

CHAPTER 17

THE NATURE OF TRAUMA AND ITS TREATMENT

INTRODUCTION¹

The financial impact of farm attacks on the farming community is tremendous. According to surveys conducted by Agri SA, where a farmer is killed, it will take 18 months on average for the farm to become productive again.² In the process the livelihood of a great many people – the farmer, the farm workers and their families – is affected by such an attack. Even if the farmer survives, the effects may still be catastrophic. If the situation is too dangerous, the farm may well have to be abandoned altogether, which seems to happen especially if elderly people are attacked. Even if the farmer stays on, the attack may still have long-term repercussions. In one of the case studies the farmer lost a hand in the attack, while in the other the farmer was left with a motor neuron disability.³ Even the direct financial implications may be devastating: one of the farmers in the case studies had medical bills amounting to R140 000.⁴

Yet the impact of farm attacks on the psyches of the victims can be equally catastrophic. In the chapter on ‘The victims of farm attacks’ the traumatic impact of farm attacks on victims is illustrated by way of actual case studies.⁵ The cry for help expressed in the email the Committee received from ‘Jana’, clearly highlights the need for counselling facilities in the rural areas.⁶ In spite of this great need, however, victims of farm attacks (and victims of crime in general) usually do not have access to counselling service providers. Jana’s e-mail also shows how abandoned victims feel and how great their need for support in difficult periods. If left unassisted they carry the effects for years after having experienced the traumatic event.

Because this aspect of farm attacks has been neglected to such a great extent in the past, the Committee decided to deal with the matter in some detail. A brief description of trauma is required first, however, in order to understand its impact on victims of farm attacks and the importance of seeking trauma treatment after such a traumatic incident.

THE NATURE OF TRAUMA⁷

Trauma is not a new phenomenon, but is as old as human kind. There are numerous accounts of trauma and its effects in many early historical writings. However, emotional trauma as a concept has only been properly identified over the last approximately 20 years.

¹ This chapter is largely based on a memorandum prepared by H.C. van Wijk, Manager of the RAU Trauma Centre until June 2002, who is also a member of the Committee.

² Oral submission by Mr K. Visser, Director of the Governmental Services desk at Agri South Africa, to the Committee on 2001-07-04.

³ See the case of T, p 130

⁴ See the case of U, p 135

⁵ See the case of W, p 144

⁶ See p 147

⁷ For an overview, see <www.wramc.amedd.army.mil/departments/socialwork/provicer/dmhs.htm> :*Department of Veterans Administration Disaster Mental Health Manual*

Prior to that, what we know today as emotional trauma was referred to as hysteria, nervous shock, the great neurosis or war neurosis and even as late as the Vietnam war, the effects of traumatization was still considered to be signs of weakness and even malingering.⁸ In the 1970's, however, there was an increasing awareness that soldiers who had survived long-term abuse while in captivity were post traumatic stress victims, although it was not until 1980 when, through the efforts of combat veterans, the common symptoms seen in rape victims and abuse survivors alike, were recognised. Post traumatic stress disorder was validated and included in the *Diagnostic and Statistical Manual of Mental Disorders* (the DSM) of the American Psychiatric Association.⁹

Definitions of trauma

In the DSM4 it is said that a person is traumatised when exposed to a traumatic event in which both of the following have been present:

- The person has experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or injury, or a threat to the physical integrity of oneself or others.
- The person's response involved helplessness or horror.

Another early definition is that by Jeffrey Mitchell, in terms of which a traumatic incident is any situation faced by victims that causes them to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later.¹⁰ This can be any type of unusual experience, which disrupts the victim's normal level of functioning and ability to cope.

In terms of the so-called meta-traumatological definition of the International Institute of Traumatology and Crisis Intervention, formulated by Dr P.M. Jones and T. van Wijk in 2001, an individual can be said to be suffering from trauma if he or she has been exposed to an event or events, as a result of which that individual's coping abilities are rendered dysfunctional and that at least one of the following have been present:

- An element of fatalism ('fatalness'). There must be a form or sense of loss, even if it is not of some physical property like a car, but can be the loss of an abstract attribute such as security or dignity.
- An irrevocable conclusion. There must be an irreversible change of circumstances after the incident, such as the loss of a loved one. Life will never be the same anymore.
- Severe impairment of the normal coping abilities. The usual ways by which the person used to overcome problems, do not work any more. An example is the person who says: 'I am normally very strong, but now I can't stop crying'.

⁸ See Kardinar A. *The Traumatic Neurosis of War* (1941)

⁹ The DMS is the most authoritative and universally recognised work of reference in the field of psychiatry and psychology. The latest is the fourth edition, published in Washington DC in 1994 and known as the DSM 4.

¹⁰ Mitchell J. *When disaster strikes, the critical incident stress debriefing process* (in Journal of Emergency Service Vol 8 No 1, 1983)

The traumatic event may be either situational, where there is only one incident such as, for example, a hijacking or a farm attack, or it may be developmental, where the situation develops over a period of time, such as a divorce or the development of cancer.

Psychic trauma can also be defined as ‘an emotional state of discomfort and stress resulting from memories of an extraordinary catastrophic experience which shattered the survivor’s sense of invulnerability to harm’.¹¹ Traumatic events are therefore extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with death or violence.

These events confront human beings with the extremes of helplessness and terror, and evoke the responses of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, loss of control, loss of freedom and of impending annihilation.

Characteristics of traumatic events

A traumatic event is characterised by the following:

- There is always an external stressor or event.
- It is sudden. (Even in the case of a developmental event, which stretches over a period of time, the onset is normally very unexpected.)
- People are not prepared for it.
- It is potentially dangerous.
- Normal coping mechanisms of the victim fail.
- During the trauma victims are usually confused.

More specifically, the following event characteristics could be used to identify potentially traumatic incidents: the threat to life, body or health; actual death or injury; discomfort and deprivation; isolation from emotional support; loss of individuality; and disaster related stressors.

In the South Africa context the following are typical traumatic incidents¹²:

- Shooting incidents where an individual has been shot or has shot another person.
- Any other shooting incident where an individual is directly or indirectly involved.
- A suicide or suicide attempt.
- Any physical attack on a person or a family member, friend or colleague.
- Gruesome scenes, for example motor vehicle accidents, hijackings, armed robberies, rape, murder or farm attacks to which the individual is exposed.
- Hostage taking.
- Extreme forms of provocation, for example racially motivated assaults and murder of farmers.

¹¹ Jones Dr P.M., Schulz Dr H. and & Van Wijk H.C.: *Trauma in Southern Africa: Understanding Emotional Trauma and aiding recovery*. (Traumatology Services International, 2nd ed, 2001)

¹² *ibid*

- Any other critical incident that a person reports, for example domestic violence, divorce or intra family murder.

Some farmers – especially white Afrikaans farmers – subconsciously feel guilty about the apartheid past. This feeling of guilt may further compound the trauma.¹³

Reactions to trauma

The reactions to trauma are as universal as the exposure to it. However, it is a complex reaction that affects every aspect of human existence to a certain degree. The responses to stress may be immediate and incident specific; they may be delayed for a period of time after an incident; they may be cumulative, building up over a long period of time; and they may relate to more than one and even many incidents.

The signs and symptoms of a stress reaction may last for a few days, a few weeks or a few months. Occasionally they could last longer, depending upon the severity of the traumatic incident and the trauma treatment. People respond in different ways to trauma and some people suffer more than others. Their history and background, as well as their physical and emotional make-up, will impact on how they react. However, people will experience more or less the same symptoms after a traumatic incident.

One of the most common symptoms is that the traumatised person is rendered ‘numbed’ to life. He or she is not necessarily erratic in behaviour or outwardly violent, but characterised more by an overall ‘flat’ or numb appearance, not caring what is happening around him or her.

There are three basic and instinctive human reactions to a potential threat or stressor, best described by the words fight, flight and uptight¹⁴:

- **Fight:** This refers to an attempt to deal with the threat aggressively. For example, during the attack the victim will fight back or even start screaming and attacking the perpetrator.
- **Flight:** This refers to the desire to run away or to attempt to escape from the threat. The victim will hide somewhere or run away, not thinking of the consequences.
- **Uptight:** This refers to the inclination to react with agitated anxiety to the threat. The victim will freeze and cannot do anything, not speak, not think, not run away

These reactions emphasise that potential victims do not necessarily have the ability to predict how they are going to react during the farm attack. Because of shock and fear their reactions are based on what can loosely be described as ‘instinct’. (This has important implications as far as the whole question of dealing with a trauma situation, such as a farm attack, is concerned. Mental training may therefore be as important as acquiring self-defence techniques or learning to handle a firearm. This matter is dealt with elsewhere.¹⁵)

¹³ Oral submission by H.C. van Wijk to the Committee on 2001-07-24.

¹⁴ Dr Walter B. Cannon, a Harvard physiologist, coined the phrase ‘flight or fight response’ – see Backus W. *The healing power of a Christian mind* (Bethany House publishers, Minneapolis, 1996)

¹⁵ See p 381.

According to Hans Selye in his book *Stress without distress* (1974), we undergo three phases in responding to a traumatic situation, namely an alarm phase, a resistance phase and an exhaustion phase:

- The alarm phase, in which we shift into high gear, using up our bodily resources at a rapid rate: The body is immediately aroused, and the sympathetic nervous system triggers the release of hormones from the adrenal glands. These hormones increase heart and respiration rate; slow down or stop the activity of the digestive tract, making more blood available to other organs, trigger biochemical reactions that create tension in the muscles; increase energy consumption, which produces heat, increases perspiration, which helps cool the body and increase the release of clotting factors into the bloodstream, to minimise blood loss in case of injury. All these go on without us ever having to initiate them consciously.
- The resistance phase, in which we somewhat shift down from using our resources in a spendthrift manner: The alarm state cannot continue indefinitely, and the body imposes a counterbalance to the sympathetic nervous system's plundering of the body's energy stores. Quite soon, the para-sympathetic nervous system calls for more prudent use of the body's reserves. For example, the demands on the heart and the lungs decline. Physiological stress responses generally decrease in intensity, although they do not return to normal if the perceived stress and/or incident continue.
- The exhaustion phase, in which our bodily resources are depleted: Eventually, even at the reduced rates associated with the resistance phase, the body's reserves are exhausted, its ability to restore damage or worn out tissues is diminished, and its resistance to opportunistic infections (infections that take advantage of a weakened immune system or other vulnerability) decreases.¹⁶

Post trauma reactions

The post trauma reactions or symptoms exhibited by victims after a farm attack, discussed in the case studies in Chapter 6, are general symptoms experienced in all traumatic incidents. They are therefore not only found in victims of farm attacks.¹⁷ The case studies have highlighted the following reactions:

- Uncertainty about the future. Many of the farmers have been on their farms for over twenty years. They have made an investment in their farms and most of them have no future without the farms. This also applies to their workers who face unemployment.
- A feeling of loss of control. Intruders have simply come from the outside and violated the farmer's physical integrity and property. Survivors may feel that they have lost all control over their environment and themselves and that they are unable to protect themselves or others.
- Loss of security. Survivors experience feelings of vulnerability after a traumatic incident, especially if they perceive themselves not to be effectively coping with the event. They may even fear that the traumatic event or a similar event may happen again.

¹⁶ See Squire L.R. *Memory and the Brain* (Oxford University Press, New York, 1987)

¹⁷ Jones Dr P.M., Schulz Dr H. and van Wijk H.C. *op cit* p 142 -146

- Loss of meaning in life. One victim said: ‘I feel that there is no reason to go on. I have lost everything, my husband, my home, the farm ...’. It is almost a feeling of ‘What is the point?’ and apathy in respect of life in general.
- Lack of motivation in terms of the future. After a farm attack one mother said that her children had no further interest in their schooling careers. This is in fact a very frequent phenomenon.
- Experiencing secondary fear of death or serious injury. This is the ‘what if’ feeling and thinking. The survivor keeps on thinking back and because of guilt, shame, and fear will say: ‘I should have done this or that and I should not be like this or that’. Many feel responsible for the incident or feel they should have done something to prevent the situation. The farmer might have seen his wife being killed or raped in front of his eyes, and now thinks that perhaps he could have done something to avoid it.
- Fear that the attackers may return. This is the anxiety about the same things happening again. There is confusion and disorientation and the victims may feel that they have so little control over their environment that they are unable to prevent another traumatic event from occurring.
- Feeling insulted and degraded after a sexual assault. The victims may feel that they have lost their dignity. In case of rape there may also be the fear of contracting a disease such as HIV/Aids.
- Loss of a loved one such as a mother, father or spouse. Very common is loneliness as a result of the death of spouse. Often one of an elderly couple is murdered, and the survivor has to face old age alone.
- Fear that the family would be torn apart as a result of a trauma.
- Bitterness and desire for revenge. In the case studies in Chapter ??, one mother referred to the changed attitude of her son and how hardened he had become.
- Immediate financial damage. This may relate, for example, to the loss of a motor car or expenses in connection with the injuries suffered. One of the farmers in the case studies had no medical aid scheme and the hospital refused to treat him without an up-front cash payment.
- Long-term financial worries. The farm may no longer be profitable. There may be worries that there will be no buyers for the farm after an attack, because the possibility of future attacks has scared prospective buyers away.
- Physical trauma. This may be, for example, because of the loss of a limb, or having to use a wheel chair. One farmer interviewed by the Committee had to have his hand amputated; in another case the onset of motor neuron disability was precipitated by the attack.
- Loss of freedom. The victims now live behind a security fence and are afraid to go out at night. There may be a lack of trust in fellow human beings, and there is a fear of participating in life again.

The exposure to traumatic incidents can lead to post traumatic stress disorder. PTSD differs from acute stress disorder in that it is diagnosed only if the prescribed symptoms have persisted longer than eight weeks. These persistent symptoms must include two or more of the following symptoms: difficulty falling asleep, irritability or outburst of anger,

difficulty concentrating, hyper vigilance, and an exaggerated startle response (e.g. when a door slams shut).

The difference between people who develop PTSD from people who were merely temporarily overwhelmed, is that the former become 'stuck' on the trauma, reliving it over and over in their thoughts, feelings or images. It is rather the reliving than the event itself that is then responsible for the behaviour change. The victims may then experience one or more of the following: emotional outbursts, cynicism, alcohol or drug abuse, social isolation or withdrawal, a 'macho' attitude, anger, rage and externalisation.¹⁸

The above highlights the danger when victims do not deal with the trauma and symptoms directly after the incident but think it will disappear. They suppress the symptoms and emotions and go into a state of denial, with potentially very serious consequences.

THE NEED FOR TREATMENT

The word 'trauma' is derived from the Greek term meaning 'wound'. This meaning provides a graphic image of what takes place in human trauma. When a person encounters a traumatic experience, he or she becomes a wounded individual, and as with all wounds there must be a time of healing. However scarring is often the end result, and the less suitable attention the person receives, the greater will be the scarring.

Through our assumptions about how we think life should operate, we form our own cognitive or mental frame around reality. Inside this frame we place our deepest hopes, expectations, and dreams and we see ourselves having wonderful, successful and meaningful lives. Trauma can, however, break this picture, like a portrait falling off the wall and smashing onto the floor. Suddenly the frame that surrounds the beautiful picture of reality is shattered and in pieces. Previously a self-assured person, the recipient of the news that a husband or wife has died, or has been the victim of a farm attack or rape, finds her or his picture of life suddenly lying in pieces on the floor.

The picture we all have about the way we think our lives should be, is a composite of our operational theories about life and reality. Our assumptions are formed and proved by much of our life experiences. These assumptions are rarely articulated as such or may not really exist on the conscious level at all, but they are always there.

When trauma strikes the assumptions are challenged and become invalid. When something happens that falls outside the frame of our 'assumption world', it throws us into total disarray. The frame cannot contain the picture anymore. The world is then suddenly appears crazy and does not make sense any more.¹⁹

It is very difficult and often impossible for a person to overcome the effects of trauma on his or her own. It is therefore very important for such a person to have professional guidance in order to explain the symptoms and effect of trauma and to facilitate that person to recovery. Where such a person is treated properly, however, the following positive reactions can be expected:

¹⁸ Figley C.R. *Trauma and its wake: The study and treatment of Post Traumatic Stress Disorder* (New York, 1985) Vol 1.

¹⁹ Epstein S. *The Self Concept Revisited* (in American Psychologist No 28, 1973)

- There is an increased sense of value. Some have come to see life as more precious and of greater value. It is good to be alive and they feel that life has more meaning and purpose.
- There is a deeper appreciation of family and friends. Some feel that they value their loved ones and their family life much more.
- There is a new sense of achievement. Their own inner strength and resources have been increased. They have more confidence in themselves. Many are surprised by their newly acquired reactions and feelings.

Parkinson states²⁰ that the benefits of trauma treatment are to:

- Reduce any short or long term distressing after-effects.
- Reduce the incidence of sickness and absenteeism.
- Reduce personal, marital and relationship problems.
- Reduce work related problems.
- Reduce anxieties for anyone who may feel threatened or embarrassed if they had to ask for help.
- Reduce anxieties about stress and traumatic reactions being thought of as a sign of weakness.
- Encourage the knowledge that fellow citizens care and give support.

NATURE OF THE TREATMENT

Emotional debriefing

As said above, very often people have dramatic reactions to extraordinary, traumatic events that may leave them feeling overwhelmed and upset. The symptoms and feelings such persons experience are normal reactions to abnormal situations. However, the availability of early trauma intervention may determine whether the majority of survivors will recover emotionally within a reasonable time or be plagued by delayed symptoms in the future. Adequate help in the beginning can encourage functional reconstruction of the defences so that later psychological intervention is less likely to be necessary. Minutes of skilful support and counselling by any sensitive person immediately after a traumatic event can be worth more than hours of professional intervention later.

To this end, 'trauma debriefing' has been promoted as a method, and research has shown a significant decrease in the development of post traumatic stress disorder as a result. Emotional debriefing, as a form of trauma treatment, can be defined as a meeting by a councillor with one or more persons, the purpose of which is to review the impressions and reactions that survivors, helpers and others experience during or after a traumatic incident. It is therefore an emotional ventilation of feelings in a controlled and safe environment.²¹

²⁰ Parkinson F. *Post Trauma Stress* (Sheldon Press, London, 1993) p195

²¹ Jones Dr P.M., Shultz Dr H. and van Wijk H.C. *op cit* p 157

Meta-traumatological treatment model

To achieve trauma debriefing, the so-called meta-traumatological treatment model has been developed by H.C. van Wijck, then Manager of the RAU Trauma Centre. This treatment model consists of two main phases, viz. the Emergency Trauma Reduction Phase and the Stabilisation phase.

Phase 1: Emergency Trauma Reduction

The Emergency Trauma Reduction Phase should occur as soon as possible after the traumatic incident, and in any case within 24 hours. It is important to know that no trauma treatment can be administered within the first 24 hours after a traumatic incident, because the victim is still in shock and is not receptive for any counselling. Nevertheless, adequate assistance in the first 24 hours after the incident can provide an important foundation for the functional reconstruction of the victim's ability to immediately commence with the healing process. One of the main effects or symptoms the individual is likely to suffer is the loss of control, and it is therefore very important to start the process of regaining control as soon as possible.

The purpose of the emergency trauma reduction phase is only to support and start the process by assisting the victim to assimilate the trauma experience. The councillor will do the following:

- Identify major obvious emotions. There may be some immediate expression of anger, fear, blame, sadness or guilt.
- Identify the personal support system available to the victim, such as a mother, husband, family and friends. It is important to establish contact persons.
- Facilitate the recovery or safeguarding of personal possessions, if relevant. It may be very upsetting for a person to lose his credit cards and identity documents, for example.
- Relay immediate further intervention required. For example, statements to the police and medical and further trauma treatment may be required.
- Explain the nature of trauma, and the possible development of symptoms and emotions.
- Explain the consequences of trauma and the importance of trauma treatment.

Phase 2: Stabilisation

The victim of trauma should preferably be afforded an adequate length of time for the various possible immediate emotional responses, such as denial, disbelief and confusion, to start dissipating. It is for this reason that the stabilisation phase cannot be successfully implemented before 24 hours have elapsed. The victim will then be more ready and able to deal with further emotions such as anger, grief, fear, etc., which may become predominant at this stage, and it is at this juncture that stabilisation treatment should commence. This involves sub-phases of recounting, releasing, reorientation and reflection.

During the *recounting* process the patient recounts what he or she can remember of the period immediately preceding the current specific trauma experienced, the trauma itself and, finally, the period immediately following the current specific trauma experienced. This is important to place the trauma in time and relationship perspective. During the

recounting sub-phase the focus is on the objective, rational consideration of the trauma experienced.

The process will typically take two to three recountings. With each session each individual sequence should be expanded in greater detail. New sequences may then emerge which are then inserted into the recounting flow appropriately. The counsellor should intrude or intervene as little as possible during the recounting process, allowing the patient to process the trauma at an increasingly more conscious level. The counsellor must be aware of any indication, by the patient, of the experiencing or reactivation of pre-existing trauma, which may require future revisiting and further treatment.

During the *releasing* process after the recounting, the patient releases the emotions engendered or evoked as a result of the current specific trauma experienced. The focus is on the subjective or affective consideration of the trauma experienced. The process can reveal a predominant emotion or affect, or a number of them. The emotions may change from one to the other, in no particular order or sequence. It is important to allow the patient to identify and consider the emotions that have been or are being experienced.

The releasing sub-phase will usually require the longest time allocation, as sufficient time must be allowed for the patient to fully deal with the prevalent emotions and for their effect on the patient to be exhausted.

In the *reorientation* sub-phase the patient begins post trauma reorientation. The counsellor plays a somewhat more interventionist role, in that the patient is guided and encouraged into reorientation and returning to a more predictable and structured functioning (living) pattern.

Reorientating commences with the review of where the patient's current trauma position is. The patient does this by recognising that his or her pre-trauma view of life in terms of concepts, assumptions, perceptions, etc, has been altered by the trauma experienced. This leads to a stage of reflection, when the patient, with the counsellor's assistance, reflects on his or her current status compared to prior to the trauma treatment, and how to deal with symptoms such as behavioural and emotional changes in future. The patient should be ready now to be guided into the absolvment or forgiveness process.

A single intervention session is insufficient to ensure effective stabilisation – at least six sessions is required for effective intervention. Stabilisation should only be implemented as an individual treatment intervention, and not on a group basis.

Misapplication or inappropriate misuse of this process can seriously affect the treatment success and future recuperation, and ultimate recovery of the patient. Therefore only counsellors who have undergone sufficient and appropriate theoretical and practical education and training, and who are subjected to ethical and professional control, should undertake its provision and application.

Treatment facilities

Counselling at ground level is usually handled by trauma counsellors. Psychologists and social workers also administer trauma treatment, but focus more on long-term treatment

and not only on trauma. Some institutions, for example churches and police stations, also have trauma units staffed by trained trauma counsellors. The Trauma Centre of the Rand Afrikaans University (RAU) developed a National Trauma Network, linking existing trauma centres, psychologist and social workers dealing with trauma.²² The National Trauma Network, again, has developed trauma centres in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo and Mapumhalanga.

All the trauma counsellors in South Africa are part of this National Trauma Network, and whenever there is a specific need the victim can be put in touch with a trauma counsellor or trauma clinic. The Network also identifies specific communities where there is a need for a trauma centre, and assists those communities to establish trauma centre and to train trauma counsellors according to a standard trauma treatment model.

Apart from properly trained trauma counsellors, these centres must have proper facilities that meet the required standards, as well as a manager. A centre's mission and goals should be set, and ways identified by which the goals can be achieved and the resources to do so acquired. The Network provides support to the various centres, and ensure that the centres are on the right track in the attainment of their goals. The aim of control is therefore to check that performance and action confirm to plans to attain the goals and to link with other centres to learn from their experiences or expertise and to support each other.

RECOMMENDATIONS

It has become imperative for the South African farming community (and indeed the community in general) to create the necessary infrastructure to deal with trauma, and for citizens to utilise these resources effectively. Furthermore, the problem of traumatic stress caused by farm attacks has to be tackled not only on a reactive level but also proactively.²³

Reactive steps should include the following:

- Trauma centres should be established in every community in order to help victims to recover from the traumatic incident. The trauma centre should have a manager and trained counsellors, either full-time or on a voluntary basis.
- The facility to be used for the trauma centres must be central and for everyone in the community. It obviously cannot be for the exclusive use of farm attack victims. It may be possible, for example, to coordinate their activities with sexual abuse or domestic violence crisis centres.
- Counsellors should be properly trained, and the training should be ongoing because of the rapidly developing discipline of trauma counselling.
- A protocol for dealing with victims of trauma should be formulated, and it is important for trauma centres to form part of a network so that specific standards can be established.

The Committee realises that the establishment of proper trauma treatment facilities will be a slow process, hampered by the lack of resources. In the mean time, it is important to ensure that all police stations have information about whatever facilities are available in their area, whether at a hospital, or a therapist in private practice.

²² Contact Person for National Trauma network – Tessa van Wijk at 011 7261417 or 082 804 9886

²³ H.C. van Wijk: Oral submission to Committee on 2001-07-24

Proactive steps should include the following:

- Day workshops should be held for farmers and farm workers on how to build relationships with each other and how to establish security networks.
- Day workshops should be held for wives, children and domestic workers on how to deal with fear and what they can do regarding farm attacks. Proactive programmes should therefore be established on farms and in every community.
- The workshops should also deal with the problem of preconceived ideas, perceptions and stereotypes. Fears and emotions have to be confronted.