EXPLORING CHILD WELFARE SOCIAL WORKERS' EXPERIENCES OF SECONDARY TRAUMATIC STRESS

The Department of Social Work

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In partial fulfilment of the requirements

for the degree Master of Arts in Social Work in the field of Occupational Social Work

by

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March 2022

DECLARATION

I, Nomthandazo Olga Toko, the undersigned declare that “exploring child welfare social worker’s experiences of secondary traumatic stress” is my own work and that I have not copied over information from any source without acknowledging it in a proper manner in the text and in the reference list.

_____ March 2022

Nomthandazo Olga Toko Date

ACKNOWLEDGEMENTS

Firstly, I would like to give glory to the Almighty, for always protecting me. I would also like to thank myself for believing in my capability, there is no better competitor other than myself. *"Soldier girl"*

To my supervisor Dr Francine Masson, thank you for your guidance, patience, understanding and your willingness to help. For always encouraging me to do the best. *"You are such a breath of fresh air"*

To my husband Mr. Oscar Vuyisile Toko, my supporter, my strength and my everything. I couldn't have done it without you, thank you for financing my studies. When God gave me you as my husband, he gave me more than a fair share. *"My pixie dust – One"*

To My children, thank you for always understanding my unavailability when pursuing my studies. *"My Angels, mommy loves you more."*

Lastly, I would like to thank all agencies that provided access to participants for my research study. To My participants, I would never be able to thank you enough for the role you have played in achieving my goal, without you this would have never been possible. *"Angels"*

"Dream it. Believe it. Achieve it!"

Author: R. Mitchelle-Jones

ABSTRACT

Social workers are exposed to trauma in their line of duty when assisting clients. While it is widely acknowledged that providing services to traumatised children may negatively impact the mental health of social workers. Little is known about the effects of exposure to traumatised clients and social workers employed at Child Welfare in South Africa, Gauteng region experiences of secondary traumatic stress. As such, the aim of the study was to explore the experiences of these social workers with regards to the effects of secondary traumatic stress. The study utilised a qualitative research approach to obtain an in-depth understanding on how secondary traumatic stress affected these social workers both personally and professionally. Through the adoption of a qualitative design and the use of a semi-structured interview schedule, ten social workers were interviewed through face-to -face and virtual platforms. The data were analysed using thematic analysis. Dutton and Rubenstein's (1995) Model of Secondary Traumatic Stress was adopted as the theoretical framework underpinning the study. The findings indicated that child welfare social workers experienced secondary traumatic stress, due to the constant exposure of child abuse cases. Their experiences were explored as well as their coping strategies in dealing with secondary traumatic stress. The findings will hopefully contribute to the knowledge in this area and highlight the importance of personal and organisational coping strategies that will help child welfare social workers to cope with the trauma they experience from their work.

KEY WORDS

Burnout, Child welfare organisations, Coping, Occupational stress, Secondary traumatic stress, Social workers, Supervision and Vicarious trauma.

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CHAPTER ONE
INTRODUCTION

1.1 Introduction

The nature of child welfare social work involves risk work. Social workers are responsible for safeguarding children and making prompt decisions about the children's protection and in the course of this procedure, they often listen to or witness incidents of child abuse. Child welfare social workers render service that aims to prevent child abuse by providing essential services such as prevention and early intervention, as well as therapeutic services to children that are found in need of care and protection and their families. When the abuse has been reported as an allegation or has occurred, a child welfare social worker renders services on a statutory level where investigations are carried out, and children are removed from their caregivers to alternative caregivers via Children's Court processes. Thereafter, they provide supervision and monitoring to the children and care and support to their families in order to integrate the children back into their families through reunification services. These goals are achieved by offering parenting skills and other rehabilitation programmes. Truter et al., (2018) maintain that during performing statutory duties the welfare of child protection social workers might be threatened because of work-related risk aspects such as exposure to violent behaviour and high-stress levels.

The study aimed at exploring child welfare social workers' experiences of secondary traumatic stress when providing social work interventions to traumatised clients. The social workers at the time of the data collection were employed at different Child Welfare organisations in Gauteng. The researcher was motivated to conduct the study from first-hand experience working in such a setting as well as observations of social workers employed at Child Welfare. Working with vulnerable children, orphaned and abused children is the main focus of the child welfare social worker.

In support of this statement, a longitudinal study conducted in Soweto, South Africa by Richter et al., (2018) shed insight on violence in the lives of children. Almost all (99%) of the children in the study had witnessed or had been victims of violence in their homes, schools, and /or communities with 36% reporting that they had been victims of all sorts of violence studied. Two-thirds of children of school going age reported hearing gunshots or seeing someone being attacked as a result of community violence. More than half of all children reported to be

exposed to domestic violence in their home (66%) reporting that they regularly beat their toddlers with sticks, belts, straps, and shoes. Among children from poor families, peer and sexual violence were more common. An increase of 10% of incidents of childhood sexual violence were reported among primary school children, while 30% were reported among adolescents and young adults.

Social workers work with a particularly high incidence of traumatic cases. Furnham (2005) contends that social workers belong to a class of occupations which are highly stressful because of danger, excessive pressure, or responsibility without control. In addition, McFadden et al., (2014) state that social workers in the child welfare field due to adverse and demanding working conditions may experience burnout, depression, secondary traumatic stress, and compassion fatigue as negative mental health outcomes.

The researcher concurs with the authors that social workers' support can help survivors live meaningful lives as the front-line workers in the fight against trauma. However, frequent exposure to other people's distress is itself a form of trauma. Social workers can suffer secondary trauma. This topic needs to be researched because although there is a lot of research that has been undertaken regarding secondary traumatic stress and its effects on social workers, it is not enough and needs further investigation.

1.2 Statement of the problem and rationale for the study

Social work is a helping profession, and those who register for the course and graduate understand that throughout their professional life they will be helping vulnerable people to better manage their problems while adding value to their own lives. One could ask if recently qualified social workers realise the psychological challenges that come with the helping profession. Burnett (2021) mentioned that the psychological effects of secondary traumatic stress spread further than those directly affected and impact those persons in a variety of helping professions has become apparent. Many social workers are prone to be secondarily exposed to traumatic events, with Pryce et al., (2007) going so far as to suggest that becoming a child welfare professional should come with a warning. While authors like Stewart (2020) and Posluns and Gall (2020) have written about self-care, little has been written in South Africa about the effects of trauma on the professional and why social workers should read and practice strategies to alleviate the negative effects of trauma.

Child Welfare is a designated child protection organisation that renders its services to vulnerable children. Most of these children are victims of abuse such as sexual abuse, physical abuse, abandonment, neglect, and exploitation or they have been exposed to circumstances that might harm them psychologically and physically. The Johannesburg Institute of Social Services has reported that "Due to the rise of domestic violence, drug and alcohol abuse as well as numerous incidents of child abuse taking place in the home environment, social workers are continually having to take a drastic action to remove children from the care of their parents" (JISS Annual Report, 2018/2019, p. 8). According to Section 150 (1) (i) of the Children's Act, No 38 of (2005, p. 147) "A child is in need of care and protection if such child is being maltreated, abused, deliberately neglected or degraded by a parent, caregiver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is."

Nardos Bekele-Thomas (2020) on behalf of the United Nations in South Africa, stated in her speech that the United Nation International Children's Emergency Fund (UNICEF) South Africa and partners raised the alarm to develop an emergency plan in response to the increase of child abuse ahead of the African Child Trauma Conference held virtually on the 7th and 8th October 2020. Across the media, alarm, and concerns have been raised on the rising rate of recorded cases of child abuse, especially sexual abuse, and social workers have the task of helping these children through the trauma they have experienced. Liebenberg (2019) concurs that a ruthless crime against children is child sexual abuse. A significant role that a designated child welfare social worker needs to implement is the prevention, investigation, and intervention of alleged child sexual abuse cases to protect children from harm. The untold traumatic stories of these children are often so horrific that one might think such events are fiction. However, it is the reality of each child, and his /her frame of reference, in order to help the child through the ordeal the social worker needs to listen. The question is, what happens to the helper?

A study of families conducted in the Western Cape, South Africa highlighted the latest crime statistics which showed that between 2018 and 2019, murder, assault, and sexual offense rates soared (Roman, 2019). The findings of the study on coping and resilience of families under trying situations showed that when there is abuse, substance abuse, conflict, neglect, conflict, poor relationships violence and disconnectedness in families, there may be catastrophic outcomes for society and particularly children. Owing to the increased rate of violence in South Africa, mental health professionals may struggle to meet the needs of victims.

As a result, the safeguard of the highly vulnerable society members might lack to the extent that children in need of care and protection might continue living in abusive environments (Gibbs, 2001; Lamothe et al., 2018; Schilder, 2017; Truter, 2018).

Zali (2021) reported the fear of growing up in a country with high rates of violence was expressed by the South African children. The author further mentioned some of the children that are demanding action from the adults entrusted with keeping them safe. Muhigana (as cited in Zali, 2021) also emphasised the impact that COVID-19 had on South African children, the increased violence against children were reported on helplines for abused persons globally experienced a rise in the number of phone calls from children and women seeking help since the start of the pandemic. In addition, Childline Gauteng Report on Helpline data (May, 2020) highlighted an increase of 36% in calls over the lockdown period that had been recorded of abuse-related calls including a child who cries every day and is being severely physically abused by parents; and a three-year-old who was badly beaten, showing multiple lacerations and bruises and the father was arrested. It was further reported that a grandmother emotionally and verbally abused a 17-year-old troubled teenager who gave birth to a child. Other cases included a foster child who was returned to the biological family and ran back to the foster mother; a stepfather who was abusive to his nine-year-old stepchild; parents who were cursing and shouting at their children; and a sexual abuse case where a child's father reported that his child had to share a bed with her new stepfather because he was the breadwinner. More than three quarters of children worldwide, approximately 300 million children, are subjected to violent discipline at home (physical punishment, psychological aggression). Around 6 in 10 (250 million) children are physically abused. A substantial number of children are also indirectly affected by violence at home: Around the world, one in four (176 million) children under the age of 5 live with a mother who has recently been the victim of domestic violence (UNICEF, 2017). Given the global statistics, the researcher can conclude that generally, children of all ages are most at risk in environments where they spend the majority of their time, in school and at home, where they should feel the safest. Due to the social ills presented worldwide it is inevitable for child welfare not to experience secondary traumatic stress.

The stress from being employed in the child welfare system can permeate workers' personal lives while stressors in family life affect work-life (Zosky, 2010). In addition, Olaniyan et al., (2021) concur that when employees who are stressed, experience burnout, are dissatisfied with work, or show symptoms of trauma because of work responsibilities and pressures, it is palpable that all of these will have a way of intruding on the workers' role in the home domain.

Job burnout and secondary traumatic stress have been acknowledged as the most significant outcomes of extreme job demands in professionals who render services to humans. According to Voss Harrel et al., (2011), theories addressing the consequences of occupational stress amongst human service professionals exposed to secondary trauma, posit that job burnout and secondary traumatic stress may co-occur. Mathieu (2011) explains that secondary trauma occurs because of witnessing a traumatic event or sequence of events. This exposure can arise in the manner of reading details of a case file, hearing stories, seeing images or videos as well as others. However, many social workers do not seem to be aware of what they are experiencing. Wagaman et al. (2015) noted that a study conducted in South Africa among social workers, indicated negative connections between empathy and secondary traumatic stress, highlighting the fact that high levels of empathy make one vulnerable to the effects of secondary trauma. Furthermore, cross-sectional studies exploring job burnout and secondary trauma levels among mental health practitioners have found a strong association between these concepts. The results of two longitudinal studies on directions of a relationship between job burnout and secondary stress among human service workers conducted by Shoji et al., (2015) confirmed this finding when exploring the nature of the associations between job burnout and secondary traumatic stress. In particular, these researchers found that high job burnout levels may progress the risk of developing secondary traumatic stress. For a variety of reasons, the severity, and complexity of cases, the high levels of organisational demand and workload can contribute to staff turnover including the emotional nature of the child welfare work that is demanding and the role is challenging (Boyas & Wind, 2010; Strolin-Goltzman, 2010).

Questions need to be asked about those social workers who are on the frontline at child welfare organisations. If these social workers quit their jobs, what will happen and how will the children survive who need child welfare social work services on a daily basis? What will become of the child welfare organisations? It is therefore clear that the social work profession is faced with the predicament called “Secondary Traumatic Stress” among its workers employed at child welfare organisations and it cannot be ignored. Chowdhury et al. (2018) highlighted how employees’ burnout negatively affects productivity and motivation and increases an employee’s intention to leave his/her job. In addition to the scarcity of studies done in this field, research related to secondary traumatic stress has primarily focused on medical professionals, South African Defence Force (SANDF) social workers, and mental health professionals. Studies incorporating child welfare social workers and other staff (care workers) are very limited in South Africa. Therefore, this study focused mainly on social

workers employed at child welfare, because child welfare social workers precisely work with children who are found to be in need and protection in terms of Section 150 of the Children's Act No. 38 of 2005 so to deepen understanding in the South African context. This study explored how these social workers experience secondary traumatic stress.

1.3 Research question

What are the child welfare social workers' experiences of secondary traumatic stress?

1.4 Aim and objectives of the study

1.4.1 Primary Aim

- To explore the experiences of secondary traumatic stress of social workers who are employed at Child Welfare

1.4.2 Secondary Objectives

To achieve the research aim, the following objectives were formulated:

- To explore the nature of secondary traumatic stress effects of social workers who are employed at child welfare
- To explore the coping strategies/mechanisms that social workers use when dealing with trauma that arises from their work.
- To explore the resources available to social workers to cope with their experiences of secondary traumatic stress.

1.5 Pre-understandings

This study was framed within a qualitative philosophy that acknowledges that there is no neutrality. With this aspect in mind, the researcher conducted the current research study with the following inherent beliefs:

- Being employed in the child welfare organisation, work related stress can permeate workers' personal lives while stressors in family life affect work-life (Zosky, 2010). In

addition, work-home interface issues for the largely female-dominated workforce role overload, role conflict, and role strain may cause the development of stress. Even though women's employment has become an important factor in contributing to the family income, the load of household duties continues to be endured by working women, leading to marital conflicts and increasing the probabilities of divorce (Anderson, 2000; Lamanna et al., 2016).

- Social work in the area of child protection is a demanding and multifaceted occupation. As part of its responsibility, it manages statutory requirements, norms, and structural factors in an effort to protect and make sure children in need of care and protection are safe. Commonly, social work is deemed a stressful profession due to the emotional pressures of the profession (Crowder & Sears, 2017; Lloyd et al., 2002; Travis, Lizano & Mor Barak, 2016).

1.6 Research design and methodology

This study utilised an exploratory-descriptive case study design. Purposive and snowball sampling were utilised to identify 10 social workers who met the inclusion criteria of participants set by the researcher. Eighteen child welfare organisations in Gauteng were approached but only five permitted the researcher to recruit potential research participants. Although the researcher initially intended to interview 15 participants, only 10 social workers made themselves available for the interview. Zoom interviews, as well as face-to-face interviews, were conducted with the participants. Where the researcher used face-to-face interviews, COVID-19 protocols were observed. The interviews were facilitated using a semi-structured interview schedule enabled the researcher to obtain an in-depth narrative of secondary traumatic stress experienced by participants as social workers in the employ of child welfare. The interviews also enabled her to understand how it affects their work/personal life and to find out their coping mechanisms. The data collection instrument was developed in accord with the research objectives. Prior to the data being collected, pre-testing interviews were conducted with two social workers from Joburg Child Welfare who did not form part of the study, to inform the researcher if the data collection tool was appropriate. Thematic analysis that focused on both inductive and deductive analyses was utilised by the researcher for data analysis. To identify themes a deductive analysis was used through studying documents, recordings and other printed and verbal material (transcribed interviews) while deductive

analysis was based on the Secondary Traumatic Stress Model developed by Dutton and Rubinstein (1995) that underpins the study.

1.7 Definition of concepts

Social Worker*:* "The term generally applies to graduates of bachelor's or masters' level social work programs who are employed in the field of social welfare. A social worker is a change agent who is skilled at working with individuals, groups, families, organisations and communities" (Zastrow, 2010, p. 38).

Exposure to trauma in the workplace*:* "Trauma in the workplace can be experienced in two ways, as a primary trauma or a secondary trauma: Primary trauma is the result of a traumatic event that happened directly to a person. This may be a trauma that occurred in their personal life, or exposure to a traumatic event in the line of duty (i.e., in their line of work) (Mathieu, 2011, p. 13)."

Child Welfare social workers: These are persons registered with the South African Council for Social Service Professions (SACSSP) as social workers in terms of the Social Service Professions Act No. 110 of (1978). Part of their legal mandate includes performing statutory work, by virtue of being in the service of a child protection organisation (Children's Act No. 38 of 2005).

Secondary Traumatic Stress: According to Figley (1999, p. 10), secondary traumatic stress is "the natural, consequent behaviours and emotions resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatised or suffering person".

Burnout: "According to the ecological paradigm, burnout is viewed as a form of ecological dysfunction or misfit between people and their ecosystems, representing the imbalance or misfit between environmental demands and stress-coping resources" (Ross, 2010, p. 403).

Compassion Fatigue: According to Figley (1999, p. 10), compassion fatigue is "the natural, consequent behaviours and emotions resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatised or suffering person".

Supervision: Supervision in social work is a professional activity in which at least two practitioners, one of whom is a supervisor, "are engaged throughout the duration of their careers regardless of experience or qualification" (Davys & Beddoe, 2010, p. 21).

1.8 Organisation of the research report

Chapter one introduces the study, provides a statement of the study and rationale for the research, the purpose and scope of the study, an overview of the research design and methodology, and a definition of key concepts.

Chapter two presents an outline of the literature review relevant to the phenomenon under investigation and theoretical framework which underpins the study, namely, Dutton and Rubinstein's (1995) Secondary Traumatic Stress Model.

Chapter three comprises a detailed description of research design and methodology.

Chapter four discusses the findings that arose from the study.

Chapter five recaps the main outcomes draw conclusions and makes recommendations for child welfare organisations and future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

To understand the secondary trauma that a child welfare social worker experiences as a consequence of helping traumatised clients, it is important to conceptualise trauma and give a brief overview of existing findings of secondary traumatic stress and social work. Bazalgette and Rahilly (2015) emphasised that child welfare social workers give support to children in distress, many of whom have experienced abuse and mistreatment. Moreover, social workers are required to work with stressed and dysfunctional families. As a result, child welfare social workers can face additional stressors of secondary trauma. This literature review chapter provides an overview of work undertaken by other researchers on the topic under study. This chapter looks firstly at international social work and thereafter considers social work in the South African context. In addition, the study looks at Gender-Based Violence with a specific focus on children and types of child abuse. Secondly, the chapter examines the relevance of secondary traumatic stress to child welfare social workers and the effects of secondary traumatic stress. Thirdly, consideration is given to coping strategies. The chapter culminates with a discussion of the theoretical framework underpinning this study, namely, the Secondary Traumatic Stress Model developed by Dutton and Rubinstein (1995).

2.2 Social work context

2.2.1 The history of the social work profession

According to Earle (2008), since the industrial revolution brought about the social catastrophe among working class people in the eighteenth and nineteenth centuries, social work has grown into a profession. During this period, several policies were implemented to help with this catastrophe. In the past, social work has been associated with groups facing discrimination and social disadvantage, including those living in poverty. Furthermore, social work provided services to people who have been excluded or mistreated because of their race, ethnicity, gender, sexuality, religion, political views, or disability. (Barsky, 2006). The profession of social work developed from charitable work such as services provided by volunteers who helped abused, neglected, or abandoned children. Smith (2012*)* points out that in South Africa knowledge and practice of social work were influenced by 'social hygiene and eugenics', Afrikaner nationalist ideology, and liberal and racist capitalism.

2.2.2 The social work profession in South Africa

South Africa is faced with challenging social ills that can produce feelings of powerlessness and alienation. Social workers may become depressed and demotivated, particularly when their most enthusiastic efforts seem to have a slight impact on some social problems presently prevailing in South Africa. Authors like Robinson-Keilig (2014) even consider this indirect exposure to traumatic material from clients to be an occupational risk. President Cyril Ramaphosa could not have captured the situation more accurately in his speech on the 17th of June 2020 when he said: “As a country, we find ourselves in the midst of not one, but two, devastating pandemics”. Here he was referring to COVID-19 and Gender-Based Violence. Contributing to the increase in gender-based violence is the fact that people were being confined to their homes during the lockdown, which placed women and children in a position where they could not escape dangerous situations and were sometimes trapped together with their abusers. Apart from fighting Human Immunodeficiency Virus and Acquired Immuno Deficiency Syndrome (HIV and AIDS) the country is faced with other pandemics such as COVID-19 and Gender-Based Violence (GBV). The nature of work is changing at a lightning pace thus, providing social work amid these pandemics complicates social work service delivery and creates additional obstacles. Working in this context and with these challenges adds to the complexities of trying to do social work with vulnerable people.

In the year 2000, Mamphiswana and Noyoo commented that in addition to eradicating colonial legacies, social workers must also tackle a number of rooted obstacles such as insufficient funding in government ministries and welfare organizations, brain drain, and political instability, which destabilise social work practices. In terms of professional or personal readiness, the question is whether social workers are prepared to handle such a role effectively (Mamphiswana & Noyoo, 2000). As discussed previously, South Africa is faced with Gender-Based Violence as one of the social ills. In the next section, a detailed explanation follows on the link between child welfare social work and gender-based violence.

2.2.3 Gender-based violence in South Africa

In South Africa, tremendous efforts have been made to curb violence against children however, the scourge remains a critical challenge. A legacy of violence and inequality from South Africa's past is exacerbated today by the country's poverty and unemployment (Child Protection, n.d.). The children may be placed in danger of domestic violence, substance abuse,

sexual abuse, and neglect by this combination (United Nations Children's Emergency Fund (UNICEF), 2015). Social worker needs to work with the child or family to process what has happened and ventilate their emotions. Ultimately these social workers become victimised indirectly; hence they need the consideration as they have become an essential resource in South Africa due to an increased rate of child abuse and gender-based violence in the country. A recent report on child maltreatment by the World Health Organisation (WHO), (2020) global report highlighted the fact that nearly three in four children or one in five women and one in 13 men report that they were sexually abused as children ages 0-17. About 300 million children suffer regular physical punishment and/or psychological abuse on the inflicted by their parents and caregivers. According to the latest police data 352 children, were murdered in South Africa in the last three months of 2021, an increase of almost 9% compared to the previous year (The Mail & Guardian, 2022).

Child Welfare social workers are confronted with very difficult conditions daily and have to use social work interventions in an effort to reduce children's exposure to violence and advocate for their rights. However, in current debates violence against children is not emphasised sufficiently, with violence against children, in general, continuing at home, schools, institutions, and the community at large. In a recent publication that addresses the promotion of human relationships and family in a traumatised society in South Africa, Masson (2021) emphasises that the cumulative reports of child abuse and neglect, as well as gender-based violence, are still of growing concern.

Hsiao et al. (2018) maintain that globally, it is estimated that nearly 51 cases of sexual offenses against children under 18 years of age were reported to the police every day in 2013/2014, providing evidence of the extreme degree of violence against children in South Africa. The under-reporting of these cases is an issue, though genuine rates of violence against women and children are estimated to be much higher. A study conducted by Save the Children organisation in 2018 reported that "South Africa's estimated child homicide rate of 5.5 homicides per 100 000 children is more than twice the global average, and nearly half of all child homicides in South Africa were related to child abuse and neglect" (Hsiao et al., 2018). Each of these factors has a direct effect on the trauma exposure of child welfare social workers. The discussion below presents a brief overview of each of these social issues.

2.2.4 Child neglect and abuse

According to the Children's Act No 38 of 2005 "neglect" is often defined as the failure of a parent or other person with responsibility for the child (alternative caregiver) to provide for the basic needs of the child such as shelter, food, clothing, education, medical care, or supervision to the point that the child's health, safety, and well-being are threatened, and which leads to a child being vulnerable to exploitation/abuse in many forms.

Global view on child abuse

WHO, 2017 reports that nearly half of children aged 12 to 23 months are subjected to physical abuse at home, while a similarly high number are exposed to verbal abuse. The researcher concurs with the study findings that most violence against children occurs in familiar settings, often by the parents themselves ones who interact with them every day. Sadly, violence is relatively common among children globally. In the same vein, in 2017, the Children's Bureau at the United States Department of Health and Human Services' (HHS) Administration for Children and Families conducted a study and examined 3.5 million children. According to the report, there are 3.5 million children in the United States who are victims of maltreatment. Among these children, 674,000 are neglect victims, 18.3% are physically abused, and 8.6% are sexually abused. These stats prove that child abuse is not only a high in South Africa but a global pandemic.

Section 28(1) of the Constitution of the Republic of South Africa (1996) highlights the right of children to be protected from maltreatment, abuse, neglect, abuse, or degradation. In the same way, the Children's Act No 38 of 2005 defines "abuse as any form of harm or ill-treatment deliberately inflicted on a child" and includes the following:

Physical Abuse

Physical abuse is broadly defined as "any deliberate physical act inflicted upon a child by a parent or other person who has responsibility for the child to cause harm to the child (Children's Act 38 of 2005, as amended)". Concurrently, (WHO,2017) states that physical abuse includes, hitting, beating, and shaking a child. Both the Childrens Act, and WHO definition of what physical abuse is highlights an important factor that who ever mishandle a child is therefore acting against the accepted norm of handling a child.

Sexual Abuse

Sexual abuse happens when an adult or another child asks or forces a child for sexual interaction. In most cases, perpetrators are known to the child. The perpetrator may use force which includes physical abuse or bribery, intimidation, grooming, or taking advantage of the child's limited understanding of sexual issues and pretending as if they are playing a game with the child. Sexual abuse can also involve taking photos of the child or exposing them to pornographic material or forcing a child to witness sexual acts Children's Act 38 of 2005, as amended. WHO, 2017 defines sexual abuse as an act of sexual contact or exposure to sexual acts or material. Although the definitions are similar, the South African Children's Act outlines all the important factors that classifies what sexual abuse is clearer.

Emotional Abuse

Emotional abuse includes failure to provide emotional /psychological care to the child, calling the child by names that are hurtful or degrading, or comparing the child to others. In addition, children who live with a sex offender in their homes or who witness domestic violence can be classified as being subjected to emotional abuse (Children's Act 38 of 2005, as amended).

According to the 2016 Optimus National Prevalence Study in South Africa, approximately one in three boys and girls have been sexually abused. From January through May, there were 88 reports of physical abuse against children, 66 reports of neglect, 45 reports of sexual abuse, 18 reports of dog bites, 17 reports of gunshot wounds, 11 reports of children at risk, 22 reports of burns, and six reports of abandonment. Because children also observe adults around them, the effects of violence against them can persist for a lifetime. As the children who witness the abuse, they are likely to repeat the cycle and become abusive parents themselves. Consequently, social workers employed at child welfare will have to deal with these traumatic events and continue experiencing secondary traumatic stress unless the change occurs. What is needed is a paradigm shift, "acknowledging that old ways of doing things may not be the best" (September & Dinbabo, 2008, p. 121). Patel (2015, p. 98) also concurs that social workers should integrate the approaches and levels of intervention in a harmonising way to achieve both individual and broader social outcomes. When looking at the history of social work profession, gender-based violence and child neglect and child abuse discussed in this chapter, the literature shows that social workers provide emotional work to people who are vulnerable hence it is inevitable for them not to experience secondary traumatic stress in their line of work.

The interventions executed as mandated by the Children's Act No. 38 of (2005) by the child welfare social workers to ensure the safeguarding of the abused children demand a social worker to listen to the horrific stories as told by the children. They also need to have extensive knowledge of the legislation to enable them to make a decision that is in the best interests of the child. Recently, Schiller's (2017) study examined the challenges faced by South African child protection social workers who handles cases of child sexual abuse. Findings were a lack of resources, incompetence of other role players, and heavy caseloads were among the risk factors reported by child protection social workers.

The risks associated with working with abused children could have a negative outcome for child welfare social workers taking into account the interaction between social workers and their environments. These factors seem to have a positive association with secondary traumatic stress, burnout, and compassion fatigue.

2.3 Compassion fatigue

According to Stamm (2002), compassion fatigue describes the enjoyment and pleasure one receives from being able to accomplish one's professional roles and tasks successfully. Sprang et al. (2011) highlighted the fact that compassion fatigue and burnout are significantly more likely to occur in child welfare workers than in other types of behavioural healthcare professionals. According to Figley et al., (1995), as cited by the literature, the concept of compassion fatigue first appeared in a nursing journal in 1992, as Joinson introduced it. In the field of social work, one of the main responsibilities is to bring about social change and development, promote social cohesion, involve the community involved in social decisions, and empower and liberate individuals (Van Wyk, 2011). This engagement increases the chances of encountering conflicted clients in harsh environments and the need to endure listening to painful stories of traumatic events. Social workers may experience work-related stress which can be described as overwhelming internal and external challenges that promote secondary traumatic stress. Social work students should be warned about the after-effects of the helping profession, in order to appropriately prepare them for practice. Smith (2015) notes that when compassion fatigue is left untreated, it may spiral a social worker towards burnout. Furthermore, Rauvola (2019) maintains that in most contexts, compassion fatigue is perceived as a multidimensional construct comprises of two factors namely burnout and secondary traumatic stress.

2.4 Burnout

Maslach and Leiter (2016) define burnout as an occupational psychological syndrome that develops as a prolonged reaction to chronic interpersonal stressors. There three key dimensions to this reaction: exhaustion, feelings of cynicism and detachment from work, and feelings of ineffectiveness and dissatisfaction.

An international study conducted in Canada by Sprang et al., (2011) on an examination of secondary traumatic stress and burnout among child welfare workers revealed that they are exposed to traumatic events by listening to children or adults recount maltreatment, and by protecting young children living in violent households. The study aimed to describe and analyse secondary traumatic stress and burnout in social workers rather than the life-long effects of secondary traumatic stress. Built on findings from this study, the authors proposed approaches for improving self-care for child welfare social workers. Moreover, they described crucial aspects of trauma-informed organisations that address secondary traumatic stress and burnout. Authors like Conrad and Kellar-Guenther (2006), Ellet (2009), Maslach and Leiter (2016) and Nordick (2002) maintain that in spite of the negative emphasis on burnout, researchers have found that a significant number of child protection workers remain to work effectively and report high levels of job satisfaction. In addition, closer examination of the research indicates that 50-70 percent of participants remained without symptoms or dysfunction even when negative indicators were evident (Conrad & Kellar-Guenther, 2006).

2.5 Secondary traumatic stress

Secondary traumatic stress has been defined as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999). It occurs through indirect exposure to trauma, first-hand account or description of a traumatic event, and it impacts many helping professionals and staff. Various research on secondary trauma, the emphasis has been placed on how trauma impacts previously existing cognitive images with the supposition that the traumatic event is the cause of the indirect trauma. Masson (2016) emphasised that social workers also need to be cognizant of their trauma and wounding and be aware of countertransference responses, as well as secondary and vicarious traumatisation.

Various literature sources have discussed the concepts of vicarious traumatisation, secondary victimisation and/or traumatisation, secondary traumatic stress, compassion fatigue, burnout, and countertransference and how these concepts are applied precisely to those people who

render support and counselling services to persons who experienced diverse forms of trauma. Mehlmann-Wicks (2022) defines vicarious trauma as a process of change consequential to empathetic engagement with trauma survivors. A person who engages empathetically with survivors of traumatic incidents, torture, and material correlating to their trauma, is hypothetically affected. "Secondary traumatisation is a word that commonly refers to the trauma experienced by family members of victims or those who are witnesses or spectators to traumatic occurrences (Burgess, Regehr & Roberts 2013, p. 4)".

2.5.1 Secondary traumatic stress in social workers

Social workers in child welfare work daily with children and families who are victims of abuse. International authors like Dutton and Rubinstein (1995), Figley (1995), Freeland (1999) and Mendelsohn and Sewell (2004) have studied trauma as there has been a growing interest in trauma research nationally and internationally, focusing on the trauma instigated by crime, war, and natural disasters. Researchers today, are also interested in secondary traumatic stress as most of these studies have highlighted the victim's post-traumatic stress disorder. In contrast, there has been a paucity of research about the secondary victims and secondary traumatic stress (Figley, 2003).

Trauma workers listen to stories of person's suffering and observe the reactions of fear and vulnerability disclosed by survivors of criminal violence regularly (Munroe et al., 1995). Research undertaken by Figley (1995); Steed and Bicknell (2001) and Zimering et al., (2020) found that this responsibility may lead to psychological symptoms in these individuals, which in turn may result in secondary traumatic stress. Many of the studies have highlighted the fact that therapists are at jeopardy of experiencing stress because of their work. However, the studies fail to understand that social workers employed at child welfare are one of the most vulnerable professionals in the helping field due to their demanding work scope as well as the horrific stories they get to hear. Secondary victims are generally understood to be trauma counsellors because they are trained to bear witness to the distressing experiences victims face in a number of contexts. Furthermore, counsellors have also been said to be experiencing secondary trauma or vicarious trauma as part of their work (Iliffe & Steed, 2000). Social workers experience regular exposure to trauma which leads to secondary traumatisation instigated by the re-experiencing of traumatic events, avoidance of reminders of traumatic events, situations and arousal. Hansen et al. (2018) posited that as a result of being empathetic

for a person experiencing psychological trauma, even if the contact is short intensive work with the client's emotions, helping workers can suffer from compassion fatigue in the form of secondary trauma.

A recent study conducted by Masson and Moodley (2020) on secondary traumatic stress focused on social workers employed by the South African Police Service and explored social workers' responses to the constant exposure to traumatic material by social workers. The study also placed emphasis on the individual factors such as (trauma processing skills, social support and job satisfaction) and the environmental factors (such as work environment, caseload, lack of available resources and lack of support and supervision) playing a vital role in the progression of secondary traumatic stress and also the symptoms.

Secondary traumatic stress cannot be caused by only hearing about trauma (Adams, 2004). Authors such as Adams et al., (2004), Cornille and Meyers (1999) and Dutton and Rubinstein (1995) admit that in cooperation of individual characteristics and environmental factors play a part in the progression of both secondary traumatic stress and post-traumatic stress disorder. Self-care is an important factor in secondary traumatic stress reduction (Stamm, 2010). Among the occupations that are highly stressful, Furnham (2005) describes social work as a profession that accede to danger, extreme pressure, or lack of control in the job. Triantoro (2011) suggests that the role ambiguity and conflict were associated with greater job strain than other occupations. The researchers note that there are many types of stressors in social work, they aid to intensify the effect of role stressors on social workers dealing with traumatised clients. Figley (2007) explained how exposure to secondary trauma can result in the advancement of compassion fatigue and/or compassion satisfaction. Even though there are assumptions that working in child welfare is linked with negative wellbeing outcomes, for many individuals it can be a fulfilling career where social workers derive gratification after assisting children in need of care and protection, resulting in a positive emotional experience known as compassion satisfaction. According to Meyers and Conille (2002), feelings of pleasure because of being able to help others by way of one's job is among the descriptions of compassion satisfaction, and child welfare workers frequently report a strong belief in the importance and value of their role. There are also positives in the helping profession when the helping goal has been reached. Although the job carries a lot of stress, some child welfare social workers feel somewhat relieved when the outcome of safeguarding a child is successfully achieved. Brief and Weiss (2002) defined job satisfaction as a satisfying or reassuring emotional state occurring from the

appraisal of one's job or job experiences. The following section explores the effects of secondary traumatic stress experienced by child welfare social workers.

2.5.2 The effects of secondary stress on child welfare social workers

Research conducted in the area of secondary trauma by authors like Harr et al. (2014), Kim et al. (2021), as indicated by Oginska-Bulik et al. (2022), special attention is paid to factors related to the work environment which includes occupational load, job satisfaction, social support and also individual characteristics, such as cognitive trauma processing skills. The impact of stress is not only experienced while working in the child welfare organisation but can potentially invade social workers' personal lives. In a similar vein, stressors in family life can affect an employee's work life and productivity (Karakaş & Tezcan, 2019).

Physical impact

Karakas and Tezcan (2019) found that the physical impact seemed to be embedded in the secondary traumatic stress that was incurred in the work of the social workers they studied. The participants highlighted a variety of symptoms related to secondary traumatisation. All participants reported experiencing difficulties falling asleep due to the intrusion of constantly thinking about their cases. According to Meghan et al., (2020), symptoms of secondary traumatic stress include hypervigilance, avoidance, re-experiencing and change in mood. Secondary traumatic stress symptoms can also include guilt, anger, problems sleeping, challenges with concentration, exhaustion, and an impaired immune system**.**

Cognitive impact

Cognitive impact as informed by study participants includes feeling helpless and judgemental or guilty. According to Onginska-Bulik et al. (2020), the correlation of empathy and secondary traumatic stress among social workers, therapists, and probation officers, cognitive processing of trauma plays an intermediary role. In addition to lowered concentration, apathy, rigid thinking, and perfectionism, secondary traumatic stress symptoms can include preoccupation with trauma.

Emotional impact

Collins (2016) notes that a person's physical health as well as performance at work is affected by the long-term effects of stress at work. Secondary traumatic stress symptoms include guilt, anger, numbness, sadness, and helplessness.

Social impact

In terms of work /home interference, child welfare social workers tend to experience this inter-role conflict. Lambert et al. (2006) supported by Charkhabi et al. (2016) maintain that work-family conflict is a form of inter-role conflict in which the roles played by work and home are inconsistent with one another. The following section explores how one copes after the experience of secondary traumatic stress.

2.6 Coping

Pervin and John (2001 p. 511) defined coping as follows: “In stressful situations, various means of coping are viewed as possible to manage, master, or tolerate the circumstances appraised as taxing or exceeding the person’s resources.”

Child welfare social workers are probable to be confronted with extensive job demands. Therefore, people utilise different styles of coping or prefer to use particular coping strategies over others. Coping style differences are typically associated with personality differences. Mette et al. (2020) claimed that coping research suggests coping might contribute to the association between working conditions and health, and this protective effect has been demonstrated in social work, where social workers who engaged in active control-oriented coping behaviours showed less emotional exhaustion and job satisfaction as a result of work stress (Lian et al. 2016). Exploring coping strategies/mechanisms that social workers use when dealing with trauma that arises from their work was the second objective of this study. Research indicates two focal types of coping with traumatising events. However, research tends to focus on coping strategies during and immediately after the event. The researcher will deliberate on these strategies first and then focus on the three coping strategies that develop in response to ongoing exposure to trauma. Coping strategies are discussed in relation to multifaceted levels of coping, including personal, organisational, and professional.

2.6.1. Task-oriented / problem focussed coping

Walinga (2021) notes that people try to cope with stressors and feelings of stress in their lives in many ways. When one is confronted with a stressor, one uses the cognitive appraisal process to determine whether one believes one has the resources to respond effectively to the challenge. Wanga (2020) further notes that under the transactional theory of stress and coping, the response or coping process is explained in terms of problem-focused coping or emotion-focused coping.

2.6.2 Cognitive problem solving

With the purpose of addressing the stressor, efforts are focused on changing the external environment or relationship with it, like making a plan of action, engaging in conflict resolution, and thinking of possible solutions to solve the problem before reacting.

2.6.3 Behavioural problem solving

Social support is the available assistance one has from other people like the supervisor, work colleagues, close friends or family members. This support can come from many sources such as family, friends, organisations and colleagues who can offer emotional support, a sense of belonging, financial support, information or companionship. Many child welfare social workers tend to speak to their spouses or family members as another form of debriefing which enables them to cope with secondary traumatic stress experienced because of their work.

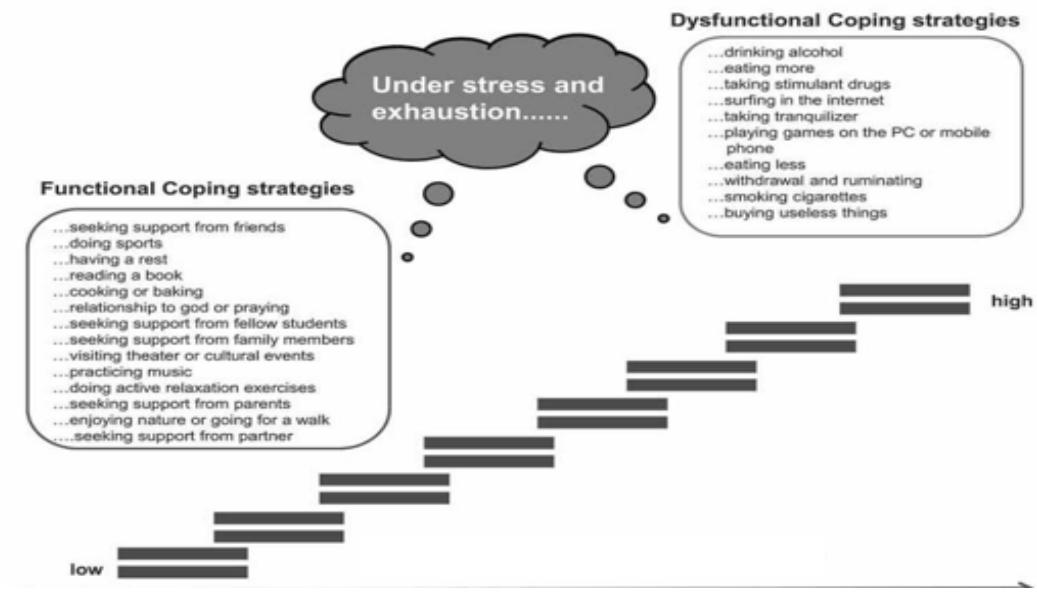

Figure 2.1: ***Illustration of hypothesised functional and dysfunctional coping strategies and their association with burnout /secondary traumatic stress (Erschens et al., 2018, p. 4).***

Figure 2.1 shows that functional coping strategies are likely to reduce secondary traumatic stress than dysfunctional coping strategies, and vice versa, dysfunctional coping strategies are likely to cause secondary traumatic stress than functional coping strategies. Ben-Zur (2017) states that emotion-focused coping strategies include seeking support, positive reinterpretation, denial, acceptance, wishful thinking, distancing, self-blame, self-isolation, growth, turning to religion and drugs, alcohol and behavioural disengagement.

2.6.4 Individual coping

Social support is the available assistance one has from other people like supervisor, work colleagues, close friends, and family members or adult relatives. This support can come from many sources such as family, friends, organisations and colleagues who can offer emotional support, a sense of belonging, financial support, information or companionship. Many child welfare social workers tend to speak to their spouses or family members as another form of debriefing which enables them to cope with secondary traumatic stress experienced because of their work. Bakker and Leiter (2010, p. 185) reported that "Studies have consistently shown that job resources such as social support from colleagues and supervisors are positively associated with work engagement". It is also imperative to be concerned about coping styles in relation to any efforts to enhance social workers' resilience around the difficult encounters of their work. Chao and Wang (2013) assert that it is possible to have functional or dysfunctional coping strategies. Stress can be effectively reduced with functional coping strategies; however, maladaptive (dysfunctional) strategies are not effective. Coping strategies are determined in part by personality (habitual traits), in part by culture, and to some extent by social context, such as the nature of the stressful environment.

4.6.5 Organisational coping

When employees feel they have the opportunity to influence decisions affecting their work, to be autonomous in their work, and to access resources necessary to do their jobs effectively, they are more likely to feel engaged (Maslach & Leiter, 2016). Moreover, Chang and Wei (2008, p. 5) noted that employees who experience organisational support tend to become more involved with their job and organisation. Furthermore, organisational climate and culture can also impact the value of service and the wellbeing of the social workers. In the same vein,

Barbee (2012) notes that peers can reinforce negativity among one another or reduce stress and anxiety among workers based on the level of support they perceive within their organization.

2.4.6 Professional coping

Professional coping strategies include supervision, colleague cohesion, and counselling. As Bishop and Schmidt (2011) mentioned that it is also helpful for social workers to discuss with other social workers on a professional level and build alliances with others in the field when seeking support. This will enable social workers to communicate what they need and what would be most helpful for them. Supportive supervision correlates with higher job satisfaction (Cole et al., 2004, p.5).

- **Supervision**

Social workers' job satisfaction has been associated with their supervision, which may help them to cope with some of the more challenging characteristics of working in helping professions. (Qureshi & Abhamid, 2017). However, the effective and supportive role that applies to supervision, has often been questioned. Caras and Sandu (2014) maintain that the purpose of supervision of social service professionals is to educate and support the worker. Supervision is seen as a requirement for excellence in social service organisations, while its effectiveness can be a gauge of the quality of social work. A study conducted by Quinn, et al., (2018), suggests that there may be prominent aspects that affect the growth of secondary trauma among clinical social workers, including the supervisory relationship, salary, caseload size, and personal anxiety. Effective supervision which is highly supportive is viewed as playing an important role in achieving job satisfaction and lessening the impact of work stress, while poor supervision contributes to higher work stress (Dollard & Winefield, 2000; Qureshi & Abhamid, 2017). Constructive supervision is important as it helps control the load placed on social workers (Kettle, 2015) It is therefore evident that supervision plays a pivotal role in social work as a support resource, while lack of supervision may contribute to social workers' secondary traumatic stress experiences. Baglow (2009 as cited in Hunter, 2016) contend that the purpose of supportive supervision is to assist social workers to cope with the emotive strain of their work in child protection. The literature from previous research supports the view that supervision plays a vital role as a resource available to social workers who encounter secondary traumatic stress and needs to be explored as a vital support resource for social workers in the employment of Child Welfare. Many social workers utilise social support as a form of informal

supervision to debrief and deal with the immediate negative feelings after a traumatic exposure. Various academics consider the supervisor and supervisee affiliation as a highly fundamental workplace association (Redpath et al., 2015).

- **Social support**

The theory explaining secondary traumatic stress emphasises on social support as an essential element that can influence the progress of secondary traumatic stress (Flannery, 1998). According to Hostinar, Sullivan and Gunnar (2014), the research literature indicates that social support is a defense against the biological and behavioural effects of stress in adults and children. Dealing with high levels of uncertainty, danger, and emotion is the epitome of what the child welfare worker's role entails. Consequently, it is no wonder that feelings of stress, burnout, and emotional exhaustion may often be experienced by social workers in child welfare organisations. These feelings may result to poor morale and the eventual turnover of staff (Chapman & Dickinson as cited in Sprang et al., 2011). It is therefore imperative that child welfare social workers receive social support. Social support is the available assistance one has from other people like the supervisors, colleagues, close friends, and family members. This support can come from many sources such as family, friends, organisations and colleagues who can offer emotional support, a sense of belonging, financial support, information or companionship. Many child welfare social workers tend to speak to their spouses or family members as another form of debriefing which enables them to cope with secondary traumatic stress experienced because of their work. In the same vein, Chase-Lansdale and Brooks-Gun (2014) posit that social support does not only reduce the biological effects of stress but among other things it mobilises more beneficial neurobiological capacities which provide new ways of understanding how social support is pertinent to coping and well-being.

- **Co-worker support**

According to Redman (2014), co-worker relationships play a critical role in social processing by enabling individuals to look to their peers for advice on how to cope with their work environment. However, research on work-related support in South Africa is limited. Collins (2008) attests that close relationships with co-workers have been noted to be one of the most important contributors to coping strategies.

2.7 Theoretical framework underpinning the study

2.7.1 Introduction

The Secondary Traumatic Stress Model developed by Dutton and Rubinstein (1995), was utilised in this study. Utilising this framework facilitated an understanding of the interaction between the social workers and the environment and guided the exploration of the experiences of secondary traumatic stress. An ecological system perspective is a holistic approach that views people in the context of their environments (Teater, 2014).

According to Dutton and Rubenstein (1995), this refined trauma model framework offers key variables to be researched in a study of secondary traumatic stress, the interaction of persons with their environment, and the possible outcome. As such, it was deemed suitable as a theoretical framework for the current study.

This model echoes a universal understanding of how secondary traumatic stress advances. A significant part of secondary traumatic stress can be ascribed to individual characteristics such as socio-demographic characteristics such as age, gender, personal factors, previous traumatic experiences and level of empathy. This model stresses the link between secondary traumatic stress and exposure to traumatic material. The model also focuses on environmental factors such as social support and political context. The utilisation of the secondary stress model framework utilisation in this research study helped to depict the participants' perception of their experiential world as well as their narratives by exploring the impact of secondary traumatic stress in all the ecological dimensions. Using this framework for this study enabled the identification of the mechanisms that contribute to secondary traumatic stress and the relationship between them and provided insight into their development. Additionally, it also answered the research question and achieved the aim of this study which was to explore secondary traumatic stress and its effect on social workers employed at Child Welfare in all domains. The model is illustrated in Figure 2.2.

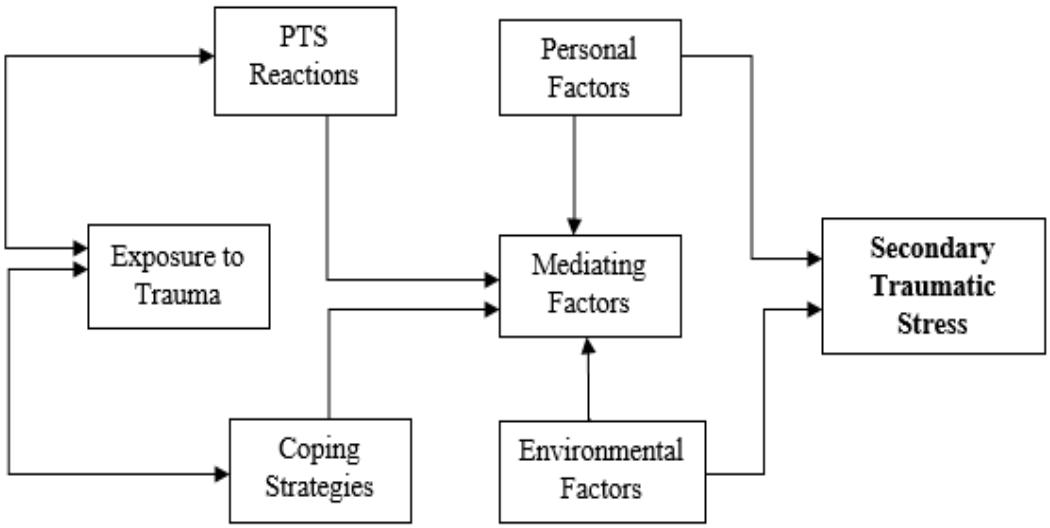

Figure 2.2: Dutton and Rubinstein's (1995) Model of Secondary Traumatic Stress

2.7.2 Exposure to traumatic material

The first factor is exposure to traumatic material. Child welfare social workers deal with traumatised clients. Their encounters include listening to horrific stories of abuse, witnessing traumatic events, and dealing with bereaved clients. The Model of Secondary Traumatic Stress by Dutton and Rubinstein, (1995) supports Figley's (1995) Trauma Transmission Model on the relatedness of prolonged exposure to trauma and the degree of life disruptions social workers may experience as a result of secondary traumatic stress.

2.7.3 Coping strategies

The second factor of this model involves coping strategies. It has been asserted by Dutton and Rubinstein (1995) that coping responses have a direct impact on secondary traumatic stress reactions. The coping activity is intended for understanding the shortcomings of an individual's traumatic situation. Child welfare social workers are expected to be confronted with extensive job demands. Therefore, people differ in individual styles of coping or prefer to use certain coping strategies over others.

2.7.4 Post-traumatic stress reactions

The reactions described by Dutton and Rubinstein (1995) fall into three categories. Indicators of psychological distress fall into two categories: avoidance efforts, intrusive imagery, and addictive behaviours. There are several signs and symptoms of secondary traumatic stress, including distressing emotions, impairments in daily functioning, somatic complaints, physiological arousal, numbing or avoidance, and intrusive images or thoughts.

2.7.5 Personal and environmental factors

Studies conducted in the field of secondary trauma by authors like Harr et al. (2014), Kim et al. (2021) and Ogińska-Bulik et al. (2022) found that special attention is focused on factors connected with the work environment containing occupational load, job satisfaction, social support as well as individual characteristics including cognitive trauma processing skills. Based upon their research, Dutton and Rubenstein (1995) put forward the theory that environmental and personal factors may contribute to secondary traumatic stress. Each of these factors encompasses the trauma worker's strength, resources available to them, their vulnerabilities, as well as their degree of satisfaction with their personal and professional lives. Van Wyk (2011) explains occupational stress is triggered by factors in the individual, the work environment, or the nature of the work.

2.8 Conclusion

This chapter reviewed the literature relating to the role and factors relating to secondary traumatic stress experienced by child welfare social workers. The theoretical framework underpinning this research study was also presented. The reviewed literature also provided support for the value and significance of the current study. Literature was reviewed that outlined the scope of child welfare social workers' role in dealing with Gender-Based Violence, child neglect and child abuse. It also provided insight into the history of social work and discussed the effects of providing social work services to vulnerable communities and children which might have on a negative impact on social workers who may be prone to burnout, compassionate fatigue, and secondary traumatic stress. Gaps were identified, while the importance of social support and coping strategies were highlighted from a multifaceted perspective.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the description of the research design should be aligned with a philosophical belief framing the current study. The sampling strategy, the research tool, the method of data collection and the analysis are explored in detail. The limitations of the study are also addressed, and how the study adhered to ethical principles is outlined. This study aimed to explore child welfare social workers' experiences of secondary traumatic stress. Thus, the research question formulated for the purpose of this study was, what are the experiences on secondary traumatic stress of the social workers employed at child welfare?

3.2 Research approach

In this study a qualitative research approach was employed as the researcher wanted to understand how the phenomenon of secondary traumatic stress was experienced and understood from the frame of reference of participants who shared their experiential world. A qualitative approach is chosen for the study to allow the interviewer to elicit in-depth narratives of the participants' experiences of secondary traumatic stress and how exposure to traumatic material had affected them.

Creswell (2009, cited by Alpaslan, 2010, pp. 13-14) states that "qualitative researchers are interested in what the phenomenon under investigation means to the participants. In the qualitative research process, the researcher keeps a focus on understanding the meaning that participants hold about the problem or issue". The qualitative approach was used to enhance, guide, and support the attainment of the goals that were set for this study as it afforded the social workers an opportunity to explore and describe their experiences of secondary traumatic stress as well as the meanings they assigned to these experiences.

3.3 Research design

Once the approach for the research has been decided upon the design needs to be clarified. "The research design is a plan or strategy specifying the how and from where participants will be selected, the data gathering techniques to be used and how the data collection will be done" Nieuwenhuis (as cited in Alpaslan, 2010, pp. 16-17).

A research design is defined as "a plan or blueprint of how you intend conducting the research" Mouton (as cited in De Vos et al. 2005, p. 132). An explorative case study design was utilised for the study. The aim of conducting a case study was to explore participants' experiences of the topic under investigation. This study adopted a case study design because it involved an in-depth analysis of a restricted system comprising social workers employed at Child Welfare. As Rossman and Rallis (2003, p. 114) explain, "Case studies are in-depth and detailed explorations of single examples (an event, process, organisation, group or individual)". The strengths of using a case study included the fact that this design enabled exploration of the experiences of social workers employed at a Child Welfare organisation regarding their experiences of the effects of secondary traumatic stress. The research design should be congruent with the philosophical beliefs underpinning the chosen research approach (Barroso, 2010, p. 90). An explorative, descriptive strategy of inquiry was considered the most suitable research design for the purpose of obtaining in-depth information. However, the limitations of choosing a case study were that such studies are often context-dependent and cannot be generalized as no two cases are identical (Durrheim, 2006; Punch, 2014).

3.4 Methodology

3.4.1 Population

"In human sciences the term "population" usually refers to all possible cases one is interested in studying and people with specific characteristics in common that are relevant to the study" Monette (2008, p. 136).

"The population is an abstract concept that can be described as a larger pool from which the sample or unit of study will be chosen" (Neuman 2006, p. 224). Child welfare is the biggest child protection organisation in South Africa with approximately 18 non-governmental organisations (NPOs) in Gauteng. For this study, five organisations were identified which would be easily and conveniently accessible to the researcher. The population was all the social workers who were employed at different child welfare organisations in Gauteng and rendering child protection services at the time of the study. Ten social workers were interviewed, in order to capture diverse experiences from different child welfare social workers with work experience of a year or more in the field. However, the definitive number of social workers employed in child welfare could not be obtained as the is no registry nor database was available, which may in part be attributed to high staff turnover. Furthermore, Podsakoff, (2007, as cited

in Hunter, 2016) notes that the stress acts as a determining factor of turnover as soon as the stress surpasses an employee's coping skills.

3.4.2 Sample and sampling procedure

Alpaslan defines a sample as "a sample is part of a whole or a subset of measurements drawn from the population. The type of sampling that the researcher applied in this study was non-probability purposive sampling" Alpaslan (2010, p. 151). This technique allowed the researcher to purposely seek typical and divergent data from participants (Strydom & Delport, 2011).

In this study, a total of 10 participants were recruited from child welfare organisations. Out of all child welfare organisations that the researcher approached to request permission to recruit participants, only five gave permission. Given (2015) states that purposive sampling implies to a process whereby participants are selected because they meet the criteria of inclusion that has been predetermined by the researcher as relevant to answer the research question.

The inclusion criteria for participation in this study included the following:

- Participants needed to be registered as social workers with the South African Council of Social Services Professions (SACSSP).
- Social workers were required to be aged between 25-65 years.
- Participants needed to be employed and practicing in child welfare organizations in Gauteng.
- The participants of this study needed to have a minimum of one year's working experience in the child protection field and employed at a child welfare organisation based on the rationale that such social workers would have a greater chance of being exposed to traumatic material and allowing participants' narratives to be rich and diverse.

3.5 Research procedure and strategy

3.5.1 Method of data collection

Having founded clarity on the population as well as sample pertinent to this study, the researcher will now give explanation how the data for this study were collected.

An information session on the study was facilitated by the researcher through virtual platforms linked to the organisations that permitted to recruit participants. Ethical considerations were discussed, and social workers were invited to participate in the study. The Participant Information Sheets (Appendix A), and Consent Forms (Appendix B) were sent via e-mail and the participants returned them electronically so that there was no paper transaction to ensure safety against the transmission of the COVID-19 virus. Data collection commenced only after the researcher received ethics clearance from the Human Research Ethics Committee (Non-Medical) of the University of the Witwatersrand (Appendix D). The researcher also obtained the consent forms of all participants before involving them in the study. The purpose and significance of the study was explained to the participants. Efforts were made to provide participants with sufficient information about the study to allow them to decide if they wished to participate.

In this study, interviews were facilitated through semi-structured interviews. To prepare for the interviews the researcher asked the participants to determine the time and place to create a conducive environment that was suitable for them. The process of data collection began by making contact with participants from different child welfare organisations telephonically and via email to make appointments. Some interviews were conducted face-to-face, in which a face mask was worn, social distancing was observed, and hands were sanitised as well as the pens used. However, platforms like Microsoft Teams and Zoom seemed to be the safest and preferred communication platforms, and the researcher ensured that the data of the participants were protected in terms of the Protection of Personal Information Act (Act 4 of 2013) (POPI). Virtual interviews were conducted with six participants, while face-to-face interviews were conducted with four participants. Data were collected using semi-structured interviews which enabled the researcher to explore and understand the participants' experiential world on the effects of secondary traumatic stress. Each interview took an average of 25 to 45 minutes depending on the depth of participants' answers. The researcher used her phone as a tape recorder after obtaining permission from the participants to record the information. Greef (cited in De Vos et al., 2002) asserts that semi-structured interviews can be used to gain a detailed picture of a participant's beliefs, perceptions, or accounts of, a particular topic while giving the researcher and the participant much flexibility. English was used as the medium of communication.

- **Virtual interviews**

Modern technology has equipped us with numerous tools which make communication a lot easier.

Strengths

The participants were interviewed in the comfort of their own homes or offices. The researcher saved money on traveling expenses. The researcher and participants were able to go back to their duties or regular activities as soon as the interviews were completed.

Limitations

Virtual interviews were dependent on a stable and fast internet connection, and disconnection and poor video or audio quality sometimes occurred. Those who were interviewed while at their homes occasionally experienced disturbances and interruptions by what was going on in their homes.

- **Face-to-face interviews**

The strengths and limitations of face-to-face interviews included:

Strengths

Technical issues never affected the interviews. The researcher was able to identify non-verbal cues. It was easier to build rapport which made the engagement to be meaningful.

Limitations

Often with face-to-face interviews, participants would run late due to unforeseen crises at work.

3.6 Research instrument

According to Green and Thorogood (cited in Alpaslan, 2010, p.22), "A semi-structured interview aims to allow the participant to speak at length, in detail, in ways in which he is most comfortable, on a given topic. The researcher might have a topic guide, but not a strict pre-determined schedule of questions."

A semi-structured interview guide (Appendix C) was utilised to collect data from participants. The semi-structured interview guide contained a sequence of open-ended questions which afforded both the interviewer and the participant opportunities for in-depth exploration of the issues under investigation. The interview guide questions were divided into sections A and B

according to the area that the researcher needed to explore. Section A contained biographical questions, while section B contained questions on the job description as a social worker, nature of trauma at work, effects of trauma and coping strategies.

Taking into account trustworthiness, the interview guide was developed so as to align all questions with the research objectives and literature.

3.7 Pre-testing the research instrument

Pre-testing is used to refine the research instrument and identify errors or difficulties when using the research instrument. Babbie and Mouton (2011) maintain that no matter how carefully data collection instruments are designed, the possibility of errors cannot be ruled out and pre-testing becomes vital to address unclear questions that participants may not comprehend. The pre-test was conducted with two participants who did not form part of the study; however, they met the criteria for inclusion. Both the participants found the instrument to be aligned with the research purpose and that the time needed to complete the interview was not too long. Moreover, the comments from the pre-test participants suggested that the data collection instrument was appropriate.

3.8 Method of data analysis

The final step was to analyse the data as a way of answering the research question. According to Bogdan and Bilken (cited by Alpaslan, 2010, p. 25), qualitative data analysis can be defined as "working with data which are textual, non-numerical and unstructured, organising it, breaking it into meaningful units, synthesising it, searching for patterns, discovering what is important and what is to be learned, and deciding what to tell others".

In this study, the qualitative data were analysed based on Tesch's eight steps (as cited in Alpaslan, 2010, p. 26). These steps helped the researcher to analyse the data systematically, by segmenting it into words or categories to subsequently form the basis for the emerging story about social workers' perspectives on experiences of secondary traumatic stress. To summarise the steps, data that were collected from the research participants were analysed in accordance with the aims of the study. Data were transcribed and coded into themes in order to identify commonalities, as well as unique themes. Efforts were then made to re-check the transcriptions with the taped interviews and compared them with the field notes to ensure that the data had

been correctly transcribed. Reading through the transcripts, the researcher tried to understand the meaning of the information provided. Through this process, common themes or patterns were identified. After the researcher read each transcript several times, the researcher was in a position to construct a comprehensive picture of the data. Creswell (cited in Alpaslan, 2010, p. 26) contends that the researcher is engaged in several activities during data analysis. The activities involved in this process include gathering data, transcribing interviews, separating the data into categories, compiling the data into a narrative or picture, and writing the qualitative report. Each theme was summarised into a reduced form and similar themes were grouped. The research findings are presented and discussed in Chapter Four.

3.9 Credibility, transferability, dependability and confirmability

Lincoln and Guba (1985) state that trustworthiness can be measured through four constructs: credibility, transferability, dependability and confirmability. These concepts are explained as follows:

In this study, to enhance **credibility**, the researcher ensured that the research participants were accurately identified; thus, only social workers who met the criteria of inclusion were recruited. The researcher identified child welfare organisations that were based in Gauteng and sent letters to request permission to recruit in their organisations. On receipt of the request approval, information sessions about the research and expectations from the participants were facilitated via Zoom. The researcher was cognisant of the fact that South Africa was in lockdown due to the COVID-19 pandemic; hence virtual meetings were arranged where possible. Efforts were made to ensure that social workers who participated in the study were registered as social workers with the South African Council for Social Service Professions (SACSSP), employed and practicing in a child welfare organization in Gauteng, had a minimum of one year's working experience in the child protection field and were between the ages of 25- 65 years.

To facilitate **transferability**, the researcher explained in sufficient detail the sampling selection criteria, the context of the fieldwork and the factors that impinged on the findings, thereby enabling readers to decide whether the environment investigated was similar to other situations or environments and whether the findings could justifiably be applied to those settings (Marshall & Rossman, 1995). Semi-structured, qualitative interviews were utilised as the method of data collection and provided an opportunity to gather the information required to answer the research question. To allow transferability, Dutton and Rubenstein's (1995)

Secondary Traumatic Stress Model guided the analysis of the experiences of child welfare social workers in relation to secondary traumatic stress effects and assisted in answering the research question.

To ensure **dependability**, engagement in in-depth interviews with the research participants and re-reading interview transcripts enabled rich information and reported by the participants to be captured as accurately as possible. As Lichtman (2014, p. 387) mentions, dependability emphasises the need for the researcher to account for the ever-changing context within which research occurs. Throughout the process, the researcher's supervisor was consulted and the researcher kept field notes and used the procedure outlined in relation to credibility to demonstrate dependability.

Confirmability was ensured as a way of protection against attaching pre-conceived thoughts or own insights on the experiences of the participants. Confirmability was achieved through being congruent, maintaining objectivity, avoiding being judgmental, and being careful of the questions that were asked when the participants shared their experiential worlds. The researcher's supervisor was involved in assessing the research to ensure confirmability. As recommended by Royse (2010), an audit trail documenting each step completed during the collection and analysis of the data, strengthened confidence in the research data.

3.10 Ethical considerations

Ethics is a crucial part of the research process as it guides and governs how analysis and collection of data involving human participants is carried out. Therefore, considering ethical issues can influence the likely outcome of the study. For research to be ethical it must have social or scientific value; therefore, research participants should not be exposed to harm without possible social or scientific benefit (Barrow et al., 2022). The researcher complied with ethical principles in this study to ensure that participants' welfare was safeguarded.

Ethical principles are embedded in the South African Constitution. Section 12 (2) of the Bill of Rights states that everyone has the right to bodily and psychological integrity which includes the right to security in and control over their body and not to be subjected to medical or scientific experiments without their informed consent. The researcher obtained informed consent from the participants and also, provided information on the study. Thereafter, the researcher confirmed with each participant if the information regarding their participation in

the study had been understood. Manson (cited in Saenz, 2017) notes that scholars have raised serious problems with autonomy-based defences of informed consent in research ethics.

3.10.1 Clearance certificate

Prior to commencing with the study, the research proposal was submitted to the University of the Witwatersrand Ethics Committee (Non-Medical) for analysis and approval, in order for the clearance certificate to be obtained. According to Neuman (2014), codes of ethics and other researchers provide guidance, but ethical conduct ultimately depends on an individual researcher.

3.10.2 Non-maleficence

Ensures that research participants are protected from indirect or direct harm resulting from their participation in a study, and this requirement was met. Due to the nature of this study, and as part of the consent process, the researcher provided a fair description of any psychological risks anticipated. As the study dealt with sensitive issues, asking questions related to personal experiences of secondary traumatic stress might have had the potential for exerting a negative emotional impact. The researcher therefore ensured that psychological support was offered to the participants during and after the interviews if it was needed. For this purpose, the details of a counsellor were included on the Participant Information Sheet (Appendix A).

3.10.3 Confidentiality and anonymity

The researcher strived for competency in protecting the confidentiality and anonymity of participants by ensuring privacy during participation, and the information that was disclosed was kept confidential unless there was a risk of harm to self or others.

Confidentiality was guaranteed by not making information identifiable, not mentioning names and not linking any specific responses with specific respondents.

The anonymity of participants was ensured by coding interview schedules and the participants' responses as an ethical consideration that the researcher endeavoured to uphold.

3.10.4 Voluntary participation

The participants were informed of their right to withdraw from the study at any point in the process without incurring any negative consequences. Participants were informed about their right to refrain from answering any questions that they did not feel comfortable answering. Due to the sensitive nature of the research topic, a distress protocol was in place and debriefing was arranged should there have been a need for counselling, and the details of a registered counsellor were provided in the information sheet given to participants (Appendix A) The purpose was to inform the participants about the study and make them aware of their rights. As participation was voluntary, it was made clear that participation in the study was not imposed on them and that they had the right to withdraw from the process at any time. Neuman (2014) emphasises that people should not be allowed to participate in research unless they have freely consented to do so. Participants were also given consent forms (Appendix B) to obtain consent before any encounter with the participants, which explained how their personal data would be handled.

3.10.5 Credibility of the researcher

The researcher was registered with the South African Council for Social Service Professions (SACSSP) as a social worker. The researcher had been practicing in the child welfare setting from 2016 to the present. Therefore, the researcher was knowledgeable in regard to experiences of secondary traumatic stress which is the subject of this study because she had first-hand experience in working with traumatised children.

3.10.6 Reflexivity

Using the example of a visual as a metaphor, Probst (2015) explains how reflexive researchers view the world from two directions: one in terms of the study, the second of their own biases, agendas, assumptions, attachments and projections. In light of the researcher's personal experience with the phenomenon under investigation, of which this could have influenced the participant's story during the interview process, the researcher had to wear a hat of a researcher than that of a child welfare social worker. The researcher used a reflective journal to gain self-awareness throughout the process and recording participants' comments and the researcher's thoughts during the interview in order to capture feelings expressed by the participants. When the researcher was transcribing data, especially when the researcher was listening intently and

repeatedly to secondary experiences data expressed by the participants, she turned to her inner self to find the comparability of experience and shared feelings

3.11 Limitations and delimitations

The first limitation relates to the small, non-probability sample that was utilised in the study. Therefore, the experiences of the participants might not represent the experiences of all social workers employed at child welfare organisations in Gauteng of the effects of secondary traumatic stress. Initially, the researcher intended on interviewing 15 participants from five child welfare organisations in Gauteng. The researcher only received permission to recruit participants from five organisations totalling the number of participants who sent back the consent forms to 10. Efforts were made to overcome this limitation by using in-depth data collection on the availability of participants and enhancing the transferability and credibility of the research. Nevertheless, Fouche and Schurink (2011) emphasise that when conducting an explorative study through a case study design, every person's experience is important and relevant to understanding a given phenomenon. Saturation is by far the most widely used principle for determining sample size and evaluating its sufficiency. Consideration should be given to issues such as the study's scope, its nature, the accessibility of the sample, and the quality of the data. The level of structure of questions asked during interviews influenced the richness of data generated. The participants were selected by virtue of their capacity to provide rich information relevant to the phenomenon under investigation therefore, the researcher feels that though the interviews were conducted with 10 participants, the research findings offered empirical evidence around justification of data saturation. The analyses conducted by Guest et al., (2006) indicate that data saturation occurs between seven and twelve interviews, where many basic elements of themes appear between interviews one and six. In addition, the researcher concurs with Namey, Guest, McKenna, and Chen (2016), who concluded that saturation could be reached between eight and 16 interviews, depending on the level of saturation.

Due to the COVID-19 pandemic some interviews were conducted virtually, and it was difficult for the participants to keep to the appointments given the nature of their work in dealing with emergencies most of the time. This aspect thus proved to be a huge setback to the researcher.

A further limitation relates to the fact that the researcher is in the employ of a child welfare organisation at the time of the study and had experience in the child protection field. She has

her own historical experience of secondary traumatic stress, and her own views may have influenced the interpretation of the findings. The researcher addressed this source of bias by checking with a colleague and undergoing reflective supervision with someone who did not form part of the study to ensure that themes generated were those of the participants' stories of experiences and not influenced by the researcher's own experiences.

Delimitations of the study included the fact that the study did not set out to measure secondary traumatic stress levels quantitatively, but only focused on the experiences of secondary trauma from a qualitative perspective.

3.12 Conclusion

An exploratory-descriptive case study research design was utilised in this study to elicit in-depth narratives on the experiences of child welfare social workers in relation to the effects of secondary traumatic stress. A semi-structured interview guide was utilised for data collection and the data were analysed thematically. In the following chapter the findings are presented and discussed.

CHAPTER FOUR
FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings of the study on child welfare social workers' experiences of secondary traumatic stress effects and focuses on the analysis, presentation of data, discussion of the findings in relation to literature and the theoretical framework. Participants will be presented as P1 to P2 in quoted interviews, in order to ensure anonymity. The data will be presented around the questions and data will be analysed using the theoretical framework.

Data were collected through semi-structured interviews with 10 social workers who are employed at child welfare organisations based in Gauteng. These social workers were registered with the South African Council of Social Services Professions (SACSSP) and had a minimum of one-year of experience as a child welfare social worker. Thematic analysis was conducted to analyse data. In this chapter, the research findings will be presented by firstly providing a biographical profile of the participants and then a presentation of the themes that emerged from the process of data analysis.

4.2 Demographics

There were 10 participants in this study. All social workers who participated in the study participated voluntarily. All the participants who took part in the study were females (n=10) and the participant's ages ranged between 26 to 56 years. This gender dominance is not exceptional within the social work field, as donated by Earle (2008) where she stated that previous research studies have shown a female dominance in social work ranges between the average of 85% to 90%. Schenck (2009, p. 304) claims that traditionally social work has been known as a 'woman's career'. This comment is coherent with Earle-Malleson's (2009) and Patel's (2009) claim that social work is a gendered profession with an average of 89.3% of social workers in South Africa being female. Figure 4.1 shows the ethnic group of the participants nine out of 10 were African and one was Indian. Figure 4.2 shows the length of experience for each participant, most participants had been working at child welfare for less than 10 years practicing in the child protection field.

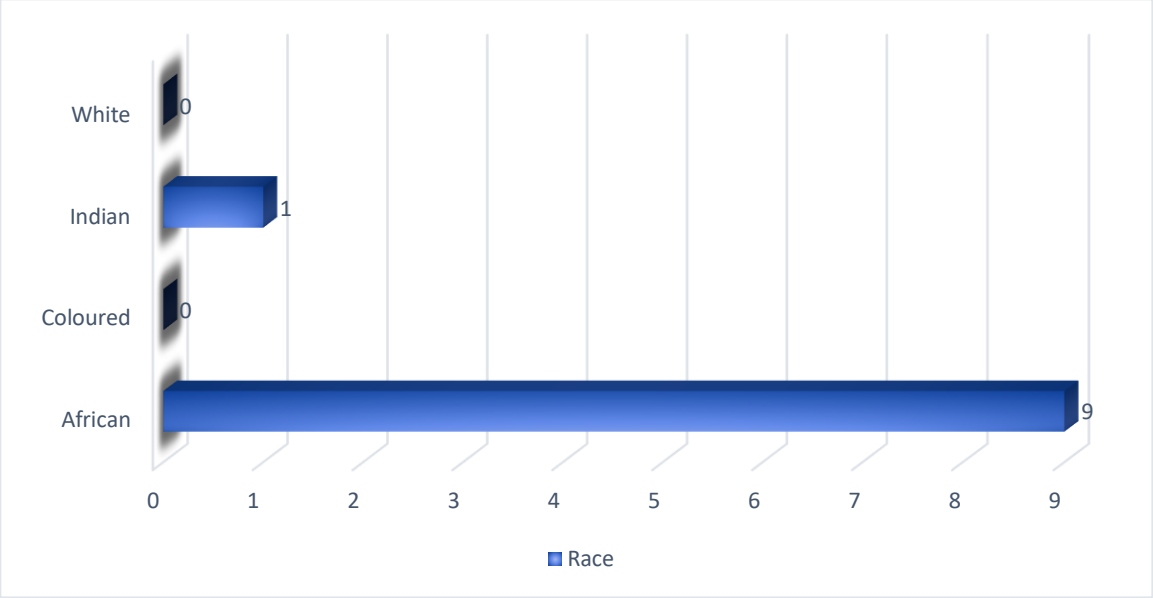

Figure 4.1 Ethnic groups of participants (n=10)

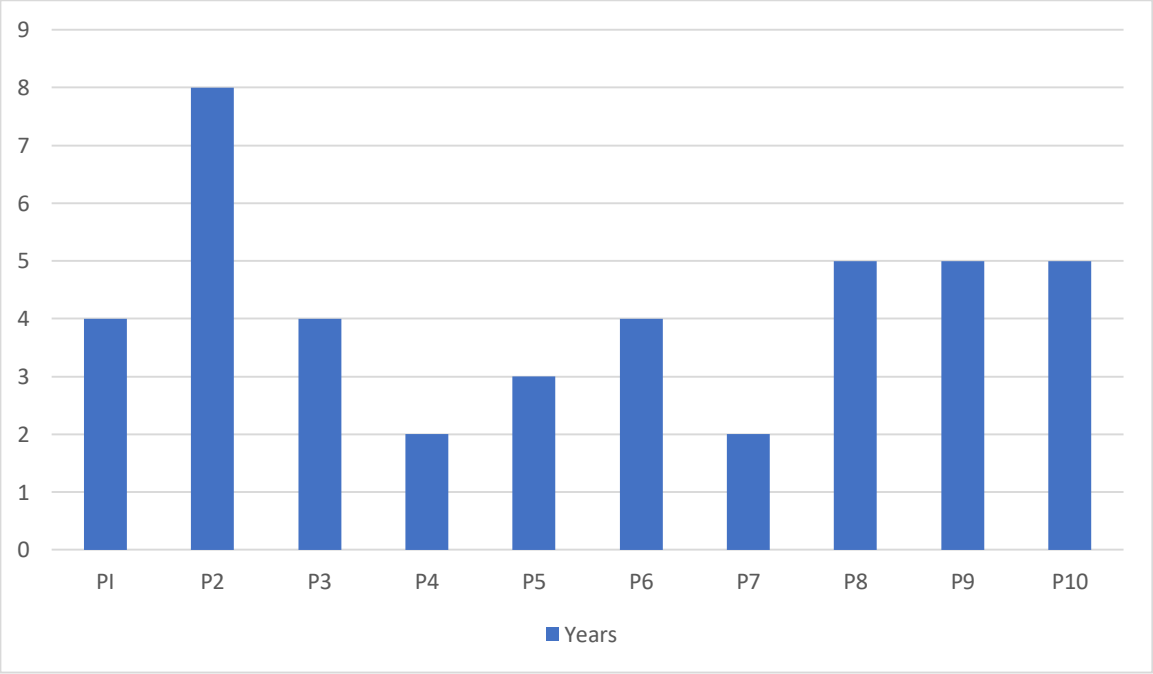

Figure 4.2: Participant's years of experience as a child welfare social worker (N=10)

Figure 4.2 illustrates the participant's length of service as child welfare social workers. Participants' years of experience practicing in a child protection field ranged from two years to eight years, therefore it is apparent that as participants are experienced their contribution will add value to this study.

4.3 Main themes arising from the data collected

Ten social workers participated in the study. From the data analysis, five themes and subthemes were identified, a summary of themes and subthemes is provided in Table 4.1.

Table 4.1 Summary of themes and sub-themes

Themes	**Sub-themes**
Theme 1: Understanding of job responsibilities as a child welfare social worker	• Working with abused children • Excessive administration and report writing • The context of substance abuse
Theme 2: Encounters of the social work environment in respect of trauma exposure	• Working with abused children and traumatised client system • Complexity of cases • Frequent trauma exposure
Theme 3: Effects of work-related secondary traumatic stress	• Work – home interference • Worldview • Physical, cognitive, emotional, and social impact • Maternal instinct versus Social Work professional
Theme 4: Resources/ Responses to secondary traumatic stress/ Coping strategies	• Immediate • Within the workplace • Outside of work
Theme 5: Need for counselling/ clinical supervision	• External counsellor/ Psychologist

4.4 Discussion of themes

This section points to the themes and subthemes that arose from the interviews with participants. These themes included what participants' understanding of their job as a child welfare social worker entailed, their understanding of the concept "secondary traumatic stress", experiences of the social work environment in respect of trauma exposure, effects of work-related secondary traumatic stress and coping.

4.4.1 The scope and responsibilities of a child welfare social worker

When exploring the nature of their work, the social workers spoke particularly about their work with abused children, the excessive paperwork, and the complex social context in which they work.

- **Working with abused children as a child welfare social worker**

As stated by Barsky (2006, p. 14), social work is defined internationally as the promotion of social change, the solution of human relations problems, empowerment, and liberation of the individual. Participant 7 provided a general description of a social worker's role,

> *"To listen to people with problems and explore options for the problem faced not to solve or take decisions for them also help people to help themselves. So, my job entails counselling, home visits, intakes support groups, community work, awareness campaigns and a whole lot of paperwork."* P7

The home visits that this participant is referring to involve the supervision and monitoring of foster care placements, this is an important task for social workers as most of the children are placed in foster care with foster parents that were recruited and trained by the child welfare organisations which are not related to the children placed in their care. Malgas (2011) notes that social workers have to supervise foster care placements as designated Child Protection Organisations (CPOs), have an obligation to do so, thus the need to develop a programme for supervisors that will ensure that those placing children in foster care are informed and guided. Furthermore, to provide foster children with a stable environment for growth, social services rely on the foster care system (Fallesen, 2013).

All ten participants clearly described their social work role in child protection, as focusing on statutory work and family preservation. Participant 8 summarised the role of the child protection social worker clearly when she said,

> *"I'm a child protection social worker. I work with vulnerable children, when I say vulnerable children, its abandoned children and abused children."* P8

Child abuse and child abandonment has become a chronic social ill in South Africa. Thus, child welfare social workers find themselves with overwhelming caseloads. The 2016 Optimus National Prevalence Study in South Africa found that one in three boys and girls have experienced sexual abuse. Other types of violence were reported between January and May as follows: physical abuse (88), neglect (66), sexual abuse (45), dog bites (18), gunshot injuries (17), children at risk (11), burns (22) and abandonment (6).

- **Excessive administrative and report writing responsibilities**

Entrenched in the child protection social worker's role is a lot of administration and report writing for court about the cases of child protection, the following two quotations illustrate this aspect. Participant 4 also added that they have to train social work students that are undertaking their practical work at the organisation.

> *"Okay, oh my God there's a lot. There is court work, a lot of it. I'm also responsible for safeguarding, so it will start from the safeguarding part of children, you go and remove. Aah, lately we have a lot of access matters from court and then family interventions. Also, students training."* P1

> *"It entails assessment plans, family support services like counselling statutory work, statistical reports compilation and community work. Also, with statutory work I do a lot of foster care placements and court attendance"* P4

Participant 4 noted that statutory work requires that they have to do a lot of paperwork which includes report writing, processing foster care applications and the stress of appearing at court for inquiries.

- **The context of child protection and substance abuse**

When participant 2 explained the role of the child protection worker, she highlighted that substance abuse appears to be inextricably connected to child abuse in most the cases which is one of the contributing factors that child welfare social workers remove the children,

> *"My job entails a lot of fieldwork, and also working towards improving the quality of life of individuals, families and communities these days it is also expected to help those who are addicted to drugs and alcohol also support is given to people who have been abused or molested, which requires specialised training and qualification"* P2

Hunter (2016) noted that South Africa is one of the top 10 countries that consume the most alcohol, and Department of Social Development (DSD, 2013) highlights that substance abuse has been linked to criminal activity, domestic violence, and child abuse. All the participants have articulated that besides safeguarding children, child welfare social workers do everything from intake, statutory work, foster care parents recruitment and training, community programmes to statutory work. With this being said it makes it almost impossible not to be exposed to traumatic cases in their work environment. While social workers are overwhelmed with statutory obligations that they are also required to undertake, they also need to be available for crisis interventions. Due to the demanding nature of the work of child welfare social workers' responsibilities, this may result to social workers' experiencing a high level of stress and ultimately their resignation. Lombard (2005 as cited in Skhosana, 2020) adds that the difficulties faced by social workers lead to a high staff turnover in the Non-Profit Organisation (NPO) sector includes high caseload. In the same vein Podsakoff (2007 as cited in Hunter, 2016) notes that the stress acts as a turnover determinant once the stress surpasses an employee's coping skills.

4.4.2 The nature of trauma exposure in the work environment

The second theme that developed from the interviews was complexity of cases that the social workers were dealing with.

- **Complex cases**

Mention has been made when participants were asked about the nature of trauma their clients are exposed to, if it was single or multiple traumas. Most of the participants have indicated that their clients experience mostly multiple which adds to a high influx of complicated cases. The

authors of Dutton and Rubinstein (1995) admit that environmental factors as well as individual characteristics play a role in the occurrence of secondary traumatic stress and post-traumatic stress disorder. The following quotations from the transcripts confirm to this:

> *"Most of it is multiple and it's also a cycle they've gone through in their childhood and now their children are going through it as well."* P7

Participant 7 reported that working with clients who experience transgenerational trauma, the trauma that is shared within families or transferred from parent to child. This applies when one or both the parents of that child were removed from their parent's care, and they were raised in foster care or child and youth care centres or have experienced child abuse (childhood trauma) and now their child will also enter into the foster care system for similar experiences.

Hirshenberger, (2018, as cited in Masson & Harms Smith, 2019) alluded that the traumatic event is embodied in the collective memory of individuals and/or a group and constitutes a crisis of meaning for a group, which is often transmitted to generations that follow. Furthermore, Bezo and Maggi, (2015) note that social learning and biological perspectives have predominantly identified the family as the vehicle for intergenerational trauma. Building upon literature on transgenerational trauma, it is clear that transgenerational trauma stemming from child abuse within families continues to exert its effects on child welfare social workers.

> *"I would say its multiple [trauma] because when we remove children that are neglected, they experience the void even if they have been neglected by their parents, they don't know that. To them, they are their parents, and they love them. So, when we remove them, they experience the void, and moving them to another place is traumatic for them."* P5

Participant 5 highlighted that the children they work with experienced multiple traumas, that in reference that the child might have experienced multiple traumas and further explained that removal is traumatic for the child also being neglected is another form of trauma. The participant further articulated on trauma that children go through during removal, how these children have normalised the dysfunctional family setup that they cannot differentiate between parents who love them or abuse them.

Participant 3 added that children experience multiple traumas by being left alone without any adult supervision which makes them experience a wide range of emotions.

> *"You will find that a child was left all alone, and now there is no one taking care of them because they have been all alone the trauma of rejection and abandonment interrelates with one another."* P3

Participant 1 mentioned that in addition to the difficult cases working with abused and traumatised children, they have to deal with access matters which puts more burden than it already is on social workers. Where they must deal with parents or families who are fighting over access/ parental alienation to children.

> "*Lately we have a lot of access matters from court and then family interventions."* P1

It is clear that the participants feel overwhelmed by the increase in workload. Additionally, dealing with access matters implies that social workers have to deal with lawyers and biological parents in drafting parenting plans when social workers are already burdened with statutory cases. Findings of this study are in accordance with Hunter's (2016, p. 25) statement when she alluded that "the increasing complexity in child protection field is also a result of resources and challenging bureaucracy that consumes social workers time and make meaningful interning almost impossible". However, there are not enough social workers employed at child welfare organisations and insufficient resources to execute what is demanded in the legislature, consequently the few child protection social workers employed in the field experience intensified pressure.

- **Frequent trauma exposure**

When participants were asked how often they have dealt with traumatised children in their line of duty. The participants report being exposed to frequent trauma.

> *"Funny enough you will think you have dealt with the worst-case only to find that there's another one that is coming. Especially in our office, our office is very small like you saw. Even if a colleague has experienced a traumatic situation, we are all affected because we are parents at the end of the day as much as we are social workers."* P6

Participant 6 gave a clear indication on the frequency of trauma exposure that one traumatic case is allocated after another; the participant also stated that there is no way one can ignore

being affected by what a colleague's experience owing to the nature of their work environment setting. The implication of frequent trauma cases influx has been noted in the participant's response that social workers don't get the time to breathe in between cases was another finding in this study. VanDeusen (2016) points out that social workers and other helping professionals are indirectly or indirectly exposed to explicit details of traumatic events as they provide treatment and services to traumatised populations.

Child welfare is a designated child protection organisation that services vulnerable groups like orphans, abused children and abandoned children that are exposed to circumstances that may harm the children's psychological health which includes drug/alcohol abuse and domestic violence. Therefore, the findings concur with previous studies that the negative effects of secondary trauma exposure do not prevent the probability of positive outcomes discovered. Research in this area confirms the co-manifestation of secondary traumatic stress and vicarious post-traumatic growth (Manning-Jones et al., 2017, Oginska-Bulik & Juczynski, 2020). According to Dutton and Rubenstein (1995), every trauma worker is exposed to traumatic material in a unique way. This model therefore points toward exposure to traumatic material to which the child welfare social workers are exposed affects individuals differently depending on the severity of the client's experience.

4.4.3 Effects of working with abused children and traumatised client system

The findings revealed that all the social workers acknowledged how difficult it was to work with abused children. Participants' experiences in working with traumatised children/clients included the following

> *"Working with abused children is also traumatic for the social worker because you ask yourself how is this child experiencing this? We try to assist them but it's difficult."* P5

> *"Working with abused children is a challenge because sometimes you personalise it, sometimes you wish that you can get a solution immediately while there are rules that need to be followed, do you understand? Sometimes you need to open a case and it takes longer. Sometimes you feel you are now personalising the case and you're being traumatised while the case is prolonging."* P3

> *"I think if role players can do their job. The police, the courts, the dept. of home affairs and the dept. of health. If everybody can play their part, I think things will be much different for social workers."* P6

Participants 3 and 5 reflected on how emotionally they are affected. Truter et al., (2018) explained that the emotional trauma that induced by work is listed as another risk factor. All participants expressed similar experiences on emotional difficulties they encounter when servicing abused children, the lack of cooperation from other service providers add more frustrations and feelings of helplessness to the child welfare social workers. The suggestion was made by participant 6, that if all role players can do their jobs it will make a difference to the social workers.

Truter et al., (2018) explained that the emotional trauma that comes with the job of being a social worker is listed as another risk factor. A considerable source of worry identified was the persistent concern on social workers of how they were going to help these children or find an instant solution. However, there were red tapes encountered due to procedures that they need to follow. The study by Schiller (2017) examined issues faced by child protection social workers in South Africa when dealing with sexual abuse cases and found that a number of risk factors were reported, including incompetence of other role players, a failing child protection system, and a heavy caseload. This finding is coherent with participants in this research when a mention was made of experiencing challenges with other role-players. These systematic challenges lead to child welfare social workers feeling helpless and disempowered in dealing with child abuse cases. For example, the length of time taken to withdraw or prosecute a case is unacceptable. Additionally, a case will be withdrawn due to lack of evidence by the prosecutor that indicates a lack of competence among those responsible for investigating, as well as a failure to pay attention to a confession from a child.

4.4.4 Effects of secondary traumatic stress

The first objective of the study was to explore the nature effects of secondary traumatic stress experienced by social workers who are employed at child welfare. These effects will be discussed on four dimensions physical, cognitive, emotional and social. Rosenbloom and Williams (2010) note that trauma can affect the whole person including changes in body, mind and behaviour. According to Ehlers and Clark (2000, as cited in Ogiska-Bulik et al., 2022), cognitive processing of trauma might play a role in explaining the negative outcomes encountered by the individual.

- **Physical effect**

The physical impact seemed to be embedded in the secondary traumatic stress incurred in their work. The participants highlighted a variety of symptoms related to being secondary traumatisation.

> "*The child was very sick she almost died the child had marks all over her body. I'm not sure whether she was strangled she didn't eat for quite a long time because the sister took the child to the clinic and she was referred to the hospital because the condition of the child was serious, the child stayed at the hospital for 3 months because of the severity of her condition. I couldn't sleep"* P8

In the same light, when participants were asked of the earliest signs, they notice of experiencing secondary traumatic stress their responses concurred with the literature on symptoms of secondary traumatic stress by (Meghan et al., 2020).

> *"The earliest signs are worry and fatigue."* P9

All participants reported experiencing difficulties of falling asleep due to the intrusion of constantly thinking about their cases. Meghan et al., (2020) state that secondary traumatic stress is characterized by hypervigilance, avoidance, re-experiencing, and change in mood. Additional symptoms include guilt, anger, problems sleeping, challenges with concentration, exhaustion, and a decreased immune function. It is well known that the social work profession is texting because it is emotional work, the participants have reported not being able to sleep, lack of making a good judgement, irritability, worry and fatigue. Symptoms of elevated arousal, such as difficulty falling or staying asleep, irritability or anger outbursts, difficulty concentrating or hypervigilance, after trauma are arousal symptoms. The above statement it seems realistic for the researcher to assume that child welfare social workers among other professionals are at high risk of being affected by secondary traumatic stress. The notion "you cannot pour from an empty cup" in relation to child welfare social workers simply means that they cannot give to others if they are not taking care of themselves.

- **Cognitive effect**

The cognitive impact as described by the participants of feeling helpless and judgemental or guilty.

> *"Some of them you find that the kids are very young and comparing the way you grew up and what they are experiencing. You are like, really are there people who are experiencing this? At my age I have never experienced this, you will feel that pity that these kids are robbed of their childhood."* P4

> *"The mother disclosed that information to me and I felt that maybe I could have done more to protect her. I don't know what happened to the child because I could not do a follow-up, the case was closed at court."* P6

> *"So, when I was told that she passed on, I had so many unanswered questions, I blame myself for it I thought maybe if I reported this, I would have somehow been able to help but there's nothing I could have done, really."* P10

Being the change agents, advocating for children's rights was considered to be important enough to give up one's mental well-being "the cost of caring". Participants mentioned feeling guilty that they were not able to follow up on a case and self-blame for not reporting a disclosure. The responses of participants 4, 6 and 10 concur with the notion that social work is an emotionally taxing profession. Therefore, participants' statements are congruent with the literature on non-professional trauma counselling in South Africa has largely overlooked the psychological and emotional risks associated with providing care to traumatized populations, according to (Padmanabhanunni, 2020). In the same vein, Gibson (2014) describes how social workers operate in an environment where failing to meet expectations can lead to negative self-judgments or negative judgments from others, as well as a sense of inadequacy and not feeling 'good enough.

> *"I think I don't make good judgments."* P5

Five participants shared the same experience noted by P5 not being able to make good judgments as one of the symptoms she notices of experiencing secondary traumatic stress makes it clear that child welfare social workers experience severe challenges which detract from their ability to perform their duties by producing meaningful interventions because of the level of trauma exposure. The quotations included here, show how participants were

cognitively affected and how they often feel responsible for negative outcomes of what happens to the children in their care as social workers.

- **Work/home interference**

The participants' narratives on how the job as child welfare social workers affected their personal lives. The following excerpts from the transcripts attest to this:

> *"It doesn't go away like I take it with me home. I don't enjoy time off from work because it's there and most of the time that all that constantly ringing in your head that there's this child and this happened, you know like its lives there."* P1

> *"We deal with children have been abused and it also sticks with you. When you get home, you think about these kids over and over."* P9

> *"I'll take that situation home with me, when I go to bed, I see that child that is raped, I see that child who was abandoned at the hospital with no one, I cannot go to bed in peace and relax so that I have a productive day on the following day because I have to think where I am going to place this child."* P4

All participants expressed the inability to relax at home time with their families without constantly thinking about their cases. They have reported similar experiences of their minds wondering about interventions for a particular case pondering over solutions on how they are going to safeguard a child. The researcher can safely assume that the participants find it difficult to halt the intrusion. Furthermore, Dutton and Rubenstein (1995) agreed that indicators of secondary traumatic stress can include distressing emotions, impaired functioning on a daily basis, somatic complaints, physiological arousal, social withdrawal, and intrusive imagery. Although the authors have listed the indicators of secondary traumatic stress, the findings in this study indicated that the participants only acknowledged distressing emotions, impairment in day-to-day functioning, physiological arousal, avoidance and intrusive thoughts. The participants account for inability to relax at home. Thus, from the participant's frame of reference how they view the world has been altered by the experiences in their jobs.

- **Change of worldview**

Thomas and Wilson (2004) view secondary traumatic stress as part of a group of related occupational stress syndromes, including vicarious trauma and compassion fatigue. Which includes challenges to values, beliefs, and worldview. Participant 3 expressed how her job as a

child welfare social worker made her see another died of life that what she got accustomed to, from her line of work made her become more appreciative of life and be content with what she has,

> *"Life has always been jolly, happy and beautiful but now you get to see the ugly side of life and make me think that there are people who are staying in these conditions and yet I'm complaining about what I have so we tend to be more appreciative of what you have looking at what others are facing."* P3

> *"Now I will be brutally honest, for me it affects even my colleagues can attest to that. The cases that I deal with here, they affect my personal life it is a reason why I'm single."* P2

Participant 2 expressed that because of her job she does not intend to be in a relationship and has no interest in being a mother due to what her work has exposed her to for fear of what may happen to her child.

- **Emotional effect**

The findings of this study are that work related experience of secondary traumatic stress has significantly affected the participant's emotional well-being as per their response to a question on whether participants have ever felt traumatised personally or professionally as the result of their work. The participant recounted feeling like crying and feeling overwhelmed with a particular case due to ongoing stress. Most participants indicated feelings of anxiety, and uncertainty these feelings were centered on safeguarding the lives of the children they service because as child welfare social workers the onus rest on them to make the right decision for these children.

> *"Getting emotional, I want to cry, and I want to talk to everyone about it. I want it to be known, so the minute it starts I sit with the colleagues on the table it's all I want to talk about. That is when I realise that this thing is actually eating me up. Sometimes I walk into the office and don't even know what I'm supposed to be doing because my mind is still stuck on that particular case."* P1

> *"When I thought about it, I was like, no this is not a place or an environment where we can place the child even though they are related but the circumstances really did not permit because the family seem to be so dysfunctional, and we really don't see a*

direction with this family. So, it affected me so badly you know I didn't want to fail this child. When I went back to the office, I was constantly thinking about it I even went to the case manager to say this placement is not going to work, you need to find alternative placement so that we ensure that the child is safe and taken care of." P3

"A number of times I want to jump onto people and strangle them. Like I just don't understand why someone would make a child to go through certain things you know. Even when we are having conversations and you notice that this parent doesn't even care, or this caregiver doesn't even care or does not acknowledge that there are issues there." P1

"I get irritated" P5

Participant 1 described an emotional outburst with clients where she felt irritated and angry. This participant's reaction to the situation was a response from secondary traumatic stress and is in line with findings by Bride, (2007) that arousal symptoms include persistent symptoms of anxiety or increased arousal that were not present before the trauma, such as outbursts of anger. Collins (2016) notes that long-term effects of stress in the workplace do not only influence your physical health but also impact your output at work. Even though Collins (2016) cited that one of the effects of work stress can influence one's physical health. However, the findings in this study beg to differ, none of the participants reported any effects on their physical health but rather the output of their work, the researcher can assume that the child welfare social worker's prolonged secondary stress traumatisation has affected them on how to perform their duties.

- **Social effect**

Participants reported on the difficulties in normalising their social life outside of work. For most of the participants they found it difficult to take off the "social work hat" which made social interactions very challenging, their profession as child welfare social workers became a hindrance in their social life.

"It has affected me because I completely stopped going out there like I used to. I don't go out anymore because I know I will be a terrible company because everything is just a job and everything that is happening so, I have actually stopped a lot of personal things that I used to do and it also cuts into my life, my family there are things that I'm not giving out the way I'm supposed to." P1

"I find myself, anywhere I go it doesn't matter if it's a posh place or a park or whatever, but I always look out and picking up on why is this one doing this, this is not supposed to be like this. So, I've gotten to that point where I feel like I'm aware, you know my eyes and ears are just there. That's why I avoid going out." P8

Five participants have expressed that during their work off days, they find themselves wearing a 'social work hat'. Which proves to be difficult to socialise without assessing their surroundings thus, social interactions are hindered. The level of intrusion in social workers personal live has resulted in social withdrawal, some social workers reported avoiding going out to places or doing activities they once loved. Findings on studies conducted on secondary traumatic stress among child welfare social workers confirm the participants' experiences of the phenomenon as Bride (2007) states that avoidance symptoms also include loss of interest or participation in significant activities, detachment or estrangement from others, and a sense of foreshortened future. The author further notes that secondary traumatic stress is becoming viewed as an occupational hazard of providing direct services to traumatized populations. Despite the intrusion of secondary traumatic stress in participants, participants also shared how the address secondary traumatisation using various coping strategies and resources available, this will be discussed in the following section.

- **Maternal instinct versus Social Work professional**

Some participants mentioned that they struggle with their role as being a mom and that of a social worker. As female social workers, their maternal instincts often made them feel the need to protect children as a mother, beyond the social work role. Accordingly, they also found that it was difficult to just be a parent and that their social work role influenced their parenting outlook, *"I'm not like a normal parent anymore because I have this fear of what is going to happen to them and seeing kids raped and all other things on a daily basis, I deal with this it's like I'm crazy in most cases."* P6

Participant 6 articulated how her parenting style has changed, she has become overprotective of her children.

"It has affected me so much because now I view things differently. If I see a child walking alone in the streets, I have a need to protect this child, who is the mother how can she live this child unattended? I wish I could create a safety net for all the children

out there. Sometimes I think I'm crazy, if it was up to me, the children won't be playing in the street and won't be left unattended." P6

"Even to this day this child is still in my head. I have seen a child who was physically abused, and it was scary when seeing the child and the process of taking the child to the hospital, he was so severely beaten that I didn't think she was going to make it. It was scary for me, and you know sometimes when you are a professional but on that day I just had to be human and be scared and I know that I was supposed to detach myself but that day I became myself and I was scared." P2

Social workers in child welfare are mostly female, as mothers and caseworkers it is common to feel the need to protect. The participants in this study are child protection social workers, the role ambiguity will be manifest due to being exposed to traumatic experiences of children they work with because of their work. Hunter and Longhurst's (2013) study resonates with the participants' responses that the good mother associates this archetype with femininity, including naturing, offering protection and remaining selfless.

4.4.5 Responses to coping with secondary traumatic stress/ Resources available

This section comprises three categories which are immediate, within the workplace and outside of the workplace. In this theme the participants describe their responses to secondary traumatisation. Perceptions of the participants of coping strategies (functional or dysfunctional) and resources available were incorporated in these three categories. Beer et al., (2020) alluded that, the continued prevalence and severity of stress within the social work profession implies that previous efforts to address the problem have been ineffective. It is significant to note that cognitive trauma processing after secondary exposure to trauma might depend on various factors like the type of traumatic events experienced by clients, the level to which the social workers are cognitively involved in trauma processing and the coping resources they possess.

4.4.5.1 Personal coping strategies

- **Immediate**

Participants discussed the need to adopt immediate coping strategies in response to trauma exposure. Which requires immediate coping behaviours to enable them to perform their duties and also deal with the next crisis.

Eight of the participants stated that for debriefing they discuss incidences of trauma exposure with colleagues. Therefore, the findings inform that participant uses peer supervision as an immediate coping mechanism. For some participants doing self-care activities influenced coping.

> *"After that whole drama. I came back to the office, and I discusses it with my team, and we laughed about it and I was okay. So, team debriefing gets me by."* P5

> *"For me back then I used to run a lot to relieve stress and it used to help me a lot."* P10

Participant 8 opted to use a dysfunctional coping method of smoking cigarettes, the participant mentioned that it gives her the relief needed at that time.

> *"Smoking cigarettes gives me some sense of tension or stress relief."* P8

According to Dutton and Rubinstein (1995), the first category of indicators of psychological distress is those related to avoidance, intrusive imagery, addictive behaviour, and/or social impairment. The authors stated that indicators of secondary traumatic stress may include distressing emotions, impairment in day-to-day functioning, somatic complaints, physiological arousal, numbing or avoidance, and intrusive imagery.

Another significant form of supervision emphasised by participants of this study was peer supervision, participants reported on seeking support from their colleagues. The second factor of this model encompasses coping strategies. Despite the fact that Dutton and Rubinstein (1995) believe coping responses affect secondary traumatic stress reactions, the authors focused mostly on the effect of personal and environmental factors. The emotional responses of people working with traumatised people can be influenced by these factors, resulting in secondary traumatic stress. Since the coping activity is aimed to understand the constraints of an individual's traumatic situation, coping strategies are also deemed important.

- **Social support**

The findings in this study revealed that social workers used different coping strategies. Although all participants have reported that they speak to colleagues, friends, and spouses to debrief

"I talk to is my husband even if I won't go into details just so he knows what I'm going through. So, it helps me a lot." P6

Participant 6 had found solace in her husband and uses her spouse as a form of social support

"If it's not the counselling, running, jogging, hiking or whatnot or the gym. I guess you have this satisfaction at the end of all this when you finally remove these kids from situations and place them out of harm's way, I think that helps." P1

One participant's coping strategy is doing self-care activities, counselling and mentioned compassion satisfaction as a coping mechanism. While most of the participants reported that they speak to their family members. Bishop and Schmidt (2011) informed that people may not realize they are suffering from secondary trauma symptoms, so it is important to reach out to trusted friends, family members, and colleagues for help.

4.4.5.2 Professional coping strategies

- **Supervision**

The finding of this study is that supervision is viewed as of extreme importance but the onus rests with the social worker as well to exercise self-care as alluded by participant 4. The participants' suggestions resonate with what literature provided on supervision and training.

"I find that with supervision, we get stuck a lot because we all interpret this Act differently with supervision especially the group supervision, I feel like when you walk out of there you feel helped because people would have handled similar cases and they can tell you how they handled those cases." P1

"Supervision is important because it provides guidance and provides emotional support, professional support that you need as a social worker to know that I am not in this alone." P9

Participant added,

"I think secondary traumatic stress will always be there. So, counselling will be a perfect solution, teamwork, and supervision." P4

All participants acknowledged the importance of supervision and reported that supervision enabled them to cope with a stressful situation. The significance of such practices is mentioned

by Molnar (2012). In addition to seeking support from close ones, social workers are advised to utilize debriefings, workshops, trainings, and trainings in a variety of capacities as well.

- **Co-worker cohesion**

Seven participants also noted that they debrief with their co-workers, this is confirmed by the transcripts.

> *"One thing I do, I come back and debrief with my colleagues at the office. We talk about it and seeking counsel from other social workers it helps"* P8

Participant 4 also added,

"One thing I do, I come back and debrief with my colleagues at the office. You know guys this is what I found, this is what is happening outside and then they start giving their input telling me that this is how you can handle it and this is what you can do and also talking to the case managers as well to say this is what I found in home when I conducted a home visit. How can we now work it out together so that we able to produce the desired result and also to lessen the stress in us. So, we talk about it and seeking counsel from other social workers it helps."

The findings indicated that co-worker cohesion plays a supportive role amongst child welfare social workers as all the participants have alluded to that. The researcher has picked up those social workers relied on each other when the supervisor or manager was unavailable, the participants endorsed this point of view that talking about their case experiences helps them to debrief. Manning-Jones, deTerte and Stephens (2017) echoed the participant's perception, the authors revealed that 95% of examined professionals worked with trauma victims in a peer support system, and 58% reported receiving supervisory support. Moreover, in the group of nurses, the support provided by colleagues or co-workers was the main negative secondary traumatic stress predictor.

4.4.5.3 Organisational coping strategies

Supervisory support, administrative support and organisational ethos and culture are perceived as organisational available resources. DePanfilis and Zlotnik (2008) found that commitment in child welfare social workers is determined by the level of support in the organisation, this study's findings concur with the author. The findings in this study are that there is a lack of organisational support in place within child welfare organisation in addressing secondary

traumatic stress. Even though participants have noted that supervision is provided on regular basis as a form of support, but it was not efficient in relation to secondary traumatic stress,

"Let's say I'm in that situation and I cannot cope but I'm expected to come to work and perform my duties at the best of my abilities how can I do that?" P6

"Not that I know of. Especially in Child Welfare we don't even have EAP. We wish we had a wellness, the only debriefing that we do we do it amongst ourselves." P2

"So far, I haven't heard of any. I've never heard my colleagues talking about it or maybe the management telling us where to go after facing a traumatic experience." P3

The emotional element of effective supervision, according to Mor Barak et al., Xie (2009 as cited in Hunter, 2016), involves responding to employees' emotional needs as a result of workplace stress. However, participant 6 indicated that there is not enough support received in relation to what the authors have cited. Additionally, Dutton and Rubinstein (1995) pinpointed on the environmental factors that are vital which include organisations response to trauma that can influence how a trauma worker responds emotionally to their clients.

4.5 Need for counselling/ clinical supervision

All the participants conceded that supervision is important however, its focus is on the handling of cases and educational support. The participants shared the same view that someone other than a supervisor should be responsible for taking care of the social worker's psychological and emotional needs. A critical component of effective supervision, according to Westbrooke et al., (2008) (cited in Joseph, 2017), is being sensitive to the worker's individual emotional experiences.

> *"I think going to a psychologist would assist to reduce stress because social workers can end up being heartless."* P3
>
> *"Social workers must have these counselling sessions. The management must ensure that social workers are provided with necessary counselling services."* P7
>
> *"I think it is important that social workers get debriefing and get counselling themselves. Because sometimes the cases that we deal with here they overlap also into our personal life."* P9

It is evident that child welfare social workers' emotional needs are not entirely catered for in this study findings. The overwhelming need for an external professional to offer a space where

social workers can freely express themselves was clearly articulated. The participants further expressed that they appreciate their supervisors however they felt that supervision is more directed in the processes and guidance of statutory work rather than an exploration of social workers' feelings. This need stems from being emotionally overwhelmed and the frequency of trauma exposure.

4.6 Conclusion

This chapter has presented findings of the study obtained after data analysis was conducted.

All themes that emerged from interviews directly relate to the research goal and provide answers to the research question which was formulated as follows at the outset of the study: *What are the child welfare social worker's experiences of secondary traumatic stress?* The themes were also supported by the literature to confirm the research findings. In the next chapter, the main findings, conclusions and recommendations based on the research findings will be presented.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter of the study focused on the presentation of research findings and the discussion of the research findings. The main purpose of this chapter is to focus on the summarisation of the findings, the conclusion of the research and the recommendations. The main findings are presented according to the objectives of the study. The recommendations made will hopefully be of value in providing practical and realistic suggestions to help ensure that child welfare social workers receive the necessary support and assistance.

5.2 Summary of main findings

The findings of this study demonstrated that the participants of this study experience secondary traumatic stress from frequent traumatic exposure as a result of their work. Although the participants' experiences varied, they all shared how they felt at times felt traumatised as a result of their work. In order to understand the effects of secondary traumatic stress experience among child welfare social workers who participated in the study, the researcher had to first explore the experiences of social workers. In exploring this, the researcher had to look at the scope and responsibilities of a child welfare social worker which included: working with abused children, excessive administrative and report writing responsibilities and the context of child protection and substance abuse. The findings identified in this study were that work factors contributed to the secondary traumatic stress experiences among the participants. Social workers highlighted that dealing with complex cases as well as frequent trauma exposure in their caseload meant was particularly difficult for them. All shared their experiences of emotional and cognitive difficulties that they have encountered as a result of working with abused children.

Thus, the implications of the increased number of traumatic child abuse cases, meant that social workers didn't get the time to breathe and work through the impact of each case, it is clear that they dealt with a high load of traumatic cases more often. Therefore, the child welfare social worker remains to be at high risk of experiencing secondary stress. According to Dutton and

Rubenstein (1995), exposure to traumatic material is unique for every trauma worker. This model is in accord with the findings into the level of exposure to traumatic material to which the participants had experienced. In the same vein Treatment (US) (2014) adds that reactions to trauma can differ significantly and are induced by the individual socio-cultural past. Then the researcher will look at the effects of secondary traumatic stress.

5.2.1 Objective 1: To explore the nature of effects of secondary traumatic stress of social workers who are employed at child welfare

All participants noted that they sometimes felt traumatised as a result of their work. All the child social workers could easily identify the personal effects of traumatic exposure. Dutton and Rubenstein (1995) primarily considered personal and environmental factors. As a result of these factors, those who work with trauma survivors may experience secondary traumatic stress as a result of their emotional reactions. As outlined by Dutton and Rubinstein (1995), these reactions fall into three categories. Symptoms of psychological distress (e.g., avoidance behaviour, intrusive imagery, addictive behaviours, or social impairment) are the first category. Secondary traumatic stress may manifest through distressing emotions, impairment in daily functioning, somatic complaints, physiological arousal, avoidance and intrusive imagery, which is consistent with the results of this research. The findings revealed that the physical impact the participants have reported was experiencing difficulties of falling asleep due to the intrusion of constantly thinking about their cases. Additionally, lack of making good judgement, irritability, worry and fatigue were mentioned as physical aspects. Arousal symptoms included persistent symptoms of anxiety or increased arousal that were not present before the trauma, such as difficulty falling or staying asleep, irritability or outbursts of anger.

The findings in this study identified that feeling pity, guilt and self-blame were aroused when participants thought they could not assist the children in a manner they would have wanted to or required. Onginska-Bulik et al., (2020) add that in the correlation between empathy and secondary traumatic stress among therapists, social workers, therapists, and probation officers, cognitive processing of trauma plays a role as an intermediary. Counselling support may help these social workers to cognitively process and work through these traumatic experiences.

Nine participants expressed the inability to relax at home time with their families without constantly thinking about their cases. They have reported similar experiences of their minds wondering while working on interventions cases, having difficulty concentrating and also worrying about how they will safeguard the children. Secondary traumatic stress is found to be a substantial contributor to the stress of the child welfare worker. . Three participants have noted the change in how they view this, the findings were that the secondary traumatic stress experienced by these participants have transformed their sensitivity towards their surroundings and personal lives.

5.2.2 Objective 2: To explore the coping strategies/mechanisms that social workers use when dealing with trauma that arises from their work.

Coping strategies were explored on three levels which included personal coping, professional coping and organisational coping. Having to cope with the secondary trauma exposure from their cases, child welfare social workers have to deal with extensive stressors arising from their caseloads in the daily execution of their duties. Child welfare needs to ensure that adequate support structures are in place so that child welfare social workers have access to the necessary resources in order to function effectively. These findings are in accord with Dutton and Rubinstein's (1995) model, the authors identified two types of coping strategies: personal coping strategies which include attending to personal needs and developing relationships and professional coping strategies which includes: peer supervision and consultation. It was further mentioned that these types of strategies are associated with a person's social support network.

Through engagement with participants during data collection and analysis of data, the researcher identified child welfare organisational issues were highlighted as contributing factors to its social worker's experiences of secondary traumatic stress due to inadequate support systems and established support structures. The identified functional coping strategies that child welfare social workers reported being utilising were supervision and peer supervision, seeking support from friends, family, and spouses to debrief which is not sufficient considering the demands of their work on these social workers as well as drawing on their spiritual beliefs. The identified dysfunctional coping strategies were withdrawal and smoking cigarettes.

Only two social workers stated that they utilise unique coping strategies which included going to the gym and running. Caspersen et al., (1985 as cited in Samantha et al., 2020) emphasise that the results of a large body of literature suggest that physical activity is closely connected to our responses to stress and trauma. As a modifiable risk factor, physical activity can be useful for strategies to reduce stress and trauma.

5.2.3 Objective 3: To explore the resources available to social workers to cope with their experiences of secondary traumatic stress

The available resources were explored, and the findings pointed out to resources available to child welfare social workers such as supervision and peer supervision (co-worker support and social support which they utilised. However, these resources are found not to be adequate to address secondary traumatic stress among child welfare social workers. All participants recommended that an external counsellor will be better suited to deal with the social worker's emotional needs after exposure to a traumatic case.

5.3 Conclusion

The purpose of this study was to explore the effects of secondary traumatic stress experienced by child welfare social workers, explore the coping strategies/mechanisms that social workers use when dealing with trauma that arises from their work and the resources available to social workers. The findings of this study discovered that child welfare social workers remain at a high risk of indirect traumatic exposure making them vulnerable to the development of secondary traumatic stress symptoms. The effects of secondary traumatic stress of intrusion, avoidance and arousal were evident from all analysed data in the study, the main predictor of secondary traumatic stress symptoms appeared to be the lack of organisational support. Although there was an overwhelming appreciation of supervisory support the important benefits of supervision in the professional domain, the organisational support seemed to be lacking participants often cited the need for external services where social workers will be allowed to debrief and feel supported. For individual coping, the study also revealed that participants mostly utilised peer/co-worker support and social support. Overall, the projecting role for secondary traumatic stress was also demonstrated by two cognitive coping strategies (functional) where the participants utilised engaging in self-care activities, social support, peer

supervision and supervision and (dysfunctional) one of the participants noted that she smokes cigarettes to relieve the experience of secondary traumatic stress.

5.4 Recommendations

The recommendations are aimed at Child Welfare organisations and role players in child welfare in South Africa. In view of the findings and conclusions on the experiences of Child Welfare social workers of secondary traumatic stress, the recommendations are made as follows:

5.4.1 For Child Welfare organisations

- To ensure that the organisations help the practitioners to understand what trauma-informed practice is about. Filson and Mead (2016) note that trauma-informed services can bring hope, empowerment and support that is not re-traumatising for trauma survivors. Furthermore, these services can help close the gap between the people who use services and the people who provide them. In the same vein, Sweeney et al., (2018) points out that a trauma-informed approach may enable communities and statutory agencies alike to provide services that are more responsive to survivors' needs while improving staff experiences.
- To employ a trauma counsellor who will specifically focus on social workers by offering adequate psychological and emotional support (debriefing) when needed or establish Employee Wellness Programmes as well as the use of occupational social workers. Hunter (2016) notes that by offering regular and mandatory debriefing services, occupational social workers can also serve as a "supportive space" for child protection social workers.
- The occurrence of secondary traumatic stress be documented and discussed at orientation for social workers entering a child protection field. Van Breda (2009, p.287) describes person-as-an-employee as a client system: “occupational needs of employees, such as their ability to cope with work-related stress, interpersonal conflict in the workplace and the negative spill over of work stress into the family”. The organisation needs to ensure that supportive work policies are in place which acknowledges the types of stressors, including secondary traumatic stress that social workers experience.

- Supervisors/ Managers should be sent for regular training to be informed on helping their subordinates. Change must occur on a systemic level, which includes training, staff support, and reflective supervision, according to Bloom and Farragher (2010).

5.4.2 For the Department of Social Development (DSD)

- The Department of Social Development need to assist the child welfare organisations in more pronounced ways, such as increasing the funding available. This will enable those organisations to hire more social workers in order to reduce heavy caseloads on social workers and frequent exposure to traumatic material.
- Ongoing workshops and training should be held by universities and DSD where social workers are taught about the effects of secondary traumatic in the field of social work.

5.4.3 For Child Welfare Social Workers

- For child welfare social workers to involve themselves in self-care activities. As noted by Godfrey et al., (2010), self-care involves being aware of oneself, acquiring knowledge, and taking responsibility for fulfilling needs to whatever extent they present themselves.
- To attend counselling regularly, it has been noted that secondary traumatic stress goes beyond regular stress. Attending counselling can be a vital resource as one of the strategies to cope with the symptoms and to address the experience of being secondarily traumatised.

5.4.4 For further research

- Quantitative research on child welfare social workers in respect of the effects of secondary traumatic stress needs to be continuously conducted in other Child Welfare organisations to be able to get a broader understanding of the phenomenon. The effects of secondary traumatic stress can be detrimental to social workers. There is a lack of research on social workers' perspectives on child welfare organizations' responses to secondary traumatic stress considering the risks of secondary traumatic stress and the negative impact it has on them, as well as greater understanding of social workers' views on how Child welfare organizations deal with secondary trauma.

5.4.5 For higher education

- Across all humanities faculties, a module on secondary traumatic stress should be added to the curriculum. Having this knowledge and awareness will go a long way towards preparing social work students to enter the field once they've graduated.

5.5 Concluding comments

The present study attempted to provide an understanding of the experiences of the effects of secondary traumatic stress among child welfare social workers in South Africa. Dutton and Rubinstein's (1995) Model of Secondary Traumatic Stress was adopted. Indirect traumatic exposure is a significant risk factor for child welfare social workers, who may then develop secondary traumatic stress symptoms. From all analysed data in the study, the main predictor of secondary traumatic stress symptoms was lack of professional support and the nature of trauma exposure induced by their work scope and responsibilities. Child welfare social workers are expected to work on cases from inception until the case is closed, living them with little room to breathe. Child abuse and violent crimes against children will remain to be an epidemic in South Africa, and thus there is a huge demand for child welfare social workers. However, there is a huge need for something to be done to address secondary traumatic stress amongst child welfare social workers so that they can adequately cope, both personally and professionally, and provide the essential services which an abused child requires.

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APPENDIX A

PARTICIPANT INFORMATION SHEET

Dear Sir /Madam,

My name is Nomthandazo Olga Toko and I am a Masters student in Social work in the field of Occupational Social Work at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, I am investigating the effects of secondary traumatic stress in social workers employed at Child Welfare organisations under the supervision of Dr Francine Masson. The aim of this study is to explore the effects of secondary traumatic stress, the data that will be gathered could inform both knowledge base and practice of social work in the Child Welfare setting.

As part of my project, I would like to invite you to take part in an interview. The activity will involve answering questions in a single interview which will take around 60 minutes. With your permission, I would also like to audio record our face to face or online interview using a digital device. This recording will be stored in locked cabinet for two years following any publication for six years if no publication emanates the study and may be used for future research and only the researcher will have access to the recording. It will be deleted after five years.

There will be np personal costs to you if you participate in this project, you will not receive any benefits from participation but there are no disadvantages or penalties if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview on you experiences of secondary traumatic stress will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else. I will be using pseudonym (false name) to present your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time. If you need some support or counselling services following the interview. Counselling will be provided free of charge for you by a registered social worker, Mrs Busisiwe Myaka, SACSSP No: 1040792, cell number: 0827962102.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report if you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project may be used by other researchers in an anonymised format. If you have any concerns or complaints regarding the ethical procedure of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,

Nomthandazo Olga Toko

Researcher:

Nomthandazo Olga Toko, 1588078@students.wits.ac.za, 0741746198

Supervisor:

Dr Francine Masson, Francine.Masson@wits.ac.za, +27(0) 11 717 4480

APPENDIX B

CONSENT FORM FOR PARTICIPATION IN THE STUDY

Title of the study: Exploring child welfare social workers' experiences of secondary traumatic stress.

Name of researcher: Nomthandazo Olga Toko

I, ……., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	YES / NO
I agree that the researcher may use anonymous quotes in his / her research report	YES / NO
I agree that the interview may be audio recorded	YES / NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES / NO

…… (signature)
…… (name of participant)
…… (date)

…… (signature)
…… (name of person seeking consent)
…… (date)

APPENDIX C

INTERVIEW GUIDE

Section A

In order to compile a biographical profile of the participants, the following questions will be asked:

1. Gender_____
2. Age_____
3. What year did you qualify as a social worker?
4. Which university did you study?
5. Years of experience in Child Welfare_____
6. Are you a committed relationship?
7. Do you have children? Number of children and ages

Section B

The following questions focusing on the research topic will be asked as follows:

Job as a social worker

1. Could you describe your responsibilities in your current job as a social worker?
2. In your daily duties, how often do you deal with traumatised clients/children?
3. Can you tell me more about the nature of trauma that your clients are exposed to, is it single or multiple?
4. Tell me about your professional experience working with abused children?

Nature of trauma in your work

1. How do you understand by the term, "secondary traumatic stress" in relation to social workers?
2. Have you personally or professionally ever felt traumatised as a result of your work?
3. In your daily duties, how often do you deal with traumatised clients/children?
4. Have you ever been exposed to traumatic material that you felt affected to perform your duties? If yes, please tell me more.
5. In your opinion, how important it is for social workers to attend counselling in order to cope with their job demands?

Effects of trauma

1. Are there cases that affect you more than others?
2. Could you tell me if your work has affected your personal life and if so in what way?
3. If you have experienced secondary traumatic stress. What were the earliest signs that you noticed?
4. Did any of your experience of trauma exposure change your worldview of life?
5. What recommendations would you make to reduce the effects of secondary trauma?

Coping strategies / Supervision

1. How did you deal with the trauma you were exposed to? Please provide an example of how you managed?
2. Do you think supervision is important, is so why?
3. Are there any resources available to social workers after the traumatic exposure?
4. How would you advise newly qualified social worker employed at Child Welfare on how to deal with secondary traumatic stress?

Thank you for your time.

APPENDIX D

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Toko

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H21/07/50**
PROJECT TITLE	Exploring child welfare social workers' experiences of secondary traumatic stress
INVESTIGATOR(S)	Mrs N Toko
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	23 July 2021
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	27 October 2024

DATE 28 October 2021 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Dr F Masson

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I agree to completion of a regular progress report. For Minimal and Low studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ 29 / 10 / 2021
Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX E

CERTIFICATE OF COMPETENCE IN RESEARCH ETHICS

Name: Nomthandazo Olga Toko

Student/Staff No: 1588078

Date of Certification: 10 September 2020- 09 September 2023 (This certificate is valid for a period of three years)

TRAINED BY:

PROFESSOR JASPER KNIGHT
(RESEARCH ETHICS)

SIGNATURE

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

ISSUED BY:

DR ROBIN DRENNAN
(DIRECTOR: RESEARCH
OFFICE)

SIGNATURE

This certificate is confirmation of successful completion of a training course in Research Ethics for Non-Medical human research, based upon achieving a minimum level of competence in different assessment tasks.