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Developing a Model for Crises Containment Management in South African Schools

Monique de Klerk, Werner de Klerk

School of Psychosocial Health, Community Psychosocial Research (COMPRES), North-West University, Potchefstroom, South Africa

Email: 22668942@nwu.ac.za, 12998699@nwu.ac.za

Abstract

School learners and educators encounter several crises on a regular basis, which can lead to various maladaptive behaviours, leaving the individual feeling numb, overwhelmed, and hopeless with decreased energy levels. Therefore, it is vital for a team to be allocated in schools that are well prepared to intervene to create a safe and healthy school environment. This qualitative document analysis aimed to develop a model for crises containment management in South African schools by combining findings from two recently published research studies. The researchers focused on identifying themes and placing themes in logical order to ensure that the developed model is related to other models, transparent and easy to interpret, easily understandable, and adaptable to various school contexts. The findings of this qualitative document analysis concluded the following themes: threats to school safety; impact of crises; management of crises; and Covid-19 mitigation. Based on these themes, steps were developed for the proposed model for crises containment management in South African schools. These steps include: assessing the safety and the situation; stabilising the environment; reflecting on facts, needs and support structure; referring (if needed); and checking-in on self and the individual in need. It is imperative that South African school learners, educators, and support staff need to be trained to handle various crises, for they are the first responders in most cases.

Keywords

Crisis Management, Crisis Containment, Educators, Support Staff, School Learners, Individual in Need, Individual Providing Help, South Africa

1. Introduction

The worldwide Covid-19 pandemic highlights the immense need to provide

school-based services to support all in need (Weir, 2020). Due to the Covid-19 pandemic, there has been an escalation in mental health difficulties, including anxiety, depression, substance use and trauma (De Man et al., 2022; Ertl et al., 2022; Magamela et al., 2021; Nguse & Wassenaar, 2021; Panchal et al., 2021; Wan, 2020; Weir, 2020; Wiederhold, 2022; Young, 2022). Covid-19 had a tremendous effect on the well-being of South African educators, support staff, and school learners (Dube, 2020; Pillay, 2021; Spaull & Van der Berg, 2020). Even though the Department of Basic Education in South Africa instituted a curriculum recovery plan to undo the damage to learning losses; long-term psychosocial and well-being services do not seem to be well-addressed (Namome et al., 2021). According to Martin and Moss (2021), the Covid-19 crisis calls for a transformation of education and schools' crisis management policies.

2. Literature Overview

2.1. Crisis versus Trauma

The human brain is wired for survival, and when an individual experiences a crisis, such as Covid-19, it has definite neurological changes (McClelland & Gilyard, 2019). For this research article (a qualitative document analysis), a crisis refers to any abrupt or unforeseen situation which causes the individual or group of individuals psychological distress, referring to a state of emotional turmoil which makes coping with daily activities difficult (Arvidsdotter et al., 2016). Hence, without effective intervention, an individual can be triggered (relive or re-experience crisis), through various sensory input from the environment which elicits a specific response to freeze, flee or fight (Kelloway, 2020; McClelland & Gilyard, 2019).

Triggering can lead an individual to experience changes in sleeping and eating patterns, increase heart rate, sweaty palms, decrease in concentration, feelings of panic, helplessness, and lack of control (Debiec, 2018; McClelland & Gilyard, 2019; Ross, 2017). This is deemed as trauma. Therefore, according to the American Psychological Association [APA] (2013), trauma can be described as a psychological response immediately after an event, which is experienced as immense shock. Several types of trauma are identified: firstly, small t trauma, which can be explained as experiences where an individual feels hopeless and unable to cope, but where the individual's life is not threatened (Oliver, 2019). Secondly, big T trauma, which refer to a significant event that causes an individual to feel powerless and having no control (Oliver, 2019). Thirdly, complex trauma which can be described as the exposure to multiple events and can be deemed as severe and pervasive (Brymer et al., 2006). Thus, crisis is the possible precursor for trauma.

2.2. Crisis Intervention

Crisis intervention can be described as an urgent psychological intervention after the exposure to a traumatic event with the purpose to restore psychological

stability and self-adaption (Flannery & Everly, 2000). Ahmad (2019) describes crisis intervention as a short-term psychological aid to restore disequilibrium. Greenstone and Leviton (2002, as cited in Ahmad, 2019), state that crisis intervention consists of six components: firstly, immediacy, where intervention should take place immediately to relieve distress. Secondly, control, where the individual providing help enters the crisis scene with support, being direct, and removing the individual in need from the crisis if possible. Thirdly, assessment entailing evaluating the crisis and obtaining all relevant information. Fourthly, disposition where the individual providing help focuses on identifying resources, solutions, and options with the individual in need. Fifthly, referral where the individual in need is referred to relevant professionals for further treatment. Lastly, following up with the individual in need. According to Ahmad (2019), it is essential to avoid a one-size-fit all approach and therefore the individual proving help, needs to think creatively and practically.

Hence, before various models and techniques can be implemented to intervene in a crisis, it is essential to first ensure the safety of the individual in need (James & Gilliland, 2012). Psychological first aid [PFA] can be seen as the first order intervention that stabilises the individual in need and establishes a safe and supportive relationship before the intervention can begin (James & Gilliland, 2012). PFA serves as a fast method to assess risk, given that the individual providing help observes accurately, speak in a calm and slow tone, listen, and provide practical assistance where necessary (Brymer et al., 2006). According to Brock et al. (2012), the acronym MEETU serves as an explanation for what PFA entails and refer to making psychological contact, exploring various aspects of the problem, examining possible solutions, assisting in taking action, and aiding in follow-up. Making psychological contact is an essential first step for the individual providing help to build relationship with the individual in need, by acting with empathy, respect, and warmth (Brock et al., 2012).

2.3. Problem Statement

Trauma Sensitive Schools (2016) stresses that in addition to physical safety, social and emotional safety plays a vital role in school learners' and educators' psychological well-being. This is further explained by Zhang et al. (2015), who emphasised the importance of crisis intervention to ensure emotional safety of school learners and educators by preventing the onset of mental health problems, such as stress and trauma related disorders. Thus, numerous studies in South Africa focus on the importance of physical or structural safety of school learners and educators in schools where incidents occur (Dlamini, 2018; Eberlein & Moen, 2016; Masitsa, 2011; Netshitahame & Van Vollenhoven, 2002; Van der Merwe, 2017; Xaba, 2006), but none focus on the importance of psychological safety and containment of school learners and educators during or after incidents (de Klerk & de Klerk, 2020). Therefore, a need exists for South African educators, support staff, and school learners to be trained within in-school crisis

management practices to prevent avoidable trauma (de Klerk & de Klerk, 2022).

2.4. Research Study Aim

Our aim for this qualitative document analysis was to develop a crises containment management model for South African schools by combining what literature states (see de Klerk & de Klerk, 2020) with what previous informants (educators and support staff) experience regarding crisis management in their schools (see de Klerk & de Klerk, 2022). Based on these themes, we were able to develop steps for the crises containment management model with the aim of answering the following research question: *What elements must be incorporated in order to develop and implement a crises containment management model in South African schools?*

3. Methodology

We employed a qualitative document analysis method (Bowen, 2009) in the development of this model. As stated by Shafique and Mahmood (2010), models play an essential role in research by producing a connection between literature and society. Ethical approval for this qualitative document analysis was obtained from the Health Research Ethics Committee (HREC) of the North-West University (NWU-00470-19-A1), as well as from the Western Cape Education Department [WCED] (Reference: 20200302-5147), South Africa.

3.1. Data

Two recent published research studies (de Klerk & de Klerk, 2020, 2022) were used as data for the aim of this qualitative document analysis. Both research studies suggested a need for educators, support staff and school learners to be trained within in-school crisis management practices to prevent avoidable trauma. These two studies were specifically implemented as part of the process for the development of this model for crises containment management in South African schools (see Acknowledgements).

Document 1 (de Klerk & de Klerk, 2020). This critical review research study aimed to explore the available scientific literature (2009 to 2019) on the topic of crisis containment management practices in South African schools. The search initially yielded 169 studies of which four (see Duma, 2015; Mabasa & Mafumo, 2017; Masitsa, 2011; White et al., 2015) were finally included for critical review. Qualitative synthesis was done by means of thematic analysis which revealed the following three themes: schools are not safe due to various problems hampering effective teaching and learning; obstacles to ensuring safety within schools; and policies and skills necessary for crises containment and management.

Document 2 (de Klerk & de Klerk, 2022). This qualitative interpretive description research study aimed to explore, interpret, and describe educators' and support staffs' experiences regarding the management of crises in their schools within the Western Cape Province, South Africa. Informant educators (n = 7)

and support staff (n = 1) from four schools (public, rural and private) completed semi-structured interviews on their experiences. Findings following thematic analysis revealed five crisis-oriented themes: current policies within schools; certain crises experiences; languishing; management of these crises; and Covid-19 mitigation.

3.2. Data Analysis

For this qualitative document analysis, data was analysed by following the model of Shafique and Mahmood (2010): identification of themes from both Document 1 and Document 2; combination of overlapping themes from both Document 1 and Document 2; placing themes in logical order; and finally ensuring that the developed model (see Figure 1) is related to other models, transparent and easy to interpret, easily understandable, and adaptable to various school contexts.

4. Findings and Discussion

Four main themes were identified from the two documents analysed (see Table 1). From these themes obtained, steps were identified for the development of the crises containment management model (see Figure 1).

Theme 1: *Threats to school safety*

Both the documents analysed (de Klerk & de Klerk, 2020, 2022) revealed that educators, support staff and school learners are faced with various crises in their life, either at school, or in their personal lives.

Crises experienced. According to literature, schools are not safe, due to various crises, including violent or destructive acts such as fighting, murders, sexual harassment, stabbings, the use of derogatory language and threats, bullying, teen suicides, and unprofessional educator conduct (Khumalo, 2019; Masitsa, 2011; White et al., 2015). Informants from Document 2 disclosed that behavioural problems (including self-harming behaviour) from school learners serves as a crisis, also, work-related tasks including having too much administrative duties to complete in too little time. In addition, school learners and educators had to deal with the challenges of Covid-19, which included famine, unemployment,

Table 1. Themes identified in the two documents analysed.

Theme 1:	Threats to school safety
Subthemes:	Crises experienced
Theme 2:	Impact of crises
Subthemes:	Self-doubt due to lack of training
	Lack of support
Theme 3:	Management of crises
Subthemes:	Policies implemented in schools
	De-escalation measures
	Referral network
Theme 4:	Covid-19 mitigation

loss, not complying with Covid-19 safety regulations, ineffective teaching methods and lack of motivation to study and work. Therefore, educators and support staff experience a wide variety of crises at schools (see also APA, 2020; Minero, 2017; Swingler, 2019). Several cases of school incidents involving school learners and educators have occurred in South African schools in recent years (Calitz & De Villiers, 2020; Chitsamatanga & Rembe, 2020; de Klerk & de Klerk, 2020; de Wet, 2009; Grobler, 2019; Pijoos, 2020; Nako & Muthukrishna, 2018). These include public violence, sexual grooming and abuse, assault, bullying, shooting and stabbing incidents, and many more (Calitz & De Villiers, 2020; Chitsamatanga & Rembe, 2020; de Wet, 2016; de Wet & Jacobs, 2013; Hoosen et al., 2022; Mahabeer, 2020; Mampane, 2022; Mayeza et al., 2022; Steyn et al., 2011).

Theme 2: *Impact of crises*

Crises experienced by school learners, educators and support staff have a definite impact on their functioning, either in a negative or positive manner. It was prominent that informants in Document 2 experienced distress and questioned their own ability. They also mentioned struggling with burnout, feeling lethargic, experiencing anxiousness, and showing withdraw behaviour. Burnout is resource depleting, associated with physical and emotional exhaustion, and reduced sense of personal accomplishment (Rholetter, 2013; Van Tonder & Williams, 2009). Resources to manage burnout are critical in high stress educational environments (Alhija, 2015).

Self-doubt due to lack of training. From the literature in Document 1 and informants' experiences in Document 2 it was prominent that there is a lack of training, Duma (2015) found that 90% of teachers do not have approaches that schools can employ to discourage and counteract acts of school violence and 70% of teachers do not ensure the safety of the victim school learner by minimizing the physical and psychological dangers that may emerge. White et al. (2015) emphasised the urgent need of educators to be equipped with the needed skills and training to address various concerns. As found in Document 2, educators and support staff do not feel as if they have the right knowledge, resources, or expertise to deal with different kinds of crises. An international study (Solomon et al., 2018) found school stakeholder groups (policymakers, educators, and school learners) with a need for increased availability of trained and qualified school personnel to provide support for school learners' emotional and mental health safety. Enabling educators with the necessary skills will also enhance the learning and teaching environment (Bipath, 2017).

Lack of support. During adverse events, it is vital for helpers to also receive support. From data gathered in Document 2, some informants did not feel as if they received the necessary support, either from structures within their school, or outside. Because schools are also limited with therapists, not all crises can be dealt with, due to a lack of staff capacity. Mabasa and Mafumo (2017) found that there is a definite lack of support from the surrounding communities.

Theme 3: *Management of crises*

Policies implemented in schools. Various policies are implemented in some

schools to ensure the physical safety of school learners, educators, and support staff, whereas other schools do not implement these policies (Mabasa & Mafumo, 2017). The main focus of these policies is exclusively on the physical aspect of security (Mabasa & Mafumo, 2017). This includes the allocation of tasks and responsibilities to various educators (health and safety; physical facilities; buildings, vehicles; an emergency plan such as a fire plan, and more). Document 1 observed seeming absence of policies within South African schools to ensure emotional safety.

De-escalation measures. It was evident from Documents 1 and 2 that some schools employ therapists or allocate a support team to help manage emotional crises. They manage crises by evaluating whether the school learner's parents should be involved or not; calming the school learner and assessing whether the school learner can continue with the school day; focusing on the support structure of the school learner; and obtaining all the needed information. In some schools the school learner in need is referred to other committee members, including the school-based support team or disciplinary committee to manage cases. Literature explains the importance of displaying empathy, warmth and sincerity when dealing with crises (Brock et al., 2012; James & Gilliland, 2012). In other cases, the school learners in need are referred to professionals or structures outside of school, including psychologists, social workers, church members and police. It was also evident the importance of receiving support as a helper, either by checking in with a professional, or friend.

Referral network. Some informants in Document 2 stated that they have professionals that help them within the school to manage crises, such as a life coach or psychologist; while other informants stated that specific personnel is allocated to handle certain tasks, including a school-based support team. Additionally, it was evident that schools strongly rely on the help of professionals outside the school system, such as psychologists and social workers.

According to Document 1, educators do not have specific techniques and strategies to help their colleagues and school learners to cope in crises (also see Duma, 2015; Mabasa & Mafumo, 2017; Masitsa, 2011; White et al., 2015). Therefore, social work and clinical services play an essential role in overseeing and monitoring educators and staff responses to school learners in crises (Rodgers & Hassan, 2021).

Theme 4: *Covid-19 mitigation*

Informants in Document 2 reported crises from the current Covid-19 pandemic, which caught schools and communities unprepared. Various informants expressed their frustration with school learners or the school system for not being Covid-19 compliant. Covid-19 had a tremendous effect on the well-being of South African educators, support staff, and school learners (Dube, 2020; Maree, 2021; Pillay, 2021; Spaull & Van der Berg, 2020; Western Cape Government, 2021). Covid-19 impacts on education have demonstrated that there is a need to humanise education (Parahakaran et al., 2021). As previously mentioned, the

Covid-19 crisis calls for a transformation of education and schools crisis management policies (Martin & Moss, 2021).

5. Proposed Model for Crises Containment Management in South African Schools

From the above themes that emerged both from Documents 1 and 2, several steps were identified in the development of the crises containment management model, as depicted in Figure 1.

The model consists of five steps where each step must be implemented by using a stance of warmth, empathy, and sincerity. These five steps include assessing the safety and the situation; stabilising the situation; reflecting on facts, needs and support structure; referring (if needed); and checking-in on self and the individual in need. Each step consists of a question that the individual providing help needs to answer in affirmative to be able to move on to the next step (as portrayed in Figure 1). If the individual providing help is however not able to answer the question in affirmative, they need to refer to either structures

Can I as an individual providing help be empathic, respectful, sincere, and show warmth.
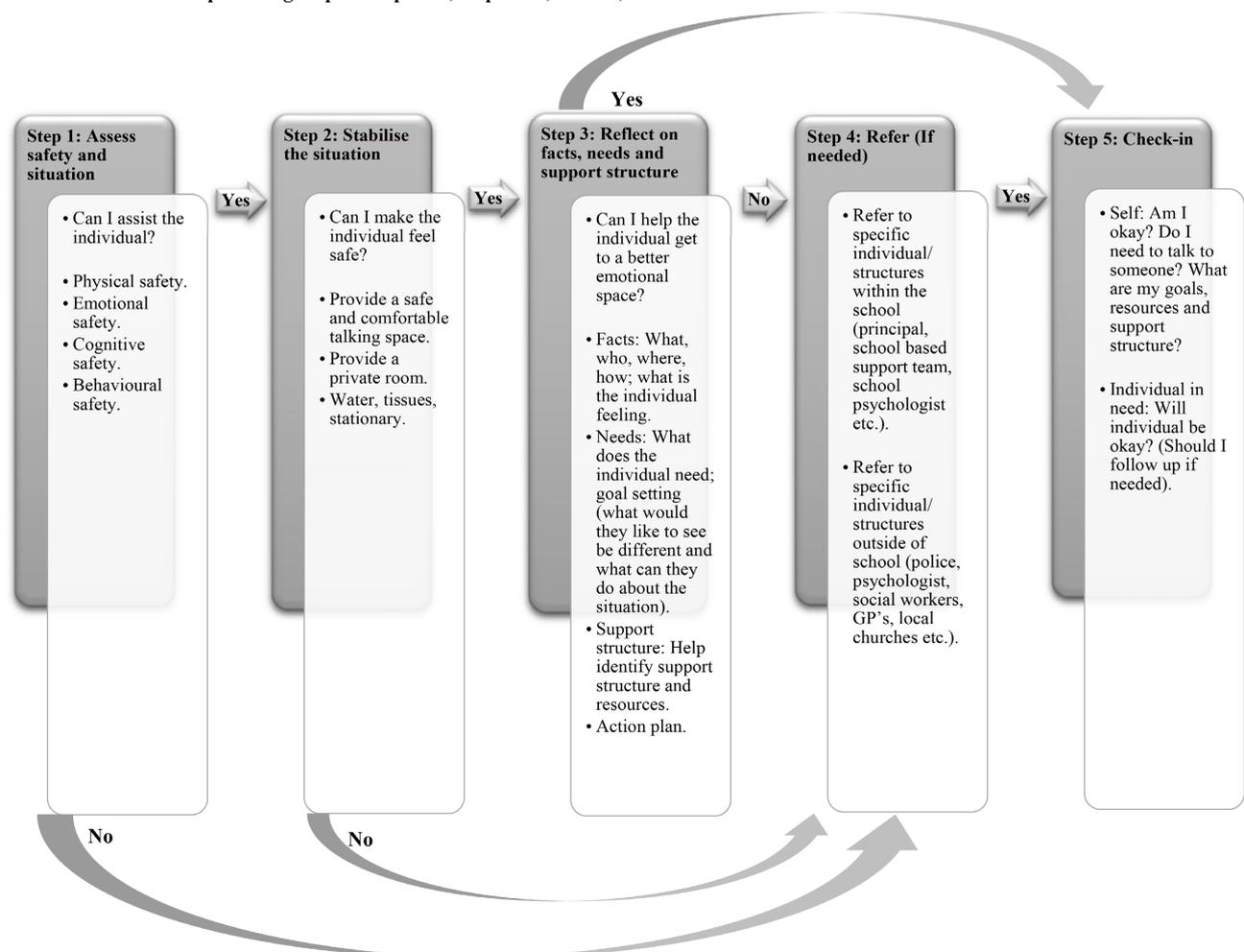

Figure 1. Steps identified from themes for the development of a crises containment model in South Africa.

within the school, or outside school. Each step also contains sub-steps (please see Figure 1 for visual representation).

Stance

According to literature, the individual providing help must consist of the following personality traits to be able to offer support in an effective manner: creativity, flexibility, resilience, assertiveness, optimistic and realistic, and have the necessary empathic skills (James & Gilliland, 2012). The individual providing help can do this by observing accurately, speaking in a calm and slow tone, listening, and providing practical assistance where necessary (Brymer et al., 2006). Following this stance will help the individual by providing help to build a trusting relationship with the individual in need by acting with empathy, respect, warmth, and sincerity (Brock et al., 2012).

Step 1: *Assess safety and situation.* The first step of the model is to assess the individual's safety by observing any immediate threats and asking specific questions. According to Brymer et al. (2006), there are four main categories to consider when assessing safety, which includes the physical safety of the individual in need; emotional safety; cognitive safety and behaviour safety. Therefore, the individual providing help should observe and ask questions regarding these four areas before continuing support or referring.

Firstly, physical safety, entails ensuring that the individual in need is physically safe (Ottens & Roberts, 2005), free from being a danger to himself and others (James & Gilliland, 2012). This area also provides opportunity to assess for any physical symptoms that the individual in need might be experiencing, such as headaches, nausea, difficulty sleeping, difficulty eating, stomach aches and signs of fatigue or exhaustion (Brymer et al., 2006).

Secondly, assessing the emotional safety of the individual in need might include observing how the individual is presenting oneself: does the individual present with a stable mood with one's emotions under control, or are there noticeable signs of negativity, exaggeration, or hysteria (James & Gilliland, 2012). Individuals in need might also show signs of depersonalisation when they are faced with adverse events (James & Gilliland, 2012). According to Brymer et al. (2006), the individual providing help should also focus on any signs of acute stress, anxiety, sadness, irritability, hopelessness, also feelings of being emotionally numb or disconnected.

Thirdly, cognitive safety aids the individual in providing help in assessing the thought processes and thought content of the individual in need (James & Gilliland, 2012). This includes focussing on whether the individual in need shows logical reasoning, able to make decisions, also whether the individual struggles with irrational thoughts, intrusive images, difficulty remembering and concentrating, or preoccupation with death or destruction (Brymer et al., 2006; James & Gilliland, 2012).

Fourthly, behaviour safety, which assesses for appropriate and effective behaviour, possible outbursts, behaviour which might serve as a danger to the in-

dividual in need or others, destructive behaviour, or maladaptive coping (James & Gilliland, 2012). Additionally, Brymer et al. (2006) add that the individual providing help should focus on withdrawal or regressive behaviour, disorientation or behaviour exhibiting signs of being under the influence of a substance.

These areas are essential to assess to determine what critical steps must be executed before crisis containment can commence (James & Gilliland, 2012). Using these four areas of assessment, will enable the individual providing help to answer the question: *Can I assist the individual?*

Step 2: *Stabilise the situation.* After assessing the individual in need and establishing that one can proceed, it is vital to rapidly establish rapport which will enable the individual providing help to form a trusting relationship with the individual in need (Ottens & Roberts, 2005). This is only possible when the individual in need is feeling safe and comfortable, therefore it is essential to provide a private room where the individual in need can freely express his or her concerns and difficulties within a confidential setting (James & Gilliland, 2012). According to Brymer et al. (2006), one can stabilise the situation by attending to physical needs the individual might have to provide physical comfort such as offering water, tissues, pillow, blanket and more. Stabilising the situation will assist the individual in providing help to answer the following question to be able to determine the next step in the containment process: *Can I make the individual feel safe?*

Step 3: *Reflect on facts, needs and support structure.* Brock et al. (2012) highlight the importance of identifying all factual information. Ottens and Roberts (2005) affirm that identifying the major problems of the individual in need, will help the individual providing help, along with the individual in need, prioritise the various problems according to which problem should be focused on first. In addition, this provides opportunity to the individual providing help to identify how the individual in need copes with various issues (Ottens & Roberts, 2005), and whether the individual in need should be referred immediately due to the nature of the problem (Brymer et al., 2006). According to Brymer et al. (2006), the individual providing help should identify the individual in need's most immediate needs, by clarifying what he is feeling and discussing an action plan. This is only possible if the individual providing help understands the nature of the problem experienced by the individual in need (Brymer et al., 2006). Ottens and Roberts (2005) explain that by clarifying what the individual in need is feeling, entails the individual providing help to use active listening skills to reflect, paraphrase, probe, and challenge the individual's maladaptive beliefs before an action plan can be discussed. As stated by Ottens and Roberts (2005), determining an action plan can be seen as the most difficult stage, where the individual providing help and individual in need begin to focus on alternative plans to be implemented. Brymer et al. (2006) affirm that this can only be done by addressing the individual in need's main difficulty. This plan should be realistic and attainable in terms of resources and support system available to the indi-

vidual in need (Brymer et al., 2006). Examining possible solutions provides opportunity for both individual in need and individual providing help to explore strengths the individual already possesses (Brock et al., 2012). This will assist the individual in providing help to answer the question: *Can I help the individual get to a better emotional space?*

Step 4: *Refer* (*If needed*). The Warren County School (2011) stresses the importance of referring individuals in need for further intervention and counselling. There are certain networks within schools to help manage crises. As some informants stated in Document 2, some schools are fortunate to have professionals that help them within the school to manage crises. Other informants in Document 2 stated that specific personnel is allocated to handle certain tasks. Several schools acquire the help of professionals, such as psychologists and social workers for further treatment of cases.

According to Ahmad (2019), ethical decision making in crisis work is vital in order not to cause harm to the individual in need in any manner. These include identifying the ethical concern; identifying own values, skills, and knowledge; considering possible consequences and obtaining help from other individuals providing help by referring when needed (Ahmad, 2019; Ottens & Roberts, 2005).

Step 5: *Check-in.* Facilitating in the follow-up process enables the individual to provide help to refer the individual to the necessary professionals for further intervention (Brock et al., 2012). After referral or finalisation of the containment process, it is vital for the individual providing help to check in on themselves, and the individual in need (James & Gilliland, 2012). According to Brymer et al. (2006), the individual providing help can seek own social support and increase collegial support, schedule time to reflect by keeping a journal, participate in activities that will provide relief and relaxation, such as seeking professional help, taking time off or doing leisure activities. Brymer et al. (2006) also advise the individual providing help to practice good sleeping and eating habits and paying attention to increasing physical health to promote emotional well-being.

Implications for In-School Crisis Management Practices

In the school context, crisis mitigation requires taking account of the characteristics of the crisis (anticipation, duration, intensity, and consequences) and the personal risk factors (physical and emotional proximity and vulnerability) involved (Hong Kong Education Bureau, 2016, as cited in de Klerk & de Klerk, 2020). Based on our qualitative document analysis findings, to improve the safety issues (physical, psychological, and emotional) in South African schools, the focus must be on safety management, implementation, and control via ongoing training opportunities to educators, staff and school learners (de Klerk & de Klerk, 2020), hence the purpose for the development of this suggested model for crises containment management in South African Schools. This suggested model will be evaluated as phase 4 of Monique de Klerk PhD thesis (see Ac-

knowledgements).

6. Conclusion

Based on the aim of this qualitative document analysis, a crisis containment management model for South African schools was developed and included five steps to provide opportunity for educators, support staff and school learners to be able to handle different adverse situations. These steps include assessing the safety and the situation; stabilising the situation; reflecting on facts, needs and support structure; referring (if needed); and checking-in on self and the individual in need. Thus, it is essential for South African educators, support staff and school learners to be trained in a crises containment model with the purpose of safeguarding all role-players within the school from trauma.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

Ahmad, N. S. (2019). Crisis Intervention: Issues and Challenges. In *Proceedings of the 4th ASEAN Conference on Psychology, Counselling, and Humanities* (Vol. 304, pp. 452-455). Atlantis Press. https://doi.org/10.2991/acpch-18.2019.105

Alhija, F. N. A. (2015). Teacher Stress and Coping: The Role of Personal and Job Characteristics. *Procedia-Social and Behavioural Sciences, 185,* 374-380. https://doi.org/10.1016/j.sbspro.2015.03.415

American Psychological Association [APA] (2013). *Trauma.* http://www.apa.org/topics/trauma/

American Psychological Association [APA] (2020). *Resilience Guide for Parents and Teachers.* https://www.apa.org/topics/resilience/guide-parents-teachers

Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding Persons with Psychological Distress in Primary Health Care. *Scandinavian Journal of Caring Sciences, 30,* 687-694. https://doi.org/10.1111/scs.12289

Bipath, K. (2017). Challenges Faced by the School Management Team (SMT) Regarding School Safety in South Africa. *International Journal of Sciences and Research, 73,* 65-83. https://doi.org/10.21506/j.ponte.2017.3.36

Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal, 9,* 27-40. https://doi.org/10.3316/QRJ0902027

Brock, S. E., Sandoval, J., & Lewis, S. (2012). *Crisis Intervention in the Schools.* https://www.slideshare.net/Carikiwi/crisis-intervention-in-the-schools

Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A. et al. (2006). *Psychological First Aid: Field Operations Guide* (2nd ed.). National Child Traumatic Stress Network and National Center for PTSD.
https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf

Calitz, K., & De Villiers, C. (2020). Sexual Abuse of Pupils by Teachers in South African Schools: The Vicarious Liability of Education Authorities. *South African Law Journal, 137,* 72-107.

Chitsamatanga, B. B., & Rembe, N. S. (2020). School Related Gender Based Violence as a Violation of Children's Rights to Education in South Africa: Manifestations, Consequences and Possible Solutions. *Journal of Human Ecology, 69,* 65-80.
https://doi.org/10.31901/24566608.2020/69.1-3.3203

de Klerk, M., & de Klerk, W. (2020). Crises Containment Management in South African Schools: A Critical Review. *Journal of Psychology in Africa, 30,* 599-604.
https://doi.org/10.1080/14330237.2020.1842442

de Klerk, M., & de Klerk, W. (2022). Exploring Educators' and Support Staffs' Experiences Regarding Crises Containment Management in South African Schools. *Journal of Psychology in Africa, 32,* 199-206. https://doi.org/10.1080/14330237.2022.2027632

De Man, J., Smith, M. R., Schneider, M., & Tabana, H. (2022). An Exploration of the Impact of Covid-19 on Mental Health in South Africa. *Psychology, Health & Medicine, 27,* 120-130. https://doi.org/10.1080/13548506.2021.1954671

de Wet, C. (2016). The Cape Times's Portrayal of School Violence. *South African Journal of Education, 36,* Article No. 1231. https://doi.org/10.15700/saje.v36n2a1231

de Wet, C., & Jacobs, L. (2013). South African Educators' Understanding of Bullying. *Journal of Psychology in Africa, 23,* 339-343.
https://doi.org/10.1080/14330237.2013.10820633

de Wet, N. C. (2009). Newspapers' Portrayal of School Violence in South Africa. *Acta Criminologica, 22,* 46-67.
https://www.ojp.gov/ncjrs/virtual-library/abstracts/newspapers-portrayal-school-violence-south-africa

Debiec, J. (2018). *Memories of Trauma Are Unique Because of How Brains and Bodies Respond to Threat.*
https://theconversation.com/memories-of-trauma-are-unique-because-of-how-brains-and-bodies-respond-to-threat-103725

Dlamini, P. (2018, March 16). *Violence in Schools Is Under-Reported, Says Teachers' Association.*
https://www.timeslive.co.za/news/south-africa/2018-03-16-violence-in-schools-is-under-reported-says-teachers-association/

Dube, B. (2020). Rural Online Learning in the Context of Covid 19 in South Africa: Evoking an Inclusive Education Approach. *Multidisciplinary Journal of Educational Research, 10,* 135-157. https://doi.org/10.17583/remie.2020.5607

Duma, M. A. N. (2015). Crisis Intervention in Rural Schools in South Africa: Experiences of Educators. *Studies of Tribes and Tribals, 13,* 142-148.
https://doi.org/10.1080/0972639X.2015.11886720

Eberlein, E., & Moen, M. (2016). Incidents and Accidents: How Are Schools Implementing the Safety Regulations Prescribed by the South African Schools Act. *Journal of Social Science, 48,* 108-118. https://doi.org/10.1080/09718923.2016.11893575

Ertl, M. M., Trapp, S. K., Alzueta, E., Baker, F. C., Perrin, P. B., Caffarra, S. et al. (2022). Trauma-Related Distress during the Covid-19 Pandemic in 59 Countries. *The Counseling Psychologist, 50,* 306-334. https://doi.org/10.1177/00110000211068112

Flannery, R. B., & Everly, G. S. (2000). Crisis Intervention: A Review. *International Journal of Emergency Mental Health, 2,* 119-125.

Grobler, R. (2019, June 7). Violence in SA's Schools Is Worse than You Think, and Spanking Is Part of the Problem. *News24.* https://www.news24.com/news24/SouthAfrica/News/violence-in-sas-schools-is-worse-than-you-think-and-spanking-is-part-of-the-problem-20190607

Hoosen, P., Adams, S., Tiliouine, H., & Savahl, S. (2022). Youth and Adolescents' Perceptions of Violence in Post-Apartheid South Africa: A Systematic Review of the Literature. *Child Indicators Research, 15,* 885-911. https://doi.org/10.1007/s12187-021-09890-5

James, R. K., & Gilliland, B. E. (2012). *Crisis Intervention Strategies.* Brooks/Cole Pub. Co.

Kelloway, R. (2020, February 14). *Why Understanding What Trauma Does to the Brain Helps You Heal.* https://life-care-wellness.com/understanding-what-trauma-does-to-the-brain-helps-you-heal/

Khumalo, S. S. (2019). Implications of School Violence in South Africa on Socially Just Education. *Journal of Social Sciences and Humanities, 16,* 1-11.

Mabasa, L. T., & Mafumo, T. N. (2017). The Way in Which Schools Choose Strategies in Dealing with Safety of Learners in Schools. *Gender and Behaviour, 15,* 9238-9248.

Magamela, M. R., Dzinamarira, T., & Hlongwa, M. (2021). Covid-19 Consequences on Mental Health: An African Perspective. *South African Journal of Psychiatry, 27,* Article No. a1611. https://doi.org/10.4102/sajpsychiatry.v27i0.1611

Mahabeer, D. (2020). Novice Teachers' Beliefs and Fears on Bullying in Schools in South Africa. *Koers, 85,* Article No. 2445. https://doi.org/10.19108/KOERS.85.1.2445

Mampane, J. N. (2022). Homophobic Bullying in South African Schools: Theory into Practice Solutions (TIPS). In Information Resources Management Association (Ed.), *Research Anthology on Inclusivity and Equity for the LGBTQ+ Community* (pp. 113-129). IGI Global. https://doi.org/10.4018/978-1-6684-3674-5.ch007

Maree, J. G. (2021). Managing the Covid-19 Pandemic in South African Schools: Turning Challenge into Opportunity. *South African Journal of Psychology, 52,* 249-261. https://doi.org/10.1177/00812463211058398

Martin, D., & Moss, P. (2021). Back to the Future? Remembering Extended Schools in a Post-Pandemic World. *FORUM, 63,* 98-108. https://doi.org/10.3898/forum.2021.63.2.09

Masitsa, M. G. (2011). Exploring Safety in Township Secondary Schools in the Free State Province. *South African Journal of Education, 31,* 163-174. https://doi.org/10.15700/saje.v31n2a477

Mayeza, E., Bhana, D., & Mulqueeny, D. (2022). Normalising Violence? Girls and Sexuality in a South African High School. *Journal of Gender Studies, 31,* 165-177. https://doi.org/10.1080/09589236.2021.1881460

McClelland, D., & Gilyard, C. (2019). *Calming Trauma—How Understanding the Brain Can Help.* https://www.phoenix-society.org/resources/calming-trauma

Minero, E. (2017, October 4). *When Students Are Traumatized, Teachers Are Too.* https://www.edutopia.org/article/when-students-are-traumatized-teachers-are-too

Nako, N., & Muthukrishna, N. (2018). Teacher-Instigated In-School Interpersonal Violence: Types and Prevalence in South African Public Schools. *Journal of Psychology in Africa, 28,* 371-374. https://doi.org/10.1080/14330237.2018.1527553

Namome, C., Winnaar, L., & Arends, F. (2021). *Improving Psychosocial Support in SA Schools during and after COVID-19 as Part of a Recovery Plan (HSRC Policy Brief, February).* http://hdl.handle.net/20.500.11910/15829

Netshitahame, N. E., & Van Vollenhoven, W. J. (2002). School Safety in Rural Schools: Are Schools as Safe as We Think They Are? *South African Journal of Education, 22,* 313-318.

Nguse, S., & Wassenaar, D. (2021). Mental Health and Covid-19 in South Africa. *South African Journal of Psychology, 51,* 304-313. https://doi.org/10.1177/00812463211001543

Oliver, B. (2019, January 28). *All Trauma Is Not the Same: Big T vs Little T and How to Treat Them.* https://nexusrecoveryservices.com/blog/big-t-vs-little-t-trauma/

Ottens, A. J., & Roberts, A. R. (2005). The Seven-Stage Crisis Intervention Model: A Systematic Blueprint for Intentional Crisis Resolution. *Brief Treatment and Crisis Intervention, 5,* Article No. 329. https://www.researchgate.net/publication/31325314_The_Seven-Stage_Crisis_Intervention_Model_A_Road_Map_to_Goal_Attainment_Problem_Solving_and_Crisis_Resolution

Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). *The Implications of Covid-19 for Mental Health and Substance Use.* https://pameladwilson.com/wp-content/uploads/4_5-2021-The-Implications-of-COVID-19-for-Mental-Health-and-Substance-Use-_-KFF-1.pdf

Parahakaran, S., Macer, D. R. J., Mantegazza, S. S., Sheriff, D. S., Maboloc, C. R., Eviota, G., Takahashi, R. et al. (2021). Implications of Covid-19 for Education. *Statement of the World Emergency Covid19 Pandemic Ethics (WeCope) Committee* (31 March 2021). https://eubios.info/yahoo_site_admin/assets/docs/Wecope_Education_Report.9363349.pdf

Pijoos, I. (2020, July 31). #CrimeStats|School Bullying Sees Murders, Hundreds of Serious Assaults. *Sunday Times.* https://www.timeslive.co.za/news/south-africa/2020-07-31-crimestats-school-bullying-sees-murders-hundreds-of-serious-assaults/

Pillay, I. (2021). The Impact of Inequality and Covid-19 on Education and Career Planning for South African children of Rural and Low-Socioeconomic Backgrounds. *African Journal of Career Development, 3,* Article No. a36. https://doi.org/10.4102/ajcd.v3i1.36

Rholetter, W. M. (2013). *Burnout (Psychology).* Salem Press Encyclopedia.

Rodgers, S., & Hassan, S. (2021). Therapeutic Crisis Intervention in Schools (TCI-S): An International Exploration of a Therapeutic Framework to Reduce Critical Incidents and Improve Teacher and Student Emotional Competence in Schools. *Journal of Psychologists and Counsellors in Schools, 31,* 238-245. https://doi.org/10.1017/jgc.2021.2

Ross, D. (2017, December 4). *How Trauma Affects the Brain: Doctors' Notes.* https://www.thestar.com/life/health_wellness/analysis/2017/12/04/how-trauma-affects-the-brain-doctors-notes.html

Shafique, F., & Mahmood, K. (2010). Model Development as a Research Tool: An Example of PAK-NISEA. *Library Philosophy and Practice (E-Journal),* Article No. 427.

Solomon, B., Katz, E., Steed, H., & Temkin, D. (2018). *Creating Policies to Support Healthy Schools: Policymaker, Educator, and Student Perspectives.* Child Trends. https://www.childtrends.org/wp-content/uploads/2018/10/healthyschoolstakeholderreport_ChildTrends_October2018.pdf

Spaull, N., & Van der Berg, S. (2020). Counting the Cost: Covid-19 School Closures in South Africa and Its Impact on Children. *South African Journal of Childhood Education, 10,* Article No. a924. https://doi.org/10.4102/sajce.v10i1.924

Steyn, H., Myburgh, C., & Poggenpoel, M. (2011). Teachers' experience of Aggression in a Secondary School: Case Study. *Journal of Psychology in Africa, 21,* 125-130. https://doi.org/10.1080/14330237.2011.10820438

Swingler, H. (2019, August 26). *Conflict Leaves Children Traumatised, Anxious—For Life.* https://www.news.uct.ac.za/article/-2019-08-26-conflict-leaves-children-traumatised-anxious-for-life

Trauma Sensitive Schools (2016). *Helping All Children Feel Safe.* https://traumasensitiveschools.org/blog-helping-all-students-feel-safe/

Van der Merwe, M. (2017). *Exposure to Violence: What Crime and Trauma Cost Our Learners.* https://www.dailymaverick.co.za/article/2017-10-29-exposure-to-violence-what-crime-and-trauma-cost-our-learners/#.WzTcVMSxXIU

Van Tonder, C. L., & Williams, C. (2009). Exploring the Origins of Burnout among Secondary Educators. *South African Journal of Industrial Psychology, 35,* Article No. 762. https://doi.org/10.4102/sajip.v35i1.762

Wan, W. (2020, May 4). The Coronavirus Pandemic Is Pushing America into a Mental Health Crisis. *Washington Post.* https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/

Warren County School (2011). *Warren County School Crisis Intervention Plan: Guidelines for a Proactive Building Response to a Traumatic Event.* https://www.warrencountyesc.com/docs/Warren%20County%20School%20Crisis%20Intervention%20Plan-0.pdf

Weir, K. (2020, September 1). *Safeguarding Student Mental Health.* https://www.apa.org/monitor/2020/09/safeguarding-mental-health

Western Cape Government (2021). *Covid-19 Dashboard.* https://coronavirus.westerncape.gov.za/Covid-19-dashboard

White, C. J., Gina, J. M., & Coetzee, I. E. M. (2015). Safety and Security in Schools in KwaZulu-Natal. *Educational Studies, 41,* 551-564. https://doi.org/10.1080/03055698.2015.1090301

Wiederhold, B. K. (2022). The Escalating Crisis in Adolescent Mental Health. *Cyberpsychology, Behavior, and Social Networking, 25,* 81-82. https://doi.org/10.1089/cyber.2022.29237.editorial

Xaba, M. (2006). An Investigation into the Basic Safety and Security Status of Schools' Physical Environments. *South African Journal of Education, 26,* 565-580.

Young, J. (2022). Addressing the Mental Health Crisis: The Covid-19 Pandemic's Escalating Impact on Behavioral Health. *Professional Case Management, 27,* 158-160. https://doi.org/10.1097/NCM.0000000000000570

Zhang, L., Zhou, J., & Li, L. (2015). Crisis Intervention in the Acute Stage after Trauma. *International Journal of Emergency Mental Health and Human Resilience, 17,* 714-716.