



Practice Brief: Towards Advancing Psychosocial Justice - Strengthening Mental Health Support through the Psychosocial Wellness Programme

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Executive Summary

Violence continues to leave deep psychological and social scars in many communities, creating urgent needs for accessible, context-sensitive mental health support programmes and systems. Through the Psychosocial Wellness Programme (PWP) at the Centre for the Study of Violence and Reconciliation (CSV), efforts have been made to advance psychosocial wellness by strengthening holistic care systems for violence-affected individuals and communities. Recognizing that unresolved trauma undermines leadership effectiveness and sustainability, the programme addresses the interconnectedness of personal healing, self-awareness, and transformative leadership. This practice brief captures key experiences from implementing psychosocial interventions that prioritize healing, resilience, and empowerment that are useful in informing evidence based policy recommendations. It outlines the overview of PWP, the context, its implementation, participant engagement strategies, methodology, discussion and summary analysis of findings, the outcomes achieved and the lessons learned. There is also a section linking evidence to policy recommendations and the policy recommendations based on evidence for practitioners seeking to bridge mental health care with social justice frameworks in South Africa and similar contexts. By centering survivor agency, addressing structural inequalities, and fostering collective healing, the PWP contributes meaningfully to the broader goal of building safer, healthier, and more equitable societies.

Overview of the PWP

The Psychosocial Wellness Program is designed to proactively support the mental health and well-being of community practitioners working in environments impacted by various forms of violence. This approach recognizes the influence of practitioner's personal experiences on how they engage with their roles. By integrating a trauma informed approach, the programme enables practitioners to confront and address both personal and societal experiences, fostering pathways to healing and holistic wellness frameworks. Since 2018, CSV has been implementing the PWP to embed trauma-informed approaches within the systems of multiple organisations. CSV has been working alongside community-based and Civil Society Organizations (CSOs) in the Gambia, South Sudan, Sudan, Eswatini, Zimbabwe and Guinea. As the programme enters a new phase of expansion (2023–2025) into Zimbabwe, Uganda, and South Africa, CSV seeks to further illustrate how strengthening practitioners' psychosocial wellbeing enhances their resilience and effectiveness when working with victims and survivors of torture and violence.

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Through this initiative, practitioners gain deeper self-awareness and a better understanding of others, supporting them to navigate psychological woundedness with greater care and consciousness. This process not only strengthens individual wellbeing but also empowers practitioners to realize their full potential within their organizations, families, communities, and wider society, ultimately contributing to broader positive transformation across multiple levels.

Context of the PWP

In recent years, the concept of workplace wellness has gained traction across various professional sectors, from corporate offices to non-profit organizations. In spaces dedicated to justice, healing, and human rights, such as CSVR, wellness is not just a programmatic concern but an ethical imperative. Staff are not merely employees but holders of trauma, agents of care, and individuals navigating complex social and emotional terrains as they perform their tasks. It is within this context that notions of comfort and wellness emerge, not simply as feel-good ideals, but as deep structural concerns.

CSVSR recognizes that leadership in contexts of violence, inequality, and historical trauma requires more than technical skills, it demands deep psychosocial wellness, self-awareness, and emotional resilience. In response to this need, CSVSR's PWP has actively been implementing a trauma-informed leadership development initiative grounded in the understanding that healing and leadership are deeply interconnected. Many leaders and emerging change makers operate within environments marked by social injustice, historical oppression, poverty, and interpersonal trauma. These layered realities often leave invisible wounds that, if unaddressed, can compromise leadership effectiveness, personal wellbeing, and the ability to sustain meaningful social change.

CSVSR acknowledges that healing from these collective and personal experiences is not peripheral to leadership but central to building healthier, more inclusive communities and societies. The PWP therefore is intentionally structured to support leaders in navigating their own healing journeys while building their leadership capacity. The programme adopts a trauma-informed approach that emphasizes safety, trust-building, empowerment, collaboration, and cultural sensitivity. It prioritizes the personal transformation of participants by helping them understand their own contexts, take responsibility for their personal growth, heal from past wounds, redefine their purpose, and reflect on their leadership journeys.

At the heart of the programme is the belief that psychosocial wellness is a critical foundation for ethical, effective, and sustainable leadership. Leaders who engage in deep self-reflection, heal from their psychological wounds, and operate from a place of self-awareness are better positioned to model positive change, inspire trust, and lead authentically in their communities and professional spheres.

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By addressing the psychological, emotional, and contextual factors that shape leadership, CSVR's PWP aims to foster a new generation of transformative leaders capable of promoting resilience, equity, and social healing across different sectors of society. This reflection emerges from an engagement with data collected as part of the PWP implemented by CSVR as a core aspect of the Mental Health and Psycho Social Support (MHPSS) Project.



Implementation of the PWP

PWP recognizes a structured multi-phase model for trauma-informed leadership development. The programme consists of five interconnected phases that guide participants through processes of deep reflection, healing, empowerment, and transformation. The first phase entails understanding where one comes from in terms of context. This section has a particular focus on helping participants reflect on themselves in relation to the environments and histories that have shaped them.

CSVIR facilitates guided processes where participants explore factors that enable their effectiveness as leaders and those that create obstacles. By examining cultural, familial, political, and socio-economic influences, participants develop a grounded awareness of how their contexts impact their perceptions, decisions, and capacities. This understanding forms the foundation for all future leadership engagements within the programme.

The second phase addresses taking responsibility for who one is. This section challenges participants to recognize their agency in shaping their responses to life's situations. CSVIR emphasizes the importance of reflecting on freedom of choice, personal accountability, and the power to consciously choose one's reactions to external circumstances. Through focused exercises, participants distinguish what lies within their locus of control and learn strategies for nurturing a proactive, empowered leadership posture. This section strengthens personal resilience and nurtures intentional, values-driven leadership behaviors.

The third phase speaks to healing individual psychological wounds from the past. It provides participants with a safe, supportive space to confront and work through psychological injuries that continue to influence their present lives and leadership. CSVIR facilitates a careful process of reflection, dialogue, and expressive activities that allow participants to identify their trigger(s), recognize their impact(s) on functioning, and begin pathways toward healing. The programme upholds a trauma-sensitive approach throughout, ensuring that participants are not re-traumatized but instead feel affirmed, heard, and supported as they explore often painful histories.

The fourth phase explores living ones' purpose with specific focus on narrative transformation. CSVIR invites participants to critically examine the stories they have internalized about themselves, stories rooted in family, culture, past experiences, and systemic oppression.

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Through structured visioning and reflective exercises, participants are empowered to shift from disempowering narratives to ones that affirm strength, possibility, and self-determination. They begin articulating clear personal missions and leadership visions, rooted not in trauma but in hope and purpose.

The final phase involves giving feedback and evaluation, serving moments of reflection, acknowledgement, and transition. CSVR facilitates structured opportunities for participants to review their growth journeys, articulate key learnings, provide feedback on the programme, and celebrate achievements. The process acknowledges the courage, vulnerability, and leadership potential developed throughout the programme, while reinforcing that personal and professional growth is an ongoing journey beyond formal graduation.

Across all sections, the PWP practices a set of guiding principles that ensure a trauma-informed, participant-centered experience as outlined.

- **Promoting safety:** CSVR prioritizes the creation of physically, emotionally, and psychologically safe spaces. Facilitators consistently foster mutual respect, confidentiality, predictability, and open communication, establishing learning environments where participants can engage authentically without fear of judgment or harm.
- **Fostering authentic relationships:** Understanding that healing happens in relationships, CSVR emphasizes building genuine, empowering connections between facilitators and participants, and among participants themselves. The programme models trauma-sensitive interactions characterized by empathy, honesty, and non-hierarchical engagement.
- **Empowering voice and choice:** Participants are continuously encouraged to exercise agency within the programme. CSVR affirms the right of individuals to contribute voluntarily, to set personal boundaries, to decline participation without penalty, and to make informed decisions regarding their engagement at every stage.
- **Enhancing self-awareness and reflection:** Deep personal reflection is embedded throughout the programme structure. Through guided journaling, visioning exercises, mindfulness activities, and peer-to-peer dialogue, participants strengthen their self-understanding, identifying the interplay between their inner lives and external leadership expressions.
- **Maintaining relevance:** CSVR adopts an adaptive facilitation approach, consistently integrating emerging participant needs, reflections, and contextual shifts into programme delivery. This responsiveness ensures that all sessions remain culturally sensitive, contextually grounded, and meaningfully connected to participants' lived realities.



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- Acknowledging diversity: CSVR recognizes the critical role that identity markers such as race, gender, ethnicity, class, and historical trauma play in shaping experiences of leadership and healing. The programme intentionally adopts inclusive language, recognizes multiple forms of knowledge and expression, and designs activities that honor the diverse backgrounds of all participants.
- Prioritizing experiential learning: Theory and lived experience are integrated at every step. CSVR ensures that participants are not passive recipients of information but are actively engaging, practicing, experimenting, and applying their learnings in real-time, making the leadership development process tangible and embodied.

Throughout the programme, CSVR engages participants in intensive personal visioning exercises that help them map their aspirations, identify the internal and external challenges they face, and strategize practical steps toward achieving emotional wellbeing and leadership excellence. Participants are encouraged to develop a deeper understanding of how their psychological health, personal histories, belief systems, and leadership capacities are interconnected.

As participants move through the Psychosocial Wellness Programme, they engage deeply with both personal healing and professional development. They build leadership identities that are resilient, relational, purpose-driven, and critically self-aware. CSVR's trauma-informed approach ensures that leadership development is not only about acquiring new skills but also about fostering a fundamentally different way of being; one that integrates healing, empowerment, and transformational leadership in the service of community wellbeing and social change.

Monitoring and evaluation (M&E) processes are embedded not just as technical activities, but as opportunities for deepening learning, responsiveness, and mutual accountability between facilitators and participants. Ongoing monitoring takes place through structured reflection moments before and after each session using pre and post workshop assessment questionnaires. The surveys basically assess changes in participants' self-awareness, leadership capacity, emotional resilience, and sense of agency. In addition, CSVR is conducts periodic focus group discussions (FGDs) with participants at key programme milestones. These FGDs offer a deeper exploration of participant experiences, allowing CSVR to gather insights about what is working, what needs adaptation, and how participants are interpreting and integrating learning. Facilitators use this feedback to make real-time adjustments to programme content, sequencing, and methodologies to better meet participant needs. CSVR ensures that all M&E processes are not extractive but empowering to promote participants' understanding of the purpose of feedback, own their voices in the evaluation process, and see tangible adaptations based on their input. This approach reinforces the broader trauma-informed values of safety, empowerment, voice, and choice within the Psychosocial Wellness Programme.

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Graduation ceremonies at the end of the programme serve as important evaluative spaces. Participants engage in structured reflective exercises that summarize their individual journeys, highlight key transformations, and articulate next steps for their leadership and wellbeing paths. The insights generated during these closing reflections are being systematically captured and analyzed to inform future programme iterations.

Participant Engagement Strategies of the PWP

Participant engagement within PWP is intentionally designed to be dynamic, meaningful, and deeply participatory. CSVIR recognizes that healing, learning, and leadership development are relational processes that require more than information transfer; they require authentic engagement of the whole person; mind, body, emotions, and spirit. CSVIR sets a welcoming tone by co-creating group agreements with participants. These agreements cover issues such as confidentiality, mutual respect, active listening, non-judgment, and care for self and others. Facilitators emphasize that participants are co-owners of the learning environment and that their voices, choices, and experiences will shape the journey.

The facilitation methodology is rooted in adult learning principles and trauma-informed pedagogies. Sessions are highly interactive, blending storytelling, role plays, small group work, plenary discussions, reflective writing, and mindfulness practices. Each participant is encouraged to engage in ways that feel safe and meaningful to them, with multiple entry points for different learning styles and personality types. Experiential activities are used extensively to deepen engagement.

For instance, guided imagery exercises help participants connect with their inner narratives; group sculpture activities allow for physical expression of leadership challenges and aspirations; and leadership simulation games foster active exploration of decision-making, collaboration, and emotional regulation under pressure. Peer learning is a key strategy. CSVIR structures opportunities for participants to learn from each other's experiences, insights, and coping strategies. Small group discussions and peer coaching circles are integrated to strengthen interpersonal bonds and collective resilience.

This approach aligns with the trauma-informed principle that healing and growth happen most powerfully within trusted, supportive relationships. Facilitators maintain flexibility and responsiveness in session delivery. If emotional content arises that needs space and attention, facilitators are prepared to adapt session plans, slow down, or introduce grounding exercises to ensure participants' wellbeing remains central. Participants are invited to "tap out" (pause their participation) at any time without stigma, reinforcing the principle of self-care and autonomy.

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To sustain engagement beyond formal sessions, CSVr shares optional resources such as recommended readings, mindfulness exercises, and journaling prompts. Participants are encouraged to continue reflection and application between sessions, helping to integrate the learning into daily life rather than confining it to the workshop space. By deliberately weaving together safety, relevance, empowerment, and relational connection, CSVr ensures that participant engagement within the Psychosocial Wellness Programme is transformative. Engagement is framed as an act of reclaiming agency, voice, and leadership identity in a healing and empowering community context.

Methodology, Discussion and Summary Analysis of Findings of the PWP

This section highlights findings from the Evaluation reports on the Institutionalization of Trauma-Informed Care (TIC) Approaches in organizations working with victims of organized crimes and torture in Harare, Zimbabwe and Uganda. Counselling service unit (CSU) is a Zimbabwean nonprofit organization registered in 2003 to provide essential services to victim of organized crimes and torture. The African Centre for Treatment and Rehabilitation for Torture Victims (ACTV), is an organization that supports victims of torture and organized crime in Uganda. The section also highlights the opportunities and possibilities for institutionalizing Trauma-Informed Practices in organizations through evidence-based policy development.

For cohort one, pre and post-workshop assessment questionnaires were used. The pre-workshop assessment questionnaires were essential in assessing the level of knowledge, attitudes, perceptions and expectations of participants. The post-workshop assessment questionnaires aided in establishing the change in knowledge, attitudes, perceptions and expectations among the participants. The average was 91% for workshop recommendation, attitude change, expectations and knowledge increase. During the implementation of Phase 1-4 of the PWP, the average knowledge of the content related to the manual was 20%, after participating in the training, respondents demonstrated an average knowledge of 32%. Thus the average knowledge increase for Uganda cohort one participants was 12%.

During feedback sharing, one of the participants said, “The workshop has helped me to learn more about myself and to pay attention to areas that need development which we did through the emotional intelligence assessment tool.” Another participant said, “I was able to understand myself better, the approaches apply e.g., check-in daily, river of life triggered my mind, I was able to reflect on myself, looking back on the ups and downs. Sharing this experiences got me anxious but after doing it I felt relieved.” Another participant shared that, “I was expecting to share the most difficult things I have experienced in my life so as to start the healing journey and this platform necessitated this to happen.”

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Finally, a participant said, “A lot will be applied from the learnings, firstly all of us sharing their river of life confirmed each of us have hurdles that we have gone through. I realised I needed to be open-minded and understanding at the same time because what lies beneath a smile one cannot tell until given a chance to share what they feel.”

For cohort 2, evaluation was done using forms, Emotional Intelligence Surveys, and Focus Group Discussions (FGDs) with partner organisations to understand the effectiveness, applicability, and response to the PWP by the different participants over the different phases of the implementation. The discussions were conducted after phase 5 to track developments within each participant’s work and personal life. One-on-one interviews followed the same methodology and approach as the FGDs involving in-depth personal feedback on their experience of the PWP and trauma informed approaches.

While most participants found the material appropriate, a small percentage found some of the material difficult, suggesting the need for varied levels of content delivery. Overall, participants expressed confidence in sharing what they learned, indicating knowledge retention and confidence. A significant majority (98%) believed their expectations were met and expressed a willingness to apply what they had learned in their personal and professional lives. Nearly all participants would recommend the workshop, reflecting high satisfaction levels and perceived relevance. Over 90% of participants felt that their attitudes had positively changed and 98% of participants felt that their knowledge had increased due to the workshop.

Most participants rated all change starts with self (90%), experiential learning (80%), informed consent discussions (70%), and emotional intelligence assessments (70%) as excellent, indicating high levels of engagement with the content. Positive feedback was noted for topics such as, self-care (80% reported excellent), progressive muscle relaxation (60% excellent), coping strategies (50% excellent), and accessing help and support (50% excellent). Topics like using the STOPP approach (80% reported excellent), perception vs. reality (70% excellent) and the journey of psychological healing (70% excellent) receiving high ratings.

One of the participants said that, “From this training, I have learned to have an inner authority that says that I'm loving, I have a value, I have kindness, I need to look good, I need to pay attention to myself and live a good life, and even pay attention to my community and my society, that what I learned, that I can share everything, that what I'm carrying out as a value.” Another participant shared that, “After this training, I went home. I was telling my boss, I'm a free person. I even went to the church. I told my boss, I said, I'm a free person because now I'm aware of myself. From this training, I learned how to put myself first, how to care for myself, and not thinking about what people think about me.” Another participant acknowledged that, “This training is helpful for us as a counsellor because we are now aware of our well-being. We are doing the work, but we didn’t know what is really affecting us.”

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Drawing on the findings from the in-depth interviews and focus group discussions held with staff from the two organizations, an important theme on Staff Wellness and Organizational Policy Development emerged.

Staff Wellness and Organizational Policy Development

Staff Wellness and Organizational Policy Development are deeply interconnected, especially in cases where staff handle victims/survivors of violence and torture. The nexus between staff wellness and organizational policy development lies in the recognition that employee well-being is both a strategic asset and a governance priority. When staff wellness is embedded within policy frameworks, it transitions from being a discretionary practice to a structured and enforceable organizational standard. This ensures the systematic provision of psychosocial support, fair workload management, and access to wellness resources, thereby fostering a healthy, safe, and productive work environment. Such policies mandate the development of institutional wellness strategies such as; mental health support systems, stress management interventions, and regular well-being assessments, as integral components of human resource management. In doing so, organizations not only promote individual and collective resilience but also align operational practices with values of care, equity, and sustainability. Ultimately, codifying staff wellness into policy reinforces institutional accountability while enhancing performance, retention, and a culture of support across the organization.

While organizations strive for the implementation of TIC, the effectiveness often hinges on their supportive structures and the recognition of staff wellness. Mental health challenges are increasingly recognized as critical issues for both victims of torture (VOT) and the staff who support them. The emotional toll on practitioners, including burnout and vicarious trauma, is profound. High workloads and lack of recognition of staff efforts further contribute to burnout. Participants described environments focused on targets and numbers with little concern for mental well-being, with one stating that, “You find that you are so exhausted, you are so burnt out. We are just pushing numbers.”

Despite the awareness, wellness structures within some organizations remain weak or inconsistently applied. Organizations such as CSU have made efforts to provide professional supervision, physical wellness sessions, and peer support structures.

However, the perception of these efforts is mixed. One of the respondents from the research conducted said that “Yes, like what I said we have got a professional supervision component every week, we have a counsellor who is the professional supervisor.” What stood out is that while some staff members felt supported by the weekly supervisory component, others indicated a lack of sincerity or institutional backing for wellness. One staff member indicated during an in-depth interview that “I don't think they do provide for staff wellness...”



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Conceptualizing Self-Care as Institutional Practice

The organizational leadership and culture are thought as crucial in creating an enabling environment, especially where self-care and wellness should openly and frankly be discussed, and this is thought of as not the case by some staff members. One staff member shared the following sentiments, “The word self-care itself was said to be it’s a non-existing word”. The language around 'self-care' was even considered politically unaccepted in some organizational spaces. A participant shared that, “The word self-care is politically not adopted or accepted”. The director said, “I don't want to hear any word called self-care. It's non-existent. How will you talk about wellness when you do not talk about self-care?” Another participant noted that, “One has to find ways to take care of themselves other than the organization itself.” Wellness practices were often described as individualized rather than structured. The reliance on staff members’ own initiative highlights a significant institutional gap. A respondent said that, “We do not have structures, but usually we are encouraged to take wellness but the organization is not involved.”

Despite these challenges, participants acknowledged progress over time. Flexibility in programming, support for educational goals, and partial medical aid contributions are seen as important shifts. One of the participants mentioned that, “Programming is flexible enough to allow staff to go off premises without affecting salaries.” Staff advocated for retreats, team-building activities, wellness officers, and monitoring systems. There is a strong call for dedicated and structured investment in wellness beyond ad-hoc activities. One of the staff said, “We used to have walks in the park, now people do not go anymore.” Another one added that, “There must be proper regulation, if it does not become systematic, then it becomes a problem.”

Opportunities and Possibilities for Institutionalizing Trauma-Informed Practices

From the data collected, it was evident that while organizations acknowledge the need for trauma-informed care, the absence of formal policies continues to undermine systematic integration. There is a wide recognition that organizational leadership and culture must support such approaches. Participants repeatedly emphasized the importance of standalone policies that embed trauma-informed care into day-to-day operations. These policies should ensure routine engagement with mental health professionals and encourage open discussion about staff wellness and trauma exposure. One of the participants emphasized on the need of “Creating a manual that the organization will use.”

The need to institutionalize TIC approaches is not only about caring for staff but also ensuring the quality and sustainability of care offered to VOT. Staff appreciated opportunities for self-improvement but called for more institutional ownership.

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This is evidenced by a participant who said that, “People just want to improve themselves, it is now on an individual level more than the organizational level.” It is deemed important that staff wellness is structured and not individualized.

Informal practices such as occasional supervision, conference calls, and flexible leave policies are beneficial but not sufficient. Staff want frameworks that include wellness calendars, resource allocation, and wellness officers. Some even linked wellness to broader socio-economic concerns such as access to loans, fair contracts, and competitive salaries. One said that, “Wellness should go beyond the psychological and physical to include financial wellbeing and reasonable contract terms.” Organizations are therefore encouraged to not only recognize the emotional labor of caregiving but to actively build systems that sustain the caregivers themselves. Staff appreciate the direction taken but urge consistency, structure, and leadership buy-in. One of the staff mentioned that, “We recognize the change, but we need to put structures and systems in place.” Staff by and large implore the organization to invest in structured, routine and well-funded and deliberate wellness policies and programs.

Participants proposed that organizations:

- a. Implement comprehensive, standardized trauma-informed care training for all staff members, ensuring that everyone, from ground-level workers to leadership, understands trauma's impact and TIC principles. All staff members, including administrative and support personnel, should receive training on trauma-informed care to unify the organization’s approach.
- b. Provide regular training on self-care, stress management, and burnout prevention.
- c. Foster an open-door policy and encourage staff to report concerns without fear of reprisal.
- d. Increase staff support, including peer supervision and counselling services.
- e. Monitor and address organizational pressure and targets to prevent burnout.
- f. Promote work-life balance and flexible work arrangements among staff.
- g. Involve staff in decision-making processes and prioritize staff wellbeing in organizational policies, and ensure inclusivity in policy review processes.
- h. Explore flexible staffing models to reduce workload.

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Outcomes of the PWP

The PWP has significantly impacted participants across multiple dimensions, from personal growth to professional leadership. The programme's core focus is on trauma-informed leadership development, and its outcomes reflect substantial transformation in participants' emotional resilience, leadership capabilities, and understanding of their personal and collective responsibilities.

Participants are experiencing increased levels of self-awareness and emotional regulation. Through deep reflection and engaging in trauma-sensitive activities, they are developing a better understanding of their emotional triggers, coping mechanisms, and leadership styles. This has empowered them to make more informed and conscious decisions in both personal and professional settings.

A noticeable improvement in leadership capabilities has been observed. Participants, many of whom initially struggled with leadership roles, are now stepping forward with greater confidence, incorporating trauma-informed principles such as empathy, compassion, and inclusivity. These newfound leadership skills are fostering more supportive and effective team dynamics, ultimately enhancing productivity and collaboration.

The PWP's emphasis on "healing my wounds from the past" is enabling participants to address unresolved psychological trauma. This healing process is leading to more grounded, authentic leadership. Participants are now able to lead with greater clarity, understanding, and empathy, significantly improving their interactions with others.

Additionally, the PWP has resulted in deeper connections between participants, with a focus on building trauma-sensitive relationships. These relationships are crucial for ongoing healing, mutual support, and collective growth. The sense of community created during the programme has inspired participants to form peer networks that provide ongoing emotional and psychological support long after the programme concludes.



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Lessons Learned from the PWP

The PWP has provided valuable lessons that will guide future implementation. These lessons reinforce the importance of a trauma-informed approach and put emphasis on the need for a flexible, participant-centered design that adapts to emerging needs.

One key lesson is the significance of creating emotionally safe and supportive environments. Participants consistently reported that the sense of psychological safety in the programme allowed them to confront deeply personal issues and engage in meaningful healing.

Facilitators have learned that this safety must be proactively maintained throughout the programme by fostering open communication, mutual respect, and confidentiality. Rushing through the healing process can hinder progress, and participants should always be allowed to set their own pace in processing difficult emotions.

Cultural sensitivity and contextual relevance emerged as vital components of effective programming. The programme's adaptability to the unique needs, backgrounds, and lived experiences of participants has been crucial in ensuring its success. As the programme evolved, facilitators recognized the necessity of incorporating content and activities that resonate with participants' cultural and social contexts. This understanding is vital for fostering genuine connections and ensuring the learning is both applicable and meaningful.

Lastly, the iterative feedback process has proven invaluable. Throughout the PWP, both facilitators and participants engaged in continuous feedback loops, ensuring that the programme remained dynamic and responsive to the evolving needs of participants. This feedback has helped refine content, structure, and delivery, making the programme more relevant and impactful.

Linking Evidence to Policy Recommendations

The implementation of the Psychosocial Wellness Programme (PWP) at CSVIR provides critical evidence that underscores the necessity of embedding psychosocial and trauma-informed approaches into leadership development and broader institutional frameworks. The evidence from this programme clearly points to several policy-level implications and opportunities for systemic change.

Contextual reflection as a catalyst for leadership growth: Participants' deep engagement in the "Understanding My Context" section demonstrates that leadership development is significantly strengthened when individuals are supported to reflect on their lived realities.

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Policies that promote leadership training must therefore mandate the integration of context-based reflection frameworks to ensure leaders are grounded in the socio-political, historical, and emotional landscapes they operate within.

Psychological healing as a foundation for effective leadership: The strong participant response to the "Healing My Wounds" section illustrates that unresolved trauma can impede leadership capabilities, decision-making, and relational dynamics. Policy frameworks on leadership development, peacebuilding, and governance should include provisions for psychosocial support as a standard component, recognizing that psychological wellness is not a luxury but a leadership necessity.

Agency and locus of control empowerment: Through exercises focused on "Taking Responsibility for Who I Am," participants demonstrate increased personal agency and conscious decision-making. This evidence highlights the need for policy strategies that move beyond technical skill-building toward fostering emotional intelligence, resilience, and self-leadership among emerging and current leaders.

Diversity, inclusion and cultural sensitivity needs: The programme's experience reveals the importance of culturally responsive approaches. Policy guidelines for psychosocial programming and leadership development must be intentionally inclusive, accommodating diverse cultural, gendered, and historical identities, and ensuring flexibility in content and delivery methods.

Necessity for sustainable support structures: The reflections and feedback from participants indicate that one-off interventions are insufficient for sustained change. Policymakers must advocate for the integration of long-term, layered psychosocial wellness mechanisms such as peer networks, coaching, mentorship, and accessible mental health services into leadership and organizational development initiatives.

Policy Recommendations Based on the Evidence

1. Mandate trauma-informed practices in leadership development, peacebuilding, and governance programming.
 - There is need to embed trauma-informed principles as minimum standards in leadership training guidelines, funding requirements, and accreditation frameworks.
2. Institutionalize psychosocial wellness programs within government, civil society, and private sector leadership pathways.
 - Establishment of formal wellness structures within organizations, including mental health support services, reflection spaces, and peer support systems can be a pathway towards achieving this recommendation.

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3. Allocate funding for long-term psychosocial support systems attached to leadership initiatives.
 - Designation of dedicated budgets is a requirement for continuous psychosocial services, embedded within leadership development and governance programmes.
4. Develop culturally sensitive leadership curricula that address historical trauma, diversity, and inclusion.
 - There is need to collaborate with community leaders, trauma experts, and diverse stakeholders to co-create content that is responsive to local realities and inclusive practices.
5. Encourage partnerships between psychosocial experts, leadership trainers, and policymakers to design integrated programmes.
 - This can be achieved by formalizing collaboration through Memorandums of Understanding (MOUs), joint training initiatives, and integrated programme designs across institutions.

Conclusion

The PWP implemented by CSVR demonstrates that trauma-informed, practitioner-focused interventions can catalyze significant improvements in mental health, resilience, and sustainable community engagement. By grounding the work in reflective practice, personal healing, and leadership development, the PWP is strengthening the capacity of community-based and civil society organizations across multiple countries to respond more effectively to violence and its psychosocial impacts.

For policymakers, development practitioners, and organizational leaders, the evidence is clear: investing in psychosocial wellness frameworks for frontline actors is a strategic necessity for fostering durable social transformation. Embedding trauma-informed approaches into organizational cultures, securing dedicated resources, and institutionalizing continuous practitioner care will not only enhance individual wellbeing but also build more resilient, empathetic, and sustainable community structures.

As CSVR expands the PWP into new regions, this programme provides a compelling and evidence-informed model for linking practitioner wellbeing with broader goals of peacebuilding, justice, and reconciliation. Scaling and formalizing these efforts can ensure that those working at the frontlines of violence prevention and healing are fully supported to drive lasting change.

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