



A TIME TO TALK

TRAUMA SUPPORT TRAINING MANUAL

equipping
you
to help
others

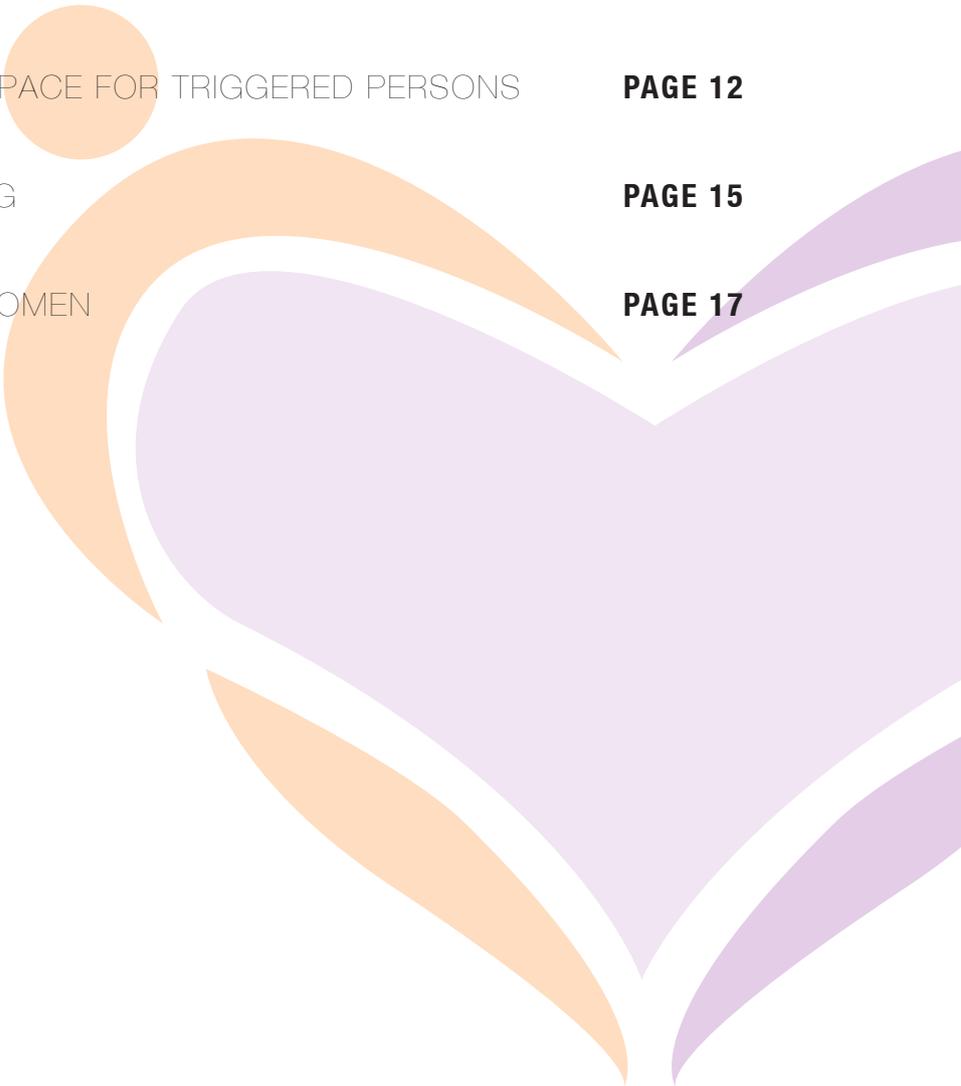
COMPILED BY:

Tina Thiar
Claudia Roodt
Caroline Peters
Chantal Philander



TABLE OF CONTENTS

CHAPTER 1: WHAT IS VIOLENCE AGAINST WOMEN AND GIRLS	PAGE 1
CHAPTER 2: UNDERSTANDING TRAUMA	PAGE 5
CHAPTER 3: CREATING A SAFE SPACE FOR TRIGGERED PERSONS	PAGE 12
CHAPTER 4: EFFECTIVE LISTENING	PAGE 15
CHAPTER 5: SAFETY TIPS FOR WOMEN	PAGE 17



CHAPTER 1 – DEFINITION OF GENDER–BASED VIOLENCE

Gender–based violence (GBV) is **violence** that is directed at an individual **based** on their biological sex OR gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.

Violence against women and girls (VAWG)

GBV is disproportionately directed against women and girls [4]. For this reason, you may find that some definitions use GBV and VAWG interchangeably, and in this article, we focus mainly on VAWG.

Violence against LGBTI people

Persons of all genders and identities can be subjected to GBV. For example, GBV is often experienced by people who are seen as not conforming to their biological gender roles, such as lesbian, gay, bisexual, transgender and/or intersex people.

Intimate partner violence (IPV)

IPV is the most common form of GBV and includes physical, sexual, and emotional abuse and controlling behaviour by a current or former intimate partner or spouse and can occur in heterosexual or same-sex couples.

DOMESTIC VIOLENCE AS PER DOMESTIC VIOLENCE ACT 116 OF 1998

WHAT IS DOMESTIC VIOLENCE?

Domestic Violence includes physical and sexual abuse (i.e. any behaviour that abuses, humiliates, degrades or violates the sexuality of a person) as well as emotional and psychological abuse (including repeated insults and/or threats, name-calling, obsessive possessiveness and jealousy) that occurs within a domestic relationship. It also includes economic abuse (i.e. unreasonable refusal to share money or selling or giving away household property), intimidation, harassment, stalking, damage to property and entering a person's home without their consent.

HOW DOES THE ACT HELP?

The Domestic Violence Act makes it a legal duty for the South African Police Service to help victims of violence. This includes helping them to find suitable accommodation and medical help. In addition, they must explain the victims' rights to him or her (either by handing them a notice in their language of choice or through verbal explanation) and explain how to get a protection order. The Act makes provision for a peace officer to arrest any person who may have committed an act of domestic violence (without a warrant of arrest) and to seize any weapons from the premises. Applications for protection orders can also be made on behalf of the victim – with their written consent, unless the victim is a minor, mentally retarded or unconscious.

GETTING A PROTECTION ORDER

To apply for a protection order, the abused person must go to the local magistrate's office, where a specific person, called the Clerk of the Court, will help them to complete an affidavit. The affidavit then goes to a magistrate (or a judge in the High Court), who will consider the matter and can ask for more evidence (either more affidavits or verbal evidence). If satisfied that there is a problem, the magistrate will issue an **initial protection order**.

This initial protection order is normally an interim or temporary order with a return date. This means that the respondent is given the chance to state his or her side of the story to the court and to reply to the allegations in the affidavit. In the meantime, the applicant is given protection, as the respondent must obey the interim protection order.

If the respondent does not come to court on the return date (and the papers were properly delivered to them) or if they do appear and the Court finds their behaviour unacceptable, then the temporary order can be made final. The respondent is given at least 10 days to reply to the interim protection order, but if they are ready to come to court earlier, then they can give notice of an earlier day for the matter to be heard. On the return date, the Court again considers the matter and, after hearing the respondent's case, either confirms the temporary order or makes any other order that will serve the situation best.

Once a final order has been made, it remains in force until it the Court sets it aside. The respondent has the right to appeal against the order. Together with a protection order or temporary order, the court also issues a warrant for arrest, which is suspended. This means that the respondent won't be arrested as long as they comply with the protection order.

However, if they do not obey the order, the applicant can go to the police and hand them an affidavit stating that the order has been broken. If the offence is serious, and the police feel that the victim may be hurt as a result of the breach of the order, then they will arrest the respondent immediately, and the complainant does not have to go to court. (Provision is made for the police to give the respondent notice to appear in court on a later date instead of arresting them, if they feel that the contravention is not serious.

The complainant or the respondent may give written notice to the other party that he or she is going to apply to court to vary the protection order, or to have it set aside. The court will do this only if good reasons are shown for the change. Both the parties are allowed to have legal assistance and also to be supported by not more than three persons each. No other persons will be allowed to attend the hearing. The identity of the complainant and respondent may also not be published. If a complainant (or respondent) cannot afford to pay for the service of the documents, the State may provide financial assistance. The Court can also order one party to pay the costs of the other party if that party has acted unreasonably.

SEXUAL VIOLENCE (SV)

Sexual violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work." [6] The term "sexual and other **forms of gender-based violence**" comprises not only rape and attempted rape, but also sexual abuse, sexual exploitation, forced early marriage, marital rape, trafficking and female genital mutilation.

CYBER VIOLENCE

Cyber-bullying or cyber-harassment are forms of bullying or harassment using electronic means or platforms. Cyberbullying and cyber harassment are also known as online bullying. It has become increasingly common, especially among teenagers. Bullying or harassment can be identified by repeated behaviour and an intent to harm. Cyber-stalking, for example, refers to a person repeatedly sending unwanted e-mails or text messages to their victims. Cyber harassment relates to offending a person

offending a person online with unwanted sexually explicit messages, threats of violence or hate speech. One of the most disturbing forms of online violence is non-consensual pornography. This means posting or distributing sexually graphic images or videos online without a person's permission. Research suggests that up to 90% of non-consensual pornography victims are women and the number of cases is rising.

INDIRECT (STRUCTURAL) VIOLENCE

Structural violence is "where violence is built into structures, appearing as unequal power relations and, consequently, as unequal opportunities. Structural violence exists when certain groups, classes, genders or nationalities have privileged access to goods, resources and opportunities over others, and when this unequal advantage is built into the social, political and economic systems that govern their lives." Because of the ways in which this violence is built into systems, political and social change is needed over time to identify and address structural violence.

VIOLENCE AGAINST WOMEN IS EVERYONE'S PROBLEM!

WHAT TO DO IF YOU HAVE BEEN RAPED

First Response: Your goal is to stay alive and get to a safe place as soon as possible

Contact a friend or family member: The first person you tell about the rape is called the "first witness". This person may need to make a statement to the police about your condition and, if possible, should accompany you to the hospital or police station.

What not to do: Do not wash yourself or throw away your clothes, no matter how much you want to. There might be hair, blood or semen on your body or clothes that can be used as evidence of the rape. Place the clothes you were wearing during the assault in a bag and hand it in as evidence.

If you were under the influence of alcohol or other substances such as drugs at the time of the rape: Don't let that stop you from reporting the matter and getting medical treatment – being intoxicated is not a crime, rape is!

Try and remember: Provide as many details as you can of the incident to the person helping you. This may serve as useful evidence.

Dealing with the police: Initially, only a brief statement is required from you. Make sure you read over the statement before signing it. You can provide a more detailed statement later. Ask for a copy of your statement. If you fear retribution or intimidation from the rapist/s, make sure the police are aware of this and ask that the rapist not be allowed out on bail, or apply for a protection order.

At the police station you have the RIGHT to:

- Make your statement in a private room
- Make your statement to a female officer (if there is one)

CHAPTER 2 – UNDERSTANDING TRAUMA

PSYCHOLOGICAL FIRST AID/TRAUMA SUPPORT

Psychological first aid describes humane, supportive and practical help to fellow human beings suffering overwhelming traumatic events. It is written for people in a position to help others who have experienced an extremely distressing event/s. It gives framework for supporting people in ways that respect their dignity, culture and abilities.

WHAT IS PSYCHOLOGICAL FIRST AID/TRAUMA SUPPORT?

It involves the following themes:

- Providing practical support and care, which does not intrude – providing a safe space
- Assessing needs and concerns
- Helping people to address basic needs (for example information, immediate comfort and safety)
- Listening to people, but not pressuring them to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services and social support
- Protecting people from further harm

The primary helping response of psychological first aid (PFA) is to provide a calm, caring and supportive environment to set the scene for psychological recovery.

IT IS IMPORTANT TO UNDERSTAND WHAT PSYCHOLOGICAL FIRST AID IS NOT:

- It is not something only professionals can do
- It is not professional counseling
- It is not "psychological debriefing" in that PFA does not necessarily involve a detailed discussion of the event that caused the distress
- It is not asking someone to analyze what happened to them or to put time and events in order

PFA involves factors that seem to be most helpful to people's long-term recovery. These include:

- Feeling safe, connected to others, calm and hopeful
- Answer questions about what survivors may be experiencing
- Normalise their distress by affirming that the feelings they are experiencing is normal
- Having access to social, physical and emotional support and
- Provide a positive experience that will increase their chances of seeking help if they need it in the future

WHO IS PSYCHOLOGICAL FIRST AID FOR?

PFA is for distressed people who have been recently exposed to an overwhelming stressful event/s. Not everyone who experiences a crisis event will need or want PFA. Do not force help on people who do not want it, but make yourself easily available to those who may want support.

There may be situations when someone needs much more advanced support than PFA alone. Know your limits and get help from others such as medical personnel, your colleagues or other people in the area, and local authorities.

WHAT IS A TRAUMA?

Trauma is the debilitating symptoms that many people suffer from, in the aftermath of perceived life-threatening or overwhelming situations.

We become traumatised when our ability to respond to a perceived (consciously or unconsciously) threat is in some way overwhelmed. This inability to adequately respond can impact us in obvious ways, as well as ways that are subtle.

Trauma is about loss of connection to ourselves, our bodies, to our families, to others and to the world around us.

SYMPTOMS:

The first symptoms which are likely to develop immediately after an overwhelming event include hyper-arousal, constriction, dissociation and denial, as well as feelings of helplessness, immobility or freezing.

- **Hyper-arousal:**

This may take the form of physical symptoms – increase in heart rate, sweating, difficulty breathing (rapid, shallow, panting), cold sweats, tingling and muscular tension. It can also manifest as a mental process in the form of increased repetitious thoughts, racing mind and worry.

- **Constriction:**

When we respond to a life-threatening situation, hyper-arousal is initially accompanied by constriction in our bodies and a narrowing of perceptions. Our nervous system acts to ensure that all our efforts can be maximally focused on the threat in an optimum way. Constriction alters a person's breathing, muscle tone and posture in order to promote efficiency and strength. Blood vessels in the skin, extremities, and internal organs constrict so that more blood is available to the muscles, which are tensed and prepared to take defensive action. At the same time the digestive system is inhibited. We may also feel numb and shut down.

- **Dissociation and denial:**

It protects us from being overwhelmed by escalating arousal, fear and pain. It "softens" the pain of severe injury by secreting nature's internal opium, the endorphins. In trauma dissociation seems to be a favoured means of enabling a person to endure experiences that are at the moment beyond endurance.

Denial can be seen as a lower-level energy form of dissociation. The disconnection may occur between the person and the memory of or feeling about a particular event (or series of events).

- **Feelings of helplessness, immobility and freezing:**

If hyper-arousal is the nervous system's accelerator, a sense of overwhelming helplessness is its brake. The helplessness that is experienced at such times is not the ordinary sense of helplessness that can affect any one from time to time. It is the sense of being collapsed, immobilized and utterly helpless. It is not a perception, belief or a trick of the imagination. It is real.

TRAUMA SHOCK:

The signs and symptoms immediately in the aftermath of a traumatic or horrifying event(s) can also be called Trauma Shock. Signs of trauma shock can include a fixed stare, a racing heart rate, a racing heart rate, a feeling of spaciness, dizziness or lightheadedness, incongruence between words and tone of voice, a feeling of being out of one's body, muteness, rigid bodily posture and a deceptive calmness that belies the seriousness of the event.

Trauma shock is a purely psychological mechanism that kicks in automatically, much as physical traumatic shock does.

WHEN IS PFA PROVIDED?

Although people may need access to help and support for a long time after an event/s, PFA is aimed at helping people who have been very recently affected by a traumatic event/s. You can provide PFA when you first have contact with distressed people. This is usually during or immediately after an event. However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

WHERE IS PFA PROVIDED?

You can offer PFA wherever it is safe enough for you and the person. Try to provide PFA where you can have some privacy to talk with the person when appropriate. For people who have been exposed to crisis events such as sexual violence, privacy is essential for confidentiality and safety.

STAGES OF PSYCHOLOGICAL FIRST AID:

- Contact and Engagement
- Safety and comfort
- Stabilisation
- Information gathering: Current needs and concerns
- Practical assistance
- Connections with social supports
- Information on coping
- Linkage with collaborative services

OVERVIEW OF STAGES:

A) CONTACT AND ENGAGEMENT:

- Introduce yourself and ask about immediate needs – be aware at all times of your own inner space – (how calm and regulated are you?)
- Maintain a calm presence
- Be aware of the setting
- Confidentiality

B) SAFETY AND COMFORT:

- Ensure immediate physical safety
- Check if setting is comfortable to person – is there privacy, do they want door open or closed (watch physical reactions as trauma is stored in the body)
- Attend to physical comfort – offer cup of tea, blanket
- Attend to children who are separated from parents/caregivers
- Protect from additional traumatic experiences and trauma reminders/triggers
- Attend to psychological safety
- Explain immediate possibilities with regards to services available
- Offer your presence when other service providers need to deliver immediate services, so you can ensure safety
- Offer them choices

C) STABILISATION:

- Stabilise emotionally overwhelmed survivors by just being a calm presence
- Normalise their reactions and response to the traumatic events
- Check whether medication might be needed

D) INFORMATION GATHERING – CURRENT NEEDS AND CONCERNS:

- Without asking and probing about the traumatic events, ask about current concerns and needs/dangers
- Check about availability of social support
- Assure them of connection with appropriate service organisations

E) PRACTICAL ASSISTANCE:

- Identify the most immediate needs
- Discuss an action plan and give them choices, which do not retraumatise them and still keep them safe
- Discuss a Safety Plan with person – which they can take control of

PSYCHOLOGICAL FIRST AID/TRAUMA SUPPORT

CONTACT REPORT AND REFERRAL FORM

DATE: _____
VICTIM NAME: _____
TRAUMA SUPPORT OFFERED BY: _____
LOCATION: _____

1. Check the boxes corresponding to the difficulties the victim has been experiencing:

EMOTIONAL	Acute stress reactions	
	Acute grief reactions	
	Sadness, tearfulness	
	Irritability, anger	
	Feeling anxious and fearful	
	Despair, hopelessness	
	Feelings of guilt and shame	
	Feeling emotionally numb and disconnected	
	Other	
PHYSICAL	Headaches	
	Stomach aches	
	Sleep difficulties	
	Difficulty eating	
	Fatigue/exhaustion	
	Chronic agitation	
	Any bruising or marks	
	Other	
COGNITIVE	Difficulty concentrating	
	Difficulty remembering	
	Difficulty making decisions	
	Other	
BEHAVIOUR	Violent behaviour	
	Other	

2. Please describe the immediate need of the victim: _____

3. Any supportive family or friends, of their choice, available to the victim? YES / NO

3.1 If yes, names and contact details _____

4. Did the victim expressed any immediate danger to them? YES/NO

4.1 If yes, what in their own words, is this danger? _____

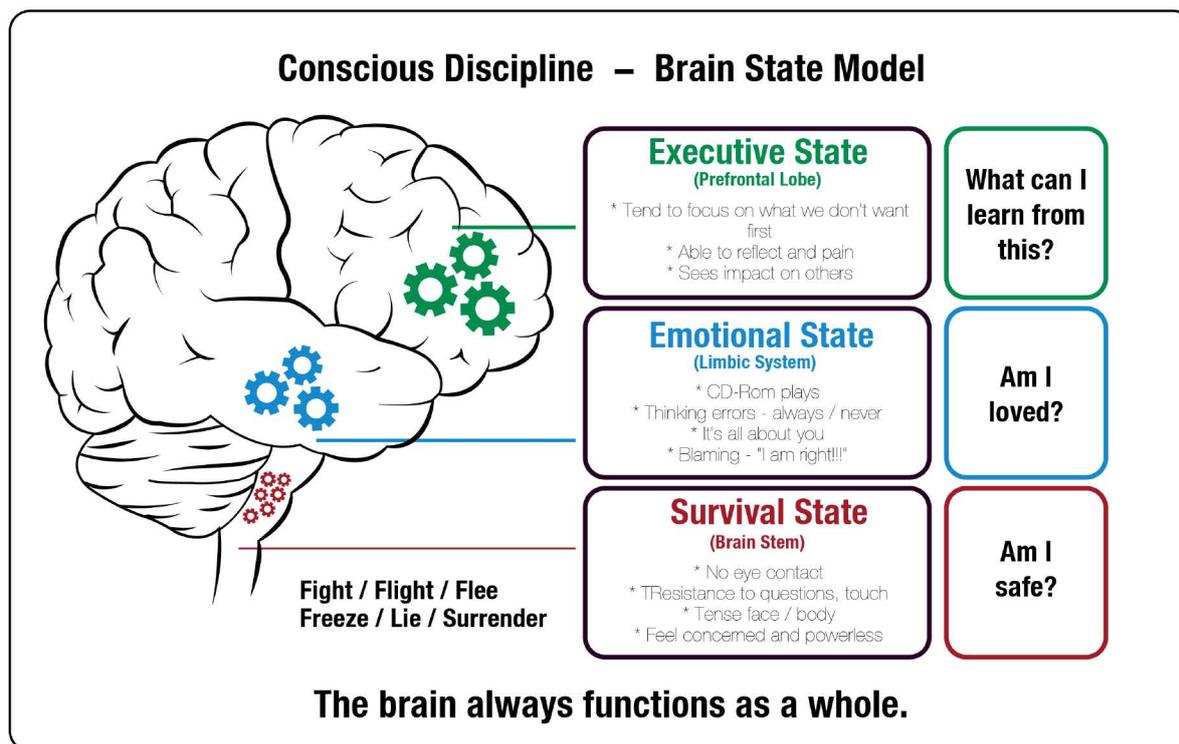
5. Referral of victim to? _____

5.1 Was the referral accepted by the victim? YES/NO

Signed: _____

Date: _____

CHAPTER 3 – CREATING A SAFE SPACE FOR TRIGGERED PERSONS



The brain develops from the bottom to the top – red, to blue, to green. In any situation, a signal travels from the external environment, to the red part (survival brain), to the blue part (emotional brain) and then to the green part (executive brain).

When we are in a calm brain state, the top part of our brain (green/executive state) is in control and we can decide on our next actions and can regulate our emotions, as we do that through the executive part of our brain – the neo cortex/thinking brain.

However, when we have been triggered, the brain's immediate response is to assess for danger which means that the red part of our brain (survival brain and most primitive part), becomes active and instinctively decide how to react. This part of the brain is directly linked to our bodies and most of our organs are then activated to react and respond to the perceived or real threat. When the survival part of the brain is activated, our body reacts through fight, flight or freeze reactions.

This part of the brain is directly linked to our nervous system, which then decides whether we will fight, flee or freeze. This means that our nervous system, when we perceive danger, overrides our thinking brain. In layman's language – our bodies determine our reaction, not our brain, to keep you safe.

This means that in order for a triggered person to regain control and feel safe, they need to feel safe in their bodies and need help to move from their survival brains (red zone) to their thinking brains (green zone).

You can do this by being a safe person or creating a safe space for triggered persons.

1. Safe Person:

You don't need special training or a certificate to be a safe person for a triggered or traumatised person. Anyone can be a safe person, wherever they are.

Being a safe person means that you pay attention to the person who is visibly upset about an incident or situation that triggered them or made them feel upset or scared. It is important that you stay calm so that you don't further traumatise the person.

When you see someone is visibly traumatised or triggered, you should follow these steps:

- Listen attentively and focus on what the person is telling you about what upset or traumatised them;
- Assure them of your attention;
- Help them to calm down by asking them to take deep breaths and breathing with them;
- Determine what their immediate need is and how you can assist;
- Assist with what they have asked you, for example to get them something to drink, to take them to the security guard or first aider, to call transport, a friend or a family member, or by giving them details of professional organisations to approach for further assistance; and
- Ensure that someone is attending to them until they are calm enough to leave.

2. Safe Space:

A Safe Space is a place where a triggered person can go to change their inner state from dysregulated/alarmed (red zone/survival/hyper aroused) to regulated (green/thinking/calm), in order to continue with their day. Using Safety Plan tools can help them to move their brain from red to green.

Any space at your office or place of work can be turned into a safe space where the focus is the emotional, physiological and psychological safety of the triggered person. If possible, try to use a space that has:

- Soft lighting and is painted in soft pastel colours;
- Soft big pillows, a couch and chairs;
- Access to blankets;
- Access to restrooms;
- Access to water, tea and coffee;
- Access to calming kit, such as a slinky or stress ball, that they can hold while trying to calm their nervous system down;
- Soft music; and
- Access to a phone.

If someone is upset, traumatised or triggered, you should:

- Understand that they do not necessarily understand what is happening to them, as they will experience symptoms of fight, flight, or freeze in their nervous system.
- Observe their bodily responses – elevated heart rate, sweating, confused, hysterical, disoriented, or aggressive – to see if they are visibly upset.
- Politely ask the person if they want to go to a safe space to calm down. Accompany them to the safe space if they want to go.

CHAPTER 4 – EFFECTIVE LISTENING

Effective listening plays an important role in assisting someone who has experienced trauma. Develop effective listening skills by following these ten steps:

STEP 1: FACE THE SPEAKER AND MAINTAIN EYE CONTACT

- Look at the speaker while they are speaking – do not use your cellphone, look at your computer screen, or scan the room while they are talking.
- Keep looking at them while they talk, even if they don't look at you.

STEP 2: BE ATTENTIVE, BUT RELAXED

- Once you have made eye contact, you can look away now and then, but must stay attentive.
- Stay attentive by being present and paying attention to what the speaker is saying.
- Mentally screen out distractions like background activity and noise.
- Ignore the speaker's accent or speech mannerisms.
- Do not be distracted by your own thoughts, feelings, and biases

STEP 3: KEEP AN OPEN MIND

- Listen without judging or mentally criticising the person and the things they tell you.
- Listen without jumping to conclusions.
- Do not interrupt the speaker or finish their sentences.

STEP 4: LISTEN TO THE WORDS

- Allow your mind to create a mental model of the information the speaker is sharing.
- When listening for long stretches, concentrate on, and remember, key words and phrases.
- Do not try to think of what to say next while the other person is talking. Think only about what the other person is saying.
- Concentrate on what is being said and stay focused.

STEP 5: DON'T INTERRUPT AND IMPOSE YOUR "SOLUTIONS"

- Never interrupt the person while they are speaking.
- Stay patient if the person has trouble expressing themselves and give them time to complete their sentences.
- Refrain from suggesting solutions.

STEP 6: WAIT FOR THE SPEAKER TO PAUSE TO ASK CLARIFYING QUESTIONS

- When you don't understand something, you can ask the speaker to explain it to you.
- Do not interrupt them, wait until the speaker pauses.
- Use a sentence like, "I did not understand what you just said. Please could you explain?"

STEP 7: ONLY ASK QUESTIONS TO ENSURE UNDERSTANDING

- Do not interrupt the speaker with questions that will lead them astray.
- Only ask a question when you do not understand.
- If your question has led the speaker astray, get the conversation back on track to the original topic.

STEP 8: TRY TO FEEL WHAT THE SPEAKER IS FEELING

- You are listening effectively when you have empathy with the speaker, for example when you feel sad when the speaker expresses sadness.
- You can convey your emotions through your facial expressions and words.
- You can only show empathy if you concentrate on what the speaker is saying and to put yourself in the other person's place.

STEP 9: GIVE THE SPEAKER REGULAR FEEDBACK

- Show that you understand by reflecting the speaker's feelings with your words, by nodding while they are talking, and through appropriate facial expressions.
- You can occasionally paraphrase the content of their message to ensure you understand what they are saying.
- The purpose is to assure the speaker that you are listening and following their train of thought.

STEP 10: PAY ATTENTION TO NON-VERBAL CUES

- A large part of the conversation is non-verbal through body language, facial expressions, and tone and cadence of voice.
- When listening, remember that your body language, eyes, and mouth will tell the speaker whether you are bored, irritated, or interested in what they are saying.

LISTENING SKILLS EXERCISE: SUMMARISE

For at least one week, at the end of every conversation in which information is exchanged, conclude with a summary statement. In conversations that result in agreements about future obligations or activities, summarising will not only ensure accurate follow-through, it will feel perfectly natural. In conversations that do not include agreements, if summarising feels awkward just explain that you are doing it as an exercise.

CHAPTER 5 – SAFETY TIPS FOR WOMEN

1. Always make sure you communicate with family or friends when you travel alone. There are many good apps that families can use to track each other. (google find my phone, life350, Spiz, Namola).
2. Always lock car doors and if a person tries to break in, drive your car into the vehicle in front of you.
3. Make a noise when feel threatened, blow a whistle, hoot or scream.
4. Carry a safety kit (pen and light, pepper spray and whistle).
5. When you feel threatened TRUST your feeling / instinct, move to a safe space.
6. Save the Helplines numbers on your phone, on speed dial, and write it on a piece of paper and keep in your car.
7. Do not walk alone. If you must walk to your house after being dropped off, ask your friends to wait until you are inside your house and lights turned on.
8. Be aware of your surroundings, don't be distracted by your telephone, get off your phone.
9. Lock up your bag in the boot.
10. When approaching your home, observe if any cars are following you, drive around the block, if unsure.
11. Discuss a safety plan with your family, where to wait if you are late and who to phone when they need help.

Trainers

Claudia Roodt
083 587 3269

Caroline Peters
071 135 7175
073 029 7879 (WhatsApp)

Nomazibulo Noma Mbusi
082 296 8931
066 158 4630
083 374 1619

Sikelela Dlamini
074 848 4480

Chantel Philander
074 181 5488

Colleen Stock
083 412 4947

Hotlines

1. Tears helpline:

*134*7355#

2. GBV national hotline:

*120*7867#

GBV Hotline:

080 042 8428

3. Stop Gender Violence:

0800 150 150

4. Human Trafficking Hotline:

0800 222 77

5. Childline:

08000 555 55

6. Lifeline Counselling Number:

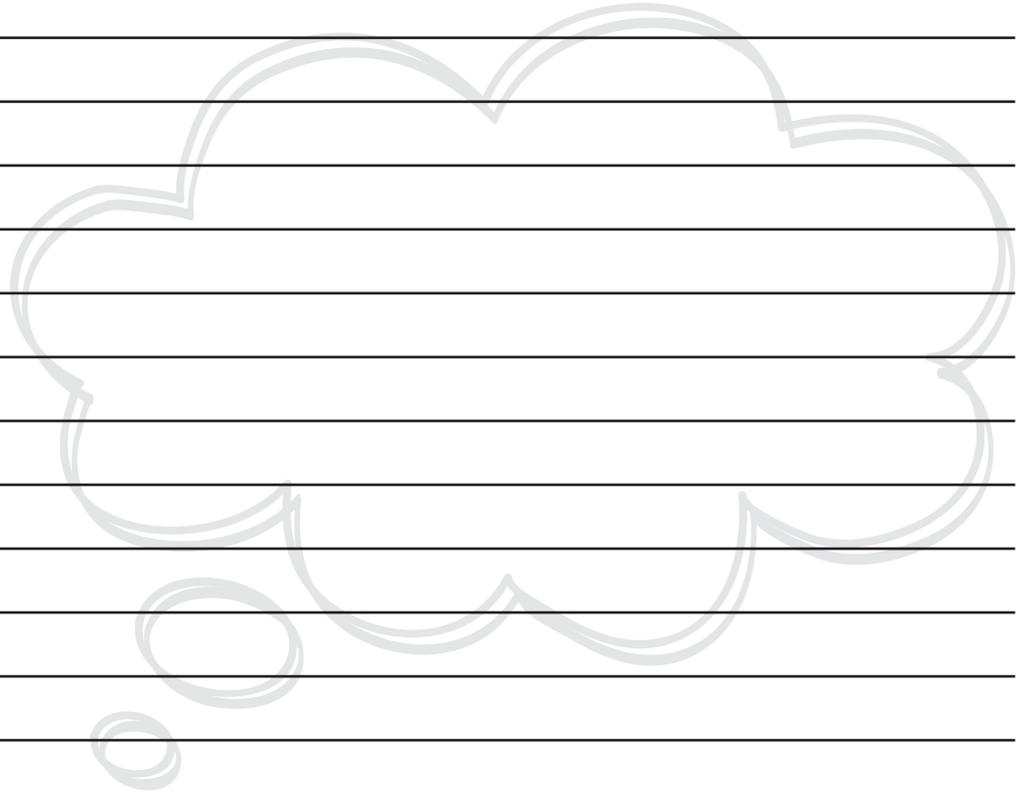
0861 322 322



#1000WOMAN1VOICE

NOT your fault / you are ENOUGH

Y WORTHY
O UNIQUE
U BEAUTIFUL
U ENOUGH
U BRAVE
U SMART
A LOVED
A BRILLIANT
R ONE OF A KIND
R IRREPLACEABLE
E STRONG





1000women1voice in partnership with:



Telephone: 021 782 8816
061 468 0479
Email: info@1000women.co.za
Website: www.1000women.co.za

71 Church Street Somerset West
Telephone: 074 181 5488 / 083 374 1619
Email: office@philippitrust.co.za
Website: www.philippitrust.co.za

Claudia Roodt
Email: claudiaroodt@gmail.com
Telephone : 083 587 3269
Tiaan Roodt
Email: roodt.tiaan@gmail.com
Telephone: 083 293 4585

www.1000women.co.za