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South African social workers' knowledge and skills in addressing problematic internet use: Implications for practice and training

Elizabeth Johanna Maria LUCAS and Stephan GEYER

ABSTRACT

Constant and obsessive internet use (more than 40 hours per week for purposes other than work) may lead to a hidden form of addiction, namely Problematic Internet Use (PIU). The extant literature revealed no evidence of any research on the African continent focusing on social workers' knowledge and skills required in addressing PIU. Underpinned by the ecosystem perspective, this study aimed to explore and describe South African social workers' knowledge and skills in addressing PIU. A qualitative research approach operationalised through a case study, specifically an instrumental case study design focused on the social issue/addiction PIU, was implemented. Fifteen social workers employed by private and public treatment centres in Gauteng, South Africa, participated in the study. Data was gathered through five semi-structured face-to-face interviews and ten asynchronous e-mail interviews. Through a process of reflexive thematic analysis, four themes were generated, i.e., conceptualisation of PIU, social workers' responsibility in working with people presenting with PIU, social workers' exposure to PIU in social work practice at treatment centres, and social workers' recommendations for policy on addressing PIU in the South African social service delivery system. Context-specific recommendations for micro, meso, exo and macro practice are forwarded. Implications for social work training are also highlighted.

KEY TERMS: eco-systems perspective, *South Africa, social workers, social work training, social work practice, problematic internet use*

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INTRODUCTION

Internet use has become a common part of everyday life, offering access to entertainment, recreational activities, education, and information, and enabling international communication. Accompanying the growth of the internet and its users is the potential to misuse and consequently inflict harm on the users and significant others. Constant and obsessive internet use is often termed Problematic Internet Use (hereafter referred to as PIU). PIU can be defined as the disproportionate, obsessive-compulsive, disorderly, tolerance-causing use of the internet, which causes significant distress and deficiencies in daily functioning and substantial psycho-social distress (Wu et al., 2015) and may be seen as a form of technological addiction based on its likenesses to other behavioural addictions (Bhargava & Velasquez, 2020). Social work as a profession is recognised as having a longstanding involvement in terms of intervention within the field of addiction. An extensive search of research databases (i.e., African Digital Repository, African Journals Online, Google Scholar, Sabinet African Journals, and Social Work Abstracts) revealed no evidence of research on the African continent focusing on social workers' knowledge and skills in addressing PIU. We believe that context-specific findings are necessary to propose, amongst others, appropriate training of social workers and social work services for service users presenting with symptoms of PIU. The paper offers a brief overview of the literature, outlining the study's theoretical framework, followed by the methodology, before the findings and discussion follow. The paper ends with a conclusion and recommendations.

BACKGROUND

Overview of PIU

The internet could be used for *intrinsic reasons*, such as entertainment and pleasure, and also *extrinsic reasons*, e.g., work and research (Bhargava and Velasquez, 2020). Despite the advantages of internet use, excessive internet use (typically more than 40 hours per week) could expose people to PIU (Young, 2009). It is estimated that approximately 6% of the world's population presents with PIU (Bhargava and Velasquez, 2020). Following a systematic review and meta-analysis, Endomba et al. (2022) estimated the prevalence of PIU at 40.3% on the African continent. The prevalence of PIU is reportedly significantly higher among populations in North Africa than in Sub-Saharan Africa (44.6% versus 31.0%).

PIU has not yet been fully recognised in the DSM-5 as a mental disorder. Only gaming disorder is currently recognised as a health disease in the International Classification of Diseases (ICD-11) by the World Health Organization (2018). Assessment/identifying criteria for PIU include at least ten constructs, namely escape from problems by using the internet, introversion, loss of control over internet use, adverse effects associated with internet use, neglect of self and others as a result of internet use, obsession to use the internet, reduced activities as a result of internet use, related activities, such as reading about computers and games, tolerance in use, and withdrawal when without connection to the internet (Geyer et al., 2018).

PIU usually presents as either the overuse of a specific function or application, or it could be more generalised with the multidimensional misuse of the internet. The sub-types of PIU are broadly identified as computer addiction, cyber-sex(ual) addiction, cyber-relational addiction, information overload, and net compulsions (Bhargava and Velasquez, 2020; Wu et al., 2015). PIU causes physical problems (e.g., backache, carpal and radial tunnel syndromes, and lack of sleep), emotional/psychological problems (e.g., addiction to psychoactive substances, anxiety, depression, and social anxiety), and social discomforts (e.g., extra (sexual) relationships and neglect of family life, social interactions, and interests) (Bhargava and Velasquez, 2020; Gámez-Guadix et al., 2015; Ioannidis et al., 2016; Wu et al., 2015). PIU may lead to the impairment of occupational/academic performance (Bhargava and Velasquez, 2020). In addition, specific personality traits have also been associated with PIU, i.e., diminished sociability, hostility and anger, introversion, neuroticism, and reward-seeking (Kuss et al., 2013).

Theoretical framework

The ecosystem perspective underpinned the study. The premise of the ecosystems perspective is that no system exists in isolation and encompasses the notion of environmental wholeness, which includes the recognition that the parts of the system can never be entirely separated from each other. Through an ecosystem's perspective, we aimed to understand how changes in one component can affect the entire system. For example, how individual behaviours, societal, cultural, economic, and technological factors contribute to a phenomenon, such as PIU. With the adoption of this perspective, psychosocial professionals, such as social workers, aim to gain insight and an understanding of the functioning of individuals and families by examining their relationships within the larger community, including the cultural and socio-economic context in which they function. The perspective focuses on the premise that we all function in more than one environment, i.e., micro- (including the techno-system),

meso–, exo, macro, and chrono-system (Haddock et al., 2022). Mbedzi (2019, p. 101) opines that the "[ecosystems perspective] is beneficial for decolonial practice in turning the social worker's attention not only to the kinds of social environmental factors … but also to the kinds of structural factors … that impede psychological well-being and flourishing." When applied to the context of PIU on the African continent, the ecosystem perspective involves examining the various factors that contribute to and are influenced by internet use. This includes individual factors such as personal characteristics and motivations for using the internet, societal factors such as cultural norms and socioeconomic conditions, and technological factors such as access to the internet and the availability of online content and services. By adopting an ecosystem perspective, researchers and policymakers can develop more holistic strategies to address PIU in Africa. This might involve interventions at multiple levels, including educational initiatives, regulatory measures, infrastructure development, and community-based programmes aimed at promoting responsible and balanced internet usage.

Contextual gap, rationale, research question and aim

On the African continent, specifically in South Africa, no research on social workers employed at public and private treatment centres, knowledge and skills in addressing PIU could be identified. Based on the present study's findings, we attempted to offer recommendations for training social workers. Furthermore, we endeavoured to delineate the implications for social work practice in addressing the holistic person across the different ecosystems and highlight suggestions for policy.

The study aimed to answer the following research question: "*What are South African social workers' knowledge and skills regarding problematic internet use?*" The study aimed to explore and describe South African social workers' knowledge and skills in addressing PIU.

METHODOLOGY

Underscored by interpretivism, a qualitative research approach was adopted. An instrumental case study design was employed to enable an in-depth, context-specific understanding of PIU as a social issue/form of addiction among social workers employed by treatment centres (Nieuwenhuis, 2020).

Participants were social workers from five treatment centres in the Gauteng Province of South Africa. Both public and private centres were included. We reasoned that social workers at treatment centres were the most likely to have exposure to and knowledge and skills in addressing PIU, as service users may present with PIU as a co-morbid condition to substance use disorders.

A purposive sampling method was applied. A letter of introduction and the inclusion criteria were shared with each centre, and management identified suitable participants, as legislation in South Africa prohibits direct recruitment with the protection of people's personal information. Inclusion criteria were: (i) registered social workers with the South African Council for Social Service Professions (SACSSP), (ii) employed at a Gauteng-based treatment centre, and (iii) proficient in English or Afrikaans. Potential participants who volunteered their participation made contact with the first author. Fifteen participants were included, making us confident in our information power (Malterud et al., 2016).

Participants chose between face-to-face semi-structured interviews (n=5) or asynchronous email interviews (n=10). Both methods supported in-depth exploration of participants' knowledge and skills regarding PIU and social work practice through open questions.

The non-linear six-step reflexive thematic analysis (RTA) method and process were implemented as proposed by Braun and Clarke (2021). RTA is a flexible method for data analysis and could be operationalised in studies with different theoretical positions, such as the present study, underpinned by the ecosystems perspective. In Step 1, the audio recordings of the interviews were transcribed or e-mail correspondence printed out by the first author; the transcriptions were read and reread to identify items of interest. During Step 2, the coding process was undertaken on a semantic and latent level. Although a theoretical framework underpinned the study, we implemented an inductive analytical process to give an authentic voice to the participants. Step 3 entailed a review of codes and 'upgrading' them to potential themes. In Step 4, the themes were identified and reviewed, in partnership with the second author, in the light of the research question and the study's aim. In Step 5, the themes were finalised before reporting the findings. In reporting the findings (Step 6), we offer the themes and direct quotes. Verbatim quotes are used illustratively.

We ensured the trustworthiness of the qualitative study. Credibility was ensured through member checking with one participant telephonically (we wanted to be assured that we interpreted the perceptions accurately) and reviewing all the themes among the authors (i.e., peer debriefing) (Amankwaa, 2016). Transferability was promoted by reporting on the research methods used, allowing the possible replication of the study in similar research settings. In terms of auditability, the first author kept an audit trail of all decisions and steps taken during the study (Amankwaa, 2016).

We obtained written permission from all the treatment centres. Thereafter, ethical clearance was obtained from

the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Reference no: GW20180603HS). Ethical considerations such as avoidance of harm, voluntary participation, written informed consent, and confidentiality were observed (Mogorosi, 2018).

FINDINGS

In this paper, we start with a brief overview of the profile of the 15 participants, followed by an exposition of the four themes generated from the data across the cases.

Profile of participants

As depicted in Table 1, the social work participants represent the South African population's diversity of cultures (as reflected in home languages). As a female-dominated profession, most participants identified themselves as female. Most were employed at private treatment centres, with years of experience ranging between 3 months and 38 years.

Table 1: Brief profile of participants

#	Participant (PAR)	Home language	Sex	Type of treatment centre	Number of years practising as a social worker
1		Afrikaans	Female	Private	11 years
2		Afrikaans	Female	Private	20 years
3		Afrikaans	Female	Private	5 years
4		Sepedi	Male	Private	4 months
5		Xitsonga	Male	Private	1 year, 1 month
6		isiZulu	Female	Private	1 year
7		Shona	Female	Private	3 months
8		Afrikaans	Female	Private	33 years
9		Afrikaans & English	Female	Private	6 years
10		isiZulu	Female	Private	19 years
11		Afrikaans	Female	Private	38 years
12		Sepedi	Female	Public	6 years
13		isiNdebele	Male	Public	5 years
14		Tshivenda	Female	Public	3 years
15		Afrikaans	Female	Public	8 years, 6 months

THEMES

In attempting to answer the research question and achieve the research aim, four themes were generated, namely (1) Conceptualisation of PIU, (2) Social workers' responsibility in working with people presenting with PIU, (3) Social workers' exposure to PIU in social work practice at treatment centres, and (4) Social workers' recommendations for policy on addressing PIU in the South African social service delivery system.

Theme 1: Conceptualisation of PIU

Participants demonstrated varied understandings of PIU, generally recognising it as a behavioural addiction that manifests through excessive or compulsive internet use. PIU was perceived as affecting people across age groups and was often linked to underlying social or emotional issues. Participant 1 described it as "when a person can't go a day without being on the internet… it controls them", while Participant 3 noted, "people use the internet to escape reality, but then it becomes their reality." Similarly, Participant 13 reflected, "They use it to escape. Escapism is a big theme when it comes to addiction."

Despite differing definitions, a common sentiment emerged that PIU is increasingly normalised and largely overlooked in practice. Participant 2 described PIU as "an uncontrollable urge to be online all the time, affecting relationships and daily functioning", and Participant 4 added that "people don't always recognise how much the internet controls their lives until it's too late." Participant 6 contributed by stating, "It's almost like a dependency, people use the internet to fill emotional voids." Participant 7 elaborated on the concept's ambiguity: "The lines

between healthy and problematic use are blurred… It's hard to draw the line sometimes."

The psychological and relational dimensions of PIU were also highlighted. Participant 10 remarked, "PIU is not just about time spent online, it's about the emotional attachment people develop." In line with this, Participant 14 stated, "It's a cycle; people feel lonely, go online, then isolate themselves more." This view is further supported by Participant 11, who observed, "Some clients use the internet like a crutch; the more they rely on it, the less they connect with the real world."

Theme 2: Social workers' responsibility in working with people presenting with PIU

Participants expressed concern about PIU's growing negative implications, especially regarding social functioning, productivity, and vulnerability. Participant 9 remarked, "We are becoming desensitised… people ignore each other even in the same room." Participant 11 explained, "I have thought about how in the workplace it makes people unproductive and 'steals' time." Participant 5 highlighted the risk to children: "Young people are exposed to so much… It's dangerous."

There was also a consensus that PIU could be both a cause and a symptom of broader social issues, including isolation, cyberbullying, and mental health challenges. Participant 6 emphasised, "We need to start talking about it, even if we don't have all the answers yet." This call for action was echoed by Participant 8: "There's definitely a responsibility… we see the consequences, so we can't turn a blind eye."

Participant 13 pointed out the subtle progression of the problem: "Many people won't see it as an issue until it impacts their lives or their kids." Participant 15 added a preventative lens, noting, "Our job is to raise awareness even if the term 'PIU' isn't commonly used in our centres yet." These sentiments reveal a growing awareness of PIU's effects and the evolving role of social workers in addressing it.

Theme 3: Social workers' exposure to PIU in social work practice at treatment centres

Social workers acknowledged that PIU is not systematically addressed within practice frameworks and is often overlooked in assessments. Regarding literature exposure, participants noted limited scholarly resources, with some only stumbling across PIU by chance. Participant 8 mentioned, "Yes, also seen the DVD 'Digital Cocaine.'" Regarding practice exposure, social workers identified that cases of PIU are often linked to behavioural addictions. Participant 8 explained, "Mostly, problematic gaming, pornography, and dating sites."

Participant 10 stated, "It's not something we are trained to look for." Participant 1 shared a similar experience: "I only really heard about PIU through media, not in any training I've done." Participant 2 explained, "We've seen it manifest in cases that initially seemed like depression or anxiety." Participant 3 added, "Sometimes we focus so much on substances, we miss the behavioural addictions." Participant 7 noted, "It's not part of any formal diagnostic assessment at our centre, we stumble across it."

There was a strong call for education and training for social workers to better identify and respond to PIU. Participant 15 suggested incorporating PIU awareness into school outreach, although it is not yet standard practice: "It can be addressed in school, presented as an information session to create awareness amongst scholars and educators." Participant 6 noted the need for inclusion in existing psychosocial programmes: "PIU should be added to substance abuse prevention strategies; we can't ignore it anymore." Participant 11 highlighted a client-level challenge: "Clients often don't mention internet use unless you ask directly… and even then, they underplay it."

Theme 4: Social workers' recommendations for policy on addressing PIU in the South African social service delivery system

Participants strongly emphasised the need for policy reform and development, focusing on education, prevention, access control, and enforcement. Participant 1 recommended, "Legislation should be put in place for an age limit of when children are allowed access to the internet." Policy suggestions also included increased funding for research (Participant 7), public awareness campaigns (Participant 14), and improved interdepartmental collaboration (Participant 12).

Participant 3 suggested that "we need clear guidelines on how to screen for it and what steps to follow after identification." Participant 5 noted, "Digital safety and awareness should be built into parenting support programmes." Participant 6 recommended collaborative strategies: "Government support is vital, but we also need private sector involvement like ISPs [internet service providers] monitoring excessive use." Participant 10 further proposed: "Training workshops for professionals could go a long way; we need upskilling."

Some participants, however, expressed scepticism about the government's ability to enforce policy. Participant 9 lamented, "Our policies… sound great on paper but lack efficiency and delivery." Participant 12 added, "We need policies in place and those policies need to be enforced… we are not a developed country; our challenges are different." Participant 13 summarised the policy challenge: "There should be some limit somewhere… so that we can always be responsible when we try and use the internet."

DISCUSSION

This study explored the knowledge and skills of social workers in addressing PIU. The study revealed a range of perspectives shaped by experience, exposure, and professional orientation. One key finding was the divergence in how participants conceptualised PIU; some identified it as a behavioural addiction in its own right, while others saw it as symptomatic of deeper psychological or psychiatric conditions. This reflects ongoing scholarly debates, particularly the distinction between generalised and specific forms of PIU (Nikolaidou et al., 2019). The data further supports Fernandez et al. (2019), who argue that the internet may function more as a medium than a root cause, allowing for the manifestation of various behavioural dependencies.

Interpreted through the ecosystem's perspective, this divergence highlights how social workers engage with PIU at multiple levels. While some participants focused on individual characteristics (micro level), others highlighted family dynamics, peer interactions (meso level), and institutional influences such as media saturation or policy gaps (exo and macro levels). This layered interpretation aligns with Hsieh et al. (2021), reinforcing the need to approach PIU as a systemic phenomenon rather than solely a personal deficit. For example, participants described clients/service users turning to the internet due to isolation or trauma, indicating that PIU is often rooted in broader socio-emotional contexts.

Despite growing recognition of PIU, participants reported feeling under-equipped to respond effectively, citing limited training, assessment guidelines, and a lack of formal policy and legislative guidance. Participants indicated they need guidance in attending to PIU as it has an impact on many vulnerable groups in society. This finding is particularly concerning given the ethical obligation of social workers to respond to emerging psychosocial challenges and attend to the social welfare needs of the most vulnerable in society. According to Geyer et al. (2018), participants called for a change from reactive to developmentally oriented, proactive approaches. Within the developmental social work (DSW) framework, there is a clear opportunity for social workers to engage in treatment and early identification, prevention, and policy advocacy around PIU. Another critical theme was the intersection between PIU and co-occurring conditions such as impulse control disorders, depression, and social withdrawal. Participants described how these comorbidities often obscured the identification of PIU, underscoring the need for a more holistic and trauma-informed assessment process. This finding supports Ioannidis et al. (2016), who advocate for integrated, evidence-informed interventions. The implications here are twofold: social workers require upskilling in behavioural addiction. They must also work collaboratively in interdisciplinary teams with other disciplines to address PIU within a broader mental health framework.

Cyber safety emerged as both a concern and a potential entry point for intervention. Participants highlighted the increased vulnerability of children, women, sexual minorities, and single adults in the face of rising cybercrime (Dlamini & Modise, 2012). These findings suggest that PIU should be integrated into child protection, gender-based violence prevention, and digital literacy programmes. The call for clear mandates and enforceable policies reflects a broader systemic gap, as many participants felt unprepared to intervene in what they recognised as a hidden but growing addiction. This resonates with Geyer et al. (2018), who stress the importance of aligning social work interventions with technological realities.

While this study contributes valuable insights, it is not without limitations. All participants were employed at urban treatment centres, potentially excluding the voices of generalist social workers or those in rural settings. Future research should expand the scope to include diverse practice environments, which may yield different insights into PIU's prevalence, manifestations, and management.

Overall, this study underscores the urgent need to recognise PIU as a relevant issue in South African social work practice. It calls for integrating PIU-related content into training curricula, developing assessment/screening tools suitable for use in diverse contexts, and formulating clear policies. By adopting a multi-level, ecosystemic perspective, social workers could be well-positioned to address the complex and evolving challenges associated with PIU as a “hidden” form of addiction.

CONCLUSIONS

In this study, participants reflected on their knowledge and skills related to PIU. The following conclusions were drawn:

- Participants demonstrated a broad yet succinct understanding of PIU. While some viewed it as an addiction, others considered the internet a gateway to other addictive behaviours.
- Social workers acknowledged their responsibility to assist individuals presenting with PIU. However, despite diagnostic criteria, there is still a need for formalised screening tools, treatment protocols, monitoring, evaluation materials, and relevant training.
- Participants’ perceptions were shaped by limited exposure to PIU literature and more direct exposure through practice, particularly in cases involving subtypes like cybersex (e.g., pornography). Several

policy recommendations were made for the South African social service context.
- Participants strongly believed that internet access, particularly among children, should be closely monitored and controlled.

RECOMMENDATIONS: IMPLICATIONS FOR SOCIAL WORK PRACTICE AND TRAINING

Although the recommendations offered here may be context-specific to South Africa, some may be transferable to social work practice across Africa.

Recommendations for treatment centres regarding the role of social workers in addressing PIU

• Micro-level interventions:

- Social workers should be trained to use validated screening tools such as Young's Internet Addiction Diagnostic Questionnaire (Young, 2009) and be encouraged to develop culturally relevant, locally adapted instruments.
- Psychological interventions can help service users develop healthier coping strategies and improve interpersonal, assertiveness, and social skills.

• Meso-level interventions:

- Family and couples therapy may be effective where PIU contributes to or stems from relational conflict. The aim should be to address dependency and build supportive dynamics.
- Support and self-help groups should be established to educate and guide PIU management. Treatment should include life skills development, with a focus on emotional regulation. Social workers should support service users in recognising and managing their emotions through prevention and early intervention.

• Exo-level interventions:

- Community education and awareness campaigns are essential at the preventive and early intervention levels. Informed communities are better positioned to recognise signs of PIU and encourage timely help-seeking.
- Community work should also identify indigenous beliefs and culturally sensitive treatment approaches that can be integrated into intervention strategies.

• Macro-level interventions:

- Policy should mandate social workers to address the multifaceted impact of PIU on users and their significant others across all levels of intervention.
- Social workers in both practice and academia must be involved in developing, implementing, monitoring, and evaluating PIU-related policies.

Recommendations for training

- Social work curriculum (i.e., BSW) and CPD-accredited courses for practitioners should make provision for including PIU in both theoretical and practical training.
- Special skill areas in PIU need additional attention, i.e., accurate screening and assessment; developing appropriate behavioural objectives; and time-limited and solution-focused intervention activities.

Recommendations for future research

- Follow-up study following a mixed-methods approach, i.e., an epidemiological study to gain a more holistic picture of PIU amongst African populations.
- The development and evaluation of evidence-informed practices for treating PIU that are culturally appropriate to service users on the African continent.

CONCLUSION

To the best of our knowledge, this is the first study of its kind on the African continent. As such, the paper offers a context-specific and African lens on social workers' knowledge and skills pertaining to PIU. With increased globalisation, the internet and Information and Communication Technologies are expected to grow exponentially. Therefore, social work professionals on the African continent should be adequately prepared with knowledge and

skills to address PIU, while having policies to offer them a mandate to intervene. The study found that social workers working at treatment centres are often inadequately informed and prepared to render services to people who present with PIU. Subsequently, this qualitative study of limited scope opens the debate on the African continent to address PIU. In doing so, the study offers recommendations for social work practice and policy informed by the ecosystems perspective, which practitioners may transfer to their unique contexts. Furthermore, the paper signals the training and future research needs to prepare the profession for addressing PIU.

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