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INVESTIGATION OF TRAUMA TRANSMISSIONS BASED ON SOCIAL WORKERS' EXPERIENCES

TRAVMA AKTARIMLARININ SOSYAL HİZMET UZMANLARININ DENEYİMLERİNE DAYALI OLARAK İNCELENMESİ

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ABSTRACT

The purpose of the study is to evaluate social work examinations on the trauma transmission. The study is qualitative research. The study uses the phenomenological approach, which is one of the qualitative research methods, and observation and interviews have been used as data collection techniques. In the study, 15 participants with a year or more of work experience were joined using the snowball technique. The data were analyzed using the descriptive method of analysis and grouped into three major themes. All of the participants highlighted the role of the social work profession at the point of trauma transmission intervention. In a similar manner the participants mentioned the social workers' pivotal role in detecting and diagnosing, empowering, supporting, consulting, bringing together resources, and determining.The majority of the participants emphasized the deficiencies in the education system, preventive studies, case tracking system and regulations, and the inadequacies in the number of personnel. They also stated that the current social work practices are insufficient for trauma studies. As a significant profession that works in the field of mental health and evaluates the individual in his/her environment unlike other disciplines, social work is extremely important in breaking the chain of trauma for generations. In order to achieve this goal, it is necessary to make the social work profession more competent and active in the area of trauma.

Keywords: Trauma, trauma transmission, intergenerational trauma, secondary trauma, social work.

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ÖZET

Araştırmanın amacı, travma alanında çalışan sosyal hizmet uzmanlarının travma aktarımına ilişkin görüşlerinin değerlendirilmesidir. Araştırma nitel bir araştırmadır. Araştırmada nitel araştırma yöntemlerinden biri olan fenomenoloji (olgu bilim) yaklaşımı kullanılmış, veri toplama tekniği olarak gözlem ve görüşmeden yararlanılmıştır. Araştırmada kartopu tekniği kullanılarak en az bir yıllık çalışma deneyimine sahip 15 katılımcıya ulaşılmıştır. Veriler betimsel analiz yöntemi ile analiz edilmiş ve üç ana tema halinde gruplandırılmıştır.

Katılımcıların tamamı travma aktarımına müdahale noktasında sosyal hizmetin; tespit ve teşhis edici, güçlendirici, destekleyici, danışmanlık edici, kaynaklarla buluşturucu ve belirleyici rollerinin uygulandığını dile getirmiştir. Katılımcıların büyük çoğunluğu; eğitim sistemindeki, önleyici çalışmalardaki, vaka takip sistemindeki ve yönetmeliklerdeki eksikliklere, personel sayısındaki yetersizliklere vurgu yaparak mevcut sosyal hizmet uygulamalarının travma çalışmaları için yetersiz olduğunu dile getirmiştir.

Ruh sağlığı alanında çalışan ve diğer disiplinlerden farklı olarak bireyi "çevresi içinde" değerlendiren çok önemli bir meslek dalı olarak sosyal hizmet, nesiller boyu travma zincirinin kırılması noktasında son derece önemlidir. Bu misyonun gerçekleştirilmesi için sosyal hizmet mesleğinin travma alanında daha yetkin ve daha aktif hale getirilmesi gerekmektedir.

Anahtar kelimeler: Travma, travma aktarımı, nesiller arası travma, ikincil travma, sosyal hizmet.

Introduction

Trauma is defined as the event or witnessing of an event that may occur against the physical integrity of the person, such as death and threat of death.(DSM-5, 2013). The trauma suffered can have a significant impact on the well-being of the person, family, environment, and society. Clinical observations and empirical studies have shown that the consequences of traumatic events are not only limited to the person exposed to the event but also affect the people around (Dekel & Goldblatt, 2008). The trauma transmission to future generations can vary with time, area of influence, type, and form of trauma (Yalçın & Öztürk, 2018).

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According to Kellermann, there are four different types of trauma transmission. Depending on the psychodynamic model, emotions, not consciously experienced by the first generation, are left to the second generation. Depending on the socio-cultural model, growing up with traumatized parents enables children to learn about certain emotional and behavioral disorders through observation and imitation. Depending on the communication model and family systems, trauma is transmitted by the unique communication styles of the family. It is thought that this transfer takes place with *"non-verbal, ambiguous and guilt-inducing communication"* (Klein, 1988) or *"silence (with a secret agreement not to speak of the trauma)"* (Daniel, 1998; Hocaoğlu, 2014). Genetic and biological models have argued that genes transmit diseases and inherited trauma from generation to generation (Kellermann, 2001; Hocaoğlu, 2014). Kellermann's research is very useful in understanding the modes of transmission of trauma. At the same time, Kellerman pointed out that a holistic perspective, in which all models are examined together, is necessary for understanding trauma transmission (Hocaoğlu, 2014).

When literature on the post-traumatic recovery process is reviewed, hospitals, social service centers, institutions, organizations, and non-governmental organizations providing services to disadvantaged groups stand out. Institutions provide protection, prevention, rehabilitation, and support for victims of trauma, and in this context, these are the first places where people who have been exposed to primary trauma enroll. This service is delivered by mental health workers, and the social worker is a front-line professional at the trauma response point. Experts try to minimize the effects of traumatic events experienced by individuals by providing psycho-social support to disadvantaged groups and individuals. At the same time, they cooperate with other mental health professionals such as psychiatrists and psychologists for psychiatric treatment in trauma intervention (Gündüz, 2020).

Intergenerational trauma transmission is discussed in detail in the article "Intergenerational Trauma" published by Sue Coyle (2014). Due to its approach to trauma transmission from the social work perspective, this article considered as one of the most important sources in this regard. Additionally, the article draws attention to the need for social workers to consider that trauma can be an intergenerational process when examining a traumatic case.Additionally, detailed explanations of what trauma transmission

is, its causes, and treatment are provided. Coyle's study, which highlights the transmission and treatment of trauma, emphasized that social workers have to be very careful when working with such cases. In addition, in the article, it is mentioned that Cognitive Behavioral Therapy and EMDR schools are effective in cases of intergenerational trauma transmission by experts who are qualified to give therapy. However, it is outstanding that in Coyle's article, micro-solutions for the treatment of trauma transmission are emphasized, and mezzo and macro-solution suggestions are not mentioned much. On the other hand, Sider (2015) affirmed that there is a great need for systemic change and social work interventions within the community, especially to support the healing of trauma. If society has an equity-based system, it will facilitate the process of change and improvement. Accordingly, the social work profession will pave the way for the implementation of a prevention model to support improvement and change in the lives of clients. In the same article, it is stated that in the current system, the social worker experiences great stress and works with insufficient support against secondary trauma as well as a high workload. According to Sider, in order for a more effective recovery to take place, the responsibility for trauma healing should not be placed solely on the client and social worker; however, a preventive approach should be taken in the society and social service system. Sider also draws attention to the fact that acknowledging the effects of trauma, which arises by directly witnessing the trauma or someone else's experience, is not just an individual problem in society, but a shared experience and responsibility (Sider, 2015). For this reason, it is extremely important for the social worker to take part in cooperation with other disciplines in the intervention of trauma, micro, mezzo, and macro developments, in terms of effective solutions to the problem.

The purpose of this study is to assess the perspective of social workers working in trauma on trauma transmission based on their work experiences. Within the scope of this main purpose, answers to the following questions were sought.

1) *How do they view trauma and trauma transmission?*
2) *What is their perspective on the role of the social work profession in trauma research and collaboration with other professions?*
3) *What do they think about the appropriateness of current social work practices and what are their suggestions in this regard?*

In addition, as a result of the literature review, it has been seen that the subject of trauma transmission is a unique field in the discipline of social work and has not been adequately addressed. For this reason, it is expected that the study will contribute to the literature, as well as it will help health workers and social workers working in the area of trauma.

2. METHOD

Methodology

The qualitative research method was used in this study. In this method, the researcher deals with the phenomenon or event in its natural environment, asks explanatory questions, and tries to comprehend the meaning that the participant attributes to the phenomenon or event (Büyüköztürk et al., 2013; Tekintal et al., 2021). In Qualitative research, generalization is not the primary goal. It is important to provide the perspective on the subject with the results obtained after the study, to understand the different factors, and to understand the reality of the private. There are various research approaches in the qualitative research methodology. One of them is the phenomenology approach. The phenomenological approach was also used as part of this study. Phenomenological research does not reveal definitive results that can be generalized according to the nature of qualitative research. It also seeks to understand human experience by focusing on events, orientations, concepts, and perceptions of which we are aware, but of which we do not have a thorough and detailed understanding. In this regard, it is very important to present examples, explanations, and experiences, and to contribute to literature and practice (Yıldırım & Şimşek, 2016).

Data Collection Technique

Interviews and observation were used as methods of collecting data in the research. The objective here is to monitor the process of revealing events, perceptions, and facts in a realistic and holistic manner (Seale, 1999).

Data Collection Tools

In this study, a *"demographic questionnaire"* containing age, gender, educational attainment, job experience, etc., and a *"semi-structured interview form"* with 14 questions were used. The semi-structured interview method was preferred because it provides immediate feedback to the questions directed by the researcher and the answers obtained, the flexibility to ask questions according to changing conditions, and the opportunity to obtain complete and in-depth information (Yıldırım & Şimşek, 2008).

Sample of the Study

The snowball technique, a deliberate sampling technique, was used to determine the search sample. Snowball techniqueis used when it is difficult to access the units that make up the sample of the research or when there is incomplete information on the universe. This technique focuses on people with rich data and critical situations to determine the data, and the sample of the research is achieved through those people and critical situations. This technique focuses on persons with rich data and critical situations in the determination of data, and the universe is reached by these peopleand critical situations. A researcher who wants to make a snowball sampling asks the person who he thinks has the most information in the universe about the subject he is interested in, *and asks who should I talk to when it comes to this subject*. When the ongoing research chain reaches data saturation, the data collection phase of the research is finished (Baltacı, 2018).

Phenomenological research design data sources; Participants are the ones who experience the phenomenon and can express it, or reflect on it. As a result, the sample for this study consists of 15 social workers with at least one year of experience working in trauma. As Table 1 shows, 6 of the 15 participants were female and 9 were male. The age of the participants varies from 26 to 70 years, and the professional experience of the participants varies from 1 to 45 years.

Table 1: Demographic Information of Participants

Participant Queue	Gender	Age	Working Experience
P1	Female	26	2
P2	Female	26	4
P3	Male	28	6
P4	Male	27	5
P5	Male	28	6
P6	Male	25	4
P7	Female	25	3
P8	Male	43	20
P9	Male	26	1
P10	Female	28	10
P11	Female	70	25
P12	Male	54	35
P13	Female	68	45
P14	Male	27	5
P15	Male	29	6

Data Collection Process

The study was conducted between 15.04.2021 and 15.05.2021, online and on scheduled days and hours using the Zoom Meeting conference program. Each interview lasted an average of 90 minutes. A pilot study was carried out with two participants ahead of time. The search was completed by the time it

reached saturation.

Prior to beginning the study, the consent form was read and participants gave their consent. Participants were informed that the data collected would remain confidential and would be used for nothing but research purposes. Transparency was taken into account in all research processes. For participant confirmation, the data collected at the end of each interview was summarized and participants were able to change/add seats. The data were evaluated in conjunction with expert advice on research and qualitative research methods (Creswell, 2003).

Analysis of Data

75 pages of data were obtained using audio recordings obtained during the study. The data collected at the end of the study process were evaluated using the descriptive-analytical method. In the descriptive analysis method, the data obtained from the participants is evaluated and in this method, the subjects that are related to each other are grouped and interpreted (Karataş, 2017). In this study, related topics were categorized and interpreted into three main themes.

3. FINDINGS

In this part of the study, qualitative research findings are presented under 3 major themes: *(1) Views of social workers about the transmission of trauma, (2) Views of social workers on the role of the social work profession in trauma studies and cooperation with other professions,* and *(3) Views of social workers on the adequacy of current social work practices and suggestions on the ground.* The findings in the text are supported by direct quotations. (Codings in direct quotations are in the form of interview order and work experience. For example, 8P20 means 8th participant, 20 years of experience).

3.1. Social Workers' Views About Trauma and Trauma Transmission

When the questions *"What does trauma mean to you, and what are the effects of trauma on the mental health of individuals?"* were asked, most of the participants defined trauma as a negative event by drawing attention to different factors and drawing attention to both the physical and mental aspects of trauma. It has been stated that trauma has many negative effects on individuals such as not being able to focus on the present, and not being able to maintain integrity in thoughts and emotions.

While expressing the effect of trauma, one participant pointed to the time factor (7P3): *"The traumatized person may not show its effect immediately after experiencing his/her own trauma. It may take a while or he/she doesn't show, but through a transmission his child does"*. Another participant (10P10) said, *"I think that even when we are born from scratch, we take on some things and experience all these effects together with that state of being human. Because what we refer to as trauma; its effect is not something that disappears in an instant, that is reset"* highlighting that trauma is an archaic trauma transmitted from one generation to another and that if left untreated, it will create a vicious circle. In response to *"What does intergenerational trauma transmission mean to you?"* participants highlighted two main aspects of trauma. The first is intergenerational trauma transmission, and the other is secondary trauma. In terms of intergenerational transmission, 13 out of 15 participants emphasized that raising children is very effective and that trauma transmission occurs through learning. Once again, 13 of the participants drew attention to the transfer of social work domains, especially in cases neglect, and abuse. Some participants made a distinction by explaining the dynamics that cause the transmission and focusing on the cultural factor. A few of the participants, who also evaluated the trauma transmission from the perspective of secondary trauma, stated that they forgot the case in a short time, while some stated that there were some cases that remained in their minds for many years. A few participants said they decided to change jobs because of their secondary trauma. On this topic, 7 out of 15 experts mentioned that they require direct support or supervision. 8 of the 15 participants made direct reference to their familiarization process. All professionals who have addressed this issue have said that they have become more professional over time and that the negative impacts on them have diminished. In addition, some participants stressed that

feeling satisfied after the positive conclusion of working with a difficult case is an important factor to bear the aforementioned negatives. One participant (9P1), while describing intergenerational trauma, gave an example of poverty inherited from generation to generation in the Romani people subculture. In this regard, another participant (8P20) mentioned that folk songs and laments within the culture are reflections on the transmission of trauma, and another participant (2P4) said that monuments or museums, which are seen as a means of recovery after traumatic events and built to be remembered, have a role in the transmission of trauma. (10P10), on the other hand, highlighted that tales, which are a part of the culture, transfer to the next generations and are part of the traumas experienced by people themselves. On a different side, another participant (5P6) compared intergenerational trauma to infectious disease and emphasized that it would affect future generations.

One participant (8P20) described trauma transmission "Social workers use a very subjective technique of family therapy when doing family work. We call it a genogram. The transmission also varies depending on the person, the region, the individual's thoughts, emotions, behavior triad, religion, and cultural characteristics. Another participant (14P5) outlined that psychiatric disorders such as schizophrenia and bipolar disorder can sometimes be transmitted genetically. In terms of the subject, one participant (3P6) said, "His mother was educated in child welfare, and her child is in child welfare. The mother cannot take care of the child, she does not know how to care for the child, and she does not know how to raise it." highlighting that trauma progresses in succession by being learned from parents between generations and causes the same upbringing style to be applied while raising children. likewise, one of the participants (13P45) expressed his experiences on the subject as follows:

> *"There was a family. Two poor sisters lived in the same house. One day I went to this house. They washed a 3-year-old little girl with bleach and then the ambulance came. When I talked to them, they said, 'Our mother always used to beat us like this. Then she would wash us with bleach."*

One participant (5G6) explained that the experts were exposed to secondary trauma due to the cases they experienced in their working lives, as follows:

"I went to a family in Sultangazi district in Istanbul. They live in a tent. I'm from Aydın, I don't know about snow or tents. There is a baby and a disabled father in the house. I was about to go crazy, I left the family and came home. I turned off all natural gas, I did not burn natural gas for days, and I starved myself. I'm on the verge of losing my mind."

Another participant mentioned the following while describing the secondary trauma he was exposed to during his professional work:

"... rapes and violence against children. I still can't forget these for the rest of my life. I've been a little overprotective of my own children as well, so there are some things I remember almost every day." (13G45)

Talking about the familiarization process, one participant (3G6) mentioned that professionalization in the field reduces the risk of secondary trauma: *"You become like the surgeon who performs the surgery. You perform social treatment, you get used to it."* in the same way, one participant emphasized the same point with those words:

"You went to the trashed baby case. Is there anything beyond that? Is there any chance you won't be affected here? But over time, you get used to it, and now you realize that this is a job and that you make money from it, and now you mature too." (5G6)

While views on the dynamics of trauma transmission differ, the majority of participants outlined that trauma transmission occurs through learning, genetic and cultural mechanisms. Social workers' feelings of fatigue due to the negative emotions caused by their working life can make the professional staff from the position of providing service to the position of demanding service. Most of the participants, who evaluated trauma transmission in terms of the secondary trauma they encountered in their working life, underlined that the secondary traumas caused by the clients had a negative impact on their daily lives.

3.2. Opinions of Social Workers on the Role of Social Work Profession in Trauma Studies and Cooperation with Other Professions

When the participants get asked *"What is the place and role of the social work profession in the field of trauma?"* 6 of them emphasized that social work is one of the most important professions in the field of trauma. 3 of the participants described the role of observation and investigation, 8 of them mentioned empowering, 3 of them mentioned advocacy, 3 of them mentioned counseling and informing, and 10 of them mentioned detective, directing, and bringing together the resources role of social work in trauma studies. There were 4 participants who used the concept of case management regarding the decisive roles of social work in the field. 6 of the participants emphasized that the generalist/holistic social work model should be applied. Referring to the same model, 3 participants emphasized psychosocial evaluation, and 2 participants highlighted that services should be provided within the framework of systems theory.

One participant (15P6) expressed the importance of social work in the field of mental health as "Breaking the chain of trauma is a process that we definitely need to be involved in". Another participant (1P2) explained the roles of social work in the field saying "Should I be realistic here or (laughs)… Actually, at this point, at least foreign resources are leading the way that social work has a much bigger role.". A participant working in a non-governmental organization expressed his views on the detection and diagnostic role of the expert as follows (5P6): "Social workers act as radar. Observations of social workers in the households they go to examine are very important. One observation can save a child's life."

One of the participants highlighted the role of empowerment and support saying (2P4): "We can define a social worker as a professional who will support in coping with trauma and finding different alternatives, not only on the basis of individual interviews but also by strengthening the dynamics around the person."

One participant draws attention to preventive studies and the informative role of the social worker with the following words (4P5): *"We are able to work directly with the victims of these crimes. Of course, our*

task here is not only to ensure their rehabilitation after exposure but also to prevent this and to inform the society correctly."

Another participant (6P4): "Social work plays a very key role here. Because we can say that it is a professional position that directs the process by analyzing it, evaluating the trauma, and designing the holistic case management system - of course, the client's participation is important here. He also drew attention to the necessity of a holistic approach in trauma studies and social work roles. Another participant (6P4) emphasized the holistic approach of case management and said, "Actually, a multidisciplinary approach is necessary when working, because it is a multidimensional process, a holistic approach that affects both the social and psychological life and health of the person in every aspect should be followed.".

"Can you talk about the cooperation process of social workers with other professionals while working with trauma?" When this question was asked, all 15 participants agreed that the social work profession should cooperate with the professional disciplines of psychology and psychiatry in trauma studies and that they should carry out the process together. Most of the participants said that they can cooperate with all professions in line with their needs, but there are role divisions.

While expressing cooperation in the working process, one participant (13P45) said: *"So there is a very good correlation between all professions and the social worker. Social workers, police, doctors, psychiatrists, psychologists, all of them."*

One of the participants (8P20) summarized the role division in the cooperation process as follows: *"The psychologist deals with the individual, the social worker deals with the individual in his/her environment, the psychiatrist deals with psychopathology, the physician deals directly with health. That's why we look at trauma not by going deep into the individual like a psychologist, but by considering the situation in his environment, family, and environmental dynamics. Our point of view with psychology is different in this respect."*

There are a number of defined roles that professionals must perform when faced with a traumatic event. When asked about the role of the social worker in trauma studies, most of the participants brought up the role of empowering, identifying, and bringing together resources. In response to the same question, there are also participants who mentioned that the process should be carried out with a generalist/holistic social work model. All participants agree on the need to work in cooperation with other professional groups, especially psychology and psychiatry, in case of need, on the cooperation of social work with other professionals in trauma studies.

3.3. Opinions of Social Workers on the Sufficiency of Existing Social Work Practices and Suggestions on the Field

Asked the participants, "What are your suggestions at the micro, mezzo, and macro level about breaking the chain of trauma based on your experiences?" Participants in response to the question; Emphasizing the deficiencies in the studies, 7 of them stated that the existing social work models are not sufficient in practice, 2 of them stated that preventive studies are not carried out, 2 of them there is no follow-up system. Most of the participants emphasized that the social work profession is in a different place from the professional position it should be in Türkiye. A few of the participants stated that social work should not be given through open education. While talking about the suggestions, 5 of the participants stated that preventive studies should be expanded, and 4 emphasized that it is important to increase social awareness and inform people about trauma. Most of the participants highlighted that the relevant ministries should cooperate with social work and other mental health fields in policy-making processes. Again, most of the participants emphasized that the trauma and mental health education they received was insufficient even though they directly encountered trauma cases in the social work profession, that they received training from outside, and that such courses should be emphasized in the curriculum. Only one of the participants (13P45) mentioned that the training provided was sufficient.

One participant (1P2) expressed the system's shortcomings as follows: *"There is a history of trauma, and this individual needs an intervention network. Sometimes seeing the inadequacy of those interventions, seeing that the system does not allow it…"* Another participant (3P6) similarly mentioned the following

regarding the subject: *"There is a problem here, okay? Inadequacy of legislation, regulations, and system in social services. Because you are the only social worker working in the institution, there are 50 children. You can't get your head up from the file once."*

One of the participants (10P10) described the lack of preventive work and inadequacies at the macro level as follows: *"When working with women who are victims of violence and with children who are victims of abuse, the effects of this at the social level; So we should be talking about what it means in total. I do not think that these are problems that occur only with a cause-effect relationship at the individual level. I think there are issues that are more structured and that need to be studied more deeply. "* Another participant (3P6) working on the children's home site stated that there are no permanent solutions to the problems: *"The interventions act as pain relievers, all the problems continue in the process. Children's emotional, behavioral and psychological problems are the same. So there is no social improvement."*

A participant (5P6) working in one of the non-governmental organizations stated the following while expressing the current state of the social work profession: *"Let me put it this way, unfortunately, social work in our country has turned into a profession that approves and rejects aid completely. I am in touch with all social service centers in Istanbul, I do not know any social worker who deals with trauma."* Another participant (12P35) similarly used the following statements: *"They are trying to keep us out in the field of mental health. In fact, we are the most important occupational group in mental health in the world..."*

One of the participants (4P5) described the importance of preventive studies and informing processes as follows: "Social workers are the professionals who have the highest level of knowledge in cases such as child neglect and abuse and violence against women. We can work directly with the victims. Of course, our mission here is not only to ensure their rehabilitation after exposure but also to prevent it and inform the society in the right way."

One participant (8P20): *"Let me put it this way, social workers abroad are obliged to express their views*

to a higher institution, organization and related family ministry and government officials regarding the problem areas that come out of their field of practice... If they receive such ideas, the idea arising from the practice is a valuable idea." In his words, he stated that opinions should be taken from the professionals working in the field in policy-making processes.

A participant who thinks that social work should not be given through open education (11P25): "There is no social work education without touching the client's shoulder and looking into his eyes. Don't forget that too. One of the professions that will not exist in the world is social work through open education. Just as there is no medicine, no psychology"

One of the participants (12P35) outlined that the trauma and mental health education they received was insufficient even though they directly encountered traumatic cases and said *"One of the parts I complain about is that trauma education should be given as a course in social work education because we work with traumatized people in all areas of social work. This is real even for a family applying for adoption."*

One of the participants (13P45) outlined that the education provided was sufficient and he realized this while working as a social worker in the USA: *" I graduated from the Social Services Academy and realized that my education was very good here. I looked at the social workers around me. I found us so well-educated. But right now, of course, I mention this because I don't know your curriculum and what you are studying. But I am of the opinion that the specialists who graduated in 1972 at that time were very well educated."*

When asked about their recommendations for breaking the chain of trauma, most of the participants responded based on the problems they encountered in the field. They expressed their opinions about the inadequacy of the studies in the current order. Answering the same question, some of the participants touched upon their suggestions for preventive studies and the importance of informing the public. Receiving trauma-specific training and supervision support during the interviews was the most underlined issue by the participants. In this context, it was stated by the participants that specialization in the field

of trauma and mental health in the field of social work practice would be beneficial for both experts and clients.

4. Discussion

This study aims to collect information about the views of social workers working in the field of trauma on trauma and trauma transmission and to present a different perspective on the topic. Within the scope of the study, some questions were asked to the participants in order to examine the sustained trauma cycles that are frequently encountered in the field of social work.

"What does trauma mean to you and what are the effects of trauma on individuals' mental health?" When the questions were asked, most of the participants emphasized both the mental and physical aspects of trauma and defined trauma as a life-threatening event or situation that negatively affects a person's life. As included in the diagnostic manual of the American Psychiatric Association, the most general definition of the word trauma is death and the threat of death, an event that may occur against the physical integrity of the person, or witnessing, hearing, repetition of the event, and as a result, reactions such as fear and anxiety (DSM- 5). It is seen that the definitions of the participants and their views on the effect of trauma on individuals are similar to the statements in the literature (Herman, 2007; Van der Kolk, 2014; Öztürk & Derin, 2019).

Participants in response to the question *"What does intergenerational trauma transmission mean to you?"* emphasized two main aspects of transmission and explained their views on intergenerational trauma transmission and secondary trauma. Regarding the definition and dynamics of intergenerational trauma transmission, 13 of the participants mentioned that transmission occurs through learning – especially by drawing attention to the importance of raising children-, while some participants outlined that in addition to learning, transmission occurs through cultural factors and genes. In the literature, it has been emphasized that as genes transmit diseases, traumas are also inherited from generation to generation, and other types of transmission are learning and cultural ways (Görkem, 2001; Hocaoğlu, 2014; Kellerman, 2001; Sevinç Yalçın & Öztürk, 2018).

On the point of intergenerational trauma transmission, all 15 participants referred to their work experiences on the subject, and 13 of the participants gave examples of the transmission of traumas of violence, neglect, and abuse across generations, particularly from the working areas of social work.

For secondary trauma, which is another manner of trauma transmission, 8 out of 15 participants directly mentioned the adaptation processes and stated that the harm decreases as they become professionals. 7 out of 15 experts outlined that they needed immediate support, and 5 stated that secondary traumas caused by clients had a negative impact on their daily life. All social workers agree upon the necessity of receiving supervision support. Indeed, in the literature, it is alleged that in the current system, social workers experience significant stress, work with insufficient support against secondary trauma as well a high volume of work (Sider, 2015; Wilson & Lindy 1994;). Furthermore, similar to the findings of the study, McKenzie-Mohr (2004) also mentioned that social work graduates are more likely to be exposed to severe trauma because they are usually on the front lines. In the same study, it was stated that students without trauma-specific education were at risk of secondary trauma (Adams & Riggs, 2008; Jackson, 2016; Dane, 2000; Figley, 1995).

When the question *"What is the place and role of the social work profession in the field of trauma?"* was asked, all of the participants mentioned that the case should be managed holistically and that this role belongs to social work. It was also outlined by many of the participants that all roles are interconnected and that all of them should be used when needed. 6 participants emphasized that social work is one of the most important professions in the field of trauma. 10 of the participants mentioned the detective, guiding, and resourceful role of social work in trauma studies. 8 of them mentioned the role of empowerment, 3 of them the observation and investigation, 3 of them the advocacy, and 3 of them about the role of consultancy and information. In the literature, it is stated that the social worker has 10 interrelated basic roles. These; link building, advocacy, teaching, consultancy, case management, workload management, personnel development, management, social change agent, and professionalism (Duyan, 2003; Zastrow, 2016). The comments of the participants and the findings in the literature are largely similar. It is especially meaningful that all of the participants emphasized the holistic approach

and that 10 participants expressed the guiding role. Social work discipline, unlike the others, considers and evaluates the individual in his/her environment, and for this reason, it carries on its work by making required referrals to the relevant authorities and all the services needed, taking into account all the factors that cause and maintain the trauma. All of these roles, which are expressed by most of the participants and have their counterparts in the literature, are interrelated roles.

When the question *"Can you talk about the cooperation process of social workers with other professionals while working with trauma?"* was asked, it was seen that all 15 participants agreed that the social work profession should cooperate with the psychology and psychiatry professions in trauma intervention and they should carry out the process together. Most of the participants mentioned that they can cooperate with all professions in line with their needs, but there are role divisions. In the related literature, it has been stated that other mental health professionals such as psychiatrists and psychologists work in cooperation for psychiatric treatment at the point of intervention to trauma and that social workers should also take part in this process, and social service centers, which are the first places that social workers apply to individuals who have been exposed to trauma, provide services to disadvantaged groups. It has been stated that he works as primary professional staff in organizations and non-governmental organizations that provide services to the public (Gündüz, 2020). It is seen that there are similar expressions in the discourses of the participants and in the literature.

"Based on your experiences, what are your micro, mezzo, and macro suggestions for breaking the chain of trauma?" when asked, most respondents mentioned inadequacies in current practices, systems, and policies. 11 of the participants emphasized the inadequacy of existing social work models in practice. While expressing the inadequacies, the deficiencies in the preventive studies and follow-up system, the inadequacies in the regulations and the number of personnel, and the problem of the social work profession being in a different place from the professional position it should be in our country were emphasized. In the literature, there are studies that discuss the negative working conditions of social workers, uncertain job expectations, heavy paperwork, insufficient budget, and especially personnel shortages are mentioned (Kim & Stoner, 2008; Kalliath & Kalliath, 2013; Calitz et al., 2014; Cetin, 2000; Gemici, 2002). No study has been found that specifically addresses the deficiencies in policies and

social work models. On the other hand, the comments of the participants and the findings jointly refer to the inadequacies in the number of personnel. Based on the remarks of the participants and the literature findings, it is understood that there are some deficiencies in the system and that trauma studies are far from what they should be. It is an important finding that should be considered that all of the participants were experts selected by random sampling working in different fields of social work and that 11 of the participants agreed on the inadequacies of the system.

Most of the participants emphasized that the trauma and mental health courses in the undergraduate education they received were insufficient even though they directly encountered trauma cases in their careers. In the literature on the subject, it has been stated that trauma-specific education is necessary for social work students and that students are at risk of secondary trauma due to the absence of such education (Adams & Riggs, 2008; Jackson, 2016). Another study focused on the importance of providing sufficient information about trauma to social work students (Courtois & Gold, 2009; Sider, 2015). When the findings and the literature are compared, it can be said that there are similar remarks about the necessity of trauma lessons.

When asked about their recommendations for breaking the chain of trauma, the majority of the participants mentioned that research results in social work and other mental health fields should be taken into account in policy-making processes and that social workers should take a more active role in breaking the chain of trauma. Some of the participants emphasized that it is important to disseminate preventive studies, increase social awareness, and inform people about trauma. In the relevant literature, it is stated that systemic changes and social work interventions need for the healing of trauma, that a preventive model of social work is inevitable to support the healing and change in the lives of the clients, and that the responsibility of trauma healing is not only imposed on the client and the social worker; It has been stated that a preventive approach should also be exhibited in the society and social service system (Hamilton, 1952; Danış, 2007; Sider, 2015). When the remarks of the participants were examined, it was determined that individual competencies came to the fore in micro-scale interventions and deficiencies were not mentioned much. In the mezzo and macro-level interventions, it was observed that the participants had

the opportunity to compare with the practices abroad and offered more suggestions regarding this.

5. Conclusion and Recommendations

This study was conducted with 15 social workers who have at least one year of working experience in the field of trauma. The study discussed trauma, trauma transmission, secondary trauma, the role of the social worker in trauma intervention as well as breaking the chain of trauma and cooperation with other disciplines. The study findings point out that social workers are more likely to work with trauma and show that they use the rules of detecting, diagnosing, empowering, supporting, guiding, and bringing together resources. As a professional who works with clients with traumatic life experiences and has a high risk of secondary trauma, the participants emphasized the practical inadequacy of today's social work models and social work education. Additionally, the participants outlined that there is no tracking system in Türkiye. The participants likewise mentioned that preventive studies and the number of personnel are less than necessary, the workload is high, and the regulations are lacking.

As a very important profession working in the field of mental health, the social work profession needs to be made more active at the point of breaking the chain of intergenerational trauma. In this respect, it is recommended to enrich social work undergraduate education on trauma, empower social workers against secondary trauma, provide supervision support by institutions, support inter-professional cooperation to break the chain of intergeneration trauma, reduce the workload of the social worker by increasing the number of personnel as well as take into account the recommendations of professional staff in eliminating deficiencies in regulations, carry out preventive and preventive studies, establish a powerful follow-up system, and to present the results of research in the field of trauma in a way that will contribute to the policy-making processes.

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