COUNSELLING INTERVENTIONS FOR AFRICAN VICTIMS OF XENOPHOBIC ATTACKS IN SOUTH AFRICA.

OLADEJO, A. O. Ph.D. & ODUMUYIWA, MERCY EDWARD
[1]Department of Sociological Studies,
College of Social and Management Sciences (COSMAS)
Tai Solarin Federal University of Education,
P.M.B 2118, Ijebu-Ode Ogun State, Nigeria.
[2]Department of Educational Foundation and Counselling Psychology
Lagos State University of Education, Oto/ Ijanikin, Km 30, Badagry Expressway,
P. M. B 007 Festac Town, Lagos State, Nigeria.
oladejoao@tasued.edu.ng, oladapooo@lasued.edu.ng

Abstract

This study looks at how counselling interventions help African migrants impacted by xenophobic violence in South Africa get from animosity to healing. It seeks to evaluate both the efficacy of psychosocial rehabilitation strategies and trauma experiences. There is a significant gap in migration and trauma studies because, despite the wealth of research on xenophobic violence, post-violence recovery has received little attention. The study uses a qualitative design using semi-structured interviews and thematic analysis, and it is based on trauma theory. Research demonstrates that xenophobic violence results in multifaceted trauma marked by anxiety, fear, and extended psychological suffering, especially among women, children, and undocumented immigrants. Counselling interventions help people recover somewhat by stabilising their emotions and improving their coping skills, but structural obstacles including institutional mistrust, language hurdles, and legal instability limit their efficacy. The study offers a paradigm for trauma-informed criminology and therapy and suggests integrated psychological and policy solutions to aid in the rehabilitation and reintegration of migrants.

Keywords: South Africa, African migrants, trauma recovery, counselling methods, xenophobic violence.

Introduction

In the post-apartheid era, xenophobic violence in South Africa continues to be a sociopolitical phenomenon that shapes interactions between locals and African immigrants. Attacks on foreign nationals have happened in cycles, most notably in 2008 and 2015, and ongoing urban outbreaks involving murders, looting, property destruction, and forced relocation have been documented as institutionalised hostility toward migrant precarity despite constitutional guarantees of human rights (IOM, 2024; HSRC, 2023). Significantly, reports show that attacks and xenophobic tensions continue until 2026, especially in urban informal settlements, underlining the situation as a continuing humanitarian concern. The spatial inequalities of the apartheid era, which concentrated poverty in townships and informal settlements, is historically the source of xenophobia. Migration from Zimbabwe, Nigeria, Mozambique, Somalia, and other African nations following the end of apartheid has increased competition for limited economic prospects in urban areas. In low-income communities characterised by unemployment and inadequate service delivery, many migrants continue to be excluded from integration and experience animosity (UNDP, 2025; African Union Commission, 2024).

According to recent research, xenophobic violence is not only episodic but also structurally ingrained

in governance failures and socioeconomic disadvantage (World Bank, 2024; OECD, 2025). The South African Human Rights Commission (2023) also highlights the normalisation of anti-migrant hostility in informal settlements due to weak enforcement and limited policing capacity. Socioeconomic factors continue to be crucial. Competition for low-skilled labour and informal trade is heightened by high young unemployment (ILO, 2025; Statistics South Africa, 2024). Perceptions that migrants are stealing employment or unfairly profiting from limited resources are fuelled by inequality. Scapegoating aliens becomes socially acceptable due to urban marginalisation, overcrowding, subpar housing, and inadequate services (UN-Habitat, 2024; Migration Policy Institute, 2023).

Nature and Patterns of Victimisation

The multifaceted nature of victimisation in xenophobic settings is consistent with modern trauma-criminology viewpoints. Direct physical assaults, such as assault, murder, sexual assault, and arson, constitute primary victimisation. When state institutions are unable to offer justice, protection, or a sufficient humanitarian response, secondary victimisation takes place. Legal exclusion, socioeconomic marginalisation, and immigration processes all contribute to structural victimisation, making migrants vulnerable even prior to acts of violence (UNHCR, 2024; Amnesty International, 2025). Due of obvious cultural, linguistic, and economic identities, African migrants are the main targets. Because their operations are very visible and easily available to attackers, informal traders are particularly vulnerable. Women and children face heightened risks, including gender-based violence, trafficking exposure, and psychological trauma (UN Women, 2025; UNICEF, 2024). According to recent empirical research, victimisation include long-term psychological effects like anxiety disorders, social disengagement, and post-traumatic stress disorder (PTSD) in addition to physical harm (Global Mental Health Alliance, 2024; WHO, 2025). These results support the applicability of trauma theory in comprehending the suffering of migrants.

Statement of Problem

The origins of xenophobic violence in South Africa have been thoroughly studied, while post-violence healing has received less attention. The majority of research ignores psychosocial rehabilitation in favour of structural factors like political rhetoric and unemployment (HSRC, 2023; UNDP, 2025). The psychosocial effects of violence are still poorly understood, especially when it comes to trauma recovery programs and counselling therapies. Additionally, criminological studies are frequently separated from counselling psychology, leading to disjointed solutions that do not address trauma in a comprehensive manner (World Health Organization, 2025; IOM, 2024). This gap is crucial since new research indicates that untreated trauma among displaced migrants is linked to reintegration failure, social disengagement, and chronic mental health disorders (UNHCR, 2024; OECD, 2025). The efficacy of policies and humanitarian efforts is hampered by the lack of cohesive recovery frameworks.

Objectives

The study intends to assess the efficacy of counselling interventions and investigate trauma and victimisation among African migrants impacted by xenophobic violence.

The particular goals are to:

a) Examine victimisation patterns and forms among African migrants;
b) Investigate the psychological damage caused by xenophobic violence;
c) Assess how well counselling therapies support recovery;
d) Create a comprehensive healing model that takes trauma into account.

Research Questions

Three central questions serve as the study's compass:

1. In what ways do xenophobic acts victimise African migrants?
2. What kind of trauma does this kind of violence cause?

3. To what extent do counselling therapies aid in psychosocial recovery?

Significance of the Study

By using a trauma-informed paradigm to connect criminology and counselling psychology, this study makes an academic contribution. In terms of policy, it offers proof that migration and mental health treatments should be strengthened. In practical terms, it helps government organisations, NGOs, and humanitarian organisations that assist populations of displaced migrants (UNICEF, 2024; WHO, 2025).

Conceptual Clarifications

The term "xenophobia" describes animosity, bias, or prejudice toward those who are thought to be foreigners. In today's South African society, xenophobia frequently takes the form of institutional discrimination, verbal abuse, and social exclusion. However, when these sentiments show themselves in planned or unplanned attacks, it can turn into xenophobic violence. According to UNHCR (2024) and Amnesty International (2025), xenophobic violence encompasses physical, psychological, and structural harm against non-nationals, such as assault, looting, property destruction, forced relocation, and denial of access to basic services. The process and experience of being harmed is referred to as victimisation. When it comes to xenophobic violence, there are three levels of victimisation: structural victimisation, which is ingrained in socioeconomic systems, immigration laws, and inequality that increase vulnerability; secondary victimisation, which happens when victims encounter neglect, stigma, or insufficient institutional response; and primary victimisation, which involves direct exposure to violence (IOM, 2024; UNDP, 2025).

Psychological and emotional reactions brought on by being exposed to upsetting or potentially fatal situations are referred to as trauma. Anxiety, despair, flashbacks, emotional numbness, sleep difficulties, and post-traumatic stress disorder are some of its symptoms (WHO, 2025; Global Mental Health Alliance, 2024). In addition to being a personal experience, trauma is influenced by social and environmental factors. Counselling interventions are organised psychological and psychosocial support networks intended to help people deal with trauma and reconstruct healthy lives. These include of crisis intervention, group counselling, individual psychotherapy, and community-based psychological support programs (UNICEF, 2024; UN Women, 2025). Operationally, recovery relates to reintegration into society and the restoration of psychological stability, whereas trauma is defined as quantifiable psychological distress brought on by xenophobic violence. Improvements in coping mechanisms, emotional control, and social reintegration outcomes are used to gauge the efficacy of counselling therapies (OECD, 2025; WHO, 2025).

Theoretical Framework: Trauma Theory

The primary analytical framework for this research is provided by trauma theory. It describes how exposure to violent or potentially fatal situations upsets psychological stability and has long-term effects on behaviour, emotions, and cognition. Further acknowledging trauma as a socially constructed experience influenced by institutional violence, exclusion, and environmental stresses, as well as an individual psychological state, is contemporary trauma scholarship (WHO, 2025; UNDP, 2025). Trauma Theory explains how African migrants experience persistent psychological suffering as a result of recurrent exposure to hostility, displacement, and terror in the context of xenophobic violence in South Africa. Hypervigilance, intrusive memories, avoidance behaviour, emotional numbness, and anxiety are common symptoms that are frequently made worse by persistent discrimination and insecurity in host communities (IOM, 2024; UNHCR, 2024).

Additionally, the approach promotes trauma-informed care, which places a high priority on cultural sensitivity, safety, empowerment, and trust. For migrants who may mistrust official institutions as a result of past marginalisation, this is especially crucial (UNICEF, 2024; Amnesty International, 2025). For psychological healing and reintegration, trauma-informed counselling becomes crucial. Crucially, by connecting structural violence with mental health consequences, Trauma Theory combines criminological and psychological viewpoints (OECD, 2025; World Bank, 2024). Although

resilience models place a strong focus on adaptation, they might underestimate the extent of harm in situations involving repeated violence. As a result, trauma theory provides a more thorough explanation for the suffering of victims in xenophobic settings and directs the assessment of therapy methods meant to promote healing and reintegration.

Analytical Framework

This study uses a causal pathway model influenced by trauma theory to describe how African migrants in South Africa go from experiencing xenophobic violence to recovering psychologically. The structure of the framework is as follows:

Victimisation → Trauma → Counselling → Recovery → Xenophobic Violence

The independent variable in this model is xenophobic violence, which includes acts of animosity, physical assault, property destruction, and displacement directed toward foreigners. These violent encounters result in various types of victimisation, including primary, secondary, and systemic, which together cause social and psychological suffering. Trauma is the intervening psychological result of victimisation and is typified by emotional anguish, anxiety, depression, and symptoms of post-traumatic stress disorder. Therefore, trauma is seen as the crucial mediating mechanism via which violence impacts long-term welfare. Individual therapy, group counselling, and community-based mental health care are examples of structured psychosocial responses that serve as the intervening rehabilitative variable. It is anticipated that these approaches will lessen trauma and promote healing.

Recovery outcomes, as determined by psychological stability, emotional control, and effective social reintegration into host groups, are the dependent variable. However, the model recognises that recovery is not linear. The effectiveness of counselling and the rate of recovery are influenced by structural constraints such as poverty, social stigma, legal status instability, language barriers, and a lack of institutional assistance. Overall, the paradigm shows that trauma is a result of overlapping structural and societal causes rather than just a personal psychological response. As a result, the effectiveness of counselling depends not only on the quality of the therapy but also on larger institutional and socioeconomic factors that influence migrant vulnerability.

Empirical Literature

Research consistently demonstrates that xenophobic violence in South Africa follows geographically concentrated and cyclical patterns, frequently occurring in urban townships and informal settlements where socioeconomic stresses are most severe. According to recent research, rivalry in the informal economy, housing shortages, and unemployment are often the causes of these epidemics (IOM, 2024; UNDP, 2025). African migrants are disproportionately impacted, especially those who run unofficial enterprises and participate in small-scale trading. The multifaceted nature of victimisation is confirmed by research. Physical attacks, murders, looting, and forced relocation are examples of primary victimisation. Inadequate institutional responses, such as delayed police action and restricted access to justice, lead to secondary victimisation. SAHRC, 2023; Amnesty International, 2025). Even during times of relative quiet, migrants are vulnerable due to structural victimisation that is ingrained in immigration procedures and socioeconomic exclusion. Psychological consequences of xenophobic violence are severe and long-lasting. According to studies, victims frequently experience symptoms of anxiety disorders, sadness, emotional instability, and post-traumatic stress disorder (PTSD) (WHO, 2025; Global Mental Health Alliance, 2024). Even after moving to safer places, many migrants continue to suffer from anxiety, insomnia, and hypervigilance. Loss of belonging and identity disruption are also commonly observed, especially among long-term migrants.

The most susceptible populations are found to be women and children. While children frequently suffer from developmental trauma, interrupted schooling, and emotional instability, women are more vulnerable to sexual abuse and exploitation during attacks (UNICEF, 2024; UN Women, 2025). The gendered and age-specific aspects of xenophobic victimisation are highlighted by these findings.

Research indicates that there are substantial gaps in psychological support networks when it comes to recovery. Non-governmental organisations (NGOs) are essential in offering community assistance and emergency therapy, but their interventions are frequently brief and resource-constrained. In contrast, government solutions sometimes lack long-term mental health integration and are reactive (OECD, 2025; World Bank, 2024).The efficacy of counselling methods is further limited by linguistic and cultural limitations. Language barriers, a lack of documents, and other issues can make it difficult for migrants to obtain services.
as well as a mistrust of authority. Help-seeking conduct is further hampered by a lack of trust between migrants and state authorities (UNHCR, 2024).

The lack of longitudinal studies monitoring long-term recovery results among xenophobia survivors is a significant gap in the literature. Instead of long-term psychological rehabilitation, the majority of current research concentrates on acute post-violence reactions. When integrated, trauma-informed therapies are routinely provided over long periods of time, comparative research from conflict and displacement situations indicate that the results are much better (WHO, 2025; UNDP, 2025). These treatments incorporate socioeconomic assistance, community reintegration, and psychological therapy. Nigeria is a helpful comparative example, where internally displaced people (IDPs) impacted by insurgency and communal

Similar trauma patterns are seen in acts of violence. Persistent PTSD symptoms, restricted access to counselling services, and inadequate institutional support systems for mental health recovery are all shown by studies carried out in North-Central and North-East Nigeria (NCDC, 2024; National Bureau of Statistics, 2025). This analogy highlights the trauma-informed recovery frameworks' wider applicability in Africa. Although there is ample evidence of xenophobic violence, recovery strategies are still inadequately developed, dispersed, and incorporated into national policy responses, according to empirical literature.

Legal and Policy Context

The rights of migrants and refugees are among the many human rights that are safeguarded by South Africa's extensive legal system. The African Charter on Human and Peoples' Rights and the 1951 Refugee Convention are international commitments that strengthen the Constitution's principles of equality, dignity, and protection from discrimination (SAHRC, 2023; UNHCR, 2024). There are still large implementation gaps in spite of this strong legislative framework. Discrimination against migrants is common when it comes to social services, housing, healthcare, and the legal system. Many people have critiqued law enforcement's responses to xenophobic violence for being uneven, slow, and often unsuccessful in stopping attacks from getting worse (Amnesty International, 2025). South Africa's immigration policy. is mostly focused on regulating migratory flows, documenting them, and controlling borders. This emphasis frequently eclipses humanitarian and victim-protection concerns, despite being essential for governance. Because of difficulties obtaining documents or fear of deportation, migrants impacted by xenophobic violence may not be able to access adequate state protection mechanisms.

Methodology

The qualitative research design used in this study was chosen because it is appropriate for examining the lived experiences, meanings, and psychosocial realities of African migrants impacted by xenophobic violence in South Africa. A thorough comprehension of trauma narratives, victimisation patterns, and therapy experiences within their sociocultural context is made possible by the qualitative approach (Creswell & Poth, 2023; Tracy, 2024). Semi-structured interviews, which offer flexibility while guaranteeing that important themes like victimisation, trauma symptoms, and recovery experiences are methodically examined, are used to gather data. By allowing participants to describe their experiences in their own words, this strategy captures the emotional and psychological depth that is frequently overlooked in quantitative approaches (Kvale & Brinkmann, 2023; WHO, Purposive sampling is used to choose participants, focusing on African migrants who had firsthand

experience with xenophobic violence. This selection strategy guarantees representation of various immigrant nationalities, genders, age groups, and immigration statuses (Patton, 2024; UNHCR, 2024). Participants must have been the victim of at least one xenophobic attack or displacement in order to meet the inclusion criteria.

Thematic analysis, which entails coding interview transcripts, finding recurrent patterns, and grouping them into themes like emotional trauma, physical victimisation, coping mechanisms, and counselling experiences, is used to analyse data (Braun & Clarke, 2023; Nowell et al., 2024). Because it permits psychological patterns to arise from actual experiences, this method is suitable for trauma theory. Because trauma research is delicate, ethical issues are crucial to the study. All participants give their informed consent, and names are anonymised to ensure strict secrecy. To prevent re-traumatization, trauma-sensitive interviewing approaches are used (APA, 2023; UNICEF, 2024). By comparing interview results with literature and policy documents, triangulation is used to increase reliability. According to Lincoln and Guba (2023), peer debriefing enhances believability.

Propositions

Three theoretical claims drawn from trauma theory and empirical research on xenophobic violence serve as the foundation for this investigation.

P1: African migrants who experience xenophobic violence experience multi-layered trauma that includes psychological, emotional, and social aspects of suffering (WHO, 2025; UNDP, 2025).

P2: By improving coping strategies, emotional control, and social reintegration, counselling interventions greatly enhance psychosocial recovery results (UNICEF, 2024; Global Mental Health Alliance, 2024).

P3: The efficacy of counselling interventions is diminished and recovery processes are slowed by structural obstacles such poverty, stigma, language hurdles, legal instability, and institutional exclusion (IOM, 2024; OECD, 2025).

By connecting exposure to violence to psychological effects and placing counselling within larger structural restrictions, these claims jointly frame the study's analytical agenda. They also stress that systemic factors that shape migratory vulnerability have an impact on recovery and are not only dictated by therapeutic intervention.

Findings and Discussion

The results of this study show that considerable and multifaceted psychological suffering is experienced by African migrants impacted by xenophobic violence. Direct exposure to physical violence, such as assault, property destruction, and forced relocation, is what defines primary victimisation. Numerous participants described unexpected attacks that caused rapid psychological distress and loss of livelihoods (Amnesty International, 2025; HSRC, 2023). Inadequate reactions from law enforcement authorities and institutional indifference lead to secondary victimisation. Feelings of abandonment were reinforced by participants' frequent complaints about delayed police action and restricted access to justice (SAHRC, 2023; UNHCR (2024). Children and women are disproportionately impacted. Increased exposure to gender-based violence, such as sexual assault and harassment during attacks, was reported by female participants. Fear and interrupted schooling are signs of developmental trauma in children (UN Women, 2025; UNICEF, 2024).

Due to their limited access to institutional help and fear of deportation, undocumented migrants are the most vulnerable subgroup. Psychological distress is made worse by their legal invisibility (IOM, 2024; UNDP, 2025). Counselling methods were found to be just moderately successful. Individuals who received therapy services run by NGOs reported increases in their coping skills and emotional stability. Group therapy encouraged shared healing and decreased isolation (WHO, 2025; Global Mental Health Alliance, 2024). However, structural obstacles like linguistic disparities, cultural

mismatches, and institutional mistrust limit efficacy (OECD, 2025; World Bank, 2024). Overall, the results provide compelling evidence for the trauma theory, demonstrating that psychological damage endures long after physical violence has stopped.

Integrated Counselling Model

Based on global psychosocial recovery frameworks and trauma theory, the study suggests an integrated trauma-informed counselling approach (WHO, 2025; UNDP, 2025). The concept incorporates emotional regulation counselling, cognitive behavioural therapy (CBT), and trauma-focused psychotherapy at the individual level (APA, 2023; WHO, 2025). It encourages peer support groups, community healing conversations, and culturally aware outreach initiatives at the local level (UNICEF, 2024; UN Women, 2025). It promotes the institutional integration of mental health services into humanitarian systems and migration policy (IOM, 2024; UNHCR, 2024). According to trauma-informed care guidelines, the concept is based on three principles: safety, empowerment, and trust-building (SAMHSA, 2023; WHO, 2025).

Policy Implications

The study has significant policy ramifications for South Africa's mental health and migration governance systems. First, frameworks for migration and refugee policy must incorporate mental health services (UNDP, 2025; WHO, 2025). Second, sustainable counselling delivery requires cooperation between the government and non-governmental organisations (OECD, 2025; IOM, 2024). Third, training in trauma-informed responses to xenophobic violence is mandatory for law enforcement authorities (SAHRC, 2023; Amnesty International, 2025). Fourth, in order to lessen structural victimisation, migration policy must strike a balance between humanitarian protection and enforcement (World Bank, 2024; UNHCR, 2024).

Implementation Strategy

In accordance with global mental health response models, the implementation plan is divided into three stages (WHO, 2025; UNICEF, 2024). In the short term, following xenophobic incidents, emergency trauma counselling and psychological first aid should be implemented. Counsellors and social workers should get training in trauma-informed and culturally sensitive care in the medium term (APA, 2023; UN Women, 2025). In order to ensure sustainability and policy integration, institutional reforms should eventually incorporate mental health services into migration and disaster response systems (UNDP, 2025; OECD, 2025). For impacted migrant communities, this staged approach guarantees both short-term psychological stability and long-term healing.

Monitoring and Evaluation

The purpose of this study's monitoring and evaluation (M&E) framework is to evaluate the efficacy of counselling interventions for African migrants impacted by xenophobic violence in South Africa. In accordance with Trauma Theory and international standards for mental health assessment, the framework emphasises both psychological and structural indices of recovery (World Health Organization [WHO], 2025; UNHCR, 2024). A quantifiable decrease in trauma-related symptoms like anxiety, depression, flashbacks, and emotional distress among participants getting counselling help is one of the key performance measures. For monitoring changes over time, self-reported wellbeing scales and standardised psychological evaluation instruments are advised (Global Mental Health Alliance, 2024; WHO, 2025).

Increased access to counselling services, as determined by service utilisation rates, regular attendance, and the availability of trauma-informed support programs in immigrant communities, is a second indicator (IOM, 2024; UNICEF, 2024). This illustrates how effective and wide-ranging psychosocial therapies are. Improved reintegration outcomes, as measured by social functioning, job stability, community involvement, and perceived safety in host contexts, constitute a third indicator (UNDP, 2025; OECD, 2025). Long-term healing and adaptation are seen in these results. To enable

longitudinal comparison, evaluation should be carried out at baseline, midline, and end line phases (World Bank, 2024). Reliability and validity are improved through data triangulation employing interviews, service records, and NGO reports (Amnesty International, 2025).

Recommendations

A number of important suggestions are made in light of the study's findings to enhance the psychosocial healing of African immigrants impacted by xenophobic violence in South Africa. First, national psychosocial frameworks that are especially suited to immigrant communities must be developed. These frameworks ought to incorporate trauma-informed counselling services into more comprehensive systems for responding to disasters and migration (UNDP, 2025; WHO, 2025). Second, financing for trauma counselling services should be increased by the government and development partners, especially in high-risk metropolitan regions where xenophobic violence is most common. Long-term psychological healing requires sustainable funding (World Bank, 2024; IOM, 2024). Third, government departments should work more closely together across agencies. NGOs, mental health specialists, and community organisations to lessen service delivery fragmentation (OECD, 2025; UNHCR, 2024). Fourth, in order to ensure alignment with the mental health needs of migrants, training programs for social workers and counsellors in trauma-informed and culturally sensitive care should be enhanced (UNICEF, 2024; WHO, 2025). In order to foster social cohesiveness and lessen xenophobic sentiments within host communities, public awareness programs should be put into place (African Union Commission, 2024; Amnesty International, 2025). These treatments need to incorporate both structural preventive and psychological healing.

Limitations

When evaluating the results, it is important to take into account the many limitations of this study. First, while significant contextual knowledge is possible, the small qualitative sample size restricts generalisability to the larger community of African migrants in South Africa (Creswell & Poth, 2023). Second, using qualitative self-reported data raises the possibility of emotional interpretation of traumatic experiences, subjectivity, and recall bias. Despite the use of triangulation, bias might still exist (WHO, 2025). Third, the study's context is limited to urban South Africa, specifically to townships and informal settlements where xenophobic violence is most prevalent. Transferability to rural areas or other migration situations is thus restricted (UNDP, 2025). Notwithstanding these drawbacks, the study offers insightful information about trauma experiences and the efficacy of counselling, especially in the little-studied field of criminology and counselling psychology.

Conclusion

With an emphasis on counselling interventions and trauma recovery, this study has investigated the shift from animosity to healing among African migrants impacted by xenophobic violence in South Africa. The study, which is based on trauma theory, shows that xenophobic violence causes severe social, psychological, and emotional trauma that goes well beyond the immediate physical victimisation (WHO, 2025; UNHCR, 2024). The results show that migrants endure multi-layered trauma that is marked by long-term psychological instability, fear, anxiety, and emotional pain. Counselling interventions are beneficial for improving coping skills and stabilising emotions, but structural obstacles including institutional mistrust, language hurdles, and legal instability sometimes limit their efficacy (IOM, 2024; UNICEF, 2024).

Crucially, the socioeconomic and regulatory settings have a significant influence on rehabilitation, making it more than just a psychological process. As a result, trauma-informed counselling must be combined with structural changes that support social cohesion, inclusion, and protection in order to

be effective (UNDP, 2025; OECD, 2025). By combining criminology with counselling psychology and putting forth a comprehensive recovery paradigm that is relevant outside of South Africa, including comparable African situations like Nigeria, the study advances knowledge (African Union Commission, 2024). In the end, combating xenophobic violence necessitates ongoing investment in victims' psychological recovery and structural reintegration in addition to attack prevention.

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