

Care for the Caregivers: Psychosocial Risk Factors Among gender-based violence Victim Support, Social Workers in South Africa

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Abstract: This study explored the challenges gender-based violence victim support social workers face in South Africa, focusing on psycho-social risk factors that can impact their well-being and professional effectiveness. The study identifies specific risks these professionals face, such as increased workload, long working hours, emotional exhaustion, exposure to traumatic experiences, and blurring of personal and professional boundaries. Purposive sampling and document analysis revealed that there are psycho-social risks factors faced by these professionals, emphasising the need for comprehensive support services that prioritise the well-being and resilience of social workers. Measures such as work-life balance, organisational support, adequate resources, and trainings are crucial. Implementing these measures can create a supportive and sustainable work environment for gender-based violence victim support social workers in South Africa.

Keywords: gender-based violence; psychosocial risk factors; social workers; victim support

Introduction

Gender-based violence (GBV) is a pervasive human rights violation and public health crisis in South Africa, with rates five times the global average (Govender, 2023). GBV encompasses physical, sexual, emotional, economic, and structural violence, most often perpetrated by intimate partners but also by family, colleagues, strangers and institutions (Abrahams et al., 2013; Dryding & Mpako, 2021; Roy et al., 2022). As such the country has been observed to be a rape capital considering the level which women and children are disproportionately impacted (Govender, 2023). GBV in South Africa has deep historical roots tracing back to colonialism, apartheid, and patriarchal norms that enable male dominance and control over women (Sibanda-Moyo et al., 2017). Post-apartheid, progressive laws and constitutional protections have been enacted, but implementation gaps persist. Key milestones include the Domestic Violence Act of 1998, Sexual Offences Act of 2007, and recent 2020-2030 National Strategic Plan on GBV and Femicide. Yet the literature shows stubbornly high GBV rates with women bearing the brunt (Ndlovu et al., 2022; Davis et al., 2023).

The Department of Social Development (DSD) is tasked with the responsibility for serving GBV survivors through various support services and facilities. Shelters provide emergency housing and holistic support services (La Violette, 2014; DSD, 2015). Khuseleka One-Stop Centres integrate multiple service providers under one roof for streamlined, survivor-centered care (Williams, 2022). Green and White Door Spaces offer short-term safe accommodation (Shabangu, 2018), while Victim-Friendly Rooms at police stations provide a safe reporting space (Snyman, 2023).

Resilience theory offers a valuable lens for analysing both the risks faced by and strengths of GBV victim support social workers providing these critical services. Social workers experience significant psychosocial risk factors like high caseloads, secondary trauma, limited resources and complex cases (Slattery & Goodman, 2009; Jiménez, 2019). A resilience framework examines protective factors and adaptive processes that enable positive functioning despite adversity (Van Breda, 2017).

This study aims to identify specific psychosocial risks impacting GBV victim support social workers, evaluate current workplace support structures, and propose resilience-building measures to protect their wellbeing and service quality. Psycho-social risk factors identified through purposive sampling and document analysis are discussed, and measures to mitigate these risks proposed within a resilience framework.

Materials and methods

This qualitative desktop study with a case study design was conducted to explore the challenges GBV victim support social workers face in South Africa, focusing on psycho-social risk factors that can impact their well-being and professional effectiveness. According to Ridder (2017) and Asenahabi (2019), case study design enables the researchers to investigate issues in their own specific context including their meanings. Purposive sampling was employed to specifically sample the relevant printed and online material to gather sufficient data. The relevant material included psychosocial risk factors affecting social workers in service delivery for the survivors of GBV as well as resilience related documents. The two academics ensured that their university libraries were massively utilised to gather sufficient data. More facilities such as internet services including accredited journals also came handy to complement the existing library services and as a result sufficient data was collected. Collected data was analysed for the interpretation purposes.

Resilience Theory

Resilience theory has emerged in recent decades as a valuable framework for understanding why some individuals achieve positive outcomes despite experiencing adversity and hardships (Hoeg & Hartmann, 2020). The theory was developed largely from seminal studies of children facing socioeconomic disadvantages, trauma, and other risk factors (Masten, 2011; Van Breda, 2018). These early research studies showed that while many youths developed problems under such adverse conditions, some exhibited better-than-expected outcomes and overall adaptation (Werner, 1982; Hoeg & Hartmann, 2020). This led to a focus on examining the mediating factors and processes that enabled these youth to be resilient.

According to Van Breda (2018), resilience theory is defined as focusing on the multidimensional processes that allow systems to manifest relatively good outcomes despite adversity. Resilience is conceptualised as a dynamic process rather than simply an outcome or trait. The processes, occurring across ecological levels from individual to environmental, help explain the 'how' of resilience or why some people adapt well versus others exposed to comparable risks (Van Breda, 2001; Hoeg & Hartmann, 2020). These mediating resilience processes are considered the key components in the theory.

Various individual level resilience processes have been identified. These include psychological qualities like optimism (Baldwin et al., 1993), hope (Sagy & Antonovsky, 2000), self-efficacy (Bandura, 1982), emotional regulation, meaning-making, and active problem-solving skills (Zimmerman, Stoddard, Eisman, Caldwell, Aiyer & Miller, 2013). Zimmerman et al., (2013) and Windle (2011) refer to the resilience processes as promotive factors and they are internally oriented. Accessing internal resources like cultural identity and spiritual beliefs are highlighted in research as well (Clauss-Ehlers et al., 2019; Heltne, Dybdahl, Elkhaliifa & Breidlid, 2020). However, social relationships feature prominently in resilience theory as a key protective process as well. Attachment relationships, family and community connectedness, and social support operate at ecological levels spanning from close interpersonal bonds to broader environments (Ozbay et al., 2007; McKinnon & Alson, 2017; Newell, 2020).

While earlier resilience research emphasised intrinsic individual traits, the theory has expanded to incorporate an understanding of resilience processes as interactions between people and their environments. This aligns with social work's person-in-environment (PIE) perspective (Van Breda, 2018). Resilience is facilitated by transactions across system levels, with culture, communities, organisations, and public policy contexts playing a role in providing resources and relationships that enable coping and growth (Ungar, 2011). The notion of PIE finds an expression in Ecological theory.

Resilience theory offers a valuable framework for understanding the experiences of social workers assisting survivors of GBV. This perspective recognizes that adversity and stress are inevitable parts of life, including for human service professionals (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). For GBV social workers, substantial adversity arises from heavy caseloads, repeated exposure to trauma cases, lack of resources, and other difficult working conditions (McCormack & Adams, 2016). Rather than viewing these factors as inherently detrimental, a resilience perspective examines how social workers adapt positively despite challenges (Kent et al., 2014; Hoeg & Hartmann, 2020).

Specifically, resilience theory spotlights the protective factors and processes that enable people to manifest positive adaptation in the face of adversity (Windle, 2011; Infurna, 2021). Applying this lens to GBV social workers allows identifying strengths, assets, and strategies used by these professionals to manage occupational challenges and risks of burnout. Examples may include peer support networks, boundary setting skills, stress management practices, self-care routines, coping flexibility, religious and spiritual meaning, optimism, and help-seeking (Kinman & Grant, 2017; Hamby, Crych & Banyard, 2018). This contrasts deficit-based approaches by highlighting capacities social workers employ to withstand work-related adversity. Additionally, resilience theory maintains a balanced perspective between risks and strengths (Zautra et al., 2010; Infurna, 2021). This helps avoid simplistically viewing social workers only through the lens of their struggles. Instead, it values their efforts and ability to overcome and thrive amid difficult circumstances. This balanced approach aligns with social work's ethos of understanding persons within their environments (Kemp et al., 2014).

Furthermore, resilience theory underscores the importance of context (Ungar, 2011; Infurna, 2021). The demanding working conditions faced by many GBV social workers arise from and are shaped by the broader societal context of high GBV rates, poverty, insufficient organisational resources, and other structural factors within South Africa. Locating social worker adversity within these larger contexts is essential for holistically understanding their experiences.

Moreover, a resilience framework prioritises capacity building over deficit views (Saleebey, 1996; Walsh, 2016). This suggests that interventions aiming to support social worker wellbeing should focus on strengthening skills, assets, and environmental resources. Blaming social workers for struggles in adversity is counterproductive. Building capacities enables empowerment and survival. Additionally, resilience theory recognises that adaptation is an ongoing process over time rather than a fixed endpoint (Windle, 2011). This enables understanding social worker wellbeing as fluid and affected by changing demands and resources in their work and lives. A process-oriented view is more realistic than static conceptions.

Overall, by emphasising human capabilities and strengths, a resilience perspective aligns with core social work values (Kemp et al., 2014). It encourages viewing social workers as active survivors who negotiate challenges, not passive victims. This lens provides a holistic, empowering way to examine psychosocial risk factors for GBV social workers and shift focus to their capacities to withstand adversity.

Results and Discussion

This study identified several key psychosocial risk factors impacting the wellbeing and resilience of GBV victim support social workers in South Africa. These include increased workload and responsibilities, long working hours, ongoing exposure to trauma, emotional exhaustion, limited organizational support, unclear professional boundaries, and low wages.

Increased workload and responsibilities

Prasetyaningtyas, Darmawan, Puhirta, and Kusmanto (2022) define workload as the collection of activities that employees must perform within a specified period. The abovementioned authors emphasise that it is an activity that the company must give high consideration because the workload will affect employee productivity and work comfort, if not well managed. On the other hand, the responsibility is defined as the obligation to perform a task satisfactorily (McGrath & Whitty, 2018). A key finding of this study is that GBV victim support social workers carry extremely heavy caseloads (workloads), far beyond levels considered manageable. It is further indicated in the literature that heavy workloads leave little time for reflective practice or professional development (Bannai & Tamakoshi, 2014; McGrath & Whitty, 2018; Chen, 2019; Raudeliūnaitė & Volff, 2020). The literature reported caseloads of 90-100 cases in a month per each (Raudeliūnaitė & Volff, 2020). According to Bopape (2022), high workload is associated with burnout and turnover among the social workers. Their roles extend far beyond counselling, to tasks like finding emergency accommodation, assisting with legal processes, securing financial support and more. The breadth of responsibilities and unsupported workload contributes to emotional exhaustion. The abovementioned challenge of extreme heavy loads finds an expression in McGrath and Whitty (2018) as well as Chen (2019) that the burden of responsibility occurs when a person gets many responsibilities to complete in the given time. Truter and Fouché (2019) as well as Raudeliūnaitė & Volff (2020) claim that social work on its own is a stressful job and having high case load makes it difficult for the social workers to do everything.

Long working hours and work-life imbalance

Bannai and Tamakoshi (2014) define long working hours as working for a length of time exceeding the standard working hours- time greater than around 40 hours per week or 8 hours per day. Long working hours are both a consequence of high caseloads, and a risk factor in the social workers supporting GBV victims. According to Bannai and Tamakoshi (2014) including Chen (2019), working long hours is associated with both depression, anxiety, sleeping disorder and coronary heart disease. On the other hand, working long hours allow little time for self-care, family responsibilities or leisure (McGrath & Whitty, 2018; Ashley-Binge & Cousins, 2020; Kotera, Maxwell-Jones, Edwards & Knutton, 2021). Chronic work-life imbalance is linked to stress, burnout, and poorer mental health in helping professionals (Kotera et al., 2021). Lack of personal time was identified as a major challenge. This is opposite to the findings by Kotera et al., (2021) that maintaining high work–life balance is particularly important for the mental health of professionals, protecting them from burnout. Caseloads must be reduced to the manageable levels, and adequate staffing provided to minimise exhaustion and enable healthy work-life balance (Ashley-Binge & Cousins, 2020). Ashley-Binge and Cousins (2020) further suggest that reasonable scheduling should be implemented to facilitate self-care. Flexibility to work remotely at times could assist.

Ongoing exposure to trauma and distress

Constant exposure to stories of abuse, violence and trauma can profoundly impact social workers. This notion of recurrent exposure to traumatic stress is clearly discussed by Truter and Fouché (2019) as well as Lahav (2020) to be impairing on people's ability to maintain a stable routine and creates a sense of threat, vulnerability, anxiety, confusion, uncertainty, and helplessness. The literature highlights that GBV victim support social workers described being constantly surrounded by trauma, grief, and human suffering (McGrath & Whitty, 2018; Tarshis & Baird, 2019; Truter & Fouché, 2019; Lahav, 2020; Kotera et al., 2021; Bopape, 2022). Bearing witness to such experiences, particularly where severe violence or femicide is involved, can be destabilising even for experienced professionals. In putting an emphasis to the abovementioned fact, Tarshis and Baird (2019) reiterate that exposure to ongoing trauma can be challenging to professional social workers and therefore, it is worse for the students' social workers who are still practising in the field. Vicarious or secondary trauma is a real hazard in this field (Pat-Horenczyk, Ziv, Asulin-Peretz, Achituv, Cohen, & Brom, 2013; Kotera et al., 2021; Prasetyaningtyas et al., 2022).

Emotional exhaustion and burnout

The cumulative demands faced by GBV victim support social workers, including high caseloads, long hours, shortage of staff, and trauma exposure, contribute to emotional exhaustion (Truter & Fouché, 2019; Lahav, 2020; Kotera et al., 2021; Bopape, 2022). According to Chen (2019) and Bopape (2022) social workers supporting victims of GBV display symptoms of burnout such as emotional depletion, cynicism, and feelings of hopelessness and inefficacy in their work. Burnout exacerbates fatigue, disengagement, and poor self-care among social workers (Bride & Jones, 2007; Ashley-Binge & Cousins, 2020; Kotera et al., 2021; Bopape, 2022). It also reduces their capacity to provide high-quality care, further perpetuating emotional exhaustion.

Limited organisational support

A lack of organisational support, mentoring and debriefing opportunities were identified as a key psycho-social risk factor (Bopape, 2022). Supervisors themselves as support system face high demands, limiting their availability to provide support and guidance (Rothwell, Kehoe, Farook, & Illing, 2021). Rothwell et al., (2021) warn that lack of adequate time and heavy load can be detrimental to professional supervision. Adding to this issue at hand, Tarshis and Baird (2019) stipulate that without organisational systems to foster resilience, social workers are left unsupported in managing the challenges. In other words, limited or lack of organisational support does have a potential to neglect and set social workers supporting GBV victims for failure to work and themselves.

Unclear personal and professional boundaries

Provision of psychosocial support to the victims of GBV, can be challenging in two ways-personal and professional relationship. Tarshis and Baird (2019) appreciate the importance of supervision (professional) and indicate that it can provide the necessary emotional support to monitor and detect signs of vicarious trauma and burnout. However, both supervisor and supervisee should also have firm boundaries between their professional and personal lives. On the other hand, "counselling sessions longer than the allocated time, extra phone calls or emails, disclosing personal information or becoming too friendly with clients", can be dangerous to the professional working relationship (Tarshis & Baird, 2019). The intensity of GBV victim support work can blur boundaries between the personal and professional domains as social workers may also remain constantly worried about client safety and wellbeing, even after hours

(Tarshis & Baird, 2019). It has been identified that some provide personal phone numbers so that clients can contact them outside working times for their protection (Tarshis & Baird, 2019). Such boundary confusion can enable work stresses to permeate all aspects of a social worker's life as there is no resting time for the workers even though they are off work.

Low wages and job insecurity

Many GBV victim support social workers are employed on a temporary or casual basis. Job insecurity has been described by Wilson, Lee, Fitzgerald, Oosterhoff, Sevi and Shook (2020) as a stressful experience associated with distress and negative feelings. Wilson et al., (2020) further highlight that there is evidence that job insecurity has demonstrated increasing anxiety and depressive symptomology. Truter and Fouché (2019) including Feder and Yu (2020) confirm that low wage work is generally associated with poor working conditions and job insecurity. The abovementioned authors presuppose that such as an environment is detrimental to employee health and safety, excessive working hours, insufficient opportunities for skills development, as well as a lack of surety or legal protection regarding continuation of employment. This experience is opposite to Feder and Yu (2020) as they are of the view that as much as the wage employment is generally expected to contribute positively towards poverty reduction in the families, other workers remain poor because their salaries are too low to take them out of poverty. Low wages and income insecurity were identified as major concerns, with social workers struggling to meet their own basic needs. Financial stress compounds workplace pressures, further reducing capacity to cope (Raudeliunaite & Volff, 2020). The lack of permanent secure roles also minimises career progression opportunities (Raudeliunaite & Volff, 2020). Sufficient wages and secure permanent job positions provide essential socio-economic support to alleviate financial stress. Fair compensation and guaranteed income enable sustainable careers and rechargeable energy.

Proposed strategies for risk mitigation

Promotion of social workers wellbeing and resilient

The psycho-social risk factors facing GBV victim support social workers emphasise the need for comprehensive strategies to promote their wellbeing and resilience. In resilience theory, both environmental and individual resources are important for positive adaptation (McKinnon & Alson, 2017; Newell, 2020). Organisational responsibilities are key, including reducing caseloads, facilitating supervision, and fostering peer support. Individual strategies like boundary setting, stress management, and self-care are also important. Deaton, Wymer and Carlson (2021) and Bopape (2022) advice that seeking counselling, visiting the employment assistance programmes, getting support from supervisors, turning to their religions/ spiritual beings, engaging in different constructive activities (work-life balance) can assist the social workers to survive. Bopape (2022) emphasises that engaging emotional support within the supervisory relationship can facilitate healing and coping for the social workers. Issues of job insecurity and low wages should be addressed accordingly to promote healthy working environment free of financial stress. Enabling resilient and sustainable working environments benefits both social workers and survivors of GBV.

Reflective supervision and peer Support

Reflective supervision spaces focused on worker wellbeing provide a vital support but require a safe and validating supervisory relationship (Deaton et al., 2021; Bopape, 2022). Bopape (2022) further emphasises that formal debriefing after crises along with informal peer support enable collaboration, advice, and catharsis. However, it is also noted that ineffective supervision can lower the morale of the supervisees if it is not handled professionally and as per the identified need (Tarshis & Baird, 2019). Strong organisational cultures that prioritise self-care and openly discuss occupational hazards like burnout or vicarious trauma are beneficial to the social workers supporting victims of GBV (Kinman & Grant, 2017; Hamby et al., 2018; Ashley-Binge & Cousins, 2020; Bopape, 2022).

Continuing education and skills training

The authors understand the continuing education and training to be an ongoing empowerment for the GBV victims supporters to render effective services. This understanding is supported by Billet, Choy, Dymock, Smith, Henderson, Tyler and Kelly (2015) that continuing education and training addresses individual, workplace and workforce development goals. Ongoing professional training in subjects like trauma counselling, self-care, and stress reduction help consolidate knowledge and skills (Kinman & Grant, 2017; Hamby et al., 2018; Tarshis & Baird, 2019; Deaton et al., 2021). The notion of ongoing professional training finds an expression in Ashley-Ashley-Binge and Cousins (2020); Deaton et al., (2021); and Bopape (2022) that staff training is critical for capacity building of the social workers supporting GBV victims. Education on establishing healthy boundaries, identifying burnout, and managing secondary

trauma is useful (Preston, Brown, Garnett, Sanchez, Fagbamila, & Graham, 2023). Skills to handle the specific challenges of GBV victim support should be fostered to enhance resilience.

Individual self-care practices

Individual strategies like maintaining work-life balance, leisure activities, exercising, healthy eating and sleep hygiene help manage stress (Ashley-Binge & Cousins, 2020; Deaton et al., 2021; Bopape, 2022). Therapeutic techniques like mindfulness meditation and grounding can be beneficial (Behan, 2020; Matiz, Fabbro, Paschetto, Cantone, Paolone, & Crescentini, 2020). Maintaining social connections and asking for support when needed are also important in this field (McKinnon & Alson, 2017; Van Breda, 2017; Newell, 2020). The authors are of the view that time off from the work can also enhance resilience to the social workers supporting GBV victims and maximise the quality of the work to the beneficiaries.

Further Research

While this study provides initial insights into the experiences of GBV victim support social workers, more extensive research is warranted. Evaluative studies on the effectiveness of specific risk mitigation strategies would also be of value. Longitudinal research could track resilience processes and outcomes over time.

Conclusion

This research highlights the immense psycho-social challenges faced by South African GBV victim support social workers. A resilience framework emphasises that both environmental and individual resources are needed for sustainability. Urgent action is required to prioritise worker wellbeing through evidence-based organisational strategies and self-care practices. Special considerations should be on supporting social work students rendering psychosocial support to the GBV survivors during their placement in the fieldwork through supervision. Enabling resilient work environments benefits both social workers and survivors in the ongoing crisis of GBV in South Africa.

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