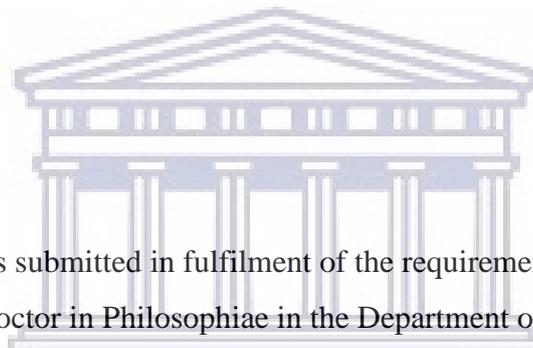


**LIVED EXPERIENCES OF SURVIVORS OF  
TRAUMA, TORTURE AND SEXUAL VIOLENCE IN THE  
DEMOCRATIC REPUBLIC OF CONGO (DRC)**

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A thesis submitted in fulfilment of the requirements for  
the degree of Doctor in Philosophiae in the Department of Social Work,  
Faculty Community and Health Sciences,  
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WESTERN CAPE

**Supervisor:** Dr M. P. Londt

**Date:** 2019

<http://etd.uwc.ac.za/>

## ABSTRACT

Many refugees and asylum seekers have emigrated from The Democratic Republic of Congo (DRC), which has a long history of unrest and instability. Besides its own citizens, South Africa is a refugee receiving country. Its obligations to people seeking refuge within its borders are outlined in both, international and domestic law. However, refugees and asylum seekers face many challenges, whether it be to access services, or participate in job and housing markets, which are partly due to an emerging bias against refugees, asylum seekers and migrants, common throughout the South African society

The theoretical framework underpinning this current study is the Interpretive Approach, while the Resiliency Theory provides a lens to explore the dilemmas faced by refugees from the DRC in South Africa. The Interpretive Approach is employed to understand and interpret events, experiences and social structures, as well as the values people attach thereto.

The main aim of this study was to explore and describe the experiences of these refugees and asylum seekers, who had fled their country of origin, namely, the Democratic Republic of the Congo. A direct consequence of fulfilling this aim, was the development of preliminary guidelines for social work intervention with refugees and asylum seekers.

This study incorporated a modified Exploratory and Intervention research design and was conducted in four phases as an interactive process. Qualitative methods were utilized to collect data from a purposively selected sample. A scoping review was conducted to determine the scope and key aspects of refugees/asylum seekers, specifically from the DRC.

The sample for this study included: 16 key informants for individual interviews (community leaders in the refugee and asylum seeker communities, recruited through agencies that provide services to this population in 4 provinces of South Africa); 47 participants for focus group discussions (refugees and asylum seekers, recruited from 4 Provinces in South Africa); 18 social service practitioners, regarded as experts in working with refugees and asylum seekers, to engage in a Delphi Method discussion session, and finally, 6 social service practitioners (recruited from among the Delphi participants) as participants for a workshop, as well as 14 refugees and asylum seekers (recruited from among the 47 participants of the

focus group discussions), as participants for 2 additional focus group discussions. The reason for the 6 and 14 participants of the workshop and focus group discussions, respectively, was to refine and perform early testing of the preliminary guidelines.

The main findings of this study revealed that refugees/asylum seekers from the DRC, living in South Africa, experienced many violent, torturous and traumatic experiences in the DRC, fled their country of birth, and endured continued abuse, as well as debasing experiences, en-route to South Africa. In addition, the findings revealed that living conditions in South Africa was characterized by poor access to medical, education or essential services that could aid their adjustment and coping abilities. In addition, these participants reported experiences of social exclusion, continued susceptibility to sexual and other violence, xenophobia, and poor intervention services by social workers and other service providers.

The findings of this current study revealed that, due to the mental, social and health problems of refugees and asylum seekers, additional research and action was required in this area, to improve the health and well-being of the survivors, as well as prevent further stigmatization and ill treatment. Additionally, exposing the lived experiences of refugees and asylum seekers may inform policies, or practices, which cannot be predicated on myths and misperceptions. Ultimately, this research not only assisted in developing guidelines as an outcome, but also helped social service practitioners, as well as refugees and asylum seekers, through a participatory process, to articulate their experiences, challenges and expectations, especially, in terms of social work intervention. Through this reflection, inconsistencies were uncovered, and recommendations made to address them.

The main recommendation of this current study was for the findings to be made available to service providers, as well as policy makers, to inform relevant policy, practice, and laws, regarding refugees and asylum seekers. There is a need for politicians, policymakers and the media, to influence the public debate on refugees and asylum seekers, by clarifying the real reasons why refugees and asylum seekers come to South Africa. A secondary recommendation related to the additional in-depth development of the preliminary guidelines that could improve the services of social workers to this population of refugees and asylum seekers, with specific needs for protection, development and safety.

## KEY WORDS

Asylum seekers

Challenges

Democratic Republic of Congo (DRC)

Guidelines

Psychosocial,

Refugees

Sexual gender-based violence

Social work intervention

South Africa

Survivors

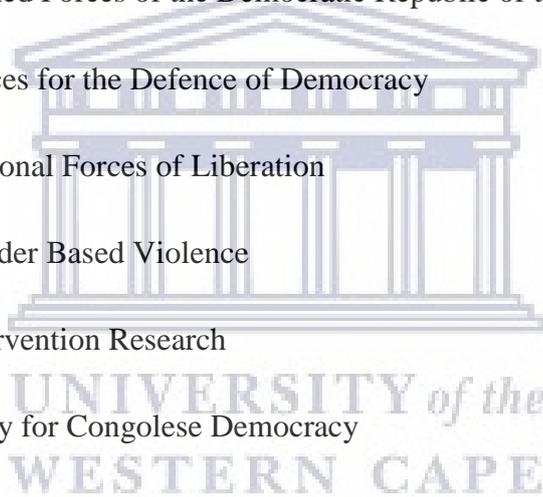
Torture

Trauma



## LIST OF ACRONYMS

AASW	-	Australian Association for Social Workers
AFDL	-	Alliance of Democratic Forces for the Liberation of Congo
CNDP	-	National Congress for the Defence of the people
DRC	-	Democratic Republic of Congo
IFSW	-	International Federation of Social workers
ER	-	Exploratory Research
FARDC	-	Armed Forces of the Democratic Republic of the Congo
FDD	-	Forces for the Defence of Democracy
FNL	-	National Forces of Liberation
GBV	-	Gender Based Violence
IR	-	Intervention Research
RCD	-	Rally for Congolese Democracy
RRO	-	Refugee Reception Office
RPA	-	Rwandan Patriotic Front
NASW	-	National Association of Social workers
SA	-	South Africa
SGBV	-	Sexual Gender Based Violence
SVRP	-	Sexual Violence Rape Pregnancies
UNHCR	-	United Nations High Commissioner for Refugees



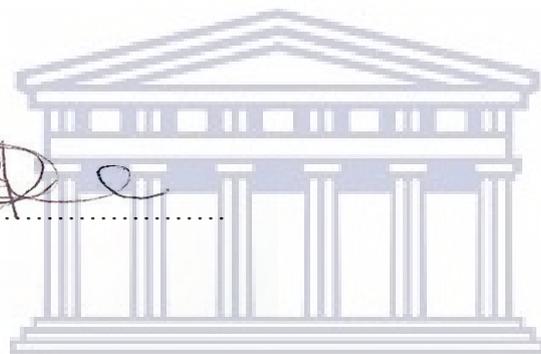
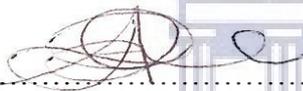
## DECLARATION

I declare that “Experiences of sexual violence and trauma with refugees from the DRC in South Africa” is my own work. It has not been submitted for any degree or examination at any other university, and the sources I have used, or quoted, have been indicated and acknowledged by complete references.

**Full Name:** Amanda Doreen Ismail

**Date:** 2019

**Signature:** .....



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## DEDICATION

This thesis is dedicated to the loving memory of:

- *My parents, Johannes and Brenda van der Merwe*
- *My father-in-law, George Ismail*
- *My brother-in-law, Therlow Ismail*
- *Pastor William Pergerson*



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Mr. Eddi Londt, for thorough editing, layout and query sheets to shape the final product.

My late parents, Johannes and Brenda van der Merwe, who blessed me with good genes, instilled in me the love and desire for reading, for teaching me to think analytically, and for placing a high value on my education.

Theresa Yvonne Ismail, my mother-in-law, your prayers, constant support, patience, love and presence in my life is a much valued jewel.

My husband, Carlo Ricardo Ismail, thank you for your companionship, unconditional affection, support and your unwavering belief in my ability to achieve success.

Brandon van der Merwe, my beloved brother, thank you for being my pillar of strength and for always being in my corner.

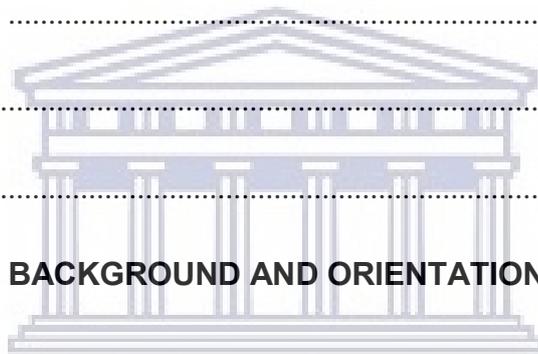
To all the participants in this research study, thank you for your willingness to share your knowledge and experiences. Each one of you is a great inspiration to me. Your participation and passionate engagement is greatly appreciated.

The Erika Theron Scholarship, thank you for the financial support.

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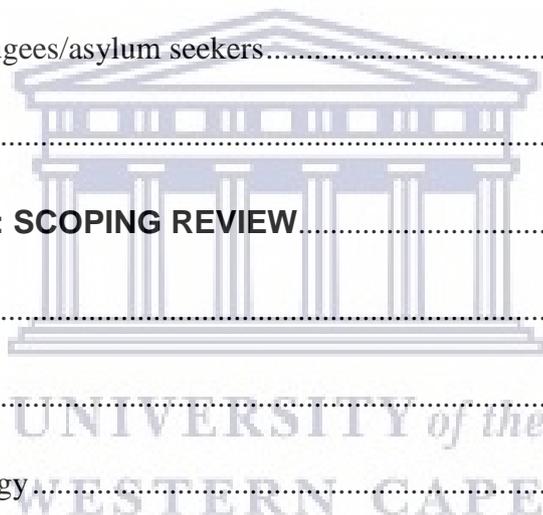
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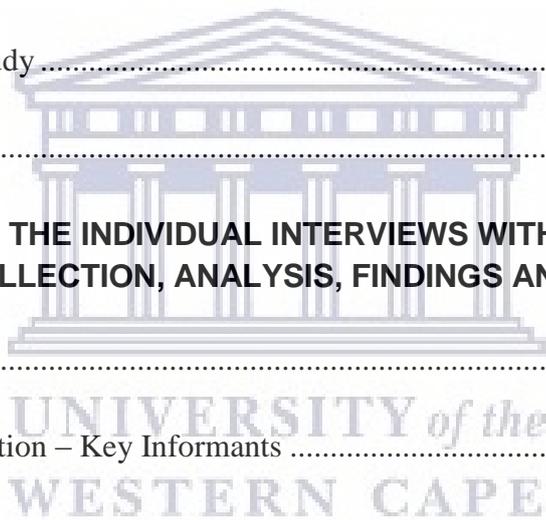
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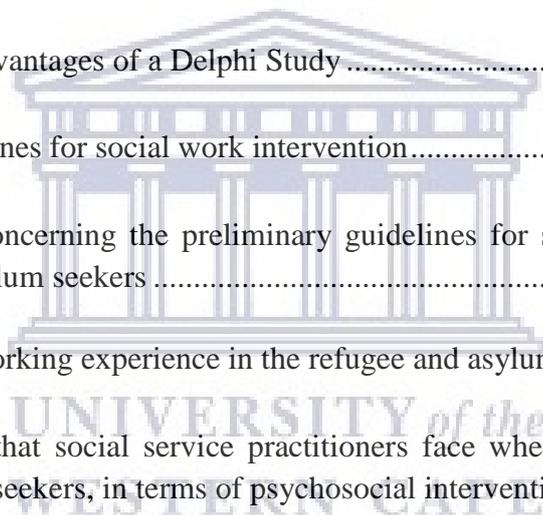
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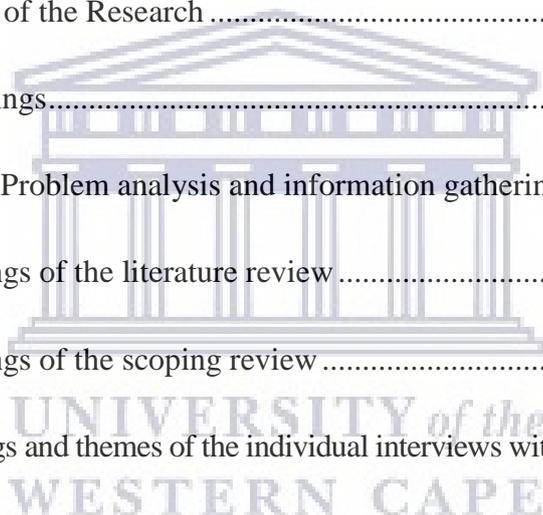
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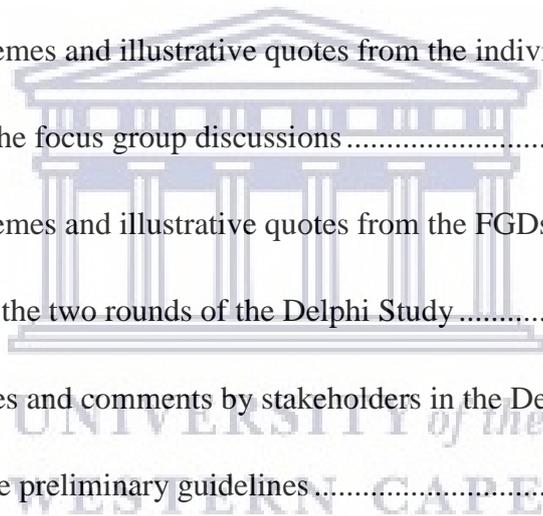
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# CHAPTER ONE

## PHASE 1: BACKGROUND AND ORIENTATION TO THE RESEARCH

### 1.1. Introduction

In this chapter, the background supporting the rationale for this current study is outlined, the problem statement is provided, and the broad aim, as well as the main objectives of the study are presented. The significance of the study highlights the challenges and experiences of those refugees and asylum seekers, who are forced to flee their country of origin, namely, the Democratic Republic of the Congo. In addition, the main terms, as well as the chapter outline, are summarised. In this current study, the terms, *refugees* and *asylum seekers* are used, interchangeably, referring to adults from the DRC, who are in South Africa.

### 1.2. Background

South Africa has a rich ethnic and cultural history that was overshadowed by white dominance, oppression and subjugation of non-whites in 1948, during an era in which the National Party imposed their policy of Apartheid, thereby institutionalising racial segregation (Marks, Trapido, & Marks, 2014). A robust and, at times, violent struggle was waged by the African National Congress and other anti-apartheid activists, both inside and outside the country, to pursue democracy and stop the oppression of non-white Africans (Marks, Trapido, & Marks, 2014). From 1990, the discriminatory laws were rescinded, or abolished, and South Africa transitioned to a multi-ethnic society, embracing diverse cultures, languages, and religions (Legomsky, 1993, pp. 31, 319).

South Africa is classified as an upper-middle-income economy, and a newly industrialised country (Dijkstra & Hanmer, 2000, pp. 41–75). However, South Africa was, and continues to be, burdened by a relatively high rate of poverty and unemployment. In the year 2000, it ranked among the top 10 countries in the world for income inequality (Dijkstra & Hanmer, 2000, pp. 41–75), and was described as over-populated, with HIV/Aids at a pandemic level. In addition, South Africa was portrayed as having scarce resources for its citizens, especially water, food, medical, as well as employment opportunities, and supplies (Aliber, 2003, pp. 473–490; Magqibelo, Londt, September, & Roman, 2016, pp. 73–89).

Regardless, South Africa is a refugee receiving country. Its obligations to people seeking refuge within its borders, are outlined in, both, international and domestic law (Crisp, 1999, pp. 157–178). Besides the UN and OAU refugee conventions, South Africa is also guided by the South African Refugees Act, which was implemented in 2000 (Republic of South Africa [RSA], 1998). Aligned with South Africa's progressive constitutional commitments of rights and dignity, the Refugees Act (RSA, 1998) guarantees refugees and asylum seekers access to basic social services, freedom of movement, as well as the right to work and study (Landau, 2006, pp. 308–327; Magqibelo et al., 2016, pp. 73–89). South Africa is committed to provide a positive and enabling environment for refugees and asylum-seekers, by limiting the use of detention and deportation, and guaranteeing access to documentation. In addition, recognized refugees are entitled to rights, similar to those of South African citizens, such as access to social grants, education and healthcare (RSA, 1998).

While the legislation appears progressive, in theory, Landau (2006, pp. 308–327) argues that it does not translate into practice, as refugees and asylum-seekers frequently face extreme challenges in accessing the rights, which they are legally entitled to. The obstacles faced by refugees and asylum seekers in accessing services, as well as participating in job and housing markets, are partly accounted for by an emerging bias against refugees, asylum seekers and migrants, common throughout South African society (Landau, Ramjathan-Keogh, & Singh, 2005, pp. 2–42). Prejudice and discrimination towards these groups of people, frequently result in difficulties, due to hostility and ignorance, which increases the vulnerability of refugees and asylum-seekers to abuse from various service providers, especially the police force, as well as local South African citizens (Boyden & Hart, 2007, pp. 237–248). Jacobsen (2002, pp. 577–596) states that refugees impose a range of security, financial and ecological burdens on host countries. The researcher, however, juxtaposed this position, and added that they also embody a significant flow of resources, such as international humanitarian assistance, economic assets and human capital, which represent essential state-building contributions to the host state (Jacobsen, 2002, pp. 577–596). Regrettably, many do not realise that the potential benefit for the state and its citizens, go beyond the afflictions and burdens imposed by a mass influx (Jacobsen, 2002, pp. 577–596).

Castles (2004, pp. 205–227) cautions that, as South Africa works towards building a free and democratic society, capable of maintaining international commitments, there is a need to reconsider South African's perceptions of refugees and asylum seekers in the country. This

would contribute to, and influence the protection of the rights of refugees in South Africa (Castles, 2004, pp. 205–227).

Many of the refugee and asylum seeker population originate from the Democratic Republic of Congo (DRC), which has a long history of unrest and instability (Montague, 2002, pp. 103–118). The Democratic Republic of the Congo, also known as Zaire, is a country in Central Africa. The DRC borders the Central African Republic and South Sudan to the north; Uganda, Rwanda, Burundi and Tanzania to the east; Zambia and Angola to the south; the Republic of the Congo to the west, and the Atlantic Ocean to the southwest. It is the second-largest country in Africa (largest in Sub-Saharan Africa) by area, and eleventh largest in the world (Montague, 2002, pp. 103–118). It has an estimated population of over 78 million (Starbird, Deboer, & Pettit, 2004, pp. 1–35). The DRC is similar in size to Western Europe, as well as extremely wealthy, being rich in diamonds, gold, copper, cobalt, as well as zinc. Unfortunately for the people of DRC, its resource wealth has rarely been harnessed for their own benefit, which is the cause of unrest and war. The natural riches have attracted rapacious adventurers, unscrupulous corporations, vicious warlords, as well as corrupt governments, which have divided the population between competing ethnic groups (Starbird, Deboer, & Pettit, 2004, pp. 1–35).

The DRC and Rwanda, particularly, share a troubled history. During April-June 1994, the genocide of Tutsis in Rwanda occurred (Autesserre, 2007, pp. 423–441). This was followed by Paul Kagame's Tutsi rebels seizing power in Rwanda, in June 1994, which resulted in the Hutus fleeing to the DRC. Subsequently, Rwanda's army entered eastern DRC to pursue Hutu fighters (Autesserre, 2007, pp. 423–441), which led to major unrest and instability. In 1997, Laurent Kabila's Alliance of Democratic Forces for the Liberation of Congo (ADFLC, or *Alliance des Forces Démocratiques pour la Libération du Congo-Zaire, AFDL*), backed by Rwanda, seized power in Kinshasa; however, in 1998, Rwanda accused Kabila of not acting against Hutu rebels, and attempted to topple his regime, sparking five years of conflict (Turner, 2007, pp. 1–49). During 2003, the war officially ended, but Hutu and Tutsi militias continued to clash in eastern DRC. In 2008, the Tutsi-led National Congress for the Defence of the People (*Congrès national pour la défense du peuple, CNDP*) rebels, marched and conducted protests in the North Kivu capital, in Goma, causing 250,000 people to flee. In 2009, Rwanda and the DRC agreed on a peace deal, and subsequently, the CNDP were integrated into the Congolese army (Turner, 2007).

In 2012, the former CNDP fighters formed a new rebel group, the M23, allegedly, with the backing of Rwanda and Uganda. Currently, many eastern areas are still plagued by violence, as various rebel groups continue to operate in these regions (Stearns, 2013, pp. 92–99). Such violence comes in many forms, including theft, persecution, kidnapping, murder, torture, as well as sexual violence (Stearns, 2013, pp. 92–99). Although extreme forms of violence have always occurred in the DRC, in some capacity, increased rates of sexual violence, especially, have coincided with the armed conflicts of the early 1990s, and later (Schneider, Banholzer, & Albarracin, 2015, 1341–1363). Instead of the unrests being primarily about *spoils of war* or *sexual gratification*, rape is often used in ethnic conflicts, as a way of perpetuating social control and reinstating ethnic dominance, by the attackers (Silvestri, 2017, pp. 12–51). This notion is confirmed by Baaz and Stern (2010: pp. 12–41), who interviewed soldiers, and observed that sexual and other violence were often used to humiliate, silence and intimidate victims, as well as local residents, because the soldiers' primary concern was to exude power, instil fear, and protect themselves. The soldiers often used such violence, especially, to retaliate against the opposition, by raping women whose husbands were important figureheads in a community, or against individuals who supported a different militia, other than the one invading at the time (Baaz & Stern, 2010, pp. 12–41).

This is best explained by researchers, Slegh, Barker, Ruratotoye, and Shand (2012, pp. 1–11), who conducted a study in Goma, eastern Democratic of Congo. They observed that women were not the only target for violence; many men were victims of various forms of violence, including sexual violence. The consequences of torture, trauma and sexual violence on women and men are devastating. For instance, rape destroys the bodies and spirits of girls, boys, women and men, and fragments families (Ward & Marsh, 2006, p. 23). Many, who were raped, are abandoned by their families, and lose their homes, as well as their livelihoods. Some men and women suffer indescribable internal injuries that could take years of complicated surgeries to correct, while many are left unable to bear more children, or incontinent (Longombe, Claude, & Ruminjo, 2008, pp. 132–141). Women, especially, may suffer from internal bleeding, or fistulas, which is the tearing of a hole in the vaginal wall, between the bladder and the rectum, or both, resulting in the leaking of urine or faeces, leaving them unable to function adequately in society (Longombe et al., 2008: pp. 132–141)

Many men and women also contract sexually transmitted diseases, including HIV/AIDS. The war exacerbates an existing HIV/AIDS crisis in the DRC (Drimie, 2002, pp. 1–25). Another

consequence of rape is the number of unwanted pregnancies. Abortion is illegal in the DRC, except to save the life of the woman. Many women become pregnant from their (multiple) perpetrators, and are abandoned to raise their children; a constant reminder of the traumatic and devastating event (Clifford & Slavery, 2008, pp. 4–13). Many care for these children, with few resources (Clifford & Slavery, 2008, pp. 4–13). Therefore, Carpenter (2007, pp. 1–24) cautions about the danger that these children could be neglected, as they are perceived as belonging to the enemy. Such children may grow up stigmatized and excluded by their communities, consequently, being denied their basic human rights, or even killed before reaching adulthood (Carpenter, 2007, pp. 1–24). The consequences of torture, assault and sexual violence on men and women are devastating, in terms of social impact, as well as health outcomes. They, therefore, would present many psychosocial, as well as other needs (Carpenter, 2007, pp. 1–24).

### **1.3. Experiences and challenges faced by refugees and asylum seekers**

Refugees and asylum-seekers frequently experience a prolonged period of severe stress, starting from the pre-migration period, the journey to the host country, to the post-migration period (Magqibelo et al., 2016, pp. 73–89; Bhugra, Craig, & Bhui, 2010, pp. 299–302). Usually, they might have been exposed to a variety of traumatic events in their country of origin, for example, threatened, or actually persecuted and tortured in some way. Subsequent to these experiences, they may also have endured a long and perilous escape, followed by a dangerous journey to a host country (Magqibelo et al., 2016, pp. 73–89). During migration, they may have been exposed to further potentially traumatic events, such as violence from those transporting them, as well as long periods without adequate food, water and shelter (Bhugra et al., 2010, pp. 299–302).

Upon arrival in a country of refuge, or asylum, they may receive initial or temporal relief; however, many refugees and asylum-seekers continue to face multiple challenges in the host country (Baker & McEnery, 2005, pp. 197–226). Some of these stressors occur because of losses associated with fleeing their country of origin, namely: loss of social status; loss of employment and financial resources; not being able to maintain contact with loved ones; loss of familiar social structures and social support networks; being unable to communicate in their own language; and, the loss of a familiar cultural framework, as well as cultural norms (Lacroix & Sabbah, 2011, pp. 43–53). Additionally, the inability to adjust to a new social-

cultural context, which entails recreating a new life, and a new sense of identity, is argued to potentially impact negatively on their well-being (Porter & Haslam, 2005, p. 646).

Subsequently, these challenges may be compounded by a period of on-going uncertainty, regarding legal status, as well as the stress of navigating the legal system, while seeking refugee status in the host country (Magqibelo et al., 2016, pp. 73–89). Porter and Haslam, (2005, pp. 602–612) add to the list of challenges that refugees and asylum seekers may face, namely, a lack of access to basic necessities, such as shelter, clothes, food, healthcare and education, as well as difficulties with finding employment. Refugees and asylum seekers may also be forced into poor living conditions, following their flight, due to their uncertain legal status, often required to live in detention centres and refugee camps, which may be overcrowded, dangerous, and unsanitary (Kim, Torbay, & Lawry, 2007, pp. 353–361).

Due to its constitutional commitments, South Africa is one of the few African countries that encourages integration into urban areas and, therefore, makes no provision for refugee camps or detention centres (Landau, 2006, pp. 2–42). This exposes refugees and asylum seekers to unique challenges, regarding local integration, as they are often left on their own to navigate services and resources within the country (Landau, 2006, pp. 2–42). Adding to their vulnerability, is the fact that refugees and asylum seekers are enshrouded in mystery, and a great deal of ignorance, while the subsequent intolerance of South Africans surrounds them (Landau, 2006, pp. 2–42).

#### **1.4. Problem statement**

Many politicians, policymakers, as well as the public, appear to be under the mistaken impression that asylum seekers and refugees are economic migrants, who have a choice to deliberately decide where to seek asylum, in search of better prospects in life (Castles, De Haas & Miller, 2013, pp. 1–28). A few really appreciate that refugees and asylum seekers are outside their countries, due to a well-founded concern of being persecuted and victimised because of race, religion, nationality, membership of a particular social group, or political opinion. Refugees and asylum seekers are often unable or, owing to extreme fear, unwilling to avail themselves of the protection of that country, as well as unwilling to return to it, for reasons of safety and security (United Nations General Assembly, 1951; Crisp, 1999, p. 4).

Assumptions regarding the reasons that refugees and asylum seekers immigrate to South Africa permeate public discourse, and are reflected in media coverage, which, in turn, aggravates incidences of xenophobia, exclusion, stigmatization and discrimination against this extremely vulnerable group (Alia, 2005, pp. 73–141). For instance, refugees and asylum seekers are often portrayed as criminal, violent, uneducated and poor, reinforcing the negative attitudes towards them (Alia, 2005, pp. 73–141). Landau et al. (2005, pp. 2–42) argue that one of the most common factors underlying xenophobia, globally, is that refugees and asylum seekers are perceived as a threat to the availability of employment, services and social grants. The incorrect perceptions of the refugee population, has negative implications for the refugees and asylum seekers, as their needs are often overlooked, or minimized (Landau et al., 2005, pp. 2–42). Unfortunately, the fact that many refugees and asylum seekers are forced to enter South Africa illegally, undocumented, and sometimes, with false documentation (due to extreme desperation) undermines their credibility (Magqibelo et al., 2016, pp. 73–89), and further precludes them from accessing necessary services, including employment, education, welfare, as well as medical programmes. Additionally, in South Africa, there is a keen focus on documentation; therefore, during this process, the needs of the individual may become secondary (Magqibelo et al., 2016, pp. 73–89).

Besides being excluded from many services, refugees and asylum seekers are also disadvantaged by the lack of training for professionals, who should be rendering services to this group of clients. In particular, this unique client system is often overlooked in the curriculum for the training of social workers, and very few guidelines, or intervention strategies, exist, to inform the services to refugees and asylum seekers (McMurray, Connolly, Preston- Shoot, & Wigley, 2008, pp. 299–309), specifically in the South African context (Landau et al., 2005, pp. 2–42). Nash, Wong, and Trlin (2006, pp. 345–363) assert that the social work profession has a responsibility and obligation to provide intervention support to all refugees. However, the stories of refugee men and women have not been documented adequately (Pittaway, Bartolomei, & Hugman, 2010, pp. 229–251). In such cases, the resources and equipment might be available, but the lack of knowledge on how to appropriately approach, support, or intervene, remains a challenge (McMurray et al., 2008, pp. 299–309). Therefore, it could be concluded that the experiences and needs of refugees and asylum seekers, appeared to be disconnected from essential services, such as social work intervention, for this population in South Africa. This has crucial implications for policies and practice (Landau et al., 2005, pp. 2–42).

### 1.5. Aim of the study

The aim of this current study was to explore and describe the experiences of refugees and asylum seekers, as survivors of trauma, torture and sexual violence in Democratic Republic of Congo (DRC), who had fled their country of origin, and immigrated to South Africa.

### 1.6. Objectives of the study

The following objectives were key to this current study:

**Objective 1:** To gather and synthesize information from literature, and to explore the incidence, causes, as well as scope of trauma, torture and rape in the Democratic Republic of Congo;

**Objective 2:** To explore and describe the experiences of male, as well as female refugees and asylum seekers, who had been traumatized, tortured and/or raped;

**Objective 3:** To explore the challenges, expectations and needs of refugees and asylum seekers, specifically focusing on psychosocial services and interventions; and

**Objective 4:** To develop, design and test preliminary guidelines for social work intervention with refugees and asylum seekers.

The last two objectives (3 and 4) include all refugees and asylum seekers in South Africa, who are service users of organisations and government departments.

### 1.7. Methodology

This current study incorporated a modified Exploratory and Intervention Research Design, conducted in four phases, as an interactive process:

**Phase 1: Problem analysis and information gathering.** In terms of information gathering and synthesis in this study, the researcher conducted a literature and scoping review of literature to determine the scope and key characteristics of refugees and asylum seekers from the DRC, specifically, semi-structured interviews with key informants, and focus group discussions with ordinary refugees and asylum seekers.

**Phase 2: Design and development of management principles and preliminary guidelines.**

This phase involved Delphi method discussion sessions (Rowe & Wright, 2001, pp. 125–144), to establish what should be included in the preliminary guidelines for social work intervention with refugees and asylum seekers, as well as whether these guidelines were

effective, user friendly, language appropriate, and a comprehensive tool that could be implemented and used by social work practitioners, to assess and assist these service users.

**Phase 3: Early development and pilot testing.** This phase involved deliberating and discussing the preliminary guidelines in a workshop with six participants from the Delphi sessions, as well as testing the preliminary guidelines in follow up focus group discussions with fourteen refugees and asylum seekers, who were participants from the initial focus group discussions.

**Phase 4: Dissemination.** This phase entails preparing the preliminary guidelines for dissemination, as well as identifying potential markets for the intervention (Thomas & Rothman, 1994, pp. 33–58). The fourth phase in this current research only entailed reporting the research in the form of a thesis. The thesis was the end product of the research activity, which provides an account of a long journey on the path of establishing new knowledge, or modified knowledge (Maxwell, 2012, pp. 39–72).

Each phase informed succeeding phases, and therefore, the results and discussions are presented in an integrated manner across the chapters. Qualitative methods were utilized to collect data from a purposively selected sample. The participants of this current study were only from the DRC; therefore, refugees and asylum seekers from other regions were not included. The sample for this current study included:

- **16 key informants** from four provinces in South Africa, former refugees and asylum seekers, who, currently, were leaders in these communities. They were pastors, leaders of informal movements, and business owners in these communities, as well as activists, who fought for the rights of refugees and asylum seekers, on various platforms. Some of the key informants served as board members for NGOs, registered to work with refugees and asylum seekers, for example, Cape Town Refugee Centre (CTRC). They were all documented, settled and aiding others, particularly providing basic assistance to newly arrived asylum seekers and refugees, or even allowing new arrivals to stay at their houses. These key informants were recruited through agencies that provided services to this population in South Africa, for in-depth, semi-structured interviews, conducted in the four provinces;
- **47 refugees and asylum seekers** from four provinces in South Africa, ordinary people currently being supported and assisted with legal relocation/local integration,

documentation, as well as other services. These participants were recruited, through agencies that provided services to refugees and asylum seekers in South Africa, for focus group discussions, conducted in the four provinces;

- **18 social service providers**, experienced in delivering key services to South African-based refugees and asylum seekers, and acknowledged as experts in this field, who were recruited nationally to participate in a Delphi method discussion session.
- **6 social service providers**, recruited from the 20 Delphi participants, for a workshop to discuss the preliminary guidelines;
- **14 refugees and asylum seekers**, recruited from the 47 participants of the focus group discussions to test the preliminary guidelines.

Detailed descriptions of the participants are provided in the methodology chapter, as well as the procedural steps used to analyse the data from the interviews, Delphi study and focus groups.

### **1.8. Significance of the study**

It is important to understand the reasons why refugees and asylum seekers immigrate to South Africa. Reporting on the lived experiences of this group of individuals is crucial, as through this the implications for South African policy and practise can be interrogated. Informed policies, or practices, cannot be predicated on anecdotal information only (Harris, 2002, pp. 169–184). In addition, there is the urgent need for the asylum determination process to be underpinned by a definite understanding of the circumstances, under which refugees and asylum seekers emigrate from their countries of origin (Landau et al., 2005, pp. 2–42). This thesis could play a significant role, in this regard.

The challenges that refugees and asylum seekers experience, to secure legitimate travel documents are highlighted (Grove & Zwi, 2006, pp. 1931–1942). Politicians, policymakers, as well as the media, could be informed by this thesis, and, in turn, they could influence the public debate on refugees and asylum seekers, by clarifying the reasons why refugees and asylum seekers immigrate to South Africa (Castles, 2004, pp. 205–227). As a result of this thesis, all types of services (including psychosocial) could be based on evidence, rather than assumptions (Pittaway et al., 2010, pp. 229–251). Additionally, through this research, myths and misperceptions about refugees could be expelled. The researcher also identifies and

exposes the complex set of factors and experiences that contribute towards leaving their country of origin, and seeking refuge and asylum in a host country (Pittaway et al., 2010, pp. 229–251).

In this study, the researcher exposes the mental, social, and health problems that refugees and asylum seekers suffer, as a result of extreme violence and trauma, not only to improve the health and well-being of survivors, but also to prevent further stigmatization, and ill-treatment, while promoting well-being (Pedersen, 2002, pp. 175–190). Therefore, providing appropriate content for possible social work intervention guidelines, allows the researcher to illustrate how a profession like social work could respond to this unique group of people (Pedersen, 2002, pp. 175–190).

### 1.9. Defining key concepts

- **Social Work**

The social work profession promotes and endorses social change, problem-solving in human relationships, as well as the empowerment and liberation of people, to enhance well-being. Social work utilizes theories of human behaviour and social systems, and intervenes at the points where people interact with their environments. The principles of human rights and social justice are fundamental to social work, as well as values such as, integrity, respect, and empathy (Folgheraiter & Raineri, 2012, pp. 473–487).

- **Social service practitioners**

A social service practitioner refers to any person registered to practice a social service profession, or a social service occupation. This generic term incorporates both professionals and people practising an occupation (Payne, 2006, pp. 1, 23 & 141).

- **Refugees**

The 1951 Convention relating to the status of refugees defines a refugee as “someone with a well-founded fear of persecution on the basis of his or her race, religion, nationality, membership of a particular social group or political opinion” (UN General Assembly, 1951, p. 137). Therefore, the term, *refugees*, refers to “every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek

refuge in another place outside his country of origin or nationality. They are also unable to return their country due to serious and indiscriminate threats to life, physical integrity or freedom resulting from generalized violence or events seriously disturbing public order” (Barnett, 2002, pp. 238–262).

- **Asylum seeker**

“An asylum seeker is a person within a State party who has applied for recognition as a refugee” (International Justice Resource Center, 2019). “If the asylum seeker is determined to meet the definition of a refugee they are granted asylum” (International Justice Resource Center, 2019). Therefore, the term, *asylum seeker*, refers to a person, who has claimed asylum under the 1951 United Nations Convention on the Status of Refugees, on the grounds that if s/he is returned to his/her country of origin, s/he has a well-founded fear of persecution on the basis of race, religion, nationality, political belief, or membership of a particular social group. S/he remains an asylum seeker for as long as his/her application, or an appeal against refusal of his application, is pending (Tribe, 2002, pp. 240–247).

- **Post-Traumatic Stress Disorder (PTSD)**

Post-traumatic stress disorder (PTSD) is a mental disorder that can develop after an individual is exposed to a traumatic event, such as sexual assault, warfare, extreme violence, or other threats on his/her life (Kubany et al., 2000, p. 210).

- **Gender based Violence (GBV)**

Gender Based Violence can be broadly defined as the general term used to encapsulate violence that occurs, as a result of the normative role expectations, associated with each gender, along with the unequal power relationships between genders, within the context of a specific society (Carpenter, 2006, pp. 83–103).

- **Sexual Violence**

Sexual violence is a form of gender-based violence. It encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic. It, therefore, includes activities directed against a person’s sexuality, using coercion, which could be perpetrated by any person, irrespective their relationship to the victim, in any setting, or location. Sexual violence presents in numerous forms and ways, and includes rape, sexual abuse, forced pregnancy, involuntary sterilization,

compulsory abortion, coerced prostitution, trafficking, sexual enslavement, compelled circumcision, castration and enforced nudity (Lundgren & Amin, 2015, pp. 42–50). Sexual violence occurs in times of peace, as well as armed conflict situations, is widespread, and considered one of the most traumatic, pervasive, common human rights violations (Baaz & Stern, 2009, pp. 495–518).

- **Xenophobia**

Xenophobia is the fear, repulsion and distrust of what is perceived to be unfamiliar, foreign or strange. Xenophobia manifests itself in many ways, involving the relations and perceptions of an in-group towards an out-group. The in-group (in this case, South Africans) might fear the loss of their identity, while harbouring suspicion of the out-group (refugees and asylum seekers). This is accompanied by aggression from the in-group, who desires to eliminate the presence of the out-group, to secure a presumed purity (Adam & Moodley, 2013, pp. 21–75).

- **Guidelines**

Guidelines are referred to as an indication or advice of how something should be done (Lohr & Field, 1990, pp. 19–52).

- **Intervention**

This refers to action intentionally taken to address a difficult situation in order to improve or prevent it from getting worse (Braa & Vidgen 1999, 25–47).

## **1.10. Main assumptions of the study**

The main assumption of this current study is the dearth of knowledge about the lived experiences of refugees and asylum seekers, who endured trauma, torture, and sexual violence, in the Democratic Republic of Congo. Therefore, appropriate and relevant interventions are necessary, to respond to their needs and experiences, as expressed by themselves.

## **1.11. Structure of the thesis**

The thesis report is structured around ten chapters. The following is a brief synopsis of the main threads in every chapter.

## **Chapter One**

In this chapter, the background, supporting the rationale for this current study, is outlined, the problem statement is provided, and the broad aim, as well as the main objectives of the study are presented. The significance of the study highlights the challenges and experiences of those refugees and asylum seekers, who are forced to flee their country of origin, namely, the Democratic Republic of the Congo.

## **Chapter Two**

In this chapter, the researcher focusses on providing an analysis of the main threads in literature, pertaining to refugees and asylum seekers, generally. Additionally, the researcher highlights complex contextual factors of these clientele groups within South Africa. Subsequently, the various paradigms, which are considered, when responding to the plight of refugees and asylum seekers, are discussed. The role of social workers, as well as their overall legal obligations towards refugee and asylum seeker issues, are also described.

## **Chapter Three**

In this chapter, the researcher presents the results of a scoping review, with a focus on refugees/asylum seekers from the Democratic Republic of Congo [DRC]. The scoping review, in this current study, extends beyond exploring rape and its manifestations, and was conducted to: (i) gather and synthesize information from literature that explores the incidences, causes and scope of the trauma, torture and sexual violence in the DRC; (ii) evaluate the methodological quality of the studies that researched the trauma, torture and sexual violence in DRC; and (iii) indirectly explore the psychosocial needs of survivors of trauma, torture and sexual violence, by exposing the effects thereof, on the individual, as well as the family system.

## **Chapter Four**

In this chapter, the researcher addresses the main theoretical tenets that underpinned this current study. The research design employed was a combination of the exploratory and intervention research designs. The theoretical framework comprised the Interpretivist and Resiliency theories. The format for the following chapters were presented, in line with the different phases of the Design and Development Model.

## **Chapter Five**

In this chapter, the overall methodology of this current study is provided, as well as an overview of the selected approach. Therefore, the researcher focuses on the research setting, population, sampling, participants, data collection, and data analysis. Additionally, the ethics considerations, and adherence thereto, are focussed on, particularly, in this chapter, because of the high level of vulnerability of refugees and asylum seekers.

## **Chapter Six**

The data collection and analysis processes, as well as the findings of the individual interviews, conducted with the 16 key informants, are described in this chapter. The demographic data are presented in Table 6.1, followed by a narrative, after which the themes and sub-themes are presented and discussed, accompanied by the direct quotations of the participants.

## **Chapter Seven**

This chapter contains the data collection, analysis and findings of the four focus group discussions (FGD) that were conducted with 47 participants. The participants comprised 25 females and 22 males from cities in the four provinces, namely, Johannesburg, Durban, Port Elizabeth and Cape Town. A summary of the participants is presented in Table 7.1, followed by a discussion of the data collection, analysis, and main themes that emerged.

## **Chapter Eight**

In this chapter, the researcher reports on the Design and Development of the preliminary guidelines for social work intervention with refugees and asylum seekers, through a Delphi method of enquiry, afterwards referred to as a Delphi study. It must be noted that the findings of the previous phase informed the data collection and analysis during this phase. The stakeholders for the Delphi study comprised a total of eighteen (18) social workers, auxiliary social workers, community development workers, psychosocial programme directors, as well as field workers.

## **Chapter Nine**

In this chapter, the results of Phase 3 are reported on by the researcher, during which the preliminary guidelines of social work intervention, developed in Phase 2, are subjected to a process of deliberation, refinement, and testing. A workshop was conducted with six (6)

participants of the Delphi study, to deliberate and refine the proposed preliminary guidelines. Subsequently, two focus group discussions were conducted with fourteen (14) refugees and asylum seekers, who had participated in the initial focus group discussions, to test the proposed preliminary guidelines. These guidelines were presented to the workshop and focus group discussion participants as a stimulus document.

## **Chapter Ten**

In this last concluding chapter, the dissemination and summary of the findings, recommendations, limitations and final conclusions are presented.



## CHAPTER TWO

### PHASE 1: LITERATURE REVIEW

#### 2.1. Introduction

In this chapter, the researcher focusses on providing an analysis of the main threads in literature, pertaining to refugees and asylum seekers, generally. Additionally, the researcher highlights complex contextual factors of these clientele groups within South Africa. Subsequently, the various paradigms, which are considered when responding to the plight of refugees and asylum seekers, are discussed. The role of social workers, as well as their overall legal obligations towards refugee and asylum seeker issues, are also described.

In literature, there is a growing theory of a refugee crisis, which refers to the movement of large groups of displaced persons, who could be either internally displaced persons, refugees or other migrants (Castles et al., 2013, pp. 1–22). In 2010, it was estimated that 43.7 million people were displaced, and forcefully relocated, because of war, conflict or persecution, including, approximately, 837 500 asylum seekers, whose refugee claims adjudication were pending in host countries (Kalt, Hossain, Kiss, & Zimmerman, 2013, pp. 30–42). Esnard and Sapat (2014, pp. 1–12) assert that forced displacement, or involuntary immigration, is the enforced movement of a person, or persons, away from their home, or home region, and often connotes, *violent coercion*. Therefore, an individual who has experienced involuntary displacement, is referred to as a *forced immigrant*, a *displaced person*, occasionally also known as a *displacee*, or, if within the same country, *an internally displaced person* (Castles et al., 2013, pp. 1–22). In addition, forced displacement could refer to incidents in the country of origin or departure, to serious predicaments while on the move, or even after arrival in a safe country, especially when large groups of displaced persons are involved (Esnard & Sapat, 2014, pp. 1–12).

Most conflicts, since World War II, are the root-causes of the current refugee dilemma (Knox & Kushner, 2012, pp. 1–50). As the political landscapes change in various regions, so the countries in those regions become the origin of a refugee dilemma. After World War Two (WWII) refugees and asylum seekers emigrated mostly from Germany and Eastern Europe (Knox & Kushner, 2012, pp. 1–50). During the 1970s and 1980s, refugees and asylum

seekers originated from conflicts in Central and South America, including Chile, El Salvador, Colombia, Argentina and Uruguay (Knox & Kushner, 2012, pp. 1–50). Additionally, during the 1980s, specifically, Indo-Chinese refugees arrived from Cambodia, Laos and Vietnam. In the 1990s, refugees migrated from countries of former Yugoslavia, which included Bosnia-Herzegovina, Croatia, Kosovo and Serbia, as well as from Africa, including Eritrea, Ethiopia and Somalia (Knox & Kushner, 2012, pp. 1–50). Collier (2003, pp. 1–33) asserts that many refugees also came from the former Soviet Union and China. In the 2000s, an increasing number of people arrived from Africa, particularly, Sudan, Liberia, Somalia, and Sierra Leone (Collier, 2003, pp. 1–33). Similarly, Afghanistan, Burma/Myanmar, Iraq, and Iran, have also been the origin of refugees, for many decades (Collier, 2003, pp. 1–33).

Castles (2004, pp. 13) asserts that “forced migration, including refugee flows, asylum seekers, internal displacement and development-induced displacement has increased considerably in volume and political significance since the end of the Cold War”. In addition, this author suggests that the occurrence of major instances of diaspora and forced migration, has instigated the emergence of the specific study of refugees and asylum seekers, whose causes and implications have developed into a legitimate interdisciplinary area of research, since the presence of refugees and asylum seekers became an undeniable reality (Castles, 2004, pp. 13–34). This author further cautions that studies related to refugees and asylum seekers need to be “analysed as a social process in which human agency and social networks play a major part” (Castles, 2003, pp. 13).

## **2.2. The historic development of research on refugees and asylum seekers**

Shami (1996, pp. 3–26), however, many years before Castles (2004, pp. 13–34), indicated that the interest in the scholarly inquiry of refugees, emerged as a prominent enquiry during the mid-to-late-20th century, after the end of World War II. Although significant contributions had been made, prior to this point, the period during the latter half of the 20th century saw the establishment of institutions, dedicated to the study of refugees, such as the Association for the Study of the World Refugee Problem, which was closely followed by the founding of the United States High Commissioner for Refugees (Black, 2001, pp. 57–78; Stein & Silvano, 1981). Black (2001, pp. 57) noted that “these institutions have developed strong links with policymakers, although this has often failed to translate into significant policy impacts”.

The 1981 volume of the *International Migration Review* described refugee studies as being established, in response to a comprehensive historical and multidisciplinary perspective that highlights the unique patterns of the refugee experience (Black, 2001, pp. 57–78). This publication influenced the rapid increase in academic interest, as well as scholarly writing. Most notably, in 1988, the *Journal for Refugee Studies* was established as the field’s first major interdisciplinary journal (Black, 2001, pp. 57–78). The term, *refugee*, in the context of these studies, shaped the “legal or descriptive rubric”, incorporating psychological analyses, personal histories, spiritualities and socio-economic backgrounds (Malkki, 1995, pp. 495–523).

International instruments, regulating the protection of refugees, were also contributing factors that sparked an interest in refugees’ studies and research (Makhema, 2009: pp. 3-39). Such instruments included: the 1951 UN Convention relating to the status of refugees, and the 1967 Protocol that amended this Convention; the 1985 Declaration on the human rights of individuals, who are not nationals of the country in which they live; the 1990 International Convention on the protection of the rights of all migrant workers and members of their families; the 1948 Universal Declaration of human rights; and finally, the 1966 Covenant on economic, social and cultural rights (Makhema, 2009, pp. 3–39). South African researchers have also published on refugees and asylum seekers (Landau, 2006: pp. 308-327; Kavuro, 2015: pp. 232-260), focusing largely on the flow of refugees within South Africa (Neocosmos, 2010, pp. 1–15; Castles et al., 2013, pp. 1–22), while some highlighted South Africa’s policy framework, regarding refugees and asylum seekers, as well as the challenges of implementing such policies (Landau, 2006, pp. 308–327; Kavuro, 2015, pp. 232–260).

### **2.3. Historical Perspective: Movement and the social construction of the refugee and asylum seeker reality**

Research in the South African context started to emerge, and it is suggested that the history of the flow of refugees and asylum seekers in Southern Africa is shaped by several distinct periods: precolonial, colonial, independence struggles and post-colonial (Neocosmos, 2010: pp. 1-15). Each period led to different kinds of refugee migration, as well as the development of a variety of institutional and legal responses to refugees and asylum seekers (Makhema, 2009: pp. 3-39). In the pre-colonial context, “within the Southern African region, as with the rest of the continent, widespread migration existed without any limitations, imposed by strict territorial borders between states, or nations and when borders were imposed during the

colonial period, these were drawn through existing communities and kin-groups” (Makhema, 2009, pp. 7).

Castles et al. (2013, pp. 1–22) add that, in addition to displacement caused by precolonial and colonial conquest, wars, and, in some cases, extreme exploitation, a specific labour migration regime in the region has also been entrenched. In particular, from the mid-1800s onward, this regime was centred on South Africa, and, to some extent, Zimbabwe, as labour magnets, while most other countries in the region became labour suppliers (Castles et al., 2013, pp. 1–22). Makhema (2009, pp. 3–39) adds that Southern Africa’s independence struggles continued for a protracted period, with the first country to gain independence and majority rule, being the Congo in 1960 (then renamed Zaire, and currently, the Democratic Republic of Congo), with South Africa being the last, in 1994. This implies that there was an important period of overlap, between continued colonial or minority rule, in some countries (notably, Namibia, Zimbabwe and South Africa), and independence (Makhema, 2009, pp. 3–39). This labour migration system had two relevant lasting effects for discussion within literature. Firstly, it established migration routes throughout the region, which also shaped later refugee migration, to some extent; however, more significantly, it led to the establishment of a series of cross-border arrangements for managing labour migration related *social protection* payments (Vertovec, 2007, pp. 1024–1054). While these systems were limited, and designed to protect the interests of employers, rather than migrant workers, it provided potentially useful institutional models (if appropriately adapted) for bilateral and regional cross-border payments, which were later abandoned (Vertovec, 2007, pp. 1024–1054).

During the 1970s and 1980s, Apartheid South Africa and, until 1980, white-ruled Rhodesia, played an active role in exacerbating the conflicts in the region, especially in Angola and Mozambique (Minter, 1994). In addition, the Apartheid regime actively pursued South African political exiles into neighbouring countries, and attacked countries in the region that harboured members of the South African liberation movements (Bond, 2003, pp. 1–67). This was, especially, the case with Angola, Mozambique, Swaziland, Tanzania, Zambia, and post-independence Zimbabwe. In contrast to the white settlers of the 1960s and 1970s, African refugees from regional conflicts, who fled to South Africa, were not recognized as refugees, and were deported, or ignored, as was the case, particularly, with Mozambican refugees in South Africa, from 1985-1992 (Rutinwa, 2017, pp. 35–64). Even though South Africa’s transition to majority democracy is often presented as peaceful, hundreds, or thousands of

people died in the process of the liberation struggle. In this context, especially, the Front-Line States, bordering South Africa, saw refugee protection as part of the political anti-apartheid project, dealing with a potential refugee crisis, and consequently, policies were developed (Makhema, 2009, pp. 3–39). Many South Africans fail to recognize that countries, such as the DRC, provided refuge to South African activists, who resisted white supremacy and the apartheid system (Makhema, 2009, pp. 3–39).

#### **2.4. South African policy framework and legislative remedies: Refugees and asylum seekers in South Africa**

Due to its constitutional commitments, South Africa is one of the few African countries that promotes integration into urban areas, and therefore, makes no provision for refugee camps, or detention centres (Landau, 2006, pp. 308–327). Refugees and asylum seekers tend to reside in South Africa’s major urban cities, such as Johannesburg, Cape Town and Durban, where they, presumably, have access to services, as well as income-generating activities (Jacobsen, 2006, pp. 273–286). Refugees and asylum seekers, therefore, are less regulated in South Africa, compared to many African and Western countries, and have more mobility, as well as access to the job and housing markets (Landau, 2006, pp. 308–327; Kavuro, 2015, pp. 232–260). The downside of local integration is that refugees and asylum seekers receive less direct assistance from the UNHCR than their counterparts living in camps (Landau, 2006: pp. 308–327; Kavuro, 2015, pp. 232–260), as well as limited assistance from the state, relative to high-income countries, and therefore, may have more unmet psychosocial needs, than those who seek refuge in high-income countries or camps (Kavuro, 2015, pp. 232–260). Similarly Jacobsen (2006, p. 273) notes that “Refugees living in urban areas”, such as South Africa, “face a myriad of protection and livelihood problems not generally encountered in camps”.

South Africa’s obligations to people seeking refuge within its borders are outlined in both international and domestic law. In addition to the UN and OAU refugee conventions, South Africa is also guided by the South African Refugees Act, which was implemented in 2000 (RSA, Act 130 of 1998). Aligned with South Africa’s progressive constitutional commitments to rights and dignity, the Refugees Act (RSA, Act 130 of 1998) guarantees refugees and asylum-seekers access to basic social services, freedom of movement and the right to work and study (Landau, 2006, pp. 308–327). It further commits to provide a positive environment for refugees and asylum seekers, by limiting the use of detention and deportation, and guaranteeing access to documentation. The socio-economic rights include,

adequate food and water, basic health care, basic education, as well as the right to housing, and social security, as well as assistance (excluding asylum seekers), if they are unable to support themselves. Some of these rights, such as housing, are qualified by the need to be progressively implemented by the state, while others, such as access to basic and emergency health care, are absolute (Landau, 2006, pp. 308–327). Since these rights are enshrined in the Constitution (Republic of South Africa [RSA], Act 108 of 1996), the government (rather than the ‘international community’, or NGOs) becomes responsible for the effective provision of social protection to refugees and asylum seekers, along with, rather than separate from, social protection for citizens (Makhema, 2009, pp. 3–39). Matlin, Depoux, Schütte, Flahault, & Saso (2018) add that the responsibility towards Refugees and Asylum seekers rests “with States to respond to the health needs of migrants and refugees arriving in their own countries and to support those trying to meet the health needs of migrants and refugees in camps or transit locations on the way to their destinations”.

South Africa’s legal framework for refugee protection has been transformed profoundly, progressing from no domestic refugee protection law, to the 1998 Refugee Act (RSA, 1998, Act 130 of 1998), which is acknowledged as one of the most progressive pieces of refugee legislation in the world (Polzer, 2007, pp. 22–50). This piece of legislation complies with both the 1951 UN Convention and the 1969 OAU Convention obligations (Polzer, 2007, pp. 22–50). Other national legislation, which impacts on the provision of social protection and services to refugees and asylum seekers, includes the Social Assistance Act (Republic of South Africa [RSA], 2004, Act No. 13 of 2004), the Schools Act (Republic of South Africa [RSA], 1996, Act No. 84 of 1996), the Children’s Act (Republic of South Africa [RSA], 2005, Act No. 38 of 2005), and the Children’s Amendment Act (Republic of South Africa [RSA], 2007, Act No. 41 of 2007). Refugees, therefore, are entitled to the same rights as South African citizens, apart from the right to vote, while asylum seekers enjoy wide ranging rights, including the right to basic health services, basic education for children, work and study (Makhema, 2009, pp. 3–39).

This implies that, in South Africa, the expectation is that most refugees, as with citizens, are able to claim access to public services individually, and procure other services through working (Landau et al., 2005, pp. 1–42). While the legislation appears progressive, in theory, Landau (2006, pp. 308–327) argues that it does not translate into practice, as refugees and asylum seekers frequently face extreme challenges with accessing the rights, which they are

legally entitled to. Even though the Act was enacted to protect their rights, refugees and asylum seekers continue to suffer in South Africa (Landau et al., 2005, pp. 1–42). Emerging bias against migrants, common throughout South African society, accounts for the obstacles faced by refugees and asylum seekers to access services, as well as participate in job and housing markets (Landau et al., 2005, pp. 1–42).

Media and political representations of asylum seekers and refugees have been infused with language denoting images of *danger*, *criminality* and *risk*, which exacerbates prejudice and discrimination (Malloch & Stanley, 2005, pp. 53–71). Prejudice towards migrants could have serious implications for refugees and asylum seekers, as illustrated by the xenophobic attacks in urban cities throughout South Africa in May 2008, when hundreds of foreigners were injured, dozens killed, and many more displaced (Dassah, 2015, pp. 127–142).

The findings of a study conducted by Mpofu (2018, pp. 73–99) reveal that Zimbabweans, who migrated and opted to live under conditions of irregularity with their children, in hope that the children would have a better life in South Africa, were gravely disappointed. Contrary to their hopes and expectations, they faced multiple challenges, specifically with parenting (Mpofu, 2018, pp. 73–99). Despite being eligible under the law, their children were largely excluded from accessing schools, and at times, from hospitals (Mpofu, 2018, pp. 73–99). Parents were creative and found a range of solutions to these challenges; however, they also experienced high levels of stress, and displayed symptoms of trauma (Mpofu, 2018, pp. 73–99). These participants' lived experiences in South Africa were mainly characterised by broken dreams and disappointments (Mpofu, 2018, pp. 73–99).

Another major obstacle with translating legal rights into entitlements, is the asylum system, administered by the Department of Home Affairs [DHA] (Landau, 2006: pp. 308–327; Jacobsen, 2006, pp. 273–286). The DHA frequently acts outside of the law, and constantly fails to fulfil its legal obligations (Landau, 2006, pp. 308–327). This may have severe consequences for the life, rights and liberty for those affected (Amit & Kruger, 2014; Landau, 2006, pp. 308–327). Documentation is an important commodity for refugees and asylum-seekers, as it allows them access to services, social grants, as well as the job and housing markets (Landau, 2006, pp. 308–327). Additionally, possessing valid permits and documentation prevents arbitrary arrests and deportation, and provides a fundamental protection feature (Landau, 2006, pp. 308–327; Jacobsen, 2006, pp. 273–286). Regrettably,

refugees and asylum seekers face mounting challenges in accessing the documentation, to which they are legally entitled (Harverson, 2014, pp. 4–101). The general ineffectiveness of the asylum system is a huge part of the problem, which has resulted in a large backlog of asylum applications (Amit & Kruger, 2014).

Compounding this challenge is the DHA's unlawful closure of a number of refugee reception offices, which were originally opened to deal with asylum claims. New applicants, currently, have to travel to Durban, Messina, or Pretoria to apply, which may be prohibitively expensive in some cases (Harverson, 2014, pp. 4–101; Amit & Kruger, 2014). Additional challenges, in this regard, are major corruption when refugees and asylum seekers apply for documentation in South Africa, as well as the long queues, and lengthy, or indefinite waits, for status determination (Landau, 2006, pp. 308–327). These challenges often result in periods without documentation, leaving already vulnerable individuals, open to abuse, and without access to any kind of assistance, resources and services (Jacobsen, 2006, pp. 273–286).

Consequently, the National Consortium for Refugee Affairs, and the South African Human Rights Commission, called for “public education and awareness campaigns in order to foster acceptability with regard to Refugee protection and understanding of their plight and rights” (Davila-Ruhaak, 2017, p. 100). There is an urgent need to reduce the incidence of xenophobia and intolerance against refugees and other immigrants in the new South Africa (Landau, 2006, pp. 308–327), to ensure that South Africans understand and accept people from other countries, despite their cultural and racial differences (Landau, 2006, pp. 308–327). Additionally, there is a dire need to integrate refugees and asylum seekers into the country, to enable them to contribute in the development of South African society, especially since they are also affected by the general problems, faced by many South Africans, such as, a general lack of housing, employment and public services (Landau, 2006, pp. 308–327; Jacobsen, 2006, pp. 273–286). All of the above contextual stressors may affect the psychological well-being of refugees and asylum seekers (Landau, 2006, pp. 308–327; Jacobsen, 2006, pp. 273–286), and are explored in the following section.

## **2.5. Psychosocial factors and stressors: Impact on refugee/asylum seeker coping skills**

According to Dolma, Singh, Lohfeld, Orbinski, and Mills (2006, pp. 2061–2064), refugees and asylum seekers experience extreme violence and trauma, and may also enter into high-

risk transit arrangements, as well as suffer precarious host country living circumstances (Koser, 2000, pp. 91–111). The intimidation they experience includes, abuse, ill-treatment, oppression, and torture (Burnett & Peel, 2001, pp. 606–609). Most asylum seekers flee from conflict conditions, where the incidence of collective sexual violence, torture, and homicide, have been well documented (Burnett & Peel, 2001, pp. 606–609; Dolma *et al.*, 2006, pp. 2061–2064).

Researchers, exploring the effects of torture, have typically differentiated between war-related trauma, psychological abuse, and physical assault, using these three categories to describe the torture experience (Smith & Freyd, 2013, pp. 119–124). The types of physical assault include, but are not limited to, asphyxiation, electric shock, burning, sexual assault and rape, beatings, forced standing, hanging by the wrists, hygiene deprivation, such as not being allowed to use the bathroom or bathe, and extended exposure to bright light (Hooberman, Rosenfeld, Lhewa, Rasmussen, & Keller, 2007, pp. 108–123). Psychological torture types, on the other hand, typically involve adverse experiences, during which corporal punishment is not directly inflicted on the victim (Hooberman *et al.*, 2007, pp. 108–123). These trauma types may include: being forced to witness violence (especially against family members); threats of death, being stripped naked, or physical torture; sensory deprivation, as well as other methods of humiliation, and extended solitary confinement (Hooberman *et al.*, 2007, pp. 108–123)

Hinton, Ba, Peou, & Um, (2000, pp. 437–444) assert that war-related trauma differs from other forms of torture, as the individual is not necessarily the direct target of persecution, nor is a confession, or behaviour change, the immediate goal of the assault. However, these individuals experience many of the same psychological affects, as those who suffer physical and psychological abuses (Hinton *et al.*, 2000, pp. 437–444). The experiences linked to war-related trauma, typically include: the lack of food, water and shelter; experiencing the death/disappearance of close friends or family members; as well as exposure to combat and cadavers (Hinton *et al.*, 2000, pp. 437–444). Additionally, according to Goldstein (2003, pp. 107–116), different genders often experience war-related trauma differently.

Valji, De la Hunt, and Moffett (2003, pp. 61–72) ventured into the gendered nature of the persecution of refugees and asylum seekers, exposing the gender bias inherent in the traditional approaches to security. These authors suggest that there is a need to reframe the

theories underpinning refugee rights and legislation, in order to afford, especially women refugees, more protection (Valji et al., 2003, pp. 61–72). Their article calls for a thorough overhaul of procedures that explicitly, or implicitly, discriminate against women refugees and asylum seekers (Valji et al., 2003, pp. 61–72). The greater part of the persecution experienced by women could be defined according to conventional refugee grounds of political, religious, or racial persecution (Valji et al., 2003, pp. 61–72). In addition, they suggest alternative approaches to the traditional interpretations of the categories of persecution, and argue that there is a further category of persecution, which often cannot be covered by the normal categories, namely, persecution because of gender (Valji et al., 2003, pp. 61–72).

Gender based violence in Africa, as well as other countries, is a complex issue that has its roots in structural inequalities (Malhotra & Schuler, 2005, pp. 71–88). The power differentiation between men and women, results in the persistent male entitlement to power and control over women (Malhotra & Schuler, 2005, pp. 71–88). Violence against women, probably, is the most widespread and socially tolerated human rights violations, cutting across borders, race, class, ethnicity and religion (Malhotra & Schuler, 2005, pp. 71–88). This conviction is shared by Baaz and Stern (2009, pp. 495–518), who assert that the prevalence of rape depends on the disparities between men and women in the culture, whether soldiers fear any kind of punishment for rape, how violent a society already is, and the extent to which the values that enable mass rape, are shared by men on each side of the conflict (Carpenter, 2007, pp. 1–24).

Despite the decades of emancipation and women’s liberation, in combat situations, women are, and will remain, vulnerable, due to their gender and their status in society (Malhotra & Schuler, 2005, pp. 71–88). Wartime rapes, therefore, are anything, but new (Malhotra & Schuler, 2005, pp. 71–88). Since the earliest recollection of human warfare, women have been considered to be, no more than “war booty and an accepted practice of conquering armies” (Baaz & Stern, 2009, pp. 495–518). During its war in Eastern and South-eastern Asia, Japan held women from many countries as so-called “comfort women”, implying that they were interned, and had to be available for the sexual desires of Japan’s armed forces (Wood, 2010, pp. 124–137). Similarly, immediately after the fall of Berlin, in 1945, Soviet soldiers were given free rein in the city, which was mainly populated by women, children and the elderly, as the male population had been sent to fight Hitler’s war, again resulting in an uncounted number of rapes (Wood, 2010, pp. 124–137). It is said that Russian soldiers

allegedly raped German females from eight to eighty years of age (Henderson, 2000, pp. 65–82).

Rape was widely accepted and perceived as a reward for soldiers, who had travelled far, and endured difficult experiences, including blood, fire and death (Portada, Riley, & Gambone, 2014, p. 151). Women, therefore, were regarded as a means of entertainment (Portada et al., 2014, p. 151). In addition, rape had other purposes, such as, to terrorize the population, and as weapon of genocide, for example, in Bosnia (Maedl, 2011, p. 128). In Darfur, during 2014, Sudanese armed forces carried out distinct military operations. Soldiers went from house-to-house, beat residents, arrested men, looted property, and raped women and girls inside their homes. These soldiers stated that their superior officers had instructed them to rape the women (Portada et al., 2014, p. 151). In occupied Iraq, the Abu Ghraib Scandal of April 2004 revealed that the rape and sexual torture of Iraqi women *and* men, were conducted in a systematic way, to crush the spirit of the political detainees, who opposed and resisted the invasion (Schulzke, 2012, p. 155–170). Violence, during the Rwandan Genocide of 1994, took a gender-specific form when, during the course of 100 days, approximately, half-a-million women were raped, sexually mutilated, and/or murdered (Jessee, 2015, pp. 60–80). The sexual violence was directed, at national and local levels, by political and military leaders, in the furtherance of their goal, namely, the destruction of the Tutsi ethnic group (Jessee, 2015, pp. 60–80). Tutsi women were targeted with the intent of destroying their reproductive capabilities. Sexual mutilation often occurred after the rape, and included mutilation of the vagina with knives, boiling water, machetes, sharpened sticks and acid (Costantino et al., 2016, pp. 42–63). In addition, the genocidaires held the women captive as sex slaves for weeks (Sperling, 2005, p. 637; Jessee, 2015, pp. 60–80; Costantino et al., 2016, pp. 42–63). Baaz and Stern (2009, pp. 17–70) confirm that sexual and other violence are often used to embarrass, silence and terrorize victims and civilians, as the soldiers' primary concern is to instil fear, exude power, and protect themselves. Additionally, soldiers often use such violence to retaliate, by raping women whose spouses are important figureheads in a community, or supporters of a different militia, than the invading one.

Women and men in the DRC were not spared, either. On every scale, Congo rates disastrously, regarding sexual violence (Carpenter, 2007, pp. 1–24). Mulumeoderhwa (2016, pp. 1042–1062) suggests that the magnitude of the rapes and forced pregnancies, during Congo's years of war, has caused this crime to appear tolerable. Forced pregnancies are

specifically detailed in the Rome Statute as war crimes, as well as crimes against humanity. The Rome Statute was the first international criminal tribunal to officially criminalize forced pregnancies (Drake, 2011, p. 595). The tribunal comprehended that the scars of rape could be severe, and possibly inherited by the subsequent generation (Drake, 2011, p. 595). The rebels in the DRC are aware that women are the assumed centre of the community (Drake, 2011, p. 595; Mulumeoderhwa, 2016, pp. 1042–1062). They would have learned early on that, if you injure women, you could tear the entire community apart, destabilize the area and gain a stronghold (Drake, 2011, p. 595).

More than half of the assaults against women occur in the supposed safety of the family home at night, often in the presence of the victim's spouse and children (Mulumeoderhwa, 2016, pp. 1042–1062). The incidences of rape escalated during military actions, as highlighted by Mulumeoderhwa (2016, pp. 1042–1062). In addition, many men and women contract sexually transmitted diseases, including HIV/AIDS. The war, therefore, exacerbates an existing HIV/AIDS crisis in the DRC (Mabala, 2006, pp. 407–432).

Another consequence of rape, is the number of unwanted pregnancies that result from rape (Ward & Marsh, 2006, p. 23). Abortion is illegal and prohibited in the Congo, except to save the life of the woman. Many women are impregnated by their perpetrators, and left to raise the children on their own, as a constant reminder of the traumatic and devastating incident (Ward & Marsh, 2006, p. 23). Most women care for these children with limited resources, while the children remain uneducated and impoverished (Ward & Marsh, 2006, p. 23). In addition, some women are repeatedly raped by multiple men, over a prolonged period (Kelly, Kabanga, Cragin, Alcayna-Stevens, Haider, & Van Rooyen, 2012, pp. 285–298), and therefore, do not know who the biological father/s of their unborn children are, which results in complex emotions (Jewkes, Penn-Kekana, & Rose-Junius, 2005, pp. 1809–1820).

In this context, the children born out of rape must not be disregarded. With their mothers often finding themselves in extremely difficult circumstances, there is a danger that these children would be neglected, because they are seen as being *the enemy* (Jewkes et al., 2005, pp. 1809–1820). This issue requires a two-fold approach: counselling for the mother on the one hand, including material support, if necessary; and child protection on the other hand, as such children may grow up stigmatized, as well as excluded by their communities, and may be denied their basic rights, or even killed before reaching adulthood (Carpenter, 2007, pp. 1–

24). Children of DRC citizens are particularly at risk of such abuse, when they are visibly identifiable as sharing half their ethnicity with the occupying forces (Carpenter, 2007, pp. 1–24).

A comprehensive analysis of the situation and atrocities, specifically in the DRC, are provided in the scoping review, discussed in Chapter 5. Enduring all these types of trauma, torture and sexual violence has an impact on the mental health of refugees and asylum seekers and has spiked the interest of the research community, from as early as the 1980s (Mountz, 2013, pp. 29–50).

## **2.6. Mental health and refugees/asylum seekers**

Mental health care is acknowledged as a key priority for the refugee population, once their basic needs have been met (Tempany, 2009, pp. 300–315). A growing body of multidisciplinary literature on the mental health and psychosocial well-being of refugees and asylum seekers has emerged, with a strong focus on addressing traumatic stress (Ingleby, 2005, pp. 1–45; Lindert & Schinina, 2012, pp. 169–181). Despite the array of stressors associated with forced migration, controversy persists about the nature and extent of psychopathology and psychological needs among refugees and asylum seekers (Lindert & Schinina, 2012, pp. 169–181; Porter & Haslam, 2005, pp. 602–612; Van Ommeren, Saxena, & Saraceno, 2005, pp. 71–75).

Overall, much of the academic literature acknowledge the adverse effects associated with the experience of forced migration, citing psychological distress as a common outcome for refugees and asylum seekers (Lindert, von Ehrenstein, Priebe, Mielck, & Braehler, 2009, pp. 246–257; Fazel, Wheeler, & Danesh, 2005, pp. 1309–1314). Matlin et al. (2018) note that a comprehensive approach was required to respond to refugees and asylum seekers. These authors also suggest that the health of refugees and asylum seekers should be considered across disciplines, sectors and geographies, within contexts framed by political, social, economic and cultural factors, as well as biological and medical ones (Matlin et al., 2018). However, the empirical information on the epidemiology of mental health among refugees and asylum seekers, particularly for those living in developing countries, is limited (Fazel et al., 2005, pp. 1309–1314). In addition, the interpretation of prevailing empirical evidence is

complicated by the use of diverse sampling and assessment techniques (Fazel et al., 2005, pp. 1309–1314).

While research into affective disorders among refugees and asylum seekers is limited, a meta-analysis of 36 population-based studies of mental health among refugees presented a collective prevalence-rate of 44% for depression, and a combined rate of 40% for anxiety. These rates are substantially higher than those reported in the general population (Lindert et al., 2009, pp. 246–257). However, in contrast, another review of 20 psychiatric surveys observed a combined prevalence rate of 5% for major depression, similar to levels observed in Western general populations (Fazel et al., 2005, pp. 1309–1314). The same study concluded that refugees were ten times more likely to suffer from PTSD, than the host population, in the seven economically developed Western countries surveyed. Additionally, methodological aspects, such as the diagnostic measure used, and the sample size, as well as contextual factors, such as time since resettlement, were also observed to influence prevalence rates.

A single measure of psychological distress was derived from the heterogeneous outcome measures used in 59 studies that contrasted a refugee group with a non-refugee control group (Porter & Haslam, 2005, pp. 602–612). The findings revealed that refugees experienced significantly elevated rates of psychological distress, as opposed to the non-refugee control group, even after the comparison group had been directly subjected to conceivably traumatic events (Porter & Haslam, 2005, pp. 602–612). Methodological and social-ecological variables, such as rural residence, insecure housing and limited economic opportunities, were observed to influence the rate of distress (Porter & Haslam, 2005, pp. 602–612). Although limited, other studies highlight increased rates of somatic complaints and chronic pain in the refugee population (Norredam, Garcia-Lopez, Keiding, & Krasnik, 2009, pp. 1023–1029). The complaints and pains included depression, emotional distress, and suicidality, as well as physical health problems, ranging from injuries and pain syndromes, to arthritis and coronary heart disease (Vives-Cases, Ruiz-Cantero, Escribà-Agüir, & Miralles, 2010, 15–21).

Additionally, Vives-Cases et al. (2010, 15–21) indicate that mental health problems, with the exception of psychotropic drug use, were more frequent among women, who experienced violence. Sexual violence, in particular, increases the risk for health problems, including sexually transmitted infections, vaginal bleeding, urinary tract infection, miscarriage, preterm

delivery, and neonatal death (Sarkar, 2008, pp. 266–271). HIV studies among migrants have linked torture exposure, to depression and post-traumatic stress disorder, and political violence, to poorer health-related quality of life (Eisenman, Gelberg, Liu, & Shapiro, 2003, pp. 627-634).

Long after resettling in the host countries, refugees and asylum seekers may still experience the effects of trauma, torture and sexual violence, with increased rates of psychopathology (Marshall, Schell, Elliott, Berthold, & Chun, 2005, pp. 571–579). In addition, there appears to be a close-response relationship between the levels of psychopathology and violence, with those exposed to prolonged and acute violence, experiencing the worst effects (Mollica, Caspi-Yavin, Bollini, & Truong, 1992, pp. 111–116; Tribe, 2002, pp. 240–248). Silove, Steel, McGorry, Miles, and Drobny (2002, pp. 49–55) studied traumatic experiences in 196 Tamil refugees from Sri Lanka, using the principal components analysis of the Harvard Trauma Questionnaire (Mollica et al., 1992, pp. 111–116). Silove et al. (2002, pp. 49–55) identify five distinct trauma factors, namely, *war exposure*, *persecution* (for example, imprisonment, kidnapping, and forced separation), *suffocation and loss of consciousness*, *torture* (which the authors did not further define), and exposure to violent death. These authors noted that Post Traumatic Stress Disorder (PTSD) symptoms were significantly associated with the “persecution” and “torture” factor scores. The above-mentioned study only focused on PTSD symptoms, instead of analysing a broader range of possible psychological symptoms, for example, depression and anxiety (Silove et al., 2002, pp. 49–55).

Appropriate responses to the various health concerns of refugees and asylum seekers require systematic information about their experiences, including all forms of violence (Lever, Ottenheimer, Teysir, Singer, & Atkinson, 2018, pp. 1–7). However, scant knowledge is available on the epidemiology of exposure to violence, and related health impacts, to inform host country efforts to offer screening, prevention, and treatment services to, what is likely to be, a highly exposed population (Lever et al., 2018, pp. 1–7).

Despite some inconsistencies, research literature informs that the array of stressors and challenges, faced by refugees and asylum seekers, create a substantial mental health burden (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002, pp. 341–354). In addition, it is clear that both methodological and contextual variables mediate the prevalence rate of

disorders and syndromes among refugees and asylum seekers (Miller et al., 2002, pp. 341–354). However, there are a number of notable limitations in the refugee and asylum-seeker mental health literature, particularly related to the use of sampling strategies and quantitative measures, which are important to consider in more detail, as they pose an obstacle to preventing and treating mental health problems effectively, in the entire population group (Ingleby, 2005, pp. 1–45).

Much of the existing knowledge on the mental health of refugees and asylum-seekers emanate from research conducted on adult help-seeking populations, residing in high-income settings (Castles et al., 2013, pp. 1–22). This is alarming, considering that an estimated 80% of the global refugee and asylum seeker population, currently live in low, or middle income countries, in settings and conditions that may be different to those found in high-income countries (Castles et al., 2013, pp. 1–22). Given that contextual factors influence mental health outcomes among refugees and asylum seekers (Porter & Haslam, 2005, pp. 602–612), it is questionable whether the current knowledge of psychological needs among refugees and asylum seekers, is representative of the entire population (Porter & Haslam, 2005, pp. 602–612).

Additionally, the difficulties encountered in assessing the degree of psychological needs among refugees and asylum seekers, are created by the general tendency of research literature not to distinguish between the different categories in the overall refugee population group (Hondius, van Willigen, Kleijn, & van der Ploeg, 2000, pp. 619–634). Granted that psychosocial stressors, particular to each group, have been observed to influence mental health outcomes, the lack of distinction in literature could undermine the ability to respond, appropriately, to the particular needs of each group (Iverson & Morken, 2004, pp. 465–470).

While less attention has been paid to the impact of post-migration factors on mental health, factors such as legal status, the socio-economic resources of the host country, exposure to discrimination, and social isolation, have been observed to intensify the risk for mental health complications (Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997, pp. 463–470; Porter & Haslam, 2005, pp. 602–612). A study in Norway, for instance, observed that asylum seekers had higher rates of PTSD, than refugees (45% and 11%, respectively), possibly due to their indefinite legal status (Iverson & Morken, 2004, pp. 465–470). Additionally, if not resolved adequately, cultural grief and bereavement further increases the risk of mental and

psychiatric disorders (Eisenbruch, 1991, pp. 673–680). Ehntholt and Yule (2006, 1197–1210) observed that age also played an important role in the mental health of refugees and asylum seekers. According to these authors, young refugees, specifically, are often subjected to multiple traumatic events and severe losses, as well as ongoing stressors in the host country. Although young refugees are often resilient, many experience mental health difficulties, including, PTSD, depression, anxiety, and grief (Ehntholt & Yule, 2006, 1197–1210).

Ongoing and continuous stressors in the host country, related to economic, legal and social factors, therefore, create a serious mental health risk for refugees and asylum seekers, compounding past traumas from the pre-migration period (Laban, Komproe, Gernaat, & De Jong, 2008, pp. 507–515; Watters, 2001, pp. 1709–1718). Consequently, mental health challenges may impair the ability of refugees and asylum seekers to cope with the challenges of daily functioning, such as finding secure dwellings, sustenance or employment (Laban et al., 2008, pp. 507–515; Watters, 2001, pp. 1709–1718), which could increase the mental health and social care needs further. It is essential, therefore, to view the mental health needs of the refugee population in the wider economic, social and political contexts, in which they exist (Laban et al., 2008, pp. 507–515; Watters, 2001, pp. 1709–1718).

Growing research suggests that political violence has an impact beyond the individual level, effecting social health with consequences for families, communities and social institutions (Summerfield, 2001, pp. 95–98). At the family level, exposure to political violence could affect the function and structure of both the nuclear and extended families, resulting in, for example, violence within the family (Lindert & Schinina, 2012, pp. 169–181). At the community level, social ties may be severed, through exposure to violence, creating distrust and animosity towards social institutions (Summerfield, 2001, pp. 95–98). Additionally, violent approaches to conflict resolution have been observed to become the norm among survivors of political violence (Bayer, Klasen, & Adam, 2007, pp. 555–559).

Given the complex interplay between psychological difficulties and social stressors among refugees and asylum seekers, it has been argued that a holistic and integrative approach, which considers the broad psychosocial needs of this marginalised population, is more appropriate, than a purely biomedical approach, to inform intervention and support programmes (Miller & Rasco, 2004, pp. 1–64; Porter & Haslam, 2005, pp. 602–612; Watters, 2001, pp. 1709–1718). The term psychosocial is difficult to define; however, the term has

assumed a more general significance over time. Currently, it refers to the overall emotional well-being of individuals (Strang & Ager, 2003, pp. 2–12). Therefore, the researcher decided to explore the current responses to the needs of refugees and asylum seekers, in more detail, to facilitate a deeper understanding of effective service provision for this population group.

Two diverse frameworks for understanding and addressing trauma and distress in populations affected by conflict and forced migration, are present in the refugee literature (Miller & Rasmussen, 2010, pp. 7–16). A trauma-focused approach is informed by a relatively simple direct-effects model. Such a model presumes that direct exposure to war-related traumatic events, such as loss of loved ones and torture, has an undeniable effect on mental health. It also assumes that trauma is a universal response to political violence (Mollica et al., 1992, pp. 111–116). In contrast, a psychosocial approach assumes that psychological distress is located in social and material conditions, which emerge from, or are worsened by, conflict (Miller & Rasco, 2004, pp. 1–64). The refugee literature is characterised by much controversy and debate, stemming from the two different schools of thought. Key elements of the debate are reviewed, to gain a deeper understanding of the limitations and benefits of the two approaches (Miller & Rasco, 2004, pp. 1–64; Marlowe, 2009, pp. 128–151).

Since the formal recognition of PTSD in the 1980s, there has been a dramatic increase in Western-influenced understandings of trauma in the refugee literature (Ingelby, 2005, pp. 1–45). PTSD is currently the most widely acknowledged mental health outcome, following exposure to traumatic experiences related to forced migration (Neuner et al., 2004, pp. 4, 34). In current literature, there is little doubt that many refugees and asylum seekers have not been exposed to potentially traumatic events during the experience of forced migration. A recent study reports that refugees and asylum seekers, accessing a counselling service in Johannesburg, had been exposed to an average of two traumatic events each, occurring both pre- and post-migration (Harverson, 2014, pp. 4–25). Other studies of non-help-seeking populations, similarly indicate that a large majority of refugees and asylum seekers have experienced, at least, one traumatic event, with many experiencing more than one (Schweitzer, Melville, Steel, & Lacherez, 2006, pp. 179–188). Accordingly, the literature suggests that the traumatic experiences of refugees are cumulative, rather than isolated events (Silove, 1999, pp. 187, 200–207).

The tendency of applying medicalised Western understandings of distress to people from diverse contexts, is a key critique of the trauma paradigm. Marlowe (2009, pp. 128–151) argues that there are several critiques against the trauma paradigm. Firstly, the model is perceived to individualize distress, and subsequently, pathologises refugees and asylum seekers (Marlowe, 2009, pp. 128–151). Consequently other aspects of refugees' characteristics, such as resiliency, are largely ignored by the focus of literature on deficiency, disease, and loss (Malkki, 1995, pp. 495–523; Ryan, Dooley, & Benson, 2008, pp. 1–18).

Secondly, the trauma model does not consider the direct impact of structural forces on the well-being of refugees and asylum seekers (Marlowe, 2009, pp. 128–151), which could lead to the daily needs of refugees and asylum seekers being overlooked (Ryan et al., 2008, pp. 1–18). This is of concern, as developing research suggests that refugees and asylum seekers tend to prioritize needs related to adjusting in their new environment, rather than those related to past experiences (Miller, Kulkarni, & Kushner, 2006, pp. 409–422; Watters, 2001, pp. 1709–1718). The focus on individual pathology may also entrench refugees and asylum seekers in particular roles, which may diminish their agency and access to resources. Ingleby (2005, pp. 1–45) argues that the dominant *sick role* assigned to refugees and asylum seekers, determines their low position in society, and the inequity of rights that they are entitled to. Therefore, the model is unable to contextualize distress in external factors, and may inadvertently expose refugees and asylum seekers to distress and adversity, through the roles it helps to construct (Ingleby, 2005, pp. 1–45). Thirdly, the strong focus on individual pathology may also reinforce refugees and asylum seekers in stereotyped roles, which may diminish their agency and access to resources (Ingleby, 2005, pp. 1–45).

The final element of the critique is the inability of the trauma paradigm to recognize local forms of distress, healing and coping mechanisms in refugee communities (Marlowe, 2009, pp. 128–151). The positivist foundation of the trauma paradigm has led to a strong focus on identifying universal patterns of distress, generating local particularities in the ways that people understand and react to trauma, which has been largely overlooked (Miller et al., 2006, pp. 409–422). Highlighting this concept, Eisenbruch (1991, pp. 673–680) observed that cultural bereavement better accounted for the distress expressed by Southeast Asian refugees, who had been diagnosed with PTSD.

Therefore, while the trauma paradigm contributes to knowledge, it is important that other perspectives, regarding an individual's socio-political context, are also taken into account, when attempting to understand and respond to the experiences of forced migration and conflict (Summerfield, 2001, pp. 95–98; Watters, 2001, pp. 1709–1718). Inherent in the critique of the trauma model, is the idea that, while refugees and asylum seekers may have experienced traumatic events, the need to address these may have lower priority, than the need to address more pressing concerns, in their immediate environment (Summerfield, 2001, pp. 95–98; Watters, 2001, pp. 1709–1718). Therefore, it is argued that the psychological needs of refugees and asylum seekers should not be conflated with psychiatric epidemiology (Watters, 2001, pp. 1709–1718).

However, there are various authors who, contrary to the critiques of the trauma paradigm, assert some positive results in this regard, for example, Bass et al. (2013, pp. 2182–2191) reports on a non-controlled mixed methods programme evaluation of psychosocial activities implemented by the International Rescue Committee (IRC) in South Kivu, Eastern Democratic Republic of Congo (DRC). At baseline, women reported particularly high levels of impairment in functioning, anxiety, ill treatment, shame, stigma, depressive symptoms and fear (Bass et al., 2013, pp. 2182–2191). The authors report that, in addition to the lack of a control group, the types of interventions changed between the start and closure of the study, making it difficult to infer which intervention was responsible for the changes over time. However, the women reported substantial improvements in both functioning and symptomatology at follow-up assessments (Bass et al., 2013, pp. 2182–2191). This concurs with the findings of a study conducted by Hustache et al. (2009), who evaluated the services implemented by *Medecins Sans Frontiers* in the conflict-affected Republic of Congo, including medical services and psychological support. They observed that women, participating in at least two psychological sessions, revealed a decrease in ratings of severe impairment. Psychosocial intervention was identified and perceived to be an important feature in the rehabilitation and healing of refugees and asylum seekers. Correspondingly, Vickers (2005, pp. 217–234) describes single case studies of cognitive behavioural therapy (CBT) for rape survivors with PTSD in the UK and USA. Vickers (2005, pp. 217–234) summarizes CBT with an unaccompanied minor from Africa (country not specified), who survived genocide, witnessed her mother's killing, and survived rape. Therapy was implemented weekly, in 16 sessions, with the client dropping out at the 17th session. The

more sessions the participant attended, the more the PTSD symptoms decreased on the Post-Traumatic Diagnosis Scale (Vickers, 2005, pp. 217–234).

In summary, the trauma paradigm does not recognize local forms of distress, healing and coping mechanisms in refugee communities, and the focus on disease, deficiency and loss resulted in other aspects of refugees' characteristics, such as resiliency, being ignored, for the most part (Marlowe, 2009, pp. 128–151). For many years, the dominant trauma-focused approach has formed the basis of refugee mental health intervention (Marlowe, 2009, pp. 128–151). Therefore, there has been a strong focus on clinic-based services, such as psychotherapy and psychiatric medication, administered by highly trained professionals, when responding to the mental health needs of refugees and asylum seekers (Miller & Rasco, 2004, pp.1–64).

However, these “clinic-based services are of limited value in addressing the constellation of displacement-related stressors that confront refugees on a daily basis, and that represent a significant threat to their psychological well-being” (Miller & Rasco, 2004, p. 3). In addition, Miller and Rasco (2004, pp. 1–64) argue that clinic-based services have low utility, as it does not address the post-displacement stressors that have been observed to have a significant impact on the mental health of refugees and asylum seekers, such as the development of social networks, in order to reduce social isolation.

Refugees and asylum-seekers often lack proficiency in the language of the host country, and mental health professionals often have limited access to translators (Lindert & Schinina, 2012, pp. 169–181; Tribe, 2002, pp. 240–248). Additionally, services designed for refugees and asylum seekers, generally, have reduced capacity due to limited budgets. Additionally, the utilization of mental health services by refugees and asylum seekers is often low, even when these services are available “because they are culturally alien to most refugees, the majority of whom come from non-Western societies and bring with them culturally specific ways of understanding and responding to psychological distress” (Miller & Rasco, 2004, p. 2). Some refugees and asylum seekers may prefer to use culturally relevant and familiar methods of treatment, such as traditional healers. Mental health services may also be resisted due to culturally sanctioned stigma (Lindert & Schinina, 2012, pp. 169–181).

In response to the outlined limitations of the dominant medical approach, and the resultant need for culturally relevant and appropriate interventions, a small number of practitioners have turned to the ecological model, in which to ground their approach (Stanciu & Rogers, 2011, pp. 172–183). Miller and Rasco (2004, pp. 1–64), prominent clinicians in this field, argue that interventions designed for refugees should have two main aims; they should help refugees to manage or resolve their traumatic symptoms, and they should increase the capacity of refugee communities, to respond and adapt to ongoing stressors. In addition, Miller and Rasco (2004, pp. 1–64) argue that interventions should broaden their scope to the level of the community, as the mechanisms of political violence have an impact on communities and societies, as a whole. For example, the critical task of creating support networks may need to be preceded by an initial process of healing ties between community members, as they are often shattered, following exposure to political violence (Stanciu & Rogers, 2011, pp. 172–183).

The guiding principles, underlying the ecological model, suggest that psychological distress and pathology is mediated by a mismatch between the demands of the setting in which people exist, and the adaptive resources available to cope with those demands (Fazel & Silove, 2006, pp. 251–252). The ecological interventions aim to alter, or change the problematic setting, so that it is better suited to people's needs, experiences or capacities; or alternatively, to increase people's ability to cope within the problematic setting (Miller & Rasco, 2004, pp. 1–64). A practical example, to improve well-being at a macro level, would be to limit the detention of asylum seekers (Fazel & Silove, 2006, pp. 251–252). At a local level, programmes could be introduced that facilitate self-sufficiency, such as small business loans, which diminishes the need for outside assistance, and could lead to increased self-esteem and well-being (Miller & Rasco, 2004, pp. 1–64).

In this approach the problems that are of concern to the community are addressed by the intervention. Therefore, interventions should reflect the priorities of the community (Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007, pp. 459–481). The focus on addressing PTSD with refugees and asylum seekers may be at odds with their pressing concerns, as suggested by the findings that higher priority is placed on immediate needs (Goodkind et al., 2014, p. 333). Interventions that include the needs articulated by the communities, may be more effective, as people may be more open to addressing their symptoms of trauma, when their immediate needs have been met (Watters, 2001, pp. 1709–1718).

In light of this, Miller & Rasco (2004, pp. 1–64) cautions that, where possible, prevention of chronic psychological difficulties should be prioritized over treatment. Since many refugees and asylum seekers may already be experiencing high levels of distress when they arrive in the host country (Fazel et al., 2005, pp. 1309–1314), secondary prevention programmes that aim to restore psychological well-being, and prevent the onset of chronic psychological difficulties, seems well-suited to the refugee community. Additionally, Miller and Rasco (2004, pp. 1–64) argue that naturally occurring support systems may help the majority of refugees and asylum seekers to recover from exposure to traumatic events. It was their recommendation that interventions should prioritize the strengthening of social support networks within refugee communities (Miller & Rasco, 2004, pp. 1–64).

Watters (2001, 1709–1718) states that new paradigms in mental health care include holistic approaches, which consider refugees' personal experiences, and their needs, as communicated by themselves. This is in direct contrast to imposing a dualism that strives to ascertain whether the client has a physiological or psychological difficulty. However, Miller and Rasco (2004, pp. 1–64) caution that, for a number of reasons, some cultures have not developed systems that could address the psychological effects of war-related trauma, adequately (Ellis et al., 2007, 459–481). In addition, significant variation exists within cultures; some members may be more comfortable within a Western approach, due to increased familiarity with Western ways; while other members of the same community, may be more comfortable using traditional methods, or for some, a combination of the two (Ellis et al., 2007, pp. 459–481). Ecological interventions should be implemented in community settings, wherever possible. Implementing interventions in less stigmatizing settings than clinics, such as schools, or community centres, should increase the utilization of the services. Miller and Rasco (2004, pp. 1–64) argue that the use of a community setting has two further benefits; the egalitarian setting decreases the likelihood of the outside professional assuming an expert role, and it decreases the likelihood of programme participants falling into the *sick role*, an influence that could be quite powerful in highly medicalized settings. While appropriate in some circumstances, the *sick role* is not conducive to increased adaptability, in the context of ongoing psychosocial stressors, and particularly, when capacity building is considered (Ingleby, 2005, pp. 1–45).

Capacity building should be an intervention priority, especially in areas where there are limited services available (Miller & Rasco, 2004, pp. 1–64). Capacity building entails

building on the existing strengths of communities, as well as enhancing the capacity of the existing resources in the community, to enable community members to meet their own needs better (Lindert & Schinina, 2012, pp. 169–181). In order to do this effectively, mental health professionals need to shift away from direct service provision, and instead should take on the roles of trainers, facilitators and consultants (Miller & Rasco, 2004, pp. 1–64). Members of the community should take on the role of mental health provision to ensure that the community is able to meet its own mental health needs. Miller and Rasco (2004, pp. 1–64) argue that capacity building approaches are, therefore, more empowering and more efficient than expert-driven models. Many agree that diverse, or a range of perspectives, should be considered when developing and implementing interventions (Lindert & Schinina, 2012, pp. 169–181; Landau et al., 2005, pp. 1–42).

Addressing the complex psychosocial needs of refugees and asylum seekers, who represent a particularly vulnerable and disempowered group in South African society, is an important human rights concern (Landau et al., 2005, pp. 1–42). Besides, social workers, as well as other professionals, have a legal and ethical obligation to refugees and asylum seekers, and should be guided by interventions that are most appropriate for them (Landau et al., 2005, pp. 1–42).

However, Mpofo (2018, pp. 73–99), in a recent study with Zimbabwean migrants in South Africa, observed that the participants faced many challenges, without any support from social workers, despite the fact that social work intervention with migrants appears to be an established field of service, as well as social work's commitment to human rights and social justice, and the well-being of all children. As a result of these findings, several recommendations were made towards social work at the macro, meso and micro levels of practice, social work education and further research (Mpofo, 2018, pp. 73–99). Such recommendations highlight the need to: (i) increase the inclusion of migrant children; (ii) oppose and advocate against any abuses of human rights in the field of migration; (iii) enhance and improve social work's visibility in migrant communities; (iv) strengthen the profession's obligation and commitment to human rights; (v) social justice and anti-oppression, and (vi) further develop and increase social work knowledge in this field (Mpofo, 2018, pp. 73–99).

Social workers maintain that each human being is a person of unique value, whose dignity and right to life and liberty, must be preserved, which assumes that there is a right to seek asylum from persecution. In addition, there is an ethical commitment to the development of human potential (Bowles & Gintis, 2012, pp. 1–37). From this value stance, the social work profession accepts its share of responsibility for a response to the distress of refugees and asylum seekers, and should strive for the best possible involvement of refugees and asylum seekers, in meeting their own needs (Bowles & Gintis, 2012, pp. 1–37; George, 2012, pp. 429–437). The social work profession’s commitment to the principle of the uniqueness of each person, highlights the issue that refugees should not be treated as a homogenous group, as they differ in views, dialect, personal habits, nutritional requirements, particular experiences and goals (Bowles & Gintis, 2012, pp. 1–37; George, 2012, pp. 429–437).

Social workers, as well as other professionals, therefore, should adopt a culturally competent practice, which comprises several stages of awareness and skill development: (1) Awareness of the practitioner’s own beliefs, values and norms; (2) Awareness of norms and values of the population to be served, which requires knowledge and learning acquisition; (3) Constantly developing new skills, and identifying personal limitations and boundaries (Delgado, Jones, & Rohani, 2005, pp. 216, 311; George, 2012, 429–437). Cultural competence also includes recognition of the power dynamics between the social worker and the refugee and/or asylum seeker (George, 2012, pp. 429–437). Included in the process of recognizing personal limitations, professionals and social workers, in particular, should recognize the importance of a culturally competent practice that focuses on client issues, in the context of their understanding and cultural awareness (Keyes, 2005, p. 539). To illustrate this point social workers should be aware that the Diagnostic and Statistical Manual of Mental Health Disorders [DSM] (American Psychiatric Association, 2013), has been based on tests and assessment criteria, written by American and/or Western psychologists, psychiatrists, and other professionals (Keyes, 2005, p. 539). Therefore, the validity of the tests may come into question, when applied to refugees and asylum seekers receiving mental health services, since they are individuals, who often have a different set of cultural norms and values (Delgado et al., 2005; Keyes, 2005, p. 539).

Lyons (2006, pp. 365–380) states that globalization is not a remote process, which is associated only with the economic and commercial world. It impacts, differentially, on the living conditions of populations worldwide, their access to work, as well as other opportunities, and has also influenced deliberations on social assistance and welfare policies, especially through state provision (Lyons, 2006, pp. 365–380). Subsequently, this has significant repercussions for the practice and education of social and community workers, in both wealthy and poverty stricken states. Additionally, Lyons (2006, pp. 365–380) indicates a shift in international social work courses, currently aimed at equipping specialist international social workers, as well as the development of educational programmes that prepare ‘local’ social workers for practice in an interdependent world.

Delgado et al. (2005) indicate that it is of utmost importance that social workers and other professionals focus on improving best practices, when working with forced migrants. The authors suggest that best practices should include ecological perspectives, which emphasise the significance of social and economic justice values, without discounting the clients’ cultural norms and social understandings (Delgado et al., 2005). A number of researchers have examined best practices between social workers, refugees and asylum seekers (Dryden-Peterson, 2006, pp. 381–395; Nyberg-Sørensen, Hear, & Engberg-Pedersen, 2002, pp. 49–73). Refugees and asylum seekers may be afraid of being repatriated, and therefore, reluctant to set medium to long-term goals (Dryden-Peterson, 2006, pp. 381–395; Nyberg-Sørensen et al., 2002, pp. 49–73). It is important, therefore, for social workers to assess fully where refugees are at, emotionally and physically, as this could have an impact on their psychological and social well-being (Nyberg-Sørensen et al., 2002, pp. 49–73). Social workers are also advised to determine refugees’ and asylum seekers’ eligibility for services, and take a holistic approach, when responding to them (Nyberg-Sørensen et al., 2002, pp. 49–73).

According to Burnett and Peel (2001, p. 544), social workers are often advised that their client’s settlement needs are as critical as their human rights, psychological and physical health needs. If settlement needs are unresolved, their clients would unlikely to be able to address their psychological or physical needs. Three durable solutions that addresses the settlement needs of refugees and asylum seekers are discussed in literature, namely: (i) voluntary repatriation (ii) local integration and (iii) resettlement (Koser & Black, 1999, pp. 2–17; Dryden-Peterson, 2006, pp. 381–395). Voluntary repatriation refers to the process,

whereby professionals provide information and advice on the situation in the country of origin (Koser & Black, 1999, pp. 2–17; Dryden-Peterson, 2006, pp. 381–395). These professionals facilitate the refugees/asylum seekers' safe return, by negotiating tripartite agreements between the country of asylum, country of origin, and UNHCR (Smith, 2004, pp. 38–56). Local integration, on the other hand, is aimed at providing the refugee with the permanent right to stay in the country of asylum, including, in some situations, as a naturalized citizen. It follows the formal granting of refugee status by the country of asylum (Smith, 2004, pp. 38–56). Resettlement involves the assisted transfer of refugees from the country, in which they have sought asylum, to a safe third country that has agreed to admit them as refugees. This could be for permanent settlement, or limited to a certain number of years. It is the third durable solution, and could only be considered, once the two foregoing solutions have proved impossible (Crisp, 2003, pp. 1–33).

Interventions with refugees, therefore, will often require social workers to work across a number of sectors and consequently, it is important to develop partnerships with other organisations that can assist in building a co-ordinated response to the complex needs of refugees and asylum seekers, in line with their ethical principles (Van Wassenhove, 2006, pp. 475–489). Some of these ethical principles, such as those relating to social justice, are more difficult than others to apply to refugees and asylum seekers (Hölscher, 2016, pp. 54–72). However, this author cautions that social injustice is not simply an *out there* to be tackled; it also implicates practitioners and service users, in complex and sometimes contradictory ways (Hölscher, 2016, pp. 54–72). As such, social justice is viewed as a relational concept and contextual practice, in which affect is appreciated both, as constitutive, as well as indicative of relations and processes of social (in)justice (Hölscher, 2016, pp. 54–72). In this way, the political is personal; social justice and injustice are experienced, felt and re-created by each and every-one in their day-to-day relationships, interactions, practices and routines (Hölscher, 2016, pp. 54–72).

Acknowledging this may help practitioners to judge less, and attend more to the need, in order to create safe spaces for people, to engage critically with themselves and one another, to meet their responsibilities better, in relation to the social injustices, in which they are implicated (Hölscher, 2016, pp. 54–72). Knowing this, practitioners may feel encouraged to pursue social justice, as a practice that is political and personal, simultaneously (Hölscher, 2016, pp. 54–72).

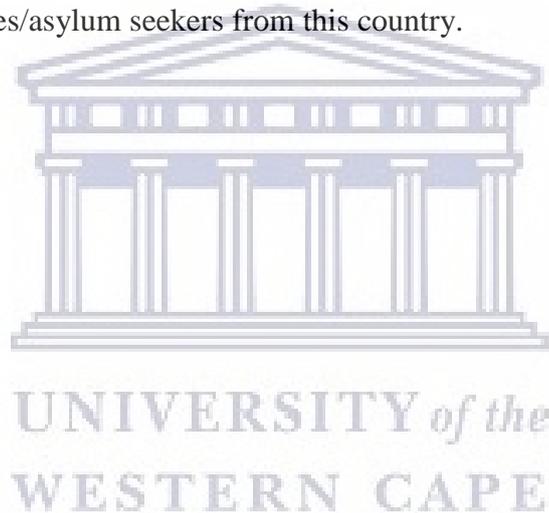
Additionally, Williams, Payne, and Askeland (2009, pp. 375–377) assert that work with refugees needs to be part of the mainstream social work education and practice. Therefore, this author recommends that formal social work education include refugee studies, cross-cultural counselling, and access to specialised training in the counselling of refugees, as well as victims of torture and trauma, since the needs and experiences of refugees and asylum seekers, are not the same as other clientele, and mainstream social work practise and skills may not be relevant, or appropriate (Williams et al., 2009, pp. 375–377). On the other hand, Trippany, Kress, and Wilcoxon (2004, pp. 31–37) add another dimension when they provide obligations for working with survivors of sexual violence, which includes being sensitive in cases of suspected sexual violence. They suggest that it may be more helpful to offer suspected rape survivors, general trauma counselling, and allow any sexual assault issues to emerge, as trust develops in a confidential setting (Trippany et al., 2004, pp. 31–37). Correspondingly, Siedman (2013, pp. 1–30) warn against the possibility of re-traumatising people, and notes that, even asking simple questions, could evoke strong emotions, and destabilise those who experienced interrogation and torture; therefore, disclosure should not be encouraged, unless there is a clear therapeutic benefit to the client. Social workers, also, should help the client to maintain control over what they wish to tell the professional, and allow enough time to close the interview (Seidman, 2013, pp. 1–30).

## **2.7. Conclusion**

In conclusion, most of the studies that were reviewed, especially the medical and psychosocial ones, have a strong medical and diagnostic approach; however, very few studies have a person-centred approach (Vives-Cases et al., 2010, pp. 15–21; Porter & Haslam, 2005, pp. 602–612; Fazel et al., 2005, pp. 1309–1314). Most studies research the response to the sexual gender-based violence problems, but none examine the participants' views, or needs. The resiliency and strength-based approach are virtually absent in these studies. The victim's voice and experience appears to be lost through diagnosis and treatments (Vives-Cases et al., 2010, 15–21; Sarkar, 2008, pp. 266–271). A strong focus emerges on the importance of the quantity (numbers and percentages) of findings, and not the quality, or in-depth descriptions of the findings (Lindert et al., 2009, pp. 246–257). Additionally, there is a void in existing literature – in the South African context (Jacobsen & Landau, 2003, pp. 185–206).

Most of the studies that were reviewed have an international focus, particularly United States of America and Australia, countries that are very different to South Africa, in terms of laws, resources, and therefore, many inferences cannot be drawn to the South African context (Mountz, 2013, pp. 29–50; Porter & Haslam, 2005, pp. 602–612). In addition, South Africa has unique challenges, such as, limited resources and the existence of xenophobia (Dassah, 2015, pp. 127–142; Malloch & Stanley, 2005, pp. 53–71). More research, therefore, needs to be conducted in the South African context, as refugees and asylum seekers in South Africa have unique experiences, needs and challenges that have to be explored (Jacobsen & Landau, 2003, pp. 185–206), which is one of the objectives of this current study.

In this chapter, the researcher presented an overall literature review on asylum seekers/refugees, globally, while in the following chapter, the scoping review, specific focus is on the DRC, and refugees/asylum seekers from this country.



## CHAPTER THREE

### PHASE 1: SCOPING REVIEW

#### 3.1. Introduction

The researcher was motivated to conduct this scoping review, to explore literature on the plight (incidences and experiences) of refugees/asylum seekers from the Democratic Republic of Congo [DRC]. The purpose of the scoping review was to determine the key aspects, as well as those issues that relate specifically to the experiences of refugees/asylum seekers, who leave the DRC, seeking refuge in neighbouring countries. The scoping review, in this current study, extends beyond exploring rape and its manifestations, and was conducted to: (i) gather and synthesize information from literature that explores the incidences, causes and scope of the trauma, torture and sexual violence in the DRC; (ii) to evaluate the methodological quality of the studies that researched the trauma, torture and sexual violence in DRC, and (iii) to indirectly explore the psychosocial needs of survivors of trauma, torture and sexual violence, by exposing the effects thereof on the individual, as well as the family system.

Scoping and systematic reviews have been conducted previously to examine the conditions in the Democratic Republic of Congo, as well as the subsequent consequences for refugees and asylum seekers (Muzembo, Akita, Matsuoka, & Tanaka, 2016, pp. 13–21; Mvumbi et al., 2015, p. 354; Mpinga et al., 2013, pp. 1–15). However, these reviews mainly covered: Health and Human Rights (Mpinga et al., 2013, pp. 1–15); Hepatitis C (Muzembo et al., 2016, pp. 13–21); and falciparum malaria drug resistance (Mvumbi et al., 2015, p. 354). These reviews, therefore, did not expose, comprehensively, the torture, trauma or sexual violence (rape) experienced by the inhabitants of DRC (Muzembo et al., 2016, pp. 13–21; Mvumbi et al., 2015, p. 354; Mpinga et al., 2013, pp. 1–15).

Only one systematic review, conducted by Kabengele et al. (2016, pp. 581–592), investigated rape in war-ridden Eastern Democratic Republic of Congo. They highlighted 27 studies in total: 10 studies provided prevalence rates of rape victims; 18 studies documented specific information on the profile of rape victims; 10 reported that most of the perpetrators of rape were military personnel; 14 focused on the negligence of the government in protecting

victims; and, 10 reported a lack of competent and effective health care facilities (Kabengele et al., 2016, pp. 581–592). In the following section, the researcher reports on the actual steps and procedures taken, to isolate those studies that applied to this current research.

### **3.2. Methods**

In this current study, the following systematic process of collection, examination and reporting was followed.

#### **3.2.1. Search strategy**

To address the incidences, causes and scope of the trauma, torture and sexual violence in the Democratic Republic of Congo, a search was conducted in August 2017, using data bases and journals, such as Ebscohost Web, PsychArticles, Medline, and Academic Search Complete Science Direct, for the period 2000 to 2017. The terms used in the search included, public health, civil war, armed forces, violence, refugees, war, rape, genocide, human rights, sex crimes, political science, crimes against humanity, diseases, human rights violations, crimes against women, war crimes, social conflict, war & society, sexual abuse victims, poverty, ethnic conflict, violence against women, atrocities, health services accessibility, and disease prevalence. The types of research literature that was considered included qualitative research, health surveys outcomes assessments (medical), questionnaires, surveys, behavioural research and comparative studies. From the results obtained, the titles and abstracts were reviewed and examined, using a specific inclusion criteria.

The retrieval of possible full text articles was conducted by the researcher, and simultaneously, by the researcher supervisor, to determine whether the article, adequately, met the criteria for inclusion in the review.

#### **3.2.2. Inclusion criteria**

The following criteria were considered before a study was included in the review:

- (i) The literature had to be published in, or translated into, the English language;
- (ii) The literature had to be published between 2000 and 2017;

- (iii) The literature had to involve adult males and females from the Democratic Republic of Congo, which included regions in DRC, Kivu, Congo (Brazzaville), Kinshasa, Goma, Bukavu, Bunia, Katanga, Kisangani; and
- (iv) The literature had to explore the scope, causes or incidences of trauma, torture, or sexual violence within the DRC, as well as the lived experiences of adult males and females, who endured trauma, torture and rape

### 3.2.3. Methods of review

The primary researcher conducted an initial search, reviewing the abstracts and articles. The initial search yielded 12,974 articles for the keywords *scope and incidence of trauma, torture and sexual violence* in DRC. Subsequently, the searches yielded 1,956 articles for *lived experiences of adult males and females who endured trauma, torture and rape* in DRC. Subsequent to these searches, the titles were reviewed for eligibility, and a sample of 156 studies was attained. Five additional studies were considered for possible inclusion, obtained from the reference list of other articles. The next stage involved removing any duplicates that existed, and the remaining sample comprised 42 retrieved articles, which met the inclusion criteria. These articles were independently read, and their methodological quality evaluated, to establish their inclusion in the scoping review.

### 3.2.4. Methodological quality appraisal

The methodological quality for the studies was assessed, using an instrument (Table 3.1) adapted from previous reviews by Davids and Roman (2014, pp. 228–246), Wong, Cheung, and Hart (2008, pp. 1–14, 23), as well as Louw, Morris, and Grimmer-Somers (2007, p. 5). The articles were allocated scores, based on the sampling methods, response rate, and validity of the measurement tool. Additionally, the instrument measured whether the article included primary or secondary data sources, considered the experiences of adults of DRC, and whether the scope, causes or incidences of trauma were explored. The final scores were divided by the number of items (6), and multiplied by 100 to provide a percentage. All articles with a score of 67% and above were included in the review. The final sample consisted of 13 articles that were included in the scoping review (Table 3.2), as 3 scored less than 67%.

**Table 3.1: Methodological Quality Appraisal Tool**

<p><b>1. Sampling Method: Was it representative of the population intended for the study:</b></p> <p>A. Non probability sampling (including: purposive, quota, convenience and snowball sampling) 0</p> <p>B. Probability sampling (including: simple random, systematic, stratified e.g., cluster, two-stage and multi stage sampling. 1</p>			
<p><b>2. Was a response rate mentioned in the study (Respond no if response rate is below 60):</b></p> <p>A. No 0</p> <p>B. Yes 1</p>			
<p><b>3. Was the measurement tool used valid and reliable?</b></p> <p>A. No 0</p> <p>B. Yes 1</p>			
<p><b>4. Was it primary or secondary data source?</b></p> <p>A. Primary data source 1</p> <p>B. Secondary data source (survey, not designed for this purpose 0</p>			
<p><b>5. Was the experiences of adult male and females of DRC looked at within the study?</b></p> <p>A. No 0</p> <p>B. Yes 1</p>			
<p><b>6. Was the scope, cause or incidence of trauma, torture and rape explored?</b></p> <p>A. Yes 1</p> <p>B. No 0</p>			

**Scoring: Total score divided by the number of items, multiplied by 100**

<b>Methodological Quality Appraisal Score</b>		
<b>Bad</b>	<b>Satisfactory</b>	<b>Good</b>
<b>0-33%</b>	<b>34-66%</b>	<b>67-100%</b>

**Table 3.2: Methodological Appraisal**

Author(s)	Q1	Q2	Q3	Q4	Q5	Q6	%	Total
Alberti, Grellety, Lin, Polonsky, Coppens, Encinas, Rodrigue, Pedallino, & Mondonge (2010)	1	1	1	0	1	1	83	67-100%
Christian, Safari, Ramazani, Burnham, & Glass (2012)	1	1	1	0	1	1	83	67-100%
Coghlan, Brennan, Ngoy, Dofara, Otto, Clements, & Steward (2006)	1	1	1	1	1	1	100	67-100%
Gettleman (2009)	0	0	0	0	1	1	33	0-33%
Johnson, Scott, Rughita, Kisielewski, Asher, Ong, & Lawry (2010)	1	1	1	1	1	1	100	67-100%
Kelly, Betancourt, Mukwege, Lipton, & Van Rooyen (2011)	0	1	1	1	1	1	83	67-100%
Maedl (2011)	1	0	0	1	1	1	67	67-100%
Meger (2010)	0	0	0	0	1	1	67	0-33%
Moszynski (2008)	1	1	1	1	1	1	100	67-100%
Mukengere Mukwege & Nangini (2009)	0	0	1	1	1	1	67	67-100%
Ohambe, Galloy, & Sow (2004)	1	1	1	1	1	1	100	67-100%
Onyango, Burkhardt, Scott, Rouhani, Haider, Greiner, Albutt, Mullen, Van Rooyen, & Bartels (2016)	1	1	1	1	1	1	100	67-100%
Peterman, Palermo, & Bredenkamp (2011)	1	1	1	1	1	1	100	67-100%
Rehn & Sirleaf (2002)	1	1	1	1	1	1	100	67-100%
Steiner, Benner, Sondorp, Schmitz, Mesmer, & Rosenberger (2009)	0	1	1	1	1	1	83	67-100%
Truscott (2008)	0	0	0	0	1	1	33	0-33%

### 3.2.5. Data Extraction

After the conclusion of the Methodological Quality Appraisal, the studies that met the criteria for the categories *satisfactory* to *good*, were reviewed, and a data extraction table (Table 3.3) was formed, using the guidelines of Davids and Roman's (2013, pp. 228–246) data extraction tool, which included information regarding the study. The information in the data extraction table included: author(s); place of publication; study design and participant information; instruments used, summary of the findings relating to incidence, scope and causes of trauma, torture and sexual violence in the DRC.

**Table 3.3: Data Extraction Table**

Author(s)	Place of publication	Study design and participant information	Instruments used	Incidence, scope & causes of trauma, torture or sexual violence in the DRC	Study location/site
Alberti, Grellety, Lin, Polonsky, Coppens, Encinas, Rodrigue, Pedallino, & Mondonge (2010)	UK: London	Cross sectional 249 households for each survey using systematic sampling. 747 households for each cluster sampling survey.	Three cross-sectional surveys were undertaken	The civilian population suffers high levels of violence, is regularly displaced, and has property stolen. Although high disease-related mortality rates are not inevitable, the population of North Kivu continues to suffer the appalling effects of this devastating conflict, despite the peace agreements and elections.	North Kivu in the Democratic Republic of Congo
Christian, Safari, Ramazani, Burnham, & Glass (2012)	USA	Cohort 27 individual interviews 3 focus group discussions with 15 members	Interviews and focus groups with adult male survivors of SGBV, the survivors' wife and/or friend, health care and service providers, community members and leaders.	Sexual gender based violence (SGBV) against men, as for women, is multi-dimensional and has significant negative physical, mental, social and economic consequences for the male survivor and his family. It often goes unreported by survivors and others due to cultural and social factors associated with sexual assaults, including survivor shame, fear of retaliation by perpetrators and stigma by community members.	South Kivu province of Eastern DRC,
Coghlan, Brennan, Ngoy, Dofara, Otto, Clements, & Steward (2006)	UK: London	Cohort and Cross sectional. 19,500 households were visited.	Mortality survey	Total death toll from the conflict (1998-2004) was estimated to be 3.9 million. Mortality rate was higher in unstable eastern provinces, showing the effect of insecurity.	Democratic Republic of Congo: a nationwide survey.
Johnson, Scott, Rughita, Kisielewski, Asher, Ong, & Lawry (2010)	USA	A cross-sectional, population-based, 998 adults aged 18 years or older	Cluster survey of using structured interviews and questionnaires, conducted over a 4-week period in March 2010.	Rates of reported sexual violence were 39.7% among women and 23.6% among men. 67% of households reported conflict-related human rights abuses. 41% of the adults met symptom criteria for MDD (major depressive disorder) and 50.1% for PTSD (Post Traumatic Stress Disorder).	The Eastern Region of the Democratic Republic of the Congo (DRC)
Kelly, Betancourt, Mukwege, Lipton, & Van Rooyen (2011)	UK: London	Cohort 255 women focus groups: 48 women survivors of SGBV	Using a mixed-methods approach, Quantitative and qualitative. Survey and focus groups	Of the women surveyed, 193 (75.7%) experienced rape. 29% percent of raped women were rejected by their families and 6% by their communities. 13% of women had a child from rape. Widowhood, husband abandonment, gang rape, having a child from rape and HIV/Aids were significant risk factors for social rejection. Over 95% could not access prophylactic care in time.	A referral hospital and two local non-governmental organisations in the Democratic Republic of Congo.

Maedl (2011)	USA	Cross sectional Qualitative study <b>25</b> rape survivors	Interviews	Rampant sexual violence is one of the most horrendous human rights abuses taking place with DRC armed conflict. The UN has called these abuses strategic and a weapon of war.	Survivors were interviewed by clinical psychologists and took place at Panzi hospital in Bukavu, South Kivu.
Moszynski (2008)	UK: London	Cohort <b>14000</b> households	Survey	Congo has claimed 5.4 million lives since 1998. The survey also estimated that there are as many as 45,000 deaths per month.	Researchers visited 14 000 households in 35 districts in all of the Democratic Republic of Congo's 11 provinces.
Mukengere Mukwege & Nangini (2009)	USA	Cohort <b>9778</b> patients	Sexual Violence treatment hospital database and statistics	Sexual violence is a sadistic act perpetrated by different armed groups which resulted to permanently damage to women's reproductive capacity.	The Panzi Hospital, South Kivu, Democratic Republic of Congo
Ohambe, Galloy, & Sow (2004)	UK: London	Retrospective investigation <b>492</b> women and <b>50</b> soldiers in Eastern DRC	Qualitative/ semi structured interviews and focus groups using questionnaires as well as review of literature	Most rapes are acts of social and economic violence, often planned and organised in advance. Given the extent, nature and devastating consequences of the sexual violence on victims and their communities, it represents a serious public health problem. A tangled web of political, ideological, psychological and socio-cultural factors underlie these acts of extreme violence.	South Kivu, Democratic Republic of Congo
Onyango, Burkhardt, Scott, Rouhani, Haider, Greiner, Albutt, Mullen, Van Rooyen, & Bartels (2016)	USA: San Francisco, California	Cohort and cross sectional <b>55</b> participants affected by Sexual Violence Rape Pregnancies (SVRP)	Completed qualitative interviews	The findings revealed that a majority of Sexual Violence Rape Pregnancies were conceived when participants were held in sexual captivity for prolonged periods. Providing safe opportunities for survivors to disclose their SVRPs to health care providers, is a necessary first step in allowing them to access comprehensive post-assault care and services.	South Kivu Province, Democratic Republic of Congo
Peterman, Palermo, & Bredenkamp (2011)	USA, Washington DC and New York	Cohort study Cross-sectional <b>3436</b> women	Demographic and Health Survey along with population estimates	Approximately 1.69 to 1.80 million women reported having been raped in their lifetime with 407397-433785 women reporting having been raped in the preceding 12 months. Women in North Kivu were significantly more likely to report all types of sexual violence	The study used nationally representative household survey data from 3 436 women, selected to answer the domestic violence module, and who took part in the 2007 DRC Demographic and Health Survey.
Rehn & Sirleaf (2002)	USA: New York	Cross sectional Number of participants not specified.	Interviews/ assessments, research from human rights groups and civil society, independent reports and UN documents.	The standards of protection for women affected by conflict are glaring in their inadequacy, as is the international response. Women do not receive what they need in emergencies, for development, peace-building, or reconstruction.	Researchers met women in their offices and homes, at health clinics, in refugee camps, on the street, in bars and restaurants within the Democratic Republic of Congo.
Steiner, Benner, Sondorp, Schmitz, Mesmer, & Rosenberger (2009)	USA, Rockville Pike, Bethesda MD	Cohort study Cross-sectional, longitudinal <b>20,517</b> female rape survivors	In the context of Medico-social support programme a host of data was collected.	Women of all ages have been targeted by sexual violence, and only few of those sought medical and psychological care. Members of the military were identified as the main perpetrators. Humanitarian assistance is challenging due to the multiple needs of rape survivors.	A medico-social support programme for rape survivors in South Kivu province, DRC. In the context of this programme, a host of data was collected.

### 3.3. Results

Table 3.2 provides an outline of the results that were obtained for the various studies, which utilised the methodological appraisal instrument to assist with the final inclusion criteria. Of the initial 42 studies, 17 formed part of the methodological appraisal section of the review. The criteria that were used in the methodological quality assessment instrument included sampling methods, response rates, measurement tools, the data sources used, whether the experiences of adult male and females of DRC were explored, as well as the scope, causes or incidences of trauma, torture and sexual violence. Of the 17 articles that formed part of the methodological appraisal, 13 reached the desirable outcome, in the *good* category of 67-100% range. Four articles were in the bad category (0-33%) and were excluded. Therefore, of the initial 42 articles, 13 articles met the reviewers' *inclusion criteria* (Table 3.3)

### 3.4. Overview of reviewed studies

Of the final sample of 13 articles included in the scoping review, seven were cross-sectional, two cohort studies, and four included both cross sectional and cohort components. All the studies focused on the Democratic Republic of Congo. The participants of the various studies included adult males and females, mostly victims of trauma, torture and sexual violence.

The data gathered from the scoping review guided the researcher to formulate appropriate questions for the planned individual interviews with the 16 key informants. For the scoping review, the data analysis involved analysing and combining the data, using PRISMA, a complex statistical method (Riley, Lambert, & Abo-Zaid, 2010, p. 221), which provided an overall result that could inform this current study. The 13 articles described the scope, causes or incidences of trauma, torture or sexual violence in the DRC.

In the following chapter, the researcher summarizes the theoretical framework selected for this current study.

## CHAPTER FOUR

### PHASE 1: OVERVIEW OF THE CONCEPTUAL MODEL. EXPLORATORY AND INTERVENTION RESEARCH: DESIGN AND DEVELOPMENT

#### 4.1. Introduction

In this chapter, the researcher addresses the main theoretical tenets that underpinned this current study. The research design employed was a combination of the exploratory and intervention research designs. The theoretical framework comprised the Interpretivist and Resiliency theories. The format for the following chapters are presented, in line with the different phases of the Design and Development Model. The researcher's main focus in this chapter was to foreground the application of this research approach to the current study, with its emphasis on the experiences of refugees/asylum seekers from the DRC, who endured trauma, torture and sexual violence, and are resident in South Africa, currently. A secondary focus was the exploration and development of preliminary guidelines for social work intervention with refugees and asylum seekers.

The Exploratory Research Design was most suitable to achieve the first three objectives of the study:

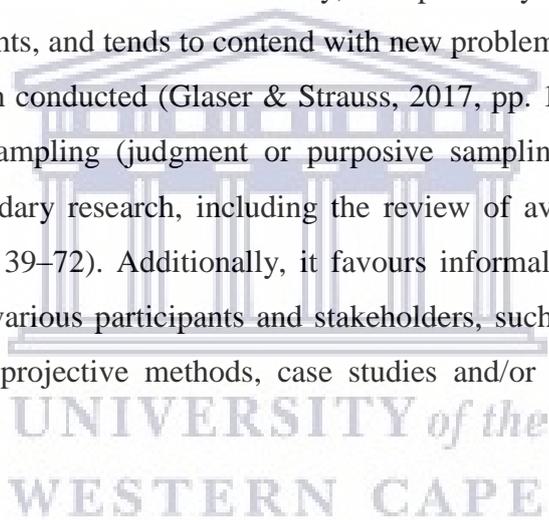
- (i) To gather and synthesize information from literature, to explore the incidence, causes, as well as scope of trauma, torture and rape in the Democratic Republic of Congo
- (ii) To explore and describe the experiences of male, as well as female refugees and asylum seekers, who had been traumatized, tortured and or raped
- (iii) To explore challenges, expectations, and needs of refugees and asylum seekers, specifically focusing on psychosocial services and interventions.

Exploratory research is essentially conducted to formulate the problem for clearer investigation (Bless, Higson-Smith, & Kagee, 2006, pp. 71–93). It is conducted, primarily, to determine the nature of the problem, as this type of research is not intended to provide conclusive evidence, but a better understanding of the problem (Bless et al., 2006, pp. 71–93). For this current study, the researcher was interested in exploring the nature and extent of

the experiences of refugees and asylum seekers, regarding trauma, torture and sexual violence. In addition, the researcher was aware of, and willing to change the direction of the study, in response to revelations of new data, as well as insights, which commonly occur in exploratory research (Glaser & Strauss, 2017, pp. 1–158).

The overall design of the exploratory research proved flexible enough, as it provided the opportunity to consider various aspects of the problem (Bless et al., 2006, pp. 71–93). The research process was flexible, and was employed by the researcher to define the problem correctly (Glaser & Strauss, 2017, pp. 1–158). It assisted the researcher to identify alternative courses of actions, and gain additional insights, before the development of an approach, as well as guidelines and set priorities, for further examination (Glaser & Strauss, 2017, pp. 1–158). In addition, it was suitable to this current study, as exploratory research, generally, aims to explore ideas and thoughts, and tends to contend with new problems, on which scant, or no previous research has been conducted (Glaser & Strauss, 2017, pp. 1–158). Consequently, it favours non-probability sampling (judgment or purposive sampling), and often relies on techniques, such as secondary research, including the review of available literature and/or data (Maxwell, 2012, pp. 39–72). Additionally, it favours informal qualitative approaches, such as discussions with various participants and stakeholders, such as in-depth interviews, focus groups discussion, projective methods, case studies and/or pilot studies (Maxwell, 2012, pp. 39–72).

The major advantages of exploratory research are in its flexibility and adaptability to change, as well as being considered effective in laying the groundwork that would facilitate future studies (Maxwell, 2012, pp. 39–72). These types of studies, therefore, could save time and resources, potentially, by determining the types of research that are worth pursuing in the earlier stages (Glaser & Strauss, 2017, pp. 1–158). It can address research questions of all types such as what, why, how (Glaser & Strauss, 2017, pp. 1–158). However, it has some disadvantages, as well, which include the fact that exploratory studies generate qualitative information, and interpretation of such information is subject to bias (Maxwell, 2012, pp. 39–72). Additionally, these types of studies usually utilise a modest number of samples, which may not represent the target population, adequately (Maxwell, 2012, pp. 39–72). The use of the following components of trustworthiness, namely, credibility, transferability,



dependability and confirmability assisted in minimizing the impact of the disadvantages (Wildemuth, 2016, p. 318).

Exploratory Research was used, with Intervention research, as they are complementary, in reaching the goals and objectives of this current research. Intervention research, although useful in all the objectives, was most suitable in achieving the fourth objective of this study, which was: To explore, develop, and test preliminary guidelines for social work intervention with refugees and asylum seekers. Intervention Research was developed through a partnership between two pioneers in the field of development research, Edwin J. Thomas and Jack Rothman (Thomas & Rothman, 1994). Thomas concentrated on developmental research and utilization, while Rothman focused on social research and development (Thomas & Rothman, 1994). The combination of the two approaches to social research culminated in **Intervention Research: Design and Development**, mainly aimed at the human science profession, with a focus on results that could be implemented in the human services area, specifically (Thomas & Rothman, 2013, pp. 1–22).

Design and Development is a phase model consisting of various steps to achieve the outcomes of intervention, or technology (Thomas & Rothman, 1994, pp. 3–24). The Intervention Research Framework provides a scientific approach to the development of innovative and evidence-based interventions (Thomas & Rothman, 2013, pp. 1–22). This type of approach to the development and testing of innovative research interventions, could contribute important research evidence to the refugee field, as well as other fields of study, thereby increasing the strength of evidence available in each field (Thomas & Rothman, 2013, pp. 1–22).

The Intervention Research Framework has important empirical support, namely, from experimental studies that demonstrate how the Intervention Research Frameworks' phases and processes could have a significant and practical bearing on the behaviours in focus (Thomas & Rothman, 2013, 1–22). The use of the Intervention Research Framework, therefore, not only has an influence on the research field, but could also have an impact on individual, and community level behavioural outcomes (Durlak & DuPre, 2008, p. 327; Thomas & Rothman, 2013, 1–22). Intervention Research is typically conducted in a field setting, where researchers and practitioners work together, to design and assess interventions (Durlak & DuPre, 2008, p. 327; Thomas & Rothman, 2013, pp. 1–22). Intervention Research,

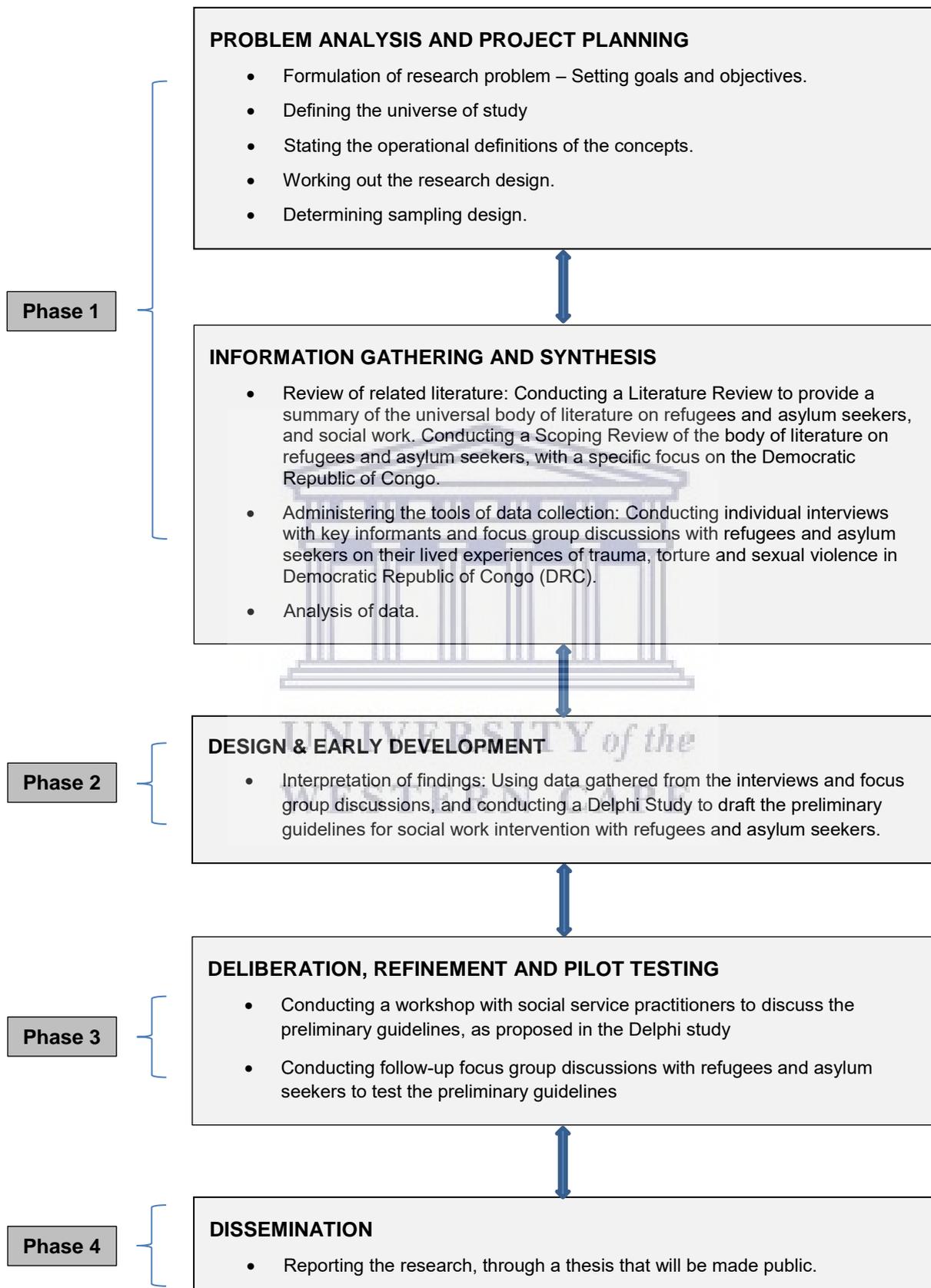
as applied research, is directed towards enlightening, or the provision of possible solutions, to practical problems (Durlak & DuPre, 2008, p. 327; Thomas & Rothman, 2013, pp. 1–22).

It is suitable for disciplines such as social work, because it draws methods largely from behavioural sciences, and uses these to examine questions relevant to social work (Bryman, 2016, pp. 2–120). Whether at an individual, organizational or national level, making a difference usually involves developing and implementing some kind of strategy that is perceived to be effective, based on the best available evidence (Bryman, 2016, pp. 2–120). This evidence is often only a partial guide to develop new techniques, programmes and policies. Strategies often have to be adapted to meet the unique needs of the situation (Bryman, 2016, pp. 2–120). Attempting to develop new strategies, or enhance existing strategies, is the essence of Intervention Research, and the benefits of this current research study (Thomas & Rothman, 1994, pp. 3–24). Intervention Research, therefore, is highly recommended to provide structure to the process of this current research study, to ultimately produce preliminary guidelines for social work intervention with refugees and asylum seekers, which is based on the exploration of their lived experiences of torture, trauma and sexual violence (Thomas & Rothman, 1994, pp. 3–24).

#### **4.2. Procedures for conceptual framework**

There are essentially 10 steps in Exploratory Research, namely: (i) formulation of the research problem; (ii) review of related literature; (iii) state the operational definitions of the concepts; (iv) working out the research design; (v) defining the universe of study; (vi) determining sampling design; (vii) administering the tools of data collection; (viii) analysis of data; (ix) interpretation of findings; and (x) reporting the research (Maxwell, 2012, pp. 39–72; Bless et al., 2006, pp. 71–93). Additionally, there are 6 steps in the D&D, namely: (i) problem analysis and project planning; (ii) Information gathering and synthesis; (iii) design; (iv) early development and pilot testing; (v) evaluation and advanced development; and (vi) dissemination (Thomas & Rothman, 2013, pp. 1–22). These steps in Exploratory Research, as well as the Design and Development model were fused together, as there were many overlaps, together forming 4 phases, as illustrated in Table 4.1. This current study only uses the steps (i) to (iv) of the D&D model. Step (v) evaluation and advanced development was omitted, and step (vi) is adapted for the purposes of this study to involve only the reporting of the research and encouraging appropriate adaptation. The steps were not followed completely, due to time, economic and technical constraints.

**Table 4.1: Combination of Exploratory and Intervention research (Adapted from Thomas & Rothman, 1994, pp. 3–24 and applied to this current research)**



Although performed in a step-wise sequence, some, or many, of the activities associated with each phase continued after the introduction of the following phase (Durlak & DuPre, 2008, p. 327; Thomas & Rothman, 2013, pp. 1–22). Thomas & Rothman (1994, pp. 3–24) highlights that the steps should not be viewed as boxed-in, or as isolated compartments, but rather as integrated, overlapped, and intertwined with one another. It is not uncommon to find a looping back to earlier phases, as challenges are depicted, or encountered, or even new information is discovered (Thomas & Rothman, 1994, pp. 3–24). This is the ingenuity of these steps, as they are versatile, allow for creativity and are extremely *hands-on* (Thomas & Rothman, 1994, pp. 3–24). These steps are structured to familiarize the reader with the operational steps followed in this current research (Thomas & Rothman, 2013, pp. 1–22).

#### 4.2.1. Phase 1: Problem analysis and Information gathering

This phase combined the first two steps of exploratory and intervention research, namely, *problem analysis and project planning, with information gathering and synthesis* (Thomas & Rothman, 1994, pp. 33–58; 2013, pp. 1–22). Problem analysis comprised identifying and involving participants, gaining entry and co-operation from the settings, as well as identifying the concerns of the population (Thomas & Rothman, 1994, pp. 33–58; 2013, pp. 1–22). It also included analysing the concerns, or problems, identified, as well as setting goals and objectives (Thomas & Rothman, 1994, pp. 33–58; 2013, pp. 1–22). Regarding information gathering and the synthesis in this current study, the researcher used a literature review, a scoping review, interviews with key informants, and focus group discussions with refugee/asylum seeker participants. The following sub-steps were followed:

- **Formulation of research problem:** The researcher was aware that any research commences with a problem that requires a solution (Bless et al., 2006, pp. 71–93). While deciding on a problem for research, the researcher was influenced by personal values, as well as the predominant social conditions (Bless et al., 2006, pp. 71–93). Maxwell (2012, pp. 39–72) identifies three important questions, as the three principal components, involved in the process of formulating a problem in the field of research:
  - (i) What do you want to know?
  - (ii) Why do you want to seek answers to these particular questions? and,

(iii) What are the possible answers to these originating questions?

These three questions corresponded to the components of the originating questions, the rationale, and the specifying questions, respectively (Maxwell, 2012, pp. 39–72).

In addition, there are at least three types of originating questions:

- (i) Questions requiring the discovery of a particular body of social facts;
- (ii) Questions directing attention to the research for uniformities between classes of variables; and,
- (iii) Questions addressing a variety of institutional spheres.

(Maxwell, 2012, pp. 39–72).

The component of specifying questions, in the process of formulating a research problem, aims to transform the originating questions into a series of observations, in a particular concrete situation, necessitating collection of empirical data, in order to seek possible answers to the originating questions, in terms that satisfy the rationale, successfully (Maxwell, 2012, pp. 39–72).

- **Defining the universe of study:** The universe of the study comprises all the items, or individuals under consideration, in this field of inquiry (Creswell, Plano Clark, Gutmann, & Hanson 2003, pp. 209, 240). The complete population that was applicable to this current study was explicitly defined, in terms of elements, sampling units, extent and time.
- **Stating the operational definitions of the concepts:** This is done in order to translate the formal definitions, conveying the nature of the facts, into observable referents. Exploratory studies are commonly called hypothesis formulating studies, because such researches end up with the formulation of a hypothesis (Creswell et al., 2003, pp. 209, 240).
- **Working out research design:** A research design is the general blueprint for the collection, measurement and analysis of data, incorporating what the researcher will have to accomplish, from the formulation of the tentative generalizations and their operational definitions, to the final analysis of the data (Creswell et al., 2003, pp. 209, 240). By providing answers to various questions, and acting as a standard, or guidepost, it helps in conducting the research

validly, objectively, accurately and economically, thereby ensuring success (Creswell, Plano Clark, Gutmann & Hanson, 2003: pp. 209, 240). Research designs vary according to research purposes, as well as from the perspective of a realizable working procedure (Creswell, Plano Clark, Gutmann & Hanson, 2003: pp. 209, 240). Therefore, a combination of exploratory and intervention research designs was adopted for this current study.

- **Determining sampling design:** The researcher set about deciding on an appropriate sampling method to select a representative sample, which is referred to as the sample design. This was a definite plan to obtain a sample from the universe, conceived prior to the actual collection of data (Morse, 2000: pp. 3-5). Ultimately, the sample had to be representative and adequate (Morse, 2000: 3-5). The non-probability sampling technique was used in the selection of a sample for this current study, specifically, purposive sampling.
- **Review of related literature (Literature review and Scoping review):** Effective research is based on past knowledge; therefore, a researcher should always utilise knowledge that had been preserved, or accumulated, previously (Boote & Beile 2005, pp. 3–15). This helps the researcher to avoid duplication, formulate useful hypotheses, and provide the evidence of what is already known, as well as what is still unknown, and untested in the field (Boote & Beile 2005, pp. 3–15). The main sources of literature are: books and text books; periodicals; encyclopaedias; handbooks, yearbooks and guides; abstracts; dissertations and theses; as well as newspapers (Boote & Beile 2005, pp. 3–15).
- **Administering the tools of data collection:** Adequate and appropriate data are required for any standard research study (Maxwell, 2012, pp. 39–72). The data may differ considerably, allowing for the financial aspect, time and other resources available to the researcher (Maxwell, 2012, pp. 39–72). The researcher, while collecting data, considers the nature of the investigation, the objective and scope of the inquiry, financial resources, available time and the desired degree of accuracy (Creswell et al., 2003, pp. 209, 240). Besides, the researcher's own ability and experience is also significant in the collection of the required data (Maxwell, 2012, pp. 39–72). The data collections tools comprised interviews with key informants, as well as focus group discussions with refugee/asylum seeker participants.

- **Analysis of data:** This involves a number of operations, such as the establishment of categories, the application of these categories to raw data through coding, as well as tabulation, after which, conclusions are drawn (Creswell et al., 2003, pp. 209, 240).

#### 4.2.2. Phase 2: Design and early development

- **Interpretation of findings:** Initially, the researcher had no hypothesis, as the aim was to interpret the findings (Creswell et al., 2003, pp. 209, 240). Therefore, the researcher sought to explain the findings of the research on the basis of an interpretivist and resiliency theoretical framework, which may probably raise some new questions for further research (Creswell et al., 2003, pp. 209, 240).

In keeping with the natural flow and integrated nature of both exploratory and intervention research, the data collected in phase one, from the interviews and focus group discussions, contributed to the process of this second phase (Maxwell, 2012, pp. 39–72; Thomas & Rothman, 2013, pp. 1–22). The following operational steps were significant to this phase: [i] developing a prototype, or preliminary intervention, and [iii] applying design criteria to the preliminary intervention concept. This involved the designing of an observational system, while, simultaneously, specifying procedural elements of the intervention (Thomas & Rothman, 2013, pp. 1–22).

The Delphi method, which is a structured communication technique or method, was used to assist in the design phase of this current research (Rowe & Wright, 2001, pp. 125–144). The Delphi method, originally developed as a systematic, interactive forecasting method, relies on a panel of experts (Rowe & Wright, 2001, pp. 125–144). As part of the Delphi study, the researcher distributed a Delphi stimulus document (questionnaire - Appendix L), which was developed from the findings of the scoping review, in-depth interviews, and focus group discussions (Rowe & Wright, 2001, pp. 125–144). 20 social service practitioners participated in the Delphi study. Responses were collected and analysed, and subsequently, common and conflicting viewpoints was identified and summarised. Two rounds of the Delphi method was required to reach

consensus, through a process of thesis and antithesis, which involved gradually working towards synthesis, and building consensus (Rowe & Wright, 2001).

The early development of the preliminary guidelines, as a prototype, involved the researcher distilling the core findings from the preceding phase, and ensuring that the resultant guidelines were aligned to, and directly addressed the problem that was formulated through the process of identification and empirical verification (Thomas & Rothman, 2013, pp. 1–22). During this period the researcher also drew on reflective field notes and experience (Thomas & Rothman, 2013, pp. 1–22), as a senior social worker, to assist in the development of the preliminary guidelines for social work intervention with refugees and asylum seekers in South Africa. Ultimately, the design and development of the preliminary guidelines was concluded as a result of this Delphi method of discussion.

#### 4.2.3. Phase 3: Deliberation, refinement and pilot testing

Thomas and Rothman (2013, pp. 1–22) identify the following operational step (after [i] and [iii], mentioned above), as significant to this phase: (ii) conducting a pilot test. A workshop was arranged with six (6) members/participants of Phase 2, to discuss the preliminary guidelines, as proposed by the Delphi study. In addition, the preliminary guidelines were tested in a follow-up focus group discussion with fourteen (14) refugees and asylum seekers, who were participants in the initial focus group discussions, to determine the acceptability and effectiveness of the proposed preliminary guidelines of social work intervention. The researcher elicited the views and opinions of the participants on two aspects: 1) to comment on the content of the proposed guidelines; and 2) to comment on the perceived implementation value of the guidelines.

In this way, they provided a feedback loop that served to verify and validate the iterative process, ensure a higher degree of alignment and congruence between the phases of the current study, and increase the extent to which the study adhered to the convention of intervention research (Thomas & Rothman, 1994, pp. 3–24). This group applied the design criteria to the preliminary intervention concept (namely, the guidelines content for social work intervention with refugees and asylum seekers in South Africa), and was able to identify areas of development, as well as contribute to

shaping and transforming these ideas and trends, extracted from the research process, towards refining the preliminary guidelines (Thomas & Rothman, 1994, pp. 33–58). Therefore, this phase provided the opportunity for the researcher to test and challenge personal assumptions, biases, and pre-conceived ideas about the social work interventions that are appropriate to refugees and asylum seekers.

The scrutiny of the questions directed at the focus group participants, provided an outline, as well as recommendations for the refinement of training programmes for social workers to work with refugees, who had suffered traumatic experiences, and generally, continued to feel displaced in their new country of residency (Adger, 2000, pp. 347–364). This assessment afforded the researcher the opportunity to learn, as well as increase the programme accountability and efficiency (Thomas & Rothman, 1994, 33–58).

#### 4.2.4. Phase 4: Dissemination

This fourth phase corresponds with the sixth phase of intervention research, namely dissemination (Thomas & Rothman, 2013, pp. 1–22). Not all the steps of intervention research were completed in this current research, as this phase only entailed reporting the research in the form of a thesis. The thesis was the end product of the research activity, which provides an account of a long journey on the path of finding new knowledge, or modified knowledge (Maxwell, 2012, pp. 39–72). Writing a research report/thesis is a technical task that requires, not only skill on the part of the researcher, but also considerable effort, patience and penetration, an overall approach to the problem, data and analysis, along with grasp over language and greater objectivity, all emanating from considerable thought (Maxwell, 2012, pp. 39–72).

The purposes of this research report/thesis were: (i) to transmit of knowledge; (ii) to present the findings; (iii) to examine the validity of the generalization; and (iv) to inspire further research. In addition, this research report/thesis comprised: (i) the study design; (ii) the universe and the organisation of sampling procedures; (iii) the methods, tools and techniques employed for the collection of data, as well as the analysis and presentation of the findings; and (iv) the reference material consisting of the bibliography, appendices, glossary of terms and index (Maxwell, 2012, pp. 39–72).

### 4.3. Theoretical Framework

The theoretical framework, underpinning this current study is the Interpretive Approach, as well as the Resiliency Theory, used as a lens to understand the participants' dilemmas. The Interpretive Approach is primarily based on a naturalistic approach of data gathering, such as interviews and observations (Wahyuni, 2012). It is relevant to this current study that utilizes key informant interviews, focus group discussions, as well as a Delphi study. With the Interpretive Approach, the aim is to understand and interpret events, experiences and social structures, as well as the values that people (in the case of this study, refugees and asylum seekers from DRC) attach to them (Wahyuni, 2012, pp. 69–80; Collis & Hussey, 2013, pp. 42–58).

Resiliency Theory complements the Interpretivist Approach, and provides a conceptual framework to consider a strengths-based perspective (Zimmerman, 2013, pp. 381–383; Fergus & Zimmerman, 2005, pp. 399–419). Resilience theorists largely agree that the presence of one, or more protective factors, could diminish the effects of exposure to adversity and misfortune, significantly. The supposition is that the more protective factors (or *assets*) available, the more resilient an individual will be (Masten, Best, & Garmezy 1990, pp 425–444). Dr Norman Garmezy, a clinical psychologist, is often acknowledged as being the founder of research in resilience (Masten, Best, & Garmezy 1990, pp 425–444). He is an award-winning researcher in the area of schizophrenia, and has studied how adversity in life affects mental illness (Masten & Cicchetti, 2012, pp. 333–334).

The resilience theory is applicable to this current study, as it is a multi-faceted field of study that addresses the strengths, demonstrated by people and systems (such as refugees and asylum seekers), which enable them to rise above adversity (Van Breda, 2001, pp. 197–214). The participants in this current study, as in other resiliency studies, are viewed as resourceful and resilient in the face of adversity, amplifying their well-functioning characteristics, and focusing on their skills, interests, and support systems. This perspective is often referred to as an alternative response to more deficit-focused, or pathological approaches (Laursen & Birmingham, 2003, pp. 240–246).

The Interpretive Approach and Resiliency Theory have many commonalities, which are outlined in Table 4.2, followed by a brief discussion.

**Table 4.2: Comparison between the Interpretive Approach and Resiliency Theory**

Features	Interpretive	Resiliency
Ontological Assumptions	Reality is multiple, relative and socially constructed (Wahyuni, 2012, pp. 69–80; Collis & Hussey, 2013, pp. 42–58).	Reality is subjective and relative to who is involved in the construction thereof (Leipold & Greve, 2009, pp. 40–50).
Rhetorical Assumptions	The interpretivist assumes that the use of personal voices, informal language, and evolving decisions are important (O'Connor, Netting, & Thomas, 2008, pp. 28–45).	Being professional does not always imply having all the answers; however, by initiating discussions with individuals, opportunities are created for them to contribute (Brun & Rapp, 2001, pp. 278–288).
View of participants	They suggests that the researcher and his/her research participants are inter-dependent and mutually interactive (O'Connor, Netting, & Thomas, 2008, pp. 28–45).	There is an inter-subjective collaboration between the researcher and the participants that values the authority of the participants (Adger, 2000, pp. 347–364).
Axiological Assumptions	Research is value-laden and influenced by personal, cultural and socio-political influences (Levy, 2006, pp. 369–388).	Resilience is the quality of a system, which is perceived when an external factor is involved. Resilience is dependent on a coping strategy (Adger, 2000, pp. 347–364).
The role of the researcher	The researcher is part of what is observed, and research is driven by interest (Bryman, 2016, pp. 2–120).	The researcher's role becomes less about identifying and fixing problems, and more about being a co-facilitator and identifier of solutions (Luthar, Cicchetti, & Becker, 2000, pp. 543–562).
Epistemological Assumptions	The social world is observed by the meanings that people attach to it, and interpreting these meanings from their viewpoints. Social occurrences and experiences can only be understood by viewing reality (Bryman, 2016, pp. 2–120)	Identifying vulnerability and protective factors that might modify the negative effects of adverse life circumstances and, after accomplishing this, identifying mechanisms or processes that might underlie the associations observed (Luthar, Cicchetti, & Becker, 2000, pp. 543–562).

#### 4.3.1. Ontological Assumptions of the Interpretive Approach and Resiliency Theory

The Interpretive Approach and the Resiliency Theory concur that the social world is constructed and assigned meaning by people, subjectively (Wahyuni, 2012, pp. 69–80; Collis & Hussey, 2013, pp. 42–58). A human being has a consciousness, or a mind, while human behaviour is affected by knowledge of the social world, which exists only in relation to human beings. Interpretivists avoid rigid structural frameworks, such as in positivist research, and adopt a more personal and flexible research structure (O'Connor, Netting, & Thomas, 2008, pp. 28–45) that is receptive to capturing meanings in human interaction, to make sense of what is perceived as reality (O'Connor et al., 2008: pp. 28–45). The Resiliency Theory specifically maintains that resilience is a concept that can be measured (Adger, 2000, pp. 347–364); however, it is

not the rugged and rigid resilience, which renders the individual, or system, brittle and vulnerable to stress (Adger, 2000, pp. 347–364). The resilience, advocated for in literature, is compassionate, flexible, in touch with life, and promotes the ability to bounce back, irrespective of the pain that is often part of life (Luthar, Cicchetti, & Becker, 2000, pp. 543–562). Additionally, the Resiliency Theory maintains that a system adopts one strategy at a time, when building resilience (Luthar et al., 2000, pp. 543–562).

Regarding the ontological assumptions and the current study, the researcher remained receptive to new knowledge throughout the research process, and allowed it to develop, with the help of the participants (Bryman, 2016, pp. 2–120). The goal of the researcher was always to understand and interpret the meanings in human behaviour, rather than generalize and predict causes and effects. For the purposes of this current study, the lived experiences of refugees and asylum seekers were studied in an urban setting in South Africa, including, but not limited to, psychosocial needs and challenges, policy, culture, and politics (Creswell et al., 2003, pp. 209, 240). The researcher was aware that, when refugees and asylum seekers are placed into urban settings, a particular reality is constructed, while with refugees and asylum seekers in a refugee camp setting, a different reality is constructed. In resilience ontology, intentional knowledge is the only form of knowledge represented, since its purpose is to confront the communication issues that surround the resilience concept (Luthar et al., 2000, pp. 543–562).

#### 4.3.2. Rhetorical Assumptions in the Interpretive Approach and Resiliency Theory

The interpretivist researcher enters the field with some sort of prior insight of the research context, but assumes that this is insufficient to develop a fixed research design, due to the complex, multiple and unpredictable nature of what is perceived as reality (Bryman, 2016, pp. 2–120). In this current study, the researcher explored the dynamic interplay between the various role players and situational givens, while allowing personal subjectivity to be valued as an important factor that affected the research process (Bryman, 2016, pp. 2–120). The researcher is a South African, Christian, female social worker, currently employed in a managerial position, at an advocacy organization in the Western Cape, and previously, as a senior social worker within an

implementing partner of the UNHCR, which focused exclusively on providing psychosocial assistance and interventions to refugees and asylum seekers in Cape Town, Western Cape. The researcher was acutely aware that the resilience approach was not simply about different tools, or methods, employed with people who use services; it was about different concepts, structures and relationships, established in support services (Luthar et al., 2000, pp. 43–562). Therefore, the researcher adopted a reflexive position, to track any personal impact on the research process.

#### 4.3.3. Views of participants and the role of the researcher

The Interpretive Approach and the Resiliency Theory, both, suggest that the researcher and his/her research participants are inter-dependent and mutually interactive (Bryman, 2016, pp. 2–120; Luthar et al., 2000, pp. 543–562). This inter-subjective collaboration values, both, the authority of the participants on their lived experiences, and the subject position of the researcher, as valuable and integral to the research process (Luthar et al., 2000, pp. 543–562). This involves acknowledging that being professional does not always imply having all the answers, and initiating discussions with individuals, creates opportunities for them to contribute (Brun & Rapp, 2001, pp. 278–288). An effective researcher would actively recognise, and engage with, what people are able to do, or are interested in (Brun & Rapp, 2001, pp. 278–288). Therefore, they would naturally focus on what works well, to create positive experiences, driven by the individual's intrinsic goals and aspirations (Brun & Rapp, 2001, pp. 278–288).

However, the Resilience Theory is not simply about different tools or methods, used with people who need services; it is about different concepts, structures and relationships that are established in support services (Adger, 2000, pp. 347–364). For the purposes of this current study, the researcher approached the research participants as partners, and did not assume the role of an authority, who could *know* the participants, but rather emphasised the idea that the outcome of this research would be the product of the inter-subjective relationship between the researcher and the participants (Brun & Rapp, 2001, pp. 278–288). The researcher was convinced that practitioners learning alongside participants, while reflecting on the practice together, could have a positive and lasting effect on service development (Brun & Rapp, 2001, pp. 278–288).

#### 4.3.4. Axiological Assumptions

As previously mentioned, research is value-laden, and influenced by personal, cultural and socio-political factors (Wahyuni, 2012, pp. 69–80; Collis & Hussey, 2013, pp. 42–58). Therefore, from an axiological point of view, the researcher maintained an awareness of personal values, given her subjective position, and through reflexivity made the impact thereof unambiguous (Wahyuni, 2012, pp. 69–80; Collis & Hussey, 2013, pp. 42–58). The researcher did not experience any difficulties in this regard, since social work is practised in a context that straddles development and welfare, informed by pedagogy and clinical practice, and governed by a professional code of ethics for social service practitioners (Higham, 2006, pp. 4–29). Being a registered social worker, the researcher had to uphold the inherent values, principles and ethics of the profession, especially, when conducting research (Higham, 2006, pp. 4–29).

#### 4.3.5. Epistemological Assumptions

The Resilience Theory serves to direct interventionists to empirical knowledge regarding the salience of particular vulnerability and protective processes, within the context of specific adversities (Luthar et al., 2000, pp. 543–562). This framework helps to organize the scientific evidence concerning factors that may differentially alter the effects of various high-risk conditions and adversities, thereby yielding specific directions for intervention efforts (Luthar et al., 2000, pp. 543–562). The role of the researcher in this current study was less about identifying and fixing problems, and more about being a co-facilitator and identifier of solutions (Brun & Rapp, 2001, pp. 278–288); therefore, it was very important to the researcher, to capture and report on the findings in an effective manner.

### 4.4. Summary

In this chapter, the researcher provided an overview of the theoretical elements employed in this current study. The researcher adopted a modified Exploratory and Intervention Research design for this study, with an Interpretive Approach and Resiliency Theoretical framework at its core. Thomas & Rothman (1994, pp. 33–58), as well as Maxwell (2012, pp. 39–72) highlight that the phases in Exploratory and Intervention Research have a natural flow; however, provision is made for the versatility of movement between the operational steps. The researcher made use of this versatility and followed a four phase design and development

study. In the following chapter, the researcher provides the methodological overview of this current study.



## CHAPTER FIVE

### PHASE 1: METHODOLOGICAL OVERVIEW

#### 5.1. Introduction

In this chapter, the overall methodology of this current study is provided, as well as an overview of the selected approach, according to Table 4.1 on page 58. Chapter 1 comprised the *formulation of research problem, setting goals and objectives, defining the universe of study, stating the operational definitions of the concepts*. In Chapter 2, the researcher conducted a *literature review* to explore the universal body of literature on refugees and asylum seekers, and social work.

Subsequently, a *scoping review* (Chapter 3) was conducted, to determine the existing body of literature on refugees and asylum seekers from the Democratic Republic of Congo. Chapter 4 entailed the *working out of the research design and determining the sampling design*. *Administering the tools of data collection* are discussed in Chapters 6 (semi-structured interviews), and 7 (focus group discussions), along with the *analysis of data*. All the above processes form part of *Phase 1: Problem analysis and Information gathering*.

*Phase 2: Design*, involves the *interpretation of findings*, using the data gathered from the interviews and focus group discussions, and conducting a Delphi Study with experts in the field for input to construct the preliminary guidelines for social work intervention with refugees and asylum seekers (Chapter 8). *Phase 3: Early development and pilot testing* follows in Chapter 9, involving a workshop with social service practitioners to discuss the preliminary guidelines, as proposed by the Delphi study, and follow-up focus group discussions with refugees and asylum seekers to test the preliminary guidelines. The last phase (*Phase 4: Dissemination*) refers to this current thesis, which reports the research and will be made public (Chapter 10).

In this chapter, therefore, the researcher focuses on the research setting, population, sampling, participants, data collection, and data analysis. Additionally, the ethics considerations, and adherence thereto, are focussed on, particularly, in this chapter, because of the high level of vulnerability of refugees and asylum seekers.

## 5.2. Research Setting

The research was conducted in four of the nine provinces in South Africa, namely, Western Cape, Eastern Cape, Gauteng and Kwazulu-Natal, as illustrated on the map in Figure 5.1.

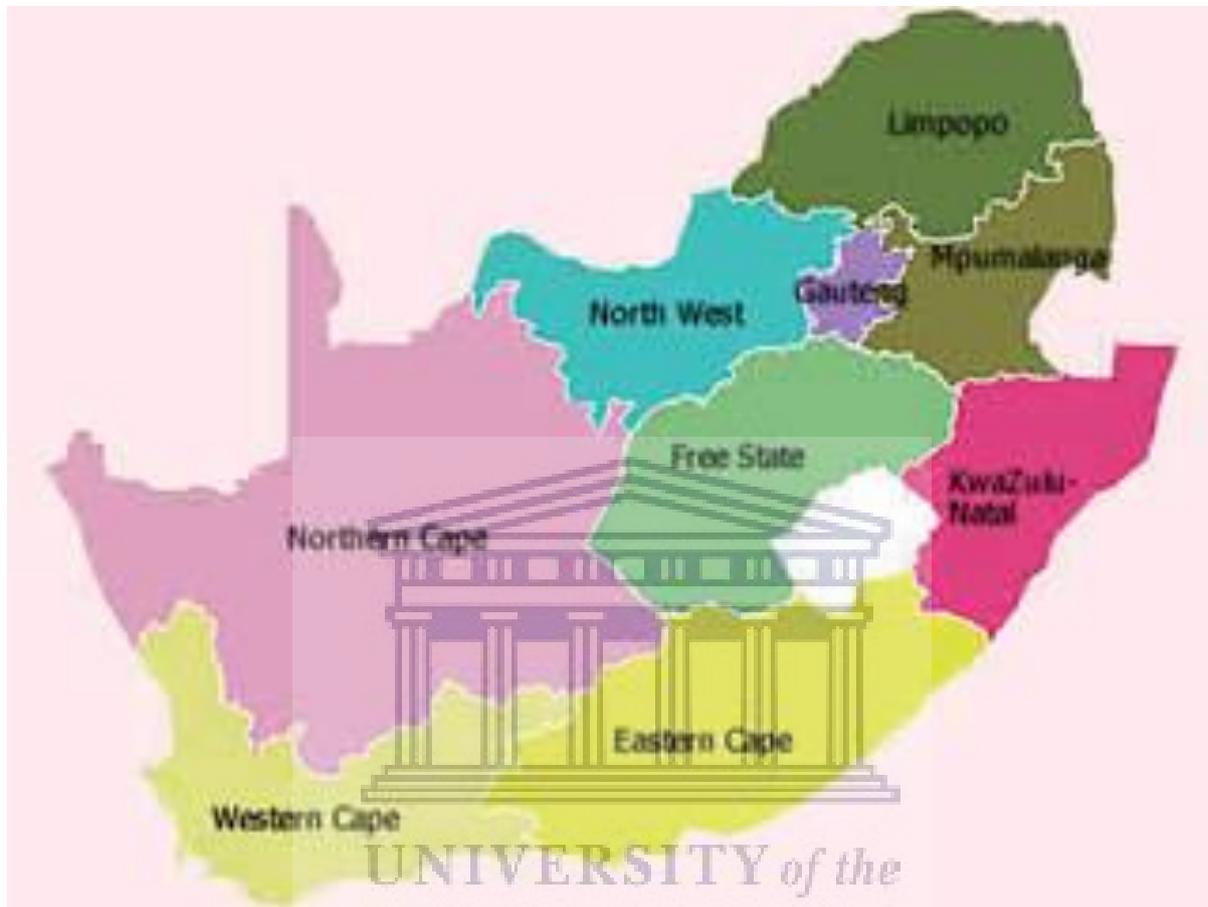


Figure 5.1: The nine provinces of South Africa

These four provinces were selected because the United Nation High Commission for Refugees (UNHCR) has a Head Office in Pretoria (Gauteng), and a field office in Cape Town (Western Cape); therefore, a large concentration of refugees and asylum seekers are present in these two regions (Landau, 2006, pp. 308–327). In addition, the UNHCR has implementing partners, funded by them, who deliver services to refugees and asylum seekers in Cape Town, Port Elizabeth, Gauteng and Durban (Landau et al., 2005, pp. 1–42). In these regions, there are also Refugee Reception offices, as well as Department of Home Affairs offices, where refugees and asylum seekers regularly assemble, while seeking refugee status and/or documentation in this regard (Ager & Strang, 2008, pp. 166–191). Access to refugees and asylum seekers in these areas was highly probable, as the researcher was collaborating with social service practitioners, employed by the UNHCR and its partners, as well as other

NGOs, and key informants. The selection of the four provinces, as primary settings, is consistent with the recommendation that further research and investigations are often meaningful in contexts where resources exist, services are provided, and processes are unfolding that could be explored (Creswell et al., 2003, pp. 209, 240).

### **5.3. Research Population**

Arkava and Lane (1983, cited in De Vos, Strydom, Fouché, & Delport, 2005, p. 27) draw a distinction between the terms, *universe* and *population*. They explain that the term, *universe*, refers to all potential subjects, who possess the attributes, of interest to the researcher; while the term, *population*, sets boundaries on the study units. According to McBurney (2001, cited in De Vos et al., 2005, p. 194), the population is the totality of persons, events, organization, units/case records, or other sampling units, with which the research problem is concerned.

The population for this current study included refugees/asylum seekers from the DRC, specifically. The population from which the sample was drawn were known refugees/asylum seekers, who approached the UNCHR, or the partners, funded by the UNCHR in South Africa, to provide services to refugees/asylum seekers.

### **5.4. Sampling**

Sampling in qualitative research relies on a small number of people and focusses on the following: validity, meaningfulness and insights of qualitative inquiry (Punch, 2013, pp. 113–204). According to Bhattacharjee (2012, pp. 1–159), sampling could be viewed as a subset of measurements, drawn from a population that interests the researcher. A sample is studied to understand the population from which it was drawn (Bhattacharjee, 2012, pp. 1–159).

The non-probability sampling technique was used because of its suitability for qualitative studies. Purposive sampling, a type of non-probability sampling, was employed to select a sample that exhibited the most resembling characteristics, or representative attributes, of the particular population (Onwuegbuzie & Collins, 2007, pp. 281–316). This implied that some participants were more suitable for the research, than others (Onwuegbuzie & Collins, 2007, pp. 281–316). For this study only adult refugees and asylum seekers from the DRC, who endured trauma, torture and sexual violence, were included. The study excluded children and refugees and asylum seekers from other countries, such as Burundi, Somalia and Rwanda.

## 5.5. Research participants

The participants were voluntarily recruited through organization(s), which specifically offer aid to refugees and asylum seekers (Onwuegbuzie & Collins, 2007, pp. 281–316). These included UNHCR (Pretoria), Cape Town Refugee Centre (Western Cape and Eastern Cape), UniFam (Western Cape, Kwazulu Natal), and Hope Across Borders (Western Cape). The participants involved in this current research study were adult male and female refugees and asylum seekers, originally from the Democratic Republic of Congo, who had decided to settle in urban settings in South Africa, and had admitted to surviving trauma, torture and sexual violence. Previously, the researcher had been employed as a senior social worker in this field, and had established professional relationships with peers/colleagues, which facilitated easier access to information, as well as the participants. The researcher was particularly interested in the experiences of refugees/asylum seekers in South Africa, who had emigrated from the DRC, and regarded the DRC as their country of birth. Refugees/asylum seekers from other African countries, namely, Burundi and Somalia, were excluded from this current study, while no children were included.

However, not all the selected participants were proficient in English; therefore, an interpreter was needed to ensure effective communication. The interpreter was fully briefed by the researcher, to ensure privacy, accuracy and accountability. Questions were posed in very basic and simple terms (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005, pp. 45–53). The researcher was satisfied that the interpreter understood the questions, the scope of the study, as well as the identified expectations for the interpreting involvement.

The researcher experienced some apprehension, when securing participants for this current study, as the participants assumed that the researcher would cover their transportation costs, as well as provide refreshments/meals. The apprehension was located in the fine distinction between *bribery for participation* and the reality that many participants had to travel long distances without resources, or even the benefit of a meal.

## 5.6. Data collection

De Vos et al. (2005, p. 295) explain that the logistics of the interviews and focus group discussions should be planned in advance. The venues and time-tables were arranged in advance, followed-up by e-mail, and confirmed closer to the date by telephone.

The researcher requested permission from the participants to audio-tape record all the interviews and focus group discussions. Non-verbal behaviour, such as posture, eye contact gestures, and fidgeting were recorded as field notes by the researcher, as recommended by De Vos et al. (2005, p. 311). At the conclusion of the interviews and focus group discussions, the researcher enquired whether anything else of importance needed to be added. Ultimately, the data gathered from the interviews and focus group discussions, proved to be thick, rich and useful to the researcher. After the interviews and focus group discussions, the researcher enquired whether any of the participants were in need of debriefing or referrals.

### 5.6.1. Data Collection Tools

#### 5.6.1.1. *Semi-structured interviews*

Semi-structured interviews were employed with 16 individual participants to explore their experiences of trauma, torture and sexual gender-based violence (Creswell et al., 2003, pp. 209, 240). For the purpose of this current study, these individual participants were referred to as key informants. The 16 participants were equally divided across four provinces, specifically, Cape Town had four, Kwazulu Natal, four, Gauteng, four, and the Eastern Cape, four key informants.

Creswell et al. (2003, pp. 209, 240) posit that interviews are the predominant mode of data, or information, gathering in qualitative research, and the researcher considered one-to-one interviews most suitable for sensitive discussions, such as these. According to Seidman (2013, pp. 1–30), interviews are employed because of the interest in people's stories, and relating these stories is a way of knowing. Telling stories is, essentially, a meaning-making process, and every word that people use in telling their stories, is a microcosm of their consciousness (Seidman, 2013, pp. 1–30). The quality of the interview depends mainly on the skills of the researcher, as interviewer; therefore, the researcher's skills, as social worker, facilitated this process (Seidman, 2013, pp. 1–30).

As stated earlier, not all the participants were proficient in English; therefore, an interpreter was present to ensure effective communication. Questions were asked in very basic and simple terms (Dixon-Woods et al., 2005, pp. 45–53). The researcher ensured that the interpreter was appropriately selected, prepared and

briefed, to participate in communicating accurate information to the participants. The interpreter engaged in the study and subscribed to the prescribed code of confidentiality and privacy (Dixon-Woods et al., 2005. pp. 45–53).

#### *5.6.1.2. Focus group discussions*

A focus group is similar to the in-depth interview, but is accomplished in a group, whose meetings present characteristics defined with respect to the proposal, size, composition, and interview procedures (Krueger, 2014, pp. 1–25). The main objective of focus group discussions is to obtain high quality data in a social context, where people can consider their own views, in light of the views of others (Gill, Stewart, Treasure, & Chadwick, 2008, p. 291). Focus group discussions create a process of sharing and comparing experiences about specific topics, such as the needs, challenges and expectations of refugees and asylum seekers (Krueger, 2014, pp. 1–25).

Krueger (2014, pp. 1–25) cautions that, deciding on the appropriate number of participants, implies striking a balance between selecting enough people to generate a discussion, and too many, in which case, some might feel excluded. The final sample for the focus groups was 47 participants, who were recruited from the selected agencies. Four focus group discussions were conducted, one in each of the selected four provinces that were earmarked for this current study. The number of participants in each regional focus group discussion was as follows: Eastern Cape (12), Gauteng (10), Kwazulu Natal (11) and Western Cape (14). All these participants met the inclusion criteria of the study, and were recruited according to the appropriate ethic guidelines and obligations.

The focus groups discussions did *not* revolve around traumatic experiences, but rather the needs, challenges and expectations of refugees and asylum seekers. Therefore, the focus group discussions were employed to ascertain which interventions, social workers in South Africa should be providing, to respond to the psychosocial needs of this population (Krueger, 2014, pp. 1–25).

### **5.7. Data analysis**

The analysis of data is the process of transforming information into a solution for the original research question (Terre Blanche & Durrheim, 2002, p. 139). In this current study, all the

data from the interviews and focus group discussions were transcribed and translated. The researcher used *interpretative phenomenological analysis*, as a lens to highlight the *lived experiences* of refugees and asylum seekers; however, *thematic analysis* was utilized to extract the *common themes* that emerged from the data. The data analysis process included data reduction [writing up field notes and the transcription of recordings], and data reconstruction [the formation of categories, findings, conclusions, as well as the integration of concepts and connections to existing literature] (Ruona, 2005, pp. 223, 263).

The semi-structured interviews and focus group discussions followed similar steps for data analysis, which were: (i). Collecting the story from the participants; (ii). Re-telling the story; (iii). Assigning codes to the data; (iv). Grouping the data into themes; (v). Collaborating with the participants; (vi). Writing a story about the participants' experiences; and (vii). Validating the report's accuracy (Creswell et al., 2003, pp. 209, 240)

## 5.8. Reflexivity

Leedy and Ormrod (2010, p. 294) assert that qualitative researchers also engage in reflexivity, as their data collection will inevitably be influenced by their own assumptions and values. They should acknowledge their biases, and consider how these may affect their research, in terms of what data they collect, and how their results are interpreted. The nature of the data/information is influenced by the researcher, and needs to be recognized. Reflexivity, therefore, focuses on the importance of self-awareness, as well as political and cultural awareness, and researchers should demonstrate a self-knowledge of their own voice and perspective (Patton, 2005, p. 1).

The researcher worked with refugees for an extended period, at an agency funded by the UNHCR in the Western Cape, and held leadership positions in this field of work that facilitated contact with agencies providing refugees with services across South Africa. As a result, sensitivity was developed about the specific plight and experiences of refugees/asylum seekers from the DRC. While the researcher understood that there are universal features about refugees/asylum seekers, generally, her bias was to tell the stories of the refugees from this specific country, in order to create an awareness of the challenges, which these particular refugee/asylum seekers were subjected to, as well as highlight the need for specific interventions by social workers.

Reflexivity is the ability of an individual to formulate an understanding of his/her own cognitive world, especially understanding his/her influence, or role, as a researcher, as well as a senior social worker. Therefore, the researcher considered reflexivity to be an awareness of a personal perception of social work intervention with refugees and asylum seekers. The characteristics of the social work qualities of empathy and self-awareness, assisted the researcher throughout the research, to deepen rapport, and engage in self-reflexivity.

Lietz and Zayas (2010, pp. 188–202) argue that, if the researcher can account for reflexivity, it adds to the integrity of the research. In this current study, the researcher attempted to account for reflexivity during all the processes and phases of the study. The researcher considered that, recording relevant thoughts in writing, such as experiences, emotions and biases, and reflecting on them, as well as discussing them with the academic supervisor, would engage the researcher in the process of reflexivity. During the data collection processes, specifically the qualitative in-depth interviews and focus group discussions, the researcher observed that reflection, after each session, assisted to facilitate reflexivity. The researcher's familiarity with the context, participants, as well as terminology used, deepened the rapport, and aided the process of trustworthiness, creating an atmosphere of reflection, rephrasing and the summarising of information ideas, to understand the context of the experience, as endured by the participants. This clearly enriched reflexivity, as the researcher's own biases were tracked. The participant information sheets were available in English and French, which added to the trustworthiness of the information, collected.

### **5.9. Delphi method discussion sessions**

After the data analyses of the in-depth interviews and focus groups discussions, a Delphi method was used to debate and discuss the findings with the intention of determining content for the preliminary guidelines in the design and development phase of this current research (Rowe & Wright, 2001, pp. 125–144). The Delphi method is a structured communication technique or method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts (Rowe & Wright, 2001, pp. 125–144). As part of the Delphi study, the researcher circulated a Delphi stimulus document/questionnaire (Appendix L), which was developed, based on the findings of the qualitative interviews, focus group discussions and scoping review. Twenty-one (21) social service practitioners, whose responses were collected and analysed, participated in the Delphi study. Subsequently,

common and conflicting viewpoints were identified and summarised (Rowe & Wright, 2001, pp. 125–144). Consensus was reached after two rounds, through the process of thesis and antithesis, which involved gradually working towards synthesis, and building consensus (Rowe & Wright, 2001, pp. 125–144). It is worth mentioning that, formerly, some of these professionals were refugees and asylum seekers, who were currently practising as social service practitioners.

### **5.10. Data Verification**

The significance of the data verification process, was to ensure the trustworthiness and credibility of the collected data (Hasson, Keeny, & McKenna, 2000, pp. 1008–1015). In this regard, the Delphi study, based upon the assumption of safety in numbers (several people are less likely to arrive at a wrong decision than a single individual) was expedient (Hasson et al., 2000, pp. 1008–1015). Decisions, therefore, were strengthened by reasoned argument, in which assumptions were challenged and contested, consequently, enhancing validity (Hasson et al., 2000, pp. 1008–1015). Additionally, the participants were knowledgeable of, and expressed an interest in, the topic under scrutiny, which helped to increase the content validity of the Delphi study, while the two successive discussion rounds helped to increase the concurrent validity (Hasson et al., 2000, 1008–1015).

### **5.11. Ethic considerations**

Ethics clearance was granted by the Higher Degrees Committee and Senate Research Committee, as well as Biomedical Research Ethics Committee at the University of the Western Cape. Social scientists, doing fieldwork in humanitarian interventions, often face a dual imperative: research should be both academically sound, and policy relevant (Jacobsen, & Landau 2003, pp. 185–206). Jacobsen and Landau (2003, pp. 185–206) argue that much of the current research on forced migration is based on unsound methodology, while the data and consequent policy conclusions are often flawed, unsound, or ethically suspect. Their study highlights some key methodological and ethical problems confronting social scientists studying forced migrants, or their hosts (Jacobsen & Landau 2003, pp. 185–206). In addition, Mackenzie, McDowell, and Pittaway (2007, pp. 299–319) highlight certain central ethical challenges involved in undertaking social science research with refugees in conflict and crisis situations. Their study focuses on two main sets of challenges: firstly, the difficulties of constructing an ethical consent process, and obtaining genuinely informed consent; and

secondly, acknowledging and responding to participants' right to autonomy (Mackenzie et al., 2007, pp. 299–319).

To account for the particular vulnerability of refugees and asylum seekers, the researcher applied the following principles: the participants were treated with care and sensitivity, which was achieved through the researcher's conduct of remaining professional at all times, and steering clear of minimizing of the pain and suffering endured by participants (Jacobsen, 2006, pp. 273–286). Given the sensitive nature of this current study topic, and the potential risk of traumatization of the participants, the researcher made debriefing available when necessary. A qualified social worker was available for this purpose.

The researcher remained objective and transparent by using *translated information sheets* (Appendices F & G) and *consent forms* (Appendices H & I), as well as allowing the participants to request and read the transcriptions (Jacobsen, 2006, pp. 273–286). Additionally the researcher avoided ethnocentricity, and showed respect for the participant's ethnicity, language, religion, gender and sexual orientation (Mackenzie et al., 2007, pp. 299–319), by not using any derogatory, xenophobic statements, or remarks, as well as refraining from passing judgement.

To accommodate for physical and social risk the researcher, rigorously, safeguarded the dignity, well-being, autonomy, safety and security of the participant's family and friends, by assuring *confidentiality and anonymity* (Mackenzie et al., 2007, pp. 299–319). In addition, *pseudonyms* were used, rather than any *identifying markers*, while the researcher respected the participants' values and right to make their own decisions (Mackenzie et al., 2007, pp. 299–319). This was achieved by not forcing, or coercing any participant to participate in this study (Mackenzie et al., 2007, pp. 299–319). Participants reserved the *right to continue, or withdraw from the study*, at any stage during the data collection process, without any retribution (Mackenzie et al., 2007, pp. 299–319).

The participants were also *fully informed* about the purpose, aims and objectives of this current research study in a language of their choice (Collis & Hussey, 2013, pp. 42–58). The contact details of the researcher appeared on the information sheet, ensuring that the participants could contact the researcher at any time (Collis & Hussey, 2013, pp. 42–58). *Written consent* was obtained prior to the individual interviews and focus group discussions,

by asking the participants sign the consent forms (Appendices H & I) to confirm their voluntary participation in the research (Collis & Hussey, 2013, pp. 42–58). The fact that an interpreter would be employed in the study for data collection was also included in the consent form (Dixon-Woods et al., 2005, pp. 45–53). Similarly, a *focus group confidentiality binding form* (Appendices J & K) was signed by each focus group discussion participant.

Ethic considerations, regarding the storage of the data were complied with, as all forms of data relating to the study were organised, stored and managed in ways that prevented loss, unauthorised access, or the divulgence of confidential information (Acquisti, Brandimarte, & Loewenstein, 2015, pp. 509–514). In addition, the researcher took beneficence into account, which involved designing a research that benefitted the participants, future research, and the Department of Social Development (Punch, 2013, pp. 113–204).

### **5.12. Trustworthiness of the study**

Golafshani (2003, pp. 597–606) argues that all research must respond to canons that act as criteria, against which the trustworthiness of the research could be evaluated. The four appropriate criteria for qualitative research are credibility, transferability, dependability and confirmability (Golafshani, 2003, pp. 597–606). Therefore, the researcher achieved trustworthiness in this current study by allowing the participants to assess the results and findings throughout the research process (Shenton, 2004, pp. 63–75), which contributed to *credibility of the study*. The characteristics of the context and the participants are described in detail, in order to allow for adequate comparisons, as well as the facilitation of transferability (Shenton, 2004, pp. 63–75).

A clearly defined audit trail (Appendix N) of data collection, analysis and interpretation are followed and outlined to improve the *dependability of the findings* (Shenton, 2004, pp. 63–75). Neutrality was maintained by using the participants' direct quotations, with careful attention paid to the settings and events described, which helped to alleviate the loss of perspective (Shenton, 2004, pp. 63–75). The data collected informed the goals, as well as the first three objectives of this current research. The researcher was able to organize, manage, and retrieve the most meaningful data, which were organized into themes and sub-themes (Creswell et al., 2003, pp. 209, 240).

Lincoln and Guba (1981, cited in De Vos et al., 2005, p. 347) reveal that *conformability*, as the final construct, captures the traditional concept of objectivity (the potential for congruence between two, or more, independent people about the data accuracy, relevance or meaning). The criteria were concerned with ensuring that the data represented the information provided by the participants, and that the interpretations of the data were not figments of the researcher's imagination (Lincoln & Guba, 1981, cited in De Vos et al., 2005, p. 539).

The researcher was unbiased and all the information gathered was recorded and stored. The researcher ensured that there was consistency with the data provided by the participants. The researcher conducted a *data audit* that examined the data collection and analysis procedures, without making judgments about the potential for bias, or distortion.

### **5.1.3. Limitations of the study**

Only four of the nine provinces of South Africa, namely, the Eastern Cape, Kwazulu Natal, Gauteng, and the Western Cape, were included in this current study, as refugees and asylum seekers, residing in refugee camps, as well as those, who had been resettled in other countries, were excluded. In addition, this current study only included adult refugees and asylum seekers from the DRC, who had experienced trauma, torture and sexual violence, while their children were excluded, as well as adult refugees and asylum seekers (and their children) from other countries, such as Somalia, and Burundi. Refugees and asylum seekers from the DRC, who had not experienced trauma, torture and sexual violence, were also excluded.

There were only 16 key informants interviewed and 47 focus group participants, as well as 18 stakeholders in the Delphi study, due to time and financial constraints. The researcher was also cognisant of data saturation and, when this was reached, data collection was concluded.

### **5.14. Conclusion**

The main aspects of the methodological process and protocols were presented in this chapter. However, detailed information is provided in the following chapters to show how these steps were operationalized to achieve the objectives of the study. In the following chapter, the researcher discusses the individual interviews and the operational steps taken.

## CHAPTER SIX

### PHASE 1: THE INDIVIDUAL INTERVIEWS WITH KEY INFORMANTS: DATA COLLECTION, ANALYSIS, FINDINGS AND DISCUSSION

#### 6.1. Introduction

The data collection and analysis processes, as well as the findings of the individual interviews, conducted with the 16 key informants, are described in this chapter. The demographic data are presented in Table 6.1, followed by a narrative, after which the themes and sub-themes are presented and discussed, accompanied by direct quotations of the participants.

#### 6.2. Demographic Information – Key Informants

To reiterate, the key informants in this phase were recruited across 4 of the nine provinces. Table 6.1 below reflects the demographic profile and frequency distribution of the key informants from these provinces.

**Table 6.1: Summary key informants across provinces (n=16)**

Province	Frequency	Type of interview	Gender	Current status
Eastern Cape N=4	2	Face-to-face & telephone	Female	Hairdresser with own container for business
	1	Face-to-face	Female	Employed as interpreter at a local NGO
	1	Face-to-face	Male	Refugee artist, employed as community developer
	2	Face-to-face & telephone	Male	Informal shop owner (since resettled in Canada)
Gauteng N=4	2	Face-to-face & telephone	Male	Local leader promoting needs of refugees/asylum seekers.
	1	Face-to-face	Male	Local refugee pastor
	1	Face-to-face	Male	French and Swahili interpreter
	2	Face-to-face & telephone	Female	Healthcare worker in the community
Kwazulu Natal N=4	1	Face-to-face	Female	Street Vendor, selling small items
	2	Face-to-face & email	Male	Refugee Funeral Broker, community leader
	2	Face-to-face & email	Female	Hairdresser, offering space/opportunities to refugee ladies
	2	Face-to-face & email	Female	Volunteer at an NGO
Western Cape N=4	2	Face-to-face & telephone	Male	Pastor and Board member of NGO
	2	Face-to-face & telephone	Male	Community leader
	1	Face-to-face	Female	Entrepreneur, teaching business skills to young ladies
	1	Face-to-face	Female	Employed as community developer at a local NGO

### 6.3. Data Collection

The researcher approached contact persons in each of the four provinces to identify four key informants, who were community leaders in the refugee and asylum seeker community. These contact persons obliged, and ensured that the key informants were available at convenient dates, times and venues, which were arranged in advance. All the interviews were conducted face-to-face, in a private and confidential manner, behind closed doors, in office space at the participating NGOs. Two interviews were conducted in a private room, arranged at the library close by, as travelling to the nearest NGO office was difficult for those concerned. Telephone and email follow-ups were conducted with some key informants for the purposes of data clarification, especially from those who resided outside of the Western Cape, to save on costs and resources. The participants were briefed, and subsequently, consented to the use of an interpreter because of their inability to speak English. The interpreter was briefed, cleared and guided by the researcher, to ensure ethic accountability, as well as the observance of appropriate confidentiality and privacy protocols. Not all the key informants, however, required an interpreter, as five could converse in English, and opted not to use the services of the interpreter, which the researcher respected.

Individual interviews were conducted with the 16 key informants, using an *interview schedule* (Appendices B & C). The interview schedule items were shaped by the information gleaned from the scoping review, to guide participants in relating their experiences. The interviews were audio-tape recorded with the permission of the participants, who were informed of the procedures for safe, private storage, and destruction of the audio-tape recorded material, after a period of five years.

### 6.4. Data Analysis

The themes and sub-themes, presented in this research, resulted from vigorous data analysis, using an acknowledged qualitative analysis technique, referred to as thematic analysis. Marshall and Rossman (1999, cited in De Vos et al., 2005) argue that all research must respond to canons, which represent the criteria, against which the trustworthiness of the research could be evaluated. The following steps and procedures were undertaken to analyse the data gathered from the interviews with the key informants:

- (i) Collecting the story from the participants through key informant interviews, focus group discussions, and a Delphi study.

- (ii) Retelling of the story to the participants, to ensure the accuracy of the findings.
- (iii) Assigning codes to the data using different colours.
- (iv) Grouping and categorizing the data into themes and sub-themes.
- (v) Collaborating with the participants, by revealing the findings to the participants, who would be given the opportunity to amend the findings, so that it reflected exactly what they had implied.
- (vi) Writing a story about the participants' experiences, by recording and writing up their responses.
- (vii) Validating the report's accuracy, by constantly checking with the participants and the academic supervisor.

(Creswell et al., 2003, pp. 209, 240)

Truth-value was obtained from the uncovering of human experiences, as lived and experienced by the 16 key informants, who identified, and adhered to the criteria of being refugees/asylum seekers.

## 6.5. Findings of individual interviews

The thematic analysis of the individual interviews' transcripts identified eight themes and 20 sub-themes. A summary is provided in Table 6.2 to reveal the main themes, as well as the words of the participants. However, for the purposes of in-depth analysis, only the main themes are discussed in detail, followed by a discussion of the participants' stories against the threads contained in the scoping review, as well as the overall literature on the subject.

**Table 6.2: Themes, sub-themes and illustrative quotes from the individual interviews**

Themes	Sub themes	Illustrative quotes
<b>1. Difficult and sometimes perilous journey</b>	1.1. Refugees and asylum seekers are highly traumatized, bereaved and vulnerable when entering South Africa.	"I had to escape through the back window as I heard soldiers coming through the front door. I had no time to pack belongings or documents or food. All I remembers was running towards safety" (Participant 1). "I was kidnapped by rebels, was beaten continuously, was maimed and tortured for days before I had a chance to escape, badly bruised. I was assisted by another person from DRC". (Participant 3)
	1.2. Displacement and loss of family members	"I saw them take my father. All I could do is run, I don't know what happened to my father or my mother" (Participant 2). My 3 children were kidnapped in front of me. Up until today I am unaware of what has happened to them. (Participant 1)
	1.3. The need for psycho-social intervention upon arrival.	"When I first arrived in South Africa I couldn't talk for days and could only cry, my heart was broken in pieces. I still grieve for my children daily" (Participant 1) "I had no place to stay and only had the clothes on my back" (Participant 2)

<b>2. Various reasons for leaving country of origin (DRC)</b>	2.1. Political connections and activism	<p>"I had to flee because my father was a politician. They wanted to kill the entire family out of vengeance" (Participant 4)</p> <p>"I had no choice but to flee as I heard about many journalists who were kidnapped and eventually killed"(Participant 5)</p> <p>"My husband was a pastor, who provided safety and shelter for activists. The ruling government pursued him fiercely and made threats on his life. He fled and then they came after me". (Participant 1)</p>
	2.2. Sexual orientation	"Being gay is not easily accepted in my culture at all. I was an outcast and afraid that I will be persecuted (Participant 6)
	2.3. Witchcraft	<p>"I gave birth to twins who were Albino's. My children were believed to possess evil spirits, we had to flee otherwise they would have been killed" (Participant 7)</p> <p>"My son is Autistic, when people saw he was different, I was accused of practising witchcraft, I received death threats" (Participant 8).</p>
<b>3. Xenophobia in South Africa</b>	3.1. Experiencing further trauma in the country of asylum	<p>"We arrived safely in South Africa but my brother was killed recently in what I believe was a result of a xenophobic attack. He was beaten brutally in his barbershop and died soon thereafter" (Participants 5)</p> <p>"The South Africans they don't like us. They say we steal their jobs and women. What jobs did we steal? Our people don't have decent jobs. Why must they hurt us, burn and plunder our dwellings? Aren't we all African (Participant 7).</p>
<b>4. Experiences of rape and sexual violence</b>	4.1. Rape with objects	<p>"They used beer bottles and a machete. They damaged my vagina, I have to wear a disposable nappy all the time because it's leaking. (Participant 4)</p> <p>"Sticks were placed in my anus".(Participant 3)</p>
	4.2. Multiple perpetrators	"I have been raped by five soldiers" (Participant 5)
	4.3. Male experiences of rape	<p>"I felt a burning sensation and a strange powder that was used". (Participant 8)</p> <p>"I was raped, sometimes with objects, beaten, immersed countless times in cold water and insulted for days before I had a chance to escape". (Participant 3)</p> <p>"I was not raped but worse my wife and daughters were raped in front of me. I was forced to watch" (Participant 7)</p>
	4.4. Consequences of sexual violence	<p>"My husband rejected me when he found out about the rape. He refuses to have sexual intercourse with me and hardly speaks to me "(Participant 4)</p> <p>"Once in the South Africa I found out that I am pregnant. I went to hospital and was informed that I am HIV positive as well. (Participant 5)</p> <p>"I no longer see myself as the head of the house as I could not protect my family" (Participant 7)</p>
<b>5. Perpetrators identified by participants</b>	5.1. Militia and government officials	<p>"The corrupt authoritarian, Joseph Kabila and his soldiers" (Participant 3)</p> <p>"M23 forced me out of the country" (Participant 2).</p> <p>"It was Mayi-Mayi who were causing havoc"(Participant 4)</p> <p>"The perpetrators were rebels, they were "masked men".(Participant 1)</p> <p>"It was those Interahamwe who were responsible". (Participant 12)</p>
<b>6. Lack of justice and zero confidence in the judicial system</b>	6.1. Lack of retribution and the negative effects it has on the psyche	<p>"The justice system in DRC are unfair, biased and corrupt" (Participant 16)</p> <p>"There is no justice, it is non-existent" (Participant 14).</p> <p>"They do just as they please, hurt us, kill us, we are worth nothing" (Participant 7)</p>

<b>7. Medical intervention</b>	7.1. Challenges	<p>"Even though I have a tumour outside my head they don't want to help me because I am undocumented" (Participant 5)</p> <p>"I don't have transport money to travel to the local medical facility and because my husband started working and he couldn't go with me to medical appointments to translate for me, I stopped going. They don't understand me and I don't understand them" (Participant 1).</p>
	7.2. Confusion with regards to psychiatric disorders	<p>"They say I have something called Schizophrenia and they gave me medication. The shelter did not want to take me back" (Participant 12).</p> <p>"There is nothing wrong with me on the outside and there is no need to take medication they gave me" (Participant 13)</p>
	7.3. Stigmatization and discrimination	<p>"I choose to suffer in silence. I had a bad experience when seeking medical assistance. I was called "makwerikweri" by South Africans after I had difficulty explaining in English what was wrong with me. Medical professionals are rude, abrupt and without patience" (Participant 14).</p>
<b>8. Coping Mechanisms</b>	8.1. Acceptance/ Trivialising	<p>"Rape happened to all women fleeing DRC so why must I complain". (Participant 4)</p>
	8.2. Resourcefulness	<p>"After playing football I am so tired and then I can sleep" (Participant 3)</p> <p>"Medication such as pain tablets takes the pain away. (Participant 11)</p> <p>"I refuse to think about the bad stuff that happened I keep myself busy with odd jobs or visit other people to keep my mind off things (Participant 16)</p>
	8.3. Hope/ Optimism	<p>"I am focused on the future and am dreaming about resettlement" (Participant 5)</p> <p>"I want to go to Canada for I know there I will find better medical treatment for my condition (Cerebral Palsy)" Participant 10).</p>
	8.4. Spiritual rituals	<p>"Praying, going to church and reading my Bible every day puts me in a good space". (Participant 2)</p>

The following narrative clarifies the eight main themes depicted in the above table, to provide more detail about the themes, as well as the context.

#### 6.5.1. Main theme 1: Difficult and sometimes perilous journey

All the participants, reportedly, had no knowledge of the fate of their family members; whether they were still alive, or where their siblings, or relatives were, currently. One participant confirmed this about her three minor children. Twelve of the sixteen participants lost all forms of contact, or communication, with their family members. Many of the participants associated this fact with their challenging journey to safety, as well as the difficulties they encountered, prior to escaping from their country of origin.

Participant 1 indicated that she had to escape through the back window of their house, as she heard soldiers coming through the front door. She had no time to pack belongings, documents or food. Other participants shared that escaping implied that

there was often no opportunity to greet family members. The sudden departure also implied that they were separated, abruptly, from their loved ones.

Participants 1, 2 & 4 indicated that they had experienced severe distress, in many forms, throughout the relocation process, which affected their mental health. These challenges included social isolation and identity confusion. They had fled alone, experiencing the loss of a cultural community, as well as family members, in isolation. They had arrived in a foreign land, and could not speak, or understand, the language. In addition, they articulated the loss of important life stages, such as purchasing and extending homes, which were to be the heritage of their children and grandchildren. The important psychosocial life cycle events also inferred the loss of opportunities to prepare the heritage, and preserve the family history for their offspring.

One male participant was distressed by the lack of environmental mastery. He explained that in the DRC he practiced successful subsistence farming and his beans, peas and maize crops flourished because of the fertile soil in the DRC. He remained unsure about cultivating a vegetable garden in South Africa, due to poverty, as well as his ignorance regarding the quality of the South African soil and farming. Many of the participants were devastated because they had lost all their resources, which took them years to accumulate. The loss of valued societal roles was also identified by a female participant, who intimated that South Africans could not comprehend her standard of living in the DRC, as her domestic assistance there comprised a domestic worker, cook, gardener, child minder and chauffeur. Her husband and she were professionals who held tertiary and post-graduate qualifications in the DRC. Another participant expressed that he was working as a car-guard in South Africa, whereas in the DRC, he held a Master's degree in Journalism, and was employed as a successful journalist, with a comfortable salary package. Unfortunately, his qualifications had not been evaluated, as yet, by the South African Qualifications Authority (SAQA).

## 6.5.2. Main theme 2: Various reasons for leaving country of origin

### 6.5.2.1. *Political unrest and government repression*

Political affiliation and activism were mentioned frequently as the motivation for fleeing the DRC. Participant 9 recalled that he had participated in a secret

meeting, in which young students were planning protests against the ruling government in DRC. Without any warning, the door of the venue was kicked open, and a number of rebels entered the room, kidnapping three of his friends. A few days later, his three kidnapped friends' bodies were discovered near a river. He was convinced that, through this act, the rebels were sending them a warning, to refrain from planning any type of protest action. Another participant recounted that her father had been active in the previous, toppled government. Since most government officials of the earlier regime had disappeared mysteriously, her father was compelled to flee for his life. After her father had escaped, the rebels came looking for him, and when they did not find him, they threatened his family members. The rebels allegedly threatened that the family would be harmed, if their father is not back, by the time they returned. The entire household fled because they feared the impending abuse, or certain death.

Participant 1 was not as fortunate to escape. Her husband, a pastor, provided shelter to the activists, which infuriated the rebels; however, when they came searching for him, they only found his wife and children at home, because he had fled for his safety. The rebels raped participant 1 and kidnapped her three minor children. Participant 1 was separated, forcibly, from her minor children and, to date, has no knowledge of their fate or whereabouts. These stories contribute to a deep-seated sadness, loss and resignation of many refugees and asylum seekers, who enter South Africa, the land of new beginnings for them.

#### *6.5.2.2. Sexual orientation*

Two of the participants (3 and 6), involved in the individual interviews, identified themselves as having gay orientations. Participant 3 retained physical scars of being beaten and tortured in the DRC. He reported that he had been held in captivity for days, and had objects thrust into his anus and mouth. He was threatened with death, if he did not denounce his sexual orientation. He managed to escape; however, his troubles did not end, as, after he arrived in South Africa, he was homeless, and placed in a men's shelter. When other residents of the shelter became aware of his orientation, they harassed and threatened him, refused to stay in the same room, or share a bathroom with him. His life was made a misery, until he was forced to leave the shelter. Participant 6 also suffered

rejection, beatings, and was evicted from his parent's house, as his effeminacy brought shame to the family in DRC. Both these participants fear fellow refugees and asylum seekers from DRC, as well as homophobic South Africans, being afraid of more abuse, assault and trauma. They currently live in isolation, only disclosing their sexual orientation to trusted persons.

#### *6.5.2.3. Witchcraft*

Two female participants (7 and 8) regarded witchcraft as their reason for leaving their country of origin. Participant 8's child was diagnosed with autism on arrival in South Africa. While in the DRC, the child's unusual behaviour had been attributed to witchcraft. Participant 8 had been perceived to be a witch, who could cast spells and, therefore, had to be killed. Her husband had been coerced by his family to leave her. Wherever she went, she received many threats, until the neighbours started to assault her son; at which time, she fled in pursuit of safety and protection for her son, as well as herself. Participant 7 disclosed that her life changed drastically when she gave birth to a set of albino twins. Immediately after their birth, her children and she had been threatened with death. She recalled the hatred and disgust that her persecutors had displayed. In addition, she experienced intense fear, when children with albinism started to disappear, mysteriously; therefore, in order to ensure that her children did not succumb to a similar fate, they fled to South Africa.

#### **6.5.3. Main theme 3: Xenophobia in South Africa**

All the participants indicated that they had suffered some sort of xenophobic incident, or attack, while staying in South Africa. Participant 5 explained that his brother and he operate a barber shop in an informal settlement that was ransacked by local criminals, who robbed them of all their money, as well as belongings. They did not resist the robbery; however, they were still severely beaten. His brother was hospitalised, and subsequently, succumbed to the injuries he had sustained, which devastated this participant. Back in the DRC, both his brother and he were journalists, who had exhausted all their means to buy airplane tickets to South Africa, to preserve their lives. He expressed deep feelings of consternation about their decision to come to South Africa, inferring that it might have been better to remain in the DRC and possibly “die

there” without suffering, or having his brother lose his life in such a violent manner, as he did in South Africa.

#### 6.5.4. Main Theme 4: Experiences of rape and sexual violence

All the females in this sample, as well as 2 males interviewed, reported experiences of rape and sexual violence. Participant 4 disclosed that the rebels had raped her violently, many times, using beer bottles and a machete to severely mutilate her vagina. Currently, she is unable to work, is incontinent, and dependent on using disposable diapers. She has been diagnosed with having a fistula infection. All sexual intimacy with her husband has ceased, as she senses that he is repulsed by her. She suspects that he is having an affair, but is afraid to confront him, out of fear that he would drive her out of his house, which further contributes to her feelings of shame, regarding her medical condition.

Participant 16 also described sexual abuse as part of her journey from the DRC, through forests, walking for days before reaching a road. She had hitch-hiked, and been picked up by a truck driver, who had insisted that she pay the transport service with sex. Additionally, the driver had insisted on unprotected sex, which exacerbated her sense of worthlessness, filth, and loss of dignity; however, with no option of returning to the DRC, she had resigned herself to the fact that these experiences would not end. Participant 5 reported a gang rape by five soldiers, and on arrival in South Africa, she had discovered that she was pregnant, and HIV positive. She had decided to keep the child, as abortion was against her culture and religion. Currently, similar to participant 4, her relationship with her husband is also strained, because he does not accept the child, who was borne out of the rape. Participant 5 refers to this child as, the child of the “enemy”, and has no idea which rapist fathered the child.

Three of the seven men also reported some form of sexual violence. Participant 8 disclosed that he had been raped, anally, during his kidnapping, and had experienced a burning sensation from a strange powder that was used. Participant 3, who had identified as a gay person, explained how sticks had been thrust up his anus. He swore that the pain was had been unbearable. He became very emotional while talking about his experiences, and at some point, he stopped talking, and had to leave the room for a

few minutes. After a while, when he returned, he asked that the subject be changed, as he did not want to engage with the topic of sexual violence, any further.

Participant 7 was equally emotional when he recounted that he had been forced to watch his wife and daughters being raped. He expressed that he had felt “helpless and no longer the head of the house”, as he had been unable protect his family members. He cried intensely while talking about this devastating event. Debriefing and counselling was offered to this participant.

#### 6.5.5. Main theme 5: Perpetrators identified by participants

Ten of the sixteen participants experienced trauma and torture at the hands of soldiers, who were acting under the instruction of the DRC government, led by Joseph Kabila, described by participant 3 as a “corrupt authoritarian”. Participant 2 specifically asserted that members of the *M23* had forced him out of the country. The March 23 Movement (Mouvement du 23 mars), abbreviated as M23, also known as the Congolese Revolutionary Army (Armée révolutionnaire du Congo), was a rebel military group based in the eastern areas of the DRC, mainly operating in the province of North Kivu (Baaz & Verweijen, 2013, pp. 563–582). Participant 1 described the perpetrators as rebels, and could not provide any details about them, except that they were “masked men”. Participant 12 identified *Interahamwe* as the perpetrators. *Interahamwe* was a Hutu paramilitary organization in the DRC and Uganda (Kelly, 2010, pp. 1–16). Participant 6 experienced violence from community members, who were anti-gay, while Participant 4 identified the *Mayi-Mayi* militias, as the attackers, which were formed to defend the local territory of the DRC against other armed groups. Most were formed to resist the invasion of Rwandan forces, as well as Rwanda-affiliated Congolese rebel groups; however, some may have been formed to exploit the war for their own advantage by looting, cattle rustling or banditry (Jourdan, 2011, pp. 89–112).

#### 6.5.6. Main theme 6: Lack of justice and zero confidence in the judicial system

None of the sixteen participants indicated any confidence in the judicial system of the DRC. Participant 16 referred to their judicial system as “unfair, biased, inappropriate”, and did not trust it in any way. Participant 3 stated that he would never have approached anyone in the judiciary, for fear of repercussions, especially as a gay

oriented person. According to participant 7, the DRC's judicial system was "non-existent and unreliable", while their lives and suffering have become "meaningless" on this difficult, and sometimes perilous journey.

#### 6.5.7. Main theme 7: Medical intervention

None of the participants received any medical intervention in the DRC. Four of the females had basic medical intervention in South Africa. However, confusion and ignorance, regarding mental challenges, further complicated their experiences, as demonstrated by participant 17, who was hospitalized in a psychiatric hospital, after suffering a psychotic episode. Some of the symptoms included hallucinations and flashbacks. He reported that medical professionals diagnosed "something called schizophrenia, and gave me medication". When asked what schizophrenia meant, he did not know, but assumed that it was some form of illness. He did not understand when the doctor tried to explain, as he was not "good" in English.

Another participant (13) mentioned that he was also diagnosed with schizophrenia, and received psychological intervention. Not fully understanding his disorder, he believed that he was not ill, and therefore, did not require medication. Besides ignorance and confusion, there were other challenges regarding medical intervention, as described by participant 1, who also consulted a psychologist, after being referred by a local NGO. She was diagnosed with post-traumatic stress disorder, and was prescribed antidepressants, which the NGO purchased for her. Subsequently, she was referred to the public hospital, but stopped attending, firstly, as she had no money for transport, to travel to the local medical facility, and secondly, her husband had started a job and could not accompany her to medical appointments to translate, as she was French speaking and couldn't communicate effectively with medical personnel in English.

Two participants indicated stigmatization, discrimination, and the lack of documentation, as severe obstacles of medical intervention. Participant 5 suffered with an external head tumour, and could not access any medical assistance, as she was undocumented, and therefore, refused all medical treatment, or intervention. Participant 14 opted to "suffer in silence" after a bad experience, when seeking medical assistance. He was referred to as *makwerikweri*, after he had difficulty explaining his ailment in English. Since the collapse of Apartheid, the ideology of *Makwerekwere* was

constructed and deployed in South Africa, to render Africans from outside the borders, orderable as the nation's aliens, or monsters. It is a derogatory and negative term used mostly in disdain, with reference to refugees, asylum seekers and *foreign nationals* (Mario Matshinhe, 2011, pp. 295–313). Since this incident, participant 14 had regarded medical professionals as “rude, abrupt and without patience”.

#### 6.5.8. Main theme 8: Coping mechanisms

A number of coping mechanisms were discussed by the participants. Participant 4 accepted and trivialised her experience, alluding that rape happened to all women who fled from the DRC. She had assumed that she was merely part of the unfortunate statistics. Participant 16 indicated that, currently, he only focuses “on the positive and only dwell on the good things.” He has rationalised all his negative experiences, and keeps busy with odd jobs, as well as visiting other people. Participant 3 disclosed that, after playing football, he is “so tired and then he can sleep”.

The narratives provided by these participants highlight attempts to discount their negative experiences, and replace them with physical activities, as a diversion. Participant 5 coped by being focused on the future, and dreaming about resettlement. This hope and optimism was also evident in the interview with Participant 10, who had hopes in moving to Canada. He suffered from cerebral palsy, and believed that he would be able to access better medical treatment in Canada. Participant 5 indicated that she had found solace in going to church, and reading the Bible.

### 6.6. Discussion of the themes

In summary, the words of the participants highlighted their traumatic experiences of rape, torture, displacement, as well as the reception, or treatment, they encountered on reaching South Africa. The dominant themes support the complexities of the experiences of these sixteen participants, as well as their concerted efforts to develop adaptive and coping mechanisms.

#### 6.6.1. Main theme 1: Difficult and sometimes perilous journey

War-related trauma and displacement has devastating effects on refugees and asylum seekers, not only prior to, or during flight mode, but also after (Esnard & Sapat, 2014, pp. 1–12; Iverson & Morken, 2004, pp. 465–470). Refugees and asylum seekers,

therefore, are highly disorientated, traumatized, bereaved and vulnerable, when entering South Africa. The experiences recounted by the participants during the interviews confirm that the journey from the DRC was a dangerous one for them, and the traumatic experiences, or violence, they fled from in their country of birth, continued as they travelled to South Africa.

The literature reveals that, throughout the relocation process, refugees experience severe distress, human rights violations in many forms, which influence their physical, as well as mental health (Dolma et al., 2006, pp. 2061–2064). Challenges specific to refugees and asylum seekers include: loss of cultural and community norms, social isolation; identity confusion;; loss of family members; the loss of important life projects; a lack of environmental mastery, poverty as well as the loss of valued societal roles and resource accumulation (Iverson & Morken, 2004, pp. 465–470).

#### 6.6.2. Main theme 2: Various reasons for leaving country of origin

Many participants cited political affiliation and association, as a compelling reason for the abuse and their adverse experiences. War, insecurity and instability were identified as primary reasons that refugees and asylum seekers left the DRC. Additionally, persecution on the basis of political connections and activism, sexual orientation, as well as witchcraft, were identified as further common reasons for leaving the DRC.

Another group of people who frequently faced persecution were activists and journalists, as reported by the participants in this current study, as well (Hooberman et al., 2007, pp. 108–123). As authorities stalled plans to organize elections, government officials and security forces, systematically, sought to silence, repress, and intimidate the political opposition, human rights and pro-democracy activists, journalists, as well as peaceful protesters (Hooberman et al., 2007, pp. 108–123). The participants also recounted fearfulness about sexual identity and orientation, as a compelling reason to seek refuge in another country, as many participants disclosed targeted and humiliating torture because of their perceived sexuality.

Among the refugees and asylum seekers entering South Africa, are members of the lesbian, gay, bisexual, transgender and intersex communities, some of whom have experienced severe torture, stigmatization and discrimination (Epprecht, 2012, pp. 223–

243). They live in extreme fear, even in their country of origin, fearing that their fellow countrymen would hurt, or even kill them (Epprecht, 2012, pp. 223–243). Although the Democratic Republic of Congo, technically, has no law that deems homosexuality illegal, there is absolutely zero societal acceptance of it (Baaz & Stern, 2010, pp. 2–76). In addition, there is no law criminalizing homosexuality, or sexual contact between people of the same sex, or gender, or specifically targeting transgender people (Baaz & Stern, 2010, pp. 2–76). However, there have been many attempts by members of Parliament to criminalize sexual relations between adults of the same-sex. In this context, the government has failed to acknowledge the blatant discrimination towards LGBTI people, as well as the human rights violations suffered, because of individuals' real, or imputed sexual orientation, and/or gender identity (Epprecht, 2012, pp. 223–243). Therefore, “LGBT people are routinely arrested on other charges related to public indecency” (Epprecht, 2012, pp. 223–243). In view of this, it is difficult to imagine where the safety net of these vulnerable members of society is in times of conflict (Baaz & Stern, 2010). However, it is not only members of the LGBT community who are susceptible to trauma, abuse or sexual violence.

Other participants related their vulnerability to torture and abuse because of being disabled, or having children who are disabled, or born with albinism. Additionally, the refugees, who had experienced the most intense trauma, are those who have disabled children, or are themselves differently abled with autism and albinism, as they were perceived as being cursed, or engaged in witchcraft. They would be ostracised by their families and communities, as witchcraft was deemed unacceptable in the DRC, and punishable by torture, or even death.

Data from the scoping review revealed that belief in witchcraft was widespread. Witchcraft was regarded as a means of explaining the unequal distribution of good and bad fortune, or the occurrence of otherwise inexplicable misfortune (Ohambe et al., 2004, pp. 1–72). The hand of either God, or Satan, may be seen in every event (Stobart, 2006, pp. 1–34), and for many Africans, this evil power was witchcraft. In some areas of Africa, particularly the DRC, where civil wars and economic disasters have left society in disarray, the incidence of this practice has become endemic, with allegations increasing almost daily (Jourdan, 2011, pp. 89–112).

### 6.6.3. Main theme 3: Xenophobia in South Africa

All the participants indicated that they had suffered from some sort of xenophobic incident or attack, while staying in South Africa. They regarded themselves as easy targets for criminals, or abuse, and reported the severity of the xenophobic ideology and violence tolerated in South Africa. Literature describes South Africa as a country with the most expansive rights in the world for refugees and other migrants. However, the experiences of the participants revealed a poor level of integration into South Africa, due to stigmatisation and discrimination. The consequences of xenophobic attitudes and practices, further compound the psychosocial challenges of refugees. The literature review revealed the unfounded perception that migrants are responsible for a variety of social ills; therefore, increasingly, refugees, asylum seekers and migrants have become the target of abuse at the hands of South African citizens, as well as members of the police, the army, and the Department of Home Affairs (Landau et al., 2005, pp. 1–42). Refugees and asylum seekers, with distinctive features from far-off countries, particularly, are targeted for abuse (Malloch & Stanley, 2005, pp. 53–71; Landau et al., 2005, pp. 1–42).

### 6.6.4. Main Theme 4: Experiences of rape and sexual violence

The experiences disclosed by many of the participants, correspond with articles and research studies, included in the literature and scoping reviews, highlighting that rape is highest in areas where conflict between the government military and armed opposition occurs, and is not limited to women, but also includes men, young boys and girls (Onyango et al., 2016, pp. 1–13; Mulumeoderhwa, 2016, pp. 1042–1062; Maedl, 2011, pp. 128–147). Sexual violence often comprises rape, genital mutilation, sexual slavery, gang rape, and torture, such as the insertion of objects into cavities, as described by the various participants of this current study (Maedl, 2011, pp. 128–147). The impact of sexual violence is devastating.

The physical consequences include: injuries, unwanted pregnancies, fistula infections and HIV (Mukengere Mukwege & Nangini, 2009, pp. 1–5; Mabala, 2006, pp. 407–432). Living with HIV could constitute a risk factor for SGBV survivors, as violence occurs when women disclose their HIV status to the family/community, or decides to have HIV testing performed (Mukengere Mukwege & Nangini, 2009, pp. 1–5).

### 6.6.5. Main theme 5: Perpetrators identified by participants

The experiences reported by the participants, regarding the perpetrators of their abuse, torture, and victimization, was attributed to specific individuals or groups in the DRC. Militia, rebels and government officials were identified by the participants, particularly Joseph Kabila and his soldiers, as well as the *M23*, *Mayi-Mayi* and *Interahamwe*. Regarding sexual orientation and witchcraft, fellow countrymen from the DRC, as well as militia and rebels, were identified as the perpetrators of human rights violations.

The listed articles support the views of the participants. Between August 2016 and September 2017, violence involving Congolese security forces, government-backed militias, and local armed groups, left approximately 5,000 people dead in the country's southern Kasai region (Jacobs & Kyamusugulwa, 2017, pp. 179–196; Banks, Day, & Muller, 2016, pp. 206–223; Frère, 2014, pp. 181–198). Schools were attacked, or destroyed, and 1.4 million people were displaced from their homes, including 30,000 refugees, who fled to Angola and other countries (Jacobs & Kyamusugulwa, 2017, pp. 179–196). Nearly 90 mass graves have been discovered in the region, the majority of which are believed to contain the bodies of civilians and militants, killed by government security forces, using excessive force against alleged militia members, or sympathizers (Jacobs & Kyamusugulwa, 2017, pp. 179–196; Banks et al., 2016, pp. 206–223; Frère, 2014, pp. 181–198).

A new coalition of armed groups in South Kivu, known as the National People's Coalition for the Sovereignty of Congo (Coalition nationale du peuple pour la souveraineté du Congo, CNPSC), has clashed repeatedly with the Congolese army, seizing control of numerous villages along Lake Tanganyika (Mukengere Mukwege & Nangini, 2009, pp. 1–5). The groups' stated goal is to topple Kabila's government, which, according to them, is illegitimate, following Kabila's refusal to step down in December 2016 (Mukengere Mukwege & Nangini, 2009, pp. 1–5). Senior security force officers in the Democratic Republic of Congo had mobilized at least 200, and most likely, many more former M23 rebel fighters from neighbouring Uganda and Rwanda, to protect President Joseph Kabila, and quash anti-Kabila protests in December 2016 (Mukengere Mukwege & Nangini, 2009, pp. 1–5).

Subsequently, the humanitarian situation in Congo has worsened severely, as the country faced Africa's largest displacement crisis in 2017, famine was expected to affect 7.7 million Congolese, and a national cholera epidemic has spread across the country (Jacobs & Kyamusugulwa, 2017, pp. 179–196). Meanwhile, the level of international humanitarian funding was at a 10-year low (Jacobs & Kyamusugulwa, 2017, pp. 179–196). All systems and sectors have deteriorated, including the judicial system (Jacobs & Kyamusugulwa, 2017, pp. 179–196).

#### 6.6.6. Main theme 6: Lack of justice and zero confidence in the judicial system

The participants disclosed that certain factors, such as the lack of infrastructure, weak institutional capacity, and corruption, undermine the effectiveness, stability and predictability of the legal system in the DRC. As a result, the participants were of the opinion that they are left extremely vulnerable and without protection. As mentioned briefly in the scoping review, the Congolese legal system *has* broken down, significantly (Peterman et al., 2011, pp. 1060–1067). The DRC is a civil law country, and as such, the main provisions of its private law can be traced back, ultimately, to the 1804 Napoleonic Civil Code (Vlassenroot & Huggins, 2005, pp. 115–194). More specifically, the Congolese legal system was primarily based on Belgian law; therefore, the general characteristics of the Congolese legal system are similar to those of the Belgian legal system, inherited from its Belgian colonialists (Vlassenroot & Huggins, 2005, pp. 115–194).

Customary, or tribal law, was another basis of the legal system of the DRC, as the majority of the population reside in rural areas (Wily, 2011, pp. 733–757). The various local customary laws regulated personal status laws (marriage and divorce laws), and property rights, especially the inheritance and land tenure systems in the various traditional communities of the country (Wily, 2011, pp. 733–757). The Congolese legal system is divided into three branches, namely, public law, private law and economic law (Wily, 2011, pp. 733–757). Public law regulated legal relationships involving the state or state authority; private law regulated relationships between private persons; and economic law regulated interactions in areas, such as labour, trade, mining and investment (Wily, 2011, pp. 733–757). Therefore, besides the significant policies and legal reforms, which the government formulated and adopted, the above-mentioned

factors, still undermined the effectiveness, stability and predictability of the legal system (Wily, 2011, pp. 733–757).

#### 6.6.7. Main theme 7: Medical intervention

Although many participants reported poor, or no access to appropriate medical care and services in South Africa, they had experienced similar situations, prior to leaving their country of origin, the DRC. Most often, refugees come from war-torn environments, as well as prolonged periods in refugee camps (Malloch & Stanley, 2005, pp. 53–71). Some of the educated individuals among them, may speak some English, and possess a scant knowledge of Western culture (Suphanchaimat, Kantamaturapoj, Putthasri, & Prakongsai, 2015, p. 390). On the other hand, some refugees from rural areas may only speak local dialects, and hold very little, or no knowledge of the Western world (Suphanchaimat et al, 2015, p. 390).

Health care providers, who consult with refugees for their domestic screening, are often the refugees' first encounter with Western-style medical care (Suphanchaimat et al., 2015, p. 390). Therefore, healthcare providers are faced with many challenges while tending to the health needs of refugees and asylum seekers (Suphanchaimat et al., 2015, p. 390). These challenges may include, high caseloads, not enough resources, as well as language barriers (Suphanchaimat et al., 2015). As a minority, it should be mentioned that these refugee populations would be subjected to various social determinants of health (Mukengere Mukwege & Nangini, 2009, pp. 1–5). These conditions, coupled with their high incidence of infectious diseases, poor mental health, and susceptibility to chronic diseases, result in poor health outcomes for many refugees (Mukengere Mukwege & Nangini, 2009, pp. 1–5). Amid these severe challenges, refugees and asylum seekers still have the resilience to survive, through the application of various coping mechanisms (Carlson, Cacciatore, & Klimek, 2012, pp. 259–269).

#### 6.6.8. Main theme 8: Coping mechanisms

The main coping mechanisms identified, could be categorised as acceptance, trivialising, resourcefulness, hope/optimism, as well as spiritual rituals. The experiences reported by the participants are consistent with the threads posed in literature, regarding this phenomenon. Zausniewski, Bekhet, and Suresky (2010, pp. 613–626) identified similar coping and protective factors, which facilitate, as well as foster resiliency, and tend to focus

predominantly on positive cognitions (Zausniewski et al., 2010, pp. 613–626). These factors improve refugees' responses to stress and strain, producing positive outcomes. According to Zausniewski et al. (2010, pp. 613–626), there are 7 main determinants that facilitate the subjugation of adversity, to become resilient, stronger, more flexible and healthier (Zausniewski et al., 2010, pp. 613–626; Benard, 2004, pp. 1–113). These determinants include, acceptance, hardiness, mastery, hope/optimism, self-efficacy, sense of coherence, and resourcefulness (Benard, 2004, pp. 1–113). Ultimately, a 'resilient survivor' is an individual with a combination of damages and strengths; predominantly, they hold positive insights, independence, positive interpersonal relationships, initiative, and humour (Benard, 2004, pp. 1–113). Fortunately, this could be said of the 16 individuals, who were interviewed in this current study.

## **6.7. Summary**

The data presented in this chapter highlight the experiences of the 16 key informants, revealing that their adverse and traumatic experiences in their country of birth, continued, to a certain extent, during their journey to South Africa. The main themes that were derived from the data of the individual interviews, largely concur with the threads identified in the literature, revealing the scope and trauma experienced by those fleeing the DRC. In the next chapter, the researcher explores the experiences of 47 ordinary people, currently being supported and assisted with legal relocation/local integration, documentation, as well as other services.



## CHAPTER SEVEN

### PHASE 1: FOCUS GROUP DISCUSSIONS DATA COLLECTION, ANALYSIS, FINDINGS AND DISCUSSION

#### 7.1. Introduction

This chapter contains the data collection, analysis and findings of the four focus group discussions (FGD) that were conducted with 47 participants. The participants comprised 25 females and 22 males from cities in the four provinces, namely, Johannesburg, Durban, Port Elizabeth and Cape Town. A summary of the participants is presented in Table 7.1, followed by a discussion of the data collection, analysis, and main themes that emerged.

#### 7.2. Participants of the focus group discussions

**Table 7.1: Participants of the focus group discussions**

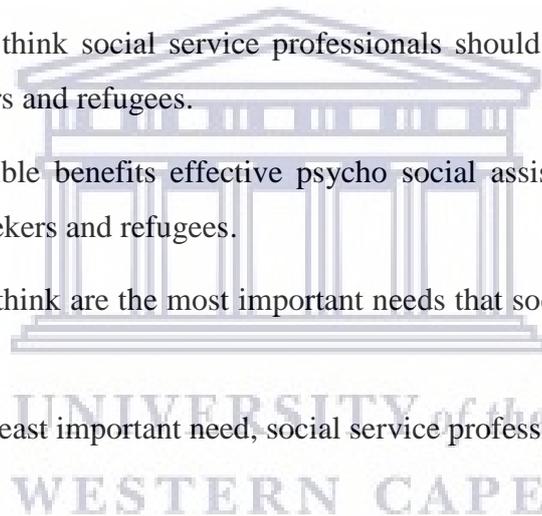
Focus group	City & Province	Total participants	Female	Male
1	Johannesburg, Gauteng	10	6	4
2	Durban, KwaZulu-Natal	11	7	4
3	Port Elizabeth, Eastern Cape	12	6	6
4	Cape Town, Western Cape	14	6	8

#### 7.3. Data Collection

The following probes and questions were used to collect data from the participants of the FGDs across the selected four provinces in South Africa. These were based on the findings that emanated from the scoping review, as well as the interviews with the key informants:

- Describe your psychosocial challenges.
- Explain your level of integration into your host country.
- Describe areas of abuse and neglect for asylum seekers and refugees, in general.

- State any challenges that you, or members of your family, or community are facing.
- Describe your, and/or your family's experience with regard to accessing psychosocial assistance and services.
- Indicate the type of assistance that is available to asylum seekers and refugees.
- What are your expectations of social service professionals?
- Describe how you would like to be treated by social service professionals.
- What guidelines would you want to see in place when you engage with social service professionals?
- Indicate what you think social service professionals should do when engaging with asylum seekers and refugees.
- Explain what you think social service professionals should avoid when intervening with asylum seekers and refugees.
- Describe the possible benefits effective psycho social assistance and services may have on asylum seekers and refugees.
- Indicate what you think are the most important needs that social service professionals should address.
- State which is the least important need, social service professionals should address.



#### **7.4. Data Analysis**

A thematic approach was used to analyse the findings and resultant themes from the collected data of the focus group discussions. The following steps were followed during the data analysis process: (i). Collecting the story from the participants; (ii). Retelling the story; (iii). Assigning codes to the data; (iv). Grouping the data into themes; (v). Collaborating with the participants; (vi). Writing a story about the participants' experiences; (vii). Validating the report's accuracy (Creswell et al., 2003, pp. 209, 240).

#### **7.5. Findings of the FGDs**

The themes and sub-themes that emerged from the FGDs, as well as the illustrative quotes are outlined in Table 7.2.

**Table 7.2: Themes, sub-themes and illustrative quotes from the FGDs**

Themes	Sub-themes	Illustrative quotes
1. Multi-faceted psychosocial challenges	Poverty: Lack of access to opportunities and resources, such as education, employment and housing.	<p>"We live in extremely poor circumstances due to of unemployment" (FGD 1).</p> <p>"We have no privacy in our homes. Our homes are overcrowded, it's not good for our children" (FGD 2).</p> <p>"We don't even have access to social workers if we have experienced rape and sexual abuse. It seems as if they don't care about us" (FGD 4).</p> <p>"There are hardly any bursaries are available to us, we want to be and do better" (FGD 2).</p> <p>"We are willing to work but we have to compete with South Africans on already scarce job opportunities and financial resources. Poverty is so real for us and we have a daily struggle to put food on the table" (FGD 4).</p>
	Limited, or no treatment for HIV/Aids and other chronic illnesses.	<p>"My aunt was diagnosed with dialysis. My aunt is preparing to die because the waiting lists for treatment are just so long. There is no mercy for us here" (FGD 1).</p> <p>"Our lives and health are not important, we simply hear you have no papers and we don't help illegal immigrants" (FGD 1).</p>
	Psychological disorders.	<p>"We have flashbacks, nightmares of what happened to us but we don't have anywhere to go and report it. It seems that we are expected to just forget the trauma we suffered and carry on but it's hard we live with the consequences and scars everyday" (FGD 4).</p>
	Lack of documentation and/or challenges in obtaining necessary documentation.	<p>"Without proper documentation we are left extremely vulnerable and cannot access important services and resources" (FGD 2).</p> <p>"We have to travel to Musina, Durban or Pretoria every three months to have our documents renewed, since the Cape Town Refugee Reception office refuse to accept any new applications for permits". Another participant in the same group added: "we already living in extreme poverty and then we are still required to fork out money for such travels which are very expensive. Our children have to miss school and exams and those of us who are fortunate enough to have employment often have to forfeit our employment because the process of renewing is so long and we often have to spend days at the Home Affairs missing work. Sometimes their systems are off line and then we have to stay there for days without proper shelter and food because we cannot afford to come back without proper documentation that is not an option at all" (FGD 1).</p>
2. Poor levels of integration into South Africa	Stigmatisation discrimination,	<p>"South Africans don't know us or our history, they just don't like us" (FGD 1).</p> <p>"We come to South Africa maimed, thinking we might be safe here but no here we are even worse off. We are attacked and killed, it should have been better if we stayed in our country and being killed there" (FGD 2).</p> <p>"Our children also suffer severe bullying in school, and they are educated in English which is not their first language. They struggle and fail" (FGD 1).</p>
	Lack of access to appropriate services	<p>"We hardly get service and assistance in South Africa. The Day Hospital is the worse. From the security to receptionist and even the medical staff, we get negative attitudes and comments since we walk in" (FGD 1).</p> <p>"It is not uncommon for hospitals to send us back without treatment and assessments when we do not have proper documentation. Medically we feel that we are not served or assisted appropriately. Our lives and health are not important, we simply hear you have no papers and we don't help illegal immigrants" (FGD 1).</p> <p>"We are often referred to as makwerekwere and treated as though we are a burden to the facilities and staff. It hurts especially if another African (Xhosa speaking person) does it" (FGD 3).</p>
	Myths and misperceptions	<p>"My son is 17 years old and had his pants pulled down by a group of other young boys because they wanted to see if the myth is true that men from West Africa has large penises. He refuses to go back to school because the boys who did it to him came off lightly with warnings only" (FGD 1).</p> <p>"South Africans think we are here to steal their jobs and women. The falsely accuse us of bringing drugs and HIV/Aids to their country. They hardly know us or our history, they just don't like us. We don't understand that because we are all from the continent of Africa and use to provide a safe place for their exiles when South Africa went through their own political challenges" (FGD 2).</p>
	Menial and low wage jobs	<p>"We do not get work and if we do we are paid very little. A vast majority of our men choose to do car guard work where the income is very little barely enough to put food on the table" (FGD 4).</p> <p>"We feel powerless, when it's not a certain time of the month, the 15<sup>th</sup> or 25<sup>th</sup> or 30<sup>th</sup> people hardly tip us for watching their cars and we standing there in the sun and sometimes in the rain, but what can we do?" (FGD 4).</p> <p>"As wives we can therefore contribute very little to the household, sometimes I feel it's not even worth it to go and look for work and just stay at home" (FGD 4).</p> <p>"We do not work every day, we only get jobs in domestic work, hairdressing and sewing but our customers are few and do not want to pay us what we ask, they always negotiate with us and pay less, we have no choice but to accept what they offer us" (FGD 3).</p>
	Language barriers	<p>"Most of us come to South Africa and can only converse in French and Swahili. Because communication is such an important part of life and because we do not understand local languages such as English, Afrikaans and Xhosa we struggle to integrate. For the Deaf persons and the elderly amongst us communication is even more challenging" (FGD 2).</p> <p>"We feel that we are easy targets because we don't speak the language and are unaware of what protection and safety resources are open to us". One participant in this group indicated that: "the drivers of the children's transport to school have been identified many times as potential suspects of grooming our young children for sexual violence. Every day we fear that something might happen to our daughters who are so defenceless. We try to teach them to shout, say no but they are so small and weak and some can be gullible falling for the sweets and promises these men use to bribe and groom them" (fg.2)</p>

3. Susceptibility to abuse, neglect and increased vulnerability	Easy targets for criminals and abuse	"We don't feel safe in South Africa, our women and children are easy targets for rape and sexual abuse because we don't speak the language and cannot report properly to the Police. Every day we fear that something might happen to our daughters who are so defenceless. We try to teach them to shout, say no but they are so small and weak and some can be gullible falling for the sweets and promises these men use to bribe and groom them" (FGD 1).
	Physical, sexual and verbal abuse	<p>"Young girls are most susceptible to sexual abuse especially since they live in poor circumstances; they have no educational or employment opportunities and often think sleeping with a man and having his baby is a way out. In their minds becoming pregnant and having someone to care for them is a way to survive not taking into account that men may leave them and even infect them with HIV/Aids (FGD 2).</p> <p>"Having a baby is very important and a status symbol to West African men. There is therefore a pressure on women to bear children. Those who cannot have children are frowned upon and rejected. Their husbands are encouraged to divorce and leave them" (FGD 2).</p> <p>"During times of xenophobia there is massive physical abuse of refugees and asylum seekers within communities. We are killed, beaten, assaulted and at times physically spat upon. Our dwellings, shops and businesses are looted and we sometimes have to run to other areas for safety. Our belongings are stolen and we are left with virtually nothing. We have to split our families as other people cannot accommodate all of us in their homes. This is made worse by words such as makwerekwere, illegal immigrants and the like. South Africans also like to yell at us that we need to go home to our countries" (FGD 4).</p> <p>"I was a sleep in domestic worker and the owner of the house raped me more than once. I was afraid to report it, too fearful that I will lose my income and accommodation. Eventually his wife found out that he was sleeping with me, she called me names, blamed me, physically assaulted me and then she chased me away without 1 cent" (FGD 1).</p>
	Financial abuse	"We feel that we are severely underpaid and overworked because we are so desperate for work and often times have no documentation. If this is not enough some corrupt officials also try to extort money from us especially with regards to documentation. They tell us that we have to wait very long and might never obtain legal documentation and charge us up to R4000 for fake permits, which some are forced to buy just so that they can make a living" (FGD 1).
4. Feedback on psychosocial assistance and services	Temporary and superficial service delivery	<p>"The organization whose mandate it is to serve us has a stronger allegiance to the dictates of the funder. We feel it is about the quantity of service rather than a quality. Service providers just want to tick a box and move on to the next person. Services and assistance is very temporary and superficial. The root of our challenges is not identified or addressed" (FGD 1).</p> <p>"I went to a refugee specific NGO and said there is no food at home. They provided me with a food voucher of R450. When I went back again after two weeks because we then ran out of food again, they said they cannot provide me with another food voucher and that I cannot come back for the same thing time and again. It's not as if I didn't try to get a job. I felt worse than a beggar, but they are then there to help us. I would have appreciated it if they could help me find employment along with the food voucher" (FGD 4).</p> <p>"Those social service professionals who work in refugee related specific organisations: "decide for themselves you, the client, need tangible service in terms of rent or food and this is all that they are interested in. They do not engage with you neither do they value or acknowledge your potential and abilities". Yes we do need food and rent, but we need other services as well, if only they would listen to us" (FGD 4).</p>
	Poor respect and/or empathy	"They (social workers) look at us funny and with a frown on their faces. None of them will greet us friendly or with a smile. They look angry when they see us. They are cold, distant and forever in a hurry. They do not listen to us appropriately. We don't have the freedom or time to tell them our stories from the beginning. They say keep it short we have a lot of clients waiting" (FGD 1).
	No improvement in their circumstances	<p>"It's a waste of time going there" (FGD 1).</p> <p>"There is nobody who can help me improve my circumstances. They don't even try" (FGD 4).</p> <p>"They know better and have resources to help us. We don't know where and when to go to facilities. We go to them so they can help us, but they don't" (FGD 3).</p>
	Lack of access to social grants for section 22 permit holders	<p>"Asylum seekers and refugees especially those who newly arrived in South Africa are not aware where to go for services and assistance". In focus group 3 very few said that all that is available for them at Refugee specific organisations "are food vouchers and 1-2 months' rent, that's it" (FGD 1).</p> <p>"If we do not have recognized refugee status (section 24) then we do not qualify for social assistance grants, offered by SASSA (South African Social Security Agency) to children, disabled and elderly persons. We feel excluded and extremely disadvantaged in this regard. We also need these benefits but are excluded because of a piece of paper" (FGD 4).</p>
5. Expectations from Social workers	Holistic approach. Focus on Development and growth	<p>"We want social service professionals to help refugees and asylum seekers integrate effectively into society. We want them to assist us with development and growth in a holistic sense. We also want social service professionals to help us deal with and overcome trauma through intensive counselling. We expect proper referrals for secondary care in terms of mental health, HIV/Aids services, chronic treatment and medication etc. (FGD 1).</p> <p>"When it comes to health, employment and educational matters social workers just shrug their shoulders and say that is not their responsibility. They don't even do enquiries for us, nor asks if we can get appointments. We want them to link us with appropriate services and assistance. They know better and have resources to help us. We don't know where and when to go to facilities. We go to them so they can help us, but they don't. We don't want to leave their offices without proper information and access to relevant resources" "We also need information with regards to available services and resources for refugees and asylum seekers. They must issue us with pamphlets and should have information and awareness drives in our communities so that we can become aware of all the services and resources that are available to us". We don't want to leave their offices without proper information and access to relevant resources" (FGD 3).</p>

	Trauma, bereavement and in depth counselling	"You need to understand we have lost our loved ones, some of us don't even know if our parents and siblings are still alive or not and we have lost so many things, our documents, our houses, our livelihoods, our clothes, everything. For our ladies some have lost their virginities without their consent. Our humanity and dignities are destroyed. That is hard on its own and then we come here with virtually nothing. We need to be told and assured that everything will be okay, we need someone to walk with us and guide us through our difficult times" (FGD 2).
	Prevention and Advocacy	"We need protection from abuse and xenophobic attacks. We believe that Social services professionals should be preventative and proactive rather than reactive. They should not wait for xenophobic attacks to happen before they respond but should be in our communities actively promoting peace and security. If they see that we are not safe in South Africa they should follow proper procedures so that we can go to another country where we will be safer. They cannot be quiet when we are attacked and killed. They must promote our Human Rights as well" (FGD 4).  "Social service professionals must also advocate for the rights of refugees and asylum seekers. Our right to access to important resources and services and especially the difficulties surrounding documentation should take preference in advocacy work. We also want awareness and prevention services" (FGD 4).
	Access to essential services	"We expect Social service professionals to provide important information to refugees and asylum seekers. English and local language speaking classes should also be made available to us as a project at welfare offices to make assimilation and integration possible" (FGD 1).  "They must issue us with pamphlets with important information" (FGD 2).  "We fled with nothing and need as much assistance to find our feet. We are lucky if a church accommodates us but not all of us are so lucky. Some of our people sleep on the roads in police stations or train stations but even here people chase us. It is dangerous and very harsh on the road. Those who have nowhere to stay, have to endure cold and hot weathers without adequate protection. It's not always easy to find people from DRC who can offer you accommodation. Life is hard in South Africa. Social workers must help us and refer us to proper places so that we don't have to sleep on the road anymore" (FGD 4).
	Attitudes and behaviors	"First and foremost we would like to be treated with dignity, respect and not as a burden or animal. We also want to be seen and treated like someone who has a future, someone who has hope and has potential. We do not want to be treated different than a South Africa citizen (FGD 4).  "We would like to be accepted and treated as an individual with worth and want to be treated like someone who has a brain and can make decisions for themselves. We want to be seen and treated like someone who can make a contribution to society and not just merely as someone who wants handouts and just want to receive, receive, and receive. We come from good upbringings and backgrounds in our country we had big houses, we had good education and jobs, we had up to five maids, it is just unfortunate that everything was destroyed by political unrest. We are not uneducated beggars and don't want to be treated as such" (FGD 2).  "At the very least Social service professional should respect us because we respect them. We won't share our private information immediately in the absence of trust and some sorts of relationship, but they don't bother to establish any kind of relationship with us" (FGD 3)
	Community engagement	"They must come to us and be visible in our communities since they have funding and resources. They should have information and awareness drives in our communities so that we can become aware of all the services and resources that are available to us" (fg2) They must do social cohesion activities bringing South Africans and refugees and asylum seekers together within communities and should create safe spaces for communication and building positive relationship in society. They must be proactive and should do their part to prevent as well as address xenophobia" (FGD 4).
6. Suggested guidelines for social work intervention	Empathy	"We want professionals to be able to place themselves in our shoes and who can understand and relate to us and our struggles. They must have some understanding of refugees and asylum seekers in terms of where we are coming from" (FGD 1).
	Accessibility	"We want to sense warmth and acceptance. We also want accessibility with regards to language. A French speaking interpreter would be highly preferable but in the absence of such we would like the service provider to be patient, slow and try by all means to communicate with us" (FGD 2).
	Confidentiality and privacy	"What you must understand is that there is ethnical and cultural difference between us as refugees and asylum seekers and we don't feel comfortable to divulge our information openly. Sometimes because of affiliates that we had in our country our lives might be in danger so it's a huge safety risks for us sometimes to disclose our details without proper steps to ensure confidentiality" (FGD 3).  "We will appreciate confidentiality and privacy. We do not want to be asked information in front of other persons and especially other refugees and asylum seekers" (FGD 3).
	Comprehensive assessments with a holistic approach	"Social service professionals should avoid blaming and judging. They should also avoid the one size fit all approach and should avoid making assumptions that are not based on proper assessments and facts. They should also stay clear of the "I know better approach". They should avoid being rigid and narrow minded and at all cost avoid focusing on part of the problem but not the entire whole/system. They must also avoid minimalizing the experience of the refugees and asylum seekers" (FGD 1).  "We want social service professionals to focus on the whole person and not just parts of it. We want services that are tangible as well as developmental, focusing on the long term and not merely the short term. We also want linkages to appropriate resources and assistance and proper follow up service. We don't want to feel that social service professionals are merely ticking a box and once we leave the office we are forgotten and left to our own vices" (FGD 4).
	Genuineness	"Social service professionals should also avoid pretence, and rather be real as we can sense when a person is fake and this puts us off" (FGD 2).
7. Potential benefits of appropriate social work intervention	Integration and ability to survive	"If we have access to appropriate and comprehensive psychosocial assistance and services then South Africa will have Refugees and Asylum seekers that are better integrated locally, who are able to provide and care for themselves appropriately and make a positive contribution to South Africa" (FGD 1).

The following narrative clarifies the seven main themes depicted in Table 7.2, to provide more detail regarding the themes, as well as the context.

#### 7.5.1. Main theme 1: Multi-faceted psychosocial challenges

Similar to the interviews with key informants, the FGDs also highlighted multi-faceted psychosocial challenges, such as: lack of documentation; poverty; HIV/Aids and other chronic illnesses; disability; depression/anxiety; unemployment; stigmatisation; discrimination; inappropriate housing; being an easy target for rape and sexual abuse; as well as limited access to educational opportunities. However, the number one challenge, consistently cited by all the focus group participants, throughout the provinces, was the lack of documentation, as well as the long tiring and often expensive process to obtain such documentation.

#### 7.5.2. Main theme 2: Poor level of integration into South Africa

The FGD participants in all four provinces expressed that they generally felt unwelcome in South Africa, due to regular, and recurring xenophobic attacks on refugees and asylum seekers. Stigmatization, discrimination, and the lack of access to appropriate services, were highlighted by the participants of focus group 1 as the major contributors to their sense of being unwelcome in South Africa. Those in focus group 2 added that language barriers precluded them from being integrated, effectively, as most refugees and asylum seekers, especially, the older ones who came to South Africa, were unable to converse in any local language of South Africans, for example, Xhosa, English and Afrikaans, among others. They indicated that this placed them in a precarious position, as often, they were unable to report human rights abuses, or crime, because they could not communicate effectively. Most focus group participants were fluent in French, as their first, and preferred, language.

#### 7.5.3. Main theme 3: Susceptibility to abuse and neglect

All focus group participants agreed that they were severely vulnerable to all kinds of abuse, neglect and exploitation, due to their perceived low status in society. The majority of focus group participants also indicated that they were easy targets for criminals and abusers. The participants of focus group 4, particularly, reported that physical, sexual, and verbal abuse intensified during xenophobic incidents. Those of focus group 1 highlighted financial abuse as a concern. They indicated that, due to their

desperate circumstances, such as enduring extreme poverty, and not having documentation, they often had to settle for low paying jobs, which required them to work hard, for long hours, and minimal remuneration. They lamented that they had no other alternative, as the survival of themselves and their families were at stake.

#### 7.5.4. Main theme 4: Feedback on psychosocial assistance and services

Psychosocial assistance and services were mostly negatively perceived across the focus groups. The discussions mainly revolved around attitudes, resources and funder specifications. Greater dissatisfaction was directed at psychosocial service delivery from NGOs, especially as they were mandated to provide such services to refugees and asylum seekers. In focus groups 1 and 4, the participants specifically deliberated on temporary and superficial service delivery, and described the current service delivery as a *tick box* experience, which did not address the root cause of their challenges. The participants in focus group 1 were particularly vocal about the negative attitudes that they were subjected to, feeling mostly disrespected by psychosocial service providers. The participants in focus group 3 opined that they observed no improvement in their circumstances, even after visiting the organisations that were supposed to assist them.

#### 7.5.5. Main theme 5: Expectations from social service professionals

The participants across all focus groups were generally of the opinion that social workers ought to adopt a holistic approach, when conducting an assessment, and designing an intervention plan, or strategy. In focus groups 1 and 3, particularly, the participants intimated that the social workers focussed more on their development and growth, than their immediate basic needs. The participants of focus group 2 proposed trauma bereavement, in-depth counselling, as well as prevention, and advocacy, as important services that should be included in social work intervention. In focus group 4, the participants expected social service practitioners to advocate, lobby and network on their behalf, mainly for access to essential services that would improve their quality of life. All the focus group participants were unanimously insisting on being treated as people with human rights, which they expected to be reflected in the attitudes and behaviours of service providers. In focus group 4, the participants further suggested that social service practitioners, earnestly, engage in community dialogues and activities, as well as endeavour to combat xenophobia, and improve integration in South Africa. Ultimately, they requested that social workers be proactive, and not reactive, when

dealing with xenophobia. It was also strongly emphasised that social workers should endeavour to prevent any form of violence directed at refugees and asylum seekers.

#### 7.5.6. Main theme 6: Possible guidelines that participants would like to suggest when they engage with social service professionals

All focus group participants across provinces maintained very clear perceptions of possible guidelines, which they expected social service practitioners to follow, when engaging with them, as refugees and asylum seekers. Empathy, accessibility, confidentiality and privacy were very high on the priority list of all the focus group participants. Comprehensive assessments, with a holistic approach, were reiterated by the participants of focus group 1 and 4, while *genuineness* was highlighted by those in focus group 2. The participants in focus group 2, also indicated that they could sense when service providers were not genuine, or engaging in pretence. All they really desired was for social workers to be authentic and honest.

#### 7.5.7. Main theme 7: Potential benefits effective psycho social assistance and services may have on Refugees and asylum seekers

In their opinion, the focus group participants regarded effective integration, and the ability to survive (having appropriate access to food, water and shelter), as the potential benefits of appropriate social work intervention. The participants in focus group 1 disclosed that they possessed skills to offer South Africa, and desired that service providers would invest in them, and/or provide them with employment and educational opportunities. They were also adamant that, while they had endured immense trauma, they were very resilient, and had adopted various coping mechanisms to rise above their challenges. Most participants across the focus groups perceived themselves not only as being beneficiaries, but also as contributors, who could impact and benefit South Africa positively, through their knowledge, experience, and skills.

### 7.6. Discussion of the findings of the FGDs

#### 7.6.1. Main theme 1: Multi-faceted psychosocial challenges

The focus group participants indicated that they were subjected to multiple psychosocial challenges. South Africa's policy of migrant and refugee self-settlement and urban integration, rather than confinement to camps, infers that migrants compete

within the generally overburdened urban housing and employment market, as well as for scarce health and educational resources. South African cities will only succeed in building sustainable communities and infrastructure, by actively including foreign migrants in their public and private housing, employment, as well as health and welfare planning and provision in society (Landau et al., 2005, pp. 1–42). Few shelters and refugee service providers offer temporary support to migrants in desperate need of accommodation, because refugees and asylum seekers are gravely overlooked, in terms of public housing initiatives in society (Landau et al., 2005, pp. 1–42).

As is the case with South African citizens, the lack of adequate housing provision leads to overcrowding, as well as unsanitary and unsafe living conditions in society (Kavuro, 2015, pp. 232–260). This, in turn, could lead to public health hazards, which affect the wider urban community, placing unplanned loading on the available infrastructure, frustrating plans for infrastructure upgrades, in line with real housing needs in society (Landau et al., 2005, pp. 1–42). Additionally, the formation of a group of people, who are vulnerable to exploitation by gangsters and unscrupulous landlords, runs counter to efforts to maintain the standards of buildings and responsible tenancy, which is an integral element of urban regeneration (Jacobson, 2006, pp. 273–286). Ultimately, by inhibiting migrants from gaining a stable and productive foothold in South African cities, not least through formal housing, both economic and cultural opportunities are lost, as migrants could contribute toward the stated goal of building inclusive and *world-class* cities (Jacobson, 2006, pp. 273–286). Providing access to dignified and healthy housing, as well as other essential services, therefore, is a key policy challenge for South African cities, with respect to all urban residents (Jacobson, 2006, pp. 273–286).

#### 7.6.2. Main theme 2: Poor level of integration into South Africa

Focus group participants agreed across the board that they were experiencing a poor level of integration in South Africa. Literature reveals regular reports of hospitals refusing emergency treatment, or demanding high *foreign* payments from people with asylum or refugee documents, as these documents are not accepted (Watters, 2001, pp. 1709–1718). As with other basic social protection services, refugees and asylum seekers in South Africa access health care through the mainstream public health care system of clinics and hospitals (Watters, 2001, pp. 1709–1718). The challenges of

accessing health care services in practices, therefore, combine general access problems experienced by the poor, or marginalised South Africans, such as understaffing, lack of medication and long waiting times, with those peculiar to refugees and asylum seekers (Kavuro, 2015, pp. 232–260). The lack of identity documents for newly arrived asylum seekers, who have not been able to access the asylum process (as described above), limits their access to health care, while xenophobia within the health care system, especially by frontline administrative staff, affects both documented and undocumented refugees and asylum seekers (Kavuro, 2015, pp. 232–260).

Many refugees and asylum seekers are not aware of their rights to access basic health care, and therefore, do not seek it timeously, and prefer to use private, or traditional health care providers (Kavuro, 2015, pp. 232–260). Regarding shelter or housing, asylum seekers and refugees, in general, are excluded from government-funded housing programmes for vulnerable groups (Landau, 2006, pp. 308–327). This is due, mainly, to a lack of clarity in the housing codes, which distinguish between citizens and *illegal immigrants*, without specific mention of refugees or asylum seekers (Landau, 2006, pp. 308–327). Government databases that manage applications for public housing, do not acknowledge refugee ID numbers (Landau, 2006, pp. 308–327).

Additionally, xenophobia, violence, and discrimination create unwelcoming environments that negatively affect refugees' and asylum seekers' ability to be effectively integrated in South Africa (Malloch & Stanley, 2005, pp. 53–71). This intensifies the risks to the migrants' well-being and health, as well as the barriers to obtaining basic health care, welfare, employment, as well as educational services and opportunities (Mpofu, 2018, pp. 73–99). Equally, the xenophobic climate in South Africa has resulted in the increased harassment of migrants (Dassah, 2015, pp. 127–142). In some cases, verbal abuse has led to physical attacks.

Indeed, migration raises all kinds of socio-cultural issues (Mario Matsinhe, 2011, pp. 295–313). For instance, it could lead to cultural advancement for host countries, given the diversity of cultures they host in Africa (Mario Matsinhe, 2011, pp. 295–313; Gqola 2008, pp. 209–222). Alternatively, it could also lead to cultural confusion and persecution, depending on how cultural issues, emanating from migration, are managed. In South Africa, for example, there are two kinds of foreigners, based on

psychological differentiation; European foreigners are perceived and accepted as *tourists* and *investors*, who have everything positive to offer South Africa, while African foreigners are perceived and rejected as *makwerekweres* and *throw-aways*, who have nothing good to offer South Africa (Mario Matsinhe, 2011, pp. 295–313; Gqola 2008, pp. 209–222). The *smelly, hungry, poor, illiterate* and *uncultured, makwerekwere* from *poor* Africa are judged as guilty of *crime, taking our jobs and our women* (Gqola 2008, pp. 209–222), and as such, should be resisted. It is in this context that Mario Matsinhe (2011, pp. 295–313) develops and deploys the ideology of *Makwerekwere* to explain the phenomenon of Afrophobia, famously expressed in *blacks against blacks* violence in May 2008, in South Africa. According to Mario Matsinhe, the ideology of *Makwerekwere* in South Africa is a fantasy of the foreign body, which has its origin in the socio-emotional dynamics of colonial group relations in South Africa, and which, currently, informs the relations between South Africans and African foreign nationals in South Africa (Mario Matsinhe, 2011, pp. 295–313).

The government and NGOs are struggling to assist refugees and asylum seekers to integrate effectively in South Africa (Landau et al., 2005, pp. 1–42). Two issues constrain true freedom of movement, as well as social protection and assistance. Firstly, asylum seekers, who have not been able to access documentation, are in danger of being arrested by the police, as illegal immigrants, so that many are afraid of moving freely on the streets, until they had been able to secure documents (Landau et al., 2005, pp. 1–42). Secondly, as a related point, asylum seekers have to renew their asylum seeker permits at least every three months (sometimes every month) at the same Refugee Reception Office where their original application was made; therefore, they have to remain in the vicinity of the respective Refugee Reception Office (RRO), to avoid high travelling costs (Makhema, 2009, p. 32). Refugee Reception Offices are located in only five major cities in the country (Makhema, 2009, pp. 32). Many of the asylum seekers, who participated in the focus group discussions, also disclosed that they had been on asylum seekers permits (section 22 permits) for over three to four years, while waiting on their applications for formal recognition as refugees to be approved (Makhema, 2009, pp. 32). These situations negatively impact the lives and aspirations of people, since asylum seekers have less legal protection, as well as rights, than refugees do in the country (Makhema, 2009, p. 32). Additionally, it affects their

ability to obtain permanent residence in the five year stipulated period (Makhema, 2009, p. 32).

The Department of Home Affairs attributed their inability, to deal with the problem of issuing permits to refugees and asylum seekers, to the facts that South Africa lacks a history of refugee protection, and the unprecedented number of asylum seekers, who have entered the country, seeking asylum in the post-apartheid era (Solomon & Kosaka, 2013, pp. 5–30). They explained that these justifications posed serious challenges for the department, coupled with the lack of staff and functional office equipment, such as computers, fax-machines, stationery, telephones, furniture, computerised data-base, vehicles, as well as other office equipment necessary to facilitate and improve the services of the department (Landau et al., 2005, pp. 1–42). They maintained that these problems have affected the department's capacity and ability to deal with the present influx of refugees and asylum seekers in the country, leading to an asylum backlog, and inhibiting some asylum seekers from obtaining their asylum, or refugee status, at the appropriate time (Gordon, 2016, pp. 1–17).

Enwere (2006, pp. 1–41) questions what the department has done, in the recent times, to tackle and remedy the problems, as well as ensure that refugees and asylum seekers enjoy adequate protection in the country. The officials claimed that the department had recently recruited and increased the staff complement, sending some for training, and acquiring some high performance equipment (Enwere, 2006, pp. 1–41). However, they added that the department still needed to deal with the accumulated asylum backlog, as well as implement proper and sustainable systems to avoid such backlog in the future (Enwere, 2006, pp. 1–41), In addition, they needed to acquire additional office space, information technology equipment, and budgetary allocations from government for personnel and capacity building (Enwere, 2006, pp. 1–41).

However, high levels of corruption in the asylum application and access process have been well documented (Landau et al., 2005, pp. 1–42), and instances, in which refugees and asylum seekers had bribed officials to access documentation have been noted (Enwere, 2006, pp. 1–41). Additionally, even when refugees and asylum seekers are in possession of the relevant documentation, there are still many entities, public and

private, who do not acknowledge these documents, or do not understand that they confer on asylum seekers the rights to service (Landau et al., 2005, pp. 1–42).

### 7.6.3. Main theme 3: Susceptibility to abuse and neglect

Focus group participants perceived themselves as extremely susceptible to abuse and neglect. Alberti et al. (2010, p. 17) and Maedl (2011, pp. 128–147) explored the areas of abuse and neglect, experienced by refugees and asylum seekers, stating that the current refugee crisis has created multiple forms of vulnerability and insecurity for refugees and asylum seekers. Sexual violence is a gross violation of fundamental human rights and, when committed in the context of armed conflict, a grave breach of humanitarian law (Kelly et al., 2011, pp. 1–8). An increasing number of men and women, either alone or with families, attempt to reach countries of asylum, to seek protection from conflict and violence in their home countries, but are subjected to violence during their journey, as well as on arrival in a host country (Enwere, 2006, pp. 1–41).

This coincides with what the focus group participants in this current study expressed that the country of asylum did not necessarily provide sanctuary from violence (Kavuro, 2015, pp. 232–260). Whether refugees and asylum seekers live in camps, or in urban situations, they could be subjected to sexual attacks by persons in authority, or in positions that enable them to take advantage of this population's particularly vulnerable circumstances (Kavuro, 2015, pp. 232–260). In a variety of asylum situations, officials who determine the refugee status of the applicant, may extort sex in exchange for a positive determination (Gibney, 2004, pp. 1–29). Refugee women and girls may be approached for sexual favours in exchange for assistance, for example, during food distribution. Unaccompanied children, in particular girls, placed in foster care may suffer sexual abuse by foster family members (Gibney, 2004, pp. 1–29). In extreme situations, some refugees, who had initially fled their country of origin, due to internal conflict, have been known to return home, in order to find relief from the general insecurity existing in the country of asylum (Gibney, 2004, pp. 1–29; Kavuro, 2015, pp. 232–260). The fact that refugees and asylum seekers do not speak the local language, and may not know where to report crimes, or access appropriate services, place them in an even more vulnerable position (Landau et al., 2005, pp. 1–42).

Women and lone, female head-of-households are at the greatest risk of being subjected to sexual violence (Ohambe et al., 2004, pp. 1–72). Children, particularly, are vulnerable to sexual abuse, given their high level of trust, while unaccompanied children, and children in foster families, also fall into this category (Maedl, 2011, pp. 128–147; Rehn & Sirleaf, 2002, pp. 1–167). Additionally, refugees of all ages and both genders face a significantly increased risk of sexual violence when in detention, or detention-like situations (Christian et al., 2011, pp. 227–246). Refugee workers should be aware that the very old, the infirm, as well as the physically and mentally, may also be vulnerable to attack (Maedl, 2011, pp. 128–147; Rehn & Sirleaf, 2002, pp.1–167).

Access to employment for refugees and asylum seekers is limited by the long waiting periods for documentation, difficulties in certifying foreign qualifications, affirmative action policies, which are interpreted to only include *previous disadvantaged* South African citizens, and xenophobic attitudes from employers (Landau et al., 2005, pp. 1–42). Even those asylum seekers and refugees who possess skills that are in short supply in South Africa, such as skills in health care, education, engineering, and IT, struggle to access the job market. In spite of this strong legal framework, there are many practical barriers for refugees and asylum seekers searching for employment (Makhema, 2009, p. 32). In the experience of South Africa, programmes intended to improve conditions in former informal sectors, have had unintended negative impacts on foreigners (Landau et al., 2005, pp. 1–42). Because of the difficulty of securing formal employment, many asylum seekers and refugees have taken up work in the informal sector (Landau et al., 2005, pp. 1–42). The insecurities inherent in the informal sector, such as exploitation by employers, or the need for trustworthy supply networks, affect citizens and non-citizens alike; however, there are regular reports that refugees and asylum seekers face additional challenges, such as victimization by police, as well as difficulties in accessing street trading and business permits (Enwere, 2006, pp. 1–41). Formalized sectors include the security industry, street trading, the hospitality industry and farm work, all of which are common employment areas for refugees and asylum seekers (Enwere, 2006, pp. 1–41). As noted above, refugees and asylum seekers often work in informal employment sectors because they face difficulties accessing formal employment. As soon as these sectors become more formalized, they require formal identity documentation, or permits, particular to the industry, which are difficult for refugees and asylum seekers to access (Enwere, 2006, pp. 1–41). Employment

formalization may entail that non-citizens, working in these sectors, could lose their jobs, or new entrants could have more difficulties finding jobs in the sector (Malloch & Stanley, 2005, pp. 53–71). This is especially true for undocumented asylum seekers, but also includes legally working refugees and asylum seekers, whose documents may not be recognized as legitimate by employers (Landau et al., 2005, pp. 1–42).

In addition, refugees and asylum seekers are often coerced into the most marginal jobs, or areas of employment sectors, by employers who try to circumvent, or ignore, the new formal minimum standards (Landau et al., 2005, pp. 1–42). Some sectors, particularly the security industry, are explicitly discriminatory. The Private Security Industry Regulatory Authority (PSIRA) has recently enforced the requirement that only citizens, or permanent residents, be allowed access the obligatory registration process for all security-related jobs (Landau et al., 2005, pp. 1–42). This negatively affects refugees and asylum seekers, who, previously, had been employed in this sector (Landau et al., 2005, pp. 1–42).

Regarding education, refugees' and asylum seekers' children attend the mainstream public schooling system in South Africa, and enjoy the same rights to participate in school programs, such as feeding schemes, or school fee exemptions, as South African children (Landau et al., 2005, pp. 1–42). However, a significant proportion of refugee children do not attend school, with their parents often unaware of the possible fee exemption, or unable to cover the additional costs of uniforms and transport (Makhema, 2009, p. 32). Pre-school education, such as crèche and Grade R, are not considered part of the legally mandated *basic education*, and therefore, not subsidized by the state (Jacobsen, 2006, pp. 273–286; Landau, 2006, pp. 308–327). Additionally, tertiary education is not considered part of *basic education*, and therefore, access to it is not a right; however, refugees and asylum seekers are allowed to study (Jacobsen, 2006, pp. 273–286; Landau, 2006, pp. 308–327). In both cases, the main access difficulty, faced by refugees and asylum seekers, is financial, mirroring the access problems faced by citizens (Jacobsen, 2006, pp. 273–286; Landau, 2006, pp. 308–327).

#### 7.6.4. Main theme 4: Feedback on psychosocial assistance and services

The focus group participants' evaluation of psychosocial assistance and services were mostly negative. In practice, social work's responses to societal challenges have always

been situated within specific historical contexts, namely, social, economic, political, cultural, and ideological (Hölscher, 2016, 97–112; Hayes & Humphries, 2004, pp. 131–132). As such, they have been developed in response to, not only the perceived needs of the service users, but also to the demands of other, more powerful stakeholders, in particular, the frequently articulated gatekeeping mandate, which is the demand for services to be rendered, in order to control and curtail the ostensive *drain* on public resources, by people in need (Hayes & Humphries, 2004, pp. 131–132). In addition, social workers are constantly at risk of being perceived as an unnecessary drain on public resources, and their work, in need of being controlled and coordinated (Robinson, 2013, pp. 1602–1620). The resultant tensions have remained a defining characteristic of the profession (Hölscher, 2016, 97–112; Briskman, Zion, & Loff, 2012, pp. 37–55). Consequently, even practitioners, with a generalised sense of duty to promote justice and oppose injustice, may have difficulty in translating the profession’s universal orientation towards justice, into particular visions for specific situations (for example, knowing what it is that needs to be done). This is especially the case when such practitioners are surrounded by clearly articulated expectations, entrenched rules, and known sanctions, which suggest that, contrary to the practitioners’ belief, nothing needs to be done, or done differently, regarding a particular issue, or concern (Hölscher, 2016, 97–112; Briskman, Zion & Loff, 2012, pp. 37–55). Likewise, it may be that, for ethically-aware practitioners, a global commitment to social justice could cause experiences of moral discomfort about a particular issue, or concern. This, however, might not provide sufficient impetus and clarity, regarding which concrete actions to follow (that is, knowing what to do about a particular injustice, to what end, as well as having the intent and ability to execute it), especially when it involves breaking set rules, renegeing on concrete expectations, or being exposed to the risk of negative sanctions and penalties from employing organisations (Hölscher, 2016, 97–112; Briskman, Zion, & Loff, 2012, pp. 37–55). (Briskman, Zion, & Loff, 2012, pp. 37–55). Conversely, when specific situations demand concrete actions, the social workers’ professional duties, as well as their responses to which outcomes they should aspire towards, may not always be clear (Hölscher, 2016, 97–112; Briskman, Zion, & Loff, 2012, pp. 37–55).

Concerning cross-border migration, the field of social work is no exception in this regard. The overall impression generated is that practitioners tend to lean more towards

their control functions, instead of their caring responsibilities, even though incidents of resistance against the harshness of exclusionary measures, have also been recorded (Hölscher, 2016, 97–112; Briskman, Zion, & Loff, 2012, pp. 37–55).

Several authors propose that the *most moral* interventions, regarding cross-border migrants, were those that were political, in the sense that they arose from critical structural analysis, and were likely to encourage social workers to join progressive civil society alliances, organise and participate in social action, as well as engage in critical, radical, structural, or anti-oppressive forms of social work (Hölscher, 2016, 97–112; Cemlyn, 2008, pp. 222–242; Hayes & Humphries 2004: pp. 131-132). However, those practices of resistance, recorded in the literature, appeared somewhat fragmented, informal, spontaneous and, potentially, short-lived (Hölscher, 2016, 97–112; Mostowska, 2013, pp. 1125–1140; Cemlyn, 2008, pp. 222–242), while many social workers, who did not wish to collude with exclusionary discourses, policies, regulations and practices, also felt powerless, vulnerable, and found their radius for action constrained (Hölscher, 2016, 97–112; Guhan & Liebling-Kalifani, 2011, pp. 205–228).

#### 7.6.5. Main theme 5: Expectations from social service professionals

The focus group participants' expectations of social service professionals are justified in literature. The International Federation of Social workers/International Association of schools of Social work IFSW/IASSW (2004) assert that “it is the responsibility of social workers to promote social justice in society generally, and in relation to the people with whom they work”. Additionally, social workers have a responsibility to challenge negative discrimination, and be blameless of practising it themselves. Social workers should acknowledge, recognise and respect the ethnic and cultural diversity of individuals, as well as the societies in which they practice (IFSW/IASSW, 2004, Solas, 2008, pp. 813–822; Sakamoto & Pitner, 2005, pp. 435–452). They should ensure that the resources at their disposal are allocated fairly and impartially (IFSW/IASSW, 2004; Solas, 2008, pp. 813–822; Sakamoto & Pitner, 2005, pp. 435–452).

Social workers have a duty to alert their employers, policy makers, politicians and the general public, in circumstances where resources are inadequate, or where the distribution of resources, policies and practices are harmful, oppressive or unfair (IFSW/IASSW, 2004, Solas, 2008, pp. 813–822; Sakamoto & Pitner, 2005, pp. 435–

452). Similarly, social workers have an obligation to challenge social conditions that contribute to social exclusion, stigmatisation or subjugation, and to work towards an inclusive society. Advocacy, therefore, is an inherent part of their work (IFSW/IASSW 2004; Solas, 2008, pp. 813-822; Sakamoto & Pitner, 2005, pp. 435–452).

#### 7.6.6. Main theme 6: Possible guidelines that participants would like to suggest when they engage with social service professionals

Focus group participants clearly articulated possible guidelines to include empathy, accessibility, confidentiality and privacy, as well as comprehensive assessments with a holistic approach and genuineness. In international literature, there is a similar trend in the possible guidelines, suggested for social work professionals, who work with refugees and asylum seekers (Ager & Strang, 2008, pp. 166–191). Asylum seekers, particularly, are vulnerable, while they await a ruling on their petitions for protected refugee status (Landau, 2006, pp. 308–327). Because asylum seekers are considered undocumented immigrants before that ruling is made, they do not have the right to access government benefits, or legal work opportunities, and therefore, are unable to access social work services from many agencies that require insurance coverage, or fees for services (Landau, 2006, pp. 308–327). The same applies to the South African context (Landau, 2006, pp. 308–327).

Therefore, asylum seekers are extremely vulnerable, without means, limited in their ability to meet their basic needs, as well as access vital legal representation (Katzmann, 2008, p. 3). This implies that social work professionals, who work with asylum seekers as clients, face the unique challenge of attempting to assist them in meeting their critical needs, despite a lamentable lack of available resources (Katzmann, 2008, p. 3). Social workers, therefore, should consider various ways in which to overcome the barriers, in order to provide the necessary support to this vulnerable client group (Zetter & Pearl, 2000, pp. 675–697). In terms of case management, social workers are likely to be the initial service providers, with whom asylum seekers would interact and develop a rapport, as well as trust. It is important that case managers understand the asylum seeking process, in order to competently assess the client's needs and strengths (Zetter & Pearl, 2000: pp. 675-697). Categorising concerns and priorities require careful explanation and non-directive questioning, and should be a constant process to highlight the clients' right to self-determination (Zetter & Pearl, 2000, pp. 675–697).

Case management of social work practice with asylum seekers could include a wide range of supportive services, such as: researching for, and referring clients to agencies that provide free, or affordable, health/mental health care; housing assistance; food; and legal aid, while simultaneously, assisting clients with transportation to agencies that provide these needed services, and/or accompanying them to those agencies (Heptinstall, Kralj, & Lee, 2004, p. 44). Another important function of social workers involves helping clients to understand and navigate the complex processes of social services policies, acting as an advocate/liaison, for clients, and assisting them to receive the needed attention from other service providers “in the legal, medical psychological, government, and social services fields” (Heptinstall et al., 2004, p. 44).

However, another guideline suggests connecting clients to interpreters, as required, as well as mental health services, since asylum seekers and refugees would probably have experienced traumatic events that prevent them from living safely in their home communities, and therefore, are very often in need of mental health support services (Davidson, Murray, & Schweitzer, 2008, pp. 160–174). These experiences pose further profound challenges to asylum seekers’ well-being and psychosocial functioning, which, in addition to the associated stigma, could strongly impact their ability to seek and engage with mental health services (Davidson et al., 2008, pp. 160–174). Therefore, social workers, who are in a position to offer free/pro-bono, or sliding scale rated mental health services to asylum-seeking clients, should prioritise the provision of such counselling and mental health care to members of a population with an acute need for such services (Davidson et al., 2008, pp. 160–174). Importantly, through mental health care, asylum-seekers could develop coping skills, process trauma, as well as build the strength and resiliency needed to start a new life, under stressful conditions (Davidson et al., 2008, pp. 160–174).

Besides, mental health social workers could also advocate, at a macro-level, for policy changes and programmes that would improve conditions for asylum-seekers in the country of asylum (Heptinstall et al., 2004, p. 44). Such policies and programmes are usually included in broader immigration reform measures, at the national governmental level; however, the voices and support of social service providers could help to highlight the undue barriers, as well as vulnerabilities that an ineffectual system places on asylum-seekers and refugees, by extension (Heptinstall et al., 2004, p. 44).

Social workers, in particular, should seek, and help, to develop policy that assures asylum-seekers the provision of basic needs, which include food, stable housing, clothing, and safety, as well as timely access to vital health and mental health services, affordable legal services, and culturally appropriate and language-appropriate services (Watters, 2001, pp. 1709–1718). As social service professionals, who promote justice and equality for the most vulnerable populations, it is incumbent on social workers to work with, and advocate for asylum seekers' access to basic services that will improve their psychosocial functioning and guide them on the path to a life of health and safety in their country of asylum (Davidson et al., 2008, pp. 160–174).

Nipperess (2013, p. 3) asserts that it is imperative for social work education to “move beyond rhetorical commitments concerning human rights, to in-depth explorations of human rights and its relationship to critical social work practice”. Emergent from this research was the development of a framework that entrenches a critical human rights approach in social work practice (Nipperess, 2013, p. 3). This framework assists social workers to encourage client systems to determine and express their needs, prevent and/or minimize human rights violations, find and utilize resources, and effectively resolve issues themselves.

#### 7.6.7. Main theme 7: Potential benefits effective psychosocial assistance and services may have on Refugees and asylum seekers

The focus group participants maintained that, should appropriate social work intervention strategies be applied, they would be in a better position to be integrated locally, and should be able to provide and care for themselves, as well as make a positive contribution in South Africa. They were also of the opinion that refugees and asylum seekers would, therefore, be more resilient, better able to overcome their challenges, and have the ability to deal with their past and present trauma, in an effective way. However, there is a common misconception that refugees, in general, are a financial burden on society (Akuei, 2004, pp. 1–9).

In many cases, refugees possess knowledge and experience that is of value to the receiving country, as well as a dedication to learn new skills (Akuei, 2004, pp. 1–9). Refugees, therefore, could be a positive force for economic, as well as human development, if the barriers to employment, as well as other essential services and

resources were reduced (Ager & Strang, 2008, pp. 166–191). For example, employment provides an opportunity to fulfil personal aspirations, achieve financial independence, build social networks, as well as contribute to the economy and the community in empowering ways (Ager & Strang, 2008, pp. 166–191). Allowing refugees to access legal employment could benefit host societies in a number of ways. Utilising the knowledge, skills and training that refugees bring with them, could help to fill gaps in the labour market, and, if refugees are formally employed, they would be able to contribute to the host country's revenue and tax system. In addition, they could bring new perspectives to the workplace and act as mediators in intercultural exchanges (Castles, De Haas, & Miller, 2013, pp. 1–22).

## **7.7. Conclusion**

The findings of the interviews and focus group discussions appeared to overlap, revealing the discontent and dissatisfaction with living conditions, social work services, as well as accessibility to mental health support, medical care, education and employability. In addition, it is apparent that the participants of the study were of the opinion that their resilience and coping mechanisms would be restored, if they were provided with the necessary support and services. Their contestations may not be any different to those of South African citizens, who may also have endured adverse and traumatic experiences; however, the scope and trauma that these participants experienced, while fleeing from their countries of birth, begs a different consideration. The abrupt dislocation from their families and communities, the loss of their cultural and other identities, the anonymity that they live with in South Africa, could be, and must be, considered as aggravating factors.

The following chapter comprises an account of the Delphi method of enquiry, conducted with experts in this field of practice, to determine preliminary guidelines for social work intervention with refugees and asylum seekers.

## CHAPTER EIGHT

### PHASE 2: DELPHI METHOD OF ENQUIRY SESSIONS: DESIGN AND EARLY DEVELOPMENT OF PRELIMINARY GUIDELINES FOR SOCIAL WORK INTERVENTION WITH REFUGEES AND ASYLUM SEEKERS

#### 8.1. Introduction

In this chapter, the researcher reports on the Design and Development of the preliminary guidelines for social work intervention with refugees and asylum seekers, through a Delphi method of enquiry, hereinafter referred to as a Delphi study. It must be noted that the findings of the previous phase informed the data collection and analysis during this phase. The stakeholders for the Delphi study comprised a total of eighteen (18) social workers, auxiliary social workers, community development workers, psychosocial programme directors, as well as field workers.

Hasson, Keeney, and McKenah (2000, pp. 1008–1015) define a Delphi method (DM) as a systematic technique that aims to engage a large number of experts (those who specialise in a particular field of interest, or who have knowledge about a specific subject) in a process, to obtain consensus, opinion of, or judgment on, a topic, where the required information is incomplete, or scarcely available. This method was employed in this current research study, in order to determine preliminary guidelines for social work intervention that are effective, user friendly, language appropriate, and a comprehensive tool, which could be used by social work practitioners, to assess and assist refugees and asylum seekers. According to Linstone and Turoff (1975, pp. 3–12), the Delphi method originated in the early 1950s, when an Air Force-sponsored Rand project, entitled “Project Delphi”, sought to reach consensus, through a series of questionnaires with military experts, on possible U.S. industrial targets for attacks from Russia.

Stone and Busby (1996, pp. 469–482) suggest that the objective of this method is to gain the most reliable consensus of opinion from a panel of experts. This method is one of the most effective means of facilitating communication between experts in a field, as it allows effective discussions about a topic, without necessarily having to meet in one location

(Young, 2012, pp. 1–24). The Delphi method is also described as a process of gathering information from experts, and finding consensus among them (Young, 2012, pp. 1–24). Hsu and Sanford (2007, pp. 1–8) assert that one of the characteristics of a Delphi study is the feedback process, which allows the various stakeholders to re-assess their initial judgements, and consequently, recommend a process of different rounds.

## 8.2. Stakeholders

There is no agreement on the panel size for Delphi studies, and neither recommendations, nor unequivocal definitions of *small* or *large* samples (Akins, Tolson, & Cole, 2005, p. 37). Many Delphi studies published, have comprised 10 to 100, or more, panellists. The Delphi stakeholders for this current study were purposively selected to apply their knowledge and experience to social work intervention with refugees and asylum seekers, based on set criteria (Akins et al., 2005, p. 37). An invitation for participation in the Delphi study was sent to 35 stakeholders for the first round, of whom, 20 consented to participate. A Delphi stimulus document (Appendix L), containing various questions, was electronically distributed to the stakeholders to request their expert opinions, regarding the content and overall structure of the guidelines for social work intervention with refugees and asylum seekers. Two (2) stakeholders withdrew after the stimulus document was received; therefore, a final total of 18 experts participated, including: 2 Psychosocial programme directors (with some social work background); 8 social workers; 5 auxiliary social workers; and 3 community development workers. The composition of the stakeholders facilitated comprehensive feedback and expert opinions, pertaining to psychosocial assistance and service delivery for refugees and asylum seekers. For the second round, the 18 stakeholders of the first round were invited to participate, and subsequently consented.

**Table 8.1: Stakeholders of the two rounds of the Delphi Study**

Delphi round	Number of invitations sent	Number of consents received
Round 1	35	20
Round 2	18	18

### 8.2.1 Demographic details

The stakeholders, who were invited to participate in this study, were purposively selected, as each one was involved in providing psychosocial assistance to refugees and

asylum seekers on a daily basis. Although not always physically involved, they contributed to the advancement and social development of refugees and asylum seekers, in whatever capacity they were employed. The stakeholders' ages ranged from 20 to 60 years. The study was conducted nationally, to obtain expert advice on the comprehensiveness of the guidelines for social work intervention with refugees and asylum seekers. The demographic information reveals that there were more females (65%) than males (35%) that participated in this study. There was a majority of refugee and asylum seeker professionals (60%), as opposed to South African professionals (40%). The age of the youngest participant fell in the 20 to 30 age category, with the oldest in the 50 to 60 category. The stakeholders for this current study comprised mostly social service practitioners (90%); one stakeholder (psychosocial programme director) had a law background, but with community development training (5%), and another had a qualification in Psychology (5%). All stakeholders had between 5 to 30 years of working experience with refugees and asylum seekers.

### **8.3. Procedure of data collection**

A Delphi stimulus document (Appendix L) was used as a guide to procure information from the stakeholders, related to their experiences of the psychosocial needs and challenges of refugees and asylum seekers, as well as their suggestions for social work interventions with this population. The Delphi stimulus document was developed, based on the findings of the scoping review, qualitative interviews, as well as focus group discussions and comprised three sections:

**Section 1:** Stakeholders' own experiences, challenges and their evaluation of current social work strategies and interventions with refugees and asylum seekers;

**Section 2:** Their perception of the psychosocial needs of refugees and asylum seekers; and

**Section 3:** Suggested courses of action and guidelines for social work intervention, inferring that the stakeholders make any suggestions and recommendations concerning the overall structure and content of social work intervention with refugees and asylum seekers.

Individual responses were kept anonymous. The study required two rounds only, as consensus was reached from all stakeholders, at the end of the second round.

### 8.3.1. Round 1

An information letter that contained information regarding this present study and the need for their professional support was sent to all the stakeholders (Appendix E). Once the stakeholders consented to their participation, a Delphi stimulus document (Appendix F), containing various questions, was sent to them electronically, requesting their expert opinion on the content and overall structure of preliminary guidelines for social work intervention with refugees and asylum seekers. Their responses were collected and analysed, while, subsequently, common and conflicting viewpoints were identified and summarised (Rowe & Wright, 2001, pp. 125–144).

### 8.3.2. Round 2

This round involved the completion of the Delphi stimulus document (Appendix F). The Delphi study for this present study was conducted over two months, and was, initially, expected to spread over three rounds. However, consensus was reached, through the process of thesis and antithesis, over two rounds of discussion that involved gradually working towards synthesis, and building consensus (Rowe & Wright, 2001, pp. 125–144). It is worth noting that some of these professionals were former refugees and asylum seekers, who were practising as social service practitioners, presently.

## 8.4. Data analysis

The data obtained from the stakeholders in the Delphi study were analysed by means of Thematic Analysis, in response to specific questions (Table 8.2).

### 8.4.1. Results (from round 1 and round 2)

The comments from the stakeholders, in response to the Delphi stimulus document, are displayed in Table 8.2. Correspondence between the researcher and the stakeholders were kept confidential, although not anonymous. All the stakeholders were known to the researcher, anonymity could not be ensured, as they had to return their responses to the corresponding email address of the researcher.

As indicated before, data obtained from all the stakeholders were captured and presented in a table format. The stakeholders were asked to share any suggestions and/or concerns that they may have regarding the content of guidelines for social work

intervention. The stakeholders provided comments for the researcher to consider, as well as information that would contribute to the design of the guidelines. Five themes emerged from the results obtained during Round 2 of the Delphi study. Consensus was reached on all the components, following the input from the stakeholders, who accepted the invitation to participate. The researcher informed all the stakeholders that consensus was reached at the end of Round 2, and thanked them for their willingness to participate, as well as their invaluable contributions.

**Table 8.2: Emerging themes and comments by stakeholders in the Delphi Study**

Questions	Themes	Comments by stakeholders
Describe your experience in working with refugees and asylum seekers?	<b>Extensive working experience in the refugee and asylum seeker field:</b>	<p><i>"My experience working with Refugees and Asylum Seekers goes as far back as 2005."</i></p> <p><i>"I have 10 years' experience in working for a NPO providing Psychosocial Refugee services in the Western and Eastern Cape".</i></p> <p><i>"Working with Refugees and asylum seekers is eye opening Seeing and interacting with victims of the different forms of violence from war torn countries in Africa gave me a new perspective on my view on peace building and conflict transformation. It made me realize that not much is being done by institutions set up to foster peace around the world"</i></p>
What are the challenges you face when encountering refugees and asylum seekers in terms of psychosocial intervention?	<p><b>Challenges:</b></p> <p>Funding and resource limitations;</p> <p>Multiple needs of refugees and asylum seekers;</p> <p>Language and cultural barriers;</p> <p>Undocumented refugees and asylum seekers;</p> <p>The issue of disclosure about the cause of their situation is the principal challenge;</p> <p>Not creating a dependency syndrome;</p> <p>Political will, influencing South Africans, and making it difficult for refugees and asylum seekers to integrate.</p>	<p><i>"Funding and resources is so limited that it's about trying to find the best way of providing a holistic service with what is available".</i></p> <p><i>"There's such a multitude of needs that makes it really difficult to provide the services that would be able to allow the refugee/asylum seeker the opportunity to rebuild their lives".</i></p> <p><i>"...providing the much needed psychosocial intervention and not creating the dependency syndrome amongst refugees and asylum seekers".</i></p> <p><i>"The challenge is language and cultural barriers in accessing the psychosocial intervention".</i></p> <p><i>"Others do not want to talk about their situation because they are still hurt and talking about it will remind them the whole scenario of what they went through".</i></p> <p><i>"Most asylum seekers and refugees are undocumented and this makes it difficult for them to participate in essential activities".</i></p> <p><i>"Another challenge is next year elections in which political parties might promise some South Africans that they will deport refugees and asylum seekers in an effort to secure their votes".</i></p>
How do you overcome these challenges?	<p><b>Strategies to overcome challenges:</b></p> <p>Referral;</p> <p>Multidisciplinary approach;</p> <p>Partnership with other NGOs and Government;</p> <p>Establish working contract with refugees and asylum seekers;</p> <p>Fundraising;</p> <p>Advocacy.</p>	<p><i>"Those asylum seekers who are undocumented are referred to Refugee Reception Offices".</i></p> <p><i>"Hiring of interpreters to deal with the challenge of language barrier".</i></p> <p><i>"Develop working relations with other NPOs".</i></p> <p><i>"Have a record of understanding with refugees and asylum seekers".</i></p> <p><i>"Advocate and educate donors/funders and government on the need for greater resources/services in order to ensure a self-reliant individual who will be an active positive contributor to the SA economy".</i></p>

<p>Are you of the opinion that current social work strategies and interventions address the needs of refugees and asylum seekers appropriately? Please explain your answer in detail.</p>	<p><b>Evaluation of current social work strategies and interventions with refugees and asylum seekers:</b></p> <p>Government support is inadequate;</p> <p>Asylum seekers lack of access to social grants;</p> <p>Psychosocial assistance is limited;</p> <p>Strategies are irrelevant because it does not take into account the culture and customs of refugees and asylum seekers;</p> <p>Temporary and superficial relief.</p>	<p><i>"The challenge is that government is not providing direct material and non-material support to Refugees and asylum seekers".</i></p> <p><i>Government is only providing social grants to refugees. Asylum seekers in SA are more vulnerable than refugees because they cannot access social grants".</i></p> <p><i>"The psychosocial intervention is provided by non-governmental organisation with very limited funding. Also the strategy does not take into account the role of culture and customs when providing psychological and trauma counselling".</i></p> <p><i>"Current social work strategies are superficial and not really helpful. Effective Strategies and interventions that do not speak to the roots of the problem can only resolve the issue partially. Thus, it is really crucial to be aware about the cause and try to find solution otherwise their effects will keep on increasing from time to time".</i></p>
<p>What do you perceive as the <b>most</b> important psychosocial needs of refugees and asylum seekers?</p>	<p><b>Most important perceived needs of refugees and asylum seekers:</b></p> <p>Basic needs (food, shelter and healthcare);</p> <p>Trauma and in-depth counselling;</p> <p>Sexual gender based violence support;</p> <p>Medical intervention;</p> <p>Child Protection;</p> <p>Documentation.</p>	<p><i>"As the psychosocial wellbeing is identified as the connections between an individual and others, whether it be family or his community it is almost impossible to distinguish between more and less important needs. The only way to raise the level of importance of a need over another is on the basis of basic survival needs and social needs. Based on that principal needs such as food and healthcare would be most important".</i></p> <p><i>"Food and shelter".</i></p> <p><i>"Trauma and mental health counselling".</i></p> <p><i>"Sexual and gender based violence support".</i></p> <p><i>"Child protection and education assistance".</i></p> <p><i>"Support grants for only asylum seekers".</i></p> <p><i>"HIV&amp; AIDS support and intervention".</i></p> <p><i>"The issue of Home Affairs documents is crucial among the needs of refugees. Whenever their papers expire, refugees and asylum seekers become jobless".</i></p>
<p>What do you perceive as the <b>least</b> important psychosocial needs of refugees and asylum seekers?</p>	<p><b>Least important perceived needs of refugees and asylum seekers:</b></p> <p>Social cohesion activities;</p> <p>Transport costs to renew permits.</p>	<p><i>"Based on the principal identified in (5) social cohesion would be a less important need, however an essential part to complete the psychosocial service in order to reach psychosocial wellbeing".</i></p> <p><i>"Catering for refugees and asylum seekers' transport costs is the least important psycho social need"</i></p>
<p>Can you suggest a course of action that needs to be followed, when engaging with refugees and asylum seekers?</p>	<p><b>Course of action for engaging with refugees and asylum seekers:</b></p> <p>Intervention should be streamlined;</p> <p>A streamlined process should be followed with room for flexibility;</p> <p>The Strength based and resiliency approach should be considered;</p> <p>Intervention should be participatory and informed by refugees and asylum seekers;</p> <p>Intervention should comply with legislative frameworks</p>	<p><i>"My opinion is that intervention should be streamlined first upon the arrival's immediate needs such as shelter, food and health care; assistance with documentation. Secondly, intervention should focus on issues related to inner peace, adjustment and psychological health. Lastly, intervention should focus on social cohesion issues associated where refugees/asylum seekers have to connect to a new society and make sense of their own role within this new world or society".</i></p> <p><i>"A strength-based approach is to be adopted to promote Refugees and asylum Seekers awareness of their strengths, rights and responsibilities".</i></p> <p><i>"They must be involved in matters and decisions affecting them".</i></p> <p><i>"All programs dealing with Refugees and Asylum Seekers must be based on national and international legal principles, including those set out in Refugee Law, International human rights law and International humanitarian law".</i></p>

<p>What do you think the goals of social work intervention should be, regarding refugees and asylum seekers?</p>	<p><b>Goals of social work intervention with refugees and asylum seekers:</b></p> <p>Intervention should foster independence and empowerment;</p> <p>Social inclusion and cohesion should be the outcome of intervention;</p> <p>Local integration should be made possible;</p> <p>Refugees and asylum seekers should be able to sustain themselves;</p> <p>They should have access to essential services and resources;</p> <p>Further resilience building.</p>	<p><i>"The goal of psychosocial intervention is to ensure that asylum seekers and refugees are able to stand on their own without depending on external humanitarian assistance".</i></p> <p><i>"Social inclusion by forming and strengthening the connection and acceptance amongst South African's to refugees and asylum seekers, and ensuring the refugee/ asylum seeker's inclusion in larger community networks".</i></p> <p><i>"Advocating for access to essential services and government protection for the most vulnerable women and children".</i></p> <p><i>"Resilience building through providing additional experiences that build resilience enables emotional healing and which promotes improved coping and positive development, despite the experience of adversity".</i></p>
<p>Is there anything that you deem important, which should be considered, when working with refugees and asylum seekers, in terms of values and principles?</p>	<p><b>Values that should underlie social work intervention with refugees and asylum seekers:</b></p> <p>Empathy and Integrity;</p> <p>Human Rights and Justice;</p> <p>Equality and Respect for cultural diversity.</p>	<p><i>"They must treat Refugees and asylum seekers with human dignity which is one of the core values of our Constitution".</i></p> <p><i>"Be culturally informed and address support that is culturally appropriate and be gender sensitive as well".</i></p> <p><i>"Take into account the voice of the Refugee/asylum seeker individual as a child, man or woman so that interventions are shaped by their realities and needs felt".</i></p>
<p>Are there any specific guidelines that you would like to suggest for social service practitioners and community development workers to follow, when engaging with refugees and asylum seekers?</p>	<p><b>Preliminary guidelines for social work intervention with refugees and asylum seekers:</b></p> <p>Flexibility and creativity;</p> <p>Lack of documentation should be treated as secondary; the needs of the client should come first;</p> <p>Respect at all times;</p> <p>Regular monitoring and evaluation of usefulness of tools, knowledge and resources;</p> <p>Controlled emotional involvement;</p> <p>Professional relationship;</p> <p>Safe and Conducive environment;</p> <p>Focus on rehabilitation;</p> <p>Use of professional and ethical interpreters.</p>	<p><i>"They should be able to adapt their prescribed process and procedures to ensure they complement other Refugee and asylum seeker service provider's services and resources".</i></p> <p><i>"They should regularly evaluate tools and resources to ensure that they are contextually relevant and up-to-date to the most current Refugee and asylum seeker situation and of good quality".</i></p> <p><i>"One of the ways to build a sense of self and connection with others is by respectful ways of interaction and building a sense of dignity is important in developing the refugee's well-being. All they want is to be rehabilitated so that they can live their normal life again".</i></p> <p><i>"When you work with Asylum Seekers and Refugees don't become emotionally involved with their issues. Maintain a professional relationship with them but be sensitive to their plight".</i></p> <p><i>"Create a friendly and conducive environment that will allow them to open up without fear".</i></p> <p><i>"It is advisable to use an interpreter when doing interview or assessment as language can be a barrier"</i></p>

## 8.5. Advantages and disadvantages of a Delphi Study

According to Lang (1995, pp. 1–43), an advantage of a Delphi study is the flexible process, which is based on four fundamental features: (1) structured questioning; (2) iteration [for example, the feedback process]; (3) controlled feedback [for example, reducing the effect of noise-communication, which occurs in a group process that both distorts the data and deals with group and/or individual interest, rather than focusing on problem solving]; and (4) anonymity of the responses to other stakeholders [for example, reducing the effects of individuals that are often dominant, when using a group-based process to collect and

synthesize information]. Additionally, information could be gathered from a geographically diverse panel of stakeholders, which allows panelists anonymity among each other, as well as the time to consider their responses carefully, before replying (Young, 2012, pp. 1–24). The Delphi technique is a widely accepted method for data collection from experts in a particular field (Young, 2012, pp. 1–24).

However, it should be noted that conducting a Delphi study could be time-consuming, especially when using a stimulus, with a large number of statements/questions, which would be onerous for the stakeholders to complete (Powell, 2003, pp. 376–382). A drawback of the Delphi study is that the questionnaire method could retard the process, as several days, or weeks, could pass between rounds (Powell, 2003, pp. 376–382). In particular, since developing the instrument, collecting the data, and administering the questionnaire are interconnected between iterations, ensuring that the Delphi stakeholders respond to the investigators, timeously, does, in many ways, either promote, or prohibit the ability of the investigators to analyse the data, or develop a new instrument, based on the prior responses, and distribute subsequent questionnaires in a timely fashion (Hsu & Sanford, 2007, pp. 1–8). These are the challenging aspects of conducting a Delphi study, which could be overcome if the researcher engages in proper planning and management (Hsu & Sanford, 2007, pp. 1–8).

## **8.6. Changes to the guidelines for social work intervention**

The following findings and suggestions, concerning the guidelines for social work intervention, were indicated by the various stakeholders, after the successful implementation of the Delphi study. These suggestions serve to improve the comprehensiveness, effectiveness, and user-friendliness of the guidelines for social work intervention with refugees and asylum seekers.

Firstly, stakeholders suggested that the guidelines should be translated into different languages, so that the instrument could be used, not only in South Africa, but also in other countries, with similar contexts to South Africa. The stakeholders confirmed that a set of guidelines was an excellent instrument, and should be perceived as a working document for social service practitioners, to assess and assist refugees and asylum seekers. Additionally, it was mentioned that the implementation of the guidelines could serve as an impetus for policy-making, regarding the psychosocial health and well-being of refugees and asylum seekers. According to the stakeholders, a set of guidelines for social work intervention is a comprehensive tool that

should be used consistently. The effectiveness of guidelines, therefore, is evident in the results, as conveyed by the stakeholders.

## **8.7. The main findings concerning the preliminary guidelines for social work intervention with refugees and asylum seekers**

### **8.7.1. Extensive working experience in the refugee and asylum seeker field**

All the stakeholders held between 5 and 30 years of extensive working experience with refugees and asylum seekers. In addition, they all had knowledge and experience of social service provision, as well as community development. Although the stakeholders admitted that the work could be demanding, especially, due to the lack of set guidelines to direct their practice, they concurred that it could also be rewarding. According to Robinson (2013, pp. 1602–1620), for social workers in NGOs, providing services to refugees and asylum seekers is very demanding and challenging. The number of social workers, who work with newly-arrived refugees and asylum seekers, are increasing; however, there are few studies that examine the demands and issues they face (Robinson, 2013, pp. 1602–1620). Robinson (2013, pp. 1602–1620) recommends improved conditions in NGOs, and targets social work education, training and research in the refugee and asylum seeker field. According to Castles, De Haas, & Miller, 2013, pp. 1–328, the refugee and asylum seeker field is unlike any other, because refugees and asylum seekers are ethnically diverse, including people of all ages and socio-economic backgrounds, as well as both genders.

Similarly, Schock, Böttche, Rosner, Wenk-Ansohn, and Knaevelsrud (2016) state that this group is not homogenous, as they (refugees and asylum seekers) react and cope with trauma in diverse ways. For example, not all refugees and asylum seekers develop post-traumatic symptoms, as some may only experience the impact of trauma at a later stage, due to additional stresses and tensions (Schock et al., 2016). Bowles (2005, pp. 249–267) agrees that refugees and asylum seekers are very diverse, and describes challenges that are unique to the social workers, who work with them. A major challenge relates to the fact that refugees are not identified in standard assessment tools (Bowles, 2005, pp. 249–267). General assessment tools do neither consider the broader political issues, nor recognise the injustices inflicted upon their clients (Bowles, 2005, pp. 249–267). This is a challenge, as social workers need to understand the political

conflicts that their clients have experienced, in order for them to decide on appropriate intervention strategies (Bowles, 2005, pp. 249–267).

Additionally, practitioners should not only concentrate on individual, or family dynamics, they have to appreciate and understand the broader socio-cultural and religious dimensions of the intervention (Bowles, 2005, pp. 249–267). However, studies of these aspects in refugee torture and trauma work, have only been initiated recently (Bowles, 2005, pp. 249–267). In addition, this author cautions that there is a danger of social workers becoming overwhelmed in this field of practice, because of its complexity and trauma (Bowles, 2005, pp. 249–267).

#### **8.7.2. Challenges that social service practitioners face when encountering refugees and asylum seekers, in terms of psychosocial intervention**

The stakeholders indicated that the challenges of current social work interventions with refugees and asylum seekers related to the lack of funding and resources, as well as the multiple needs of refugees and asylum seekers. Language and cultural barriers, as well as the lack of documentation of refugees and asylum seekers, which further limit their access to service and resources, were also identified. Another challenge was the inability of refugees and asylum seekers to articulate their needs and experience, due to self-preservation, as well as not wishing to relive the trauma they had experienced. This specific challenge could be overcome through the creation of a conducive environment, establishing trust, as well as trauma debriefing activities.

#### **8.7.3. Strategies to overcome challenges**

It was anticipated that these challenges could be overcome through referrals, and a multidisciplinary approach, in partnership with other Non-governmental, as well as government organisations. A multidisciplinary, or interdisciplinary team, comprises a variety of different inter-professional working arrangements. It is acknowledged to fulfil a key role in ensuring that all aspects of service users' needs are properly considered, so that appropriate advice and/or interventions could be provided. The aim is for these teams to provide a united service that is beneficial to the service user, and promotes better quality of care (Pethybridge, 2004, pp. 29–41). All services and resources, however, require sufficient funds to be effectively implemented.

Therefore, fundraising and advocacy were recommended strategies to overcome challenges, particularly the lack of funding and resources, to ensure that refugees and asylum seekers have access to essential services (Hayes & Humphries, 2004, pp. 131–132). Due to social workers' skills in communication and advocacy, they are often valued as key educators of other service providers and potential funders, regarding the needs of refugees and asylum seekers (Hayes & Humphries, 2004, pp. 131–132). Additionally, social workers' community development expertise helps to ensure that the needs and strengths of refugees and asylum seekers are understood, in a communal context (Cemlyn, 2008, pp. 222–242; Hayes & Humphries, 2004, pp. 131–132).

#### **8.7.4. Evaluation of current social work strategies and interventions with refugees and asylum seekers**

The stakeholders were of the opinion that the current interventions, implemented by various organisations, were based on the handout-mentality, and there was a subsequent fear that psychosocial intervention would do more harm than good, creating a dependency syndrome. A handout refers to a free service, or a service provided free to those in need (Okun, 2015, pp. 1–117). It could refer to government welfare, or a charitable gift, and may be manifested in the form of money, food, or other necessities (Okun, 2015, pp. 1–117). Another major challenge was that the current interventions, provided by their respective organisations, were not necessarily informed by the refugees and asylum seekers, and did not address their culture or customs.

#### **8.7.5. Most important perceived needs of refugees and asylum seekers**

The most important psychosocial needs of refugees and asylum seekers that the stakeholders identified were basic needs (food, shelter and healthcare), trauma and in-depth counselling, sexual gender-based violence support, medical intervention and child protection. This coincides with the findings of the focus group discussions, which indicated that the needs were multifaceted.

#### **8.7.6. Least important perceived needs of refugees and asylum seekers**

Most of the stakeholders maintained that the basic and pressing needs of refugees and asylum seekers, including food, shelter, protection and medical care, had to be addressed first. While they considered social cohesion important, as well, they regarded it as secondary to the basic needs, especially for new arrivals in South Africa, who were

destitute, hungry, and even sick or unwell. Transport costs, to renew permits, was also considered less important, as, according to a specific stakeholder, documentation should not prohibit a refugee, or asylum seeker, from accessing essential services. This was quite different to the focus group discussion findings, which revealed that refugees and asylum seekers anticipated holistic and comprehensive service delivery.

Bowles (2005, pp. 249–267) asserts that the practical issues, which refugees face, cannot be ignored; therefore, social workers, counsellors and therapists should be acting as advocates for their clients in the broader society. They should be helping refugees and asylum seekers to gain permanent residence, by assisting them with housing, social security, recognition of qualifications, referrals to medical, dental, and other treatments, as well as English and other local language classes (Bowles, 2005, pp. 249–267). Silove, McIntosh, and Becker (1993, pp. 606–616) highlight that the inner and outer turmoil experienced by refugees and asylum seekers are linked and interrelated; therefore, both aspects must be addressed. Discussing clients' feelings, when they have no place to live, does not address the most salient issue, and should be avoided (Silove et al., 1993, pp. 606–616). Conversely, only addressing practical and tangible concerns would also be futile, as the internal chaos of refugees and asylum seekers may continue to destabilise and disrupt their lives (Bowles 2005, pp. 249–267).

#### 8.7.7. Course of action for engaging with refugees and asylum seekers

Suggestions regarding a course of action, which responds to the multiple needs of refugees and asylum seekers included that it should be streamlined, process orientated, and focussed on the uniqueness of each client. In addition, it should be participatory and strengths-based, as well as centred on building the resiliency of each and every refugee and asylum seeker the social workers encounter. In recent years, a growing interest in social work literature encompassed the resilience, strengths and assets of people, as well as systems (Masten & Reed, 2002, pp. 74–88). Part of the appeal of the resiliency and strengths-based perspective is its alignment with the social values of human dignity and respect for client self-determination (Masten & Reed, 2002, pp. 74–88). The theoretical driver of this theory is based, not only on what needs to be fixed or changed, but also on what positives can be reinforced (Benard, 2004, pp. 1–113).

The strengths-based approach fits very well into the resiliency theory (Cederbaum & Klusaritz, 2009, pp. 423–424). It is described as discovering, affirming, and enhancing the capabilities, interests, knowledge, resources, goals, and objectives of individuals (Cederbaum & Klusaritz, 2009, pp. 423–424). In this approach, the stakeholders are viewed as resourceful and resilient, in the face of adversity, while the well part of the stakeholders are amplified (Brun & Rapp, 2001, pp. 278–288). Additionally, the individual's skills, interest and support systems are focussed on. This approach is often referred to as an alternative response to more deficit-focused or pathological approaches (Laursen & Birmingham, 2003, pp. 240–246).

#### 8.7.8. Goals of social work intervention with refugees and asylum seekers

The stakeholders agreed that any intervention should foster the independence and empowerment of refugees and asylum seekers. They mentioned that social inclusion and cohesion should be the outcomes of intervention, through which, local integration might be possible. Another goal that the stakeholders mentioned was the self-sustainability of refugees and asylum seekers, through further resilience building. The consensus was that refugees and asylum seekers have strengths and abilities, and with appropriate capacity development, as well as access to essential services and resources, they should be able to enjoy a decent quality of life, despite their backgrounds and history.

#### 8.7.9. The values that should underlie social work intervention with refugees and asylum seekers

The values to be adhered to, when working with refugees and asylum seekers, were suggested as integrity, justice, human rights, equality, respect for cultural diversity, empathy and fairness. These coincide with the core values proposed by the National Association of Social Workers (NASW, 2017), to be embraced by all social workers. These core values are inter alia: (i) service; (ii) social justice; (iii) dignity and worth of the person; (iv) importance of human relationships; (v) integrity; and (vi) competence with the addition of respect for cultural diversity. Social service practitioners are equally aware that refugees and asylum seekers should be treated as individuals with worth and dignity. This, essentially, implies that refugees and asylum seekers should be accepted, respected, and have the right to self-determination. They are the experts of their own lives; therefore, the intervention should be participatory, as far as possible.

#### 8.7.10. Preliminary guidelines for social work intervention with refugees and asylum seekers

All the stakeholders suggested flexibility and creativity, when working with refugees and asylum seekers, as this group is unique, and cannot be compared to other client systems. Five stakeholders insisted that the lack of documentation should be treated as secondary, while the clients' urgent needs should receive immediate attention. They considered people's lives and well-being, more important than a piece of paper.

Alfaro-Velcamp (2017, pp. 53–68) asserts that, in South Africa, immigration statutes and regulations are inconsistent, and considered unconstitutional, regarding the treatment of undocumented migrants, refugees and asylum seekers. For example, hospital frontline staff narrowly interpret the laws that instruct healthcare providers on how to treat patients, as well as which patients to treat. Asylum-seekers and refugees are entitled to health and emergency care; however, hospital administrators insist on documentation (valid, up-to-date permits) before they would administer care and services. Countless immigrants, particularly the undocumented ones, are often unable to obtain care because of the lack of papers, or because of “progressive realization”, which is the notion that the state, presently, cannot afford to provide treatment, in accordance with constitutional rights (Alfaro-Velcamp, 2017, pp. 53–68). These explanations have put healthcare providers in an untenable position of not being able to treat patients, including those who face fatal conditions. The stakeholders agreed with the researcher that these discriminatory practices should cease, and access to healthcare should be structured, or restructured, to respond to the constitutional right afforded to everyone (Alfaro-Velcamp, 2017, pp. 53–68). A non-discriminatory policy for vulnerable undocumented immigrants must be realised (Alfaro-Velcamp, 2017, pp. 53–68).

Additionally, the stakeholders indicated that refugees and asylum seekers should be treated with respect at all times. They advised that regular monitoring and evaluation should occur to determine the usefulness of tools, knowledge and resources. Working with old outdated forms were strongly rejected, and many stakeholders cautioned service providers to maintain a professional relationship. They highlighted that, unlike any other client system, refugees and asylum seekers experienced trauma, which could have a severe emotional impact on the service provider. The stakeholders, therefore, strongly advised that care should be taken to ensure controlled emotional involvement.

Subsequently, the stakeholders advocated for a safe and conducive environment, with a strong focus on rehabilitation. They wanted the refugees and asylum seekers to be viewed, not merely as victims, but overcomers, through appropriate assistance, services and resources. Many of the stakeholders also suggested the use of professional and ethical interpreters, and stressed that children, fluent in English, should not be used as interpreters for their parents, neither should fellow refugees and asylum seekers, who were not professionally qualified, and bound by the interpreter's code of ethics.

Swartz & Drennan (2000, pp. 185–201) reported that, in South Africa, health care practitioners, including social workers and psychotherapists, commonly are fluent in only one, or sometimes two, of the country's 11 official languages. Less than 5% of all health practitioners in South Africa are able to conduct interviews, or therapy, in the home languages of their clients (Levin, 2006, pp. 1080–1084). Therefore, interpreters are often necessary to facilitate clinical interviews, assessments, and psychosocial assistance. However, the reality is that few trained interpreters are employed in the South African health care sector; therefore, fewer than 2% of all health interviews are mediated by a trained and qualified interpreter (Penn & Watermeyer, 2012, pp. 269–298). Consequently, cleaners, other clients, family members, secretaries, and other professionals are often approached to perform an *ad-hoc* interpreting role (Levin, 2006, pp. 1080–1084).

Research on the implications and consequences of employing *ad-hoc*, untrained interpreters in biomedical and mental health interviews in South Africa have emphasised the challenges of such work (Drennan, 1996, pp. 343–345; Levin, 2006, pp. 1080–1084; Schlemmer & Mash, 2006, pp. 1080–1087; Hagan, Swartz, Kilian, Chiliza, Bisongo, & Joska, 2013, pp. 424–429; Hussey, 2013). It has been revealed that the use of untrained, *ad-hoc* interpreters, greatly increased the likelihood of errors in interpretation (Hagan et al., 2013, pp. 424–429). In addition, the interpreters often made mistakes while interpreting, as many did not understand the professional language that was being used (Hagan et al., 2013, pp. 424–429). Similarly, research by Kilian, Swartz, Dowling, Dlali, and Chiliza (2014, pp. 159–167) revealed that miscommunications occurred more often when informal interpreters were used, thereby interfering with treatment and diagnosis.

## **8.8. The rationale, scope, intention, aim, objectives, principles, and ethics, underscoring the preliminary guidelines for social work intervention with refugees and asylum seekers**

### **8.8.1. Rationale**

The preliminary guidelines for social work intervention with refugees and asylum seekers are intended to guide social service practitioners, primarily; therefore, these preliminary guidelines form the basis for the provision of efficient ways to provide social assistance to refugees and asylum seekers, as well as ensure a coordinated, uniform and effective service delivery, in and across provinces. The responsibility to acknowledge and implement these preliminary guidelines for social work intervention, would lie with each individual office. Therefore, it is crucial that the persons responsible for the implementation have a background, as well as experience in working with refugees and asylum seekers, and who understand the nature, challenges and demands in Government, the NGO, and the refugee and asylum seeker sector.

### **8.8.2. Scope of the preliminary guidelines**

These preliminary guidelines are relevant to all social service practitioners, who, in the course of their work, encounter refugees and asylum seekers. These preliminary guidelines are aimed at improving social work intervention strategies, to enhance ethical, effective and efficient service delivery.

### **8.8.3. The intention of the preliminary guidelines**

These preliminary guidelines for social work intervention with refugees and asylum seekers lay the foundation for the manner in which refugees and asylum seekers should be managed, to ensure coordination and uniformity across the different sectors and organisations. However, any guidelines for social work intervention with refugees and asylum seekers must be linked to, and or based on national policies, guidelines and protocols related to social work intervention.

### **8.8.4. Aim of the preliminary guidelines**

The aim of these preliminary guidelines is to standardize social work intervention with refugees and asylum seekers, as a core element for the development and improvement of competence.

### 8.8.5. Objectives of the preliminary guidelines

The objectives of the preliminary guidelines are to conceptualize, contextualize and provide norms and standards that inform social work intervention with refugees and asylum seekers, in line with policy and legislative frameworks, as outlined in Table 8.3.

**Table 8.3. Objectives of the preliminary guidelines**

Policy and legislative framework	Core Mandate
Constitution of the Republic of South Africa, No. 108 of 1996	It provides the legal foundation for the existence of the Republic and sets out the rights and duties of its citizens and defines the structures of the government.
SACSSP (South African Counsel for Social Service Profession) 1978.	To provide policy guidelines for course of conduct, Code of Ethics and the Rules for social workers.
Department of Social Development (DSD (2006). Integrated Service Delivery Model towards improved social services	The model provides the nature, scope and the levels of intervention based on the developmental social service delivery that provide guidance on service delivery.
Children's Act 38 of 2005/ Children's Amendment Act 41 of 2007	This Act brings South Africa's child care and protection law in line with the Bill of Rights and International law. Every child has the right to be protected from abuse, neglect, maltreatment and degradation and the right to social services.
Refugee Act, 1998 (No 130 of 1998)	Provides a permanent and systematic procedure for the reception of Refugees.
1951 UN Convention relating to the Status of Refugees	It outlines the rights of the displaced as well as the legal obligations of states to protect them.

### 8.8.6. Principles of the preliminary guidelines

The preliminary guidelines for social work intervention with refugees and asylum seekers are based on the following principles:

- Promote and Protect: The priority of social service practitioners should be to promote and protect the interests of the beneficiaries.
- Promote active recognition of the cultural systems that shape social work practice.
- Professional Development is valued and encouraged: Developing and implementing guidelines for social work intervention with refugees and asylum seekers is located in the learning environment, where professional development is valued and encouraged.
- Accountability: Clear guidelines promote safe and accountable practice.

- Individuality and Acceptance: Social service practitioners respect the inherent dignity and worth of every person (South African Council for Social Service Profession [SACSSP], 1978; Republic of South Africa [RSA], Department of Social Development [DSD], 2006).

#### 8.8.7. Ethics of the preliminary guidelines

Ethical awareness is a fundamental part of the professional practice of social service practitioners. Their ability and commitment to act ethically, is an essential aspect of the quality of the service, offered to those, who use social work services. Social work intervention with refugees and asylum seekers, therefore, should be conducted in compliance with the code of ethics for the social work profession.

### 8.9. Preliminary guidelines for social work intervention with refugees and asylum seekers

The following set of preliminary guidelines was formulated by the researcher, based on the findings of the literature review, scoping review, individual interviews, focus group discussions, as well as the proposals and suggestions of the stakeholders in the Delphi study.

#### 8.9.1. Social work intervention should be flexible and based on the uniqueness of the individual refugee and asylum seeker

Social service practitioners should be open-minded and creative, when assisting refugees and asylum seekers, instead of only following rigid Westernized ways of assessment and intervention. Refugees and asylum seekers are unique, because of their experiences, unlike other client systems, as their needs and challenges differ, which should be considered, when working with them. A *one-shoe-fits-all* mentality, and stretching a generalized intervention, to forcefully accommodate refugees and asylum seekers, were observed as counter-productive, by the stakeholders in the Delphi study, as well as the participants in the individual interviews and the focus group discussions.

#### 8.9.2. Assessments and developmental plans should be holistic and comprehensive

Initially, social service practitioners should conduct a holistic assessment, which should be followed by a comprehensive development plan for every client, to address their holistic needs. This guideline was suggested by the participants of the interviews and

focus groups, who also indicated that social service practitioners should not satisfy the basic needs of refugees/asylum seekers only, but focus on the *whole being*.

#### 8.9.3. Lack of documentation should be treated as secondary; the needs of the refugee and asylum seeker should come first

Refugees and asylum seekers, who are not in possession of valid permits, or any other form of documentation, should not be prohibited from receiving social work services and assistance. However, they should be encouraged and assisted to obtain some sort of documentation, to not assume that, because they would receive services any way, they should not strive to secure valid documentation. Most of the stakeholders in the Delphi study were of the opinion that this was an important guideline.

#### 8.9.4. Social service practitioners should show respect at all times, and should be sensitive to the culture and customs of refugees and asylum seekers

Social service practitioners should research the cultures, customs, and current circumstances of their clients' countries of origin. Social service practitioners should be aware of specific cultural practices, and refrain from imposing their own values on refugees and asylum seekers. They should avoid any derogatory terms, or offensive language, and actions that could impede the development of a professional relationship. Most of the stakeholders in the Delphi study suggested that this was a necessary guideline.

#### 8.9.5. Social service practitioners should regularly monitor and evaluate the usefulness of tools, knowledge and resources

Social service practitioners should stay abreast of the latest information, technologies and resources. They should not stagnate with old fashioned ways of providing social work assistance and intervention. They should monitor and evaluate the effectiveness of the intervention, regularly, through observation, case and impact studies, attendance registers, evaluation sheets, as well as other monitoring and evaluation tools. Most of the stakeholders in the Delphi study regarded this as a vital guideline.

#### 8.9.6. Social service practitioners should practice controlled emotional involvement, and guard against secondary trauma

Social service practitioners should not feel sorry for clients, nor should they be manipulated by refugees and asylum seekers, based on their emotions. The stories of

refugees and asylum seekers' experiences are extremely traumatic; therefore, social service practitioners should guard against secondary trauma. The Delphi study participants were adamant about this fact.

#### **8.9.7. Social service practitioners should establish a professional working relationship**

Social service practitioners should engage in a contract with refugees and asylum seekers, or have a memorandum of understanding between them, from the outset. Social service practitioners must be honest with refugees and asylum seekers, in terms of what services they are able/unable to provide. They should have boundaries in place, and should refrain from creating unnecessary expectations. Clear, open and regular communication is a necessary to establish a professional working relationship. This was perceived as vital by the stakeholders of the Delphi study.

#### **8.9.8. Social service practitioners should attend professional supervision regularly**

Social service practitioners need to manage their own emotional well-being. For example, they should attend regular supervision sessions with senior social service practitioners, and seek regular opportunities for debriefing. In addition, they should guard against burnout, and not try to resolve all the problems of refugees and asylum seekers on their own. All the stakeholders of the Delphi study strongly suggested this fact.

#### **8.9.9. Social service practitioners should be aware of the fact that refugees and asylum seekers are active partners within the intervention and not mere service recipients**

Refugees and asylum seekers have the right to self-determination, similar to any other client system. Service providers, therefore, are partners with refugees and asylum seekers in the intervention process. Refugees and asylum seekers, despite many hardships, challenges and setbacks, had reached to the country of asylum, successfully, which demonstrates that they have strengths, and are resilient. They, therefore, possess skills and knowledge, which could be used to their own advantage, as well as for their upliftment. The stakeholders of the Delphi study, largely, supported this proposal.

#### 8.9.10. Social assistance and services should be accessible in terms of language

Wherever possible and required, a qualified interpreter should be employed. In addition, social service practitioners should be encouraged to learn the language of their clients, as language was an important accessibility issue. This should be part of the organisations' staff development strategy, and resources should be geared towards empowering them, to ensure that services are more accessible to refugees and asylum seekers. Therefore, if refugees and asylum seekers are not afforded the opportunity to communicate in a language preferable and comfortable to them, any assessment and intervention would be based on superficial assumptions, and not on deeply expressed needs. All the participants endorsed this proposal wholeheartedly.

#### 8.9.11. Social service practitioners must ensure that Refugees and asylum seekers are provided with a safe and conducive environment during consultation

Social service practitioners should ensure a safe and conducive environment, where privacy and confidentiality are prioritized, so that refugees and asylum seekers are comfortable to engage with social challenges, as well as possible solutions. In addition, they should be aware that refugees and asylum seekers may not be comfortable to share sensitive information initially; therefore, social work practitioners should work towards establishing trust, as well as a working relationship. This requirement was revealed in the findings of the focus group discussions and strongly endorsed by the Delphi study stakeholders. Evidently, refugees and asylum seekers were not prepared to share confidential information in the presence of other refugees and asylum seekers, as they were afraid to disclose alliances that they might have had in their country of origin, and be subjected to persecution in the country of asylum, by possible spies and traitors, who lurk in South Africa, pretending to be refugees and asylum seekers, with the intention to harm them.

#### 8.9.12. Social service practitioners should apply the strengths-based and resilience approach, as far as possible

The strength-based and resilience approach should be applied when engaging with refugees and asylum seekers. Therefore, social service practitioners should be motivated to focus on the strengths, resources, opportunities, potential, and resilience of

refugees and asylum seekers, instead of their vulnerabilities. This suggestion was supported by all the participants involved in this current study.

**8.9.13. Social service practitioners should be open to work as part of a multidisciplinary team, and should act as the case manager in such a team, as far as possible**

Since the needs and challenges of refugees and asylum seekers are multi-faceted, social work practitioners should not endeavour to work in isolation, especially with complex cases. They should instead, as far as possible, attempt to work in a multidisciplinary team, and refer, where necessary, so that the multiple needs of refugees and asylum seekers may be addressed, appropriately, by a variety of relevant stakeholders. The social work practitioner, therefore, should act as the case manager, to guard the client from becoming lost in the “multidisciplinary system”. All the participants of this current study agreed.

**8.9.14. Social work intervention should be applied to all the different levels (case work, group work and community work), for maximum effect**

Social work intervention, ideally, should not focus on one level only. Instead, it should be a holistic approach and encompass awareness, prevention and advocacy campaigns and endeavours. The aim should always be to improve the well-being of refugees and asylum seekers, as well as their families. Social service practitioners are cautioned regarding the futility of working across one level only, as, unless the environment, or society, is conducive to local integration, refugees and asylum seekers cannot be encouraged to integrate on an individual level. Case work, group work and community work, therefore, should complement each other. The stakeholders in the Delphi study strongly supported this suggestion.

**8.9.15. Social work intervention should be process-orientated, wherever applicable, rather than a once-off occurrence**

The scarcity of resources, staff and time are severely lamented by social work practitioners. However, social work intervention with refugees and asylum seekers should not be hurried, and, wherever possible, it should be process-orientated. Therefore, the emergency needs (food, shelter, medical intervention) of refugees and asylum seekers should be addressed first, and thereafter, the secondary and tertiary

needs should be explored and fulfilled. The stakeholders of the Delphi study were united around the recommendation.

#### **8.9.16. The social work intervention should be in line with the policies and laws relating to social work, as well as refugees and asylum seekers**

Social assistance and services that are implemented, should be in line with National and International policies and laws, regarding social work, as well as refugees and asylum seekers, as indicated in Table 8.3. All the stakeholders of the Delphi study were in agreement with this suggestion.

#### **8.9.17. Social service practitioners should support fundraising initiatives within their organisations**

Social service practitioners must participate, enthusiastically, in the planning and organizing of any fundraising activity, so that the lack of funding and resources in this sector could be addressed, aggressively. Without sufficient funding, they would be unable to address the needs and challenges of refugees and asylum seekers, in an adequate manner. Although this is not their primary duty, they should grasp at any opportunity to assist and support fundraising initiatives. All the participants in this current study valued this proposal.

### **8.10. Summary**

The findings in this phase provided the basis of the preliminary guidelines for social work intervention with refugees and asylum seekers. Expert opinion and input, concerning the design and formulation of the preliminary guidelines for social work intervention with refugees and asylum seekers, was gathered through the use of the Delphi study. This current study, effectively, revealed that there is an urgent need of guidelines for social work intervention that would ease the burden of social service practitioners. Utilizing these guidelines would assist social service practitioners in the effective identification, assessment and provision of appropriate assistance. However, it should be noted that these preliminary guidelines were informed by the refugees and asylum seekers through the findings of the individual interviews and focus group discussions. In the next chapter, the third phase of this current study, these preliminary guidelines are tested with representatives of the Delphi stakeholders, as well as some of the refugee and asylum seeker participants from the initial focus group discussions.

## CHAPTER NINE

### PHASE 3: DELIBERATION, REFINEMENT, AND PILOT TESTING OF THE PRELIMINARY GUIDELINES

#### 9.1. Introduction

In this chapter, the results of Phase 3 are reported on by the researcher, during which the preliminary guidelines of social work intervention, developed in Phase 2, are subjected to a process of deliberation, refinement, and testing. A workshop was conducted with six (6) participants of the Delphi study, to deliberate and refine the proposed preliminary guidelines. Subsequently, one focus group discussion was conducted with fourteen (14) refugees and asylum seekers, who had participated in the initial focus group discussions, to test the proposed preliminary guidelines. These guidelines were presented to the workshop and focus group discussion participants as a stimulus document. The feedback from participants of the workshop and focus group discussion are presented in the following sections.

#### 9.2. Findings from the workshop and focus group discussion

##### 9.2.1. Aims and objectives of the preliminary guidelines

The intended aims and objectives of the guidelines were strongly agreed upon. The participants in the workshop and the focus group discussion strongly articulated that the emphasis of the guidelines should remain on the refugee and asylum seeker context. In addition, they were adamant that employers should assume the responsibility of ensuring the compliance to statutory and ethical requirements of all social work interventions with refugees and asylum seekers. The participants of both the workshop and focus group discussion also agreed that social work intervention with refugees and asylum seekers should be holistic and comprehensive, and, simultaneously, address the unique lived experiences of this group, which should be highlighted, explicitly, in the preliminary guidelines.

##### 9.2.2. Scope of the preliminary guidelines

The participants of both the workshop and focus group discussion strongly agreed that the guidelines should be embraced by all social service practitioners, employed in the

refugee and asylum seeker field. However, strong opinions were raised in the focus group discussion, regarding the fact that social service practitioners, employed by government, should also be required to work with all kinds of people, who visit their offices. Therefore, it was recommended that the scope of the guidelines should include social service practitioners employed in refugee specific organisations, as well as those employed in government posts.

### 9.2.3. Mandate of the preliminary guidelines

The participants of the workshop suggested that the core mandate, as with all policies, or guidelines, should be presented to UNHCR and Government departments (such as the Department of Social Development, Department of Education and Department of Health). This will ensure implementation and compliance at a provincial and national level, as well as across the different spheres of government.

### 9.2.4. Content of the preliminary guidelines

- **General:** The participants of the workshop were enthusiastic, as they perceived that the guidelines represented a viable and appropriate solution, to address the challenges of refugees and asylum seekers, as expressed by workshop participant 1 in the following excerpt: *“As social workers we will definitely have more guidance with these recommendations”*.
- **Legislative framework:** The preliminary guidelines exposed the participants, for the first time, to the existence of legislation, in which social work had its foundation. In addition, the preliminary guidelines highlighted that the delivery of social work services was informed by various policies, which extended to working with refugees and asylum seekers, and enabled a platform for ethical justification, to enforce the implementation of guidelines and structures. The participants of the focus group discussion expressed great relief, regarding the comprehensive coverage of legislation in the preliminary guidelines, as articulated by participant 3 in the focus group discussion: *“Social workers can now see they are not doing us a favour in assisting us, we have human rights which they have to respect”*.

The participants in the focus group discussion noted that legislation relating to social service practitioners would eliminate the challenge of inappropriate

service delivery. Legislation, clearly articulating that refugees and asylum seekers, as a client system, should be provided access to social development, should be respected, and treated with human dignity, was welcomed, as the lack of respect and empathy was a major challenge experienced by refugees and asylum seekers, throughout this current research.

- ***Principles of the preliminary guidelines:*** The participants of the workshop agreed on the principles, particularly that the guidelines promoted and protected the interest of refugees and asylum seekers, emphasising that this was an area that received little attention in the current structures. The preliminary guidelines were perceived to enhance accountability in practice. Similarly, after a lengthy discussion, the participants of the focus group discussion identified acceptance and accountability as essential in social work intervention with refugees and asylum seekers. The participants of both the workshop and the focus group discussion indicated that the identification of appropriate interventions by social work practitioners would facilitate acceptance, non-judgment and accountability, which, in turn would enhance service delivery. Participant 2 in the focus group discussion disclosed the following: “...*the possibility of being assisted by social service practitioners who are not in hurry and who will actually listen to us and prioritise our needs are really something to look forward to*”. Participant 3 in the workshop expressed similar sentiments: “...*social development was adversely affected by the lack of adequate intervention guidelines*”. Participant 1 in the workshop added: “*The principles within the guidelines are not foreign to us, as social workers, it’s just a matter of having it in black and white*”
- ***Guidelines with norms and standards:*** Generally, it was agreed that norms and standards for social service practitioners apply, even when working with refugees and asylum seekers. The findings revealed that these norms and standards, however, were not followed in certain instances, due to various reasons, one being the lack of structures. Therefore, concerns were raised by the participants of the focus group discussion, regarding the extent to which these norms and standards would be implemented and enforced, in the absence of structure, namely, directors and senior social workers.

- ***Debriefing and supervision in the preliminary guidelines:*** The participants in the workshop reported that the preliminary guidelines represented acceptable norms to improve service delivery, as it contained the suggestion of debriefing and supervision. A recommendation was that training concerning this guideline was necessary to address possible burnout, to minimize, or eliminate, the effects of secondary trauma for social service practitioners, working with highly traumatized refugees and asylum seekers. The requirements for social service practitioners *to attend regular debriefing and supervision* was perceived as very important to the participants in the workshop, who considered that proper supervision and guidance would enhance service delivery, while acknowledging and promoting the well-being of the social service practitioner, simultaneously.
- ***Ethics:*** The participants in the workshop were satisfied that the recommended guidelines for social work intervention with refugees and asylum seekers were in compliance with the code of ethics for the social work profession. Privacy and confidentiality were considered important by the participants of the focus group discussion, in terms of ethics.
- ***Quality assurance, monitoring and evaluation:*** An eagerness to implement this segment of the guidelines was expressed by all the participants in the workshop, who deemed it necessary for social service practitioners to stay abreast of the latest information, technologies and resources. They concurred that the quality of service delivery would be improved, if social service practitioners regularly empowered themselves with updated knowledge and skills, as well as advancements, regarding policies and laws, related to this field. The participants in the workshop were of the opinion that this guideline should be mandatory, and enforced during the staff induction and orientation phase, where general issues, job descriptions, legislation and policies, as well as on-going development are prioritized. In addition, the participants in the workshops emphasised that the guidelines should be explained to new employees, during their orientation and induction. Due to their own experience of orientation, which were often lacking, the participants held strong opinions regarding orientation, and recommended that it occur on various levels, and in numerous phases.

- ***Intervention should be seen as a process and not a one-time event:*** The participants in the focus group discussion were particularly satisfied with this guideline. They agreed that the intervention should be spread over an acceptable period, as expressed by participant 4: “...one day interventions do not work, we need more time for proper assessments, communication and interventions. We are also not advocating for interventions that take forever and a day and which seems to never end”
- ***Additional Comments:*** The participants of the focus group discussion recommended that the roles and responsibilities of both social worker and refugee/asylum seeker should be articulated clearly, to ensure that the intervention is goal-directed and participatory. Therefore, the expectations of both the service provider and the client should be indicated clearly during an initial contract. Record keeping, as part of the administrative process of a social service practitioner, should be adhered to, for all sessions, follow ups and progress reports. Record keeping could be used to highlight best practice, as well as reflect on expectations.

The participants in the focus group discussion were particularly pleased that the preliminary guidelines included advocacy, fundraising and networking in the role/function of the social service practitioner. Participant 2 indicated: “*Social workers should be proactive and they should fight for our rights*”. Participants in the focus group were adamant that legislation and policies, related to refugees and asylum seekers, should be clearly specified and contextualized, to ensure feasibility and understanding for implementation. They suggested that refugees and asylum seekers be educated about their rights, regarding access to social assistance and services.

Correspondingly, the participants in the workshop indicated that advocacy, in respect of documentation, equal access to employment, housing and educational opportunities, required partnerships, strategies and relevant activities, informed by refugees and asylum seekers, themselves. They suggested regular discourses on refugee and asylum seeker matters between social service practitioners, other relevant stakeholders and role players, as well as refugees and asylum seekers. These discourses were perceived to be essential, in order to stay abreast of relevant issues, developments and challenges. There was a recommendation in

the workshop that local South African citizens should also, actively, be involved in advocacy work, with the purpose of promoting social cohesion.

- **Adoption:** The preliminary guidelines would probably be received favourably by social service practitioners, as well as refugees and asylum seekers, because the need was identified by all the participants, which would encourage the process of adoption and implementation. This preliminary set of guidelines would be valid in all provinces, as it is structured to suit the needs of refugees and asylum seekers, who are integrated into local communities, as opposed to the refugee camp setting.

### 9.3. General feedback

Generally, the preliminary guidelines were well received by the participants of the workshop and the focus group discussion. The workshop participants' familiarity with, and experience in social work intervention with refugees and asylum seekers, facilitated constructive feedback, as well as validation of the challenges identified in the implementation phase. In addition, they agreed that specific reference to policies and legislation should be emphasised.

The lack of documentation was still a frustration in the focus group discussion, in particular; however, the participants regarded it as part of the rationale for the implementation of the guidelines. The order of priority, regarding the needs of refugees and asylum seekers, were discussed, leading to the participants satisfaction with the preliminary guidelines, which proposed that basic needs took preference over *a piece of paper* (valid permits).

The participants emphasised the orientation and training of all social service practitioners, who work with refugees and asylum seekers, on the application of the preliminary guidelines, and supported the implementation thereof. Ultimately, the participants established that the preliminary guidelines were easy to read, and approved the length, structure, as well as layout.

#### 9.3.1. Testing and development

The results of this current study revealed that the participants would consider the implementation of the preliminary guidelines for social work intervention, feasible and successful, if all the organisations, working with refugees and asylum seekers,

complied. These preliminary guidelines were designed, with a particular focus on refugees and asylum seekers from the DRC, who had experienced various forms of trauma, torture and acts of sexual violence. Refugees and asylum seekers from the DRC are often faced with poverty, trauma, displacement, uncertainty, the burden of chronic illnesses, incidences of xenophobia, overcrowded homes, the lack of proper documentation, the lack of access to employment, as well as educational opportunities, which studies reveal, affect their optimal development. The current social work interventions are target driven, mostly designed by the funders, who are not entirely culturally-sensitive, or appropriate. No other tool is available at present, to assess and assist refugees and asylum seekers.

The social service practitioners embraced the effectiveness of the preliminary guidelines and the implementation thereof, which in essence should be a communal effort. Everyone involved in the social development of refugees and asylum seekers should participate in the implementation, and further refinement, of these preliminary guidelines, which would allow all refugees and asylum seekers to be appropriately assessed, assisted, and referred to the appropriate service providers. The main goal of implementing these preliminary guidelines, ultimately, is to prevent refugees and asylum seekers from experiencing challenges, regarding their psychosocial health and well-being, which, in turn, could hinder their optimal development and integration in the country of asylum. A secondary goal, is to uphold the integrity of the social work profession, within the refugee and asylum seeker field of practice.

#### **9.4. Summary**

In this phase, the preliminary guidelines were presented for discussion in a workshop, and testing in a focus group discussion. The workshop involved experts, who possessed a working knowledge of social work intervention with refugees and asylum seekers. The focus group included refugees and asylum seekers, most of whom were still being processed. The preliminary guidelines were deliberated and analysed by both the workshop, and the focus group discussion participants. The responsiveness of the participants facilitated a spontaneous flow of comments, and allowed for constructive criticism, which proved to be practical and extremely useful. These preliminary guidelines will be recommended to form part of the orientation and anticipated practice of social service practitioners, working with refugees and

asylum seekers. The ensuing chapter comprises Phase 4 of this current research, which involves dissemination, and includes an executive summary of the findings, recommendations, limitations and conclusion of the study.



## CHAPTER TEN

### PHASE 4: DISSEMINATION - SUMMARY OF THE FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

#### 10.1. Introduction

The intended outcome and conclusion of this current research study was to highlight the lived experiences of the survivors of trauma, torture and sexual violence from the Democratic Republic of Congo (DRC), as well as accumulate appropriate content for preliminary guidelines, regarding social work intervention with refugees and asylum seekers in South Africa. The Design and Development plan (Thomas & Rothman, 1994, pp. 3–24) provided the researcher with the opportunity to develop these guidelines, through an iterative process, which was also grounded in empirical enquiry. The flexible and versatile nature of the sequential steps in the model, allowed for modification to suit the specific needs and goals of this current research, which were to inform the development of these guidelines. The model was well suited for this type of research, to explore the experiences and needs of refugees and asylum seekers, and thereafter, develop guidelines in a participatory manner, which also constituted an intervention. While the researcher acknowledges that social work intervention with refugees and asylum seekers faces several challenges, it is anticipated that the development of these preliminary guidelines could be one step towards enhancing social work as a profession. Ultimately, this current research highlights that the application of social work interventions in the refugee and asylum sector, requires serious commitment for it to be realized optimally.

Phase 4 of this current study involves dissemination, which is achieved by reporting the research through a thesis that will be made public. This report was structured to encourage the flow of the operational steps, as identified by the selected phases of the combined Exploratory and Intervention Research. The first seven chapters (numbered 1-7) represent the first phase of this study, which involved problem analysis and project planning, as well as information gathering and synthesis (see Table 4.1.). The second phase (Chapter 8) involved a Delphi study with relevant experts, to establish content for the preliminary guidelines for social work intervention with refugees and asylum seekers in South Africa. The third phase (Chapter 9) included the refining and testing of the preliminary guidelines with various

stakeholders. Consequently, the fourth phase of this model is presented in this chapter, and comprises a summary of the findings, recommendations and implications for practice, as well as further research in this field of practice, the limitations of the study, and finally, the conclusion. By implication, this report, therefore, deviates from the traditional manner of presenting findings and discussions in research reports, or theses, as the data collection, analysis, findings and discussions are addressed in the various chapters on the scoping review, individual interviews, focus group discussions and the Delphi study. Therefore, this chapter is structured to recapitulate the goals and objectives of this current research study, provide the main outcomes of the research process, as well as supply a synthesis of the key findings.

## **10.2. Exploratory and Intervention Research**

Both Exploratory and Intervention Research, as forms of applied research, promote an understanding of individual and societal conditions, as well as what contributed to their empowerment (Maxwell, 2012, pp. 39–72; Ganyaza-Twalo, 2010, pp. 17–25; Thomas & Rothman, 1994, pp. 33-58). Through the steps of exploratory and intervention research, a process of exploration, and consequently, intervention modelling, was embarked on, to resolve a recognized problem (Maxwell, 2012, pp. 39–72; Ganyaza-Twalo, 2010, pp. 17–25; Thomas & Rothman, 1994, pp. 33-58). This current study incorporated Exploratory and Intervention research, through a process of information gathering and methodological design elements, in order to address and improve the experiences and conditions, under which social work intervention are provided to refugees and asylum seekers (Maxwell, 2012, pp. 39–72; Ganyaza-Twalo, 2010, pp. 17–25; Thomas & Rothman, 1994, pp. 33-58).

## **10.3. Aims and Objectives of the Research**

The overall aim of the current study was to contribute to a sparse research area in the social work profession, as well as to explore and describe the lived experiences of survivors of trauma, torture and sexual violence in Democratic Republic of Congo (DRC). In addition, the aim was to develop content for preliminary guidelines for social work interventions with refugees and asylum seekers in South Africa. The objectives were as follows:

**Objective 1:** To gather and synthesize information from literature to explore the incidence, causes and scope of trauma, torture and rape in the Democratic Republic of Congo.

**Objective 2:** To explore and describe the experiences of male and female refugees and asylum seekers, who had been traumatized, tortured and/or raped.

**Objective 3:** To explore challenges, expectations and needs of refugees and asylum seekers, specifically focusing on psychosocial services and interventions.

**Objective 4:** To develop, design and test preliminary guidelines for social work intervention with refugees and asylum seekers.

#### **10.4. Summary of the findings**

Through the implementation of a combined Exploratory and Intervention Research design and development model, the researcher was able to attain the stated objectives. The following phases reflect the activities embarked on, to achieve these objectives:

##### **10.4.1. Phase One: Problem analysis and information gathering**

The problem analysis was achieved by conducting a comprehensive literature review and scoping review. Information gathering was achieved by adopting a qualitative research approach, and conducting individual interviews with key informants, as well as focus group discussions with a sample of the affected population.

###### *10.4.1.1. Findings of the literature review*

Refugee studies are expanding across the legal, medical, anthropological (ethnographic), and psychosocial fields, as well as a vast number of reports on violence against, and among, refugees and asylum seekers (Castles et al., 2013, pp. 1–22; Black, 2001, pp. 57–78). The literature review contextualized the movement of refugees and asylum seekers in SA, specifically, emphasizing the current situation, in terms of policies and practice, which enforce their human rights, as well as the challenges that refugees and asylum seekers face to access services, opportunities and resources (Neocosmos, 2010, pp. 1–15; Landau, 2006, pp. 308–327).

Torture, trauma and sexual violence were some of the factors, discussed in the literature, which contributed to the psychosocial, as well as other forms of distress, endured by refugees and asylum seekers (Dolma et al., 2006, pp. 2061–2064). As this is a unique population, who has endured severe traumatic

incidents, unique guidelines and interventions that are suitable to the severity of these challenges, are essential (Burnett & Peel, 2001, pp. 606–609). However, major discrepancies were noted in this regard, as the strategies and interventions were not informed by accounts of the lived experiences of refugees and asylum seekers (Fazel et al., 2005, pp. 1309–1314). There are no interventions that were designed in conjunction with this unique group of people, or piloted by them (Lever et al., 2018, pp. 1–7).

Westernised interventions, as well as those belonging to the trauma paradigm, were outlined in the literature review, and considered inappropriate (Miller & Rasco, 2004, pp. 1–64). The legal and ethical obligations of social workers to refugees and asylum seekers were discussed, and it was clarified that social work interventions should be guided by the unique needs, challenges and experiences of refugees and asylum seekers (Lever et al., 2018, pp. 1–7). The literature review revealed that more research was required, in the South African context, as refugees and asylum seekers in South Africa were integrated in local community settings (Porter & Haslam, 2005, pp. 602–612). In addition, South Africa has unique challenges with limited resources, as well as the existence of xenophobia (Landau et al., 2005, pp. 1–42). Therefore, any guidelines for social work intervention need to address all these issues, the lived experiences of the refugees and asylum seekers, as well the knowledge, skills and resources available to social service practitioners (Lever et al., 2018, pp. 1–7; Miller & Rasco, 2004, pp. 1–64). Completing the literature review took approximately 6 months, after which it became imperative to focus on a scoping review, highlighting the trauma, torture and sexual violence, specifically in the DRC.

#### *10.4.1.2. Findings of the scoping review*

The scoping review revealed that the main cause of trauma, torture and sexual violence in the DRC is embedded, primary, in a fight over DRC's mineral resources, as well as other resources. This is amplified by the lack of justice, proper governance and protection (Kelly et al., 2011, pp. 1–8). Sexual violence and torture are frequently associated with acts of social and economic opposition, and are often planned and organised in advance (Steiner et al., 2009, pp. 1–9). Trauma, torture and sexual violence, therefore, serves strategic purposes, as it is

used, inter alia, to displace communities, or instil fear, to punish them, steal from them, as well as to gain or destroy “magical” power (Peterman et al., 2011, pp. 1060–1067).

Additionally, several articles reported that trauma, torture and sexual violence, occur because of opportunistic behaviour. More often than not, after the fighting between two opposing forces, the capture of a town has been followed by the rape of women, assumed to belong to the defeated enemy group, as a means of revenge (Kelly et al., 2011, pp. 1–8). Soldiers also raped women as a means of entertainment and fun, while on the battlefield (Maedl, 2011, pp. 128–147). It has been determined that substance abuse is another contributing factor to sexual violence, as the substances are used to overcome moral barriers, or serve as sexual stimulants, which foster aggression (Maedl, 2011, pp. 128–147). Torture and sexual violence is often ritualised, to gain *magical powers*, or to neutralise them (Ohambe et al., 2004, pp. 1–72). There is a widespread belief in the sub-region and, more particularly, among combatants that raping a woman of a particular category, serves a double purpose, as it confers *magical powers* and *invincibility* on individuals in battle (Ohambe et al., 2004, pp.1–72).

The types of torture and trauma discussed in the scoping review revealed rape and sexual violence with unprecedented violence (Kelly et al., 2011, pp. 1–8; Maedl, 2011, pp. 128–147; Peterman et al., 2011, pp. 1060–1067; Mukengere Mukwege & Nangini, 2009, pp. 1–5). Four types of rape were identified: (i) individual rape, committed by one attacker on one victim; (ii) gang rape, committed by at least two attackers on one victim, either one after the other, or simultaneously; (iii) gang rape where the attackers force members of the same family to have sexual relations with each other, or to witness the gang rape of a member of the family; and (iv) rape with the insertion of objects into the genitals (Kelly et al., 2011, pp. 1–8; Maedl, 2011, pp. 128–147; Peterman et al., 2011, pp. 1060–1067; Mukengere Mukwege & Nangini, 2009, pp. 1–5).

Additionally, it was determined that sexual violence was not only perpetrated on women, but also on men (Mukengere Mukwege & Nangini, 2009, pp. 1–5), in fact, sexual violence perpetrated on men, is rife in the DRC (Mukengere

Mukwege & Nangini, 2009, pp. 1–5). However, it is under-reported, due to various reasons, including the victims' fear of stigmatization and discrimination (Christian et al., 2011, pp. 227–246). Men, who experienced sexual violence, are left devastated, while the consequences of war are felt throughout all sectors of DRC, namely, economic, health, education, legal, as well as the justice sector, which, virtually, has been destroyed (Peterman et al., 2011, pp. 1060–1067).

The incidence of trauma, torture, and sexual violence is very severe. The total population figures for the country ranges from 63.27 million to 66.97 million (Peterman et al., 2011, pp. 1060–1067). The current situation reveals that, approximately, 4.49 million people are displaced in the DRC (Jacobs & Kyamusugulwa, 2017, pp. 179–196). A total of 630,500 Congolese refugees are hosted in the region, 78% of whom are women and children (Jacobs & Kyamusugulwa, 2017, pp. 179–196). These refugees are from the volatile eastern side of the DRC, namely Goma, seeking refuge in other parts of DRC, namely Kinshasha, which, at times, is more peaceful. During the past year, 120,000 Congolese have fled, as refugees, to neighbouring countries, such as, Uganda, Angola, Zambia, the United Republic of Tanzania, Burundi, the Republic of Congo, and Rwanda, joining 510,000 already in exile (Jacobs & Kyamusugulwa, 2017, pp. 179–196). Additionally, several thousand have fled to Southern African countries like Central African Republic, Chad, Kenya and South Sudan, as well as beyond Africa (Jacobs & Kyamusugulwa, 2017, pp. 179–196).

The scoping review revealed that refugees and asylum seekers from the DRC, leave their country of origin, in search of asylum in South Africa, because they have no choice. The scoping review occurred over three months and provided background and context to the researcher, regarding possible experiences that the key informants and focus group participants had endured. The researcher was well prepared with this prior information, when conducting the individual interviews and could be more empathetic and ethical.

#### *10.4.1.3. Findings and themes of the individual interviews with key informants*

The individual interviews indicated that refugees and asylum seekers endure a difficult and sometimes perilous journey. Refugees and asylum seekers leave

their country of origin due to various reasons, chief of which are war, political unrest and instability. Many refugees and asylum seekers come to South Africa in search of safety and security; however, they are often negatively impacted by xenophobia.

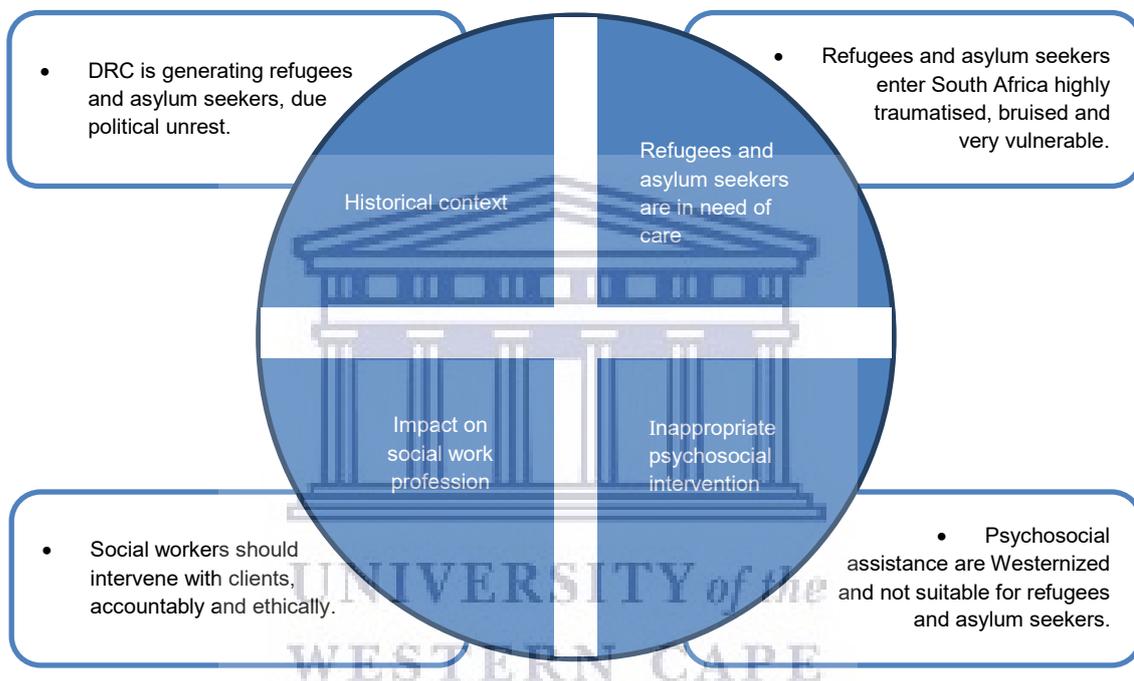
Additionally refugees and asylum seekers suffer severe experiences of rape and sexual violence, which are intensified by language barriers that render them incapable of reporting such abuses. The perpetrators, who were identified by the participants, were mostly militia, rebels, and fellow countrymen, especially when members of the LGBTQ community were involved, as well as those suspected of witchcraft and other forbidden activities. In South Africa, perpetrators of xenophobic violence were identified mostly as South African nationals. In addition, the refugees and asylum seekers also referred to a lack of justice, and expressed zero confidence in the judicial system of their country of origin (DRC). They noted a lack of appropriate medical intervention, and highlighted several of their coping mechanisms.

#### *10.4.1.4. Findings and themes of the focus group discussions*

The focus group discussions highlighted multi-faceted psychosocial challenges, poor levels of integration into South Africa, as well as extreme susceptibility to abuse, neglect, and increased vulnerability. The feedback on psychosocial assistance and services was mostly negative. The expectations from social workers and guidelines for social work intervention, included a holistic and comprehensive approach to intervention that was based on mutual respect, honesty and trust. The potential benefits of appropriate social work intervention were described as effective integration, in which refugee and asylum seekers were not merely viewed as passive recipients of assistance and services, but were also contributing positively in society, by imparting their knowledge, experiences and skills. Once the key informant interviews and focus group discussions, which spanned over eleven months, were completed, the researcher became acutely aware of the need to design and develop guidelines for social work intervention with refugees and asylum seekers.

#### 10.4.2. Phase Two: Design and early development of guidelines for social work intervention with refugees and asylum seekers

This phase of the current research was focussed on the findings of the literature review, scoping review, individual interviews and focus group discussions, as well as the discussion, information gathering (opinions) and synthesis of the Delphi study stakeholders. Qualitative methods were utilized to collect data from a purposively selected sample. The problem for this phase was distilled from the core themes that emerged from various sources of data, as illustrated in Figure 10.1.



**Figure 10.1. Sources of data**

From the above diagram, it is clear that there is a need for appropriate social work intervention with refugees and asylum seekers (Hayes & Humphries, 2004, pp. 131–132). Refugees and asylum seekers are extremely vulnerable when they first arrive in South Africa (Hayes & Humphries, 2004, pp. 131–132). They are often without means, and unable to meet their basic needs (Davidson, Murray, & Schweitzer, 2008, pp. 160–174), which implies that social work professionals, with asylum seekers as clients, face the unique challenge of attempting to assist them in meeting critical needs, despite a lamentable lack of available resources (Davidson, Murray & Schweitzer, 2008, pp. 160–174).

In terms of case management, social workers are likely to be the first service providers, with whom asylum seekers interact, to develop a rapport and trust. Therefore, social workers, who work with asylum seekers, should consider various ways to overcome any barriers, in order to provide the needed support to this vulnerable client group. In addition, it is important for case managers to understand the asylum seeking process, as well as be able to competently assess the client's needs and strengths (Robinson, 2013, pp. 1602–1620).

After conducting a literature review, scoping review, individual interviews with key informants, as well as focus group discussions with refugees and asylum seekers, it became clear that specific guidelines for social work intervention with this group was necessary. The researcher, therefore, approached expert social service practitioners in this particular field to participate in a Delphi study, in order to deliberate over the findings of the literature review, scoping review, individual interviews and focus group discussions, in order to secure their opinion of, or judgment on, the findings, as well as the design and development of preliminary guidelines for intervention with this groups of clients. The following themes emerged from the two rounds of the Delphi study:

- Extensive working experience in the refugee and asylum seeker field.
- Challenges.
- Strategies to overcome challenges.
- Evaluation of current social work strategies and interventions with refugees and asylum seekers.
- Most important perceived needs of refugees and asylum seekers.
- Least important perceived needs of refugees and asylum seekers.
- Course of action for engaging with refugees and asylum seekers.
- Goals of social work intervention with refugees and asylum seekers.
- Values that should underlie social work intervention with refugees and asylum seekers.
- Preliminary guidelines for social work intervention with refugees and asylum seekers.

Subsequently, the researcher formulated the following preliminary guidelines, based on the findings of the literature review, scoping review, individual interviews, focus group discussions, as well as the proposals and suggestions of the stakeholders in the Delphi study:

- Social work intervention should be flexible and based on the uniqueness of the individual refugee and asylum seeker.
- Assessments and developmental plans should be holistic and comprehensive.
- Lack of documentation should be treated as secondary; the needs of the refugee and asylum seeker should come first.
- Social service practitioners should show respect at all times, and should be sensitive to the culture and customs of refugees and asylum seekers.
- Social service practitioners should regularly monitor and evaluate the usefulness of tools, knowledge and resources.
- Social service practitioners should practice controlled emotional involvement, and guard against secondary trauma.
- Social service practitioners should establish a professional working relationship.
- Social service practitioners should attend professional supervision regularly.
- Social service practitioners should be aware of the fact that refugees and asylum seekers are active partners within the intervention and not mere service recipients.
- Social assistance and services should be accessible in terms of language
- Social service practitioners must ensure that Refugees and asylum seekers are provided with a safe and conducive environment during consultation
- Social service practitioners should apply the strengths-based and resilience approach, as far as possible
- Social service practitioners should be open to work as part of a multidisciplinary team, and should act as the case manager in such a team, as far as possible
- Social work intervention should be applied to all the different levels (case work, group work and community work), for maximum effect

- Social work intervention should be process-orientated, wherever applicable, rather than a once-off occurrence
- The social work intervention should be in line with the policies and laws relating to social work, as well as refugees and asylum seekers
- Social service practitioners should support fundraising initiatives within their organisations

#### 10.4.3. Phase Three: Deliberation, refinement, and pilot testing

This phase involved a workshop with 6 social service practitioners, recruited from the Delphi study sessions. The preliminary guidelines were discussed extensively, and were perceived to provide structure for social work intervention with refugees and asylum seekers. The social service practitioners agreed with all the proposed guidelines, particularly, the one that referred to debriefing and supervision. They emphasised that debriefing and supervision could prevent possible burnout, and minimize, or eliminate the effects of secondary trauma for social service practitioners, working with highly traumatized refugees and asylum seekers. The practitioners also confirmed the importance of quality assurance, monitoring and evaluation. All the practitioners, who participated in the workshop, considered it necessary for social service practitioners to stay abreast with the latest information, technologies and resources, and added that it might be expedient to develop a standard contract, or memorandum of understanding, to stipulate the expectations of the social worker, as well as the refugee/asylum seeker. They were of the opinion that the expectations should be clearly articulated, to ensure that interventions are goal directed and participatory.

After the workshop, a focus group discussion was arranged with 14 refugees and asylum seekers, who had participated in the interviews with the key informants and the initial focus group discussions. They had an opportunity to engage with the preliminary guidelines. They were all concurred that the preliminary guidelines were appropriate, and offered suggestions for the implementation thereof. The participants expressed the need to identify and encourage social service practitioners, who engaged with refugees and asylum seekers, to *buy into*, and subsequently, follow the guidelines in a diligent manner. In addition, they perceived the legislative information and requirements, as a particular strength of the document. The participants strongly insisted that an

intervention should be viewed as a process, and not a one-time event. It should be holistic, and informed by the unique needs of the individual, following a comprehensive assessment. In addition, they indicated that advocacy, fundraising and networking should remain an important aspect of the guidelines. The participants also suggested regular discussions on refugee and asylum seeker matters, between social service practitioners, other relevant stakeholders, as well as refugees and asylum seekers. Finally, the participants insisted that local citizens should be involved in advocacy work to promote social cohesion.

#### 10.4.4. Phase Four: Dissemination

This chapter finalises the dissemination phase of the preliminary guidelines for social work intervention, which will be introduced further to the relevant stakeholders, in a series of workshops.

### 10.5. Recommendations for future studies

These recommendations, based on the conclusions on this current research, inform future research, especially studies in the field of refugees and asylum seekers, utilising the exploratory and intervention design. The researcher recommends that:

1. The Department of Social development (DSD), UNHCR and the relevant NGOs, commission a task team of relevant role players, to modify and/or assess the feasibility of the preliminary guidelines for social work intervention with refugees and asylum seekers.
2. The senior authorities of the Department of Social development, UNHCR and the relevant NGOs commit to the implementation of these guidelines, after the assessment.
3. Further studies be conducted, regarding the child protection needs of children born from rape, as a result of war, conflict and unrest.
4. Further studies be conducted that will expose the experiences of other refugees and asylum seekers, such as Somalian's and Burundians.
5. Further studies be conducted, regarding South Africans' perceptions of refugees and asylum seekers, to inform awareness and prevention programmes, specifically related to minimizing and preventing incidences of xenophobia.

## 10.6. Recommendations for current practice

1. The findings to be made available to policy makers, to inform relevant policy and laws, regarding refugees and asylum seekers. There is a need for politicians, policymakers and the media, to influence the public debate on refugees and asylum seekers, by clarifying the real reasons why refugees and asylum seekers come to South Africa (Grove & Zwi, 2006, pp. 1931–1942). This underscores the importance of establishing prevention and protection measures against incidences of xenophobia, and extreme violence, against refugees and asylum seekers within South Africa (Grove & Zwi, 2006, pp. 1931–1942). Once South Africans have a greater awareness about the real experiences of refugees and asylum seekers, it is anticipated that a culture of empathy and social cohesion would be established (Landau, 2006, pp. 308–327).
2. After assessment, DSD, UNHCR, as well as other NGOs and relevant stakeholders, should consider these guidelines for social work intervention with refugees and asylum seekers, because of the collaborative nature of the research, and how it contributed to increased enthusiasm, hope and belief in the future of the discipline. Cognizance should be taken of the current practice, impact on service delivery, morale and threats, for compliance with legislation.
3. After assessment, the findings and guidelines formulated in this study should be made available to the DSD, UNHCR, as well as other NGOs and relevant stakeholders, who should allocate the necessary time, to plan the adoption and implementation thereof.
4. The coordination and management of the guidelines should be overseen and implemented by the top structure in the various organizations, to ensure that they are prioritised across the different spheres.
5. The national and provincial authorities in the Department of Social Development (DSD), UNHCR, as well as NGOs working with refugees and asylum seekers, should realize the crucial role of social service practitioners in addressing the vulnerability, as well as the multi-faceted psychosocial challenges and needs of refugees/asylum seekers, who arrive in South Africa.
6. National social work norms and standards, regarding service delivery and supervision, should be adopted.

## 10.7. Limitations of the study

In conclusion, the researcher acknowledges the following as limitations to the study:

1. Only 4 of the 9 provinces of South Africa, namely, the Eastern Cape, Kwazulu Natal, Gauteng and the Western Cape, were included in the study, due to a large concentration of refugees and asylum seekers in these areas. Therefore, the refugees and asylum seekers, residing in these areas, were included; however, the refugees and asylum seekers, residing in refugee camps, as well as those, who had been resettled in other countries, were excluded.
2. Only adult refugees and asylum seekers from the DRC, who had experienced trauma, torture and sexual violence were considered, while their children were excluded, as well as adult refugees and asylum seekers (and their children) from other countries, such as Somalia, and Burundi. Refugees and asylum seekers from the DRC, who have not experienced trauma, torture and sexual violence were also excluded.
3. The guidelines for social work intervention with refugees and asylum seekers, developed in the current study, are merely preliminary; therefore, the implementation thereof, was not possible during the study. However, they will be recommended to the relevant stakeholders, accompanied by a simultaneous recommendation for the training of new appointees and existing social service practitioners.

## 10.8. Conclusion

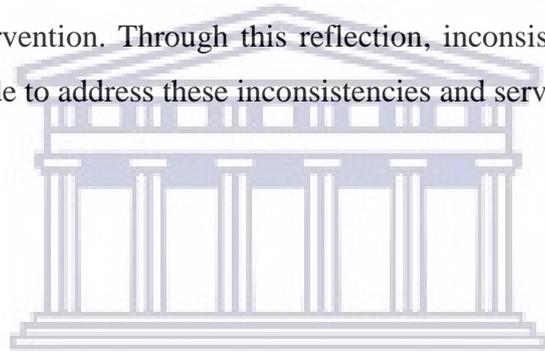
This current study contributes to a sparse research field, and aids in the development of social work intervention with refugees and asylum seekers, by highlighting the experiences, needs, challenges and expectations of this population. The significance of this current study, therefore, is emphasised for the following reasons:

- (i) The lived experiences of refugees and asylum seekers may inform policies, or practices, which cannot be predicated on myths and misperceptions.
- (ii) Politicians, policymakers and the media, has an important role to influence the public debate on refugees and asylum seekers, (Grove & Zwi, 2006, pp. 1931–1942).
- (iii) There is a need for the asylum determination process to be underpinned by a definite understanding of the circumstances under which refugees and asylum seekers leave

their countries of origin, so that their documentation could be prioritized (Landau, 2006, pp. 308–327).

- (iv) Given the mental, social and health problems that people endure, as a consequence of extreme violence and trauma, it is critical that more attention be paid to research and action in this area, both to improve the health and well-being of survivors, as well as prevent further stigmatization and ill treatment (Smith & Freyd, 2013, pp. 119–124).

This current study used participatory methods that acknowledged the social service practitioners, as well as refugees and asylum seekers, as co-constructors of the reality, in which they work and live. This current research, therefore, not only assisted in developing guidelines, as an outcome, but also helped social service practitioners, as well as refugees and asylum seekers, to articulate their experiences, challenges and expectations, especially, in terms of social work intervention. Through this reflection, inconsistencies were uncovered, and recommendations made to address these inconsistencies and services.



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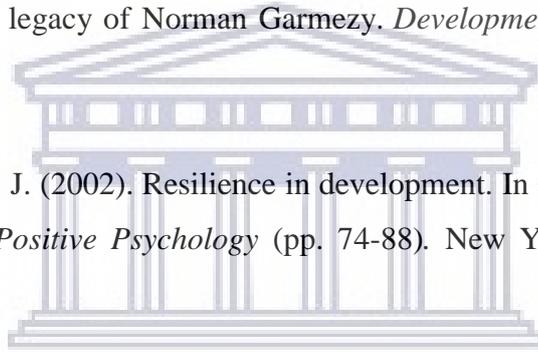
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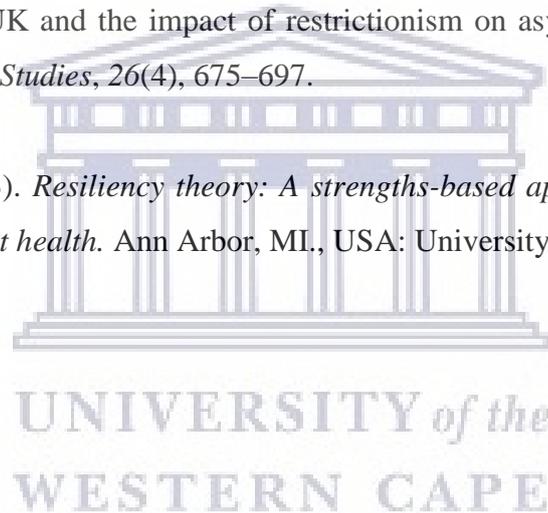
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# APPENDICES

## Appendix A: Ethics Clearance letter



OFFICE OF THE DIRECTOR: RESEARCH  
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02 November 2017

Ms AD Ismail  
Social Work  
Faculty of Community and Health Science

Ethics Reference Number: HS17/6/16

**Project Title:** Lived experiences of survivors of trauma, torture and sexual violence in Democratic Republic of Congo (DRC).

**Approval Period:** 02 November 2017 – 02 November 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

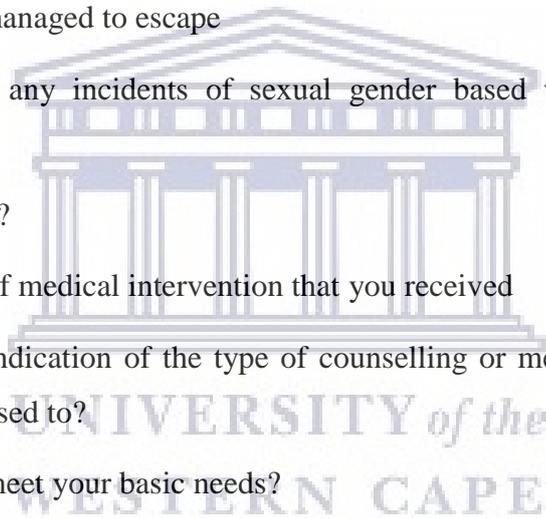
A handwritten signature in blue ink that reads 'Josias'.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

**PROVISIONAL REC NUMBER - 130416-049**

## Appendix B: Questions for individual interviews

1. Describe your journey from your country of origin to the country of asylum?
2. Explain which modes of transport you used and which countries you passed?
3. What caused you to leave your country of origin?
4. Can you go back to your country of origin currently?
5. Describe any experiences of trauma that you encountered?
6. Indicate what happened to your parents and/or siblings? Where are they now?
7. Tell me about any experiences of torture that you might have had?
8. Who tortured you and why?
9. Explain how you managed to escape
10. Can you describe any incidents of sexual gender based violence that you were exposed to?
11. Could you report it?
12. Describe the type of medical intervention that you received
13. Can you give an indication of the type of counselling or mental health intervention that you were exposed to?
14. Indicate how you meet your basic needs?
15. Which coping mechanisms did you employ in order to survive thus far?
16. Indicate what the situation is for you in South Africa?
17. What challenges do you face?
18. Describe what are your future plans

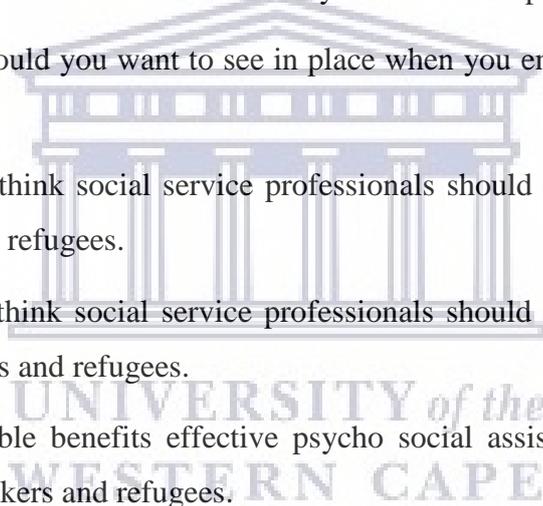


## Appendix C: Questions pour les entrevues individuelles

1. Décrivez votre voyage de votre pays d'origine au pays d'asile?
2. Expliquez les modes de transport que vous avez utilisés et quels pays vous avez passé?
3. Qu'est-ce qui vous a amené à quitter votre pays d'origine?
4. Pouvez-vous revenir dans votre pays d'origine actuellement?
5. Décrivez-vous les expériences de traumatisme que vous avez rencontrées?
6. Indiquez ce qui est arrivé à vos parents et / ou frères et sœurs? Où sont-ils maintenant?
7. Parlez-moi de toute expérience de torture que vous auriez pu avoir?
8. Qui torturé et pourquoi?
9. Expliquez comment vous avez réussi à échapper
10. Pouvez-vous décrire les incidents de violence sexuelle auxquels vous avez été exposé?
11. Pourriez-vous le signaler?
12. Décrivez le type d'intervention médicale que vous avez reçu
13. Pouvez-vous donner une indication du type de counseling ou d'intervention en santé mentale à laquelle vous avez été exposé?
14. Indiquez comment vous répondez à vos besoins fondamentaux?
15. Quels sont les mécanismes d'adaptation utilisés pour survivre jusqu'à maintenant?
16. Indiquez quelle est la situation pour vous en Afrique du Sud?
17. Quels sont les défis auxquels vous faites face?
18. Décrivez quels sont vos projets futurs?

## Appendix D: Probes and questions for focus group discussions

1. Describe your psychosocial challenges.
2. Explain your level of integration into your host country.
3. Describe areas of abuse and neglect for Asylum seekers and refugees, in general.
4. State any challenges that you, or members of your family, or community are facing.
5. Describe your, and/or your family's experience, with regard to accessing psychosocial assistance and services.
6. Indicate the type of assistance that is available to asylum seekers and refugees.
7. What are your expectations of social service professionals?
8. Describe how you would like to be treated by social service professionals.
9. What guidelines would you want to see in place when you engage with social service professionals?
10. Indicate what you think social service professionals should do, when engaging with asylum seekers and refugees.
11. Explain what you think social service professionals should avoid, when intervening with asylum seekers and refugees.
12. Describe the possible benefits effective psycho social assistance and services may have on asylum seekers and refugees.
13. Indicate what you think are the most important needs that social service professionals should address.
14. State which is the least important need, social service professionals should address.



## Appendix E: Sondes et questions pour les discussions de groupe

1. Décrivez-vous vos défis psychosociaux.
2. Expliquez votre niveau d'intégration dans votre pays hôte.
3. Décrire les domaines d'abus et de négligence pour les demandeurs d'asile et les réfugiés en général.
4. Indiquez les défis que vous ou les membres de votre famille ou de votre communauté faites face.
5. Décrivez votre expérience et / ou votre famille en ce qui concerne l'accès à l'assistance et aux services psychosociaux.
6. Indiquez le type d'assistance offert aux demandeurs d'asile et aux réfugiés.
7. Quelles sont vos attentes envers les professionnels du service social?
8. Décrivez comment vous souhaitez être traité par les professionnels du service social.
9. Quelles lignes directrices voudriez-vous voir en place lorsque vous vous engagez avec des professionnels des services sociaux?
10. Indiquez ce que vous pensez que les professionnels du service social devraient faire lorsqu'ils s'occupent des demandeurs d'asile et des réfugiés.
11. Expliquez ce que vous pensez que les professionnels des services sociaux devraient éviter en intervenant auprès des demandeurs d'asile et des réfugiés.
12. Décrivez les avantages possibles que l'assistance psychosociale efficace et les services peuvent avoir sur les demandeurs d'asile et les réfugiés.
13. Indiquez ce que vous pensez être les besoins les plus importants que les professionnels des services sociaux devraient aborder.
14. État qui est le besoin le moins important que les professionnels des services sociaux doivent aborder.

## Appendix F: Information Sheet (English)



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845

E-mail: info@uwc.ac.za

## INFORMATION SHEET

**Project Title:** Lived experiences of survivors of trauma, torture and sexual gender based violence in Democratic Republic of Congo (DRC)

### **What is this study about?**

This is a research project being conducted by Ms. AD Ismail at the University of the Western Cape. We are inviting you to participate in this research project because you can provide first-hand knowledge and insights into the study. The purpose of this research project is to contribute to a sparse research field within the social work profession and to explore and describe the lived experiences of survivors of trauma, torture and sexual gender based violence in Democratic Republic of Congo (DRC). In addition it will explore/ uncover what interventions by social workers in South Africa are required to respond to their psychosocial needs.

### **What will I be asked to do if I agree to participate?**

You will be asked to participate in a one on one interview, focus group discussion or workshop for about one hour. An interview schedule will be used with questions focusing on experiences of trauma, sexual gender based violence and torture.

### **Would my participation in this study be kept confidential?**

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be included in the study and a code will be placed on the collected data. Pseudonyms will be used when applicable. To ensure your confidentiality, the dictaphone recordings will be destroyed after all the information has been documented successfully. If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities' information that comes to our attention concerning potential harm to you or others. In this event, we will inform

you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities

This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the Focus Group maintaining confidentiality.

### **What are the risks of this research?**

There may be some risks from participating in this research study. All human interactions and in particular, talking about experiences of extreme violence carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

### **What are the benefits of this research?**

The benefits to you include sharing your unique experiences and having it documented. Additionally this research is not designed to help you personally, but the results may help the investigator learn more about the experiences of male and female refugees and asylum seekers in the Democratic Republic of Congo(DRC): We hope that, in the future, other people might benefit from this study through improved Guidelines for Social Work Intervention in South Africa as it relates to male and female Refugees and asylum seekers who endured trauma, torture and sexual and gender based violence.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

### **What if I have questions?**

This research is being conducted by Ms. AD Ismail, Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Amanda at: [amandaismail@webmail.co.za](mailto:amandaismail@webmail.co.za) or 079 470 3312

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Marcel Londt  
Head of Department: Social Work

University of the Western Cape  
Private Bag X17  
Bellville 7535  
[mlondt@uwc.ac.za](mailto:mlondt@uwc.ac.za)

Prof R Swart  
Dean of the Faculty of Community and Health Sciences  
University of the Western Cape  
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[chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

This research has been approved by the University of the Western Cape's  
Humanities and Social Sciences Research Ethics Committee)



## Appendix G: Information Sheet (French)



# UNIVERSITY OF THE WESTERN CAPE

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Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845  
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### FICHE D'INFORMATION

**Titre du projet :** Expériences vécues des survivants du traumatisme, de la torture et de la violence fondée sur le sexe en République démocratique du Congo (RDC)

#### **De quoi est-il question dans cette étude ?**

Ceci est un projet de recherche mené à l'université de Western Cape par Mme A. D. Ismail. Nous vous invitons à y prendre part, car vous pouvez fournir des données de première main et des aperçus à cette étude. Le but de ce projet est de contribuer à un domaine de recherche épars au sein de la profession de travailleur social, et d'explorer et décrire les expériences vécues de survivants de traumatisme, de torture et de violence fondée sur le sexe en République démocratique du Congo (RDC). En plus, le projet explorera/permittra de découvrir les interventions dont les travailleurs sociaux en Afrique du Sud ont besoin pour pouvoir répondre aux besoins psychosociaux des survivants.

#### **Que me demandera-t-on de faire si j'accepte de participer ?**

Vous serez invité à participer à une entrevue une à une, à une discussion de groupes de discussion, à une étude ou à un atelier Delphi pendant environ une heure.. On se servira d'un questionnaire se concentrant sur les expériences de traumatisme, de violence fondée sur le sexe et de torture.

#### **Est-ce que ma participation à cette étude sera gardée confidentielle ?**

Les chercheurs s'engagent à protéger votre identité ainsi que la nature de votre contribution. Votre anonymat est assuré car votre nom ne sera pas inclus dans l'étude, et un code sera placé sur les données recueillies. Des pseudonymes seront utilisés, le cas échéant. Toujours dans le souci de garantir votre anonymat et la confidentialité de vos données, les enregistrements de dictaphone seront détruits après que toutes les informations soient documentées. Si nous publions un rapport ou un article sur ce projet de recherche, votre identité sera protégée.

En conformité avec les conditions légales et/ou les normes professionnelles, nous divulguerons aux personnes compétentes et/ou aux autorités toute information portée à notre attention au sujet d'un risque potentiel à votre personne ou à d'autres personnes. Dans une telle éventualité, nous vous ferons part de notre obligation de rompre la confidentialité afin de nous acquitter de notre responsabilité légale de signaler la chose aux autorités désignées. Cette étude emploiera des groupes de discussion ; par conséquent, la mesure dans laquelle votre identité sera gardée confidentielle dépendra du maintien de la confidentialité des participants au groupe de discussion.

### **Quels sont les risques associés à ma participation à cette recherche ?**

Le fait de participer à cette étude de recherche peut comporter des risques. Toute interaction humaine peut avoir des risques, mais parler d'expériences de violence extrême comporte particulièrement un certain nombre de risques. Nous nous efforcerons cependant de minimiser ces risques et d'agir rapidement pour vous assister au cas où vous ressentez quelque inconfort que ce soit – psychologique ou autre – au cours du processus de votre participation à cette étude. Le cas échéant, la recommandation appropriée sera faite au professionnel adéquat pour l'assistance ou l'intervention supplémentaires.

### **Quels avantages aurai-je en prenant part à cette recherche ?**

Un des avantages est de pouvoir partager vos expériences uniques et les faire documenter. De plus, cette recherche n'est pas conçue pour n'aider que vous en tant qu'individu, mais les résultats peuvent aider la chercheuse à en apprendre davantage sur les expériences d'hommes et de femmes réfugiés ou demandeurs d'asile provenant de la République démocratique du Congo. Nous espérons que cette étude sera à l'avenir utile à d'autres gens grâce à une édition améliorée de *Guidelines for Social Work Intervention in South Africa* (le manuel reprenant les directives à suivre par les travailleurs sociaux en Afrique du Sud) comme elle est liée à des hommes et des femmes réfugiés ou chercheurs d'asile qui ont enduré le traumatisme, la torture et la violence fondée sur le sexe.

### **Suis-je obligé(e) de prendre part à cette recherche, et est-ce que je peux mettre fin à ma participation à tout moment ?**

Votre participation à cette recherche est entièrement volontaire. Vous pouvez choisir de ne pas y prendre part du tout. Si vous décidez de participer, vous pouvez toutefois mettre fin à votre participation à tout moment. Si vous décidez de ne pas participer à cette étude ou si vous arrêtez votre participation à tout moment, vous ne serez pas pénalisé(e) ou vous ne perdrez aucune prestation pour laquelle vous êtes autrement admissible.

### **Et si j'ai des questions ?**

Cette recherche est menée par Mme A. D. Ismail du *Department of Social Work* (Département de service social) de *University of the Western Cape*. Si vous avez des questions concernant l'étude de recherche elle-même, veuillez contacter : Amanda (e-mail : [amandaismail@webmail.co.za](mailto:amandaismail@webmail.co.za) ; Tél. 079 470 3312)

Si vous avez des questions au sujet de cette étude et vos droits en tant que participant(e) à la recherche ou si vous souhaitez signaler quelque problème que ce soit que vous avez rencontré et qui est lié à l'étude, veuillez communiquer avec :

Dr Marcel Londt  
Head of Department: Social Work  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[mlondt@uwc.ac.za](mailto:mlondt@uwc.ac.za)

Prof R Swart  
Dean of the Faculty of Community and Health Sciences  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee)



**Appendix H: Consent Form (English)**



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa  
Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845  
E-mail: info@uwc.ac.za

**CONSENT FORM**

**Title of Research Project:** Lived experiences of survivors of trauma, torture and sexual gender based violence in Democratic Republic of Congo (DRC)

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that an interpreter will be employed in the study for data collection purposes if and when necessary. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

**Participant's name**.....

**Participant's signature**.....

**Date**.....

## Appendix I: Consent Form (French)



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845

E-mail: [info@uwc.ac.za](mailto:info@uwc.ac.za)

## FORMULAIRE DE CONSENTEMENT

**Titre du projet de recherche :** Expériences vécues des survivants de traumatisme, de torture et de violence fondée sur le sexe en République démocratique du Congo (RDC)

L'étude m'a été décrite dans un langage que j'ai bien compris. J'ai obtenu une réponse à chacune de mes questions. Je comprends en quoi ma participation consiste et j'accepte de prendre part de mon propre choix et de mon plein gré. Je comprends que l'interview sera enregistrée. Je comprends qu'un interprète sera employé dans l'étude à des fins de collecte de données si et quand nécessaire. Il est entendu que mon identité ne sera divulguée à personne. Il est entendu que je peux me désister de l'étude en tout temps sans fournir de raison et sans craindre de conséquences négatives ou la perte de prestations.

**Nom du/de la participant(e).....**

**Signature du/de la participant(e).....**

**Date.....**

**Appendix J: Focus Group Confidentiality Binding Form**



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa  
Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845  
E-mail: info@uwc.ac.za

**FOCUS GROUP CONFIDENTIALITY BINDING FORM**

**Title of Research Project:** Lived experiences of survivors of trauma, torture and sexual violence in Democratic Republic of Congo (DRC): Guidelines for Social Work Intervention in South Africa.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality. I understand that an interpreter will be employed in the study for data collection purposes if and when necessary.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

**Participant's name**.....

**Participant's signature**.....

**Date**.....

## Appendix K: Focus Group Confidentiality Binding Form (French)



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
Tel: 27 21 959 – 2012 Fax: 27 21-959 – 2845  
E-mail: info@uwc.ac.za

## FORMULAIRE D'ENGAGEMENT A LA CONFIDENTIALITE DU GROUPE DE DISCUSSION

**Titre du projet de recherche :** **Expériences vécues des survivants de traumatisme, de torture et de violence fondée sur le sexe en République démocratique du Congo (RDC)**

L'étude m'a été décrite dans un langage que j'ai bien compris. J'ai obtenu une réponse à chacune de mes questions. Je comprends en quoi ma participation consiste et j'accepte de prendre part de mon propre choix et de mon plein gré. Il est entendu que mon identité ne sera divulguée à personne par les chercheurs. Il est entendu que je peux me désister de l'étude en tout temps sans fournir de raison et sans craindre de conséquences négatives ou la perte de prestations. Je comprends que le maintien de la confidentialité dépend de l'engagement de chacun des membres du groupe de discussion à respecter la confidentialité des données. Je comprends qu'un interprète sera employé dans l'étude à des fins de collecte de données si et quand nécessaire.

J'accepte par la présente de faire respecter la confidentialité des discussions du groupe en me gardant de divulguer l'identité des autres participants ou tout aspect de leur contribution à toute personne externe au groupe.

**Nom du/de la participant(e).....**

**Signature du/de la participant(e).....**

**Date.....**

## Appendix L: Delphi Stimulus document

1. Describe your experience in working with refugees and asylum seekers?
2. What are the challenges that you face when encountering refugees and asylum seekers, in terms of psychosocial intervention?
3. How do you overcome these challenges?
4. Are you of the opinion that current social work strategies and interventions address the needs of refugees and asylum seekers appropriately? Please explain your answer in detail.
5. What do you perceive the as *most* important psychosocial needs of refugees and asylum seekers?
6. What do you perceive as the *least* important psycho social needs of refugees and asylum seekers?
7. Can you suggest a course of action that needs to be followed, when engaging with refugees and asylum seekers?
8. What do you think the goals of psychosocial intervention should be, regarding refugees and asylum seekers?
9. Is there anything that you deem important, which should be considered, when working with refugees and asylum seekers, in terms of values and principles?
10. Are there any specific guidelines that you would like to suggest for social service practitioners and community development workers to follow, when engaging with refugees and asylum seekers?

## Appendix M: Audit trail

Objectives and Time frame	Methods	Tools	Sampling	Data analysis
<p>To gather and synthesize information from literature to explore the incidence, causes and scope of trauma, torture and rape in the Democratic Republic of Congo.</p> <p><i>January – March 2017</i></p>	<p>A scoping review will be used to obtain a comprehensive background of the research problem.</p>	<p>Databases and journals such as Science Direct, Ebscohost (PsycArticles, Medline, Academic Search Complete, Directory of Open Access Journal (DOAJ) and SAGE Journals.</p>	<p>A search for relevant data from research that matches certain criteria (e.g. published between the years 2000 and 2016, who includes traumatized participants from DRC.</p>	<p>Analysed and combined the data (using PRISMA which is complex statistical method) which gave an overall result from all of the data</p>
<p>To explore and describe the experiences of male and female asylum seekers and refugees who have been traumatized, tortured and or raped.</p> <p><i>July -November 2017</i></p>	<p>Individual interviews</p> <p>Field notes</p>	<p>Interview guide with questions</p> <p>Interpreter</p>	<p>Participants was selected from the databases who have admitted to enduring trauma. Participants older than eighteen was recruited through local NGO's in Eastern Cape, Kwazulu-Natal, Gauteng and Western Cape.</p>	<p>Collected the story from the participant [s]. Retold the story. Codes was given to the data. The data was grouped into themes. Collaborated with the participant [s] / storyteller [s]. Wrote a story about the participants' experiences. Validated the reports accuracy.</p>
<p>To explore challenges, expectations and needs that Asylum seekers and refugees have with specific focus on psycho-social services and interventions.</p> <p><i>December 2017-May 2018</i></p>	<p>Focus group discussions with participants was used to collect this data</p> <p>Field notes</p>	<p>Interview guide</p> <p>Interpreter</p>	<p>Prominent leaders within the refugee and asylum seeker community was recruited through local NGO's in Eastern Cape, Kwazulu-Natal, Gauteng and Western Cape.</p>	<p>Collected the story from the participant [s]. Retold the story. Codes was given to the data. The data was grouped into themes. Collaborated with the participant [s] / storyteller [s]. Wrote a story about the participants' experiences. Validated the reports accuracy.</p>
<p>To develop, design and test guidelines for social work intervention with asylum seekers and refugees.</p> <p><i>June – October 2018</i></p>	<p>A Delphi study with experts will be conducted for the purposes of this objective.</p> <p>Workshop with experts and refugees and asylum seekers</p> <p>Field notes</p>	<p>Questionnaires</p> <p>Workshop Discussions</p>	<p>Social service professionals from Refugee specific, Government and other Non-governmental organizations.</p> <p>Refugees and asylum seekers</p>	<p>Responses was collected and analysed.</p> <p>Consensus was built through thesis and antithesis.</p>
<p>Write up thesis</p> <p><i>November 2018-April 2019</i></p>	<p>All notes and research tools that were utilised throughout the study.</p>	<p>All data collection tools</p>	<p>Not applicable during this stage</p>	<p>All data grouped into themes and subthemes</p>

## Appendix N: Editorial Certificate

26 March 2019

To whom it may concern

Dear Sir/Madam

**RE: Editorial certificate**

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

**Thesis title**

LIVED EXPERIENCES OF SURVIVORS OF  
TRAUMA, TORTURE AND SEXUAL VIOLENCE IN THE  
DEMOCRATIC REPUBLIC OF CONGO (DRC)

**Author**

Amanda Ismail

The research content, or the author's intentions, were not altered in any way during the editing process, and the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



E H Londt  
Publisher/Proprietor

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