Towards making psychosocial victim rehabilitation a reality:

MEETING THE NEEDS OF SURVIVORS OF GANG VIOLENCE IN MANENBERG
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ACRONYMS
AAT Animal-Assisted Therapy
CPTS Child Post Traumatic Scale
CIDT Cruel Inhumane and Degrading Treatment or Punishment
CTSR Continuous Trauma Stress Response
DSM IV Diagnostic and Statistical Manual Fourth Edition
DSM 5 Diagnostic and Statistical Manual Fifth Edition
ECHR European Court for Human Rights
HTQ Harvard Trauma Questionnaire
ICCPR International Covenant on Civil and Political Rights
IPID Independent Police Investigative Directorate
MDCS Manenberg Development Co-ordinating Structure
MPC Manenberg People’s Centre
MTPI Manenberg Trauma-focused Psychosocial Intervention
PTSD Post Traumatic Stress Disorder
TF-CBT Trauma-focused Cognitive Behavioural Therapy
TSO Trauma Support Officers
UDHR Universal Declaration on Human Rights
UNCAT United Nations Convention against Torture
VEP Victim Empowerment Programme
WC DSD Western Cape Department of Social Development
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We dedicate this research report to children in Manenberg.
EXECUTIVE SUMMARY

Upholding the rights of victims of gang violence, to victim rehabilitation (legal, social, medical and psychological), is a responsibility that both government and civil society are called upon to honour. During 2013 at the height of gang violence in Manenberg, the Trauma Centre, the Manenberg Development Co-ordinating Structure (MDCS) and the Western Cape Department of Social Development (WC DSD) partnered to provide victim rehabilitation services to the community.

The Trauma Centre implemented the Manenberg Trauma-focused Psychosocial Intervention (MTPI) which brought together community workers and mental health practitioners to provide trauma counselling and support (psychological first aid) to a range of stakeholders. During its implementation (September 2013 to May 2014), the intervention reached 13,047 people through home visits, information sessions, trauma debriefing and group counselling. Through the MTPI, 893 clients benefited from individual counselling.

This research report is an initiative of the Trauma Centre for Survivors of Violence and Torture aimed toward increasing its knowledge and understanding of victim rehabilitation in South Africa. This is achieved through the exploration of experiences of trauma counsellors, trauma support officers, referring agents and community leaders during the implementation of the psychosocial intervention.

A mixed method case study research design focused on the following research question further explored through three sub questions:

To what extent was the Manenberg Trauma-focused Psychosocial Intervention (MTPI) useful in meeting the victim rehabilitation needs of survivors of gang violence in Manenberg?

1. What are trauma responses of survivors of gang violence in Manenberg?
2. What were the experiences of the trauma support officers and counsellors regarding the usefulness of the Manenberg Trauma-focused Psychosocial Intervention (MTPI)?
3. What were the experiences of referring agents (community leaders, school principals, liaison teachers,) regarding the usefulness of the Manenberg Trauma-focused Psychosocial Intervention (MTPI)?

The main findings suggest that victim rehabilitation begins to address the need for psychosocial services in spite of dire, unsafe conditions within the community. However, the usefulness of such services is undermined by impunity, lack of resources and financial instability:

1. Ongoing violence is the biggest threat to victim rehabilitation.
2. The strong linkage between ongoing violence and continuous trauma has implications for the development of appropriate, context-specific, community-based mental health programmes.
3. Inadequate physical, human and financial resources increase the risk of secondary victimisation because it impacts on the appropriateness, accessibility and sustainability of trauma-focused psychosocial interventions, in communities affected by ongoing gang violence.
4. Victim rehabilitation requires stronger collaboration amongst education, health, social development, safety and security role players in order to enhance the quality of the trauma-focused psychosocial interventions in contexts of ongoing violence.
5. The accessibility and sustainability of trauma-focused psychosocial interventions are strengthened when people from the community (such as the trauma support officers) become part of the psychosocial team of service providers.
6. Parents are better equipped to help their children when they are supported to deal with their own trauma.
7. Educators, parents, and child carers have a limited understanding knowledge and skills about the impact of trauma caused by gang violence on children’s cognitive, social and physical well-being.
8. Unsafe conditions, exacerbated by a climate of impunity, compromise the working conditions of psychosocial workers. This, in turn negatively impacts on the ability to provide quality mental health services.
9. Unsafe conditions, exacerbated by a climate of impunity, compromise the trauma recovery of survivors.
10. Financial instability of community-based mental health programmes is a threat to victims’ right to rehabilitation. This impact negatively on the accessibility and sustainability of trauma-focused mental health services in Manenberg.
KEY RECOMMENDATIONS SUGGEST BOTH A SHORT AND LONG TERM APPROACH TO MAKING VICTIM REHABILITATION A REALITY:

**Recommendation 1:** Establish a commission of inquiry to investigate efforts to address ongoing gang violence in the Western Cape.

**Recommendation 2:** Conduct further research on whether gang violence can be regarded as an act of torture by virtue of the State’s omission to eradicate gang violence.

**Recommendation 3:** Conduct further research regarding trauma-focused psychosocial interventions for continuous trauma settings with the view of strengthening treatment frameworks (including complementary modalities), plans and assessment tools.

**Recommendation 4:** Build the capacity of mental health practitioners, laypersons and community-based workers to promote collaboration and community-based approaches to trauma-focused psychosocial interventions.

**Recommendation 5:** Develop and implement context-specific community-based trauma-focused mental health programmes for continuous trauma settings.

**Recommendation 6:** Develop and implement trauma-focused mental health literacy for educators, parents, child carers, community-based workers and volunteers to improve the knowledge capacity and psychological first aid skills of those who provide psychosocial support to survivors of gang violence.

**Recommendation 7:** Improve the budget allocation for trauma-focused psychosocial programmes for survivors of gang violence.

**Recommendation 8:** Strengthen intersectoral collaboration at local level between government agencies and civil society organisations to ensure holistic rehabilitation, avoid secondary victimization and improve sustainability of community-based mental health programmes.
Part I

Introduction and Background
CHAPTER ONE: CONTEXTUALISING THE RESEARCH REPORT

1.1 Introduction

This chapter discusses the background, aim and objectives of the research. The research questions and sub questions are introduced in relation to the aim of the research. Next, the chapter briefly explains the research design and methodology utilised during the research. Later in the chapter, the ethical considerations as well as the limitations of the research are expounded upon in detail given the close proximity of the researchers to the research.

1.2 Background

Organised crime stemming from gang violence infringes on the constitutional and human rights of people in the Western Cape province of South Africa. According to the South African Police Services (2014) the Western Cape had a murder rate of 48,3 per 100,000 people and the highest attempted murder rate (55,9 per 100,000 people) during 2013/2014. Gang-related murder accounted for 18,22% of the murder statistics for the 2013/2014 in the Western Cape (SAPS, 2014).

The total number of cases reported in 2013 in Manenberg was 9087 in comparison to 7977 in 2012 and 6550 in the previous year (Crime Statistic South Africa, 2013). In 2014, the total number of cases (8869) decreased when compared to 2013. Murder (41), attempted murder (165) and assault with intention to inflict grievous bodily harm (292) as well as cases involving the unlawful possession of firearms and ammunition (178) increased in 2014 compared to previous years. In 2013, Manenberg was listed as one of the ten worst precincts in the province ranking second for drug related crime, fifth for illegal possession of firearms and attempted murder (Crime Statistics South Africa, 2013).

The Universal Declaration on Human Rights (UNDHR) states that no one may be subjected to torture or to cruel, inhumane or degrading treatment or punishment (CIDT). While gang violence by virtue of the State’s omission to protect its citizens can be recognised as an act of torture, literature in this regard is limited and under researched. The United Nations Convention against Torture (UNCAT), however considers CIDT as equally grievous. Gang violence in this research is therefore regarded as CIDT given its infringement on people’s human and constitutional rights.

Article 14 of UNCAT urges States to ensure that victims of both torture and CIDT violations are provided with redress. The State has the duty to protect its people from violence. It is therefore the State’s responsibility to assure that victims can adequately obtain remedy and reparations (UNCAT, 2012, p. 5). The rights of survivors of violence to redress are further protected by domestic legislation and policies. Redress, according to Article 14 of UNCAT is composed of five elements: restitution, compensation, rehabilitation, satisfaction of truth and guarantee of non-repetition. Rehabilitation, one of the five elements refers to the restoration of the survivors’ functioning, inclusion and participation in society as far as possible. The State should provide directly or through funding to NGO’s psychological, re-integrative and social services that are accessible for all victims. Rehabilitation without the guarantee of non-repetition is futile consequently the State’s responsibility to prevent violations is crucial in trauma recovery.

At a local level, victim redress is a key element of South Africa’s integrated approach to safety and security and is addressed in the Victim Charter (DSD, 2004) the Integrated Social Crime Prevention Strategy (DSD, 2011) and the White Paper on Families (DSD, 2012) amongst other policies. In the wake of escalated gang violence in Manenberg in 2013, the MDSCS lobbied the WC DSD to provide victim rehabilitation services for victims of the gang violence. The Trauma Centre (who was already providing trauma counselling services to the community) expanded its trauma-focused psychosocial programme that would facilitate victim rehabilitation for learners, parents, youth and others affected by the gang violence.

This research report reflects on the appropriateness, accessibility and sustainability of the MTPI implemented from September 2013 to May 2014 by the Trauma Centre in partnership with the MDSCS and WC DSD. Moreover, the research report seeks to contribute to a deeper understanding of a victim-centred approach to victim rehabilitation in a community experiencing continuous trauma. There is limited knowledge regarding trauma-focused psychosocial interventions in South African communities as a response to gang violence. The exploration of the MTPI offers a unique and often neglected perspective on victim rehabilitation; it regards the psychosocial aspects of victim rehabilitation as a complex changing and ongoing process. The post-apartheid State

has the legal obligation to deliver victim rehabilitation, but there is insufficient knowledge of whether rehabilitation services are appropriate or whether such services meet the needs of survivors.

1.3 Research aim
The overall aim of the research was to generate information about the usefulness of the MTPI implemented in Manenberg with the view of strengthening community-based trauma-focused mental health programmes in gang-affected communities. A key element interrogated in the research report is the notion of usefulness comprising of three components, namely appropriateness, accessibility and sustainability.

1.4 Research objective
The objective of the research is to explore whether a community-based mental health programme such as the MTPI meets the victim rehabilitation needs of survivors of gang violence. The central research question is based on the assumption that gang violence is a feature in Manenberg and aims at exploring how community-based mental health programmes can support those affected by the effects of gang violence.

The central research question is therefore:
To what extent was the Manenberg Trauma-focused Psychosocial Intervention (MTPI) useful in meeting the victim rehabilitation needs of survivors of gang violence in Manenberg?

The sub questions are as follows:
1. What are the trauma responses of survivors of gang violence in Manenberg?
2. What were the experiences of the trauma support officers and counsellors regarding the usefulness of the Manenberg Trauma-focused Psychosocial Intervention (MTPI)?
3. What were the experiences of referring agents (community leaders, school principals, liaison teachers), regarding the usefulness of the Manenberg Trauma-focused Psychosocial intervention (MTPI)?

1.5 Study area
Manenberg is a Cape Flats neighbourhood in the Western Cape province of South Africa. It was birthed by the 1948 Group Areas Act which forcibly removed Black South Africans from their homes in District Six during the late 1960s. According to the census conducted in 2011, Manenberg has a population of 61 615 and there are 12 834 households, thereby making the average household size 4.8. (Statistics South Africa, 2013). The results of the census revealed that 90% of the households live in formal housing (Statistics South Africa, 2013).

In terms of racial distribution, Manenberg is predominately Black coloured as 85% of the population is classified as such. The majority of the population (46.4%) is between the ages of 25 – 64, and those above the age of 65 only account for 6% of the population (Statistics South Africa, 2013). Manenberg has a total of 14 public schools, of which three are high schools and eleven are primary schools. According to the census of 2011, 26% of those aged 20 and older have completed their Grade 12, this is in comparison to 42.5% for the whole of Western Cape and 40.5% nationally (Statistics South Africa, 2013). The statistics depicted above vividly demonstrate a high drop-out rate amongst the youth in Manenberg.

Similar to the 1990’s the levels of unemployment are very high in Manenberg, this is elucidated by the fact that unemployment rate is 36, 4% in comparison to the national unemployment rate of 29, 8% (Statistic South Africa, 2013). According to the 2011 census, 61% of the households in Manenberg have a monthly income of R3 200 (Statistics South Africa, 2013). The high levels of poverty within the community of Manenberg have inevitably led to many households being highly dependent on welfare grants and this has been the norm since the days of apartheid (O’Connor, 2004, p. 58).

1.6 Research design
The researchers utilized a case study research design. According to Bryman (2008, p. 373), “the basic case study entails the detailed and intensive analysis of a single case.” Examples of case studies cited by Bryman (2008) include studies pertaining to a community, an organization or an event. In this research report, the case study is based on the Manenberg community with particular focus on the MTPI.

The researchers utilised both qualitative and quantitative research methods to collect and analyse data. In terms of qualitative methods, the researchers made use of self reporting questionnaires, a focus group, in-depth interviews and follow up semi-structured interviews to gather rich data. Follow-up interviews were held with available respondents to gain a deeper insight of the data. The wide varieties of tools were linked to the varying literacy levels of the respondents, time constraints and availability of the respondents during the data collection period. In-depth interviews were conducted with teachers and school principals who served as referring agents during the intervention as well as community leaders. The quantitative
methods involved the analysis of client files of Manenberg-based clients who received counselling services from September 2013 to May 2014. The rationale of this was to ascertain the nature and frequency of the PTSD symptoms according to evidence-based assessment tools. This information was valuable in gaining a better understanding of the trauma responses of survivors of gang violence in Manenberg.

1.7 Sampling

Participants in the research consisted of project leaders, counsellors, laypersons, community leaders, educators and parents. A purposive sampling was used consisting of 29 participants who were familiar with the trauma-focused psychosocial intervention undertaken by the Trauma Centre in Manenberg. Their familiarity was premised on their participation either as referring agents, community leaders, laypersons and counsellors. Documentary data (client files) of 323 clients used in the research is further elaborated upon in Chapter Four.

1.8 Data collection and analysis

The research team developed interview guides for collecting data. Seven counsellors and seven trauma support officers completed self-reporting questionnaires a month after the intervention was completed. Five principals and liaison teachers were also interviewed during this time. After five months, five trauma support officers and two counsellors participated in a follow-up process involving in-depth interviews. A year later, in-depth interviews were also held with eight community leaders. Both project leaders completed self reporting questionnaires. In-depth interviews were conducted in English. Recordings of the interviews were transcribed and repeatedly read.

Documentary data was analysed according to initial assessment based on DSM IV criteria for PTSD. Since most of the clients completed the initial assessment, the data was used because chances of generalizability were greater. Reasons for not using mid and post assessments are varied. Many clients did not remain long enough in counselling to allow for mid and post assessment data to be utilised. Another factor is new incidents of trauma that emerged during counselling and ongoing violence that disrupted counselling services. The data collected from self reporting questionnaires and in-depth interviews were analysed according to three components (appropriateness, accessibility and sustainability) of the concept, usefulness. Research findings are reflections of the experiences of participants as well as data extracted from 323 client files.

1.9 Ethical considerations

Although the researchers are staff members of the Trauma Centre, their level of participation during the implementation was limited to their managerial role within the organisation. Tatenda Mawoyo is a programme head and did not provide counselling to the Manenberg community during the period of the psychosocial intervention. Valdi Van Reenen-Le Roux provided oversight to the intervention but did not participate in the facilitation of psychosocial activities. Iris Smeets volunteered at the Trauma Centre a year after the intervention. The findings and recommendations of the research report can inform current practice and strategic direction at the Trauma Centre. Consent forms were completed by all the participants before the interviews were conducted. In the case where data from client files were used, clients provided consent during the intake process. Consent forms are filed in client files.

1.10 Limitations of the research

The research was conducted by employees of the organisation, whose model of a trauma-focused psychosocial intervention is the subject of this research. They therefore have a vested interest in the research matter and are arguably not neutral. Efforts have been made to curb the bias by utilising open-ended questions and avoiding leading questions. Some interviews were conducted by an intern who had no prior engagement with the community or the psychosocial intervention.

The trauma-focused psychosocial intervention is based on the literature of both post traumatic stress disorder and CTSR response. Unlike PTSD, CTSR is not a diagnostic category in the DSM system and therefore one cannot actually make a diagnosis of CTSR.

The researchers acknowledge the context proposed by proponents of CTSR is most applicable to the research site. However, in the absence of evidence-based assessment tools for CTSR, PTSD assessment tools were utilised when providing counselling services. Readers could therefore be confused by the researchers’ emphasis on both PTSD and CTSR.

Clients were excluded as research participants due to clinical considerations. The high levels of fear and mistrust amongst clients were key factors that influenced the decision of the researchers in this regard. Although 893 clients received access to counselling services, the documentary data of 323 client files were used as part of the research. A number of reasons (discussed later) affected mid and post assessment. The documentary data
therefore only refers to the initial assessment as more clients partook in the initial assessment than in mid or post assessment.

There is a bias towards survivors of gang violence in the research given that the Trauma Centre’s ethos is victim-centred and it could have impacted on the research methodology and findings. The linkages between torture/CIDT and gang violence was explored from the perspective of victims’ rights to redress, specifically psychological rehabilitation. However, this view may be contested by other stakeholders.

1.11 Conclusion

The chapter has succinctly framed pertinent elements of the research in terms of the research design and methodology in order to contextualise the research process. The researchers have explained the efforts undertaken to limit biasness but acknowledge the difficulties given their links to the organisation. The ethical considerations and limitations of the research are therefore important aspects to take into account when reading the report.
CHAPTER TWO: A BRIEF LITERATURE REVIEW

2.1 Introduction

This chapter will provide a brief literature review of the key words and phrases which frame this research report. It will elaborate on the distinction between survivor and victim. This chapter will elaborate on the trauma-focused psychosocial intervention in its form of victim redress by focusing on trauma from a psychological perspective. The chapter then contextualises gang violence as experienced in Manenberg, the research site of this report. Additionally, causes of gang existence and participation are considered. Lastly, victim redress is defined and discussed in relation to Article 14 of UNCAT and General Comment No 3.

2.2 Defining ‘victim’ and ‘survivor’

The researchers prefer the term ‘survivor’ to refer to ‘a victim’ of crime in order to counter the disempowering connotations linked to victimhood. The term ‘victim’ is commonly used in international and local law, protocols and conventions to signify the human rights transgression and harm suffered. Constructs such as victim redress, victim rehabilitation, victim empowerment, victim rights, and victim charter are well established in the literature regarding torture prevention and rehabilitation. The National Policy Guidelines for Victim Empowerment (2008, p. 2) defines a victim as

“any person who has suffered harm, including physical or mental injury; emotional suffering; economic loss or substantial impairment of his or her fundamental rights through acts or omissions that are a violation of the criminal law.”

Indirect victims such as immediate family members, neighbours, colleagues are included in the definition. The researchers use the terms ‘victim’ and survivor interchangeable throughout the research. The term ‘victim’ is used when the discussion is linked to law and human rights frameworks and the term ‘survivor’ is used when referring to the ‘victim’ in a therapeutic context.

2.3 Psychological contexts of trauma as consequence of violence

2.3.1 DEFINING TRAUMA

“Trauma refers to external experiences that place excessive demands on people’s existing coping strategies and create severe disruptions to many aspects of psychological functioning” (Kaminer & Eagle, 2012, p. 230). Similarly, Giller (1999, p. 1), defines psychological trauma as, “a unique individual experience of an event or enduring conditions in the individual’s ability to integrate his/her emotional experience is overwhelmed.” According to the American Psychiatric Association (2000), cited in Kaminer and Eagle (2012, p. 230), researchers have found that people exposed to trauma are prone to develop symptoms of PTSD.

2.3.2 CONTINUOUS TRAUMA IN CONTEXTS OF ONGOING VIOLENCE

According to the DSM 5 criteria (APA, 2013, p. 271) for PTSD involve the following:

“exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following: directly experiencing the traumatic event, witnessing in person as it occurs, learning that the traumatic event occurred to a close family member or friend and experiencing repeated or extreme exposure to aversive details of the traumatic event.”

The DSM 5 (2013, p. 271) continues to elaborate on the diagnostic criteria of PTSD by outlining intrusion symptoms (such as nightmares and flashbacks), avoidance of stimuli (such as evading thoughts and feelings pertaining to the incident), negative alterations in cognitions and mood (such as negative world views) and marked alterations in arousal (such as hyper vigilance).

Eagle and Kamier (2013, p. 87) argue that the current formulation of trauma exposure, based on the DSM 5 (2013, p. 271), assumes that the exposure to the trauma is located in the past. The authors challenge this notion arguing that many people experience on-going and regular exposure to violence (Eagle & Kamier 2013, p. 88). The same sentiment is echoed by Murray, Cohen and Mannarino (2013, p. 180) who indicate that numerous people, particularly children and youth experience ongoing or continuous trauma. According to Eagle and Kamier (2013, p. 89) continuous traumatic stress is described as “occurring in contexts in which danger and threat are largely faceless and unpredictable, yet pervasive and substantive”. Continuous trauma is a concept that has its genesis in South Africa. It initially used in 1987 when victims of torture, under the Apartheid regime were in therapy. However, the process of therapy was constrained by the strong possibility of the victims experiencing future trauma given the political context (Eagle & Kamier 2013, p. 89).
2.3.3 TREATMENT FRAMEWORKS, THEORIES AND MODALITIES FOR SURVIVORS OF GANG VIOLENCE

One of the contexts of continuous traumatic stress, highlighted by Eagle and Kamier (2013, p. 89), is that of chronic community violence associated with gang violence where state security forces are unable to intervene to protect communities. This describes the context of Manenberg. Bearing in mind the continuous and ongoing nature of the gang violence, it is pivotal to ensure that the psychosocial interventions are mindful of the context.

Interventions regarding trauma are mainly put in place to prevent the development of PTSD (van Wyk & Edwards, 2005, p. 136). One such intervention is debriefing which is based on the premise that if individuals engage emotionally with their trauma it would protect them from future mental health challenges. According to van Wyk and Edwards (2005, p. 136) debriefing is a concept that emerged from the military and the intervention sought to examine critical incidents by interviewing those involved in the incident, as well as the authorities. Current literature suggests that debriefing, especially one associated with a cathartic release of feelings, could be more detrimental than beneficial (Wessely & Martin 2003, p. 12; van Wyk & Edwards, 2005, p. 136; Uhernik & Husson 2009, p. 271).

There are interventions known to benefit survivors, even in a continuous trauma context. One example of such an intervention is psychological first aid, which is defined as an “evidence-informed model utilized in disaster response to assist those impacted in the hours and early days following emergency, disaster and terrorism” (Uhernik & Husson 2009, p. 271). The aim of psychological first aid is generally to reduce distress and to facilitate short and long term adaptive coping (Uhernik & Husson 2009, p. 272).

Psychological first aid draws on natural resiliency and this is based on the premise that most people do not develop PTSD after a traumatic incident (Reissman, Klomp, Kent & Pfefferbaum cited in Uhernik & Husson 2009, p. 274).

According to Uhernik and Husson (2009, pp. 274–275) psychological first aid is comprised of eight phases namely contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social support, coping information and linkage with collaborative services. Psychological first aid is not seen as psychotherapy, therefore the service can be rendered by teachers, trained community responders, as well as registered practitioners (Brymer, Taylor, Escudero, 2012, p. 5). The notion of using trained non-specialists is also echoed by Petersen and Lund (2011, p. 571) who systematically reviewed literature pertaining to mental health services in South Africa. The authors thus advocated for trained non-specialists to increase access to mental health literacy as well as community based psychosocial rehabilitation programmes that focus on self help strategies.

Empirical evidence has also revealed that trauma-focused cognitive behavioural therapy (TF-CBT) is beneficial to survivors of continuous trauma. Multiple randomized controlled studies in high income countries reveal that TF-CBT was highly effective in treating children (aged 5–17) who have experienced continuous or ongoing trauma (Murray et al 2013, pp. 185–197). The key elements of trauma focused cognitive behavioural therapy are psychoeducation, relaxation techniques, trauma narratives, conjoint parent-child sessions and cognitive coping and safety skills (Murray et al 2013, p. 187).

Counselling intervention should be age appropriate and context sensitive. To this end, animal-assisted therapy (AAT) was utilised during the intervention for young survivors of gang violence. Sockalingam, Li, Krishandev, Hanson, Balaban, Pacione and Bhaleara (2008, p. 73) highlight that mental health rehabilitation requires integrative multifaceted treatment strategies to enhance the process of healing. The authors particularly encourage the use of AAT in the rehabilitation of survivors of assault with a concurrent mood disorder. Animal-assisted therapy is not a therapy however, it can be used to aid a professional style such as cognitive behavioural therapy (Chandler 2001, p.1).

The most common animals used for therapy are dogs, cats and horses but smaller, less common types of animals such as rabbits, birds, fish and hamsters can also be therapeutic. Research has shown that having an animal present during the therapeutic process helps the facilitation of a trust-building bond between the therapist and the client (Chandler 2001, p.1). Tedeschi et al (2005, p. 63) concurs with Chandler (2001) indicating that assimilating animals into therapy can address cognitive and perceptual benefits, help clients to self-regulate, develop empathy for animals and human beings, help maintain focus and attention, reduce aggressive behaviour, increase self esteem and decrease stress levels.

2.3.4 TRAUMA AND ITS IMPACT ON DAILY FUNCTIONING

Kaminer and Eagle (2012, pp. 230–241) reflected on the context of child trauma in the South African context, to elaborate on risk and protective factors as a way of informing intervention strategies. According to Kaminer and Eagle (2012, p. 231), primary school children exposed to trauma may display hyperactivity, distractibility and increased impulsivity. Adolescents may respond to trauma by being withdrawn, or defiant, which makes them vulnerable to substance abuse, criminal activity and violence.
perpetration (Kaminer & Eagle, 2012, p. 231). The authors assert that these responses make traumatised children vulnerable to school failure and drop outs. Myer cited in Kaminer and Eagle (2012, p. 231) further supports the notion that trauma exposure and PTSD are linked to susceptibility of failing to complete secondary education. In addition, the youth that drop out of school are at greater risk of gang involvement, criminal activity, violence exposure and perpetration (Kaminer & Eagle, 2012, p. 231).

One of the recommendations in the final report of the Commission of Inquiry into policing in Khayelitsha is a proposal for the establishment of a multisectoral task team on youth gangs to be established by the Department of Community Safety (O’Reagan & Pikoli, 2014, p. 457) after hearing repeated testimony of the impact of youth gangs on schooling, parenting, crime and violence. This finding supports the assertions made by Kaminer and Eagle (2012) as well as Myer (2011). Constant exposure to trauma can also have an impact on parenting. Kaminer and Eagle (2012, p. 234) argues that chronic exposure to trauma gradually erodes the capacity of caregivers to offer supportive environments to their children. Furthermore, the conditions highlighted above increase the risk for punitive parenting and child abuse (Kaminer & Eagle, 2012, p. 234).

Violence is a contributing factor of the trauma experienced in Manenberg. While the focus of this research report is on gang violence, the researchers acknowledge that other forms of violence co-exist in the community. Clients who received counselling through the MTPI may also have experienced multiple traumas (in addition to gang violence) such as domestic violence, rape, murder, assault, child neglect and abuse.

2.4 Manenberg and gang violence

2.4.1 GANG TYPOLOGIES

The Prevention of Organised Crime Act No 121 of 1998 (Department of Justice and Constitutional Development 1998, p. 6) provides the definition for a criminal gang:

“...include any formal or informal ongoing organisation, association, or group of three or more persons which has as one of its activities the commission of one or more criminal offences, which has an identifiable name or identifying sign or symbol and whose members individually or collectively engage in or have engaged in a pattern of criminal gang activity.”

Kinnen (2012, p. 35) argues that gang typologies in South Africa, notably on the Cape Flats, have evolved over the past two decades. Street gangs, identified in 1984 by Pinnock (cited in Kinnes, 2012, p. 35) as one of four distinct categories of gangs continue to adapt to the changing social, legal and political landscape of the country. According to Kinnes (2012, p. 36), street gangs continue to transform, becoming more organised, purposeful and goal orientated. Roloff (2014, p. 2) relies upon eight common elements (economics, hierarchy, structure, size, geography, violence, operations and relationships) to identify street gangs as one of the four gang typologies operating in the Western Cape. The researchers found the gang typologies on the Cape Flats, as discussed by Kinnes (2012, p. 36) and Roloff (2014, p. 2) as pivotal in understanding victim rehabilitation especially within the context of the MTPI.

2.4.2 GANG PARTICIPATION IN MANENBERG

In the early 90’s, estimated membership of the two main rival gangs in Manenberg, the Hard Livings and Americans, was 3 000 and 10 000 respectively (Kinnes 2009, p. 16). By 1997, gang violence in Manenberg worsened to the extent that there were approximately 45 gangs operating within the community (O’Connor 2004, p. 59). CSVR (2007, p. 150) estimates that 130 gangs are operative on the Cape Flats. There is an absence of quantifiable data regarding gang membership in Manenberg; however, thirteen years later, community leaders concur with Kinnes (2000, p. 9) that gang membership in Manenberg continues to increase.

Gang membership in Manenberg is gendered as predominately male. The relationship between violence and males – as perpetrators as well as victims – is well researched (CSVR 2007, p. 153; Seedat et al. 2009, p. 1012). Males aged between 15 and 29 are likely to be both victims and perpetrators of violence (Seedat et al. 2009, p. 1012). According to community leaders, female gangs members are normally linked to street gangs, especially when the individual’s boyfriend is a member of a street gang. Kinnes (2012, p. 37) based on his research, asserts that women do not occupy leadership roles within gang hierarchy in Manenberg.

Taylor (2013, p. 340) lists absent fathers, single-headed homes and substance abuse as the most dominant risk factors to children and youth’s participation in gangs. It is asserted that the inability to effectively deal with socioeconomic factors, associated with low income communities, leads to parental anxiety, depression, neurotic disposition and tendencies. These in turn hamper a child’s balanced psychosocial development. Some scholars argue that the high levels of violence linked to the criminal economy in Manenberg are due to the fact that some of the perpetrators are seeking economical survival (Salo, 2006, p. 149).
Another school of thought is that the men in Manenberg struggle to assert their heterosexual identity through legal means such as completing studies or having a stable job therefore they turn to gangs as a means of enacting their masculine identity (Salo, 2006, p. 150). The notion of overcrowding is also seen as a huge contributing factor as the conflict of space often results in cases of sexual violence and domestic abuse (Jacobs, 2010, p. 115). The causes of the high levels of violence within the community of Manenberg appear to be systematic; however, what is clear is that trauma counselling and trauma support services are of paramount importance in a community such as Manenberg due to the high levels of violence.

Kinnes (2012, p. 36) concurs with this premise citing three critical elements that influence gang participation: “belonging, respect and power/authority.” Social exclusion and rejection within the family unit creates the need for acceptance or belonging which gang membership and participation enables. Participation in heinous, brutal acts of violence earns gang members respect and recognition (Kinnes, 2012, p. 36). This helps to develop a reputation, the “hard currency” (Kinnes, 2012, p. 36), that gang leaders use to wield their authority and power within the gang amongst other rival gangs and the community at large.

Table 1: Crime statistics in Manenberg from 2004 - 2014

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7659</td>
<td>6704</td>
<td>4797</td>
<td>5390</td>
<td>6197</td>
<td>5001</td>
<td>6062</td>
<td>6550</td>
<td>7977</td>
<td>9087</td>
<td>8869</td>
</tr>
<tr>
<td>Murder</td>
<td>23</td>
<td>31</td>
<td>42</td>
<td>39</td>
<td>30</td>
<td>29</td>
<td>23</td>
<td>33</td>
<td>29</td>
<td>35</td>
<td>41</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>68</td>
<td>59</td>
<td>68</td>
<td>79</td>
<td>62</td>
<td>45</td>
<td>60</td>
<td>69</td>
<td>44</td>
<td>136</td>
<td>165</td>
</tr>
<tr>
<td>Assault with intent to inflict grievous bodily harm</td>
<td>506</td>
<td>483</td>
<td>355</td>
<td>375</td>
<td>366</td>
<td>278</td>
<td>330</td>
<td>273</td>
<td>254</td>
<td>276</td>
<td>292</td>
</tr>
<tr>
<td>Common assault</td>
<td>981</td>
<td>855</td>
<td>481</td>
<td>646</td>
<td>536</td>
<td>323</td>
<td>462</td>
<td>416</td>
<td>504</td>
<td>593</td>
<td>544</td>
</tr>
<tr>
<td>Unlawful possession of illegal firearms and ammunition</td>
<td>38</td>
<td>54</td>
<td>66</td>
<td>86</td>
<td>50</td>
<td>74</td>
<td>66</td>
<td>69</td>
<td>60</td>
<td>147</td>
<td>178</td>
</tr>
</tbody>
</table>

In September 2014, the Provincial Commissioner Arno Lamoer told a press conference that 18% of the overall murders and a third of attempted murders was gang-related. Manenberg continues to be affected by high levels of violence as evidenced in the increase of cases reported from the period of 2004-2014 (Crime Statistic South Africa, 2014). The table above demonstrates the increase in the murder and attempted murder rate in 2013 and 2014 when the MTPI was implemented.

CSVR (2007, p. 151) asserts that intra-gang rivalry, inter-gang rivalry and hostile assertions of dominion are the dominant causes of gang violence. According to CSVR (2007, p. 151) intra-gang violence occurs as part of renegotiating power relations within the gang, maintaining and reproducing the gang rituals, norms and practices. The killing of witnesses who may belong to the same gang is another contributor to gang violence. Gang defection may also result in gang violence. Essentially, these violent acts serve the purpose of instilling fear and respect. Inter-gang violence is caused by competition, animosity linked to territorial conflict, illegal economic trade disagreements and revenge attacks (CSVR 2007, p. 152).

2.4.3 Community Responses to Gang Violence

Kinnes (2000, p. 9) argues that communities such as Manenberg, Bonteheuwel, Valhalla Park and Mitchell’s Plain were deliberately used as the headquarters for gang organisations. Gang activity affects and continues to impact on all facets of life. Playgrounds are potential battle fields and schools become a platform from which gang members are recruited. Access to health services are disrupted as clinics often close to protect the safety of patients and the staff members (O’Connor 2004, p. 73).

Similar to the period of 1997, gang violence continues to adversely affect the community of Manenberg. However, despite the criminality of gangs, they enjoy a measure of community support (Standing 2003, p. 1; Kinnes 2000, p. 9; Jacobs 2010, p. 21). Members of street gangs in Manenberg have grown up in the community to a large extent. In some cases, gang affiliation is generational linking grandfather, father and son to a particular gang over decades. Standing (2003, p. 6) speaks to the ‘social contradictions of crime’ in which he refers to an ambiguous
response of the community; on the one hand, the community shows ‘moral outrage,’ yet supports gang criminality by ‘turning a blind eye’ or aiding and abetting such acts. It can be argued that community support from residents is owing to intimidation and fear for their lives and their families (Standing 2003, p. 6).

Gangs have used the economic vulnerabilities of the community to gain support. Kinnes (2000, p. 13) recounts how a former leader of the Hard Livings, in the 1990’s, threw money from his car to community members of Manenberg to win support. This loyalty could be counted upon in times of trouble with the police (p. 13). Old tricks of providing food, money for funerals, buying electricity for families, continues to negatively impact on community action in eradicating violence in Manenberg (Kinnes 2000, p. 10). Standing (2003, p. 8) asserts that the criminal economy provides access to cheap goods for the socially excluded, suffering from economic hardships.

Amongst civil society in Manenberg, there are those who believe that gang violence can be eradicated by working together with gangsters in the hope that restorative justice will end gangsterism. Others are of the view that the community should not negotiate or work with gang members. Instead the latter propose that the criminal justice system needs strengthening in order to arrest and sentence gang members and those affiliated (but not members) to gangs. Jacobs (2010, p.24) having grown up in Manenberg, recalls how his father - a leader of the Lettice Court Peacemakers - was one of the many residents who took an active stand against gangsterism. From 1994 onwards the anti-gang civilian initiatives such as the Western Cape Anti-Crime Forum (WCACF) and People against Gangsterism and Drugs (PAGAD) increased (Kinnes 2000, p. 15).

Several gang related incidents in 2013 led to the community lobbying for the end to impunity of gang members and the rights of victims to redress. In July 2013, several streets became infamous as a consequence of continuous gang violence between prominent gangs. In August 2013, the WCED closed 14 schools in response to 300 teachers who protested against their working conditions as a consequence of violence. The threat to the safety of teachers, learners and parents, particularly after the fatal shooting of a caretaker at one of the schools, was a driving factor for the two-day closure. However, more teaching and learning days were lost as parents opted to keep their children at home on days when shooting occurred, or threats of gang violence were made. The City of Cape Town deployed 109 law enforcement officers to protect learners and teachers at public schools in the community.

2.5 Torture/CIDT and its linkages to gang violence

In international law, torture and cruel, inhumane and degrading treatment or punishment (CIDT) is absolutely prohibited. Article 5 in both the African Charter on Human and People’s Rights (ACHPR) and the Universal Declaration on Human Rights (UDHR) defend the rights of people to be free from torture and CIDT. Article 7 of the International Covenant on Civil and Political Rights of 1966, considers freedom from torture as central to people’s civil and political rights. Article 37 of the UN Convention on the Rights of the Child prohibits torture of children under the age of 18. According to UNCAT, when a State party, by omission (seen as an act), fails to prevent recurrence and provide protection to victims such atrocities, by virtue of the omission can be defined as acts of torture. At a local level, the South African Constitution prohibits torture and CIDT. In 1998, South African ratified UNCAT which prohibits torture and CIDT. Later in 2013, parliament promulgated the Prevention and Combating of Torture of Persons’ Act 13 of 2013 criminalising torture in South Africa. The Act relies on the UNCAT definition of torture as:

“any act or omission by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act or a third person has committed or is suspected of having committed or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent of acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from inherent in or incidental to lawful sanctions.”

This research report locates gang violence within the discourse of torture or CIDT but acknowledges that further research is required to identify gang violence specifically as an act of torture. At the very least, gang violence can be seen as CIDT. Former Special Rapporteur on Torture, Professor Manfred Nowak (cited in Dessel, 2009, p. 11) argues the difference between torture and CIDT is not the degree of intensity or severity of the act but rather the purpose of the conduct and powerlessness of the victim. Regional and international conventions (such as Article 5 in both the African Charter on Human and People’s Rights (ACHPR), and the Universal Declaration on Human Rights...
(UDHR) which defend the rights of people to be free from torture and CIDT as well as Articles 1 and 14 of UNCAT are applicable to gang violence in South Africa. Communities affected by gangsterism do not enjoy safety and security. Residents live in constant fear of gang warfare. Peace treaties amongst gangs - as in the case of Manenberg in 2013 - are fragile and easily broken. Consequently, socio-economic rights such as the right to education and health are compromised in gang affected communities because residents are not able to send their children to school during gang wars nor are they able to access hospitals. In Manenberg, clinics and schools have been closed as a consequence of gang violence. Freedom of expression, mobility and choice is curtailed owing to fear of gangs who rule certain territories within Manenberg.

In addition, ‘wilful blindness,’ which alludes to an act of omission on the part of the State to protect victims from harm, is recognised as an act of torture (UNVFVT, 2011, p. 5). Omission includes incidents where a public official on duty fails to come to the assistance of a person being harmed. According to Fanesi, (2008, p. 315) victims of gangsterism in El Salvador, Guatemala and Honduras unsuccessfully applied for asylum in America citing endemic gang violence perpetrated by the Mara Salvatrucha (MS 13), Mara 18, Barro 18 gangs as reason for relief. Fanesi (2008, pp. 329 - 331) argues in favour of the applicants’ citing ‘wilful blindness’ on the part of the three governments. It is argued that despite national laws and policies, the three governments have allowed the gangs to operate as de facto authorities.

Fanesi (2008), concludes that the applicants should not have based their arguments on international laws pertaining to refugees and asylum seekers, but rather on the UNCAT with regard to States’ omission to end gang violence (and hence a case for torture) in their respective countries. There are cases in America (Virginia, California and Maryland) where asylum seekers were granted asylum1 on the grounds of torture perpetrated by gangs in Mexico, El Salvador, Honduras and Guatemala. A shadow report submitted by an NGO (Physicians for Human Rights, 2013, p. 7) submitted to the UN Committee against Torture in 2013 reported on the Kenyan government’s inability to eliminate gang violence perpetrated by the Mungiki.

Although the argument to recognise gang violence as acts or omissions of torture has gained momentum in similar post conflict nations, in South Africa, the debate has not yet begun in earnest. For instance, the European Court for Human Rights (ECHR) has held States responsible for failing to prevent acts of torture or CIDT by public officials and private persons (UNVFVT 2011, p. 5). The status quo does not however exonerate the South African government from its duty to protect persons – living in the country – from gangs.

2.6 Accessing victim rehabilitation

Victim redress comprises of compensation, restitution, satisfaction of truth, guarantees of non repetition and rehabilitation. The lack of compensation and restitution coupled to the slow pace of gaining satisfaction of truth and guarantees of non repetition impacts on victim rehabilitation.

2.6.1 POLICY FRAMEWORK

The Victim Charter (DSD, 2004) highlights seven key constitutional rights that are central victims of crime’s trauma recovery: the right to be treated with fairness, respect and dignity when reporting the crime and seeking victim rehabilitation services; the right to offer information but importantly to receive information from agencies dealing with the crime which is central to satisfaction and truth telling; the right to protection in order to guarantee non repetition; the right to assistance including legal, medical, social and psychological rehabilitation; the rights to compensation and restitution. While the Victim Charter emulates Article 14 of the UNCAT with specific reference to victims’ right to redress, the Charter is not enforceable since it is not a law.

The rights of learners affected by gang violence is addressed in the Education White Paper 6 on Inclusive Education but is not necessarily implemented in its entirety by the WCED. The Education White Paper 6 on Special Needs Education (Department of Education, 2001, pp. 21-24), premises inclusive education as education that supports all learning needs of learners to ensure that barriers to learning can be overcome. In addition to support systems for learners, the White Paper addresses the need for adaption for teaching methodologies, curricular and the environment to meet the needs of learners experiencing barriers to learning (Department of Education, 2001, pp. 21-24).

In the last decade, both local and provincial tiers of government, in the Western Cape, have introduced or strengthened existing policy to tackle violence through violence prevention strategies. In 2008, the provincial cabinet approved the Western Cape Provincial Social Transformation Gang Prevention and Intervention Strategic

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1 See Immigrant Judge Reviews on website of US Committee for Refugees and Immigrants: www.refugees.org
Framework which adopted a multisectoral approach to addressing violence (Western Cape Government, 2008). The framework emphasises the need for intergovernmental co-ordination and civil society collaboration to ensure its successful implementation (Western Cape Government, 2008, p. 42). The framework which offers a coherent, viable gang violence prevention strategy proposes the establishment of a Provincial Social Transformation Gang Prevention and Intervention Steering committee comprised of four intergovernmental task teams: Law Enforcement and Suppression (NPA/SAPS), Gang Crisis Intervention (SAPS), Prevention, Education and Re-integration (DSD, WCED, DCS, DOCS) and the Gang Information Dissemination and Research (DOCS) task team Western Cape Government, 2008, p. 50).

The City of Cape Town’s Social Development Strategy (2012) refers to a gang violence prevention strategy that aims to coordinate and implement strategies to address the negative impacts of gang violence. The Integrated Provincial Violence Prevention Policy framework is based on a ‘whole-of-society’ approach to violence prevention (Western Cape Government, 2013). However, these policy frameworks focus mainly on a law and order response. Although the need for mental health services is mentioned, psychosocial support such as trauma counselling for survivors is poorly articulated despite the right of survivors of gang violence to such services.

**2.6.2 FULL VICTIM REHABILITATION**

While ending impunity of perpetrators is crucial to the guarantee of non repetition, victim rehabilitation as contemplated in Article 14 of the UNCAT is of equal importance to the trauma recovery of survivors and torture prevention. Rehabilitation comprises of legal, social, medical and psychological forms of recovery.

**2.6.2.1 Legal recourse**

With regard to compensation and satisfaction of truth, South Africa does not have specific legislation which grants victims of crime compensation or legal representation (WHO, 2014, p.195). The guarantee of non repetition, in terms of gang violence in South Africa is slow paced. Kinnes (2012, p. 31) notes that since 1994 the South African Police Services have engaged in numerous operations to eliminate gangsterism without success. According to Kinnes (2012, p. 32), corruption involving individual SAPS officials, police brutality, and aggressive violence prevention methods have contributed to the lack of success. Similar allegations of corruption and collusion with gangs emerged during interviews with participants. These perceptions influence the discourse regarding the State’s ability to protect its citizens from gang violence.

**2.6.2.2 Social assistance**

The WC DSD provides victim support through internal provisioning (mostly of a statutory nature) and outsources psychosocial services to non-governmental organisations. The extent of budgetary expenditure which the WC DSD has allocated to psychosocial support services (particularly psychological services), for victims of gang violence, is unclear. However, funding for families, youth and childcare is allocated to non-governmental organisations as well. Through community consultations in Manenberg in 2013, the MOD (Mass participation; Opportunity and access; Development and growth) Programme was expanded in the community.

Psychosocial support to survivors of violence is offered by both government agencies and civil society organisations in Manenberg, but in varying degrees and with diverse expertise. Most organisations specialise in one form of rehabilitation and partner with other organisations as referring agents. Faith-based organisations received funding from the provincial Department of Community Safety to provide holiday programmes to school children in 2013 and 2014 as part of the violence prevention strategy. The MPC offered food programmes to indigent members of the community on a daily basis. In addition, the organisation provided educational support activities for high school learners geared towards ensuring access further education opportunities. However, on a number of occasions, the MPC was forced to close due to shooting outside the venue. Other structures offered tutoring in Mathematics and Science. Soccer is one of the main sporting activities in the community although ballroom dancing, modern dance, netball and chess are offered at schools and community centres to a lesser degree. Programmes focusing on youth development enjoy the support of faith-based and community-based organisations.

**2.6.2.3 Medical services**

Healthcare services are mainly offered by government agencies and private doctors in Manenberg. Survivors of gang violence in Manenberg have access to primary health care services in Manenberg. With the exception of HIV health programmes offered by civil society organisations, health services are not offered by community-based organisations.
2.6.2.4 Psychological rehabilitation

Mental health services reside within the mandate of the Department of Health and the Department of Social Development. According to National Mental Health Policy Framework and Strategic Plan 2013 - 2020, the Department of Health (2012, p. 9) envisions a new mental health system based on primary health care principles to increase access to mental health care services at a local level. However, access to psychological rehabilitation is frustrated by the shortage of mental health practitioners. South Africa has 9.3 mental health practitioners per 100,000 persons (WHO, 2007, p. 6).

Community-based mental health care services offered by civil society organisations are promoted in the Mental Health Act 17 of 2002 and the National Mental Health Policy Framework and Strategic Plan (2013-2020) (Department of Health, 2012, p. 10). To this end, the Manenberg Trauma-focused Psychosocial Intervention can be seen as a community-based mental health care intervention as envisaged in the National Mental Health Policy Framework and Strategic Plan 2013 -2020. Three community-based organisations offer layperson counselling in Manenberg. The SAPS Victim Support room is resourced by volunteer laypersons offering psychological first aid and referral to the Trauma Centre and other organisations.

Most women affected by domestic violence resort to the psychosocial services offered by the Saartjie Baartman Centre, a women’s shelter servicing the greater Athlone community. Access to mental health services by registered mental health practitioners in Manenberg is limited. Social workers located at the Athlone District offices of WC DSD provide mainly statutory services to the Manenberg community. Child Welfare, a partner and NGO-based service provider to the WC DSD provides statutory services specifically to children at risk. The Trauma Centre is also a service provider of the WC DSD contracted to provide trauma counselling services to a limited, specifically targeted clientele in the community, through its Victim Empowerment Programme.

2.7 Conclusion

The brief literature review has attempted to discuss pertinent discourses that have informed the psychosocial intervention and also the research. The researchers have problematised the complexities of labels, ‘victim’ and ‘survivor.’ The resilience of the Manenberg community in a climate of ongoing violence is discussed. Violence is contextualised as a public health challenge and lastly victims’ rights to rehabilitation and the State’s responsibility in this regard is highlighted.
CHAPTER THREE: THE MANENBERG TRAUMA-FOCUSED PSYCHOSOCIAL INTERVENTION

3.1 Introduction
This chapter seeks to focus on the organisation’s trauma-focused psychosocial model implemented through a series of trauma-focused psychosocial activities in Manenberg from September 2013 – May 2014. A brief understanding of trauma support, counselling, parenting workshops and home visits will be provided.

3.2 Trauma-focused psychosocial intervention in Manenberg
The Trauma Centre does not offer legal or medical forms of rehabilitation. Instead, it refers clients to appropriate government and civil society service providers. It provides psychosocial support to torture and CIDT survivors. Given the constant exposure to violence, the trauma-focused psychosocial intervention is based on continuous and complex trauma. In addition, it took into account that gang violence may be normalised and therefore the intensity and severity of the trauma may vary from person to person. The Trauma Centre’s approach to dealing with traumatic incidents incited through violence and torture is two pronged; namely trauma support and trauma counselling. The interventions were implemented at 14 schools in Manenberg, through school-based trauma counselling clinics. Within the broader community, adults, organisations and structures could access the MTPI through the MPC Trauma Counselling Clinic.

3.3 Trauma Support
Scholars and practitioners concur that soon after a traumatic incident occurs victims are not ready for counselling. However, there is consensus that support of a more practical nature may be extremely beneficial to the victims soon after the incident (van Wyk & Davids 2005, p. 136; Ramirez, Harland, Fredrick, Shepherd, Wong & Cavanaugh 2013, p. 2). Three core concepts underpin the trauma support model: listen, protect and connect (Ramirez et al. 2013, p. 3). Listening entails the use of reflective listening skills to better understand the needs of the survivor. Protection entails preserving the survivor’s safety, health and privacy. An example includes preventing onlookers as well as media from intruding and addressing immediate health needs. Connection encompasses linking the survivor to family members and service providers (Ramirez et al. 2013, p. 3).

Van Wyk and Davids (2005, p.139) emphasize that trauma support interventions should be ‘flexible, pragmatic, problem oriented and multifaceted.’ The Trauma Centre took the fundamental qualities mentioned earlier into consideration as well as ongoing nature of gang violence and the continuous trauma experienced by the community. Secondly, given the scarcity of professional and registered mental health workers, the organisation relied upon a growing body of literature that recognised the role that community workers and volunteers could play in providing basic psychological first aid if they were provided with ongoing training and mentoring (Brymer, Taylor, Escudero et al. 2012, p.5; Petersen and Lund 2011, p.571).

The organisation recognised that the intimate knowledge, expertise and skills that community workers possess about their communities could be effectively harnessed with the capabilities of mental health practitioners to implement an inclusive, evidence-based intervention which is mindful of the community context. Community workers trained and mentored by the organisation to provide trauma support services in the community are called trauma support officers.

According to the organisation, trauma support interventions take place at two levels. The first level responds to a traumatic incident, within the first 24 hours to a few weeks. Typical incidents in Manenberg were fatal shootings, physical assaults and attempted murders. The second level includes violence prevention and trauma-focused psycho-education activities. Trauma support activities were aimed at strengthening the understanding of people with regard to the impact of violence on people’s physical, psychological and socio-economic wellbeing, protective and risk factors and positive coping mechanisms.
<table>
<thead>
<tr>
<th>Elements of trauma support</th>
<th>Description of trauma support activities</th>
<th>Typical challenges experienced by trauma support officers</th>
<th>Support to Trauma Support Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>Providing safe spaces for survivors to talk without interruptions</td>
<td>Knowing when and how to intervene to prevent sensitive information from becoming public</td>
<td>Training, Mentoring</td>
</tr>
<tr>
<td></td>
<td>Empathy building between and amongst survivors</td>
<td>Putting aside personal views and building on common threads revealed in groups</td>
<td>Safety protocol through contact with project manager</td>
</tr>
<tr>
<td></td>
<td>Providing opportunities that acknowledges traumatic experiences without prejudice</td>
<td>Dealing with opinions about rival gangs that could create conflict at information and group support sessions</td>
<td>Permission sought to respond to call out</td>
</tr>
<tr>
<td>Protecting</td>
<td>Reducing safety risks</td>
<td>Following protocol of gaining permission to respond to a call out after hours. Checking in with project managers during trauma response call outs</td>
<td>Check in with counsellors and project manager</td>
</tr>
<tr>
<td></td>
<td>Providing and respecting privacy of survivors</td>
<td>Respecting confidentiality, maintaining healthy boundaries</td>
<td>Professional supervision, Report writing</td>
</tr>
<tr>
<td></td>
<td>Protecting dignity of survivors</td>
<td>Dealing with the media and crowds. Avoiding the retelling of experiences to visitors in cases of fatal shootings of relatives, missing children and other tragedies</td>
<td>Debriefing after intervention, Bilateral meeting with project manager</td>
</tr>
<tr>
<td></td>
<td>Providing psycho-education</td>
<td>Avoiding jargon, dealing with language barriers especially during interpretation</td>
<td>Staff meetings, Staff capacity building programme</td>
</tr>
<tr>
<td>Connecting</td>
<td>Strengthening family and community support systems</td>
<td>Referral to legal, medical, social and psychological services. Being acknowledged as a trauma support officer. Keeping record of interventions</td>
<td></td>
</tr>
</tbody>
</table>

These activities aim to create greater awareness of how trauma as a consequence of violence affects an entire community. The approach was chosen because of the stigma that is attached to counselling and the normalisation of violence in the community. Trauma support officers together with counsellors facilitated four different types of activities: trauma response call outs, home visits, information sessions and group support sessions in their communities.

### 3.3.1 TRAUMA RESPONSE CALL OUTS

From July 2013, Manenberg residents were reporting shootings and stabbings on a daily basis. Residents were reluctant to report these incidents to SAPS due to fear of retaliation by gang members. People were fearful to leave their homes or to allow their children to attend school. The need to provide psychological first aid in response to the trauma needs of the community became one of the priorities of both counsellors and trauma support officers. Telephonic calls and social media contacts were the main communication modes for residents to log call outs. The Trauma support officers worked in pairs and each team had access to a cellular phone. They were supported by counsellors and a project manager.
Trauma response call outs were mostly related to domestic violence situations, traumatic bereavement as a consequence of fatal shootings or stabbings and missing children. Telephonic support calls were popular especially at night when trauma support officers did not have access to transport or when it was unsafe to attend a call out. On one occasion, the Trauma support officers responded to a potential vigilante attack. The alleged perpetrator was accused of raping minors. Community members congregated outside his home, threatening to kill him.

Trauma support officers were trained to provide practical support, including liaising with hospitals, SAPS, community leaders, dealing with the media, contacting family members, helping with the children of the affected family and communicating with neighbours and friends. The emphasis was placed on provision of accurate information and containment of family members. Trauma support officers ensured that family members were aware and in agreement with the practical support offered. Often family members could not understand the responses of each other to the traumatic incidents. The trauma support officers offered psycho-education in this regard.

3.3.2 HOME VISITS

Many residents were not comfortable leaving their homes because of the sporadic shooting. Home visits as envisaged in the White Paper on Families (2012, p. 48), became a core activity to provide residents with mental health literacy and raise visibility of the intervention. During home visits, community members were equipped with information pertaining to trauma as well as informing them of the services that were available to them. In the case of people with disabilities, the home visits took longer because the residents were not able to access the trauma counselling clinics and trauma support activities offered at the various community centres.

Home visits were conducted according to six zones based on the location of community centres: Duinefontein (territory of the Americans and smaller gangs), Druwevlei (territory of the Hard Livings), Manenberg/SWAKOP (territory of the Hard Livings, Americans, Jesters and Ghettoes), De Downes (territory of the Americans, Hard Livings and Jesters), Sherwood Park (territory of the Clever Kids and Dixie Boys) and Tambo Village (territory of Hard Livings, Americans, Jesters and Dixie Boys).

The home visits were conducted by teams of two persons with project manager on stand-by in case of emergencies. Pamphlets and fridge magnets were provided to each household. Brief information sessions lasting ten to fifteen minutes, were held in their homes.

Residents could indicate on a register whether they required counselling or whether they were willing to participate in the parent support groups. The least visits occurred in Sherwood Park because most of the residents were working during the day. Most of the visits took place in the courts. Each court has 48 homes excluding bungalows.

Table 3: Home visits conducted in Manenberg

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total number of visits</th>
<th>Average number of people reached through home visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits</td>
<td>1,056 units</td>
<td>5,280(^1)</td>
</tr>
</tbody>
</table>

3.3.4 INFORMATION SESSIONS

Information sessions were conducted with diverse stakeholders in the community. These sessions focused on trauma awareness with the emphasis on psycho-educating residents and workers about trauma reactions, how violence becomes normalised and coping mechanisms. Initially, information sessions were facilitated for 90 minutes, which included self care activities such as hand and foot massages. The duration of the information sessions were adjusted to 40 minutes to accommodate working contexts of organisations.
Table 4: Recipients of information sessions

<table>
<thead>
<tr>
<th>Sector</th>
<th>Organisations, structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith-based organisations</td>
<td>Jordan Street Mosque, Sherwood Park Mosque, Jireh Chapel, Emmanuel Baptist, Assembly of God, Church of Reconciliation, City of Refuge, Zion Live Ministries</td>
</tr>
<tr>
<td>Early childhood development day care facilities</td>
<td>Little Lilies, Little Ducks, Little Bees, Strawberries Day Care, Silvertree, His Kids, Salvation Army, Moravian Creche, Manenberg Pre School, Green Pastures, School for Disabled, unregistered home-based day care centres</td>
</tr>
<tr>
<td>Older Persons</td>
<td>MPC Seniors, Phoenix Foundation Seniors, Silvertree Seniors, Sherwood Park Seniors</td>
</tr>
<tr>
<td>Health Clinics</td>
<td>Manenberg Clinic, Druwevlei Clinic</td>
</tr>
<tr>
<td>Community Centres</td>
<td>Duinefontein, Sherwood Park, Manenberg Community Centre</td>
</tr>
<tr>
<td>Schools (learners, parents, staff)</td>
<td>Primary, Downesville, Silvertree, Edendale, Red River, Rio Grande, Manenberg</td>
</tr>
<tr>
<td>Sport clubs</td>
<td>FC Orient, Young Idols</td>
</tr>
</tbody>
</table>

3.3.5 PARENTING SUPPORT GROUPS

According to the White Paper on Families, stable and supportive families, contribute towards individual resilience (2012, p. 5). The parenting support groups aimed at assisting parents or caregivers to better understand how their children respond to trauma, resulting from gang violence. Parents were equipped with skills to enhance the coping mechanisms of their children.

Table 5: Parent participation in parent group support: September 2013 – April 2014

<table>
<thead>
<tr>
<th>Activity</th>
<th>Age Range for Females</th>
<th>Age Range for Males</th>
<th>Number of Female Recipients</th>
<th>Number of Male Recipients</th>
<th>Total Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Workshop</td>
<td>15 - 71</td>
<td>21 – 53</td>
<td>113</td>
<td>8</td>
<td>121</td>
</tr>
</tbody>
</table>

Parent group support sessions comprising of 7 to 10 participants were held at venues outside of Manenberg. A parenting guide was used as a facilitation tool to discuss how violence affects a child’s feelings, thoughts and behaviour; the typical responses to trauma as a result of violence and what parents can do to support their children. On most occasions, a counsellor was present to offer containment if the need arose.

3.4 Trauma Counselling

Traumatic incidents have various effects on individuals. While some people are resilient and are able to cope with traumatic incidents, some individuals benefit from trauma counselling. Trauma counselling is aimed at enhancing coping mechanisms and alleviating symptoms of PTSD such as recurrent nightmares and hyper-vigilance (American Psychiatric Association, 2013, p. 271). Given the continuous nature of the trauma highlighted earlier, the trauma counselling interventions focused on enhancing clients’ coping mechanisms.

As previously mentioned, within the first 72 hours of an incident, the trauma survivors would benefit from trauma support. Thereafter, trauma counselling would be beneficial if the survivors require the service. The continuous nature of violence and trauma - coupled with the traumas of the past - played a pivotal role in shaping the therapies, treatment frameworks and plans utilised during the MTPI.

Clients accessed trauma counselling through the trauma support process, as well as from the referral process. Clients could access individual counselling, group and family counselling. Trauma counselling services were provided by a team of 10\(^{10}\) counsellors comprising 3 registered counsellors, 5 intern counsellors and 2 intern social workers. The group of counsellors were all registered with the

\(^{10}\) Originally the team consisted of 10 counsellors. There were resignations and posts refilled.
Health Professionals Council of South Africa (HPCSA) or by the South African Council for Social Service Professions (SACSSP) and thus were bound by ethics.

### 3.4.1 INDIVIDUAL COUNSELLING

Treatments frameworks were based on TF-CBT, strength-based therapy and solution-focused therapy. The treatment plan made provision for 4 to 6 sessions of individual and group counselling sessions. Within Manenberg, a four session counselling model (as opposed to the organisation’s normal six to twelve session model) was utilised due to the high demand and long waiting lists. However, in the event that the treatment goals were not achieved within the four session model, the counsellors and the client would re-contract for more sessions in order to accomplish the treatment goals.

The following graph illustrates the number of clients that received individual trauma counselling services.

**Graph 1: Number of individuals who accessed individual counselling**

![Graph illustrating number of individuals who accessed individual counselling](image)

#### 3.4.2 ANIMAL-ASSISTED THERAPY IN GROUP SETTINGS

According to Chandler (2001, pp. 1-2) talking to the animal while the therapist listens may be easier for the client than directly speaking about the traumatic event. The need for age appropriate and context sensitive therapies led to the introduction of AAT as a complementary therapy for learners aged 7 to 11. Research has shown that having an animal present during the therapeutic process helps with the facilitation of a trust-building bond between the therapist and the client (Chandler 2001, p. 1).

In the framework used by the Trauma Centre, the key focus is on fish and the life of fish in an aquarium. Participants in AAT groups draw parallels and contrasts between their lives and the lives of the fish. With the use of actual aquaria and fish, the facilitator conducting AAT, raises awareness of trauma and demonstrates a means of coping with trauma. A good example of this would be to discuss tapping on the aquarium glass. Tapping on the glass of the aquarium is quite traumatic for fish. This is then linked to a discussion around what constitutes trauma in the life of the individuals in Manenberg.

#### 3.4.3 TRAUMA-FOCUSED CBT GROUP COUNSELLING

Group counselling was introduced to selected learners. Learners with similar presenting problems and within the same age range were carefully selected and placed into appropriate groups. One of the benefits of group counselling is that in addition to the clinician providing support to the group, the group members themselves provide support to each other. Group support sessions based on TF-CBT were designed to assist clients to increase chances of a positive state of functioning (Cohen, Mannarino & Deblinger 2006, p. 32). Research shows TF-CBT has proven to be successful with children and adolescents aged 3 to 18 years who present with emotional problems related to traumatic events they may have been directly or indirectly exposed to (Cohen et al 2006, p. 32).

**Table 6: Number of AAT groups**

<table>
<thead>
<tr>
<th>Framework</th>
<th>Number of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAT</td>
<td>27</td>
</tr>
</tbody>
</table>

**Table 7: Number of TF – CBT groups**

<table>
<thead>
<tr>
<th>Framework</th>
<th>Number of Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>TF- CBT</td>
<td>14</td>
</tr>
</tbody>
</table>
3.4.4 TRAUMA DEBRIEFING

As part of the trauma support, debriefing sessions were held at seven of the fourteen schools. Between September 2013 and March 2014, gang-related shooting occurred every month. A common response to the continuous trauma was a desensitized and normalized perspective. The incidents included shootings, stabbings, brick throwing and threats on the school premises or outside the school parameters. Principals, parents and teachers at the schools recognized the anomic resilience displayed by some learners. Debriefing or trauma support sessions were held to contain the school community. The counsellors who would identify those that needed further support. Additionally, learners would ask for further support.

Graph 2: Specific schools and the number of learners that received debriefing sessions

3.5 Supervision, mentoring and self care

A self care programme to combat vicarious trauma and burn-out was established for trauma support officers and counsellors. Counsellors received professional supervision on a weekly basis. Trauma support officers were supported through coaching, mentoring and debriefing by a registered counsellor, who also served as the project manager. Individual and family counselling was made available to team members to avoid vicarious trauma and burn-out. Peer supervision and staff development sessions enabled the team to receive further support from a wider pool of staff members at the Trauma Centre.

3.6 Conclusion

This chapter set out to explain the MTPI which was implemented from September 2013 to May 2014. The next part of the paper dwells on the findings based on the experiences that counsellors, trauma support officers, referring agents and community leaders had with regard to the implementation of the MTPI.
Part II
Research Findings
CHAPTER FOUR: TRAUMA RESPONSES OF SURVIVORS OF GANG VIOLENCE

4.1 Introduction

The following chapter focuses on the analysis of 323 client files. Initially, a brief explanation of the sample selection process is explored. Thereafter, the assessment tools that were utilised are discussed according to the DSM IV criteria as the assessments are based on the aforementioned version and not the latest DSM 5. The following section of the chapter focuses on discussing the children and adult’s symptoms based on the respective assessments. The findings will be linked to the literature that was discussed earlier as a way of enriching the analysis.

4.2 The sample

Between the period of September 2013 to May 2014, there were a total of 893 intakes (individual clients) conducted within the Manenberg community. Clients reported trauma as a consequence of gang violence, rape, physical assault, domestic violence, child abuse and neglect.

As a way of better understanding the trauma responses of the clients, the client files were analysed according to the evidence based assessments, namely, the Child Post Traumatic Scale (CPTS) and the Harvard Trauma Questionnaire (HTQ). A total of 323 (36.1% of the total intakes) client files were analysed. The selection criterion for the sample, was that the files chosen had to have a completed initial assessment form (CPTS for children and HTQ for adults). In addition, all the client files were directly or indirectly linked to gang violence, as gang violence was the primary or secondary presenting problem.

Of the 323 files that were analysed, 286 (88.5%) belonged to children and 37 (11.5%) belonged to adults. In relation to ethics, prior to counselling, the client signed a consent form whereby it is clearly stipulated that some information may be used for research purposes under the condition of anonymity. Initially, consent was sought from the principal to ensure immediate support. Thereafter, parental consent was obtained.

4.3 Assessment tools according to DSM IV Criteria

Both the CPTS and the HTQ are based on the DSM IV criteria for PTSD. According to the DSM IV, the symptoms of PTSD can be subdivided into three broad categories, namely: re-experiencing symptoms, avoidance symptoms, numbing symptoms and anxiety/hyper-arousal symptoms. According to the DSM IV, re-experiencing involves recollection of the event, recurrent distressing dreams, dissociative states and psychological distress / physiological reactivity (American Psychiatric Association, 2000, pp. 424-425).

Both of the assessments that were utilised (CPTS and HTQ) take into account the aforementioned criteria, and therefore, the clients were asked about the symptoms in a simplistic manner. For example, the notion of having a foreshortened future is rephrased as ‘feeling as though your future plans or hopes will not come true’ in the CPTS; and ‘feeling as though you do not have a future’ in the HTQ. It is important to highlight that the files were analysed according to the client’s indication that they were experiencing the symptoms as opposed to the severity of the symptoms. In addition, the data was collected from the initial assessment and not the follow up assessments, as most client files did not have follow up assessments.

4.4 Results of children symptoms according to CPTS

As previously indicated, the majority of the client files sampled belonged to children. Perhaps this is attributed to the fact that there were trauma counselling services rendered at the 14 public schools in Manenberg, hence the majority of the clientele would be constituted by learners. The files that were analysed belonged to children between 8 and 17 years of age.
Table 8: Number and percentage of children that presented with trauma symptoms according to the CPTS.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No. of children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling as though your future plans or hopes will not come true</td>
<td>97</td>
<td>33.9</td>
</tr>
<tr>
<td>Not being able to have strong feelings</td>
<td>102</td>
<td>35.6</td>
</tr>
<tr>
<td>Not being able to remember important parts of the event</td>
<td>111</td>
<td>38.8</td>
</tr>
<tr>
<td>Bad dreams or nightmares</td>
<td>118</td>
<td>41.2</td>
</tr>
<tr>
<td>Having much less interest or not doing the things you used to enjoy</td>
<td>125</td>
<td>43.7</td>
</tr>
<tr>
<td>Not feeling close to the people around you</td>
<td>130</td>
<td>45.4</td>
</tr>
<tr>
<td>Having trouble falling or staying asleep</td>
<td>138</td>
<td>48.2</td>
</tr>
<tr>
<td>Feeling irritable and having fits of anger</td>
<td>160</td>
<td>55.9</td>
</tr>
<tr>
<td>Not being able to concentrate</td>
<td>160</td>
<td>55.9</td>
</tr>
<tr>
<td>Acting/feeling like the event is happening again</td>
<td>166</td>
<td>58.3</td>
</tr>
<tr>
<td>Trying to avoid activities or people/places that remind you of the event</td>
<td>167</td>
<td>58.3</td>
</tr>
<tr>
<td>Upsetting thoughts or images</td>
<td>168</td>
<td>58.7</td>
</tr>
<tr>
<td>Being jumpy or easily startled</td>
<td>172</td>
<td>60.1</td>
</tr>
<tr>
<td>Trying not to think, talk or have feelings about the event</td>
<td>181</td>
<td>63.2</td>
</tr>
<tr>
<td>Being overly careful</td>
<td>192</td>
<td>67.1</td>
</tr>
<tr>
<td>Feelings in body when thinking/hearing about the event</td>
<td>212</td>
<td>74.1</td>
</tr>
<tr>
<td>Feeling upset when thinking or hearing about the event</td>
<td>215</td>
<td>75.1</td>
</tr>
<tr>
<td>Median</td>
<td>160</td>
<td>55.9</td>
</tr>
<tr>
<td>Mean</td>
<td>153.8</td>
<td>49.6</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>36.2</td>
<td>11.9</td>
</tr>
</tbody>
</table>

The above table illustrates the number of children that presented with particular symptoms. According to the descriptive statistics, rendered from the data collected, the frequency of three symptoms are notably higher than the norm (153.8). These include: ‘feeling upset when thinking or hearing about the event’ (215), ‘feelings in the body when thinking/hearing about the event’ (212), and; ‘being overly careful’ (192). According to the DSM IV criteria, two of the three symptoms classified as high are categorised as re-experiencing symptoms.

In addition, the frequency of four symptoms can be considered as lower than the norm, namely, ‘bad dreams or nightmares’ (118), ‘not being able to remember parts of the event’ (111), ‘not being able to have strong feelings’ (102) and ‘feeling as though your future plans and hopes will not come true’ (97). The majority of the aforementioned symptoms considered as low are categorised as avoidance symptoms.

Based on the data, it is evident that children affected by violence within Manenberg are most likely to have re-experiencing symptoms and are less likely to have avoidance symptoms. This may be attributed to the ongoing nature of gang violence in the region; therefore, the children are confronted with violence on a regular basis. Taking this condition into account, PTSD assessment tools, in a continuous trauma context, are not necessarily adequate.

According to the data in Table 8, 160 (55.9%) children indicated that they had trouble concentrating. As a consequence thereof, poor concentration adversely affects school performance. This illustrates how gang violence affects numerous facets of life. The findings pertaining to poor concentration can be linked to the Commission of Inquiry, into policing in Khayelitsha, where learners and parents cited gang violence as a factor in the high dropout rate amongst learners. This owes to the lack of safety in schools (Ndifuna Ukwazi, 2014, p. 9-10).
Furthermore, Kaminer and Eagle (2012) highlighted that trauma exposure was associated with learners being at a greater risk of failing or completing their secondary education. It is likely that the points highlighted above contribute to the high drop-out rate in Manenberg. Therefore, there is a huge cause of concern as school drop outs are at a greater risk of being involved in gangs (Kaminer & Eagle, 2012, p. 231) and this perpetuates the gang violence.

Although feeling irritable and having fits of anger are classified as normal reactions to a trauma, such feelings have to be managed in an adaptive manner. More than half of the learners (160 or 55.9%) indicated that they were experiencing these reactions. If feelings of anger or fantasies of revenge are acted upon, it is probable that the vicious cycle of violence is likely to continue. This also seems to play a pivotal role in the intergenerational nature of the violence as highlighted earlier in the literature review.

Adolescents are particularly vulnerable as Kaminer and Eagle (2012, p. 232) indicated that exposure to trauma could make adolescents more susceptible to aggressive and reckless behaviour, such as substance abuse, criminal activity and violence perpetration. The least common symptom, indicated by the sample, was feeling as though your future plans or hopes will not come true (97 learners or 33.9%).

This finding is somewhat encouraging, as the majority of the children still had hope for the future. As previously indicated in the literature review, Manenberg residents are resilient and this finding supports the notion of resilience. Perhaps future intervention strategies can draw from this hope that is demonstrated amongst the learners, making use of it as a protective factor.

4.5 Results of adult symptoms according to HTQ

The adult client files that were analysed belonged to individuals in the age range of 18 – 72 (refer to Table 9 below). Majority of the adults accessed the counselling services at the MPC Trauma Counseling Clinic. The most common symptom, amongst the adult client files analysed, was ‘sudden emotional or physical reaction when reminded of the most hurtful or traumatic event’: 37 clients (100%) in the sample highlight that they were experiencing such. The second highest symptom was ‘avoiding thoughts or feelings associated with the traumatic or hurtful event’ 36 clients (97.2%) in the sample highlight that they were experiencing such.

Taking into account the statistics presented above, the frequency of two symptoms can be considered as high, namely, ‘sudden emotional or physical reaction when reminded of the most hurtful or traumatic event’ and ‘avoiding thoughts or feelings associated with the traumatic or hurtful event’. The highest symptom is categorised as a re-experiencing symptom, whilst the second highest is classified as an avoidance symptom. Interestingly, re-experiencing symptoms were the most common for both children and adults.

Based on the statistics, the frequency of three symptoms can be considered as low, namely, ‘recurrent nightmares’, ‘unable to feel emotions’ and ‘inability to remember parts of the most hurtful or traumatic event’. Most of the symptoms considered to be low, form part of the avoidance symptoms. This finding is similar to that of the children as described earlier.

When looking at the adult symptoms, the HTQ refers to a total of 16 symptoms. Of the 16 symptoms, the client files analysed revealed that for 13 symptoms (81.2%) had affected more than half of the sample. Only ‘recurrent nightmares’, ‘being unable to feel emotions’ and ‘inability to remember parts of the most hurtful or traumatic event’ affected less than 50% of the 37 adults. This finding vividly demonstrates the pervasive nature of the ways in which violence impacts on adults within Manenberg.
Table 9: Number and percentage of adults that presented with trauma symptoms according to the HTQ.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Number of adults</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent nightmares</td>
<td>11</td>
<td>29.7</td>
</tr>
<tr>
<td>Unable to feel emotions</td>
<td>13</td>
<td>33.3</td>
</tr>
<tr>
<td>Inability to remember parts of the most hurtful or traumatic event</td>
<td>17</td>
<td>45.9</td>
</tr>
<tr>
<td>Feeling jumpy or easily startled</td>
<td>25</td>
<td>67.5</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>25</td>
<td>67.5</td>
</tr>
<tr>
<td>Feeling as though the event is happening again</td>
<td>26</td>
<td>70.2</td>
</tr>
<tr>
<td>Less interest in daily activities</td>
<td>27</td>
<td>72.9</td>
</tr>
<tr>
<td>Avoiding activities that remind you of the hurtful or traumatic event</td>
<td>28</td>
<td>75.6</td>
</tr>
<tr>
<td>Feeling irritable or having anger outburst</td>
<td>29</td>
<td>78.3</td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td>30</td>
<td>81.0</td>
</tr>
<tr>
<td>Feeling as if you do not have a future</td>
<td>30</td>
<td>81.0</td>
</tr>
<tr>
<td>Feeling on guard</td>
<td>31</td>
<td>83.7</td>
</tr>
<tr>
<td>Feeling detached or withdrawn</td>
<td>32</td>
<td>86.4</td>
</tr>
<tr>
<td>Recurrent thoughts or memories of the most hurtful part of the event</td>
<td>32</td>
<td>86.4</td>
</tr>
<tr>
<td>Avoiding thoughts or feelings associated with the traumatic or hurtful event</td>
<td>36</td>
<td>97.2</td>
</tr>
<tr>
<td>Sudden emotional or physical reaction when reminded of the most hurtful or traumatic event</td>
<td>37</td>
<td>100</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Deviation</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number of adults</th>
<th>%</th>
</tr>
</thead>
</table>
| It is imperative to understand the adult population, as most of them are likely to be parents as well, therefore their own trauma can impact on their parenting skills. As discussed earlier, parents that are constantly exposed to violence, as well as other challenges, are likely to have gradual erosion in their capacity to provide support for their children (Kaminer & Eagle, 2012, p. 234).

These findings, depicted above, also suggest high levels of trauma among the adults. For example, 30 adults (81%) felt that they did not have a future and this view was more pessimistic in comparison to that of the children (33.9%). Another interesting finding is that the average PTSD score for the adult client files sampled, was 2.5: according to the HTQ score, equal to or more than 2.5 is considered symptomatic of PTSD. As previously discussed, the notion of continuous trauma is most applicable in the context of Manenberg, owing to the ongoing gang violence. Perhaps this could be a factor contributing to the relatively high PTSD average amongst the adults.

4.6 Conclusion

To conclude, the presented chapter has focused on the analysis of client files as a way of better understanding the trauma responses of the people affected by gang violence. A total of 323 files were analysed according to the relevant assessments. Majority of the findings co-relate with the current literature and trends. A key learning from this chapter is that gang violence affects people on many different levels; for instance, concentration, learning and even parenting. In addition, the gang violence is cyclical and self-perpetuating, complicating the assessment of trauma, using PTSD tools, in a continuous trauma context.
CHAPTER FIVE: EXPERIENCES OF COUNSELLORS AND TRAUMA SUPPORT OFFICERS

5.1 Introduction

In this chapter, the qualitative data from counsellors and trauma support officers was analyzed according to three themes: the appropriateness, accessibility and sustainability of the MTPI.

5.2 Appropriateness of psychosocial interventions

The level of appropriateness is discussed with reference to counselling interventions, trauma awareness raising interventions and conditions conducive to providing psychosocial interventions in a gang-affected community such as Manenberg.

5.2.1 COUNSELLING INTERVENTIONS

Counsellors found treatment frameworks based on TF-CBT, strength-based therapy and solution focused therapy appropriate to support adults and children in Manenberg. Animal-assisted therapy (AAT), elements of art and play therapy complemented treatment frameworks and plans. Clients also experienced more than one form of violence and traumatic events over a period of time. Although the trauma responses of clients met the diagnostic criteria stipulated in DSM IV and DSM 5 for PTSD, the reality of the clients as argued by Eagle and Kamier (2013, p. 87) was that trauma was not only in the past but continuous given the ongoing gang violence.

R1: “The main symptoms of PTSD resulting from collective gang violence such as nightmares, hyper arousal, anxiety, fear and depression. Definitely, clients’ struggled with avoidance, hyper vigilance and reliving the incidents. Continuous trauma does not stem from one form of violence. There are other unresolved traumas as well.”

R2: “…problems with depression and anxiety as well. Clients often found themselves stuck, unable to make a change in their circumstances.”

R4: “Clients of all ages displayed typical trauma responses. Most of the clients showed signs of avoidance, hyper vigilance, forgetting, reliving. Many of my clients presented with depression, anxiety and symptoms of schizophrenia ……”

Individual counselling, group counselling and trauma debriefing were offered to learners while adults received mainly individual counselling, trauma debriefing and group support. Information sessions and home visits by trauma support officers played an integral role in supporting clients and counsellors to identify appropriate counselling interventions.

R28: “Clients were not always open to group counselling. Sometimes, they were too scared to speak openly because no one trusts each other. Or sometimes, they have never disclosed what happened to them. After a trauma debriefing, clients would ask for individual counselling because in trauma debriefing we just focused on potential trauma responses and I think clients could identify with what we are saying about how trauma can affect someone.”

R3: “I feel that group counselling helps those clients that feel they are alone in a situation to come to know that others are also experiencing the same problems, and learn how others deal with it, in this way empowering themselves to make a change in their own lives.”

R5: “Group counselling is very rich when working with individuals who can understand the process. However, the amount of individuals in a group should be far less if the individual participants are quite young. It takes too much out of the counsellor and rich learning does not take place.”

R6: “I found group counselling more useful. Many of the children in Manenberg come from households were they have little or no support at all. With groups I have found that group members offer each other the support and sense of belonging which they do not get from home. I have also seen how in groups, group members start to relate more with each other because some of them start realizing that they are not that different from each other.”

Despite the findings regarding the detrimental nature of debriefings suggested by numerous scholars, (Wessely & Martin 2003, p. 12; van Wyk & Edwards 2005, p. 136; Uhernik & Husson 2009, p. 271) counsellors found that debriefing sessions provided clients with safe platforms to relate to each other after a traumatic experience. Counsellors indicated that they used the time to psycho-educate clients rather than focus on the retelling of traumatic events. When comparing the treatment plan used
for trauma debriefings with the eight phases (contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social support, coping information and referrals) of psychological first aid proposed by (Uhernik & Husson 2009, pp. 274-275), then it is evident that the counsellors utilized to a larger extent psychological first aid techniques than trauma debriefing.

R3: “Debriefing allowed learners to speak freely and openly about what it is that they are feeling, giving them a platform to speak where they otherwise could not.”

R1: “In my opinion, debriefings was good as it gave clients the opportunity to relate to others and made them realize that they were not the only one experiencing symptoms of trauma. It was useful in psycho-educating clients on trauma and responses to trauma as many of them do not understand what trauma is and how they can be affected by it.”

In group counselling settings, younger clients benefited from AAT and elements of play therapy interventions. Trauma debriefings with younger learners were difficult to facilitate without elements of art or play therapy. The experiences of counsellors providing AAT to learners were consistent with views of Tedeschi et al (2005, p. 63) who found that AAT helped to improve clients’ cooperation and concentration levels.

R4: “Animal-assisted therapy was used for the groups that I was involved with. The groups are quite interactive and are quite cooperative. This treatment framework seems to works well with the primary school learners. The one thing that worked well with the debriefing of the younger learners was when they were asked to draw and this helped to determine how learners were affected by what has happened.”

R7: “the Grade R’s, 1, 2 and 3 classes found it difficult to sit through the debriefing and would often be very disruptive and difficult to deal with causing the counsellors to have to take on dual roles.

According to counsellors and trauma support officers, teachers and parents struggled to associate disciplinary challenges with the trauma that learners were experiencing. For example, teachers and parents struggled to associate anger and aggressive behaviour with trauma experienced by the learners as a consequence of exposure to violence.

R1: “Children were very angry. They did not know how to express themselves and the teachers would regard their behaviour as rude but it was the trauma. The parents reported feeling absolutely helpless.”

R3: “Many of the clients are young primary school learners and the problem I experienced was that they did not want to talk, and if they spoke, they spoke softly.”

Counselling in settings of ongoing violence required a different approach since the traumatic events were not limited to the past. The experiences of counsellors in this regard is corroborated by Eagle and Kamier (2013, p. 87) as well as Murray et al (2013, p. 180) who argue that many people experience ongoing and regular exposure to violence as opposed to the current formulation of trauma exposure in the DSM 5 which is based on the past. In addition, the poor progress in eliminating gang violence which Kinnes (2012, p. 31) attributes to corruption involving individual SAPS officials, police brutality, and aggressive violence prevention methods influenced the effectiveness of counselling interventions under such violent conditions.

R6: “I also do not like the fact that Manenberg is not safe even for children. I hate the fact that so many innocent people have lost their lives all because of this fight against territories and power. What I found most difficult about my role as a counsellor was the fact that I sometimes felt helpless because there were things which I had no control over and there was only so much I could do. Seeing a client and knowing that they have to go back to the same violent neighbourhood always saddened me”

R29: “On some days my anxiety would be quite high, especially after I had contacted one of the clients telephonically to check in with her and inform her that we would reschedule counselling session given the extreme shootings that took place that very day. This was her [the client’s] response: ‘I’m actually lying on the floor in my kitchen because they shooting right in front of my house.’ I could hear the gunshots on the other side of the phone.”

5.2.2 CREATING AWARENESS THROUGH INFORMATION SESSIONS AND HOME VISITS

The trauma responses mentioned earlier by counsellors regarding young children and adolescents are consistent with Kaminer and Eagle’s (2012, p. 31) findings. Given the poor levels of mental health literacy in the community, trauma awareness information and home visits were
conducted in Manenberg to popularize the MTPI. The information sessions were positively received but demonstrated the need for ongoing mental health education as advocated in the National Mental Health Policy Framework and Strategic Plan 2013 -2020 (2012, p. 32). The normalisation of violence and its effects on physical and mental well-being further hints at individuals’ lack of knowledge about their rights to victim rehabilitation as articulated in Article 14 of UNCAT:

R5: “Most people in the area are so used to their circumstances that is become a norm, so they did not even realize that they are experiencing trauma. This has been reported to me on more than once occasion by community members and clients.”

R8: “People got deeper understanding of why certain things happen after trauma, they could relate to information given in the session.”

R9: “This session helped the community, because the massage therapy done during the session is useful to the participants. It is something new that they didn’t know about. Some of them have also been using it at home with their families.”

For some residents, home visits were regarded as a valuable experience because they were able to connect with the intervention in the comfort of their homes. The intervention was able to reach those that would not have had access to the intervention at the MPC. In this regard, people with disabilities felt that the extent of their vulnerability was recognized. Residents who lived in the territory of rival gangs were not prepared to attend sessions at MPC for fear of retaliation attacks.

R9: “Home visits were interesting coming into the house especially for old people that could not come to the centre. Sometimes it was difficult to approach people at their homes, because they might be busy with their own things. At some houses some people did not really accept us in their homes.”

R10: “People were grateful to this service; a man told me I was a godsend. He was frustrated because three of his sons were gangsters and he could not come out of his house but needed the intervention the most at this point.”

R8: “people are not eager to open up with their problems. There was a 13 year old married girl. There were gangsters and children sitting around and the husband was following her...”

5.2.3 WORKING WITH PARENTS

Most of the team concurred on the usefulness of the parenting group sessions. The main highlights were that the material covered was relevant and beneficial to the parents. Parenting group sessions offered outside of Manenberg (for example at Green Point Park and Edith Stevens Nature Reserve) were according to the respondents more conducive to trauma recovery.

R8: “the environment (Green Point Park and Edith Stevens Nature Reserve) was good. It was relaxing, the inner child came out. This was so nice. It was the brilliant idea that came from management. Parents would say I haven’t taken my child out in so long. One parent said that this is the first time the child could play with other people.”

R10: “People could identify with their faults; the parent could bond with her child. The Healthy little minds booklet is great. I received feedback that we are doing great work in the community. Parents then felt like a family again and I think it’s a great idea and should be carried forward.”

R29: “We found that there were many young parents and grandparents who had difficulty understanding their children’s behaviours. They often viewed the child as ‘naughty’ and would reprimand them by giving hiding. After they had gone through the parenting workshops, they had a better understanding on how their children are affected by the violence.”

The generational nature of gang violence in Manenberg is well-documented (Kinnes, 2002; Jacobs, 2010; Salos et al. 2010). Similarly, the trauma experienced by Manenberg residents has a history linked to the trauma of parents and grandparents during their childhood. During the parenting support groups, parents shared their own experiences:

R12: “Some of the parents in my group explained that they recognized the trauma responses in their own lives. One mother said that for the first time she can understand herself better. I realised as a facilitator that the group support was helping each of the mothers deal with their own past.”

R13: “I lived all my life in Manenberg. And when I heard these parents’ stories, I thought about my own experiences. Gang violence did not start in 2013. It was here all the time. And we lost so many families to this [gang violence]. I just broke down with them. I could not help it, even though I was facilitating.”
5.2.4 RESPONDING TO TRAUMA RESPONSE CALLS

Trauma support officers and counsellors responded to call outs in the community. In general, the residents valued the intervention. But the emergency line was also open to abuse.

R9: “The call outs were very helpful and useful to the victims, because they didn’t expect us to be there and support the family. Positive feedback has been pouring in from the community saying that they are extremely grateful.

R29: “I will not agree with a 24 hour clinic because it would increase call outs at night. We had an emergency phone but it did not ring that much that one needed to be physically in the community all the time. We would get random calls in the earlier hours of morning normally of people who were drunk. Or people would call to lodge complaints. So, not all the calls were for counselling. People would call to complain or they would ask us to call the police for them. I don’t think a 24 hour clinic would have been successful.”

5.2.5 CONDITIONS CONducive FOR PSYCHOSOCIAL INTERVENTION

While treatment frameworks and plans may be appropriate, it is equally essential to consider the conditions under which the MTPI took place. Insufficient logistical resources had a negative effect on the implementation of the intervention. Furthermore adequate infrastructure plays an integral role in creating an enabling environment for victim rehabilitation.

R28: “There were many challenges in managing this project. Some of the challenges were related to labour matters but also personal and community issues. There was a lack of resources such as cars and insufficient counsellors and trauma support officers for the high volumes of clients on waiting lists. We were constantly confronted with the threats of harm.”

R29: “Most of the time the venues would not be the ideal room for counselling but many clients really needed the counselling support. Furthermore, for many clients, the counselling was often the only time they spoke about their traumas and felt relaxed.”

The police were not always available to offer support to the team. Rumours of police collusion with gang members were one of the reasons for the reluctance by team members to rely on police escort. Counsellors and trauma support officers were concerned that their neutrality would be questioned.

R4: “The Manenberg SAPS were prepared to escort us at times but not always. Then the trauma support officers were not always willing to be seen with the police because of fears that the gangs will view them as informers and prevent them from working in the communities.”

R28: “Initially, counsellors felt safe when they were escorted by police. When the area was really tense all SAPS vehicles were busy and the Trauma Centre could not be escorted in. We would often need to wait long periods for the police vehicle and would lose valuable time. The other difficulty was the fear of Trauma Centre’s being associated with the police and this could put staff’s lives in danger (with gangsters).”

Offering psychosocial support in Manenberg posed safety concerns. The location of the clinic, the transport to the destination and the circumstances in which the intervention took place posed threats towards the security of trauma support officers, counsellors and the clients. For the team to merely go to work was sometimes challenging:

R9: “Having to go out in the community when there is a shooting outside. The fear of coming to work knowing gang violence is happening in my street.”

R28: “Often the driver needed to take alternative routes to get to a destination. On another occasion, the driver and I needed to take clients home one night after the clients were taken to the police station to lodge a criminal charge. After conversing with other staff members, we realize that we were not able to take these clients home due to the high level of gang activity in that specific street. A community member escorted us into the community. And while we were waiting, people took photos of the vehicle, surrounded the vehicle and started making gestures towards the staff members in the car.”

R29: “The home visits was one of the most risky and challenging because the trauma support officers would provide trauma awareness and support to persons within their home. Most of the time, the TSOs did not know what they were going to come across on the other side of the door. However, home visits was found very beneficial for the old folk and people who would not leave their homes because they felt unsafe and were scared of falling victim.”
Additionally, the MPC was not considered to be a safe and neutral location. It therefore became a satellite office from which trauma counsellors would be dispatched to other parts of Manenberg:

R2: “Yes, there were many days when the counsellor was doing a session while gun shots were fired outside of MPC and/or the school.

R28: “Counsellors were attending to a case one evening when gang violence broke out and they needed to run into different households. I remember that the trauma support officers were on foot and were often prevented from doing their work because shooting would prevent them from going to the planned areas. I was present once when trauma support officers needed to run into a house when returning from duty due to shooting taking place in the street.

Similarly, home visits presented comparable challenges particularly when the team where exposed to illegal activities. While the White Paper on Families (DSD, 2012) advocates home visits as a crucial violence prevention strategy, the safety of mental health practitioners, social workers and community-based health workers is not adequately addressed. The experiences of counsellors and trauma support officers allude to safety concerns which cannot be ignored and reveals the need to prioritise the safety of mental health practitioners and workers when working in communities affected by violence. Trauma support officers and counsellors grappled with their duty to report crime on the one hand and their own personal safety on the other.

R8: “Home visits could be challenging as when the TSOs came back they could see that this house had gangsters in, we had to impart the information as well as read the house that you enter. The situation could get volatile as we need to look after our safety.”

R10: “There were also people who had used substances and there were massive dogs. Sometimes I was not sure if the people were gangsters.”

R14: “I was afraid because in some cases knives and guns were displayed openly.”

R15: “It was difficult, some of the houses we came across domestic violence, or while you explaining about trauma some of the youngsters are smoking TIK in front of you.”

Although the Trauma Centre introduced a safety protocol for the team working in Manenberg, the staff voiced on numerous occasions the lack of efficient safety mechanisms. The unsafe conditions as a consequence of ongoing gang violence affected the counsellors and trauma support officers’ ability to perform their tasks effectively. Consequently when there is no guarantee that gang violence will not be repeated, victim rehabilitation becomes difficult to access and sustain. However, the project leaders and clinical supervisors offered weekly debriefings, bilateral meetings and supervision for counsellors and trauma support officers.

R7: “On many occasions it felt as if your life was in danger, not from clients, but when the shootings started occurring within the community and you could not concentrate fully on what was occurring during the sessions.”

R12: “We can’t have a trauma counselling clinic at MPC because it is situated in the gang territory of the Hard Livings. I would provide trauma support to people who live in another part of Manenberg but are afraid to walk in that part of Manenberg because they live in the territory of a rival gang. Even if you not a member of a gang but you live in the territory of a rival gang you are not safe, especially if you a mother, sister, grandmother or girlfriend of a rival gang. So we had to find other places in the community to offer our trauma support services to those living in rival gang territory.”

R29: “Most of the counsellors provided counselling to the learners at the schools and we would constantly communicate telephonically where we checked in and ensured that things are fine. The same applied to the trauma support officers when they were facilitating sessions and doing trauma awareness in the community. As soon as the counsellors or TSOs informed me on any shootings in the area they were working in we would try and remove them for safety. For the driver, we would inform him of any shootings and which side of the area is unsafe or high risk, we would often look for alternative routes and this was sometimes very dangerous.”

The experiences of the trauma support officers and counsellors reveal that factors beyond the actual treatment plan and capabilities of the mental health workers can have an effect on the appropriateness of counselling and trauma support services in Manenberg.
5.3 Accessing trauma counselling services

The accessibility of trauma counselling services was analyzed from the perspective of challenges facing counsellors and trauma support officers when clients accessed the MTPI.

5.3.1 PARENTAL CONSENT AND LIMITATIONS TO CONFIDENTIALITY

Gaining parental consent for counselling posed a huge ethical challenge when parents refused to provide permission. Refusal to provide parental consent was often linked to criminality such as a gang or fear that learners will divulge incriminating information during counselling sessions. Kinnes (2000, p. 10) and Standing (2003, p. 8) cited gains from the criminal economy and gang exploitation of residents' economic hardships as reasons for community members' collusion with gangs:

R1: Although my safety was not compromised, I was scared about working in the community. I had a case where a father was a gangster and I was worried about reporting the incident. I eventually did, but it was stressful. I was concerned about the child's safety. It was extremely difficult to work with parents as some of them are not even interested in their child's well-being. It was extremely difficult to work with parents as some of them are not even interested in their child's well-being.

R4: “Parents and caregivers would not consent to counselling or continue counselling because they realised the implications of on the one hand sharing their traumatic experiences but on the other hand revealing illicit activities such as drug trafficking and abuse.”

R5: “Those were very anxiety provoking situations when we could not get consent from parents. The principal would sign consent for every session that such a learner was seen. If the learner disclosed an incident of child abuse or sexual violence, we refer to the relevant statutory bodies for further investigation. The principal as well our programme heads were duly informed. We were stuck for many weeks with learners who did not bring consent despite having sent them home with forms on several occasions.”

The reasons for parents’ refusal to exercise their children’s right to mental health are partially linked to their sense of powerlessness to confront gang violence. Powerlessness relates to the inability of victims to end or avoid the human rights atrocities perpetrated against them (UNVFVT 2011, p. 7). CSVR (2007, p. 151) alludes to the control which gangs have on communities. Standing (2003, p. 1) on the other hand refers to the social contradiction of the criminal economy citing the economic support which gangs provide as one of the reasons for the ambivalence of community members to eradicate gangsterism. The team bore witness to the powerlessness of the Manenberg community when trauma support and counselling services were offered:

R5: “Counselling was a new experience for most people in Manenberg. Parents were scared of what their children would divulge in the sessions, especially if abuse of illegal activities were happening at home. We struggled to get parents’ consent to counselling. Fear was definitely a factor. In most families, there is a link to gang members and in cases where perhaps the father was a gang member, the mother would be scared of what the child would disclose. I think they were also scared and worried about our safety as counsellors.”

R7: “Perpetrators were the breadwinners. Sometimes people were avoiding opening the wounds of the past. They were afraid to be called the whistle blowers or of been targeted as sell outs. Sometimes the relatives were perpetrators as well. Families did not want to expose themselves and put themselves in danger.”

Another difficulty was the limitations to confidentiality especially when clients divulged information about illegal activities. The need to safeguard information obtained during counselling sessions (for the sake of the client and the counsellors) became a difficult balancing act especially in a climate of impunity and no guarantee of non-repetition. While some parents were reluctant to participate, others seized the opportunity to access mental health care for their children:

R6: “I have worked with a few parents and in all experiences I have found the parents very helpful and pleasant to work with. Parents gave the necessary information and this made it easier for the counsellor to work with the child.”

R7: “There were a few more than not, that were very protective of their children and only wanted the best for their children.”
5.3.2 SUFFICIENT COUNSELLING CAPACITY AND SECONDARY VICTIMIZATION

Requests for individual counselling increased after information sessions and home visits thus resulting in a waiting list, due to limited mental health services in Manenberg. The majority of clients on the waiting list required trauma counselling which did not necessarily fit the referring criteria of referring partners such as Child Welfare, Saartjie Baartman Centre or social workers within the district offices of the Department of Social Development. Long waiting periods increased the risk of secondary victimisation. In this regard, government’s responsibility towards victims of violence in terms of regional and international conventions such as UNCAT, ICCPR and the UDHR is questionable since a shortage of trauma counselling services in Manenberg denies victims of their rights to protection and rehabilitation. Other factors are linked to the ongoing shooting, non-attendance and inability to make contact with clients led to a bottleneck because clients were not able to complete their sessions in the allocated time.

R8: “A potential client said – why do I need to wait so long for somebody to see me?”

R9: “Some community members have complained that they haven’t been contacted yet.”

R28: “The referral system between the trauma support officers and trauma counsellors could have been more effective. People would often wait a lengthy period before seeing a trauma counsellor. Referral letters might have gotten lost, maybe not be assigned to a counsellor or the client might not have contact details and getting hold of the client to make the booking becomes problematic.”

Insufficient human capacity impacted on the number of sessions that clients dealing with complex trauma could access. A response to reducing waiting lists was to offer group counselling. While it did alleviate the problem to a certain extent, it posed other challenges illustrated below:

R5: “Group counselling is very rich when working with individuals who can understand the process. However, the amount of individuals in a group should be far less if the individual participants are quite young. It takes too much out of the counsellor and rich learning does not take place.”

R7: “Group counselling was well received during school times but was very difficult to keep together during the holidays as the clients did not really want to be involved at this time.”

Counsellors and trauma support officers worked closely with teachers and parents to ensure that learners spent minimal time out of the classroom. However, the time constraints coupled to the school holidays resulted in clients missing consecutive sessions with their counsellors.

R4: “One challenge that I experienced with this groups were that the treatment plan was set to run at two hours per session and this was not possible to do at schools because I was not able to take a group of learners out of their classes for two hours.”

5.3.3 DISRUPTIONS OF PSYCHOSOCIAL INTERVENTION

The main challenge presented, was ongoing gang violence which led to the closure of schools at one stage and impacted on clients accessing their socio-economic right to mental health.

R8: “The hardest part is when they [people living in Manenberg] realise that they need help and they can’t come out to get the help. For example, we came across gang members who wanted to leave the gang because they were young when they were recruited but they know their lives will always be in danger. Another case is of a mother who needed counselling but eventually decided not to access counselling because she was scared of her son who was a gangster.”

R7: “Violence occurring in the community making it dangerous for the clients to come to sessions or to go back home after sessions.”

In this regard, the researchers found that failure of the State to protect the Manenberg community directly impacted on the accessibility of community-based mental health services such as the MTPI. The General Comment No 20 of the Human Rights Committee on article 7 of the International Covenant on Civil and Political Rights (ICCPR) states that it is the duty of the State party to ‘afford everyone protection through legislative and other measures as may be necessary against the acts prohibited by article 7, whether inflicted by people acting in their official capacity, outside their official capacity or in a private capacity’.

Through their experiences, the counsellors and trauma support officers have learnt that the Manenberg residents negotiate their movement in the community in order to avoid danger. It became evident that daily activities such as going to work, school, shop, the sports field or visit a friend was dependent on the state of gang activity at the time.
R8: “In the past two years, we have not had one peaceful month. I would say that 15 to 20 people died last year as a consequence of the gang violence. The area becomes quiet. People don’t walk in and out. There is a fear whenever you walk in the community. We need to phone our relatives all the time to change routes and direct them to where it is safe.”

R4: “Continuous gang violence prevented the team from going into the area at times and also prevented clients from coming to their counselling sessions. It also prevented learners from coming to school and so I could not see my clients at school.”

R13: “It was trial and error during the gang shootings we could not go out and help the people.”

Another challenge faced by counsellors and trauma support officers was irregular attendance caused by absenteeism, truancy, lack of safety, work obligations and preparedness of clients. Counsellors reported learners missing their sessions due to absenteeism, intimidation and their (the learners) own level of preparedness. Often, learners could not attend school due to the shootings.

R2: “A challenge was when clients arrived late for the session or had no contact details.

R4: “... learners were often not at school or not in their classes, so this meant I had to go find them somewhere on the school premises and this caused time to be wasted. It was a struggle to work with clients who did not want to open up and who were not prepared to put in the effort to help themselves when they were outside the counselling room. This made it quite difficult and also slowed progress down and this also resulted in clients becoming very frustrated.”

R7: “... the sessions were often too few to really help some of the individuals through their issues and re contracting were often necessary if the client returned. Intimidation and the stigma attached to counselling were also factors.”

Accessibility to the MTPI was dependant on a number of factors which can be broadly grouped into two crucial factors: the willingness of clients to participate in the interventions and secondly the degree of protection offered by the State to ensure that clients are able to access trauma-focused mental health services.

5.4 Sustainability

Factors such as the progress of clients, intersectoral collaboration, human resources and capabilities as well as physical resources were taken into account when focusing on the sustainability of the MTPI:

5.4.1 PROGRESS OF CLIENTS

It is evident that after clients became comfortable with the counselling process and their counsellor, clients became more co-operative, appreciative and willing to build their resilience:

R1: “I expected that people would be reluctant to come for counselling however, it turned out to be the opposite as many people wanted the counselling services and co-operated in counselling sessions. Clients were very eager to come for counselling sessions.”

R4: “Another excitement was seeing the progress happen and also seeing clients that are accepting of help and willing to put in the effort to help themselves.”

R6: “Clients were open to counselling. I also loved the fact that my clients were accommodative and met me half way in terms of language and time.”

Feedback received by the trauma support officers from participants who participated in the information sessions, home visits and the parent support groups suggest that they viewed the MTPI as useful offering much needed support to build resilience. However, the living conditions of clients coupled to the complexity of their trauma posed challenges to what psychological victim rehabilitation could achieve. Counsellors and trauma support officers alike, felt at times a sense of powerlessness and despair after their interventions. Their experiences highlight that other forms of victim rehabilitation as envisaged in Article 14 of UNCAT has to co-exist alongside trauma-focused psychosocial interventions.

R2: “High crime rate, poverty, domestic violence, social problems and gangsterism was evident. (They experience) domestic violence: physical, economic, mental and emotional abuse by persons living under the same roof, e.g. intimate partners, children, and siblings. (There is) sexual violence by intimate partner, child abuse. Bullying takes place at school, at home and or within the community. Feeling at times helpless when one can only offer psychological help knowing that there’s a greater need at the same time whilst working with the client.”
5.4.2 INTERSECTORAL COLLABORATION

The National Mental Health Policy Framework and Strategic Plan 2013 -2020 (2012, p. 38) addresses the need for intersectoral collaboration amongst government agencies including the Department of Education. The MTPi worked alongside government agencies (Department of Social Development, Department of Health, SAPS, Department of Education) at a local level as well faith- and community-based organizations in the community. The extent of intersectoral collaboration between government agencies and non-governmental organisations as envisaged in the National Mental Health Policy Framework and Strategic Plan 2013 -2020 (2012, p. 38) was mainly visible at referral level.

5.4.2.1 Working in schools

The counsellors had mixed experiences when it came to working with teachers in the various schools. Some teachers were extremely helpful whilst others envisage the counsellors as distractions to their lessons. Not all teachers were well versed in mental health care and promotion of learners, especially mental health disorders that impact on a child’s cognitive development. Nonetheless, teachers were the main referring agents in the schools. Learners’ behaviour in class, attitude towards others and the general response to the violence in the community were criteria used by teachers to refer learners. The quotations below depict the experiences of the trauma counsellors.

R2: “Firstly, there were teachers that weren’t aware of the type of cases trauma counsellors would be able to work with and this blurred their understanding of the referral system and at times they would want their entire class to be sent for counselling.”

R5: “There were a few teachers who were not accommodating at all. Some teachers, especially new teachers, did not understand the referral system and demanded that we see learners immediately not knowing that we had a schedule of clients for that particular day.”

R6: “Most of the teachers I have had to work with were supportive and accommodated me at the school. I found it easier to work with primary school teachers because they were so involved and made sure that they work with me in ensuring that children who are in need of help do get it.”

In other cases where teachers collaborated with counsellors to monitor the progress of learners with specific reference to levels of concentration, behaviour in the classroom and with peers, both educators and counsellors contributed to the trauma recovery of learners. Constant liaising with counsellors regarding areas of strength and risk improved intersectoral collaboration which was beneficial to both education and the mental health practitioners.

R1: “Teachers were very appreciative of the services rendered by me on the school. Educators also identified the change in some learners therefore they were very grateful for the counselling services. Principals were also very impressed when we respond to emergency cases. Some clients have changed; especially clients seen at schools. It even benefited the educators as they have also learnt new things about trauma and how they can be affected by trauma. It also benefited clients by just doing empowerment and motivating young children to even start thinking about their future.”

R4: “Educators at some schools have mentioned that the work being done in schools is a big help as they can see the progress that is made in their learners. Community members have also said that the Trauma Centre is helping the community.”

R28: “Most principals were co-operative but we needed to provide psycho-education in order to ensure proper referrals. Principals were very protective over teaching time of the learners. Some schools worked very well with so that the learners could get their counselling and go back to class. We had good liaison teachers that got the learners quickly. And there were principals that allowed teachers and Bambanani workers to come for counselling after school. They also allowed parents to come in for counselling with the children. And that co-operation really worked well.”

5.4.2.2 Working with the Department of Social Development

Initially, a task team comprising of representatives of the provincial ministry’s office, Wynberg district office management of Department of Social Development, SAPS (initially part of the meetings) and NGO’s met frequently to discuss the implementation process. These meetings were fruitful as they strengthened intersectoral relations between the team and the Athlone district office and other referring agents. Counsellors fulfilled their statutory obligations by
5.4.2.3 Working with the South African Police Services

The cluster commander and station commander for the Manenberg SAPS were aware of the intervention which contributed to constructive working relationships with police officers. In the cases of sexual offences and assault, counsellors informed the Manenberg SAPS to ensure that the medical processes are undertaken and the prescribed J88 form was completed. Trauma support officers and counsellors found that most people were unwilling to report incidents of gang violence or domestic violence, especially child abuse and neglect to the relevant authorities.

R29: “Sometime, we worked well with Athlone office and Child Welfare. When we worked with the Form 22, we really had to nag. We constantly needed to follow-up because the chances of them returning your call was very slim. They had their own backlogs and were often busy or not in. In cases, where they (government-based social workers) did support, we were very happy with the quality. But very rarely one would get the social worker who is actually handling the case on the telephone. And it was difficult when one had to get the information from the clients instead of the social workers. But at least, we know that the client’s statutory issues were addressed. Feedback is a real problem and it would help if practitioners could meet more regularly to talk about cases.”

5.4.2.4 Working with the Department of Health

The counsellors and trauma support officers identified the local clinic as most receptive to working with them.

R29: “Staff at health clinics worked very well with us. The nurses were very accommodating and the trauma support officers could work with patients while they were waiting for their appointments. The nurses would refer clients to us or in cases where young mothers had stillbirths, they would ask us to assist if they suspect that something is wrong. At the bigger hospitals like GF Jooste, we initially had problems but as medical staff got to know us, the relations strengthened and we would get support almost immediately.”

5.4.3 HUMAN RESOURCES AND CAPABILITIES OF THE TEAM

The psychosocial services that were offered by the team had an impact on them personally. For some the process of helping could be demanding or draining. For others the depressing situation of clients incited anger. Some team members felt frustrated by the limitations of their work and the impact of the services.

R2: “I am feeling at times helpless when one can only offer psychological help knowing that the violence will continue.”

R29: “Personally, I think reality and theory is very different. I think, we had too many complex trauma cases which the curriculum at universities does not prepare one for. The response of counsellors to the cases could be because of their level of experience because we were all very young but graduate counsellors were prepared to deal with these cases. I think universities should include more training on trauma. Continuous trauma in the South African context should be a module on its own. The level of preparation, especially continuous trauma versus post traumatic stress disorder needs to be greater. We needed to understand what the Manenberg community went through in order for us to help them. Some people did not deal with the tornado for example that happened in the eighties. And many of the clients did not trust us immediately. It was layers of trauma that we worked with in a very short space of time.”

One of the challenges experienced by the team members is that they often felt overwhelmed with the details and the intensity of the stories that clients shared or presented with.

R29: “At times, I felt I would have to go home after the counselling. But the police came to us and only after I spoke to them, they promised went (sic) to the house.”

The J88 form prescribed medical examination form required when lodging complaints regarding physical violations including sexual offences.

11 The J88 form prescribed medical examination form required when lodging complaints regarding physical violations including sexual offences.
R9: "When people come to the centre for help and you see the look on their faces of them wanting to give up already, then you need to contain yourself before speaking to them, when you know exactly what they are going through."

R10: "It is difficult control and contain your own emotions especially when something would be close to home or for comfort to you as a TSO."

R15: "... one of the participants shared with me a similar incident that once happened to me 5 years back. I did not know how to contain her. I started to pause then I broke down and cried as well."

The impact of the intervention on the counsellors' personal and professional growth despite the challenging social context which they worked in became evident in their evaluation of the counselling services, their relations with clients, educators, principals, parents and other referring agents.

R2: "I strongly feel that the services helped Manenberg community in dealing, coping and providing support with their psychological wellbeing."

R3: "I believe that the services rendered to the community were of extreme importance, they were offered free and helpful service. Many members of the community did not know the emotions they were feeling were a result of trauma; they could not place a name to what they were feeling."

R5: "There were clients who mentioned in their reports that had the Trauma Centre not been there for assistance, they would have nowhere to turn to for their traumas."

Counsellors and trauma support officers experienced advantages and hindrances in the cooperation with one another. The counsellors mentioned positive aspects of their cooperation with the trauma support officers whose understanding of the community was held in high esteem:

R1: "The trauma support officers as taught me about the dynamics in the Manenberg community. They were always available to help in finding clients for me as most of the clients did not provide contact details."

R3: "The fact that they all come from the community made the learners more at ease."

R4: "They know the Manenberg area very well and so they have created some sense of security for me as there were days that I felt really unsafe and so it was a great help having them around."

5.4.4 PHYSICAL RESOURCES

The infrastructure for the implementation of the MTPI was at times not conducive to setting a therapeutic climate:

R29: "Not all schools could provide counsellors with suitable venues for counselling. We used sick bays, libraries, classrooms or any other venue that was available. Some schools had special rooms which we could use every time but at other schools we needed to use the available venue. Also, the windows were sometime broken or could not open causing poor ventilation. Sometime we were disturbed by people knocking on the doors or opening the doors. It unsettled the learners. A teacher would come in not knowing that we were using the venue. We often had to improvise the furniture or desk. And we had to be creative. Sometimes one sat on carpets or doors were broken. Persons would pass by and one would have to soften your voice so that people could not hear."

R9: "There was no transport in the evening. If there is a group at night, we did not have transport [to go and meet them], but we had to reschedule. We could not walk in the community when it was tense."

From the data, it is evident that the working context are hard, potentially raising the issues of labour rights. Based on the input of respondents, efforts to sustain trauma-focused mental health programmes should take into account self care of mental health workers to avoid vicarious trauma and burn-out.

5.5 Conclusion

The presented chapter has explored the successes and challenges which the MTPI experienced during its implementation. Appropriate, context specific trauma-focused activities were successful in supporting the needs of survivors in Manenberg. Home visits, information sessions and parent support groups were generally well received by individuals living and working in Manenberg and served as a catalyst for counselling. The data gathered from trauma counsellors and trauma support officers suggests that the lack of safety is a major stumbling block in the implementation of victim rehabilitation programmes. Poor infrastructure weakens the usefulness of such programmes and could potentially lead to secondary victimization.
CHAPTER SIX: EXPERIENCES OF TEACHERS, SCHOOL PRINCIPALS AND COMMUNITY LEADERS

6.1 Introduction

As previously indicated most of the interventions took place at the fourteen public schools in Manenberg. This chapter will concentrate on the perceptions of five stakeholders (principals and liaison teachers) as well as the perceptions of the community leaders. One year after the psychosocial intervention took place, community leaders were interviewed. Additionally, the usefulness of the intervention will be reviewed in terms of safety and rehabilitation. Lastly, the respondents made recommendations on how to strengthen a future intervention.

6.2 Appropriateness

According to the respondents, the MTPI was beneficial to learners. An improvement in concentration levels, school attendance and behaviour were indicators that the intervention was appropriate for the learners’ trauma recovery:

R16: “I think there was some improvement on some of the learners. There was improvement in their behaviour, in their attendance at school, school work and had less absenteeism.”

R15: “...if I could just refer to one of my learners, before the intervention, she was very...her results dropped and she was very talkative in the class, she was expressing some negative behaviour but after the intervention, I noticed in her, an improvement in her behaviour and as well as her results. It seems her concentration level has also improved.”

R18: “The children could start focusing again on their education. It was absolutely helpful and there was a change in their behaviour.”

R14: “The children needed to know that what they going through was recognized from the outside. The children, they became more confident self esteem was boost through the counselling they received.”

6.2.1 INTERSECTORAL COLLABORATION

Although the respondents were aware that the counselling intervention was confidential, a common theme amongst the respondents at schools was the need for feedback from counsellors. The request for progress reports suggests that teachers and counsellors need to find ethical ways to collaborate in the interest of the learners’ wellbeing:

R16: “What we need is that the counsellors give us a summary of the problems they occurred with some of the learners so that we could also have some sense of what is going on with the learners, like a progress report.”

R17: “Just a brief report, of maybe like the child’s name, what was discussed today and what was discovered, that what you did in the interview. So a report what was done with the learners, we just need an overview, this is what I picked up by the teachers. You know, teachers would like to know what is happening.”

R18: “It was very confidential. I don’t even know who was counselled to be honest to you, and what was discussed during the counselling, I was not briefed about all the things that the children divulged in the counselling.”

The need for trauma-focused mental health literacy was articulated by respondents who felt that teachers lacked the knowledge and skills to deal with trauma and its impact on the child’s ability to learn. In addition, respondents regarded the presence of counsellors as necessary for enabling a culture of learning and teaching. The perceptions of respondents raise questions with regard to the implementation of White Paper 6 on Inclusive Education (Department of Education, 2001) by the WCED. The need for psychosocial support for teachers was regarded as equally important:

R16: “Sometimes the teachers are not aware of what to do. It’s difficult because some of the teachers ask, ‘How do we identify the learners who have trauma, we don’t have the skills or the ‘know how’ to identify these type of learners?’ With the counsellors here, they could assist us with identifying the learners. I would like an intervention for the teachers to help them identify learners with trauma and what to do with them.”

R17: “They come to school to teach and now they have to watch one child that misbehaves but the teacher just get upset with the child but they don’t know that behind that is a story so if the counsellors could just maybe organise a workshop.”
R18: “When we have this type of violence that occurs in Manenberg, it affects everybody, even the teachers. And I would have liked more time could have been spent on my staff members because they live in Manenberg through the entire trauma but they are not really counselled.”

R17: “I would want the services offered to the teachers also, not all the teachers though, but there are some that need debriefing. We need training for teachers. That will give them at least also a tool to work with and adapt their teaching methods accordingly.”

R14: “Teachers need to be trained how to deal with these kids.”

The views of school principals and teachers about the learning difficulties of children are supported by other respondents such as the trauma counsellors and the community leaders. In particular, the view that learning disabilities are not identified or addressed which leads to learners unable to complete their schooling. The perceptions of the respondents raise questions about the rights of children to victim rehabilitation as articulated in Article 14 of UNCAT (2012).

R24: “[Kids] can’t study; there is too much stress and tension. Most houses are classified by house inspectors as condemned.”

R26: “A lot of young people are school drop outs and they have learning problems which is unidentified. You can’t say they are unemployed because they are 14 or 15.”

6.3 Accessibility

The living conditions in Manenberg are described by the respondents in terms of poverty, school drop-out, high unemployment, prevalent gangsterism and drug abuse. Overcrowding, a lack of social activities and high levels of violence are mentioned as characteristics of the community. The findings generally concur with conditions depicted by Taylor (2013, p. 340), Jacobs (2010, p. 135) and Salo (2006, p. 149). Furthermore, the perceptions of respondents reveal the need for legal, social, medical victim rehabilitation intervention to work alongside psychological rehabilitation programmes.

R22: “The only thing that they [the youth] know is violence. To fix a problem, it must be violence… That is besides drug abuse, alcohol abuse. There is no infrastructure for our youth, [their] dreams and visions have died within Manenberg.”

R27: “It is impoverished; there is lots of violence and lots of neglect of children. There is lots of dirt around, it’s like this place never gets cleaner. The physicality of the place is very tired. I see lots of people and kids on the streets, day and night. The major issues are drug abuse, domestic abuse, so called delinquencies among youths and gender based violence.”

R27: “I also don’t think there is enough music, sports and culture.”

These living conditions and challenging circumstances of people residing in Manenberg result in various mental health challenges. The respondents identify the following psychological issues which Kaminer and Eagle (2012, p. 230) mention as typical trauma responses within a CTSR context:

R19: “There is depression, anxiety and fear.”

R22: “You must see how the poor young people walk like zombies here in Manenberg, talking to themselves. There are a few sane people. And it is not going to be long until all of them are going to be insane, because of the trauma they have been undergoing. Not for a few days or month or a year, but for many years. They have blocked off a part of their minds and they live for now and only now. Drugs have taken over. Most of our youth are mentally challenged now because of the drug abuse. This is my saying: we have the living dead walking on the streets every day. That is the mental situation.”

R24: “There is a lasting panic and anxiety attacks.”

R27: “There is a psychopathology that is developing. It is a way of self-healing and self-coping. It is a maladaptive strategy. Lots of people drink heavily. I think it’s a form of escape and self-medication. It has actually become the norm for people. People actually go outside and sit and watch this. They go out and watch it, they even cheer the fighters.”

In spite of the negative aspects, the respondents stress the positive qualities of the community; people are caring and resilient. Their views inspire hope that survivors are able to draw on protective factors to aid trauma recovery.

R22: “There is something we have in this community and that is passion and love.”

R24: “The community has resilience and has been through a lot.”
Safety as mentioned by other respondents compromises the accessibility of the MTPI. This view is shared by these respondents. As mentioned in Chapter 5, the respondents also share how people in Manenberg instinctively navigate their way to avoid danger. The impact of gang violence affects the quality of life of people who live and work in Manenberg. Consequently, accessing their right to mental health services is compromised in a climate of impunity.

R19: “I live in a quiet area in Manenberg. Even though there are underlying drug issues, there is not a lot of drug violence. In the middle area, it is very different. We do not go there.”

R20: “No matter where you go in the world safety is always an issue. In New York, in Paris, in Cape Town. It does not matter. I feel safe in Manenberg. But we know what to do and when to do it. It becomes our survival instinct.”

R22: “There is no safety in Manenberg, there is no safety. As long as you live and breathe, you must be thankful. There is no safety. Every walk and every step you take is a risk that you take. That is our people’s realities. When we come home in the evening we are glad we see each other. Parting in the morning, we don’t know if we will see each other in the afternoon.”

The limitation of continuous visible police presence is regarded by some of the respondents as a factor that contributes to gang violence and the lack of safety in the area. The findings elucidate the limited success of current violence prevention efforts due to corruption, collusion and police brutality, as alluded to by Kinnes (2012, p. 31). These allegations are demonstrated below:

R23: “The biggest problem we have at Manenberg police station is Manenberg police station. Gangs can only be as strong as the context they have in the police station. That is why they are so strong and that is why it never ever stops. The police contain it and as long as it doesn’t spill over to the affluent areas, why should they bother?”

R20: “There is no police visibility and that should be more. The State should work with us to provide safety. The police do not have enough staff. But they should bring in more staff. Some policemen stay in Manenberg and that also causes issues since they are connected to the gang violence. How can you fight a gang fight when you are from within the community? Retaliation is strong.”

R25: “There are cries of police brutality. Files go missing. Cases disappear off the system. There is an issue of witness protection which is contentious in Manenberg. People become reluctant to come forward since their safety is not secured.”

R24: “The government is responsible for all security and safety and rights. Fifty percent of police men are on the payroll of the gangs. If you check case dockets of detective they will all belong to one of the gangs. Hard Livings or Americans.”

Safety issues in Manenberg affected the accessibility of the trauma intervention. Similar to the views expressed by trauma counsellors and trauma support officers, secondary victimization as a consequence of clients not being able to access trauma counselling and support services was raised again. Some respondents felt that the risk of violence prevented the MTPI from reaching more people in the community. Others were of the view that safety concerns of the trauma support officers were exaggerated since they lived in the community and were able to navigate their way to safety.

R19: “The safety situation in Manenberg impacted the trauma intervention on a huge scale. When violence got worse, we had to wait until things subside. During the gang violence, their work got stuck. Sometimes for two weeks. That has a very bad impact on people as they become anxious and fearful and depressed when they need the help then during that stressful time and it is not there.”

R25: “Safety issues had an impact on the trauma intervention. The program used to do containment and this happened in contagious areas where they are shootings, so sometimes they could not get to the places, or could not access the people.”

R26: “The very people that were chosen from the community expressed fear of going into the area. They had a whole lot of issues. They had unjustifiable demands that they made. Suddenly they were too afraid to walk in the community.”

6.4 Sustainability

Although the respondents could identify positive outcomes of the MTPI, there was a consensus regarding the need for more mental health services within the schools. The need for sustainable trauma-focused mental health programmes and more mental health workers mentioned earlier by other respondents was supported by these respondents. The findings reflected below concur with the notion regarding the scarcity of mental health services as alluded to in the literature review (Petersen & Lund, 2011 p. 571).
R14: “We need more counselors and they must come more on a frequent basis, like every day. There are not enough counselors to see the bulk of the children. In each class there were like 10 or 15 children that needed to see the counselor and they only took the extreme cases.”

R18: “You see, I would think there should be more and not just two days and you should be more at the school so one can see the intervention happening at a faster pace and you could also see more clients.”

R15: “I feel strongly that the intervention should be ongoing; it should be an ongoing process. It should be more consistent.”

R16: They were here only for the first term and suddenly it had stopped. Maybe some of the learners still need some of these trauma workers to attend to their needs.

Based on the data withdrawn from the interviews, it also became apparent that respondents believed that learners experienced other forms of violence besides gang violence. They stated that the challenges the children are facing are manifold and profound. Some of the findings depicted below support the notion that chronic exposure to violence increases the risk of punitive parenting and child abuse (Kaminer & Eagle, 2012, p. 234). The multiple traumas experienced in Manenberg is a recurring view expressed by respondents and reiterated the need for multisectoral response to dealing with violence.

R15: “I had a discussion today with a few learners because they can actually point new issues of violence besides gang violence. They try and include other issues like behavioural issues, not only focus on the violence.”

R17: “There are a lot of things happening at home; there is drug abuse, emotional abuse and sexual abuse.”

R21: “When young men come out of prison they have no finances. Gangs will give you drugs for free and then you easily get addicted. Then they give you more drugs and they want you to set up a camp and sell it. But there are already people selling the drugs there so they are the enemy.”

R14: “there are more serious things that affect the children. Like a child not living in Primrose Park and not affected by the gang violence has other problems. For example, his father is beating him; his father is abusing him.”

R20: “Our parents give the habits they have to their kids. When the fathers are gangsters, the sons follow.”

Economic reasons and poverty are cited as contributing to the existence of gang violence thereby supporting Salo’s (2006, p. 149) notion of economical survival.

R20: “A cause of gang violence is poverty. There are people who sell drugs and they flash their money around. They drive around in fancy cars and they sometimes sustain their entire family. They have to try to find ways to support themselves. Gangs offer them security and finance.”

R26: “When they are at home they are not employable. They are not the right working age or don’t have skills, so they get drawn into gangs and gangs give them money. They are into drug deal so have money and offer that to them. In absence of employment that is their source of money. Gang violence gets sparked by poverty and the situation in which people live.”

Others identify the family structure, or the absence of family structure, as a cause of gang violence. Another cause of gang violence that is expressed by the community leaders is a (false) sense of safety and empowerment that the gang offers people. The quotations below further support the findings of Kinnes (2012, p. 36) who found that people mainly join gangs because of the need to have a sense of belonging, respect and power. From a torture or CIDT perspective, it is apparent that the gangs may be regarded as de facto authorities in Manenberg. The respondents refer to the notion held amongst some Manenberg residents that the gangs are able to protect them and provide safety. Fanesi (2008, pp.329 – 331) reaches a similar conclusion with regard to street gangs in Guatemala, El Salvador and Honduras.

R19: “If your dad has been killed by a gangster, you retaliate and you take revenge for your dad. Gangs are like families, but the real immediate family is affected by the gang violence.”

R21: “The gangs are there because there is a need to protect yourself.”

R27: “It’s about self-mastery; it’s about occupation, not in terms of job, but in terms of activity. Additionally, it’s such a gang prone society. You need a gang for protection.”

R20: “People feel secure in their group and they believe that their fellow gang members will supply them with their needs and that their friends will stand up for them.”
When it comes to the role of the State, the perceptions of the community leaders are very pronounced. Some feel that the apartheid government has a responsibility in the creation of gangs. This finding echoes the sentiments of Jacobs (2010, p. 19) and Omar (2014, p. 1) who highlighted that the structural conditions in Manenberg were breeding grounds for poverty, gangsterism and drug trafficking. Others blame today’s government for sustaining or exacerbating the gang violence within Manenberg. The views expressed by the respondents raise concerns with regard to the States’ duty to protect people from harm.

R23: “The government is the ones that use the gangster money to built things and they created the gangsters since they gave them the drugs, and put us into boxes. We have fire arms, given to gangs and they are all state owned. The State flooded the cape flats with fire arms. The clothing industry was systematically broken down to get back at the coloured people because they didn’t vote for the ANC. I am still waiting for this freedom. We are living in poverty and we are still in bondage. When are we ever going to get emancipated from the slavery we are in? The place is set up as a breeding ground for gang violence.”

R24: “They put in drugs in Manenberg and that was effective for the apartheid system. National Intelligence was part of this, military supported it and pharmaceutical companies were used.”

The respondents feel that the State is responsible for offering rehabilitation, referring to its constitutional obligations. They state that the State should provide resources for the community and assist in developing Manenberg in terms of schooling, sports, social welfare and urban upgrading. However, the leaders express their dissatisfaction when it comes to the implementation of this responsibility to offer rehabilitation. According to the respondents, most facilities exist outside Manenberg; within Manenberg there is an absence of any kind of rehabilitation facility. This is illustrated in the quotations below.

R19: “But at the moment the facilities for rehabilitation are outside the community.”

R24: “I am not aware of any government programs in Manenberg where people have been provided that opportunity to get rehabilitated. For example, government does not have a program to reintegrate people back into society after prison.”

R22: “Imagine we don’t even have a day hospital here. There is absolutely no infrastructure. There is no system for us as poor people in place. If you really want some kind of help you must have money in your hand otherwise you absolutely have nothing.”

The respondents were of the view that MTPI - to a certain extent - had an impact on addressing the psychosocial victim rehabilitation in Manenberg. The recommendation made by Petersen and Lund (2011, p. 571) of having trained non specialists to enhance accessibility to mental health services was seen as a particular strength because of the availability of the trauma support officers. Similar to the views of other respondents, the need for mental health literacy and sustainable mental health programmes were echoed during the interviews with referring agents and community leaders.

R19: “What was a positive outcome of the Manenberg intervention was that there were TSOs in the communities. They were hands on when something happened and that was a plus. I do remember a story from a mother. Her children got counselling at school and that did have an impact.”

R22: “Trauma Centre is a process in the working but it didn’t have time to assess the impact on victim rehabilitation.”

R23: “Maybe the Trauma Centre is a good thing, but its approach is wrong, it is driven wrong. If the Trauma Centre had a game plan they could have made big impact but their approach is totally wrong. They need to recruit people. It cannot be just you running it. That is the problem. Each organization should employ people from within Manenberg and run it in all the areas.”

R25: “There is trauma that comes from years and years that is parked and the idea that people have: counselling is not for me, it is for mad people. It is labelled as a white person thingy and it is for mad people. It is the challenge to make people realize the benefits of it.”

A frequently expressed concern is that the intervention was not 24 hours and that owing to a lack of funding, the MTPI ended. One of the findings shared by all the respondents is the need for sustainability to ensure that full victim rehabilitation is a reality.

R19: “The project should be a continuous intervention. There should be a 24 hour fixed place where trauma support officers are always available.”

Although MTPI has ended due to the funding, the Trauma Centre continues to provide trauma support and counselling services in Manenberg on a smaller scale. These services are partly funded by the WC DSD.
R20: “Whatever project is implemented, it needs to be sustainable. It is so important because there are so many ideas and initiatives but all initiatives are useless when it is not long term.”

R22: “There was no 24 hour centre for them to operate from. In the middle of the night they were not there to assist. That was the weakness of the project for me. In a community like this, a gang ridden community, it must have a service that is consistently running because every second of the day it is trauma. We need a fixed place for trauma counselling that must be 24 hours. The time for the Trauma Centre is too short. They can do more. Unfortunately financially it is not supported. But I need a permanent Trauma Centre here.”

R23: “Somehow we must work out a plan so that it can be a consistent and continuous process that is there.”

R25: “The Trauma Centre should be committed to maybe a three year plan in Manenberg and offering the services. And there should be commitment to after hour’s services and not giving a phone number.”

The referring agents and community leaders have generally agreed on the usefulness of the MTPI but highlight the need for sustainable, multisectoral victim rehabilitation programmes.

6.5 Conclusion

This chapter has analysed the perceptions of the school principals, liaison teachers and the community leaders. The respondents vividly expressed the complex and multi-faceted nature of the trauma within the community and the reasons thereof. In addition, a key theme that emerged was the paucity of rehabilitation services within the community. This resulted in a suggestion to have more sustainable interventions, especially to deal with the levels of trauma and violence within the community.
Part III

Conclusions and recommendations
CHAPTER SEVEN: LESSONS LEARNT AND RECOMMENDATIONS

This chapter will summarise the main lessons learnt based on the research findings in this report. The lessons are categorised according to the research questions, which explores the usefulness (appropriateness, accessibility and sustainability) of the MTPI. Recommendations will be formulated with regards to the implementation of community-based mental health programmes geared at protecting the rights of survivors to victim rehabilitation.

7.1 Lessons learnt

7.1.1 Ongoing gang violence impacts on the implementation of community-based trauma focused mental health programmes

The current climate of impunity compromises the safety of mental health workers and clients which in turn negatively impacts the implementation of community-based trauma focused mental health programmes. Most of the concerns from service providers were associated with home visits as well as being caught in the cross fire when gang violence erupted. As demonstrated in the findings, the venue of the trauma counselling clinic was particularly problematic as it is located on the turf of one of the gangs. This inevitably resulted in some people not being able to access the service due to fear. Even at schools, during gang warfare, parents were reluctant to send their children to school which meant that children could not access counselling.

7.1.2 The strong linkage between ongoing violence and continuous trauma has implications for the appropriate development of community-based trauma focused mental health programmes.

A key lesson derived from this report is that the current assessment tools that are based on PTSD assume that the incident is in the past, yet the context suggests otherwise. It is thus important to develop assessment tools that suit the context.

In continuous trauma settings such as Manenberg, utilizing current assessment tools can lead to skewed responses and/or misinterpretation of responses. Trauma responses may be justifiable and expected given the ongoing nature of the violence.

For example, the ‘reliving of experiences’ is real given the continuation of a gang war. A treatment plan focusing on supporting clients who are prone to ‘reliving experience’ would need to take into account the unsafe conditions that prevail in the community. Appropriate treatment frameworks and plans may need to focus on building the resilience of clients living under such conditions.

7.1.3 The appropriateness of counselling and trauma support activities in Manenberg is dependent on age, heightened levels of violence at a given time, specific needs of individuals and levels of trust.

In the findings, individual counselling was beneficial for those that struggled to trust, whereas group counselling and trauma debriefing reduced feelings of isolation. Therefore, a key lesson is that the collaboration of counsellors and trained non specialists enhance accessibility of the service and helps with the intervention on different levels. According to the respondents, animal-assisted therapy was appropriate for young clients.

7.1.4 Health clinics and community-based structures are more appropriate, accessible and sustainable spaces for trauma-focused mental health literacy interventions

According to the respondents, most people were reached either at the health clinics while they waited for health services or through information sessions conducted at community structures such as faith-based organisations, early childhood development centres, schools, sport clubs and older persons’ networks. These venues offered safe spaces and were often frequented by the community.

According to the respondents, intersectoral relations were strengthened through the mutually beneficial gains.

7.1.5 Home visits were appropriate in situations where residents’ accessibility to psychosocial interventions were hampered by age, disability and safety conditions outside their home but were inaccessible in cases where family dysfunctionality was prevalent.

As demonstrated in the findings, home visits enhanced access for the elderly and the disabled however, the impact of the home visits was limited by threats to safety as result of substance abuse, domestic violence and exposure to weapons.
7.1.6 Poor counselling facilities negatively influence the level of participation of clients and counsellors during counselling and negatively affect the accessibility and sustainability of counselling services.

Broken windows and doors, poorly ventilated rooms and makeshift venues compromised safe confidential spaces, which according to respondents, unsettled both clients and counsellors. These conditions were not conducive to an effective counselling space.

7.1.7 Parents are better equipped to help their children when they are supported to deal with their trauma.

As evidenced from the experiences of the trauma support officers and the counsellors, parents were in a better position to support their own children if they (the parents) were receiving support.

7.1.8 Complimentary modalities such as relaxation techniques that can be replicated without the need of a counsellor or trauma support officer can be regarded as appropriate and sustainable coping mechanisms.

According to the respondents, training in relaxation techniques - such as hand and foot massage - were beneficial to residents because the techniques could be practised in the comfort of their homes at minimal costs. Similarly, children benefited from receiving a fish tank and fish to take home as part of their coping mechanism repertoire. Such techniques were considered as positive coping mechanisms.

7.1.9 Facilitation of psychosocial interventions offered to Manenberg parents outside of Manenberg are more beneficial than the same interventions offered in the community.

Based on the experiences of the trauma support officers and counsellors, it can be concluded that the facilitation of interventions outside Manenberg were more beneficial. Green Point Park and Edith Stevens were seen as venues that aided the process.

7.1.10 Difficulty obtaining parental consent impacts on children’s right to victim rehabilitation.

Taking into account the experiences of the counsellors and trauma support officers, it is evident that some parents did not provide consent for their children to be seen for counselling. Unfortunately, this became a stumbling block in making victim rehabilitation a reality for some of the children in Manenberg.

7.1.11 Counsellors and trauma support officers are more susceptible to vicarious trauma and burn-out in contexts of ongoing gang violence.

Given the views shared by the respondents, it is evident that counsellors and trauma support officers were often overwhelmed by the nature of continuous trauma in the community. Some were prone to over-identification while others cited lack of preparedness in terms of tertiary learning.

7.1.12 The inadequate physical resources impact on the accessibility and sustainability of trauma-focused psychosocial interventions in communities affected by ongoing gang violence.

According to the findings, the quality of the MPTI was dependent on access to physical resources such as vehicles, mobile phones and venues conducive to a counselling and trauma support environment. Insufficient physical resources limited the quality of the intervention.

7.1.13 Victim rehabilitation requires stronger collaboration amongst education, health, social development, safety and security role players in order to enhance the quality of the trauma-focused psychosocial interventions.

According to the respondents, the trauma-focused psychosocial interventions can be strengthened through stronger intersectoral collaborations. Workshops for educators to improve their understanding of trauma, exchange of progress reports of learners between educators and counsellors are some of the ways mentioned to strengthen intersectoral collaboration.

7.1.14 The accessibility and sustainability of trauma-focused psychosocial interventions are strengthened when people from the community (such as the trauma support officers) become part of the psychosocial team of service providers.

Based on the findings, it is evident that accessibility to trauma-focused psychosocial interventions was enhanced by the intimate knowledge and trust which the trauma support officers enjoyed in the community. Residents were more forthcoming in their willingness to participate in the interventions.
7.1.15 Mental health literacy offered through home visits and information sessions equips people with self-help strategies and empowers them to access psychosocial services.

According to the data, Manenberg residents who participated in mental health literacy programmes were more likely to access the MPTI.

7.1.16 Trauma-focused psychosocial services are beneficial to those who access the intervention but can lead to secondary victimization when services are delayed.

Long waiting lists led to despondency amongst those trying to access individual trauma counselling. Group counselling and support groups alleviated the demand for services to a certain extent. From the findings, it is evident that there was a disparity between the demand and the supply.

7.1.17 Financial instability impacts negatively on the accessibility and sustainability of trauma-focused mental health services in Manenberg. Community leaders played a positive role in improving access to mental health care by lobbying for the initiation of the community-based mental health programme. While the community leaders advocated for sustainable interventions, the financial resources were not negotiated to ensure the continuation of the programme.

7.2 Recommendations

The findings of this research report are relevant to national, provincial and local violence prevention efforts offered by both government agencies and civil society. The research question has purposefully explored whether the MTPI was useful (with specific reference in appropriateness, accessibility and sustainability) to the community of Manenberg. Stakeholders from government agencies such as the South African Police Services, Departments of Health, Social Development, Justice and Constitutional Development together with community structures and mental health-based non-governmental organisations have an opportunity to utilise these findings in dialogues with the view of strengthening victim rehabilitation and ending impunity.

KEY RECOMMENDATIONS SUGGEST A SHORT AND LONG TERM APPROACH TO MAKING VICTIM REHABILITATION A REALITY:

- Lobby for a multi-sectoral response to ending gang violence.
- Strengthen safety conditions and protocols to ensure the safety of frontline workers and clients in gang-affected communities.

Recommendation 2: Conduct further research on whether gang violence can be regarded as an act of torture by virtue of the State's omission to eradicate gang violence.

Recommendation 3: Conduct further research regarding trauma-focused psychosocial interventions for continuous trauma settings with the view of strengthening treatment frameworks (including complementary modalities), plans and assessment tools.

Recommendation 4: Build the capacity of mental health practitioners, laypersons and community-based workers to promote collaboration and community-based approach to trauma-focused psychosocial interventions.

Recommendation 5: Develop and implement community-based trauma-focused mental health programmes for continuous trauma settings that are context-specific.

- Take into account community dynamics (levels of violence in relation to levels of trust) in the design and implementation of trauma-focused community-based mental health interventions.
- Advocate for greater participation of community-based workers as members of a trauma-focused community-based mental health programmatic team.
- Promote user-friendly, cost effective coping mechanisms for survivors to improve resilience.
- Offer trauma-focused psychosocial interventions for survivors located in contexts of ongoing violence outside of their immediate community as a relief mechanism.

Recommendation 6: Develop and implement trauma-focused mental health literacy for educators, parents, child carers, community-based workers and volunteers to improve the knowledge capacity and psychological first aid skills of those who provide psychosocial support to survivors of gang violence.

- Take into account community dynamics (levels of violence in relation to levels of trust) in the design and implementation of trauma-focused community-based mental health interventions.
Reinforce psychosocial interventions for parents as survivors in their own right in order to enhance their parenting abilities.

Improve advocacy on the legal framework that protects the rights of children to mental health.

**Recommendation 7: Improve budget allocation for trauma-focused psychosocial programmes for survivors of gang violence.**

- Developing and strengthening infrastructure at community-based counselling facilities to mitigate conditions conducive to counselling
- Improve support mechanisms, professional supervision and self care programmes for frontline workers exposed to ongoing violence in the line of duty

**Recommendation 8: Strengthen intersectoral collaboration at a local level between government agencies and civil society organisations to ensure holistic rehabilitation, avoid secondary victimization and improve sustainability of community-based mental health programmes.**
References


O’Connor J.C. (2004). A review of the developmental vision and work of the city of Cape Town’s Community Development Department (February 1997 to December 2000) and its successor the Department of Community Services (January 2001 to June 2003) which was aimed at transforming socially dysfunctional communities such as Manenberg. Masters Thesis, Dept. Public Administration, University of the Western Cape.
Based on local and international policies, victim rehabilitation is a right and not a privilege. This research report seeks to explore the accessibility, appropriateness and sustainability of the Manenberg Trauma Psychosocial Intervention which was initiated to support survivors of gang violence within the Manenberg community. The information presented in this research report is based on analysis of a sample of client files as well as the perceptions of counsellors, trauma support officers, principals and community leaders.

Key themes that emerge from this research report include the effects of gang violence on the individual, family and community; as well as the successes and challenges of a community-based psychosocial intervention. The research adds to the body of knowledge that exists around the limitations of Post Traumatic Stress Disorder (PTSD) frameworks in a continuous trauma context.

Rehabilitation for victims of violence requires intersectoral collaboration; hence, the findings and recommendations might be useful for policy makers, civil society, government departments, educators and community members.