

# ASASWEI 2023

## Managing Vicarious Trauma for Victim Empowerment Social Workers: Intimate Partner Violence

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# OVERVIEW

- Gender based violence, Intimate Partner Violence & Victim empowerment services in context.
- Vicarious Trauma.
- Methodology.
- Biographical Data For Service Implementers.
- Discussion Of Results.
- Conclusions.
- Recommendations.
- References.



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# WHAT IS ALREADY KNOWN ABOUT THIS SUBJECT

Social Workers require support for mental health problems following organizational trauma exposure,

Yet their needs may be overlooked, and guidance has been inconsistent on appropriate models for early intervention (Richins, Gauntlett, Tehrani , Hesketh , Weston , Carter & Amlôt 2020 )



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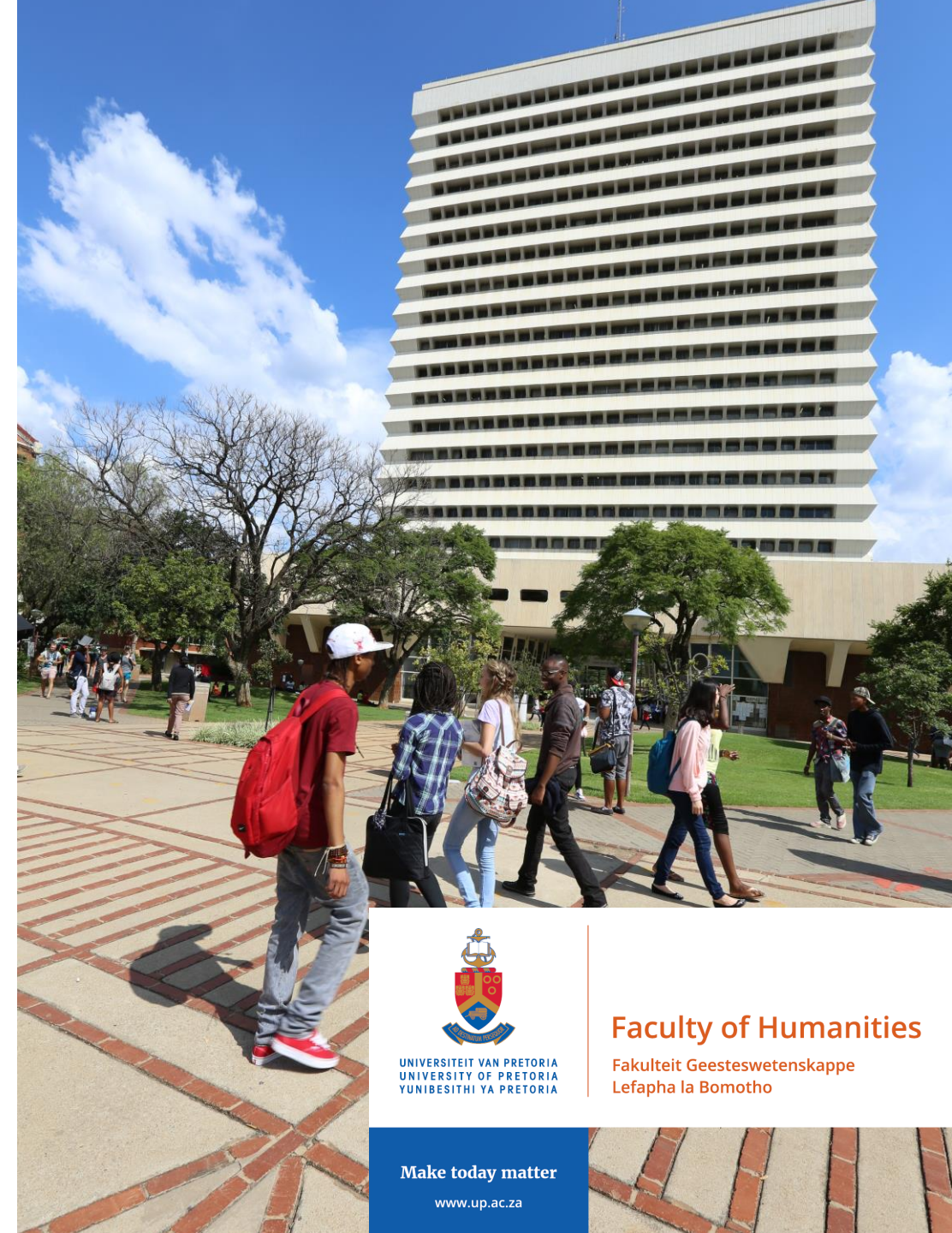
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# GBV, IPV & VEP IN CONTEXT

- South Africa is a country that is haunted by the scourge of violence in general. Intimate Partner Violence forms a large proportion of the violence faced by the country with a lot of cases being reported in the Gauteng Province (Mthembu, Mabaso , Reis, Zuma & Zungu 2021: 21).
- Notwithstanding the fact that Gender Based Violence has been flagged as one of the country's burdens, Intimate Partner Violence remains on the increase.
- The Victim Empowerment Programme was initiated, within the broader National Crime Prevention Strategy (NCPS), to recognize the negative impact of crime on individuals, families and communities and also to prevent secondary victimization (Sibanda-Moyo, Khonje & Brobbey 2017:10) .
- This program deals with all kinds of victimization, especially in terms of Violence against Women, however in dealing with victims of IPV, implementers of services (Social workers) are left with long lasting scars because of Vicarious trauma.



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# Victim Empowerment

- The Victim Support Services Bill (2019:515) describes victim empowerment as meaning a comprehensive programme or support services aimed at ameliorating the condition of victimisation to help a victim recover and is not limited to the provision of psycho-social services.
- In the context of IPV it is particularly clear that empowerment involves interplay between the psychological and social realms:

IPV occurs within a relationship, and considerations of empowerment often include efforts of survivors to reach out to informal and formal social systems who may respond in a variety of ways (Cattaneo & Goodman 2015: 87).



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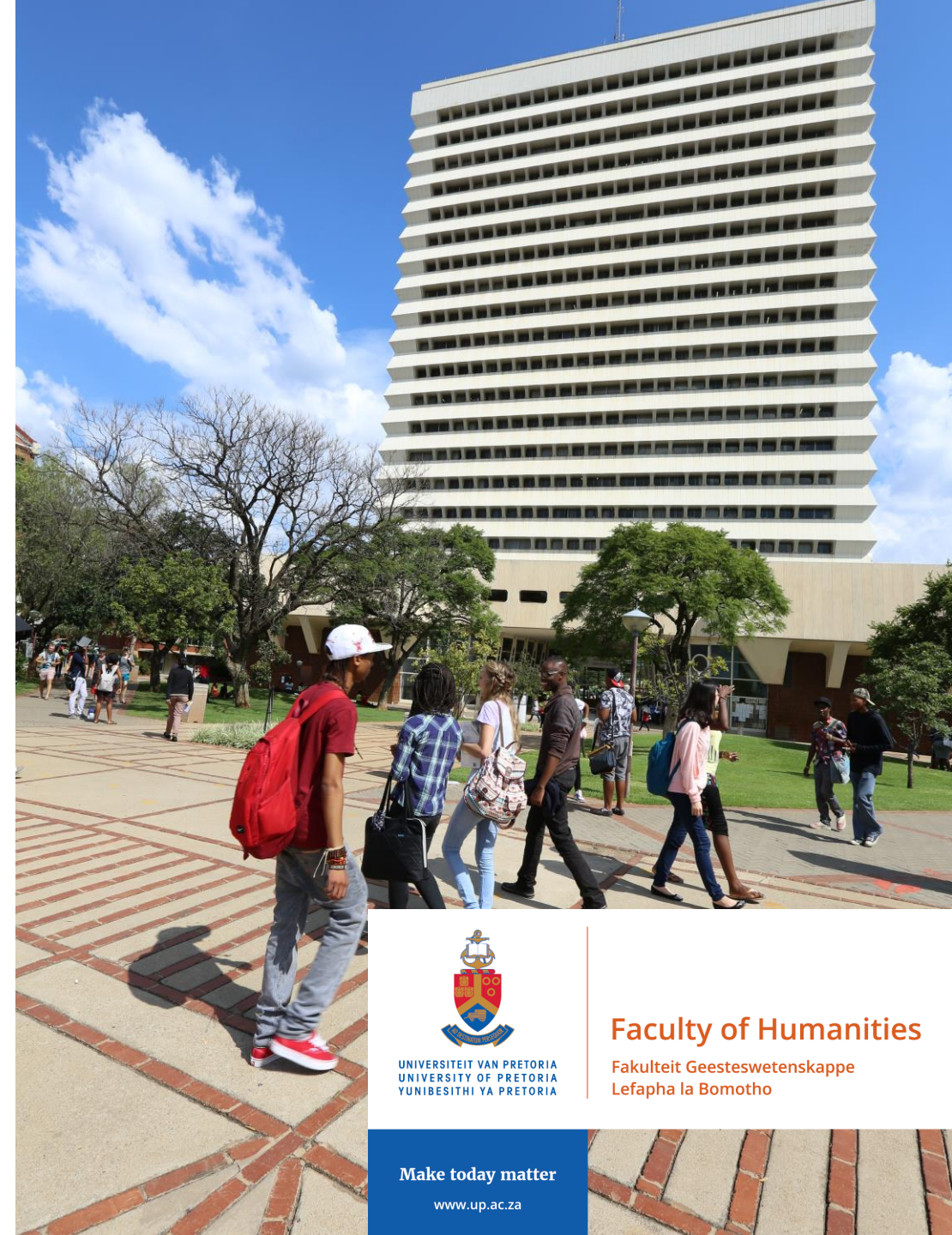
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# Vicarious Trauma

- The exposure to Vicarious Trauma has been described as, ‘the normal and natural by-product of working with traumatised people’ (Ross 2018:5).
- In this sense, it is safe to say that VT is unavoidable to social workers as they actively look to develop a keen sense of empathy with their service users.
- This can both help and/or hinder the practitioner as the experience of human connection can assist their own healing process but it also can open the door for the worker to take on some of the physiological, psychological, and emotional consequences of the abuse (Tehrani 2011) in (Ross 2018:5).
- Unaddressed vicarious trauma can lead to a loss of efficiency in treatment delivery and diminished job satisfaction (Sui & Padmanabhanunni 2016: 128).



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# SYMPTOMS OF VICARIOUS TRAUMA

Serious shift in the worker worldview.

Permanent transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients' trauma material.

Profound and permanent changes in the way a therapist's thinks, feels and behaves in relation to others and themselves.

Intrusive re-experiencing of aspects of the client's trauma.

Other symptoms of vicarious trauma include:

emotional symptoms such as:

-heightened levels of anxiety,

-depressed mood and discouragement,

behavioural symptoms such as:

-limited desire for intimacy in close relationships,

-increased substance use.

# OVERVIEW OF THE METHODOLOGY

- A qualitative study was undertaken.
- Using the exploratory, descriptive, to collect and interpret and analyse the stories and experiences of social workers working in Victim Empowerment Programmes.
- Participants- included two cohorts: social workers who work with victims of IPV and victims of IPV.
- Data Collection method- Semi-structured interviews.
- Inclusion Criteria
- Data analysis-Thematic analysis was used in the study to analyse and generate the meaning from the data collected.



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# BIOGRAPHICAL DATA FOR SERVICE IMPLEMENTERS

Identifier	Age	Gender	Qualification	Other Relevant Training	Period of Employment	Department
P1	51	Female	Social Work (BSW)	Admin; Trauma debriefing; LGBTQI; TIP; Restoration & healing Programme	5 years	Counselling
P2	31	Female	Social Work (BSW)	Para-legal; Restoration & healing; GBV Act; Trauma debriefing	4 Years	Social development
P3	64	Female	Social Work (BSW)	HIV Awareness; Victim Empowerment Strategy & Policy Guidelines; Overcoming abuse in God's way; GBV & Domestic Violence Act; Family & Relationship Counselling; Trauma debriefing; Children's rights	14 years	Social Development
P4	72	Female	Social Work (BSW)	GBV; Trauma counselling; Human trafficking; Sexual Offences Act	15 Years	Centre Management
P5	40	Female	Social Work (BSW)	Batswadi training (parenting programme), TIP (Trafficking in persons), Healing and restoration, GBV	5 Years	Social Work Supervisor, Victim Empowerment
P6	65	Female	Social Work (BSW)	Nursing; GBV Act; Children's Act; LGBTQI	10 years	Counselling



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# DISCUSSION OF RESULTS

The cohort of social workers in the study produced five themes, eleven sub-themes and seventeen categories as presented and discussed next.

Theme	Sub-themes	Categories
1. Experiences of implementers working with victims of IPV	<ol style="list-style-type: none"> <li>1. Description of emotions when dealing with victims</li> <li>2. Description of challenges experienced dealing with victims and stake holders</li> </ol>	<ol style="list-style-type: none"> <li>1.1.1. Feelings of Trauma</li> <li>1.1.2. Feelings of Fulfilment</li> <li>1.1.3. Going through difficulties dealing with victims</li> <li>1.1.4. Challenges dealing with other stake holders.</li> </ol>



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# DISCUSSION OF RESULTS

## **Theme: Emotional experiences of implementers working with victims of IPV.**

Professionals who deal with victims of any form of violence are at risk of being affected by the experiences of others who have experienced trauma.

Participants reported that working with victims of IPV has an emotional impact on them personally and has altered their feelings.

## **Subtheme 1: Description of emotions when dealing with victims.**

Participants indicated that working with victims of IPV has an emotional impact on them personally and has altered their feelings.



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# CATEGORIES OF EMOTIONAL EFFECTS

## Feelings of trauma.

Professionals working with victims of IPV are often referred to as first line support as they work with women who have been through various upsetting or stressful events including women subjected to violence.

***(P3) “I will tell you and I won’t lie, it’s very difficult its emotional.”***

***(P4) “For a number of time the that I have worked I’ve learned not to internalise other people’s issues, but its traumatic I must say.”***

***(P6) “You have to develop a thick skin, because its traumatic, and also demotivating at sometimes, and if you have to take it in, you’ll end up not dating or sticking to your marriage, because we don’t only deal with people who are disadvantaged, because yah! That is an experience”.***

# CATEGORIES OF EMOTIONAL EFFECTS

## Feelings of fulfilment and satisfaction.

Some participants expressed that despite the traumatic impact of the nature of work, there are feelings of fulfilment when working with the women victims.

***(P3) “It is fulfilling, and it is also hard at the very same time, because remember it was not easy for them to leave abusive their partners, so some of them at first they’re not even be aware why they’re there, cos it might happen that some of them are being referred by the hospital, so it becomes challenging at first”.***

***(P5) “For me it’s really fulfilling because I took the profession with passion, I see people suffering, I wanted to help, I wanted to empower people, not only women but the entire community because we also community outreach, so we make sure we empower, so that they are not caught up in the social ills, to empower them”.***



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# CATEGORIES OF EMOTIONAL EFFECTS AND CHALLENGES.

## Social Worker's difficulties dealing with victims of IPV.

Participants expressed that the frustration felt by professionals is often associated with the complexity of intrafamily violence situations, since it emerges from a series of social, cultural and economic factors that make it a difficult problem to solve .

***(P1) “You know It is difficult when you encounter a client that has been seriously abused and when you think about it, you find yourself so emotional”.***

***(P2) “It’s difficult when you’re working with someone who is not realizing that I was in an abusive relationship, and I shouldn’t go back there. So, it becomes challenging”.***

***(P6) “it’s very difficult, hence were trying so much especially when you’re faced with a woman who’s not ready to leave the relationship, you really want them to leave that relationship, it’s like you have to show why that relationship is not good for them”***



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# CATEGORIES OF EMOTIONAL EFFECTS AND CHALLENGES.

## Challenges working with other stakeholders.

All participants in the study expressed the impediments experienced with the dysfunctionality of other stakeholders in the holistic empowerment approach. In most instances, social workers at the Victim Empowerment Centres had to rely on referring victims to other service providers who subsequently fail to play their part.

***(P1) ‘The justice system is failing us; some of the cases whereby the perpetrator gets bail for rape of a child. I once had a case the child was two years old abused by the father, the case was opened but the father was not arrested; the police officer was biased.’***

***(P3) “I think as much as the government is trying by all means to assist the victims, the government must try by all means to assist the perpetrators with other stakeholders because remember the problem is not the victims, as much as we will empower the victims, but if the real problem is not dealt with, it might happen that after some few years or after a sometime it might look like we’re not going anywhere in terms of fighting domestic violence or GBV.”***



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# FINDINGS

- It was concluded in the study professionals who deal with victims of any form of violence are at risk of being affected by the experiences of others who have experienced trauma, more so IPV since the violence is perpetrated by those whom the victims trust.
- Equally so, it emerged that working with others who are experiencing trauma can bring a sense of satisfaction to those who are providing healing and support despite the admission that dealing with trauma victims is highly challenging because of the complex nature of IPV.
- The study therefore made deductions that due to the amount of vicarious trauma that implementers (social worker) of VE programmes it is imperative that psychological support be incorporated in the workplace support.



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# RECOMMENDATIONS

## Individual Support

**To strengthen social workers capabilities in managing VC through:**

- Regular debriefing services by internal and external partners in order to help neutralize trauma experiences.
- Early interventions which seeks “to prevent the development of adverse reactions” before they arise Some of these interventions could be described as one-on-one defusing.
- Social workers need to prioritize own self-care programmes.
- Self-care strategies to be incorporated in personal development for implementers. Implementers could be capacitated to be able to deal with empathy related stress and repel the source of stress.



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# RECOMMENDATIONS

## Organizational support.

### **Organizational support serves to reassure workers and facilitate recovery:**

- Debriefing need to be regulated as a compliance issue with funding organizations. It needs to be incorporated into the organizational SOPs' (Standard Operating Procedures).
- Organizations can create awareness of the phenomenon of compassion fatigue, causes, risk factors and effective interventions, because many organizational managers are not aware of the nature of this phenomenon and that it can even equate to burnout.
- Organizational support can also include creating a supportive environment. To achieve this, managers, peers (colleagues) and inter-professional support can play a very significant role.
- Peer review sessions should be incorporated in the daily routine to create room for reflection and a supportive learning climate.



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# ORGANIZATIONAL SUPPORT CONTINUED...

- An increase in the staff compliment who are skilled and trained to deal with IPV to alleviate work and emotional load.
- Staff budget allowing social workers to be designated to their core functions and responsibilities could improve on VE service delivery and lesson susceptibility to Vicarious Traumatization.



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# RECOMMENDATIONS

## Social support.

- Family and community support forms a fundamental basis for support therefore, social workers need support of parents, spouse, children, and friends.
- The family is a forms a fundamental principle in supporting social workers in their professional life.



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# CONCLUSION

- Psychological support for VE social workers should be integrated as an integral part of organizational functioning not an ad hoc activity.
- Psychological support should be provided as early as possible.
- The effectiveness of providing early support will not be optimal unless they are fully integrated into working practice.



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*As we lose ourselves in the service of others, we discover our own lives and our own happiness.*

*— Dieter F. Uchtdorf*

*Thank You!*



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