world (Kimberg & Wheeler 2019:31). The principles of TIS include understanding trauma and its impact, promoting safety, ensuring cultural competence, supporting consumer control, choice, and autonomy; sharing power and governance, integrating care, allowing relationships that promote healing, and believing that recovery is possible (Radmore 2012:14). Though the majority of participants do not seem to have a full understanding of the concept of trauma and trauma-informed services and its functions, they are aware of a few principles of trauma-informed services, such as understanding trauma and its impact and promoting safety and empowerment

The intention of trauma-informed services is not primary to treat symptoms or issues related to sexual, physical, or emotional abuse or any other form of trauma but rather to provide support services in a way that is accessible and appropriate to those who may have experienced trauma (Buffalo Centre for Social Research 2021:2). An organisation that uses a trauma-informed perspective also fully integrates knowledge about trauma into all aspects of services and trains staff to recognize the signs and symptoms of trauma and thus avoid any possibility of re-traumatisation (Buffalo Centre for Social Research 2021:2). TIS delivers services in a manner that recognizes the emotional vulnerability of trauma survivors, and most important, the worker avoids inadvertently repeating dynamics of abusive interactions in the helping by guest relationship (Elliott et al 2005:461-477; Knight 2015:25-37). Trauma-informed social workers rely on their knowledge about trauma to respond to clients in ways that convey respect and compassion, honour self-determination and enable the rebuilding of healthy interpersonal skills and coping strategies (Levenson 2019:105).

It would be reasonable therefore, to argue that when dealing with victims of trauma, participants must have adequate knowledge gained through adequate education that will cultivate conducts and actions associated with the profession and ensure the use of proper intervention methods when helping the clients. Social workers need to understand the type of trauma intervention that they render to clients. One can only render effectively render trauma-informed services when the concepts and its principles are fully understood.

The following theme addresses the experiences of social workers rendering trauma-informed services.

4.3.2 Theme 2: Experiences of social workers rendering trauma-informed services

A theme, its sub-themes, and their categories of the participants' experiences of rendering TIS, were derived from the participants' responses to the question asking what their experiences were of rendering trauma-informed services. The two sub-themes that emerged under the theme were the participants' positive experiences of rendering trauma-informed services and their negative experiences of rendering trauma-informed services. This theme sought to obtain information about the positive and negative experiences of social workers when rendering trauma-informed services in their work environments. The term 'experiences' can be described as how people construct meanings based on their already lived, past experiences in order to understand their world, others, and themselves (Daher, Carré, Jaramillo, Himmbler & Alemka 2017:68-85). An experience, therefore, is an occurrence or event that leaves an impression on someone. The impression can be either positive or negative. By its very nature it can both mould and nurture one's character and personality to be the best version of oneself or it can dismantle one's ability to function well in both the work and private sphere. Participants' responses to the question concerning their experiences while rendering trauma-informed services gave rise to two sub-themes and three categories which are discussed below:

4.3.2.1 Sub-theme one: Positive experiences of intrinsic reward, self-actualisation and self-development

Positive experiences are the experiences which the participants in this study have interpreted as 'rewarding' when rendering trauma-informed services. Social workers encounter positive experiences in practice with assisting clients with their life challenges (Cauvain 2010:76). These positive experiences are the building blocks to develop a feeling of fulfilment and accomplishment, and the ability to continue to

perform job specific expectation effectively (Brown, Jerud, Asnaani, Petersen, Zang & Foa 2018:452-463). This resonates with findings by Pösö and Porsman (2013:652) who revealed that positive experiences were a primary rewarding factor of and motivator for professionals to perform their work responsibilities. The sub-theme relating to the positive experiences that participants encountered when rendering trauma-informed services, includes intrinsically rewarding experiences, self-actualisation and development. Participants elaborated on this sub-theme as follows:

Mpho: *"it gives me a great feeling that I have helped someone, it is always a pleasure to help those in needs and restoring hope to those who have lost it, it is not every time where I get a positive outcome on a case, but when that happens, I take pride in my work and I get a sense of satisfaction....to me is the greatest achievement, it is true that we cannot save the world but surely making a difference in one client's life calls for a celebration for me."*

Katlego: *"I think as a social worker I grew a lot since I started working here because I have been exposed to so many spheres of social work practice. ... I was working for Huis Tekna where I worked with disabled children and I just developed in one area but here you have to do everything you deal with a lot of problems from the helping victims of trauma, and with trauma each case differs from the other and I think it's a positive way for me as a social worker, I grew in different areas. Is also a fulfilment to know that I saved somebody's life. That I managed to help a person reconstruct and go back to their normal self again. It honestly gives me joy and more appreciation for my career more especially that I work for the Department which is valued around helping thouse who encountered trauma".*

Frans: "*It is a fulfilment, knowing that I have helped someone, it's awesome being able to provide help to those who have survived trauma, something to be grateful for and there is a purpose for every day for coming to to the office. You can't work with Traumatised clients without being changed; it makes you appreciate life even more, more especially the positive side of life. I am grateful that our Department takes a leading role in taking care of the broken and ensuring that they cope better"*

These experiences positive experiences of intrinsic reward, self-actualisation and self-development are confirmed by the the following research findings: A research study rabout the ”Dissatisfaction in Child Welfare and Its Role in Predicting Self-Efficacy and Satisfaction at Work” of Berlanda, Pedrazza, Trifiletti and Fraizzoli (2017:2) concurs with the participant’s excepts that social workers are compassionate and by engaging with clients emphathetically they develop a feeling of “compassionate satisfaction” which can be described as a ‘rewarding feeling of being able to assist and support others’. A study by Kulkarni, Bell, Hartman and Herman-Smith (2013: 114-130) explored individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers, found out that social workers also experience a level of satisfaction due to their perception of having shared values with the organisation of employment. Moreover Choi (2017: 358-378) examined the relationship between secondary traumatic stress and empowerment among social workers working with family violence or sexual assault survivors and the study results found out that social workers with higher levels of psychological empowerment experienced lower levels of secondary traumatic stress, this implies that trauma-informed organisations can help social workers to achieve levelof self actualisation and self-development by enhancing their psychological empowerment.

In addition; Gibbons, Murphy and Joseph (2011:17-30) ‘s study about countertransference and positive growth in social workers revealed that social worker who felt more valued in their professional role scored lower on burnout and higher on job satisfaction, and positive growth. This means when social worker feel valued in their line of duty can carry out self-development and self-actualisation efforts (Sergeeva, Sokolova, Ippolitova, Tabueva & Ilinskaya 2018:2-11).

Despite the negative experiences that often accompany a career in social work, many social workers have found the career to be intrinsically rewarding as it allows for self-actualisation and development (Thiagaraj & Thangaswamy 2017:464-470). According to Berlanda et al (2017:3) many scholars focused on the challenges and stressors associated with social work practice, in particular social workers who render trauma-informed services and less attention is given to the positive features

of employment in this profession. With the aim to examine the positive elements which make social workers continuing their career, Pösö and Porsman (2013:652) stated that social work is a profession often characterised by both stressors and rewards and that these rewards deserve more focus and should be used as a source of motivation for those in practice.

The participants in this study revealed that although they had negative experiences while rendering trauma-informed services, they have also experienced it as intrinsically rewarding and viewed it as an opportunity for self-actualisation and self-development. Self-development may be explained as a product in which an individual's potential is unleashed through possibilities and opportunities that allow individuals to grow (Johns 2012:21). It is human nature for people to have a desire and to strive towards self-development and self-actualisation (Naslund, Marsch, McHugo & Bartels 2015:321-332). Self-actualisation can also be described as individuals fulfilling their full potential and the need to find meaning in serving others which include having feelings of happiness, enjoyment, served a purpose and gaining self-confidence in their work-environment (Özaslan 2018:10).

The primary mission of the social work profession is to enhance human well-being. In this regard, particular attention is given to the empowerment of people who are vulnerable, traumatised, oppressed and living in poverty. The undeniable reality of living in South Africa is that a large percentage of the people have experienced trauma, where individuals and communities are threatened with violence daily (De la Porte & Davids 2016:49). Therefore, social workers are expected to render trauma-informed services to such individuals. The essence of rendering trauma-informed services is to support clients and assist them in coping with traumatic experiences to find a balance in life (Masson 2016:6). Furthermore, rendering trauma-informed services is also a way of recognising the prevalence of early adversity in their clients' lives and to understand how early trauma shapes a client's fundamental beliefs about the world, accommodating these aspects in interactions with clients (Levenson 2017:105-113).

Cummins, Sevel & Pedrick (2014:3) postulated that a historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is giving attention to the environmental forces that create, contribute to, and address problems, thereby embracing the ecological systems theory which accentuates the influence of the interaction of other systems on clients.

Moreover, social workers' sentiments and dispositions towards their ethical responsibility to clients always are to provide the best service available with competence (Carbajal 2014:17). Therefore, the ability to reach this fundamental goal can prove to be intrinsically rewarding to social workers. This means that where there are personal self-actualisation and development there is a sense of intrinsic reward (Naslund 2015:67).

Furthermore, rendering trauma-informed services is not or should not be limited to being able to help trauma victims overcome their unpleasant experiences but should also allow social workers to grow in terms of knowledge and experience. This is borne out as follows by the evidence of how participants chose to grow within the midst of rendering trauma-informed services:

Mpho: *"When you as social worker offer those services to your clients you also get to learn because some cases force you to research, to gain more knowledge on different intervention strategies while dealing with trauma. When I was doing my degree, I did not learn much about trauma, but the department has taken us for short courses to learn more and I have also taken it upon myself to educate myself about the issues of trauma, then I have learned so much on my own".*

Provia: *"Each time I come across a case of trauma, I will have to read a lot about trauma since during m university times trauma was not done in-depth and I was led to believe that social workers do not deal with trauma but real life cases have proved to that I was wrong, because I deal with victims of trauma all the time…and each time I read articles of trauma to help me with ways of assisting my clients ....each*

time I gain fresh knowledge, and that has helped me a lot since majority of my clients are victims of trauma".

Rendering trauma-informed services is still seen by several social workers as a specialised field, and social workers may feel that their training is inadequate in this regard (Fair 2017:43-44). However, irrespective of the lack of emphasis on trauma in undergraduate social work education, the research study of (Carello & Butler 2014:153-168) showed that social workers have a high motivation for self-education when it comes to learning about the subject of trauma. Nevertheless, such a journey entirely depends on an individual's desire for self-development in working with traumatised clients.

The participants responses in this study demonstrated how rendering trauma-informed services have assisted them in experiencing personal growth and in gaining knowledge on how to assist victims of trauma to cope with their situations, following their traumatic experiences. The participants further mentioned ways to enhance the already existing intervention strategies to broaden their knowledge in the field of trauma. Moreover, they displayed an epitome of refuting complacency to grow an extra mile not only for their clients but for themselves.

The sub-theme about the positive experiences the participants experienced in rendering trauma-informed services reflect the rewarding and self-development experiences as being part of their growth (Sergeeva et al 2018:2-11).

The researcher found it significant that the participants also shared their negative experiences of rendering trauma-informed counselling. Therefore, the following sub-theme focusses on the negative experiences of social workers rendering trauma-informed services as reported by the participants.

4.3.2.2 Sub-theme 2: Negative experiences of rendering trauma-informed services

This sub-theme relates to the analysis of the participants' answers to the question regarding their negative experiences in rendering trauma-informed services. Tesi, Aiello and Gianetti (2019:122) made the following statement about the demands of their profession on social workers: "social work is considered an emotional labour, because social workers often experience burnout arising from high emotional demands from dealing with work and service users' unceasing requests". In addition, the nature of the profession of social work may increase the risk of burnout and negative psychological well-being for social workers (Tesi et al 2019:123). Under this sub-theme of negative experiences, two categories emerged, namely experiences of secondary trauma and over-identification with clients. These categories are further discussed below:

Category 1: Secondary trauma

The concept of secondary trauma (also known as vicarious trauma) is described as the cumulative and damaging effects that happen to social workers after they have been chronically exposed to their clients' traumatic stories (Michalopoulos & Aparicio 2012:646). Secondary trauma can also be described as the change which happens in the social worker after his or her emphatic involvement when dealing with a client with traumatic experiences (Guarnaccia, Giunta, Rasho, Ferraro, & Giannone 2020:2). Consequently, secondary trauma is a negative outcome that social workers can experience from rendering trauma-informed services as they engage with trauma clients (Myers 2016:8; Sabin-Farrell & Turpin 2003:49-80; Cohen & Collens 2013:570-573). It is notable that secondary trauma most often occurs in areas of social work where practitioners work directly with traumatised clients (Smith 2015:1-73; Quinn et al 2019:54-528). Ludick and Figley (2017:117) also indicated that social workers may develop secondary trauma (vicarious trauma), or compassion fatigue as a result of working with and being exposed to traumatized client populations. Symptoms of secondary trauma include reliving the trauma experiences of their clients, having trouble sleeping, experiencing irregular eating patterns, having trouble

concentrating, being easily irritated and feeling emotionally numb (Quinn et al 2019:517).

Participants mentioned secondary trauma as one of the negative experiences they encounter when rendering trauma-informed services. Participants indicated how secondary trauma affected their sleeping patterns and mental health in general. They expressed how they often have sleepless nights due to what their clients have narrated during the sessions. This finding is illustrated in the following statements from participants:

Lebo: *"It is very hard to render services to people that had been traumatized. The moment you leave the office the whole memory stays with you, it sometimes affects my sleeping patterns because I struggle to get over the content of the session I had with the client. At times it affects even my eating patterns because I sometimes loose appetite or sometimes over eats just to forget. The thing is you struggle to detach with the experience of what you have experienced yourself and honestly speaking this is affecting my family life so much, is like I just am not balance everything, I end up absorbed in the trauma stories I get to hear all day long".*

Thabelo: *"When you work with victims of trauma you also go through the same experience as a social worker, you become emotionally and socially affected, you might isolate yourself because of this deep feeling of despair as you carry the client 's pain ... It'll affect my family as well, because I become moody and at times, I take it out on them".*

Maina: *"In the line of duty, I get exposed to things that I have never experienced in my lifetime. Working with traumatised people is such a horror to me, at times it feels like is a bad dream I just want to wake up, so it can be over…these cases of traumatised clients affect me so badly I just cannot sleep. It feels as though whatever the client is going through has now become my experience, in turn I am unable to cope, because I have become so anxious myself to the point that I pray that I do not receive another case of that nature when I am on intake. Those cases have a*

draining effect so much to a point that I end up exhausting my leave days, since I will be running away from the have feelings of having to assist the victims of trauma"

Ika: *"As you engage with someone who has experienced trauma, the whole picture of the client's experiences is captured in your memory, and it becomes difficult to detach from the memory, it starts affecting you as through you have gone through a traumatic experience yourself".*

Cindy: *"After working with women who are brutally injured by their partner I definitely know that I won't sleep that night… because I will be so worried about that case, I worry about the woman's safety or even wonder if I have done enough, sometimes the worry is because I Put myself in their shoes, trying to feel what they feel and I find it unbearable most of the time and because of lack of sleep I end up just over eating , I just go for everything I find in the fridge because at least food have a way of giving me a sense of comfort ".*

Katlego: *"I once had a case that caught the attention of the media houses and big political figures, while I was dealing with my own emotions surrounding the case…. I had to attend to questions from them…. this made me to be extremely anxious and I was just not coping with the whole thing. And each time I had to consult with the victims I could feel myself literally breaking down but unfortunately I just don't have the time to do that since I would be at the fore front of it all."*

Kgaapu: *"it is very difficult...umhh...it is difficult to see defenceless children go through. It really breaks my heart…. cases I get to see at times they give me sleepless night, I struggle to forget the expression of pain on their faces, I find myself crying in the middle of the night, and to be honest this sometimes affect my relationship with my loved ones, because they feel that I am always absorbed in my work so much that I end up neglecting them".*

The abovementioned responses demonstrate the distress that social workers endured from rendering trauma-informed services. The social workers indicated that the distress affected them both in their work and in their private life spheres. The

participants further outlined that they also get traumatized by the manner in which their clients narrate their traumatic events. This means that when social workers regularly engage with their clients' traumatic stories, they may in turn re-experience the images as clearly as if it is their own experiences. The abovementioned results are supported and confirmed by the findings in a study by King and Wheeler (2019: 90-91) which indicate that when social workers are in the position hearing about or witnesses the trauma and suffering of others and they might themselves be at risk for experiencing vicarious stress, or secondary trauma.

Apart from sleeping disturbances, some of the participants on the other hand elucidate that exposure to traumatic experiences by their clients, sometimes changes their eating habits. They stated that at times they find themselves losing their appetite or indulge in overeating as ways to find comfort. This is confirmed by eating problems often being connected to the experience of trauma and secondary traumatisation and that behaviours associated with this develop as a coping mechanism or as response to feeling helpless (Tagay, Schlottbohm, Reyes-Rodriguez, Repic & Senf 2014:33-49). Many individuals who have suffered some form of trauma, including secondary traumatisation, may engage in an eating disorder as a means of escaping the related emotions or reducing awareness of what they might have experienced (Mitchell, Mazzeo, Schlesinger, Brewerton & Smith 2012:307-315). In addition, some of the participants, explained that rendering trauma-informed services affected their emotions as they experienced emotional tension, which consequently causes tension in their relationship with their significant others.

Research results referred to by SAMSHA (2014), Sabin-Farrell and Turpin (2003:49-80) and Cohen and Collens (2013:570-573) share the same sentiments as participants in the current study that social workers may experience secondary trauma when working with victims of trauma. The mentioned studies reported that social workers are likely to present with disorders such as chronic health conditions, substance abuse, eating disorders, anxiety, self-blame, hopelessness, and anti-social behaviour (SAMSHA 2014; Sabin-Farrell & Turpin 2003:49-80; Cohen & Collens (2013: 570-573).

Although social worker's aspiration is often to assist others, hearing about all the traumatic experiences experienced by their clients, can become very exhausting and strenuous on their own well-being. Participants further narrated how their experiences of dealing with clients who experienced trauma, immensely affect their personal relationships at their homes negatively. It is therefore eminent that offering support services to people who have experienced trauma can be naturally daunting for social workers (Kimberg 2019:19).

In the light of the above, the importance for organisations to include trauma-informed principles in their organisation culture which include a sensitivity towards employees who experienced trauma and secondary trauma, is of utmost importance to counteract the emotional challenges social workers are experiencing rendering TIS. (SAMSHA 2014:4).

The next category deals with the over identification of participants with clients, as a negative experience for the participants.

Category 2: Over-identification (countertransference) with the client

This study revealed that one of the negative experiences of working with victims of trauma is that the participants over-identified with their clients. For the purpose of this study, 'over-identification', also known as 'counter-transference' is described as the social worker's own emotional reactions to the client's traumatic experiences or any disruption that may influence the social worker's attitude to be biased (Masson 2016:54). Van Breda and Feller (2014:469) defined over-identification or countertransference as "the intersection between the vulnerabilities of the client and the vulnerabilities of the social worker – it is a product of the helping relationship". All social workers experience countertransference at some stage in their profession, the management of this countertransference experience is therefore of utmost importance (Van Breda & Feller (2014:469).

When social workers over-identify with their clients, they associate with the client's emotions to an extent of losing their own perspective and rationality. This over-identification can cause blurring of the professional-client boundaries. Therefore, social workers may be unable to separate their emotional experiences from the client's experiences (Tosone, Nuttman-Shwartz & Stephens 2012:231-239). Moreover, traumatized clients tend to elicit strong and often polarizing countertransference responses, resulting in unconsciously soliciting their social workers into a re-enactment of their ordeal (Tosone 2012:157-160). Notably, regardless of social workers awareness or non-awareness of countertransference, countertransference happens in all professional client relationships both at micro and macro levels of practice (Van Breda & Feller. 2014:469-484).

The following five important skills for managing countertransference need to be noted: self-integration (having a unified and basically intact self with secure ego boundaries); insight into one's vulnerabilities; recognising anxiety and skills of managing anxiety that countertransference creates; empathy that enables one to be in touch with the client and the client's emotions, while dealing with one's own feelings; and conceptualisation skills to understand and develops meaning out of the experience (Van Breda & Feller 2014:469).

The appropriateness of the ecological systems theoretical framework which guided this study emphasises the effect of trauma on the different levels or subsystems of a client's functioning. The framework further supports that the effects and experiences of secondary trauma on social workers influence their other levels of functioning including their family life, and relationships as part of their environment (Teater 2014:1).

The following excerpts from responses by participants referred to how the clients' experiences evoked some of the social workers past personal experiences and contributed to the experience of countertransference:

Jennifer: *"At times when I am rendering trauma-informed services I get some cases that relate to my personal life and the clients' pain evoke my own pain that I had*

buried away. Some sessions with the client turn to bring some flash-backs, which makes it a bit difficult for me to cope at times, and I find out that I end up doing so much for such clients, I will spend hour and hours working on that case to a point that I end up neglecting my own family…..and this is because I know how it is like to be a child and face such difficulties with no one to run to. So over burden myself since I want to be that person for everybody…to be honest I end up overburdened as well".

Katlego: *"Sometimes it gets personal. It reminds you of your own childhood. I literally break down because the client's experiences would have taken me back to the memories I have tried so hard to forget….I end up even using my own resources to help my client, mind you is not like I can afford I just sacrifice some of my finances just to make sure that my clients are fine…ha ha ha the funny thing is I end up running short of petrol money because of that and that means for me I have to borrow from others. But you know what, I just can't help it.".*

Frans: *"So their experiences take you back to what you have gone though in life, it gives you flashbacks of your own personal trauma, I then do everything in my power trying to help that particular client……to a point that I end up neglecting my other cases. These cases have gotten me in trouble so many times before with my superiors, because of stretching the government resources to help one client. But I won't stop until I am satisfied that I have helped my client to my satisfaction".*

The participants above indicated that their clients' traumatic experiences evoked their childhood trauma, or it triggered experiences that they prefer to rather forget. Consequently, participants end up over-identifying with some of the clients, wherein they project their own experiences in the therapeutic relationship to an extent of going beyond the call of duty to "help a specific client". Countertransference occurs because clients' experiences evoked old wounds which compel them to relive what they thought they have dealt with. It is notable that the essence of rendering trauma-informed services is to help others cope with traumatic experiences. Therefore, it would seem paradoxical that social workers working with trauma victims may be

unable to cope with traumatic situations or listen to accounts of traumatic situations (Masson 2016:6). However, it is also important to note that childhood trauma can last well beyond childhood and social workers are no exception to this (SAMHSA 2015:15). Most social workers who offer trauma support services are susceptible to being affected in this way. They may display feelings of fear, terror or despair to an extent that their view of the world as a safe and predictable environment is changed (Gibbons, Murphy & Joseph 2011:17-30).

Conversely, other participants highlighted that they have undergone similar experiences as their clients. However, being narrated and having to empathetically engage daily with clients who have experienced trauma can easily incite unpleasant emotions. This finding is supported by a study of Yurur and Sarikaya (2012:457-478) on the effects of workload and social support on social workers' burnout in Turkey which showed that exposure of social workers to situations causing high levels of stress, make them vulnerable to secondary trauma. Regardless of participants who did not experience childhood trauma, powerful emotions existed within the social worker client relationships and these emotions are many times unavoidable (Gibbons et al 2011:18-22). Below are participants' responses which illustrate that it is unavoidable to experience overwhelming emotions when they engage with clients who have experienced trauma.

Frans: *"Being too attached to the emotions of that particular person it's going to be difficult for you to help to the best of your ability".*

Lebo: *"Having to empathize with a child to such an extent that you feel their pain and it becomes really difficult to detach from their pain, you just can't help it but feel what if It was my own child in that similar situation".*

Jennifer: *"Knowing that is my duty to help client cope, sometimes is difficult for me, because the situation seems to be extremely difficult for me to handle, I become so shuttered to a point that I just can't find it in me to utter the first words to the victim of trauma, especially children, it is too sad I just want to give the client hug though I know I can't".*

Overall, all of the participants revealed that in practising the profession of social work, it is difficult not to be subjective when rendering trauma-informed services to clients that experienced trauma. It also appeared that, when rendering trauma-informed services, some participants had similar experiences as their clients, and it becomes difficult to detach themselves from the case. Based on the above illustrations from participants, it is likely that many social workers have experienced traumatic incidents in their past and or in their childhood. Unfortunately, due to the scope of practice for social work, social workers can be exposed to unintentional secondary trauma in their workplace. This may further evoke their past traumatic experiences which have the potential to cause them traumatic stress or other trauma related disorders (Bergh 2011:382). It is evident that social workers also need to undergo support in supervision activities and counselling, especially those who have experienced trauma in the past and have never received counselling or therapy for past traumas.

In conclusion, participants have outlined their negative experiences with regard to rendering trauma-informed services to their clients and it is evident that their clients' traumatic experiences have negatively impacted their psycho-social well-being. Supporting findings by Myers (2016:8); Wilson, Pence and Conradi (2013b:3) revealed that in therapy, clients reveal traumatic events and in turn, social workers are often exposed emotionally to vivid and explicit accounts of abuse and trauma experienced by clients.

4.3.3 Theme 3: Challenges faced by social workers rendering trauma-informed services

In this section the challenges experienced by participants when rendering trauma-informed services are discussed. All participants from the four different local municipalities presented their own unique sets of challenges that they experienced. From the participants of the study's accounts on the theme of their challenges experienced rendering trauma-informed services, two sub-themes were derived with associated categories where applicable. The two sub-themes are the challenges

experienced relating to the work circumstances and the challenges relating to clients' experiences of trauma.

The responses of the challenges social workers are experiencing in rendering trauma-informed services in practice indicate that factors in their work environment made it difficult for them to perform their daily duties.

The context of the social workers rendering trauma-informed services plays a significant role, taking in account the ecological systems framework, how they interpret the challenges they encounter and how it affects them on their various levels of functioning. According to the ecological systems framework being the main umbrella system of service delivery, social workers can be seen as a sub-system. The complex and dynamic relationships between social workers and their environmental contexts, including their client system (victims), colleagues, management, external/internal system, interaction with families of the victims of trauma and policies need to be taken in account when discussing the challenges which they experienced (Mbedzi 2019:91).

In the ensuing discussion, the thoughts and experiences about their work-related challenges, as shared by the participants, comprise the first sub-theme to be discussed, followed by the participants' experiences of clients resistant to receive trauma-informed services.

4.3.3.1 Sub-theme 1: Work-related circumstances

Working-related circumstances, also known as working conditions related to the organisational structure, may affect the effectiveness of the employee's job performance (Van Hees 2021:829). In some instances, social workers have been reported to be developing stress-related symptoms and burnout due to various circumstances, including a high workload, lack of resources and uninformed stakeholders (such as the police, healthcare practitioners, presiding officers and other relevant private and government entities) (Tesi, Aiello & Giannetti 2019:122). Participants in the current study indicated unsafe and unsupportive working

conditions, lack of resources, uninformed stakeholders and uncooperative stakeholders and a high workload as work-related circumstances that hinder them from rendering effective trauma-informed services. These circumstances are discussed in the categories that follow.

Category 1: Unsafe working conditions

It is crucial that social workers should feel safe in their workplace. Safety will enable them to perform their job specific tasks more successfully and more efficiently. One of the important principles of rendering TIS is creating physical, emotional, and psychological safety for the client and therefore the social worker as well, when interacting (Vande Berg 2017:6).

In a report by Schulte, Guerin, Schill, Bhattacharya, Cunningham, Pandalai, Eggerth and Stephenson (2015:31) regarding the wellbeing of workers in their workplace in a public domain, the authors emphasised that wellbeing in work environments that are safe, have a positive influence on service delivery. In the report, well-being is defined as “a synonym for health and a summative term to describe a flourishing worker who benefits from a safe workplace, engages in satisfying work, and enjoys a fulfilling work life” (Schulte et al 2015:31).

The findings of Yliruka and Karvinen-Niinikoski (2013:193) regarding how productivity can be enhanced in social work, support the storylines of the participants that a safe environment in the social work profession plays a significant role in social workers’ wellbeing and productivity. Safety of social workers and productivity were also found by the authors to be intertwined and having a reciprocal relationship (Yliruka & Karvinen-Niinikoski 2013:193).

It is evident that social workers encounter multiple stressors when assisting traumatised clients and the presence of unsafe and unsupportive working conditions makes matters worse as they pose as a challenge to social workers rendering trauma-informed services (Smith 2015:1-73). It may further increase social workers’ stress levels when they feel unsafe in their work environment. Clients who are

traumatised may appear stable at first, but can unexpectedly express anxiety or experience anger outbreaks, which may add to social workers' levels of anxiety and stress experienced in that situation, resulting in feelings of being unsafe and vulnerable (Briere & Scott 2015:65). Victims of trauma are at times overwhelmed by different kinds of emotions and might not be aware of their reaction towards social workers. Consequently, they might unknowingly be causing harm to social workers and make them feel unsafe in their workplace. Regrettably, violence against social workers has become an inherent risk of the profession and undeniably one that needs to be addressed on a national scope (NASW 2013:7).

If safety protocols and preventative plans and measures are part of the organisation's policy and if they are adequately addressed, social workers will feel safer and more supported and as a result be more productive. To support these facts about the influence of violence on social workers, a number of empirical studies has highlighted the factor of safety and social workers' vulnerability to be exposed to violence, as a challenge in their work places (Andersson & Överlien 2017:61-80; Waddington, Badger & Bull 2012:2-10; Broadley & Paterson 2013:75-85).

The above-mentioned research findings support the experiences of three of the fifteen participants who explained as follows that they feel unsafe when working with trauma victims:

Francinah: *"Sometimes I feel so unsafe when working with people who have experienced trauma because most of them are emotionally and psychologically unstable and they can end up posing as danger to you as a social worker".*

Jennifer: *"I do not feel comfortable working with these cases, because sometimes when you assist victims of gender-based violence, the perpetrators view you as a possible threat.... I have received so many threats from perpetrators, especially if I have to testify in court. This honestly makes me feel unsafe, to point where I sometimes feel not safe in my office, because this people have easy access to my office and there is no security nearby. Therefore, instead of being settled in my office*

doing my job, I roam around in people 's offices for safety and this has caused tremendous delays in my job.

Lebo: *Removing children who need care and protection has exposed me to numerous threats from the victims' families and sometimes I honestly feel unsafe. I find myself being attacked on a personal level, yet I will be executing my responsibilities by removing the children.*

Category 2: Unsupportive working conditions

Several participants also indicated that they experience a lack of support in their workplace from colleagues when rendering trauma-informed services. This is illustrated by the following responses of participants:

Boitshepo: *"Sometimes you find yourself stuck with a case and you feel all alone, everyone in the office would be busy with their things and no one else is interested in your case, you therefore feel all alone not knowing what to do. Here it is like it is your own baby when you receive such a client, is like everyone is afraid of the responsibility that surrounds cases of trauma. To an extent that is sometimes causes tension amongst us as social workers in the office."*

Maina: "*In this office it feels like when you work with this case of trauma, people start pulling away from you, there is no one at times to give you support. Sometimes you just want an extra ear for someone to listen to you…you will feel all alone with the case, and it actually makes you anxious that you don't want to ever work with such cases ever again".*

Apart from feeling unsafe at their workplaces, the above participants elucidated that another working circumstance that negatively affect their productivity is a lack of support from their colleagues, especially when working with trauma victims. Subsequently, the participants find themselves in a situation where they feel unsupported which might essentially lead to their under-performance and lack of motivation. In this regard, the social worker might perceive dealing with victims of trauma as a negative experience and interpret it as a stress factor in the work

situation. From the above excerpts of the participants where they highlight experiencing colleagues as unsupportive, it is evident that the organisational culture is not sensitive to empower and support social workers in rendering TIS and does not equip employees with the necessary knowledge for rendering TIS. One of the main principles in rendering services form a trauma-informed perspective is the developing of a culture of sensitivity in the organisation towards the rendering of TIS (Wilson, Pence & Conradi 2013b:2). A study by Ntsoane (2017:3) supporting the above research findings regarding the lack of support from colleagues, that investigated the factors which play a role in the experiences of burnout by social workers in Limpopo Province, noted that the lack of support from colleagues, staff shortages and negative work relationships with colleagues play a role in this regard

Social workers acknowledge and understand that interaction with clients is a cornerstone of many practice settings; therefore, it is significant that rapport should be generated between the social worker and the victim of trauma in order to elicit therapeutic engagement (Yeager & Roberts 2015:502-522). Notably, most clients and families those social workers serve do not present threats or pose dangerous encounters (NASW 2013:7). However, there are social work settings (such as child welfare, adult protective services, mental health, criminal justice, domestic violence shelters) where social workers may face increased risks of being exposed to violence (NASW 2013:7). Furthermore, in order to implement guidelines for trauma-informed services, an organisation should contain an organisational change process centred on developing guidelines which promote healing and reduce the development of serious mental health problems like PTSD in staff members (Bowen & Murshid 2016:223). The trauma-informed perspective is underpinning the principle of trauma-informed organisational service delivery, which is clearly a lack in the organisational culture of the participants' employment context.

Trauma-informed services are embedded in core guiding principles, therefore regardless of the services an organisation provides, it should adopt the core trauma-informed principles to assist employees with supportive actions which will improve their service delivery (SAMHSA 2012:9-12; Klain & White 2013:8). The principles of TIS include understanding trauma and its impact, promoting safety, ensuring cultural

competence, supporting consumer control, choice, and autonomy; and sharing power and governance, integrating care, allowing relationships that promote healing, and believing that recovery is possible (Radmore 2012:14). It is therefore important that organisations become conducive and recognise the importance of promoting a calm, peaceful environment, workforce development and support, management training, improved workflows, and alteration of the physical environment (Kimberg & Wheeler 2019:37). Trauma-informed services focus on how the entire system is organised, and services are delivered through a 'trauma lens', supporting both the social worker and the victim (Wilson, Pence, & Conradi 2013:2).

The findings of various researchers support the experiences of the social workers who participated in this research, of multi-faceted stress factors during service delivery which have a determining effect on their work-related environment (Guarnaccia et al 2020:1; Miller, Unruh, Wharton, Liu & Zhang 2018:129-139). For instance, Shier et al (2012:118) conducted a study to determine social workers' satisfaction with child welfare service delivery which showed that when negative experiences of social workers regarding work-related issues are not addressed, it can result in a high staff turnover rate and low levels of work satisfaction.

Category 3: Lack of resources

'Lack of resources' is referred to as organisational shortages of materials, money, and other things that a person needs and can use to perform her or his work effectively (Collins Cobuild Advanced English Dictionary 2020). In the current study, the lack of resources was reported by participants as a negative experience for rendering TIS to clients. In a social work context, concurring results from a study of Astvik, Melin and Allvin (2014:52-66) asserted that when resources do not match the organisational goals or quality standards, social workers are forced into using strategies that may endanger their own wellbeing or threaten the quality of their service. This finding supports the notion of ten of the fifteen participants in the current study who indicated that their professional efficiency is compromised due to a lack of resources at their workplace. They specifically indicated the non-availability of transport and phones to assist clients that delay them to attend to cases that

involve family and children who might desperately need their services. This is articulated in the following responses of the participants:

Mpho: *"Sometimes it's not possible to render trauma-informed services because there are limited resources within the Department, for instance we don't even have safe house for battered women in the district. So, it becomes a frustration you end not knowing what to do."*

Boitshepo: *"The Department of Social Development, one of the core challenges is that there is lack of resources which make it difficult to render services properly…I don't even have access to a phone to make a phone call when working with a case, you can't even go anywhere because the state cars are limited, meaning at times I have to even use my own resources to get the job done."*

Jennifer: *"And the other issue, is the issue of resources, in a sense that you may find that you have counselled this person in the office but you also look into the client holistic situation where you need to go to the families, but because you don't have transport you tend not to be able to do that."*

Cynthia: *"Sometimes you need a car immediately a case just came, and you really need to jump up and stand up and go you know and you have to sometimes use your personal resources such as telephones and the car."*

Katlego: *"Waterberg district lacks resources, we have limited children's homes, not safe houses and as a result sometimes we have to apply for such facilities as far as Gauteng Provinces or other Provinces and that is just so physically draining."*

Francinah: *"The issue of resources is the biggest challenge; we do not have resources. There is a shortage of temporary safe care in our province in general…., most of them are situated 300 kilometres away from us so before even worrying about the case you first must worry about the resources, it is really demoralising".*

Maina: *"We share offices because we do not have enough offices, sometimes you find that my other colleague is also busy attending to the own cases, you become so frustrated because of that, and when you want to use a car in order to assist a client you find that there are no cars, you end up using your own resources to serve the client, of which it is so unfair."*

Provia: *"For instance, we have 2 cars that we share amongst 10 social workers, at times you find that there is no car available to attend to investigations around my case, so I end up using my own car, which is not safe. Because sometimes the perpetrators also fight us, I once went to a home visit with my car, and I was attacked by one of the family members to say why I removed the child. My window was broken, and I had to fix it myself, on the other hand I just cannot leave the case without attending to them."*

Cindy: *"There is also an issue of office space, we share offices, and it is really difficult, when you're busy with your client, your college also want to do his/her job, that is hard. .... yes, when working with children you need child friendly and conducive offices but then our offices are the exact opposite and there is no equipment to do play therapy with victims of trauma since most children find it hard to express themselves. I end up frustrated that I can't help the child to the best of my ability".*

Katlego: *"For one to do justice to victims of trauma one must have all the necessary resources, however in our offices, we have limited resources, it is almost impossible to respond to an emergency in a proper manner because we have few cars, most of our printers are not working, at times we don't even have mere papers just to print… the issue of resources makes it extremely difficult to render the best services to client of trauma".*

The above-mentioned participant's responses are confirmed with the research findings discussed below, which state that lack of resources is one of the challenges that hinder social workers to effectively render trauma-informed services. Kheswa's

study (2019:5-8) in the Eastern Cape province under members of the SAPS, determined the factors and effects of work-related stress and burnout on the wellbeing of employees is increased by the lack of resources such as transport and computers (Kheswa 2019:5-8). A study by Watkins, Sprang and Rothbaum (2018:139) investigating the importance of the availability of cell phones to health care workers in Mpumalanga, supported the concept that the lack of resources is a challenge for rendering services, as using their own transport and mobile phones to contact service users, has a negative influence on health practitioners' personal finances. The social workers rendering TIS are not unique in the experiences of their challenges with the lack of resources and iterated the same challenges as other client service providers. The lack of resources may be discouraging for social workers in the light of non-competitive salaries paid to social workers (Turner 2019: 451-459).

A research study exploring the changes posed by the COVID-19 pandemic on social work and its impact on social workers in terms of job stress and burnout in Romania, showed that limited and inadequate resources led to a very high level of work-related burnout for 44.2% of social worker respondents in the study (Dima, Schmitz & Șimon 2021:1-23). The COVID-19 pandemic poses increased challenges to social workers in South Africa for rendering TIS, and with the lack of resources may influence service delivery negatively (Dima et al 2021:1-23). Furthermore, the Guardian Jobs' Social Lives survey conducted in the United Kingdom (Guardian 2020), shared the sentiments that lack of resources is a challenge for the rendering TIS as it reported that out of 2,196 social workers across the United Kingdom who took part in the survey, 30% did not have the resources to carry out their work effectively. In the same survey, it was reported that shortage of adequate resources may compromise vulnerable children who need social work services (Guardian 2020).

A South African study regarding the experiences of social workers as providers of family preservation services, highlighted that at times, social workers may notice a need to refer clients for specialised services such as psychological services, which are frequently unavailable and inaccessible, further indicating the challenges social workers face to deliver TIS effectively (Nhedzi & Makofane 2015:51). According to

the JD-R model of employee well-being (developed in 2006 by Bakker and Demerouti) different types of job demands are associated with negative organisational outcomes and with a “progressive resource loss” interpreted as exhaustion, health complaints and high strained symptoms experienced by employees (Tesi et al 2019:124). Noteworthy is also to mention that several studies indicated the association of a lack of resources and high job demands and the direct influence it causes to result in burnout and a high job turnover rate in the social work employment environment (Hansung & Stoner 2008:6). The findings in this category are consistent with the ecological theoretical framework of the study, emphasising the influence and the effects of a lack of resources and its influence on other areas of social workers’ job functioning.

Category 4: High workload

The concept ‘workload’ can be defined as the combination of travelling time to clients’ houses, and the time spent on providing services (Decerle, Grunder, El Hassani & Barakat 2018:346). There is a distinction to be made between the actual amount of work and the individual's perception of the workload. Workload can also be classified as quantitative (the amount of work to be done) or qualitative (the difficulty of the work). High workloads, including the administrative duties social workers have to perform, may impact on the quality of services being rendered to victims of trauma (Lizano & Mor-Barak 2015:18-28; Wilberforce et al 2014:825).

Study findings by McFadden et al (2015:1546–1563) have identified a high workload as an important cause of work stress and burnout in social work practice and the effective rendering of TIS. A Swedish study was conducted to analyse the impact of reduced working hours on professional stressors, stressful situations, coping behaviour and burnout symptoms amongst staff in a social work agency and it was noted that high caseloads negatively affect client contact, as social workers’ ability to engage in therapeutic work is affected (Barck-Holst et al 2020:4-48). When social workers are unable to engage in therapeutic work, this poses a challenge to effective rendering of TIS (Barck-Holst et al 2020:4-14).

In the current study, participants' responses concurred with the above-mentioned findings that their workload is a challenge to effectively render TIS. Participants mentioned that their high workload is one of the work circumstances that lead to stress and discouragement in rendering TIS. Three participants explained as follows that a high workload, delayed their progress at work and affected their productivity negatively:

Maina *"You end up dealing with so many cases all at the same time, you feeling you need assistance, and when you don't you end up stressed as a social worker , because you are unable to help all the client at the same time."*

Frans: *"Another thing is the issue of staff shortage; you end up feeling overwhelmed with a lot of caseloads."*

Katlego: *"On top of everything else you are overworked; you have to help so many people all at the same time and you find that the administrative part falls behind. I find myself always tired because I would be trying to balance my work",*

The study conducted in Romania by Dima et al (2021:12-14) to explore the changes posed by the COVID-19 pandemic on social work and its impact on social workers in terms of job stress and burnout, showed that social workers perceiving that they had a high workload and stress related to their workload, associated with higher levels of personal and work-related burnout. These high job demands negatively affected the rendering of TIS effectively as it led to a high level of work-related burnout which affected productivity in their workplace. A supporting South African study by Sibanda and Lombard (2015:344-345) indicated that the experiences of most social workers regarding the human resource challenges they are facing, stem from high caseloads and an inadequate number of social workers appointed for the work, which may lead to inadequate rendering of trauma-informed services. Another study finding concurred with the view that a high workload is a challenge to rendering TIS and indicated that workload and administrative demands were the biggest contributors to burnout for social workers, which in turn affects their work productivity negatively (Lehto, Heeter, Forman, Shanafelt, Kamal, Miller & Paletta 2020:6).

A study by Tesi et al (2019:122) explored how Italian social workers' specific job demands and psychological wellbeing are related to their work engagement. The findings showed that the social workers' wellbeing was associated with their workload (Tesi et al 2019:122). Large caseloads play a significant role to dissatisfaction within the workplace of social workers, and therefor will influence the rendering of services to clients (Joseph 2017:76).

Notably, this alarming shortage of social workers which causes existing social workers to be overwhelmed with high caseloads led the then Minister for Public Service and Administration, to declare social work as a scarce skill in 2003 (RSA 2006:14). As a result, to address the shortage of social workers, the DSD has developed a recruitment and retention strategy through which social work students are granted bursaries to pursue their studies. After completion, the beneficiaries of the bursary are placed in service by the national or provincial DSD that provided the funding.

Category 5: Uncooperative and uninformed stakeholders

In this category, the issue of intersectoral collaboration and multidisciplinary teamwork came up. The term 'intersectoral collaboration' (ISC) refers to "the collective and coordinated actions of more than one specialised agency or sector, performing different roles for a common purpose" (Adeleye & Ofili 2010:1). The participants of this study reported that insufficient and uncooperative stakeholders such as the police and health care workers hinder them from rendering holistic and interdisciplinary trauma-informed services to their clients. Intersectoral and multidisciplinary stakeholders are perceived as uncooperative and the joint action which needed to be taken by government sectors as well as representatives from private, voluntary, and non-profit groups to improve the social welfare of populations, are insufficient and ineffective.

The importance of intersectoral and multidisciplinary teamwork in the profession of social work is described as an objective in the Framework for Social Welfare Services (RSA, DSD 2013:28). Uncooperative stakeholders which may be influenced

by budget restrictions, limited resources and insufficient staff ratios, have increasingly been seen as a challenge in the field of trauma work which hinders social workers to effectively render TIS (Ambrose-Miller & Ashcroft 2016:17). Chappel (2021:23) recognised co-operation between social workers and stakeholders as increasingly important to improve and encourage a well-coordinated service delivery system. Trauma-specific interventions go beyond treating the symptoms of trauma. With these interventions social workers provide survivors with a sense of control and hope and require the involvement of all professional stakeholders from different disciplines, working with the victims. This includes caseworkers, lawyers, judges, medical practitioners, and the police. As such, the involvement of all professional stakeholders presents an excellent opportunity for victims to recover (Klain & White 2013:1-15).

The following illustrations demonstrate participants' responses on uncooperative stakeholders.

Mpho: *Police services, you find that you report a case to them, that they must provide assistance to you, but then they take time to respond, and at that time you put the life of the client and your life at risk.*

Cynthia: *"It is difficult to get a court order, you have to run around, you have to run around, you end up staying with a child longer in your hands before you are able to take them to a place of safety."*

Jennifer: *"Sometimes police fail to assist in time, and the longer you sit with the client the more the situation is bound to escalate to the clients becoming hysterical.'*

Lebo: *"You know or maybe if there is a rape case for the hospital and the nurses don't assist you in time which hinder with providing a proper trauma-informed service to the clients.*

Provia: *"Also sometimes the police they are not proactive when you call, you want help and they are just not there, they show up late or show up very late"*

Katlego: *“At times I have to run around with the hospitals looking for help on behalf of the client but hospitals they expect you to stand in the queues, the police tell you they are coming but show up after hours”*

Notably, collaboration of various stakeholders allows families to have access to specialised services in the community and to a multi-disciplinary team (Framework for Social Welfare Services (RSA, DSD 2013:28). However, the above statements revealed that participants expressed frustration following a lack of support, appalling attitudes and treatment they received from some health workers and the police officers. This experience is confirmed by the concurring results obtained by Kim (2011:21-23) in a study done in Korea about community care for the elderly, that the tendency of the lack of supportive multidisciplinary and intersectoral cooperation in the the working relationship between nurses and social workers, negatively affected service delivery.

A South African study of Sibanda and Lombard (2015:345) who explored the challenges faced by social workers working in child protection services highlighted that presiding officers “look down” upon social workers and therefore are mostly uncooperative. It was also indicated that preceding officers, often talk to them in a demeaning manner and embarrass them in front of clients (Sibanda & Lombard 2015:345). Findings by McCarthy (2021:23) reported that members of inter-professional teams reported lower burnout scores, this means that collaboration between social workers and other stakeholders predicts effective delivery of social services to clients and is to the advantage of the wellbeing of the different multi-professional team members. Contradicting but limited evidence indicated that there are organisations whose personnel work effectively in a multi-professional team, to the benefit of the service users, but according to this study it is still a challenge in social work service delivery (Ryan 2012:1-4).

It is pointed out in this research, that besides the shortage of social workers, uncooperating stakeholders and high workloads are some of the challenges which

make participants' work difficult. This is demonstrated in the following extract of what a participant said:

Jennifer: *"Stakeholders may be also not informed on how to handle trauma cases they don't know where they fit in, most of them think it is primarily the work of the social worker' forgetting that it is a multidisciplinary effort".*

Inter-professional education can play a crucial role in the way of improving multidisciplinary and intersectoral cooperation and teamwork. Inter-professional education is defined by Dutton and Worsley (2009:146) as "the occasion when two or more professions learn from and about each other to improve collaboration and the quality of care". Confusion and lack of understanding about the social worker's role by other professional disciplines can be a barrier for the lack of collaboration. A research study of Ashcroft et al (2018:113) regarding the relationship between health workers and social workers, reported that the health workers were unsure of the scope of social work service delivery. In a research study by Raniga and Kasiram (2010:266-267) conducted in South Africa, about how different professionals perceive the social worker's role, it was evident that medical practitioners, nurses, policemen and educators view the role of the social worker as a person not having a degree, doing voluntarily services, working as a grant officer and is a poverty alleviator, an advisor and a problem solver. The limit knowledge of these professionals regarding the social work profession was very limited and it was evident that the profession of social work was devalued, which support the findings of this study (Raniga & Kasiram (2010:266-267). These types of insufficient perceptions about social work and social workers could have contributed to the participant's feeling that other professionals are uncooperative because of their perceptions about the role of a social worker

Category 6: Lack of organisational support

Apart from failure of participants to cope with their workload and the lack of cooperation by stakeholders, the participants also reported a lack of organisational support that hinders delivery of trauma-informed services. This category is highlighted and supported by sub-theme two of this theme of the work-related circumstances, where category a. regarding unsafe and unsupportive working circumstances, is described in terms of excerpts from the participants' interviews, specifically concerning the unsupportive culture of colleagues in supporting them in the rendering of TIS. The present category of 'lack of organisational support', links to the mentioned category and accentuates those organisations and organisational cultures are not always sensitive and supportive towards their employees in rendering TIS. This category therefore clarifies the lack of organisations embracing a trauma-informed perspective to develop a supportive culture of sensitivity towards service users and employees, as underscored in the trauma-informed theoretical framework of this study. The importance of organisational structures embracing the adoption of policies from a trauma-informed perspective and training management, including the line managers, supervisors and the production staff, to enable the social workers to establish a culture of TIS at the organisation, is the golden thread that is not detected in the excerpts of the participants about the linking categories as indicated above.

A report by Rose and Palattiyil (2020:33) pointed out that working with victims of trauma can be emotionally draining and demanding for social workers. To assist these social workers, they need emotional support from their colleagues and supervisors at their workplaces. In the same report, participants mentioned that emotional support from colleagues and peer group supervision is useful for their mental health and productivity at work (Rose & Palattiyil 2020:33). The excerpts that follow indicate that participants are experiencing a lack of support from an organisational point of view and that the need to be referred for support and counselling is not prioritised by the organisation, confirmed by Wilson et al (2013a:2). The following excerpts illustrate the lack of support participants experienced in their workplaces:

Francinah: *"We need to be listened to, we need to be heard as a social worker. Our department should listen to us. They should not be too distant because sometimes you just feel all alone. You feel like nobody cares about your wellbeing... they just care about the numbers and meeting annual targets.*

Kgaapu: *"The other challenge perhaps that I can note that you know you wait for therapy sessions to be organised by the department to a point you feel like you are, the department need to take care of its social workers. I feel it is unfair to have to pay for my own therapy whereas I was exposed to secondary trauma in the line of duty"*

Mpho: *"It means the Department pays me my salary and then I take the payment and I still use it for doing my job. Or even paying for my own therapy, it is not fair".*

Jennifer: *"They are only impressed that I saw 20 women that were abused for the month.... but not take into consideration as to how did these cases affect or impact on me the department should be able to care for our emotional well-being."*

Katlego: *"Department should ensure that they hire enough social workers to avoid being overworked and also train social workers in the issues around trauma, as I for one I had to research most of the things with regard to that, I didn't know much."*

Studies worldwide have illustrated that lack of social support at their workplaces have a negative influence on social workers to effectively do their jobs (Kagan & Itzick 2019:30-42; Kreitzer, Brintnell & Austin 2020:1942-1960; Cho 2019:799-819). A study by Dominelli (2021:12) reflected that social workers' challenges have increased especially since the COVID-19 pandemic. Participants in this study reported that limited support from the organisation is a significant challenge social workers face at their workplaces, which include that the organisations do not prioritise referrals of social workers swiftly for counselling and are not sensitive towards the needs of their employees. This aspect is specifically underlined in the trauma-informed perspective underlining this study that an organisational culture must be developed to empower the employees to have a mutual feeling of well-being and being taken care of (Désilets, Fernet, Otis, Cousineau, Massie, De Pokomandy

& Mensah 2020:176-189). Notably, in a study by Quinn et al (2019:521) it was outlined that a supportive supervisory relationship was important to assist social workers with emotional challenges. Specifically, higher levels supervisor support predicts lower levels of secondary traumatic stress (Quinn et al 2019:521). Similarly, irregular supervision is found to be the cause of dissatisfaction within the workplace (Joseph 2017:55). Apart from supervisory support, co-worker support was also found to be significant to assist colleagues. The lack of organisational support may lead social workers to leave their profession and or employment place (Hansung & Stoner 2008:7). Organisational support has also been linked to good self-esteem and productivity at work (Bowling, Eschleman, Wang, Kirkendall & Alarcon 2010:606-626). Overall, workplace support acts as mediator variable between burnout and job satisfaction and buffers the negative effects on job satisfaction and life satisfaction among social workers (Hansung & Stoner 2008:7).

The finding of the lack of support emphasises that the provision of competent supervision and collegial support among social workers is essential. In this way, demands of providing effective trauma-informed services will not be compromised.

4.3.3.2 Sub-theme 2: Participants' experiences of clients resistant to receive trauma-informed services

The South African government formulated the White Paper for Social Welfare (RSA 1997) after the advent of democracy in 1994 with the understanding that poor families are struggling to meet the needs of their children and that their situation required immediate intervention (RSA Green Paper on Families 2011:5) By adopting a developmental approach to social welfare, government sought to enhance the well-being of the poor and the disempowered (Rooney & Mirick 2018:3). As a result, the focus has been on families, to restore family functioning and enable needy families to carry out their child-rearing roles and responsibilities. Most of the participants in this study work with traumatised clients, who are often shocked, emotionally overwhelmed and experiencing intense emotional reactions after exposure from a traumatic event (Friedman 2014:31-37). Regrettably, some clients displace their grief and anger and may project it on social workers after such experiences of trauma

(Ford & Gomez 2015:321-333; Friedman 2014:31-37). Furthermore, clients may find it hard to believe that someone can actually assist them, thus reducing their level of engagement in the therapeutic process (Leclerc et al 2017:13). The reactions of clients as described above resulted many times in situations where the social workers experience clients as resistant to accept their assistance. Notably Social workers's exposure to resistance through agreession and violence can affect the quality of services they render (Littlechild, Hunt, Goddard, Cooper, Raynes & Wild 2016:2)

Wemmers (2013) indicated that failure for victims of trauma to receive the appropriate support from social workers might result in secondary victimisation and a lack of proper decision-making abilities negatively influencing their well-being. Michalopoulos and Aparicio (2012:646) are of the view that social workers may experience negative emotions after being chronically exposed to their clients' undesirable and negative behaviour. Some clients who are victims of trauma are ignorant regarding the abilities and skills of social workers and may feel they cannot assist them with trauma-informed services. Many service users are not always informed what the role of a social worker is, and not knowledgeable what kind of services social workers are able to render, for example trauma-informed services (Staniforth, Fouche & Beddoe 2014:49). Misconceptions and little knowledge about the task of the social work profession may influence their decisions to think that only psychologists or other professionals are able to assist them with trauma related issues (Staniforth et al 2014:49). Participants of this study experienced the perception of service users regarding the roles of a social worker as negative and limited. Participants explained in the following excerpts from their interviews that they experience clients as resistant and uncooperative:

Cynthia: *"The sad part of it is that in most instances clients are not co-operative as they prefer other services providers' psychologist and psychiatrist as they don't trust social workers with issues of trauma as a result, they become resistant to social work services."*

Maina: *"Sometimes as a social worker I noted that clients don't trust me to help them with trauma, and because of high level of resistance from them, I end up having to refer them to psychiatrist or psychologist.*

Frans: *"So most of us social workers spend hours interacting with a victim of trauma helping them through their pain, but at the end of the day they still request to see other professionals because of how their perceptions of social workers…and this interferes with sessions because some clients feel it is no the social worker's place to help them through trauma."*

Findings by Bukhari, Alketbi, Rashid, Ahmed and Shakir (2021:1-15), in a study about challenges in dealing with involuntary clients, supported the responses by this study's participants, that social workers experienced different kinds of resistance from clients in their day-to-day practice, which have an influence on their service delivery. Smith (2020:13) also revealed that involuntary/resistant clients are part of the everyday relational practices of social workers. Concurring findings revealed that working with resistant clients may negatively influence the rendering of effective social work services (Counsins 2020:351). It has also been found that in some instances, children receiving trauma-informed services are not co-operative and resistant towards the social workers (Ferguson, Warwick, Disney, Leigh, Cooner & Beddoe 2021:23). Related results of the study done by Ferguson et al (2020:1-19) about relationship-based practice and the creation of therapeutic change in long-term work with children and families, reported that uncooperative clients were one of the barriers social workers experience while rendering services in practice. As a result, these challenges have an adverse effect on the morale and wellbeing of social workers (Williamson, Murphy & Greenberg 2020:317-319).

Social workers are therefore facing multiple challenges from service users when rendering trauma-informed services. Although being professionals and able to manage resistant clients, resistant behaviour of clients sometimes takes an emotional toll on the social workers in their service delivery. The negative perceptions and attitudes, as well as limited knowledge of service users regarding

the roles of social workers seem to be a significant barrier to effective sercive delivery when it comes to TIS.

A key concept of the ecological systems theory is the dynamic interaction between the person and the environment and how this relationship continually influences the other aspect within a specific context (Poulin & Matis 2019:80). This applies directly to social workers, as social workers are taught to be conscious of their influence on the service users and their person-in-environment dynamics. It is however clearly noticeable from the participants excerpts that the reciprocal negative interactions between the social worker and the service user's relationship is frequently negatively influencing the service provider in this dynamic person-in-environment system.

This section discussed the challenges the participants face while rendering trauma-informed services in practice, according to specific categories underlining the participants' responses. The following theme addresses the coping strategies employed by social workers rendering trauma-informed services.

4.3.4 Theme 4: Coping strategies employed by social workers rendering trauma-informed services

As indicated in theme 3 and confirmed by Levenson (2017:105-113), social workers who render trauma-informed services experience numerous challenges which affect their personal lives and work-related activities. The participants highlighted several coping strategies that they employ to deal with these challenges and the difficult circumstances that they experience at their workplace. 'Coping' is defined as the process of managing external and internal demands that tax or exceed the resources of the person (Masson 2016:61-69). Coping can also be viewed as a continuous, goal-directed process in which individuals consciously and unconsciously engage to adjust their cognitive and behavioural efforts to maintain personal control during stressful situations (Du Plessis & Martins 2019:3). Coping strategies are further defined as efforts or skills of a person to mitigate the consequences of present life stressors (Litt & Tennen 2015:403). In a study conducted by Smith et al (2016:318-331) on the coping strategies, psychological outcomes, and the moderating effects of

personal resiliency, it is suggested that coping involves ways through which individuals deal with stressful situations. Du Plessis and Martins (2019:1-19) concurred with the above definition, by reiterating that a coping strategy is an adaptive or maladaptive response to a workplace stress which causes the individual to experience reduced or heightened emotions. However, the success of any coping strategy depends on various other factors, such as controllability of the stressor, availability of coping resources and the anticipated results of the employed strategy (Glover 2018:60).

Social work is one of the most stressful professions and social workers are specifically presented as a particularly exposed occupational group, with high work demands and a large individual responsibility to deliver social work services (Barck-Holst et al 2019:4-14; Astvik et al 2014: 52-66). Hence, it can be interpreted that the challenges and hardships experienced by social workers in their work environment, are multi-layered. As a result, it is of importance for social workers to employ constructive coping strategies that will enable them to cope with challenges they experience.

However, constructive coping strategies utilised by social workers can mitigate the effect of burnout and secondary trauma which are commonly experienced by social workers' experience when rendering trauma-informed services (Guarnaccia et al 2020:1). In the present study, participants indicated that they relied on several coping strategies to strengthen their ability to cope with their difficult situations at their workplace. Amongst these coping strategies, participants mentioned are seeing consulting therapists, receiving social support from family and friends, self-care through embracing their religion and performing activities that they enjoy. Based on these responses on how they cope with the work-related challenges which they encountered, it became evident that participants rely on numerous coping strategies to deal with their work-related stress.

Thus, theme 4 focusses in detail on the coping strategies that the participants have employed in dealing with the mentioned challenges leading to the discussion of three

coping strategy sub-themes, namely other support systems, counselling services and employment assistance programmes and self-care and their related in detail.

4.3.4.1 Sub-theme 1: Using counselling services and employment assistance programmes (EAP) as a coping strategy

During the data analysis on how participants' cope with the challenges they experienced while rendering trauma-informed services, the sub-theme of attending counselling services as a coping strategy emerged.

Social workers experience direct and indirect exposure to trauma when interacting with victims of trauma and taking them through the processes of healing and recovery (Kabunga & Kihoro 2014:33-38). Social workers may further experience negative emotions as a consequence of listening to their clients' traumatic experiences (Gaurnaccia et al 2020:2). Various work-related stressors resulting from rendering trauma-informed services can cause social workers to experience burnout, anxiety, loneliness and sadness which will in turn negatively impact on the execution of their work-related responsibilities (Kheswa 2019 :1-10). Consequently, therapeutic counselling can be adopted as a coping mechanism to address the emotional demands and difficulties that social workers experience. Concurring study findings by Fogel (2015:20) on effective ways social workers respond to secondary trauma support the usage of personal therapy as an effective coping strategy for dealing with vulnerability to work related stress and secondary trauma.

The following excerpts from interviews with five of the participants illustrate this sub-theme:

Mpho: *"Each time I feel overwhelmed by these cases, I always make sure that I go for therapy, just to get some counselling, because I always find it helpful to at least easy the emotional burden that I will be feeling".*

Cindy: *"In order to cope with the impact of working with traumatized clients, I go for therapy as I said somewhere along the line it gets too much for me, I end up not*

being able to cope, not even looking forward to coming to work because I know I will come across yet another case of the same nature , and because they deplete my strength most of the time, I always ensure that I subject myself to counselling, because I believe I cannot pour from an empty cup, I therefore have to refill my cup from time to time , in order to continue rendering the best service to my clients".

Kgaapu: *"I believe each social worker should have their own therapist, like for me I have created my support system, and one of which is my very own therapist… and I must mention that my therapist is always on my speed dial… (laughing). On a serious note, I have found this to be extremely helpful for me. Because when I am overloaded emotionally as a result of working with victims of trauma, I can always go there for the purpose of offloading, after each counselling session I feel recharged and reenergized…. this has improved my performance at work tremendously and I was also able to see that my efforts towards helping the victims has yielded more positive results when I am in a right space of mind".*

Thabelo: *"I always see a therapist because I fear that if I don't do that I will end up losing interest in this career… therefore for my own serenity and for my emotional and psychological stability I go for therapy from time to time, even if it means I have to pay for it myself".*

These participants' responses are supported by a South African study by Zimunya (2020:95) which explored the coping strategies employed by social workers during service delivery and concluded that counselling or therapy for social workers are an effective coping mechanism. Speaking to a therapist was one of the various coping strategies that social workers employed as a way of dealing with delivering trauma-informed services. Concurring findings of a study conducted in Israel to examine the associations between job demands, coping strategies and psychological distress exhibited by social workers during the COVID-19 pandemic, concluded that emotion-focused coping strategies (such as therapy and counselling) positively mediate the association between job demands and psychological distress (Ben-Ezra & Hamama-Raz, 2020:1557-1559). Furthermore, another supporting study conducted in

Germany, concluded that therapy can be an effective coping mechanism for dealing with work related stress (Mette 2020:08).

Terblanche, Gunya, Maruma, Mbuyisa, Maseko, Mojapelo, Myeni, Pretorius and Tyson (2021:16-38) refer to an employee assistance programme (EAP) as a strategic work-based intervention programme designed to enhance the psycho-social well-being of all employees and the wellbeing of the employer as corporate client, towards improved productivity of the workforce at large. One of the major EAP scopes of practice is to render therapeutic intervention for employees and employers who experience personal and work-related problems that might affect their job performance (Terblanche et al 2021:16-38). A study conducted by Conway (2016:67) about the state of the wellbeing and support of social workers, suggests that counselling can successfully serve as a positive coping mechanism for social workers.

These findings support and confirm two of the participants' responses that indicated that the employer's EAP services serve as a therapeutic structure for them when they experience work-related challenges. The participants elaborated as follows on this:

Jennifer: *"I think going for the EAP services that are offered by the Department really helps, because here in Waterberg District we have such services, we mush just utilize their services for our optimum benefits. I have utilized their services on several occasions and that really helped me a lot. And the nice thing about them is that they are always readily available for us who are exposed to trauma work"*

Mpho: *"Some cases have pushed me to make an appointment with the EAP services, because I was not coping it was too much, it was as if I was experiencing a mental breakdown. But I saw that using EAP helped me a lot, because I too had someone to listen to me and understand my experiences. That helped me to deal with all those awful emotions and I must say I am grateful that from time to time I had to make such a call".*

The above information received from participants shows that receiving the therapeutic counselling offered by the departmental EAP assists them to overcome work-related emotional stressors. EAP assistance can also improve their performance during trauma-informed service delivery as employees of the Department of Social Development. In this regard, Fogel (2015:20) emphasises that seeking and obtaining therapeutic intervention by social workers is a sign of an individual's personal strength which will improve their execution of their work responsibilities.

The next sub-theme and its categories discuss other support systems used as coping strategies.

4.3.4.2 Sub-theme 2: Other support systems as coping strategies

The support that social workers may receive from their support network to regulate heightened emotions in response to work related demands, includes emotional support, network support, information support and tangible support (Du- Plessis & Martins 2019:1-19). Relationships with colleagues, friends, family, and significant others also have the potential to prevent the disruption of self-schemas that occur from chronic exposure to a client's trauma (Michalopoulos & Aparicio 2012:651). Therefore, support as a coping strategy can be obtained from supervisors, colleagues such as other social workers, as well as family and friends that are discussed as two categories of this sub-theme.

Category 1: Support from supervisors and colleagues

This category may seem to be contradicting the excerpts from the participants interviews in theme 3 (challenges the social workers experienced rendering TIS), sub-theme 2 of work-related circumstances. More specifically, reference is made to category a. regarding unsafe and unsupportive working circumstances, the unsupportive culture of colleagues in supporting them with the rendering of TIS and linking it to the category of the lack of organisational support of organisations not being sensitive and supportive towards their employees in rendering TIS.

Some of the participants in this research, did experience the support of supervisors as a coping strategy, which indicated that there was some or perhaps fragmented support experienced by the participants in the organisational structures. Reference to the concept 'fragmented support' is justified from the evidence that the organisational culture was not adequately embracing the trauma-informed perspective and did not gain the necessary momentum to include those employees experience a culturally sensitive working environment and colleagues support in rendering TIS. The implementation of a trauma-informed perspective in an organisation can take place as follows: "In creating and sustaining a trauma-informed workforce, organizations need to foster a work environment that parallels the treatment philosophy of a trauma-informed system of care. Doing so allows counsellors to count on a work environment that values safety, endorses collaboration in the making of decisions at all levels, and promotes counsellor well-being" (SAMSHA 2014:175). Organisations need to permeate trauma-informed care in the organisation from top to bottom, ensuring that the service users are supported as well as the workforce (SAMSHA 2014:173). Some of the participants did receive support from their supervisors which were recognised as a positive coping strategy, but the organisational culture and colleagues support were experienced as inadequate.

Supervision is defined as a formal arrangement where supervisees review and reflect on their work which relates to on-going learning and performance (Hope & Van Wyk 2018:424). Social work supervision is described as an "interactional process within the context of a positive anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision, whereby a supervisor with the required experience and qualification, and to whom authority is delegated, supervises a social worker" (Voicu 2017:20). Moreover, supervision is provided by utilising the educational, supportive and administrative functions of social work supervision to promote efficient and professional social work services (Department of Social Development & South African Council for Social Service Profession (DSD & SACSSP 2012:1-10). To support the supervision concept, the Department in partnership with the South African Council for Social Service Professions (SACSSP), established a task team for the development of a supervision framework for the

social work profession in South Africa (DSD, RSA) 2012:2). In addition, during the supervision process, supervisors manage supervisees' work by conducting assessments, contracting, developing and operating personal development plans, performance management and appraisals of supervisees in accordance with organisational policies and procedures (DSD, RSA) 2012:2). Social workers in DSD who render trauma-informed services, just like all practicing social workers, are also mandated to have supervision to ensure that the services they are rendering is of good quality. Therefore, support of social workers through supervision is vital.

The study findings of Hope and van Wyk (2018:424) have however revealed that supervision with professionals sometimes is limited. Although participants in the current study indicated previously that one of their challenges is a lack of support from colleagues, they were able to express themselves freely in supervision about the challenges they experience as a result from working with victims of trauma, where they received support and guidance on how to manage those challenges. In the current study, the majority of the participants presented the value of supervision to address the work-related challenges they have experienced as follows:

Katlego: *"When I deal with cases of trauma, I engage with my supervisor regularly. This help to share the emotional burden and just knowing that there is someone who has my back makes the whole experience much better in a way. Even after handling a difficult case at the end of it all, I would sit down with my supervisor to evaluate the case and the intervention, in the process I would know what works and where I can improve."*

Cynthia: *"I talk to my supervisors as a support system, my supervisor has made working with victims of trauma to be bearable, and she is actively involved in all the difficult cases, and always makes time to talk about the experience. Each week we sit down to discuss these cases, and this is an opportunity to address the impact the cases might have on me, and it helps a great deal."*

Lebo: *"I find talking to my supervisor to be very helpful, because they are more senior, and they are more experienced in the field, I therefore feel safe knowing that I*

am talking to someone who understand and is more knowledgeable than I am about working with victims of trauma. I have also found that m supervisor's advice and guidance are very helpful to me, in a way that I become confident in my intervention strategies and I would feel less anxious as a result."

Mpho: *I am lucky to have such a supportive supervisor and colleagues, they always stand with me whenever I face challenging cases, they always assist where possible.*

An international study conducted in the USA by Kraemer (2013:26) supported these participants' responses that supervision can be an effective coping strategy for social workers rendering trauma-informed services. The Australian study of Kalliath and Kalliath (2014:111-126) explored the coping strategies adopted by social workers in dealing with the competing demands from their work and family domains and undeniably confirmed that social workers adopt support from supervisors as a coping strategy to deal with stress from work. Concurring findings by a study conducted in Israel by Gil and Weinberg (2015:556) also revealed that stable supervision provided on a weekly basis was associated with a reduction of work-related stress symptoms. Not only international literature showed that supervision is a useful mechanism to cope with work related stress, a related South African study by Mthinkhulu (2017:50-51) explored the strategies of third year student social workers in managing emotionally challenging encounters during field practice and found that supervision was the most effective method that assisted student social workers to manage the emotionally challenges they encounter.

Peer support and colleague support, also from colleagues in other social work settings have been indicated by the participants as a coping strategy which assists them. Calitz et al (2014:162) showed that peer relations are important because they provide emotional support, professional growth and encourage collaboration and innovation between social workers. The research study conducted by Fogel (2015:27) further supports the finding that positive relationships with colleagues are beneficial for rendering effective services and may also minimise the effect of secondary trauma for professionals. Some of the participants' responses which illustrate the importance of peer/collegial support were the following:

Cynthia: *"The strategies that I use is peer counselling whereby on Fridays most of the time I sit with my peers in the workplace and discuss about the challenges which we are facing, also come up with solutions to the challenges."*

Boitshepo: *"Talking to other colleagues really assists, so it develops you as a person, you can learn and gain support from colleagues. Some of the colleagues have experienced similar cases and as they share their experiences with me I get to gain more insight to different cases. That has boosted my confidence in working with trauma and knowing that what I go through is normal even my colleagues went through it as well."*

Mpho: *"I make sure that I sit with my colleagues whenever I have a chance, because this creates a platform for me to ventilate all my struggles concerning cases of trauma, gaining knowledge from fellow social workers helps a lot because we are in the same field, I find this to be effective because my colleagues are always available, I do not need a formal sitting to have their support."*

Katlego: *"What works for me really is sharing with my colleagues, because they always bring clearer perspective to even the most difficult cases, I always make sure that I do it, because the minute I keep quiet, you find that I am so affected badly by a case, sometimes in a case you will feel like you have failed as a person, or the clients s experiences have impacted on you...I even do so by calling other social workers that I know, so that has helped me a lot....so normally after a lengthy discussion, we are able to come up with a resolution or other approaches to a case and that lives me feeling much better".*

Thabelo: *"I often share with my colleagues to offload my emotions whenever I am overwhelmed. Then the burden would be eased up by talks, sometimes I use even on social media private communication platforms, such as WhatsApp and messengers to talk other colleagues, the more I work with the case, and I talk about it over and over again with the colleagues is the more I recover and become emotionally stable."*

The results of a study by Mette (2020:07) on the reflections about supervision in the time of the COVID-19 pandemic, further confirmed the above experiences of the participants of support from colleagues as a coping mechanism that assists social workers in dealing with work related challenges.

Category 2: Support from family and friends

Family support is important and allows individuals to be resilient by bouncing back from negative experiences (Luu 2021:179). The participants indicated that they coped with their work-related challenges by seeking for and obtaining support from their family members. The following excerpts from the participants' responses underline the importance of family support to them:

Kgaapu: *"I have my family as part of my support system, yes, I might be able to share the details of a particular case with them, but at least I can share with them about how I feel about something....as such they are there to give me love and support at all times"*

Provia: *"I find strength in knowing that I have a family at home that cares and love me I also talk to my partner without compromising since he understands the nature of work that I do, because at the end of the day my family cares for me unconditionally and they know me so well that they even know how to cheer me up when I feel down and out"*

The ecological systems theoretical framework highlights that good and stable interactions are critical for every human being as they influence how people view and overcome adversities and challenges (Espelage 2014:258). It is therefore evident from the above participants' responses that obtaining care and support from their subsystems such as their family structures, are crucial in how they cope with work-related challenges. Corresponding findings by Fogel (2015:27) support the importance of positive relationships with family and friends as a coping strategy that can reduce the effects of secondary trauma in persons in the helping professions. In another supporting study by Zimunye (2020:98) the participants enlisted in utilising

peer support and family support, as coping strategies to adapt after having their personal safety compromised during social work service delivery.

One of the participants mentioned sharing her challenges with a trusted friend as a coping mechanism that worked well to cope with work related stress as follows:

Ika: **"***The best solution for me is to talk, to a trusted friend, I share and relate about how I feel, even though she does have to say much, but having her and me knowing that she is someone that I can trust makes me feel at ease to lay down my feelings. It always helps to talk somebody who understands you deeper like a close friend."*

Mette (2020:07) supports this notion that friends can be an effective supporting system that helps to cope with work challenges. The findings in this study outlined those friends are the most important emotion-oriented coping strategy for many participants, who experience problems at work.

4.3.4.3 Sub-theme 3: Self-care

Dorociak, Rupert, Bryant and Zahniser (2017:362) defined self-care as a "multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being". Self-care may be explained as taking care of one's 'self' before taking care of other people and by adopting various strategies to overcome stressful situations (Keep 2013:46; Mason & Evans 2020:664-681).

During the conversations with the participants, they gave their opinions on self-care as an effective coping strategy for work related stress. This is confirmed by Miller, Lianekhammy, Pope, Lee and Grise-Owens (2017: 865-883) who investigated self-care among 138 social workers in the USA with the overall data suggesting that social workers engaged in various self-care strategies to cope with work-related stress. The self-care categories raised in the current research included religion, engaging in favourite activities as well as dysfunctional coping strategies, which respectively entail the following:

Category 1: Religion

According to Xu (2016:1398) persons with a strong religious orientation are more likely to benefit from the use of religion as a coping strategy. An international study identified religion as one of the most utilised strategies amongst social workers who render services to traumatised victims (Culey 2014:37). Religious beliefs and behaviours can serve as a positive coping mechanism for professionals (Culey 2014:37). Allen (2017:83-91) further stipulates that engaging in spiritual practices such as worship and prayer, can be a positive source of coping for individuals. In the current study, three of the participants indicated that religion is their coping strategy when experiencing work-related challenges. The participants elaborated as follows on the role of religion as a coping strategy for them:

Mpho: *"When I feel so overwhelmed by a case, I ask God to just give me wisdom it helps, and I pray to ask God for strength me and that makes me feel light."*

Katlego: *"I guess I do a lot of praying, I pray a lot, for me it helps me cope, that is one place that I am really safe to cry out to say why did that happen to another person or those clients? Did I handle it well... like just pour my heart out to God all mighty, the only place where I actually feel I can do it safely so"*

Ika: *"I make sure that I attend church services regularly, being in a place of worship, heals my soul so much, it helps me reconnect with myself and in turn I feel whole again. I even make sure I start each day with a word of prayer to prepare my spirit for daily challenges in the workplace."*

These experiences of religion as a coping strategy are confirmed by the research findings that follow. A study by Kraemer (2013:26) examined the coping strategies of social workers after experiencing client suicidal behaviour and it was found that prayer/meditation was one of the coping strategies that social workers employed to cope with such traumatic and intense work-related stressors. Moreover, a Ugandan study examined work stress and coping strategies among social workers and found that 68% of the participants mentioned spirituality as the most effective mitigating

strategy for job stress (Amir & Kihoro 2014:36). Additionally, a supporting South African study by Zimunya (2020:96) also revealed that personal faith is an important coping strategy utilised by social workers to cope with work related challenges.

Category 2: Engaging in activities

The strategy of engaging in activities is a significant positive coping mechanism to improve a person's mental health (Takeda, Noguchi, Monma & Tamiya 2015:28). The participants' responses in this regard indicated an engagement in various activities which include exercising, relaxing with playing games, massages, reading and following a healthy lifestyle of eating and sleeping. It was found that engaging in activities assists to reduce the impact of secondary traumatisation and provides individuals with an opportunity to be distracted from life stressors which in turn improve their mental health (Davies 2015:237). For instance, Fogel (2015:18) supported the utilisation of creative expression, such as writing, drawing, painting, sculpting, dancing, or cooking as a positive coping mechanism to relief stress.

The participants' statements that follow showed how engaging in exercises and other activities as a self-care strategy can relieve work related stress.

Francinah: *"In between my sessions I do breathing exercises strategy, I think it helps you to calm your mind in the middles of a crisis, and also living a lifestyle of exercising and taking walks at least three times a week. After all this I feel refreshed and ready to face the next day."*

Boitshepo: *"I Often go out to meet with friends maybe for a lunch or even fun activities, to get my mind of work, I go jogging whenever I have a chance, at times I go mountain hiking with friends just to keep fit and physically healthy."*

Kgaapu: *"The thing is as social workers we tend to work overtime. ...This is not healthy, I make sure that I get to work do what I am supposed to do and I also leave on time and I do not take any work home, so that I have time to do other things, like watering my garden, which I find to be so therapeutic or even watching interesting*

TV shows, that works for me a lot....hahaha. I even go to an extent of playing games on my Smartphone. In a nutshell, I refuse that my life be centred around work alone."

Cindy: *"I take myself for massages just to relax my body. And yeah, and another thing I take health supplements like my vitamins shake just for nutritional supplements to always keep myself healthy. And another thing is, try to drink a lot of water avoid negativity...So yeah, that's what that's what I do... During weekend I sleep, allow myself to rest so that I'll be back to my normal self again."*

Katlego: *"Usually after work I will have to go out for some few minutes for a work or just sit in our local park and then come back, then I will read my book, ok usually I go through the motivational books, I listen to motivational talks, especially on social media and then lift me up."*

Frans: *"I don't get myself too attached to work, though in some instances it is difficult so I cope because I am an exercise fanatic, I don't know how I would cope with my job if I didn't exercise as much as I do, I do 10km run at least four times a week, but on a very stressful week I run even 15 km metres daily that helps a lot".*

Engagement in leisure activities is helpful as a coping strategy for work related stress. Most participants also emphasised that they preferred activities such as sports or physical activity (for example sports courses, cycling, swimming, dancing and horse riding) to deal with work-related stress.

Category 3: Dysfunctional coping strategies

From an ecological systems theoretical framework, in understanding human behaviour it is suggested that one aspect of a person's life impacts upon all other areas of that person's life (Ettekal & Mahoney 2017:2). As such, coping occurs in all levels of a human's existence, namely the physical, emotional, behavioural, cognitive, social and spiritual levels. That means effective coping strategies needs to be employed in order to achieve normal functioning. It is Apparent is that not all coping strategies are helpful, and some individuals can develop coping strategies which are dysfunctional. Work-related challenges may undermine the mental and

physical health of persons and are sometimes non-beneficial and potentially harmful (Jurji, Kasuma, Rahman, Shahrinaz & Aren 2018:648). Also, a tendency of not acknowledging stress and denying traumatic experiences is a maladaptive coping strategy that is associated with emotional exhaustion or fatigue (Bittner et al 2011:17-21). In this way, social workers may resort to desperate measures to cope temporarily and relieve the negative emotions often caused by experiences of rendering trauma-informed services (Masson 2016:61-63). Noteworthy is that the social worker's ability to adjust to the secondary trauma is highly dependent upon his or her individual coping strategies and resources (Gil & Weinberg 2015:551-561).

Participants illustrated as follows how they chose dysfunctional ways of coping with their emotions due to work related hardships:

Frans: *"I shut down the memory of what I have seen during the day at the office, then I shift everything and focus on the new things and naturally you just recover again"*

Ika: *"I take care of myself first and later can assist them, because I fear at times to attend to those cases, I therefore refrain and just caught up in my own thing."*

Francinah: *"Some cases you might feel that I have been carrying heavy emotions with me all day long and I have a strong sense of needing to cry and then I cry in my own private space. Sometimes I find myself drinking alcohol just to numb the feeling, and afterwards I kind of feel relaxed."*

Provia: "Sometimes I feel too overwhelmed, in order to be able to sleep I self-medicate, just to forget about work, I find myself being highly dependent on medication to help me calm and sleep, the only problem is I end up being dependant and addicted to these medicines."

A study about a treatment improvement protocol for delivering trauma-informed services in behavioural health sciences reported that there is a clear correlation between trauma and substance use (SAMHSA 2014:59-61). Alcohol and drug use

can be indulged in as a way to manage the effects of trauma and secondary traumatisation. The participants mentioned that they misused alcohol to escape remembering what their clients shared with them; to help them sleep and or to improve their depressive symptoms.

The above dysfunctional ways of coping with their emotions due to work related hardships experienced and described by the participants, are confirmed, and supported by research literature that follows.

The study findings of James (2014:9-13) on addressing secondary trauma in social workers counselling trauma survivors, concluded that social workers sometimes use disengagement coping behaviours such as unconsciously withdrawing from personal relationships, missing work more often, cancelling appointments frequently and in worst case scenarios, resigning from the profession as a way of coping. Sometimes people use dissociation and disengagement as a way of coping by avoiding negative thoughts or feelings related to memories of traumatic events (Cherewick, Doocy, Tol, Burnham & Glass 2016:29-30). The participants mentioned that they tend to shut the memory of their clients who experiences trauma as a coping strategy, out of their minds. When people are dissociating they disconnect from their surroundings, which can stop the trauma memories and lower fear, anxiety and shame.

This theme emphasised the participants' coping strategies applied when rendering trauma-informed services in practice in relation to the research and literature about it. The next theme deals with participants' suggestions regarding the way forward in rendering trauma-informed services.

4.3.5 Theme 5: Suggestions for the way forward

This theme outlines the participants' suggestions for a way forward on what can be done to support social workers perform their jobs effectively when rendering trauma-informed services. The suggestions included one theme, namely suggestions relating to the improvement of the organisational internal structure.

4.3.5.1 Sub-theme 1: Suggestions to improve internal organisational structure

An ‘organisation’ can be defined as a system of activities and behaviours that enable people to accomplish goals and objectives (De Corte, Verschuere, Roets & De Bie 2017:524). An organization is made up of two or more people working together co-operatively within identifiable boundaries to accomplish a common goal or objective (Mwangeka 2020:3). DSD as an organisation consists of multiple directorates, with social workers rendering TIS connected to the Victim Empowerment, Crime Prevention and Child Protection Directorate, therefore the improvement of internal organisational structures is necessary to improve service delivery in this directorate.

The categories identified in this sub-theme are the provision of support and debriefing; developing multi-disciplinary teams; staff training; and security

Category 1: Providing of support and debriefing

Eight participants emphasised that the Department should prioritise providing them with the necessary support and debriefing services to enable them to be effective and productive at their workplace. The availability of emotional support and debriefing may prevent fatigue and encourage social workers to effectively provide trauma-informed services going forward. Debriefing is a structured group process that responds to the cognitive, emotional, physical, and social reactions resulting from disasters and other traumatic events (Miller 2003:07). It was further emphasised by Toews, Martin and Chernomas (2021:1491) that debriefing can be a holistic, inter-professional, collaborative experience when all five defining attributes are present. These attributes are an educated/experienced facilitator, the environment, education, evaluation and emotions. In turn, emotional support focuses on the provision of comfort for an individual and promotes feelings of security (Browning & Cruz 2018:44-72). The warmth and nurturance provided by sources of support assure the individual employees that they are valued. This is illustrated in the participants’ statements below.

Kgaapu: *"The Department ought to ensure that we receive support, they should make sure they allow us as colleagues to be there for each other in each possible way and the supervisors should play an active role in providing support."*

Thabelo: *"It is important that as social workers we should debrief or talk about your situation that you experienced with colleagues, more especially your supervisor."*

Maina: "*I believe the EAP services need to work closely with social workers who are providing services to victims of trauma. For instance, since we have only one EAP practitioner in the district, the EAP services should priorities us who are working directly with trauma as we are more at risk of experiencing secondary Trauma. I once when to EAP and it helped me a lot in going back to my functioning balance."*

Ika: *"We need to have peer review groups where we share our experiences how we cope, how we handle different cases, that will help us to know more about the impact of working with trauma, we need to be informed on how we can handle the different cases."*

Provia: *"You need to share your experiences of working with victims of trauma with someone, someone who will debrief you or even give you guidance in areas where you are struggling more especially emotionally..."*

Lebo: *"Each office must use the correct supervision ratio, if it means we must have two supervisors in an office, let it be so, because you find that most of the time there is no one to offer supervision because they are never in the offices, they are always attending meetings and they do not have time for individual social workers."*

Francinah: *"I believe the department should ensure that each local municipality has an EAP practitioner, to ensure that debriefing services are readily available for social worker who work with trauma, unlike having one practitioner who is stationed so far at the district office and being put on a waiting list for days"*

The participants' need for of emotional support and debriefing are widely confirmed and supported by the research literature. Kheswa (2019:1-10) explored the factors and effects of work-related stress and burnout on the wellbeing of social workers in the Eastern Cape province and the findings showed that debriefing is viewed as an effective strategy for participants and successful in assisting social workers in various contexts to cope and deal with the traumatic events that they experience or hear about in their work. A supporting study by Clark (2019:405-406) examined the relationships between perceived organizational support, perceived co-worker support and debriefing. In this study participants regarded debriefing as being useful for them and other staff members to help them deal with stressful incidents at work.

Concurring results by Miller (2017:134) found that debriefing was associated with a decrease in burnout. Therefore, the literature confirms the notion expressed by participants in the current research that debriefing and emotional support are effective measures to assist to social workers in rendering their trauma-informed services. In adding to this, Beer, Phillips and Quinn (2021:317) study to explore social workers' emotional and behavioural coping responses to work-related stress, revealed that support from work played an important role on practitioners' experience of stress. Gil and Weinberg (2015:551) also provided evidence that internal organisational resources such as emotional support from supervisors are associated with a reduction of secondary trauma symptoms. The findings of Holmes, Rentrope, Korsch-Williams and King (2021:1-10) regarding support for social workers during the COVID-19 pandemic, indicated that social workers reported a great need for support, and it was suggested that more emotional support are needed from the employer at the work place. Therefore, debriefing and support from the organisation are useful for empowering social workers in their organisations for the effective delivery of trauma-informed services and that as a result, it should be prioritised by employers.

Participants mentioned that providing more resources to assist and enable them to deliver TIS, and more networking and collaboration with various stakeholders and management to involve all employees in sharing and decision making could improve the delivery of trauma-informed services. The EAP programme for social workers to

get counselling and support is also limited and needs to be more accessible and available. This is illustrated as follows from the excerpts of what participants said:

Cindy: *"It is also important to network with other social workers from all over South Africa in order to improve one's insight to trauma work."*

Thabelo: *"It is important that the Department can have regular contact with the social workers in order to understand their challenges and have discussions about possible solution to the field of trauma."*

Lebo: *"There should be a coordination of services between all stakeholders, so that we can give each other support instead of working against each other. Once we are united as stakeholder's better service coordination for victims".*

Frans: *"The Department of Social Development should ensure that each municipality has its own EAP office to ensure accessibility, imagine is such a big district we only have one EAP in Modimolle and that is very far."*

Maina: "*I think their wellness programmes in the Department should be expanded, more EAP practitioners should be hired, to ensure that we have enough of them in the Department, this will the emotional pressure that we experience after helping victims of trauma."*

The importance of being provided with the necessary resources at work is supported by various scientific studies (Luo & Lei 2021:6) and participants' suggestion that resources are vital for their efficiency and should be provided at their workplace. Corresponding findings by a Ghanaian study explored social workers' contributions on ageing and older persons and the findings asserted that it is important for social workers to be provided with the needed resources to be function effectively at their workplaces (Awuviry-Newton 2021:877).

It is furthermore important to note that the COVID-19 pandemic made a negative impact on social workers' efforts to deliver trauma-informed services to clients and

as a result cannot be ignored (Williams, Arant, Leifer, Balcom, Levy-Carrick, Lewis-O'Connor & Katz 2021:1-12). Holmes (2021:04) conducted a study to describe organisational support provided to social workers during the novel COVID-19 pandemic, the results of which suggested that given the severity of the pandemic, it is essential that organisations provide resources for their employees. This support should be provided immediately and ongoing, for improving the emotional wellbeing of the employees. The principles for organisational development from a trauma-informed perspective, include that the organisation's human resource system should incorporate trauma-informed principles "to support staff with trauma histories and/or those significant involvement, voice, and meaningful experiencing significant secondary traumatic stress choice at all levels and in all areas of organizational or vicarious trauma, resulting from exposure to and functioning (e.g., program design, implementation, working with individuals with complex trauma" (SAMSHA 2014:13). These principles also encouraged organisations across service sectors to examine how a trauma-informed perspective may benefit all stakeholders, and to conduct a trauma-informed organisational assessment and change process which includes clients and staff at all levels in the organisational development process (SAMSHA 2014:16).

It is evident from the participants' responses that the organisations where the participants deliver services have not yet employed such trauma-informed principles in their organisational system and their resource management.

Category 2: Development of multi-disciplinary teams

Participants in this study suggested that multi-disciplinary teams be formed as an effective way to enable them to cope with work-related challenges and render effective TIS, and to improve collaboration. The concept of collaboration may be defined as a relational system in which two or more stakeholders pool together resources to meet objectives that neither could meet individually (Eggli, Romano-Pereira & Elfering 2021:220-228). This is clearly illustrated in the excerpts from what participants said, below:

Jenniffer: *"We need to develop multidisciplinary teams to make helping victims of trauma easier, I think we as social workers we don't have those anymore or we never had…. I don't know, because it would be easy if we can from time to time have meetings with nurses, doctors, psychiatrist, SAPS officials, magistrates, and other professions just to make sure we are all on the same page. This will help in a sense that we become aware of different expertise and its role in the field of trauma."*

Cindy: *"We need to revive multi-disciplinary teams, we need to work as a team when we work with victims of trauma, if we can have regular meetings to ensure that each team member understands their role when working with victims, this will eliminate the delays that we usually encounter in working with victims of trauma."*

Katlego: *"As social workers we need to work closely with other professional, to ensure efficient and quality of services to the client, infect I support the idea of having one stop centres in each local municipality, because the victim will access all services in one place instead of going from pillar to post and it will also be of help to us as social workers because we won't have to stress about driving around with the victim."*

The abovementioned responses concur with findings from Ward-Lasher (2017:211) in a study that examined police officers' attitudes toward collaborating with social workers. The findings suggest a need for knowledgeable social workers to collaborate with police officers for an effective way to render services for victims of trauma. Held (2019:50) supported the participants' suggestion that social workers should collaborate with other professionals to ensure that delivery of services is productive and effective. The study further emphasised that social work's role be integrated in various health care settings, so that other health workers could collaborate with social workers. According to the NASW (2020:33), when social workers promote collaboration with health care team members, other colleagues, and organisations to support their clients, they have enhanced effective services to clients and client support systems. Teamwork and good communication among multi-disciplinary teams can improve service delivery, resulting in better client outcomes (NASW 2020:33).

Category 3: Staff training

That the training of staff is vital for their productivity at work, has been suggested as follows by participants in this study:

Provia: *"I think we need social workers who are equipped with knowledge about trauma, most of us used to believe that social work is not a social work thing, but cases in practice has proved otherwise, we work with trauma all the time".*

Katlego: *"The Department should provide more training on trauma because most of us we are not knowledgeable about it, even at tertiary we did not do much on trauma. Therefore, the Department should capacitate each one of us who work in these directorates since we work with victims of trauma, instead of throwing us in the deep end*".

Ika: *"I suggest that social workers need to empower themselves, they should take short courses that has to do with understanding trauma, that has to do with understanding the victims' trauma and fears and also something that has to do with understanding the mind of the perpetrator".*

Katlego: *"I think mostly social workers need further development and education in the field of trauma. They need to read more about trauma so that we can keep updated with the ever-changing information in the field."*

Kgaapu: "We need to keep updated with new information, so professional development, is very, very important because when you develop yourself personally you can actually be able to cope with your own stress, with your own trauma"

Cindy: *"Alright what I think is social workers should get more training about dealing with clients who experienced traumatic incidents and the department should be the one to provide social worker with more informed trainings so that they can have more knowledge about dealing with trauma."*

Elliott, Bjelajac, Fallot, Markoff and Reed's (2005:461-477) study findings concurred with participants' responses that training is important and essential for social workers to provide trauma-informed services effectively. Furthermore, an Israeli study suggested that training for social workers could increase social workers' awareness and improve client participation (Zanbar 2018:96). Locally, a supporting South African study evaluated a model-based pilot training course on patient-centred care, patient support group facilitation and self-care among social workers, and suggested that training is useful and feasible to enable social workers to render effective services (Zelnick 2018:26-27). The principles of the trauma-informed perspective highlight the importance and need for on-going training of social workers in dealing with trauma, together with the rendering of peer support to effectively assist service use.

Category 4: Security

'Security' can be defined as "the state of being away from hazards caused by deliberate intention of human to cause harm and the source of hazard is posed by human deliberately" (Selçuk 2015:53-54). Social workers provide services in an increasingly complex, dynamic social environment, however, the profession's primary mission is "to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty" (NASW 2013:1). It is notable that social workers are subjected to risks of workplace violence in various social welfare organisations (NASW 2013). 'Workplace violence' is defined as harmful or disturbing acts or threats, including physical assaults, badgering, or bullying at a place of occupation (Ariza-Montes, Arjona-Fuentes, Law & Han 2017:1116-1132).

Participants in this study mentioned as follows that security is important to enable them to render services effectively:

Frans: *"The Department need to come up with ways to ensure that they tighten security in our offices, because sometimes we are attacked by victims of trauma when they feel overwhelmed by emotions."*

Francinah: *"We must be given panic buttons and have enough security guards should patrol our offices so that we feel safe while we are executing our daily duties."*

Katlego: *"Each of our offices should be safe, the Department need to beef up security, in most cases we get attacked by victims who are angry and hysterical, and so more security will really help the situation."*

The abovementioned responses concur with responses from Lynch (2017) whose study explored social worker's risk in the field when working with vulnerable adults and their desire for safety. The findings of that study suggested a need for safety training improvements in neighbourhood and vehicle safety, as well as preparedness for verbal altercation and personal health risk provided by social service agencies prior to entering the field. Turpin, Shier, Nicholas and Graham's (2021:575-594) research about workload and workplace safety in social service organizations supports the participants' suggestions that social work organisations ought to utilise development and innovation as a component of violence prevention interventions within social service workplaces to enhance security, as part of the efforts to improve service delivery. The trauma-informed perspective highlights the need for applying the principle of safety for service users and staff of an organisation to render effective services (Kirst, Aery, Matheson & Stergiopoulos 2017:514-528). SAMSHA (2014:13) explained this principle as follows: "Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety."

In conclusion it can be noted that the DSD, where the participants are employed does not have a specific trauma-informed organisational culture and "while it is recognised that not all public institutions and service sectors attend to trauma as an aspect of how they conduct business, understanding the role of trauma and a trauma-informed perspective may help them meet their goals and objectives" (SAMSHA 2014:13).

4.4 SUMMARY OF CHAPTER

This chapter focused on the results of the study with respect to the participating social workers' experiences, challenges, coping strategies and suggestions of rendering trauma-informed services in practice. The biographical profile of the participants who participated in the study was analysed and interpreted. From the data analysis, four main themes, several sub-themes and categories were presented. Theme 1 reflected on the concepts of trauma. Theme 2 reflected on the experience of social workers as they render trauma-informed services. Theme 3 discussed the challenges experienced by social workers in rendering trauma-informed services in practice. Theme 4 indicated the coping strategies of the social workers who render trauma-informed services. Theme 5 referred to the suggestions of the social workers to improve trauma-informed service delivery. The themes which emerged from the data analysis were substantiated through excerpts from participating 15 social workers' narratives. The findings of this chapter were compared, confirmed, or contrasted with relevant literature on the experiences and challenges of social workers rendering trauma-informed services and interpreted with the use of the ecological systems theoretical framework.

The next chapter presents the summary and conclusions based on the information gathered during the research.

Chapter 5: SUMMARY AND CONCLUSIONS

5.1 INTRODUCTION

As described in Chapter 1, the research question came up of what the experiences, challenges, and coping strategies of social workers in rendering trauma-informed services are. This led to the question of what suggestions can be made of how social workers can render more effective social services to persons who had experienced trauma. Together these questions instigated this research.

Conducting the research enabled the researcher to develop an in-depth understanding of the experiences, challenges and coping strategies of social workers rendering trauma-informed social work services. This in turn capacitated her to proffer suggestions on how social workers can render more effective social work services to persons who experienced trauma.

In concluding the research, this chapter comprises of this introduction; a summary of the research and conclusions of the research outcomes, including how the research goal was achieved; the recommendations of the research; an explanation of the limitations of the research; the dissemination of the findings and a conclusion of the chapter.

5.2 SUMMARY AND CONCLUSIONS

This summary and conclusions deal with the introduction and orientation of the study, a literature review, the research methodology applied and the research findings.

5.2.1 Introduction and orientation of the study

To give a background and contextualise the study, a general introduction and orientation of the study is provided (Chapter1). The phenomenon of trauma and its aftermath is described as a growing concern across the world. South Africa has an increasing reputation of being a highly dangerous place because of the crime,

violence, injury and the high levels of trauma experienced in South African communities (Kaminer & Eagle 2010:8; McLea & Mayers 2017:423). Traumatic experiences take many forms, and it may include community violence, sexual, physical or emotional abuse of children, intimate partner violence, war and natural disasters that all have a devastating effect on victims (Refer to Chapter One section 1.2). The devastating effects of trauma on individuals, families and communities worldwide force many affected people to look for assistance for all kinds of problems from social workers across different systems of service delivery (Levenson 2017:1). Therefore, the researcher resolved to undertake a research project focusing on the rendering of trauma- informed social work services to vulnerable individuals and groups, by the social workers from the Department of Social Development (DSD) in the Waterberg district of the Limpopo province to add to the profession's knowledge base and suggest guidelines for improved social work practice (Refer to chapter One sections 1.2, 1.3 and 1.4.).

Worldwide and in South Africa, social workers are becoming more aware of the need for trauma-informed services in all different social service settings, including family systems, victim empowerment centres and child welfare organisations (Becker-Blease 2016:131; Knight 2015:25). Trauma-informed social work practice takes into consideration that a client's presented problems may also be related to past victimisation and traumatic experiences. Clients are therefore assisted to extend and develop their skills and competencies to manage their lives more effectively. The implementation of trauma-informed guidelines in organisations are seen as a challenge to providers to align their present policies, develop procedures and principles to create a sensitivity for rendering services to clients that experienced trauma, as well as to staff members assisting clients that experienced trauma (Wolf, Green, Nochajski, Mendel & Kusmaul 2014:112).

The rationale for undertaking this study commenced with the researcher's curiosity regarding the experiences, challenges and coping strategies of social workers working at her previous employer, the DSD, Waterberg district in the Limpopo province, who have to assist many traumas experienced service users. In addition, literature consulted confirmed the shortage of existing research regarding the experiences and challenges of social workers delivering trauma-informed services,

especially in the South African context (Sibando-moyo, Khonje & Brobbery 2017:11-69; Brankovic 2019:5; Lamb 2015:22; Morrel 2016: 3-20; Bandeira & Higson-Smith, 2011:5, Moche 2014:12). Various international studies have shown that trauma is globally acknowledged as a common problem facing individuals and communities (Smigelsky et al 2014: 354-65; Khonje & Brobbery 2017:11-69; Gould, Mufumadi & Hsiao & Amasi 2017:2). However, limited research about the experiences, challenges and coping strategies of social workers delivering trauma-informed services, could be found.

The qualitative research approach was adopted and a phenomenological research design, supported by explorative, descriptive, and contextual designs were utilised in the research process. The researcher wanted to explore a limited researched phenomenon to develop an in-depth understanding of all aspects of social workers' experiences, challenges and coping strategies rendering trauma-informed services, making the qualitative approach and phenomenological design with the supported designs, a perfect fit (Refer to Chapter One section 1.6 and 1.7).

The study was underpinned as follows by two theoretical frameworks, namely the ecological systems theory and the trauma-informed perspective.

- The ecological systems theoretical framework (Kemp 2010:3) assisted the researcher in understanding the environmental demands on the personal, interpersonal, social competencies and work environments of the social workers, outlining the micro-, meso-, exo- and macrosystems as subsystems that influenced one another and the delivery of TIS. The ecological systems theoretical framework also highlighted some of the forces which gave a multi-dimensional perspective to the factors influencing social workers experiences, challenges and coping strategies rendering trauma-informed services in DSD, aiming at providing suggestions to improve service delivery in the social work sphere.

- The trauma-informed perspective (Berg-Weger; Adams & Birkenmaier 2020:37) is based on six key principles important for rendering TIS to service users, which assist social workers to view and treat victims of trauma holistically as well as exploring their interactions. The knowledge of these

principles assisted the researcher to highlight the social workers' experiences, challenges and coping strategies in applying these principles whilst rendering TIS. The six key elements of the trauma-informed perspective are safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural, historical, or gender issues (Vande Berg 2017:6). The trauma-informed perspective embraces the idea for organisations to include a culturally sensitive trauma-informed working environment to improve the quality-of-service delivery and to assist social workers rendering TIS. The trauma-informed perspective also assisted in underscoring the importance and advantages for organisations and their service users and employees, to invest in applying and implementing a trauma-informed perspective (Refer to Chapter One section 1.5.2).

The research methodology followed in this study is outlined in detail in chapter One (refer to section 1.8) by describing the research population, sampling and sampling methods, method of data collection, pilot testing and the method of data analysis. The population selected for this research study are social workers employed in the Department of Social Development, in the Waterberg district in Limpopo Province, who render trauma-informed social work services in the Victim Empowerment, Crime Prevention and Child Protection directorate. Social workers rendering their services in the four local municipalities of Mookgophong, Modimolle, Bela-Bela and Mogalakwena in the Waterberg District were selected as participants. The non-probability sampling technique of purposive or judgmental sampling was used to select the participants. Semi-structured interviews assisted by an interview guide consisting of open-ended questions were conducted to collect the data required for the research. The data collected were analysed by executing the eight steps for qualitative data analysis as proposed by Tesch (cited in Creswell 2014:196). To ensure trustworthiness of the data, the model of Lincoln and Guba (in Lietz & Zayas 2010:443) was applied to address the data's credibility, transferability, dependability, and confirmability. The interview guide was pilot tested and the necessary ethical considerations relating to dealing with the participants and the information received from them, were maintained.

Two overarching research questions were selected for this study, namely “What are the experiences, challenges and coping strategies of social workers in rendering trauma-informed services; and what are suggestions on how social workers can render more effective social services to persons who had experienced trauma?” (Refer to Chapter One section 1.6).

From the research questions the research goal or aim was formulated as follows (Refer to Chapter One section 1.6):

- To develop an in-depth understanding of the experiences, challenges and coping strategies of social workers rendering trauma-informed social work services.
- To proffer suggestions on how social workers can render more effective social work services to persons who experienced trauma.

The aim of this research study was achieved by realising the following research objectives (Refer to Chapter One section 1.6.3):

- To explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services in social work practice.
- To describe the findings regarding the experiences, challenges and coping strategies of the social workers rendering trauma-informed services.
- To draw conclusions and make recommendations regarding experiences, challenges, and coping strategies of rendering of trauma-informed services.

Chapter 1 continued by outlining the method of data verification to ensure trustworthiness, the compliance to the ethical considerations of this research study, clarification of key concepts and listing the structure and format of this research report. The application of the research methodology is explained in Chapter 3.

The research objectives formulated from the research questions were achieved as follows in the research:

5.2.1.1 **Objective one:** *To explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services.*

The use of an interview guide ensured that all important aspects were addressed during the interviews, and that all the important key areas were covered. A safe and conducive condition for interviews was created, and questions were asked in a flexible manner, according to the tempo and pace of the participants. The researcher used different research interviewing skills which enhanced and deepened engagements with the participants. This ensured that the participants thoroughly related their experiences regarding their experiences, challenges and coping strategies while rendering trauma-informed services in practice. In meeting the first objective of this research study, the following themes emerged from the data analysis:

- Participants' conceptualisation of trauma and trauma-informed services.
- Experiences of social workers rendering trauma-informed services.
- Challenges of social workers rendering trauma-informed services.
- Coping strategies of social workers rendering trauma-informed services.
- Suggestions from the social workers regarding the practice of social work.

Conclusion: The research methodology and research methods, employed for this study enabled the researcher to collect in-depth data necessary to address the first research objective. Sufficient information was collected from the interviewees during the interviews to answer, explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services in social work practice.

5.2.1.2 ***Objective two:*** *To describe the findings regarding the experiences, challenges and coping strategies of the social workers rendering trauma-informed services***.**

The findings regarding the experiences, challenges and coping strategies of the social workers rendering trauma-informed services are described in Chapter 4. A detailed description of the findings relating to the conceptualisation of trauma and trauma-informed services, were given (theme 1) (Chapter Four, section 4.3.1). This contextualised the study from the participants' viewpoint of their understanding of trauma and trauma-informed services. The experiences of the positive and the negative experiences of social workers rendering trauma-informed services are described in theme 2 (Chapter 4, section 4.3.2). Theme 3 covers a description of the challenges experienced by social workers who rendered trauma-informed services (Chapter Four, section 4.3.3). Theme 4 describes the coping strategies that social workers employ when rendering trauma-informed services in practice (Chapter Four, section 4.3.4). Theme 5 presents the participants' suggestions for the way forward on how to improve service delivery in organisations employing social workers who render trauma-informed services (Chapter Four, section 4.3.5).

Conclusion: The second objective was achieved as manifested in theme 5 (Chapter Four, section 4.3.5).

5.2.1.3 Objective three: *To draw conclusions and make recommendations regarding experiences, challenges and coping strategies of social workers rendering of trauma-informed services.*

The overarching conclusions drawn, and recommendations made regarding the experiences, challenges and coping strategies of social workers rendering trauma-informed services are by presented in the form of conclusions, followed by recommendations made from this research study.

Conclusion: The third objective, to draw conclusions from the findings presented in Chapter 4 and the arising recommendations are addressed in Chapter 5, to achieve the final objective of this study.

5.2.2 Literature Review

The literature review (Chapter 2) is the building block of this research study, because it assisted the researcher in creating a firm foundation for advancing knowledge and uncover areas in which more research is needed (Snyder 2019:333-336). The literature review deals with the context of trauma in South Africa; the types and effects of trauma in the context of social work service delivery; interventions for trauma; trauma- informed services versus trauma specific services in social work service delivery; the role of social workers in rendering trauma-informed and trauma specific services; the impact of rendering trauma-informed services on social workers; and the coping strategies of social workers rendering trauma-informed services.

South Africa is characterised by a strong legislative and policy-enabling environment aligned with international conventions seeking to protect and promote human rights. Yet, the people in South Africa continue to experience extremely high rates of violence mainly constituted by lack of respect for the rule of law (Lamb 2016:12). It has been more than two decades since South Africa adopted new democratic legislature and policies and underwent a process of sociopolitical transformation, however, the country is currently rated as one of the 10 most violent countries in the world (Gould, Mufumadi, Hsiao & Amasi 2017:2).

Relating to types and effects of trauma in the context of social work service delivery, many individuals seeking social work services such as the homeless, abused children and victims of GBV, have histories of trauma (Myers 2016:27). This includes victims of child abuse, which consists of physical abuse, neglect, and emotional abuse (Stoltenborgh, Ijzendoorn, Euser, Euser & Bakermans-Kranenburg 2012:79-101). Domestic violence is highlighted as a type of trauma, which is seen in South Africa as a huge cause of trauma amongst women and children. The act of domestic violence encompasses but is not limited to physical, sexual, and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and

other traditional practices harmful to women, non-spousal violence and violence related to exploitation (Enaifoghe 2019:5).

Trauma and crime often co-occur, a large proportion of crime in South Africa is violent crime, and the level of violence involved in violent crimes is often excessive, it being the cause of most traumas (Collins 2013:29-37; Van Der Merwe 2013:65-83). Health related trauma is experienced because of medical procedures, illnesses, injuries, and hospital stays can have lasting traumatic effects (Magruder, McLaughlin & Elmore Borbon 2017:1-12). Therefore, trauma-informed social workers advocate for equity for individuals, families, and communities, especially for those who are most marginalised and under-resourced, to generate shared resilience and communal healing after experiencing trauma (Kimberg & Wheeler 2019:51).

Social workers use different strategies and specific methods in treatment of trauma, including integrative vision (Vasile 2014:781-785). However, in this study the focus was on trauma-informed services, which are rendered in a manner that recognises the emotional vulnerability of trauma survivors (Elliott, Bjelajac, Fallot, Markoff, & Reed 2005:461-477: Knight 2015:25-37). Trauma-informed care incorporates an understanding of the frequency and effects of early adversity on psychosocial functioning across the life span (SAMHSA 2014). The principles for organisational development from a trauma-informed perspective include that the organisations' human resource system incorporates trauma-informed principles "to support staff with trauma histories and/or those significant involvement, voice, and meaningful experiencing significant secondary traumatic stress choice at all levels and in all areas of organizational or vicarious trauma, resulting from exposure to and functioning (e.g., program design, implementation, working with individuals with complex trauma" (SAMSHA 2014:13). The importance of organisations to include and apply trauma-informed principles in their service rendering, to benefit both the service user and the employee of the organisation is evident in the literature.

Trauma-specific services and trauma-informed services are sometimes used interchangeably; both provide care for people exposed to traumatic stress, however, trauma-specific services are clinical interventions, whereas trauma-informed care

addresses organisational culture and practice (Decandia et al 2014:10). Both services are needed by social workers to be used hand in hand in the effort of helping victims of trauma-informed services.

Trauma-informed social workers appreciate how common trauma is and that violence and victimisation can affect psychosocial development and lifelong coping strategies; they emphasise client strengths as they work on building healthy skills rather than simply addressing symptoms (Bloom & Farragher 2013:133-134; Brown, Baker & Wilcox 2012:61–76). Social workers need specific skills to render therapeutic services to the victims of trauma, to collaborate services with the multi-disciplinary team. Thus, social workers working with victims of trauma are required to have a high level of human relation competencies and relevant communication skills (Berlanda et al 2017:2).

In assisting the victims of trauma, social workers ought to empathetically engage with victims with traumatic experiences, they in turn frequently re-experience the images as clearly as if it was their own experiences, as a result of showing empathy to the client (Fogel 2015:1-44). As a result, a large number of social workers have been exposed to traumatic situations in the work place that potentially cause them to suffer secondary traumatisation, fatigue, burn out and having to deal with high caseloads (Vande Bergh 2011:382).

The coping strategies social workers use to cope with in working with victims of trauma are important because they have a direct impact on quality work in practice. For the purpose of this study five coping strategies were discussed, namely emotion-oriented strategies; health-oriented strategies; cognitive oriented strategy, positive-coping strategies and social support as a coping strategy. This was done in order to highlight the type coping strategies social workers may implement.

Conclusion: The literature review provided the researcher with adequate information to subsequently conduct a literature control in comparing and contrasting the data received from the participants regarding their experiences, challenges and coping strategies in rendering trauma-informed services.

5.2.3 Research methodology

A qualitative research approach, which assisted the researcher in understanding the in-depth meaning their experiences had for the participants, is used in this study (Austin & Sutton 2014:436-440). The qualitative approach was chosen because it enabled the researcher to focus on the studying of the meaning people apply to their lives in their direct environment (Creswell 2014:32; Yin 2011).

The researcher interacted with the participants directly in their natural settings to collected data through semi-structured interviews assisted with an interview guide. Interviewing participants in their natural setting (work environment) generated a detailed description of the participants' feelings and opinions and the researcher could interpret the meaning the participants attached to their experiences, challenges and coping strategies in their work environment. In this study two research questions emerged namely, "What are the experiences, challenges and coping strategies of social workers in rendering trauma-informed services and what are suggestions on how social workers can render more effective social services to persons who had experienced trauma?" These two questions were answered by the findings of this study.

The research goal and the formulated research objectives were met. This study had three objectives, the achievement of which assisted the researcher to gain an in-depth understanding on the experiences, challenges and coping strategies of social workers rendering trauma-informed services in practice. The objectives were to explore and describe the experiences, challenges and coping strategies of social workers rendering trauma-informed services in social work practice, to describe the findings regarding the experiences, challenges and coping strategies of the social workers rendering trauma-informed services and to draw conclusions and make recommendations regarding experiences, challenges and coping strategies of rendering of trauma-informed services.

A phenomenological research design was adopted to get a clear picture and an in-depth understanding of the experiences, challenges, and coping strategies of social

workers in rendering trauma-informed services (Creswell, 2013:48; Creswell & Poth 2018:75; Babbie & Mouton 2016:645). Applying an explorative research design, enabled the researcher to explore and discover the experiences, challenges and coping strategies of social workers rendering trauma-informed services. The main reason for using this design was that the researcher's search for literature addressing the matter indicated that little research was so far conducted about this phenomenon. A descriptive research design was needed to describe how the participants understood their experiences and challenges in rendering trauma-informed services to make suggestions for social work practice. A contextual research design was used to explain and obtain an understanding of the cultural and physical contexts within which this research would take place, the social workers' values, geographical environment, experiences, challenges, and coping strategies underlying to and experienced whilst rendering trauma-informed services.

Permission to conduct the study was granted by the SWREC of Unisa and the researcher obtained permission from the Limpopo Provincial Research Committee (LPRC) to conduct the research study in the Limpopo Department of Social Development, Waterberg district. The population selected for this research study were social workers employed in the Department of Social Development, in the Waterberg district in Limpopo Province, who rendered trauma-informed social work services in the victim empowerment, crime prevention and child protection directorates. The researcher purposefully selected a sample that, after the application of the principle of data saturation (Bezuidenhout 2016:84) numbered 15 social workers, each with not less than two years work experience, connected to the Vctim Empowerment, Crime Prevention and Child Protection Directorates, and had experience in rendering trauma-informed services. Participation in the research was voluntary and all the participants met the criteria for inclusion in the sample. Upon receiving permission to conduct the research study in the four municipalities at Waterberg, arrangements were made with the social work managers and municipal supervisors, to act as gatekeepers and contact persons to informing the relevant social workers about the study and to assist the researcher identify social workers as prospective participants.

The participants selected for the study were contacted telephonically with the aim of building rapport and outlining the purpose of the study to them which were also done in a letter informing participants about all ethical issues and information, accompanied by an informed consent form which was signed digitally by participants (Creswell 2014:31). After participants gave their consent to participate in the research study, the researcher arranged an interview with them individually for the data collection that was conducted in an environment safe and conducive for the research participants (Creswell & Poth 2018:57). Preparing the participants beforehand assisted them to know what to expect and ensured that the interviews were conducted in a way to obtain in-depth information about the phenomenon (Creswell & Poth 2018:172).

In conducting the interviews, the researcher followed the protocol of the DSD regarding the COVID-19 pandemic as well as adhered to the Unisa COVID-19 protocols for researchers (Unisa 2020). The researcher ensured that she adhered to the necessary ethical principles, and she further ensured that the participants were able to freely express their perceptions and thoughts with regard to their experiences, challenges and coping strategies in rendering trauma-informed services in practice.

During the interviewing process, the researcher used interviewing skills that assisted the process to be more effective. She used the skills of eliciting stories, using participants ordering and phrasing in follow up questions, open-ended rather than closed questions and probing, to allow the participants to express themselves in-depth and give rich information (Bless et al 2013:214; Nieuwenhuis 2016:94).

Before the actual data collection commenced, pilot testing was done to test the efficiency of the research instrument (Hennink et al 2011:120; Silverman & Patterson 2015:67). The pilot testing assisted the researcher to determine whether the interview guide was clear enough to collect the intended data and guided the researcher on how the interview guide needed to be modified, and what should be removed or added to it to be able to lead to emerging themes and conclusions relevant to the research objectives. The pilot test established that the answers to the

questions could be interpreted and would lead to transpiring themes and conclusions. The researcher did pilot testing of the interview guide by interviewing two social workers that met the inclusion criteria. However, the result of these two interviews and the information obtained by conducting them, were not included in the main study (Kumar 2011:305).

The semi-structured interviews conducted by using the interviewing skills were tailor-made and well-suited, to enable the researcher to manage the process of data collection in an efficient way. The semi-structured interviews were useful in the study because it allowed the participants to respond to the questions freely and in-depth. The open-ended questions assisted in providing meaningful, interpretable data for the phenomena under study. Conducting semi structured interviews assisted by an interview guide with open ended questions aided in acquiring rich information on the experiences, challenges and coping strategies of social workers when rendering social work services (Rubin & Babbie 2016:238). The use of an interview guide ensured that all important aspects were addressed during the interviews, and that all the important key areas were covered (Edwards & Holland 2013:54).

The researcher analysed the data collected by executing Tesch's eight steps for qualitative data analysis (Creswell 2014:196). Data analysis involves that data need to be reduced and transformed through an iterative process of reading, transcribing, and interpreting (Padgett 2017:141). The eights steps of Tesch assisted the researcher in providing the required structure for thematic analysing of data. To analyse the data the researcher also made use of an independent coder and compared the independent coder's findings with her own analysis to come to specific and accurate interpretation of the findings. This also assisted in ensuring the trustworthiness of the research (Koonin 2014:253). The trustworthiness of this study was validated by following the model of Lincoln and Guba (in Lietz & Zayas 2010:443) which addresses credibility, transferability, dependability, and conformability.

Five themes were identified during this process namely the participants' conceptualisation of trauma and trauma-informed services, the experiences of social

workers rendering trauma-informed services, the challenges faced by social workers rendering trauma-informed services, the coping strategies employed by social workers rendering trauma-informed services and the suggestions from participants regarding the way forward. The study results were compiled from the identified themes.

Conclusion: The chosen qualitative approach and applicable research methodology and methods enabled the researcher to implement a specific and comprehensive research plan to achieve the research goals and objectives for this research study.

5.2.4 Research findings

Research findings were made in terms of the biographical particulars of the participants and themes emerged from the data analysis.

5.2.4.1 Biographical findings

The biographical information of the participants interviewed in this study presented a biographical profile relating to their gender, age, highest qualification, years doing social work, time working at DSD and their work capacity at DSD. Pseudonyms were assigned for each participant and were used when quoting extracts from their interviews to uphold the confidentiality of participants (Daymon & Holloway 2011:60-65).

Data were collected from 15 participants. They could all understand and speak English as the main language used in conducting the interviews in this study. Most of the participants (12) were females, with only three males. The participants were between the ages of 28 and 40 years. Only three were younger than 30, one was 28 years old and two were 29 years old, seven were between 30 and 35 years old, five were older than 36 years and one was 40 years old. The 15 participants were all employed at the DSD in Limpopo Province at the Waterberg district. Four were from the Mogalakwena local municipality, three were based at Mookgophong local municipality, four were connected to Modimolle municipality and another four were based in Bela Bela local municipality. The 15 participants were all from the black

population group, as no social workers from other ethnic groups or races participated in this research study. All 15 participants were experienced social workers with BSW degrees with three years and longer experience, employed by the DSD for various periods.

Three of the 15 participants had less than five years of experience as social workers, eight had between five to ten years' experience, while only two worked for ten years and more as social workers. Six of the participants were for seven years and more employed at the DSD, seven from three years to six years, with two participants who were were employed by the DSD for less than three years. From the fifteen participants, twelve were employed at DSD as generic social workers, meaning they rendered generalised social work services, including trauma-informed services. One participant specialised in gender-based violence (GBV), one only focused on child protection issues, while another one worked as a foster care co-coordinator

Conclusion: According to the biographic profiles of the participants the duration of the participants' employment at the DSD, suggests that they had some relatively significant interaction with traumatised persons which should have enabled them to provide sufficiently important insights about the rendering of TIS to this research study.

5.2.4.1 Thematic findings

The themes, sub-themes and categories that follow, emerged from the data analysis.

Theme 1: Participants' conceptualisation of trauma and trauma-informed services

Under the theme of participant's conceptualisation of trauma and trauma-informed services emerged three sub-themes, namely the participants' understanding of the concept of trauma; participants' understanding of the concept trauma-informed services; and participants' conceptualisation of and understanding of the main principles of trauma-informed services.

- ***Sub-theme 1: Participants' understanding the concept of trauma***

From their responses, it can be concluded that most of the participants' understood trauma as an incident which negatively affects a person emotionally, physically and within their relationships. This is confirmed by Carbajal's (2014:1-2) definition 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. Some participants defined trauma in the context of secondary trauma which can be described as a traumatised reaction of the social worker because of the service user or client's shared traumatic experience, occurring after a single exposure or exposures from different persons on an ongoing basis.

Secondary trauma refers to the impact of indirect exposure to traumatic experiences; the effects of which can be ‘‘disruptive and painful’’ and can ‘‘persist for months or years" (Williamson, Gregory, Abrahams, Walker & Hester 2020:55–70). In this case, secondary trauma occurs after social workers' direct interactions with assisting traumatised clients in the context of rendering TIS and various negative health, mental and social symptoms may be experienced by the social workers. Not all participants were able to differentiate between trauma and secondary trauma and trauma were described in certain instances as the same concept. The ecological systems theory assisted the researcher to interpret the influence of the interactions of social workers in their working environment and the reciprocal effect on their functioning.

The two different understandings of participants about the nature of trauma, resonated with the plight that trauma is complicated. Having sufficient knowledge and understanding of trauma and trauma-informed services may however enable social workers to care more effectively for the needs of their clients from a deeply holistic perspective and empower themselves to recognise secondary trauma and its negative effects on their own wellbeing, to manage it constructively.

- ***Sub-theme 2: Participants' understanding of the concept trauma-informed services (TIS)***

The researcher observed that the participants were not knowledgeable to exactly conceptualise what trauma-informed services are, they seemed to be uncertain of expressing their understanding of the concept and its principles. It was clear that they only had a partial understanding of what trauma-informed services entail. Some of the participants referred to the concept of debriefing, explaining it as trauma-informed services. Various reasons may have caused the participants not to be fully knowledgeable about the concept of TIS. This could include that they did not have sufficient exposure to it during their undergraduate study years, insufficient staff training regarding this subject, and not having been employed by an employer following a policy of implementing and sustaining a trauma-informed perspective.

- ***Sub-theme 3: Participants' definition of and understanding of the main principles of trauma-informed services***

Two categories were reported under this sub-theme, namely the participants' conceptualisation of TIS as empathy; and participants' conceptualisation of the function of TIS as the root causes and the impact of trauma on victims.

  - ***Category 1:*** Participants' conceptualisation of trauma-informed services as empathy

Four of the participants conceptualised trauma-informed services as empathy and were not fully knowledgeable regarding the nature and principles of TIS or the techniques or skills that enable social workers to understand clients' experiences and feelings and to reflect on clients' emotions from the clients' frameworks of reference (Cuff, Brown, Taylor & Howat 2016:144-153). A reason for this limited knowledge of TIS amongst social workers may be that not all departments and organisations have policies and guidelines on trauma-informed perspectives and do not train and inform their employees regarding TIS. On the other hand, departments and organisations may have policies on TIS, but are not implementing them effectively and sustainably in growing a sensitive culture in the organisation towards rendering TIS. Research indicated that some organisational

systems fail to support trauma-informed services and intervention methods because it is not perceived as a priority in their focus of service delivery, thereby confirming the apparent lack of knowledge about tis amongst some social workers (Sweeney et al 2018:323-324). The trauma-informed perspective, one of the theoretical frameworks underpinning this study, emphasises the importance of implementing an organisational culture of trauma-informed principles.

Insensitivity towards rendering TIS and lack of emotional support regarding trauma experiences of clients and employees, together with lack of training on trauma-informed approaches and services in organisations, may have impacted the limited knowledge of TIS among social workers.

- ***Category 2:*** Participants' conceptualisation of the principles of trauma-informed services as identifying the root cause and the impact of victims' trauma.

Most of the participants described the functions of TIS as rendering supportive services to the client and explaining the concept of experiencing of trauma, identifying the root causes of trauma and explaining the impact of trauma on a person's functioning to clients. Some participants conceptualised trauma-informed services as offering supportive services to victims of trauma and referring them to other professionals. The responses of the participants partially included describing the goals of TIS and reflected partly on the principles of TIS, including understanding trauma and its impact; promoting safety; ensuring cultural competence; supporting consumer control, choice, and autonomy; sharing power and governance; integrating care; allowing relationships that promote healing; and believing that recovery is possible, as confirmed by Radmore (2012:14).

The researcher concluded that even though many of the participants did not seem to have a full understanding of the concept of trauma-informed services and its functions, they were aware of a few principles of trauma-informed services such as understanding trauma and its impact on victims of trauma and the principles of promoting safety and empowerment to deal with it.

It is therefore reasonable to argue that social workers who are dealing with victims of trauma, need adequate knowledge of TIS to render effective services to their clients. Educating social workers in the principles and approaches of TIS will cultivate actions associated with the profession's mission to serve the vulnerable populations and will ensure the use of proper intervention methods when assisting clients. It was apparent that most of the participants did not fully understand the holistic framework and nature of TIS in rendering services to clients. Social workers can only effectively render trauma-informed services when the concepts and its principles are fully understood and therefore, they need in-service training, supervision and formal education about it.

a. Theme two: Experiences of social workers rendering trauma-informed services

Under this theme, two sub-themes related to the experiences of social workers rendering trauma-informed services, emerged. The two subthemes were the participants' positive experiences of rendering trauma-informed services and participants' negative experiences of rendering trauma-informed services.

- ***Sub-theme 1: Positive experiences of intrinsic reward, self-actualisation and self-development***

Some of the participants in this study revealed that they had positive experiences in rendering TIS. From the findings it was evident that having positive outcomes in assisting a victim of trauma, gave social workers a sense of personal fulfilment. Social workers' sentiments and dispositions towards their ethical responsibility to clients are always to provide the best service available with competence (Carbajal 2014:17). Therefore, the ability to reach this fundamental goal can intrinsically be a rewarding experience to social workers. The positive experiences of the participants rendering TIS, gave them a personal experience of accomplishment, and a sense of intrinsically fulfilment in practising as a social worker.

This sub-theme reflected intrinsic reward and self-actualisation as a positive result of the positive experiences of the participants rendering TIS and could ultimately be part of the social workers' personal growth. The growth and fulfilment that the

participants experienced in this regard are supported by several studies as a factor which create job satisfaction (Glover 2018:74; Berlanda et al 2017:2).

The participants' account of their positive experiences rendering services in trauma-informed services, showed that meeting the goals of trauma-informed services and being able to assist victims of trauma adequately, created a positive sense of fulfilment for the participants. These positive experiences were the building blocks for personal fulfilment, and the ability to enjoy job satisfaction.

- ***Sub-theme 2: Negative experiences of participants rendering trauma-informed services***

Nine of the participants accounted various negative experiences in rendering trauma-informed services. This included negative experiences relating to secondary trauma, and over-identification with clients. Participants indicated that secondary trauma affected their physical wellbeing like their sleeping patterns, eating patterns and mental health in general. They also expressed negative emotional and psychological symptoms that they often experienced due to what their clients have narrated during their service delivery. Some of the symptoms of secondary trauma experienced by the participants were reliving the traumatic experiences of their clients, trouble concentrating, being easily irritated, feeling emotionally numb and feelings of exhaustion. Personal relationships can also be negatively affected when participants experienced secondary trauma, underscoring the ecological systems theory that the interactions of persons and their environment has a reciprocal effect. Social workers working with sensitive populations with severe traumatic experiences, can experience it as emotionally overwhelming, which may lead to secondary trauma. It is therefore of importance that departments and organisations need to interact with their employees to find solutions to support them prior and after rendering TIS to counteract experiences of secondary trauma Tesi et al 2019:123).

Five of the participants, explained that rendering trauma-informed services affected them emotionally, because they over identified with the clients to an extent of losing their own perspective. This was a result of projecting their own personal experiences in the therapeutic relationship to an extent of going beyond the call of duty to help a

specific client. The responses of the participants highlighted that they over identified with their clients' emotions, resulting in compromising their own perspective and rationality. This implies that the social workers were unable to separate their emotional experiences from the clients' experiences. The participant's revealed that some of the clients' experiences evoked their childhood traumas and old wounds which compelled them to relive what they thought they have dealt with. Therefore, management of this countertransference experiences are of utmost importance (Tesi et al 2019:123). Taking in account the participants responses, it can be concluded that most of the participants' psychosocial wellbeing was negatively impacted by their clients' traumatic experiences, resulting in the participants experiencing secondary trauma. The consequences of the negative experiences may have further contributed to the participant's experiences of job dissatisfaction, which may in turn influence the quality-of-service delivery in delivering trauma-informed services in practice. Hence, the importance of organisations to embrace trauma-informed principles and a trauma-informed sensitive culture for employees (social workers) and to effectively assist social workers with emotional support, debriefing sessions, effective supervision and access to other professional assistance, cannot be underestimated.

b. Theme 3: Challenges faced by social workers rendering trauma-informed services

From this theme about the challenges experienced by participants when rendering TIS two sub-themes were derived. The two sub-themes are about the challenges experienced relating to the work circumstances: and the challenges relating to clients' resistance in receiving TIS.

- ***Sub-theme 1: Challenges relating work circumstances***

Under this sub-theme five categories emerged as challenges encountered by the participants relating to work circumstances. These categories are unsafe and unsupportive working conditions; lack of resources; workload; uninformed stakeholders and uncooperative stakeholders; and lack of support as work circumstances that hinder them from rendering trauma-informed services effectively.

- ***Category 1: Unsafe unsupportive working conditions***

The findings concluded that at times the participants felt unsafe in their working environment. Victims of trauma are at times overwhelmed by different kinds of emotions and clients might not be aware of their reaction towards social workers. Consequently, this may cause harm to social workers and make them feel unsafe in their workplace. It becomes stressful for participants when they felt unsafe which affects their levels of service delivery. A number of studies have highlighted the depth of violence as a challenge that social workers are exposed to in a workplace (NASW 2013:7).

- ***Category 2: Unsupportive working conditions***

The participants pointed out that they face challenges in their work circumstance related to a lack of support from their colleagues, especially when working on trauma cases. They find themselves in frustrating situations which might essentially lead to their under-performance and lack of motivation for their work. The participants perceived dealing with victims of trauma as a heavy emotional load which may result in an overall negative experience that they might have to deal with on their own. The participants acknowledged and understood that in order to elicit therapeutic engagement, positive interaction and rapport with clients is a cornerstone of many practice settings. It is therefore clear that the experiences of unsupportive working conditions negatively affect the participants' productivity in service delivery (Ntsoane 2017:3; Wilson, Pence & Conradi 2013:2; Yeager & Roberts 2015:502-522).

- ***Category 3: Lack of resources***

Ten of the participants' responses highlighted a lack of resources such as transport and computers which contributed to their work-related stress. They also indicated that the non-availability of transport and phones delay them to attend to cases that involve family members and children who might desperately need their services. Consequently, this adds to their work-related stress. The participants further revealed that lack of resources also have a negative influence on their personal finances, because at times they are compelled by their zeal to help the

client, to utilise their own personal resources such as their motor vehicles and mobile phones to render services to clients. This, together with the low wages paid to social workers, resulted in feelings of discouragement and loss of morale in the work environment.

The lack of resources experienced by social workers, is an important aspect which hinders rendering effective TIS. It also has a negative influence on the social workers' motivation and increases their experiences of work-related stress. The COVID-19 pandemic has also increased work-related stress for social workers in the delivery of their services. This is severed by the lack of essential resources required to deliver effective TIS. Hence, social workers are exposed to burnout and demotivation in the workplace which further increase insufficient service delivery (Astvik, Melin & Allvin 2014:52-66; Kheswa's study 2019:5-8).

- ***Category 4: High workload***

The participants accounted various challenges in rendering trauma-informed services which included work pressure due to a high workload. The participants' responses indicated that their workload is one of the work circumstances that frustrated them. They explained that due to a high workload they cannot sufficiently render services as it has a negative effect on their motivation and their productivity. Literature suggested that social workers' wellbeing is positively related to their workload. Large caseloads play a significant role in causing dissatisfaction within the workplace of social workers negatively influencing their rendering of services to clients (Debbie, 2017:76). Work overload and social workers' experiences of work stress and job satisfaction are closely connected.

In taking account of the participants' responses, it can be concluded that most of the participants were having a challenge in balancing their work because of high workloads in rendering trauma-informed services. As a result, the participants might experience burnout, exhaustion, and job dissatisfaction. Hence, consequently social workers may not be able to engage fully in therapeutic work. When social workers are unable to engage in therapeutic work, this poses as a challenge to effectively rendering TIS in practice. Thus, service delivery could be disrupted.

- ***Category 5: Uncooperative and uninformed stakeholders***

The participants of this study reported that uncooperative stakeholders hinder them from rendering holistic and interdisciplinary trauma-informed services to their clients that experienced trauma. The responses further revealed that they received a lack of support, experienced appalling attitudes and ill treatment from some stakeholders such as health workers and police officers. This affected their level of rendering TIS in practice. Cooperation between social workers and stakeholders is recognised as increasingly important and may improve and encourage a well-coordinated service delivery system to clients. It is notable that the TIS perspective requires the involvement of all professional stakeholders from different disciplines, to assist trauma victims, including caseworkers, lawyers, judges, medical practitioners, and the police, to provide a holistic service for trauma victims to recover. Research indicated that stakeholders may be uncooperative due to budgetary restrictions, limited resources, and insufficient staff ratios (Ambrose-Miller & Ashcroft 2018:17; Chappel 2021:23). Uncooperative stakeholders were seen as a challenge for the participants to effectively render TIS.

Besides the uncooperative stakeholders, some of the participants' responses indicated that uninformed stakeholders were creating further difficulty in rendering TIS. The responses highlighted that some of the stakeholders were unsure of the scope of social work service delivery and were resistant towards social workers rendering TIS. These types of faulty perceptions of stakeholders about the social work profession's task contributed to the participants' feelings of work-related stress and resulted in inadequate rendering of TIS.

- ***Category 6: Lack of organisational support***

The participants reported a lack of organisational support in their work environment as a challenge that hinders them in the delivery of TIS. The participants' responses indicated that they experienced the management of the Department as being uninformed or unaware about the challenges they are experiencing in rendering TIS. The responses indicated that referrals for counselling and support when experiencing secondary trauma are insufficient. The responses of the participants

further indicated that the organisational management did not seem to be informed about the impact of rendering TIS on the participants and the need to put support systems in place to assist such social workers emotionally in their line of duty. Research studies conducted indicated that organisations who have sufficient and accessible organisational support systems for employees will counteract the negative impact of employees' experiences of secondary trauma and emotional distress in their line of duty (Rose & Palattiyil 2020, Dominelli 2021).

The trauma-informed perspective, one of the theoretical frameworks applied, highlights the importance of organisations to develop and implement sufficient support and assistance specifically for social workers experiencing emotional difficulties and secondary trauma to be effectively assisted (Wilson et al 2013). The responses of the participants clearly indicated that organisational structures should pay more attention to supporting their emotional wellbeing and assisting them with work-related emotional stressors like secondary trauma. The management of the Department was also experienced as being uninformed and unaware of the work-related challenges the social workers experienced.

- ***Sub-theme 2: Participant's challenges of resistant clients to receive trauma- informed services***

Participants explained how they experience clients as resistant and uncooperative when they render TIS to them. The participants indicated that some victims of trauma are ignorant regarding the abilities and skills of social workers and may feel they cannot assist them with TIS. Thus, the participants experienced that many clients are not always well informed about the roles of a social worker, and not knowledgeable of what kind of services social workers render. Misconceptions and little knowledge about the social work profession influence clients or service users' decisions to rather prefer psychologists or other professionals to assist them. This resulted in clients being resistant and uncooperative to social work service delivery. This uncooperative and resistant behaviour of clients is a stumble block for the effective rendering of TIS.

The ignorance of service users regarding the role and services social workers can provide, was a significant challenge for social workers to manage. It is clearly noticeable that the reciprocal negative interactions between a social worker and a service user's relationship are negatively influencing the service provider in this dynamic person-in-environment system, thus detrimentally affecting service delivery in TIS.

c. Theme 4: Coping strategies employed by social workers rendering trauma-informed services

In describing the coping strategies participants employed to mitigate the challenges they have experienced while rendering TIS, three sub-themes emerged from the data analysis. These sub-themes were using counselling services and the employment assistance programme (EAP); using other support systems; and self-care as coping strategies.

- ***Subtheme 1: Using counselling services and the employment assistance programme (EAP) as a coping strategy***

Participants' responses referred the importance of attending to their own emotional wellbeing by attending therapy or counselling sessions or joining the EAP of the Department as a coping strategy when in need for emotional support and assistance. The participants indicated that speaking to a therapist was one of the coping strategies that they employed as a way of dealing with the results of delivering trauma-informed services. Participants similarly further expressed that using EAP services serves as a therapeutic structure to mitigate the impact of work-related challenges. Consequently, therapeutic counselling can be adopted as a coping mechanism to address the emotional demands and difficulties that social workers experience in the work place (Kabunga & Kihoro 2014:33-38; Rohling 2016:19; Ben-Ezra & Hamama-Raz 2020:1557-1559)

- ***Subtheme 2: Using other support systems as a coping strategy***

In using other support systems as a coping strategy, the participants expressed that they received support from two categories of support systems, namely supervisors and colleagues; and family and friends to manage work-related stressors.

- ***Category 1: Support from supervisor and colleagues***

Three participants' responses revealed that through supervision they were able to express themselves freely about the challenges they experience as a result from working with trauma victims. They indicated that they received support and guidance through supervision on how to manage those challenges. The findings undeniably confirmed that supervision is an important and essential structure to be utilised, for social workers to cope with rendering TIS. Only three of the 15 participants believed the benefits of supervision are limitedly and insufficiently implemented or utilised in the DSD as a support structure for social workers rendering TIS.

Four of the participants indicated that they received collegial and peer support which assisted them in rendering TIS. These participants indicated that they regard maintaining positive relations with colleagues as vital, because they provide emotional support, professional growth and encourage collaboration and innovation between social workers. This is contrary with two participants who indicated that one of the challenges faced by the social workers regarding their work-related environment is the unsupportive climate of colleagues for the participants rendering TIS.

From this, the researcher concluded that positive relationships with colleagues and receiving support from the supervisor are beneficial for rendering effective TIS and may also minimise the effect of secondary trauma for social workers (Du-Plessis & Martins 2019:1-19; Hope & van Wyk 2018:424).

- ***Category 2: Support from family and friends as a coping strategy***

Family and friends also assisted participants in coping with work-related challenges. Participants indicated that they coped with their work-related challenges by seeking support from their family members in getting unconditional love, acceptance and validation of their feelings. The category highlighted the importance of positive family relationships and interactions in social workers' personal life circumstances in assisting them to cope with work-related challenges.

The importance of the ecological systems theory regarding the effect of interactions and relations of one subsystem influencing other systems (Espelage 2014:258) are evident here through social workers utilising the support of family and friends as a coping strategy to improve their wellbeing in the working environment. The importance of a personal supportive environment for social workers rendering TIS in the profession can therefore not been underestimated.

- ***Sub-theme 3: Self-care***

Participants' responses indicated the importance of providing self-care as a strategy to manage work-related challenges. Literature supports this notion that self -care may be an effective coping strategy for social workers with work-related challenges in rendering TIS (Keep 2013:46). The self-care strategies applied by participants are divided into three categories, namely religion, engaging in favourite activities and some dysfunctional coping strategies participants engaged in.

- ***Category 1: Religion***

Three of the participants indicated that their religious involvement is their coping strategy when experiencing work-related challenges in rendering TIS. These participants indicated that they participate in religious activities more regularly in order to find assistance in coping with their work-related stress due to rendering TIS. Therefore, religion can play a major role as a constructive coping strategy for strengthening and supporting social workers in rendering TIS. Various research studies indicated the beneficial properties of religion in assisting persons with work-related stressors (Culey 2014:37)

- ***Category 2: Engaging in activities***

Seven of the participants described how they have engaged in physical activities including exercises, as a self-care strategy to cope with work-related stressors resulting from rendering TIS. Four participants further emphasised that they preferred activities such as sports or physical activities (for instance taking a sports course, cycling, swimming, dancing and horse riding) to mitigate the effects of work-related stress. Three participants reported that they preferred calmer

activities such as yoga, self-affirmations, meditation or going to a spa to renew their inner coping abilities, to mitigate the effect of work-related challenges. The importance of physical activities and other self-care activities cannot be underestimated for social workers as an effective coping mechanism to counteract the stressors experienced in rendering TIS (Davies 2015:237; Takeda, Noguchi, Monma & Tamiya 2015:28).

The researcher is of the opinion that to reduce the impact of challenges caused by rendering TIS, social workers need to be involved in positive self-care activities to maintain their mental health and enhance their work-related performance.

- ***Category 3: Dysfunctional coping strategies***

Participants' responses also pointed out that apart from the coping strategies that impacted on them positively, participants also chose dysfunctional ways of coping with their emotions due to work related hardships in rendering TIS. It was apparent that not all coping strategies applied by participants were constructive. Some participants developed coping strategies which did not assist them to cope with the effects of rendering TIS and increase their physical and emotional wellbeing. Participants alluded how they engaged in the use of substances (alcohol and medication), self-medication and dissociated themselves from their emotions. Participants mentioned that they misused alcohol to escape remembering what their clients shared with them, to help them sleep and or to alleviate their depressive symptoms. There is a clear correlation between trauma and substance use. Alcohol and drugs are used to try to manage the effects of secondary trauma.

The significant association between the experiences of secondary trauma, substance use disorders and mental health issues, therefore, compels organisations to assist social workers who resorted to dysfunctional coping strategies, with implementing effective strategies and interventions to assist them. Social workers practising a profession regarded as a stressful occupation, is not excluded from other professionals resorting to dysfunctional coping strategies, because of their knowledge and working environment with persons with dysfunctional coping strategies. Therefore, the importance of assistance for such

persons cannot be over-emphasised (Jurji, Kasuma, Rahman, Shahrinaz & Aren 2018:648; Bittner et al 2011:17-21).

Following a trauma-informed perspective in an organisational system will mitigate the effects of social workers' work-related stressors using dysfunctional coping strategies, assisting in early and swift identification and referral for intervening.

d. Theme 5: Suggestions for the way forward

In this theme, social workers suggested a way forward about what can be done to support social workers to perform their jobs effectively when rendering trauma-informed services. Literature indicates that when challenges at the workplace are not addressed, they may result in staff turnovers and professionals leaving the profession (Shier et al 2012:118). The suggestions included one sub-theme namely suggestions to improve internal organisational structures.

- ***Sub-theme 1: Suggestions to improve internal organisational structure***

The participants' responses regarding suggestions made to improve social work services, included that the Department should prioritise providing them with the necessary support and debriefing services, development of multi-disciplinary teams, staff trainings well as providing security to enable them to be effective and productive at their workplace.

- ***Category 1: Providing of support and debriefing***

Emotional support and debriefing are two suggestions that may prevent fatigue and encourage social workers to effectively provide trauma-informed services going forward. Eight participants emphasised that the Department should prioritise providing them with supportive and debriefing services to assist them to be effective and productive at their workplace. It is undeniable that debriefing and support are effective strategies that can improve employees' wellbeing to function more effectively in their workplace and can assist social workers rendering TIS (Toews, Martin & Chernomas 2021:1491; Miller 2003:07).

Therefore, more debriefing opportunities, more appointed supervisors to support with supervision sessions and more accessible easily EAP support services are suggested by the participants as solutions to mitigate the negative effects social workers experienced in delivering TIS.

- ***Category 2: Development of multi-disciplinary teams***

Three participants emphasised the importance of the development of multi-disciplinary teams as an effective way to assist them to cope with rendering TIS effectively. The participants suggested that social workers should collaborate with members of other professions to improve and deliver more effective TIS. Teamwork, good collaboration, and consistent communication with the multi-disciplinary team can improve service delivery, resulting in better client outcomes Eggli, Romano-Pereira & Elfering 2021:220-228.

- ***Category 3: Staff training***

Training of staff members specifically relating to the effects of of trauma and TIS, was suggested by participants as a vital component in empowering social workers to render effective TIS. The participants pointed out that most social workers need further training to empower them to effectively deal with trauma victims, to help them keep abreast with new developments about it, and to deliver more effective and relevant services to their clients. The need for further training and development of social workers about TIS, underscores the need of social workers to equip themselves with knowledge and skills to render effective and sufficient TIS. The responses of the participants therefore clearly indicated that there is a lack of training specifically regarding TIS experienced which need to be addressed by the management of the DSD (Elliott et al 2005: 461-477; Zelnick 2018:26-27).

- ***Category 4: Security***

Three participants mentioned that maintaining their security is important to enable them to render services effectively. They suggested that their employer ought to provide them with panic buttons linked to an alarm system and appoint security guards to patrol the vicinity of their offices. The researcher concludes that it is necessary for organisations rendering TIS to utilise violence prevention

interventions within social service workplaces by enhance security, as part of efforts to improve service delivery.

The participant's suggestions to improve internal organisational structure in their work environment are attainable and should be prioritised to enhance the efficacy of service delivery (Selçuk 2015:53-54; Turpin et al 2021:575-594).

Based on the findings and conclusions reached and derived from the themes, sub-themes and categories presented, the following, recommendations are made for social work practice regarding the rendering of TIS within the DSD Waterberg district, Limpopo Province, social work education, social policy and suggestion for future research.

5.3 RECOMMENDATIONS

The following recommendations are based on the participants' contributions, the research findings and the conclusions deduced from the research. Recommendations are made pertaining to social work practice, programmes and policies, social work education and training and continuous professional development (CPD), and further and future research.

5.3.1 Recommendation for social work practice, programmes and policies

To empower and support social workers rendering TIS in the Department of Social Development, Waterberg district, Limpopo Province, the following recommendations for social work practice are made**:**

- In view of the apparent insufficient knowledge on the rendering of TIS, as demonstrated by the social workers employed at DSD, Waterberg district, it is recommended that the Department attend to the establishment of a training programme regarding the trauma-informed perspective and the principles of TIS, to ensure that its social workers have sufficient knowledge and skills to render effective TIS to service users.

- The evidence suggested a lack of a trauma-informed organisational structure and workforce in the DSD. Therefore, conducting an assessment is recommended to determine to what extent the DSD's current policies, procedures and operations support or affect the development of an organisational trauma-informed perspective.

- After a thorough assessment, consideration should be given to developing and implementing an organisational plan to officially include a trauma-informed perspective in the Department's service delivery.

- In implementing an organisational plan to build a trauma-informed workforce, the fostering of the development of a trauma-informed perspective when recruiting, appointing and retaining staff on evidence-based and emerging trauma-informed best practices, are recommended.

- Inadequate provision in the ratio concerning the number of supervisors available for the social workers was evident in the findings. Therefore, the ratio regarding supervisors and social workers should be evaluated to provide more regular and effective trauma-informed supervision for social workers rendering TIS in the DSD, Waterberg district.

- Measures should be taken to ensure easy access to and providing more support structures (for example EAP services) for social workers to prevent and treat secondary trauma and emotional problems due to their work-related interactions with service users.

- DSD management could consider developing a standard practice prescribed ratio for social workers about the number of trauma victims they need to assist, to counteract high caseloads, that can be adopted by in the directorates working directly with victims of trauma.

- The creation of collaboration measures between service providers amongst community agencies, NGOs, departments, and colleagues of other professions, to counteract the delivery of insufficient and fragmented services to service users.

- A need for establishing multidisciplinary teams in the local municipalities to address and coordinate the rendering of TIS service to users, is evident in the findings of this research study. A multidisciplinary team approach in rendering TIS would enable and promote effective communication and understanding of the role of the different professions in rendering TIS, leading to more effective service delivery.

- The undertaking of initiatives to explain and clarify the role of the social work profession to members of other occupations and practitioners of other disciplines, for example to the SAPS, psychologists, and the health professions.

5.3.2 Recommendations for social work education and training and continuous professional development (CPD)

The following recommendations are made relating to continuous professional development (CPD) and social work education and training:

- After completion of their formal education and training, social workers have to enhance and ensure the quality of their professional services and maintain their mandated registration as social workers with the SA Council for Social Service Professions. To do this, practising social workers must meet the requirements of the Council's prescribed policy on continuing professional development (CPD) by retaining and continuously developing their skills and scientific, professional attitude and knowledge (SACSSP 2021:4, 6). Social workers are required to keep a Portfolio of Evidence (POE) for all CPD activities attended (SACSSP 2021:12). CPD training programmes such as workshops and seminars should be developed to empower social workers on the topic of trauma and trauma-informed services to keep social workers abreast with issues relating to it, to further enhance their skills in working with victims of trauma

- The DSD needs to consider providing consistent training and team building efforts for supportive measure to social workers rendering trauma-informed services in practice. Management could for instance consider presenting social workers and supervisors with programmes to enhance their knowledge and skills on trauma related services. Such initiatives would enhance collaborative efforts to render TIC more efficiently.

- Specific attention should be given in professional development programmes, addressing the impact of secondary traumatisation on social workers rendering TIS, to learn productive ways to mitigate the impact of secondary trauma.

- In-service and professional development programmes provided for social workers rendering TIS should also focus on issues of self-care in social work practice.

5.3.3 Recommendations for further and future research

Further research is needed about TIS and the impact of rendering trauma-informed services on social workers. Therefore, based on the findings of this study, it is recommended that the following further and future research should be undertaken about it:

- Since this research only focused on a sample of social workers in Limpopo province, it is recommended that this qualitative research project be replicated in other provinces and regions to deal with specific situations.

- A research study regarding service users' perceptions and the experiences of social workers about rendering TIS on a larger and generalised scale in the form of quantitative research could be beneficial to suggest comprehensive initiatives to improve the role of social workers and the profession of social work in presenting TIS.

- A research study on the extent of secondary trauma should be done amongst social workers in South Africa to get an in-depth picture of the

problem and to suggest guidelines to deal with it in counteracting this occupational hazard for social workers.

5.4 LIMITATIONS OF THE QUALITATIVE RESEARCH PROCESS

The characteristics of the design and methodology that limited and influenced the application and interpretation of the research results, of the study, were the following:

- **Non-generalisation of findings as a limitation**: This study followed the qualitative approach. Thus, the research focused on exploring, describing, and contextualising the responses of the participants from the local municipalities concerned, based on their personal perceptions, believes and personal convictions about the phenomenon being researched.
- **Limitations in relation to the demographic and biographic profile of the participants:** In this research study all the participants were from the black population group and the majority of the participants were female. The racial composition of the participants reflects the general demographic composition of the client system and the social workers in the aria. The gender issue of most of the participants being females, corresponds with the occupational tendency that there are more female social workers than male ones.
- **Language limitations**: The language used in conducting the interviews for this research study, was primarily English. Thus, some of the participants struggled to express their deeper feelings in English. This was overcome by the researcher being *au fait* with the local language.

5.5 DISSEMINATION OF THE FINDINGS

After submitting this research report to the University for evaluation and examination the research findings will be disseminated as follows:

- A copy of the dissertation will be provided to the Chairperson of the Limpopo Provincial Research Committee (LPRC).

- Feed-back about the research findings will be given to the social work managers who acted act as gatekeepers during the research and to the social workers who participated in the research.

- An article about the rendering of trauma-informed social work services based on the research findings, will be prepared and submitted for publication in a professional journal.

- Attention will be given to the possibility of arranging and conducting a workshop or workshops for social workers on the rendering of trauma-informed social work services.

5.6 CONCLUSION OF THE CHAPTER

The main aim of this chapter was to provide a summary of the study and to draw conclusions and make recommendations about rendering trauma-informed social work services and to proffer guidelines for social workers to deal with it. This was done by first summarising the general introduction and orientation to the study. The research questions, research aim, goal and objectives of the research were presented as the basis of the research. A conclusion was then made on the basis of the general introduction. This was followed by a summary of the applied description of the qualitative research process and conclusions were drawn based on the qualitative research approach which guided this study. A summary is presented of the research findings addressing the demographic and biographic particulars of the research participants and the five themes, their related sub themes and the

categories that emerged after the data analysis was conducted. Each theme is presented with its conclusion. Lastly, recommendations are made based on the research findings, with a specific focus on guidelines for support directed at social work practice, programmes and policy development, education and training, further and future research, as well as the limitations of the study.

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ADDENDUM A: REQUEST FOR PERMISSION TO CONDUCT THE STUDY

To: The Chairperson
Limpopo Provincial Research Ethics Committee
Office of the Premier
P/Bag x 9483
Polokwane
0700

Dear Sir/Madam

My name is Rhulani Sherlock Bopape and I am doing research with Dr Elca Erlank, a senior lecturer at the University of South Africa in the Department of Social Work, towards a Masters' degreeat the University. We are inviting you to participate in a study entitled: "**Rendering trauma-informed services: experiences, challenges and coping strategies of social workers"**.

Your province's Department of Social Development has been selected because it plays a leadership role in rendering generic services within four local municipalities, namely: Mogalakwena Local Municipality, Mookgophong Local Municipality, Modimolle Local Municipality and Bela-Bela Local Municipality.

This study is expected to collect important information that could contribute to the body of knowledge in service delivery in the field of social work about rendering trauma-informed services to people who experienced trauma and making suggestions to improve service delivery for such persons.

In view of the fact that your province's Department of Social Development's social workers are well-informed about this topic and involved in service delivery to persons who have experienced trauma in the past or present, I hereby approach your Committee with the request to undertake this study with emplyees of the Department. The target population for this study consists of all social workers working under Victim Empowerment, Crime Prevention, Child Protection directorates rendering trauma-informed social work services in four local municipalities of

Mogalakwena, Mookgophong, Modimolle and Bela-Bela. The researcher determined these boundaries for the research because she is familiar with the areas and because she would then be able to conduct the study cost-effectively and constructively within the time set aside for it.

It is expected that a maximum of 12 social workers will participate in the study and will each be interviewed individually. The study will entail face to face interviews with the participants that will be conducted at a mutually agreed venue and at an agreed time that will be confirmed in advance. It is estimated that the interview will last approximately one hour for each participant.

The University guidelines for conducting research studies require that in conducting the research, the researcher be bound to the necessary ethical principles including, obtaining informed and voluntarily consent from the participants to partake in the research, anonymity, confidentiality, beneficence, secure management of data, and storing hard copies of answers for a minimum period of five years in a locked cupboard/filing cabinet.

The researcher looked at any potential level of inconvenience and/ or discomfort that the study may cause to the participants. There is not anticipated risk or harm that will arise from participating in the study.

Please note that the study will not involve any financial benefit for participation and there will be no financial compensation or incentives for participation in the study. It is also not envisaged that any financial expense will have to be incurred as the interview will be conducted at the venue and time convenient to the participant.

If you would like to be informed of the final research findings the feedback procedure will entail providing the Department with the opportunity to review the findings of the study and providing a copy of the dissertation.

Yours sincerely

Rhulani Sherlock Bopape

Researcher (Social work Masters' student)

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PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

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LIMPOPO PROVINCIAL RESEARCH ETHICS

COMMITTEE CLEARANCE CERTIFICATE

Meeting: 09th September 2019

Project Number: LPREC/10/2019: PG

Rendering Trauma-Informed Services: Experiences, Challenges and Coping Strategies of Social Workers

Researcher: Bopape RS

Dr Raymond Raselekoane

Deputy Chairperson: Limpopo Provincial Research Ethics Committee

The Limpopo Provincial Research Ethics Committee (LPREC) is registered with National Health Research Council (NHREC) Registration Number **REC-111513-038.**

Note:

i. **This study is categorized as a Low Risk Level in accordance with risk level descriptors as enshrined in LPREC Standard Operating Procedures (SOPs)**

ii. **Should there be any amendment to the approved research proposal; the researcher(s) must re-submit the proposal to the ethics committee for review prior data collection.**

iii. **The researcher(s) must provide annual reporting to the committee as well as the relevant department.**

iv. **The ethical clearance certificate is valid for 12 months. Should the need to extend the period for data collection arise then the researcher should renew the certificate through LPREC secretariat. PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES**

Open Rubric

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

TO: DR R MOKOBANE

FROM: DR R RASELEKOANE

DEPUTY CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

DATE: 09th SEPTEMBER 2019

SUBJECT: RENDERING TRAUMA-INFORMED SERVICES: EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF SOCIAL WORKERS

RESEARCHER: BOPAPE RS

Dear Colleague

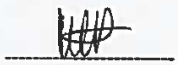
The research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC) meeting on the 09th September 2019.

The committee has noted that the researcher has displayed the understanding and application of research principle and is therefore ethically sound. The committee is satisfied with the research proposal.

Decision: The research proposal is granted full approval and ethical clearance.

Regards
Deputy Chairperson: Dr R Raselekoane

Secretariat: Ms MJ Mokgokong



Date: 24/10/2019

ADDENDUM B: PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: SWREC - 41140753

Research permission reference number: SWREC - 41140753

Date: 01 February 2019

Title: Rendering trauma-informed services: experiences, challenges and coping strategies of social workers.

Dear Prospective Participant

My name is Rhulani Sherlock Bopape and I am doing research at the University of South Africa with Dr Elca Erlank**,** a senior lecturer in the Department of Social work towards a Masters' degree. We are inviting you to participate in a study entitled "Experiences, challenges and coping strategies of social workers rendering trauma-informed services".

The research study is part of the fulfilment of the requirements for obtaining a master's degree in Social Work. This study is expected to collect important information that would contribute to the body of knowledge in social work service delivery in the field to improve service delivery for such persons.

Because you are well-informed about this topic and involved in service delivery to persons who have experienced trauma in the past or present, I hereby approach you with the request to participate in this study. The target population for this study consists of all social workers working under Victim Empowerment, Crime Prevention, Child Protection Drectorates rendering trauma-informed social work services in the four local municipalities of Mookgophong, Modimolle, Bela-Bela and Mogalakwena. The researcher only considered the boundaries of Mookgophong, Modimolle, Bela-Bela and Mogalakwena municipalities for this population because she is familiar with

these areas and can conduct the study cost-effectively and constructively in the time frame set out for it.

Participants will be interviewed individually. Should you agree to participate, you will be requested to participate in a face-to-face interview that will be conducted at a mutually agreed venue and the agreed time for it will be confirmed in advance. It is estimated that the interview will last approximately one hour. You will be asked the following questions.

Biographical questions

- How old are you?
- What is your highest qualification?
- How long have you been practising as a social worker?
- How long are you working for your current employer?

Questions related to the topic

The factual detail required for the research will be obtained by discussing the following questions:

- Describe what your responsibilities as a social worker in the Department of Social Development entail and what social work services you render?
- What is your understanding of the concept “trauma”?
- Share your understanding of rendering trauma-informed services.
- Explain to me your experiences of rendering trauma-informed services in practice.
- What would you say is your main function of as a social worker in rendering trauma-informed social work services?
- Explain to me the day-to-day challenges you are experiencing in rendering trauma-informed services?
- What could be done to address these challenges and who should do so?
- What coping strategies do you use to help you deal with the challenges of rendering trauma-informed services?
- What suggestions do you have for other social workers rendering trauma-informed services?

The participation in the research is voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate will not affect you in any way now, or in the future and you will incur no penalty and/or loss to anything to which you may otherwise be entitled. Should you agree to participate, kindly complete and sign the information and informed consent document herewith, as proof of your willingness to participate in the research. You are free to withdraw this consent and discontinue your participation at any time and without giving a reason, without any loss of benefits. You are under no obligation to consent to participate.

Please note that participating in the study will not involve any financial benefitand there will be no financial compensation or incentives for participation in the study. It is also not envisaged that you will incur any financial expense as the interview will be conducted at the venue and time convenient for you. The researcher aims to make a vital contribution to the social work body of knowledge with the research, to improve service delivery to traumatised persons.

The researcher looked at any potential level of inconvenience and/ or discomfort that the study may cause to participants. There is not anticipated risk or harm that would arise from participating in the study. Time is one factor that is evident as you will be required to spend an hour for the interview with the researcher. Please note that should I conclude that the information you have shared left you feeling emotionally upset, or traumatized, I am obliged to refer you to a counsellor for debriefing or counselling, should you agree. You are also welcomed to request such a referral if necessary.

You have the right to ask questions concerning the study at any time. Please note that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research and no one will be able to connect you to the answers you gave during the interview. The transcription of your answers will be given and stored under a code number, or a pseudonym and you will be referred to in this way

in the research report, any publications, or other research reporting methods such as conference proceedings.

With your permission, the interview will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses in the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to protect any identifying information. Please note that my research supervisor, the translator, and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The independent coder is well versed and experienced in analysing information collected by means of interviews and will be appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched without any modification.

The researcher will store all hard copies of your answers for a minimum period of five years in a locked cupboard/filing cabinet in the office, for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to a further research ethics review and approval if applicable. After five years, all hard copies containing data, will be shredded and any electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work at Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

You have the right to ask questions concerning the study at any time. If you would like to be informed of the final research findings, please contact Rhulani Sherlock Bopape at **0836868224** or email: Sherlock.bopape1@gmail.com

Should you have concerns about the way in which the research has been conducted you may contact Dr Elca Erlank on 012 429 4495/084 597 6464, email address: Eerlanec@unisa.ac.za . You may also contact the research ethics chairperson of the

Department of Social Work at UNISA in this regard. His contact details are as follows: Prof A H Alpaslan, telephone number: 012 429 6739 or email alpasah@unisa.ac.za.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study, by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for taking time to read this information sheet and for participating in this study. I look forward to receiving your contribution.

Thank you.

Rhulani Sherlock Bopape

ADDENDUM C: CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording to the face-to-face interview proceedings.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature……. Date……

Researcher's Name & Surname…… (please print)

Researcher's signature……. Date……

ADDENDUM D: RESEARCHERS' ACKNOWLEDGEMENT

DEPARTMENT OF SOCIAL WORK

RESEARCHER ACKNOWLEDGEMENT

Hereby, I, Rhulani Sherlock Bopape 41140753 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

And that I shall conform to and abide by these policy requirements

SIGNED: *S Bopape*
Date: 13/ 02/2018

ADDENDUM E: ETHICAL CLEARANCE

UNISA | university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

01 February 2019

Dear R.S. Bopape

NHREC Registration # : Rec-240816-052
CREC Reference # : 2019-SWREC-41140753
Student No: 41140753

Decision:
Ethics Approval from 01 February 2018 to 31 January 2021

Researcher(s): R.S. Bopape

Supervisor(s): Dr E C Erlank
Department Social Work

Rendering trauma-informed services: Challenges, experiences and coping strategies of social workers.

Qualifications Applied: Master's Degree

College of Human Science ethics committee hereby acknowledge your application for Research Ethics Certificate; approval is granted for three years on condition that the researcher should submit annual progress report.

The **Chair of College of Human Sciences Research Ethics Committee reviewed the Medium risk application** on the 29 January 2019 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

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ADDENDUM F: ACCEPTANCE LETTER FROM DEBRIEFER

Khutso Andrew Maboya

Tel: 072 2434 877

khutjoy@gmail.com

Rhulani Sherlock Bopape

Master of Social Work Student

RE: Acceptance for debriefing services

This letter follows your request for my assistance regarding debriefing services for your research participants. It is with great pleasure from me to inform you that I accept your request and would be delighted to be of assistance to you. I am willing to support your research participants with such services and that will be rendered at no costs.

I am a qualified and registered professional social worker. My registration number with the SACSSP is 10-32179. I have six years experience practising as a qualified Social Worker. On that regard, you can trust me with your research respondents. I do understand the ethics involved in research and they are linear to our professional ethics.

You are requested to kindly remind me at least a week before you begins with data collection so that I can be ready to receive your participants when the need arise.

Wishing you all of success with your studies and enjoy the learning path.

Kind regards!

K.A Maboya

09/10/2018

ADDENDUM G: INTERVIEW GUIDE

Rendering trauma-informed services: Challenges, experiences and coping strategies of social workers.

Participants' biographical information will be obtained by noting their gender and through asking the following questions:

Biographical questions

- How old are you?
- What is your highest qualification?
- How long have you been practising as a social worker?
- How long are you working for your current employer?

The factual detail required for the research will be obtained by discussing the following questions:

Questions related to the topic

- Describe what your responsibilities as a social worker in the Department of Social Development entail and what social work services do you render?
- What is your understanding of the concept "trauma"?
- Share your understanding of rendering trauma-informed services.
- Explain to me your experiences of rendering trauma-informed services in practice.
- What would you say is the main function of you as social workers' when rendering trauma-informed services?
- Explain to me your experiences of rendering trauma-informed services in your social work practice.

- Please share with me your understanding of rendering trauma-informed services.
- Explain to me the day-to-day challenges that you are experiencing in rendering trauma-informed services.
- What coping strategies do you use to help you deal with the challenges of rendering trauma-informed social work services?
- What suggestions do you have to address the challenges and to assist other social workers rendering trauma-informed social work services?

Principal researcher: Rhulani Bopape

ADDENDUM H EDITOR'S CONFIRMATION

DR J LOMBARD

RESEARCH REPORT CRITICAL READING, LANGUAGE & TECHNICAL EDITING

Tel: 012 546 5974
Cel: 078 116 8018
e-mail: berto@woodcarving.co.za

136 Erich Mayer St
PRETORIA NORTH
0182

Ref W70

EDITOR'S STATEMENT

EDITING AND CRITICAL READING OF DISSERTATION FOR MASTER'S IN SOCIAL WORK DEGREE: RHULANI SHERLOCK BOPAPE (41140753)

This is to certify that I have critically read and edited Ms Rhulani Sherlock Bopape (41140753)'s MSW dissertation for submission to UNISA's Department of Social Work for examination.

Title of the dissertation:

> *Rendering trauma-informed services: experiences, challenges and coping strategies of social workers*

The following aspects of the dissertation were edited:

- Spelling
- Grammar
- Sentence structure
- Logical sequencing
- Consistency of reference method used
- Consistency of layout

The onus and responsibility to do the corrections and implement my comments and suggestions correctly after my editing of the document, remains that of the student.

DR J LOMBARD
13 January 2022