

Understanding the Training and Support needs of Crisis Interventionists at an Organisation for the Abused.

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Submitted in fulfilment of the requirements for the degree of Masters by Dissertation in the Discipline of Psychology, School of Applied Human Sciences, College of Humanities at the University of KwaZulu-Natal, December 2012

Declaration

Submitted in fulfilment of the requirements for the degree of Masters by Dissertation in the
Discipline of Psychology, School of Applied Human Sciences, College of Humanities at the
University of KwaZulu-Natal, December 2012

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas
have been duly acknowledged. None of the present work has been submitted previously for any
degree or examination in any other University

Samantha Howlett

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Abstract

Using a qualitative and interpretive approach, this research focuses on the training and support needs of crisis interventionists volunteering at an organisation for the abused. This research developed out of a need identified by the board for recommendations to be made in order to compile a new training manual as well as to explore and improve the support services offered to volunteers at the organisation. The research used a thorough examination of the current literature available dealing with crisis intervention and intimate partner violence both nationally and internationally to provide a framework and standard for all recommendations. This was then supplemented with a participatory and interpretive approach to understand the experiences of the crisis interventionists themselves currently volunteering at the organisation. The major themes that emerged from the data included an understanding of the current training process, the impact of volunteering for the desk, the impact and importance of organisational culture and the organisation and self care techniques used by the volunteers. These were then interpreted in terms of their relevance to the training and support needs of the volunteers looking specifically at the training process to ensure an ideological shift and information retention as well as explore supportive services that would be the most beneficial and accessible to the volunteer. The research was then able to provide the most appropriate recommendations for the organisation going forward.

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Chapter 1

Introduction

1.1 Introduction

This study seeks to understand the training and support needs for crisis interventionists at an organisation for the abused in Durban, Kwa-Zulu Natal. A qualitative, interpretivist approach is used to explore experiences of the crisis interventionists and interpret these in terms of their training and support needs. It is anticipated that the findings from this study will be used to contribute towards the creation of a new training manual to be used by the organisation. The research will also contribute to the literature regarding crisis intervention and trauma work within the field of gender based violence in South African society.

This chapter includes the background and context of the study, the problem statement, the statement of purpose and research questions, a brief look at the research approach and finally a brief description of the researcher

1.2 Background, Definitions and Context

1.2.1 Defining Gender-Based Violence

Violence is endemic at every level of our society from the broad public acts of violence right down to the invisible acts of violence that occur in the most personal of relationships. According to Williams, Williams, Stein, Seedat, Jackson and Moomal (2007), nearly 75% of South Africans have experienced at least one traumatic event during their life with the majority experiencing multiple traumas. Their findings show that “high rates of trauma and multiple traumas appear to be taking their toll on South Africans’ psychological health” (2007, p. 853). These psychological effects of trauma have been extensively researched both nationally and internationally (Alcock, 2001; Herman, 2001; Howard, Riger, Campbell & Wasco, 2003; Kaminer & Eagle, 2010; Loots, 2005).

There is a particular form of violence that this study draws from, namely gender-based violence (GBV). GBV is defined as “any interpersonal, organisational or politically orientated violation perpetrated against people due to their gender identity, sexual orientation, or location in the hierarchy of male-dominated social systems such as family, military, organisations, or the labour force” (O’Toole & Schiffman, 1997, p. xii). This study chooses to focus on gender based violence towards female victims within intimate partner relationships. This is partly due to the nature of the

majority of the clients of the organisation and partly due to the plethora of international literature available focusing on female victims.

1.2.2 Defining Intimate Partner Violence

This research defines intimate partner violence (IPV) as the physical, emotional, psychological and sexual abuse that takes place between current or former intimate partners. The research moves away from the term ‘domestic violence’ as this implies that the abuser and the abused share residence (Hattery, 2009) and can refer to a variety of interfamilial relationships (Lockton & Ward, 1997). Therefore IPV is specific to violence between two people who have an intimate relationship, as Hattery explains: “partners who claim to love each other-yet they may or may not be legally married” (2009, p. 12). The intimate nature of the violent relationship exacerbates the devastating effects of the abuse as the one person capable of easing the effects of the trauma is also the source. While this research focuses and refers to women as victims and men as perpetrators, it is worth noting at this point that men can and are the victims of IPV and that IPV is also just as prevalent in homosexual as in heterosexual relationships (Peterman & Dixon, 2003)

1.2.3 Advice Desk

The Advice Desk is the oldest organisation in South Africa dealing with abuse and specifically set up to deal with domestic violence. The founding members were instrumental in implementing the Domestic Violence Act (1995) as well facilities such as safe houses and a crisis line specifically for the abused. Today, the Advice desk for the abused provides various services to people affected by domestic violence. The Desk operates a 24 hour crisis line from their office at the University of Kwa-Zulu Natal, Westville Campus, where callers can phone in to receive legal advice, lay counselling as well as receive referrals to specifically trained organisations or professionals. Interventionists are also based at various court sites where support is provided to clients in the process of obtaining protection orders. The operations of The Desk at all the sites are run by lay volunteers who are required to attend a three day workshop as well as successfully complete a period of 40 hours working at The Desk as a probationer under the supervision of a senior volunteer. These volunteers are labelled crisis interventionists as their major role is to intervene in a crisis. This group will be referred to throughout the research as volunteers or crisis interventionists.

It is the ethical responsibility of the organisation to provide effective and substantial training to volunteers to ensure the emotional safety of the client and decrease likelihood of secondary victimisation. Secondary victimisation or second injury refers to the effects of victim blaming or

judging which are often described as worse than the initial trauma for the victim (McFarlane & Van Der Kolk, 1996). Effective training also protects the volunteer and ensures that they have the tools and information to prevent vicarious traumatisation of the volunteers themselves.

1.2.4 Vicarious Traumatisation

An important aspect, which is often not properly emphasised in organisations dealing with trauma, is the risk and reality of vicarious traumatisation. The volunteer has a unique role to play in the process of dealing with a victim and is exposed to numerous traumas through their client's experiences which can have a serious effect on them. This effect is referred to as vicarious traumatisation and is defined as a cumulative transformation of the volunteer's frame of reference, basic assumptions about the world and cognitive schemas (Pearlman & MacIan, 1995; Sexton, 1999; Steed & Downing, 1998; Trippany et al, 2004; Williams, Helms & Clemens, 2012). The cumulative nature of vicarious traumatisation makes it difficult to detect and often volunteers are unaware of the effect it has had until it is too late.

1.3 Problem statement

The rates of IPV in this country are alarmingly high with one woman being killed by her intimate partner every six hours (Mathews, Abrahams, Martin, Vetten, Van der Merwe & Jewkes, 2004). Roberts (2005, p. 465) states that "if she is not able to talk to a caring and knowledgeable crisis intervener, she may just give up and a valuable opportunity for intervening in the cycle of violence will have been lost". Organisations working in this field have an ethical responsibility to ensure that counsellors and crisis interventionists are adequately trained and supported in this work. Despite the general literature available, this research will provide information specific to the Advice Desk for the Abused and inform the implementation of new procedures and contribute towards the development of an improved training manual for future trainees. This will also contribute to the literature specific to organisations in South Africa dealing with GBV and can be used to inform best practice for all trauma organisations in South Africa.

1.4 Statement of Purpose and Research Questions

Crisis interventionists need to be trained effectively in order to provide a positive, empathetic and non-judgemental experience for the client in order to avoid creating an environment of re-victimisation as well as having the necessary tools to protect themselves from vicarious traumatisation. The study will be able to make recommendations unique to the Advice Desk for the Abused and provide the most appropriate recommendations for the creation of a new training

manual for the crisis interventionists. An important aspect of the research is the exploration of vicarious traumatisation which has been under-researched in the South African context. The purpose of this study is to understand the realities of the crisis interventionists and collate this with the current trauma literature in order to produce a training manual which will be used to train future volunteers.

1. What are the experiences of the crisis interventionists at the Advice Desk for the Abused?
2. How well has the organisation prepared the crisis interventionists for this work?
3. What aspects of the counselling process, after having worked in the field, do the crisis interventionists feel they were prepared and unprepared for?
4. What processes have been put in place by the organisation to prevent vicarious victimisation?
5. What forms of vicarious traumatisation have the crisis interventionists experienced?
6. How can we make the counselling process more beneficial to the volunteer and the client?

1.5 Research Approach

Understanding the crisis interventionists experiences and interpreting these into a better understanding of their training and support needs could be most effectively lead through an interpretive paradigm. This paradigm sees the “world as constructed, interpreted and experienced” (Ulin, 2002, p.22). Ten interviews were conducted with the crisis interventionists working at the organisation as well as an interview with the founding member. The data collection process also included an exploration of documents held by the organisation such as workshop feedback forms, client statistics and the use of participant observation by sitting in on the organisations monthly meeting as well and interacting with the participants socially on different occasions. All of the interviews were transcribed verbatim and interesting points from observation were noted and explored in conjunction with the interviews.

1.6 The Researcher

I, the researcher, am a young, white female living in South Africa. The participants were mostly older Indian women, therefore it was important for me to establish a rapport with the participants. This ensured that they were comfortable to share their experiences during the interviews. This was well established as the participants took on more of a ‘mothering’ relationship towards me, ensuring that I understood exactly what they were trying to say as well as ensuring that every time I arrived at the office, I was well fed. I believe that my age made the interview less

intimidating for the participants. This made them; possibly, more open to share their ‘truth’ instead of simply giving what they thought was the right answer. Due to the nature of this research and the role I played in the data collection process, I was also vulnerable to vicarious traumatisation. It was important, therefore, during the research process to be reflective and document my responses, noting any changes in my cognitive schema. These reflections will be discussed in detail in the discussion chapter. Due to my current experience working in a trauma-based organisation as well as my own previous experiences of vicarious traumatisation, this research was highly applicable to my life.

1.7 Conclusion

GBV and specifically IPV have become endemic in our society. Accurate statistics regarding the non-fatal incidence of intimate partner violence are unknown due to the invisible nature of this violence. However it can be safely assumed that incidence is very high as one in four women will become a victim to abuse. (Jewkes et al, 2001). Victim supportive services play a vital role in breaking the cycle of violence and volunteers therefore should be adequately trained and protected for the benefit of both client and themselves.

This research adopts an interpretivist framework which allows for the researcher to interpret the experiences of the participants into a better understanding of their training and support needs. The researcher interviewed ten volunteers from the organisation as well as the founding member and then supplemented these using notes from general participant observation. The findings of this research will inform a list of recommendations proposed to the organisation. These will be used to not only inform the creation of a new training manual and improved training techniques but also contribute to best practice for trauma organisations in South Africa. It is important that victims coming forward and seeking supportive services are handled in an empathetic and non-directive manner in order to break the cycle of violence. These are skills that must be taught and developed especially since most of these organisations are staffed by lay people working on a voluntary basis.

Chapter 2

Literature Review

2.1 Introduction

This chapter reviews the available literature on intimate partner violence (IPV), intervention techniques as well as vicarious traumatisation. The structure of the chapter takes a detailed look into intimate partner violence, specifically reviewing definitions, statistics, possible reasons for the violence, the cycle of violence and then providing an answer to the question, “Why don’t they just leave?” This will be followed by a basic review of trauma and the effects this has on the self as well as the victim’s relationships with others. Then the intervention techniques will be discussed. This begins with an important understanding of the phases that victims are generally in when they come forward to a supportive agency. Once this is understood, the intervention techniques can be explored. The intervention style follows the framework set out by Herman (2001) namely: Safety, Remembrance and Mourning and finally Reconnection. This is followed by an exploration of the various counselling skills that are proposed in the literature when dealing with victims of intimate partner violence. Finally, the literature on vicarious traumatisation is reviewed detailing a definition, predictors and various prevention and care techniques.

2.2 Intimate Partner Violence

2.2.1 Definition

This research defines intimate partner violence (IPV) as the physical, emotional, psychological and sexual abuse that takes place between current or former intimate partners. The research moves away from the term ‘domestic violence’ in order to include couples that do not live together and to specify that the relationship be between intimate partners as opposed to various other familial relationships. Due to the abundance of literature and statistics for female victims within a heterosexual relationship, this research will refer to victims as women and the perpetrators as men.

Physical abuse refers to any “acts designed to injure, hurt, endanger, or cause physical pain” (Lundberg-Love & Marmion, 2006). These include anything from shoving, hitting, throwing objects and beating. Sexual abuse is often only understood as heterosexual penetrative intercourse. It is important however to recognise that “other sexual offences may cause significant psychological trauma and should not be trivialised” (Lundberg-Love & Marmion, 2006, p. 56). Therefore sexual abuse will refer to any sexual act which is forced, considered demeaning, unpleasant or

uncomfortable. This definition will also include forcing a woman to make reproductive decisions contrary to her wishes such as forced abortion or decisions on contraception. Physical and sexual abuse and their results are often easy to identify whereas the mental torment produced by emotional and psychological abuse is not. Lundberg-Love and Marmion (2006) describe how emotional abuse is often not considered as harmful as there is immediate visible evidence; however the effects of emotional abuse are often more debilitating and enduring even after the abuse has ended. Emotional and Psychological abuse refers to “the wilful infliction of emotional anguish by threat, humiliation, intimidation, or other abusive conduct.” (Jackson, 2007, p. 411)

2.2.2 Statistics

The World Health Organisation reported that around the world “between 10% and 69% of women reported being physically assaulted by an intimate male partner at some point in their lives” (WHO, 2002, p. 89). Specifically in a South African context, it was found that 55% of women attending antenatal clinics in Soweto had disclosed that they had suffered from physical or sexual abuse from an intimate partner (Dunkle, Jewkes, Brown, Yoshihama, Gray, McIntyre and Harlow, 2004). In another study by Jewkes, Penn-Kekana, Levin, Ratsaka and Schrieber (2001), they found their results corresponded to other studies where one in four women will be abused in her lifetime. The discrepancies between studies depend on factors such as the methodology used as well as the conceptualisation of abuse.

Another factor affecting the accuracy of these statistics is the nature of IPV. Many, if not most, cases of IPV go unreported. Kaminer and Eagle (2010) discuss various reasons for this such as dependency on the abuser; lack of confidence in and fear of further victimisation by police as well as fear of retaliation by the abuser. This is clearly shown in the study by the South African Stress and Health Study as there is a significant discrepancy between the violence reported by the victims and the violence reported by male perpetrators; Gupta et al. (2007) found that 14% of women reported being abused by their intimate partner whereas 27.5% of the male participants admitted to physically abusing their intimate partners in the past year. These figures however are also not an accurate depiction of the true rate of IPV as they focus specifically on physical assault which excludes emotional, psychological and sexual abuse. The researchers acknowledge that this figure may have been greater if the abuse wasn’t limited to physical violence as well as if “lifetime perpetration of violence against all (previous) intimate partners, rather than violence against the most recent partner, had been assessed.” (Gupta et al., 2007, p. 538).

An important factor in the non-reporting of IPV is the social understanding and meaning of what is considered abuse. McFarlane and Van Der Kolk (1996) argue that the meaning one gives to any traumatic experience is shaped by the dominant ideologies of the individual's social context. Woods and Jewkes (2005) found that within a South African context, forced sexual intercourse is not always counted as rape due to the intimate nature of the relationship. In some cultures, both women and men believe that abuse is a right if the couple is married and the abuser has paid 'labola' (Woods & Jewkes 2005). The dominant patriarchal ideals that pervade South African society justify IPV, creating a space for sanctioned violence and compliant victims.

2.2.3 Reasons for Violence

Michalski (2005) explores a range of literature which explores risk factors associated with IPV. He found that while most studies identify "poverty, marital status (separated or divorced), type of union (common law), unemployment, and age (younger couples)" (Michalski, 2005, p. 615) as heightened risk factors for IPV, these do not automatically mean that IPV will occur. It is important to realise that "men who batter are of all races/ethnicities, all ages, all levels of education, all different occupations, they practice all religions" (Hattery, 2009, p. 19).

There are a variety of different approaches and theories in understanding the causes of IPV which vary from societal to individual factors. In specifically explaining IPV, this research will adopt a Feminist-Marxist approach in order to understand how the systems of oppression entrenched in both patriarchy and capitalism are intertwined to form patterns of IPV (Hattery, 2009). Feminist theory generally argues that gender is a socially constructed concept used to demarcate two groups based on specific biological differences as opposed to the acceptance of gender as a fundamental universal truth. Gender is an active process that is performative rather than a natural inherent quality one is born with (Butler as cited in Salih, 2002). Women are gendered to exhibit feminine qualities and to fulfil certain roles within society which often lead to and maintain a dependency on men. Men on the other hand are gendered to believe that through their superiority, they hold power and authority over women (Hooks, 1984). This socially constructed distinction between the sexes is used to justify gender inequalities within society and has been exaggerated in order to maintain a dominant patriarchal, male supremacist and oppressive ideology.

Feminist theorists argue that violence against women must be viewed within the context of an inherently violent society ruled by capitalism, hierarchical rule and coercive authority which uses distinctions such as class and gender to dominate and oppress. Marxist theory is highly critical of the dominant western economic model of capitalism which depends on the exploitation of one class

by another (Hattery, 2009). Hooks (1984) states that the introduction of capitalism meant that men lost the 'power to exert control' they were given through patriarchy and instead were made aware that they were in fact being controlled by the economic needs of capitalism. This decrease in real power however, did not correspond with a decrease in the ideological emphasis of male supremacy. This ultimately led to the family being the only structure where men were able to use their 'inherent' authority.

Lockton and Ward (1997) state that the basis of a feminist explanation of violence against women is that it mirrors the inequality of power between men and woman in society. The power inequality and violence experienced as a result of this oppressive society is expressed most blatantly through IPV (Hooks, 1984). The two concepts of patriarchy and masculinity will be explored within this Feminist-Marxist theory in order to provide a framework for understanding IPV.

IPV is more likely to be committed by men who hold patriarchal views as these ideologies of male superiority legitimise disciplining of women by men (Jewkes, 2002; Michalski, 2005). Due to the 'loss' of power experienced within societal structures, the man fills his need for a sense of power by stealing the power of his partner through emotional, physical and sexual abuse. The victim is ultimately disempowered and disconnected, ensuring male empowerment. While the desire to control is critical for understanding IPV, it can also be understood as a result of the loss of control (Keeling & Mason, 2008; Lundberg-Love & Marmion, 2006; Wood & Jewkes, 1998). Men often resort to violence against their current or ex partners as a means of restoring control over the relationship. Jewkes notes that within the ideology of oppressive male supremacy, women are used "as appropriate vehicles for reconfirmation of male power" (2002, p. 1426).

The concept of masculinity is another important supporting structure for IPV. It is important to note when discussing masculinity that the term masculinity can refer to a variety of different types of masculinity. One such form of masculinity is hegemonic masculinity which is a socially constructed concept that legitimises and maintains a structure of dominance over women. This research will focus on this form of masculinity and will be defined within the current social context as "authority, physical toughness, strength, heterosexuality and paid work" (Pilcher & Whelehan, 2004, p. 83). Hooks (1984) states that the psychology of masculinity teaches men to cause pain rather than express it in order to restore a sense of completeness. This is coupled with the normative and socially accepted use of violence in conflict to produce IPV. Hattery (2009) states that masculinity is most often characterised by financial success as well as sexual prowess. Men are expected to be the breadwinner and provide financial security for the family. However within a

capitalist system, providing this economic stability is not always possible and is often out of their control. This inability to provide financial security within a capitalist society leaves men feeling vulnerable and threatened. Hattery (2009) argues that it is this vulnerability which leads many men to IPV.

The second characteristic of masculinity is a man's ability to satisfy his partner sexually as well as the number of sexual partners he has (Hattery, 2009; Wood & Jewkes, 1998). There is a double sexual standard for men and women where men are expected and praised for having more sexual experience than women. This is perpetuated by certain cultural norms such as polygamy and clearly expressed through the language used to describe a promiscuous man as opposed to a promiscuous woman (Hattery, 2009). This cultural acceptance of sexual prowess being at the core of masculinity contributes to men's belief that they have a right to have sex with whoever they desire and excuses and even promotes marital rape. Also when this sense of masculinity is threatened, the social pressure to adhere to these gendered roles ensures that men will resort to whatever means necessary to fulfil this role.

Therefore in order to maintain masculine ideals within a capitalist society, physical, sexual and emotional abuse may be viewed as a justified means of gaining and maintaining control. This points to a wider focus of intervention where socially accepted constructs are challenged and exposed for their negative effects.

2.2.4 Cycle of Violence

IPV is different from other forms of violence as it requires a manipulative and systemised approach in order to ensure that the victim remains in the relationship. Sanderson (2010, p. 26) states that in order "to commit interpersonal abuse the abuser must first entice, ensnare and entrap the desired victim." Victims and their support structure, such as family and friends, are often unsuspecting of abuse as the perpetrator uses manipulation, appearing charming and so is often well liked. (Lundberg-Love & Marmion, 2006). This process of enticement and entrapment is important in order to ensure silence and compliance from the victim. The perpetrator will "establish a special bond between them which creates dependency needs", which in turn will be used to "coerce and subdue the victim into submission, and acceptance of abusive or exploitative behaviour" (Sanderson, 2010, p. 27). Alcock (2005) uses the Duluth Power and Control Wheel (Figure 1) to explore how the perpetrator behaviourally, psychologically and emotionally gradually takes over the victim's life and forces her to adopt the perpetrator's frame of reference. Often women find that

they have lost control over who they see, what they wear, what they eat and how they spend their time.

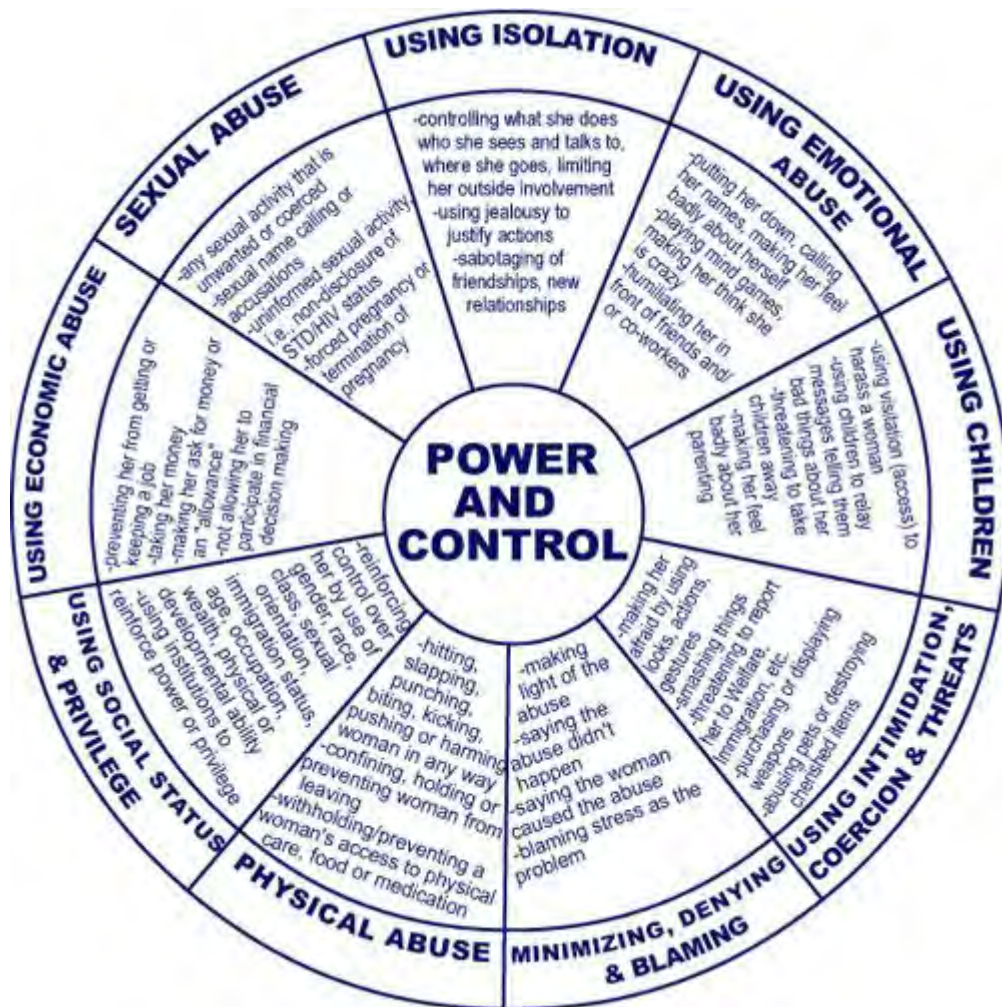


Figure 1: Duluth Power and Control Wheel (Alcock, 2005)

Once the victim is suitably “entrapped”, the perpetrator will feel it is safe to initiate abuse. IPV is often understood as a cyclical process. Walker (as cited in Lundberg-Love and Marmion, 2006, p. 34) identified a 3-step cycle of violence “that is apparent in approximately two-thirds of battering relationships”.

The first stage refers to the “gradual escalation of tension around minor incidents” (Allen, 2005, p. 15). This is the first indication that there is something wrong in the relationship and is often viewed by the woman as something that she is able to control as long as she makes an effort to appease her partner (Lundberg-Love & Marmion, 2006).

The second stage refers to the ‘tension-relieving’ abuse by the partner, the woman is subjected to any form of physical, sexual and emotional abuse by her partner and is disempowered as she realises that she has no control over what is happening. It is often at this stage of the abuse that a woman might feel thrust into a state of crisis and will come forward to an organisation seeking help. Roberts & Roberts (2005, p. 446) states that a “crisis state” can occur when four things happen:

1. The victim experiences a precipitating or hazardous incident
2. The incident is perceived by the woman as threatening to her or her children’s safety, and as a result tension and distress intensify.
3. The battered woman attempts to resolve the situation by using customary coping methods and fails.
4. The emotional discomfort and turmoil worsen, and the victim feels that pain or anguish is unbearable

The third stage is characterised by the remorseful and loving affection displayed by the perpetrator and is important in order to continue the cycle of violence. Often he “apologises profusely and offers gifts and solemn assurances that he will never repeat the attack.” (Lundberg-Love & Marmion, 2006, p. 34). The perpetrator needs to assure the victim that her safety is restored and make her pain seem bearable so that he can retain power and she remain in the relationship. It is also at this stage that the perpetrator will concoct excuses and explanations attributing the violence to some fault of the victim. This process fosters feelings of self-blame which not only decreases the likelihood of escape but are particularly harmful to her emotional and psychological well being (Lundberg-Love & Marmion, 2006). While this process is not prescriptive, this cyclical process of tension building, incidence of abuse and the resultant contrite behaviour provides a basic understanding and insight into the complex, manipulative nature of IPV.

2.2.5 “Why don’t they leave?”

It is clear that through the process of entrapment and the sporadic nature of cyclical violence between love and abuse, the act of leaving a relationship is complex and often very difficult. Roberts (2005) states that victims of IPV are confronted with a variety of internal and external factors. Carlson (as cited in Roberts, 2005, p. 453) identifies four internal barriers to leaving namely “low self-esteem; shame and self-blame for the abuse; poor coping skills; and passivity, depression, and learned helplessness”.

A popular theory explaining why women choose to stay in abusive relationships is Walker's theory of 'Learned Helplessness'. She states that victims of IPV "have feelings of self-blame, low concepts of self-worth, and suffer from despair, depression and anxiety. Due to the repeated assaults they feel that they cannot control what is happening or what will happen and therefore feel that they are helpless to prevent further violence" (Lockton & Ward, 1997, p. 22). However this theory has been criticised for two main reasons. Firstly, the helplessness described by Walker implies that the women are passive recipients of abuse, however the World Health Organisation found that most abused women are not just passive victims but rather actively seek strategies to maximize their safety (World Health Report, 2002). Secondly, by focusing only on the victims psychological characteristics and ignoring a multitude of external factors this theory contributes to the culture of victim blaming. Victim blaming then becomes internalised by the women which in turn feeds the feelings of shame and self blame.

The external factors that Carlson talks about range from relational to economic to social factors. Often victims of IPV speak of their love for their partner in choosing to remain in the relationship. Hoff (as cited in Lockton & Ward, 1997, p. 23) found that "all of the women loved their partners and made excuses for their behaviour". This is an important feature in IPV and should not be ridiculed or demeaned. Hooks (1984) argues that this acceptance of violence for love comes from early childhood socialisation where parents will explain their use of force as an expression of their love. Women accept that violence at the hands of their intimate partners is the price they must pay for love. The acceptance of the patriarchal ideology that women are better suited to stay home and should want to assume responsibility for the family fosters the need to salvage the relationship, even in cases of extreme violence. Women are often in a position where they do not want to give up on "the happy family she once hoped to create" (Lundberg-Love & Marmion, 2006, p. 11). Another important relational factor concerns any children that the couple may have. Sanderson (2010) found that mothers will often sacrifice their own safety and happiness in order to provide the best opportunities for their children. Gelles (as cited in Lockton & Ward, 1997) found that some women only sought help to leave the relationship when their children were old enough to become victims of the violence themselves.

Isolation is a tactic often employed by the perpetrator to maintain control over the victim. The Duluth Power and Control Wheel states that the perpetrator often isolates the victim by monitoring visits, discouraging any contact with the victim by his behaviour or leaving visible signs of violence in order to embarrass her into not going out (Alcock, 2005). This gradual isolation often leaves a woman with a very limited social support system both financially and emotionally which

makes it difficult to leave the abusive relationship. Herman (2001) speaks about the psychological effect this isolation and captivity has on the victim and the unique relationship that develops between abuser and abused. She notes that “in situations of captivity, the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator” (Herman, 2001, p. 75). It is therefore important to view victims of IPV within this light as socially, emotionally and psychologically controlled by the perpetrator

Social isolation is also characterised by an economic dependency on the perpetrator. Tiefenthaler, Farmer, and Sambira 2005 (as cited in Hattery, 2009, p. 53) state that “the degree to which women have access to these resources is critical to their ability to exit or escape these relationships”. Maintaining employment is often difficult for abused women as perpetrators “often use physical force, threats, or control tactics to keep them from active participation in the workplace” (Lundberg-love & Marmion, 2006, p. 39). Therefore she is often solely reliant on the money made by her partner which in turn fosters the belief that the perpetrator somehow owns her and his behaviour is justified. A woman with no means of escaping has an impossible choice between being homeless with no money or returning to the perpetrator (Lundberg-Love & Marmion, 2006). Feminist theory challenges the social understanding that women are helpless and unable to manage their own affairs and therefore need a patriarchal figure to assist them by taking control of their financial affairs. Pahl (as cited in Lockton & Ward, 1997) argues that this thinking enforces the subordinate role of women and is used as a means of controlling female intimate partners.

The final factor preventing a woman from leaving that this research will discuss is the issue of fear of retaliation. The use of continuous threats of violence to the victim and her children throughout the relationship ensure domination over the victim. This psychological domination cannot be swept aside but rather continues to plague the victim even after the victim has left the relationship. The fear of retaliation is coupled with “significant evidence that a woman is at greater risk of being seriously injured or killed during the two years following departure than at any time she lived at home with the batterer” (Lundberg-love & Marmion, 1997, p. 11). This corresponds with the feminist understanding of IPV as a means of control as perpetrators often increase their use of violence if they feel they are losing control.

This paper does not claim to provide a thorough understanding of the factors preventing a victim from leaving an abusive relationship, as there are a variety of personal inhibiting factors.

However through an examination of the predominant factors it is clear that escaping an abusive relationship is not an easy a task as society is so quick to assume. It is important to understand the complex context within which IPV occurs in order to avoid a situation where the victim is blamed as this often leaves “deeper scars than the traumatic event itself” (McFarlane & Van der Kolk, 1996, p. 27).

2.3 Trauma

2.3.1 Effects of Trauma

There are a variety of emotional, psychological and physiological consequences that occur as a result of trauma that vary between individuals. The trauma experienced as a result of IPV is unique as this constitutes a form of attachment trauma. Allan (2005) describes three different types of trauma, namely impersonal trauma which is the result of incidents that happen by accident; interpersonal trauma which is the result of a deliberate act by one person on another and finally attachment trauma. Attachment trauma “occurs in relationships in which there is a close emotional bond and a significant degree of dependency” and “the impact of such trauma can be especially far-reaching because it can affect the capacity for trusting relationships”(Allen, 2005, p. 7). Roberts and Burman (as cited in Roberts, 2005) state that the duration of violence experienced by those coming forward to an organisation range from women who are hit once and make the decision to leave immediately, to women who choose to stay in the relationship and are beaten frequently for an extended period of time. In dealing with childhood trauma, Terr (1995) defines two categories of trauma which can be related to IPV. The first category is Type I trauma which constitutes a sudden or single-blow event and the second category, Type II trauma which is defined as “the results of long-standing or repeated ordeals” (Terr, 1995, p. 303). Either Post Traumatic Stress Disorder (PTSD) or Acute Stress Disorder (ASD) are commonly diagnosed in cases of Type I trauma.

PTSD is defined according to six criteria set out by the Diagnostic Statistical Manual IV-TR. It defines the stressor, the common reactions, time frame and effect on functioning. The stressor is deemed traumatic if “the person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others” and “the person's response involved intense fear, helplessness, or horror.” (APA, 2000). The three divisions of reactions include symptoms of intrusion, avoidance and hyperarousal which must be present for longer than a month in order to diagnose PTSD. Symptoms that are present for less than a month will be diagnosed as acute stress disorder.

While the effects of a single-blow trauma can be very traumatic and result in many debilitating effects, the experiences of type II trauma result in “massive attempts to protect the psyche and to preserve the self” (Terr, 1995, p. 311) and causes “serious psychological harm” (Herman, 2001, p. 116). Herman (2001, p. 119) argues that “survivors of prolonged abuse develop characteristic personality changes, including deformations of relatedness and identity” and therefore a new diagnosis must be formulated to incorporate the unique effects of Type II trauma. Herman (2001) proposes Complex PTSD which is more focused to accurately diagnose those who have suffered continuous trauma. While this is not yet recognised as a diagnosis according to the DSM IV-TR, it is used by clinicians in practice and counsellors are able to focus on two main effects of continuous trauma, namely disconnection and disempowerment.

The disconnection Herman talks about refers to disconnection from the self, others and life. She explains that “traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community” (Herman, 2001, p. 51). The course of disempowerment is closely linked to that of disconnection as through a gradual process of being disconnected from the world, others and self, the victim is left under the complete control of her partner.

2.3.2 Self

The traumatic event results in a loss of self. Due to the continuous nature of most cases of IPV the emotional abuse can erode the person’s dignity and crush the victims confidence and self-esteem (Lundberg-Love & Marmion, 2006) while physical and sexual abuse undermines the victim’s basic bodily integrity as the body is invaded and corrupted (Herman, 2001). The victim learns that she has little control over things from daily activities to her own body. Sanderson (2010, p. 11) argues that IPV “activates primitive survival strategies and psychobiological defences such as dissociation, alterations in perception and withdrawal”. In order to survive, the victims assimilate the abuse into their cognitive schemas. This often requires a complete alteration of her cognitive schema and a shattering of previously held assumptions about the world (Janoff-Bulman, 1988; Roberts 2005). Kaminer and Eagle (2010), explore a variety of assumptions such as the concept of invulnerability, believing that one is in control over ones environment and that bad things don’t happen to good people. When the victim experiences a traumatic event, they are forced to make sense of the experience by either changing their assumptions of the world or more commonly by redefining the experience in order to assimilate it.

2.3.3 Others

The repeated betrayal of trust within relationships coloured with IPV accounts for serious relational issues such as isolation and loss of trust in the people around them. IPV is unique as the victim suffers “a dual liability in not being able to seek comfort from their attachment figure, as he is also the abuser” (Sanderson, 2010, p. 24). Her relational difficulties go beyond immediate personal relationships to the greater society as everyone “in a woman’s immediate environment is a potential threat, for now she realises that she has limited control over her personal safety and well-being” (Lundberg-Love & Marmion, 2006, p. 65). The role of social support in the aftermath of abuse is vital but difficult as the victim is caught between the desire to withdraw from close relationships and at the same time draw closer to them (Herman, 2001).

2.4 Context of Trauma

Many researchers have explored the various phases that a victim of IPV may find herself in. This phase refers to the victim’s feeling toward the abuser and her intention for coming forward to the organisation. In order to provide the most effective response, it is important for crisis interventionists to understand which phase of the relationship the woman coming forward is currently in. Sanderson (2010, p. 57) argues that “to implement effective treatment, counsellors must first conduct a comprehensive assessment to establish what the main areas of concern are for each individual survivor in order to devise a tailor-made care plan”.

2.4.1 Phases

Landenburger (1998 as cited in Dienemann, Campbell, Landenburger & Curry, 2002) defines four phases of an abusive relationship namely ‘Binding Phase’ which refers to the development of the relationship and first incidences of abuse; ‘Enduring Phase’ in which the victim is repeatedly abused but is committed to making the relationship work; ‘Disengaging Phase’ where the victim begins to more seriously seek help and begins to identify with other victims of IPV and finally ‘Recovering Phase’ which begins when she permanently leaves the abusive partner.

Abrahams (2007) proposes a 3 phase model that occurs after every incidence of abuse, namely reception, recognition and reinvestment. In the first stage of reception, the victim experiences “feelings of intense shock, numbness, unreality and disbelief” (Abrahams, 2007, p. 26). The second phase of recognition involves recognising what has happened and dealing with a variety of intense emotional responses to the incident. Finally, the third phase is characterised by a reorganisation. This reorganisation could mean either a physical or a purely cognitive adjustment.

Dienemann et al (2002) found that the phase the victim found herself in, determined the type of help she was looking for. They identified that women seeking help typically fall into three distinct groups based on their desired outcome. The first group (Figure 2) is focused on a preservation of the relationship. The victim is generally in the enduring or binding phase or in Abrahams (2007) recognition phase and are looking for ways to manage the violence without ending the relationship. These women often justify the violence as temporary and as a result of other pressures. Victims who are motivated to preserve the relationship should be counselled using the principles of psychological first aid, emphasising the need for empathy, non-judgement and understanding. Dienemann et al (2002) encourage the counsellor to assist the victim in understanding the complex cycle of IPV, deal with feelings of self blame and express concern for her safety.

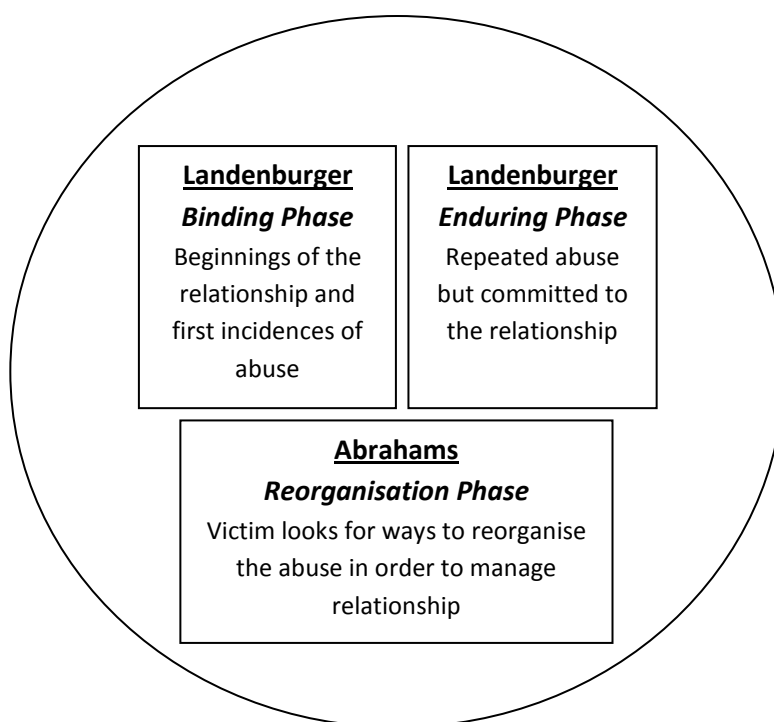


Figure 2: Group 1

The second group (Figure 3) are victims who find themselves oscillating between Landenburgers (1998 as cited in Dienemann et al, 2002) enduring and the disengaging phases as well as starting to seriously look for alternatives in Abrahams (2007) reorganisation phase. These women often acknowledge the abuse as part of a larger cycle of violence and are looking more seriously at the options that will ensure their own safety as well as working through their feelings for their partner. These women require positive reinforcement and affirmation for any action they take and will be empowered through helping the victim understand that they are the expert in the

situation. Information is also important at this stage as they will require contact details for a variety of different social services including legal advice, support groups and shelter homes.

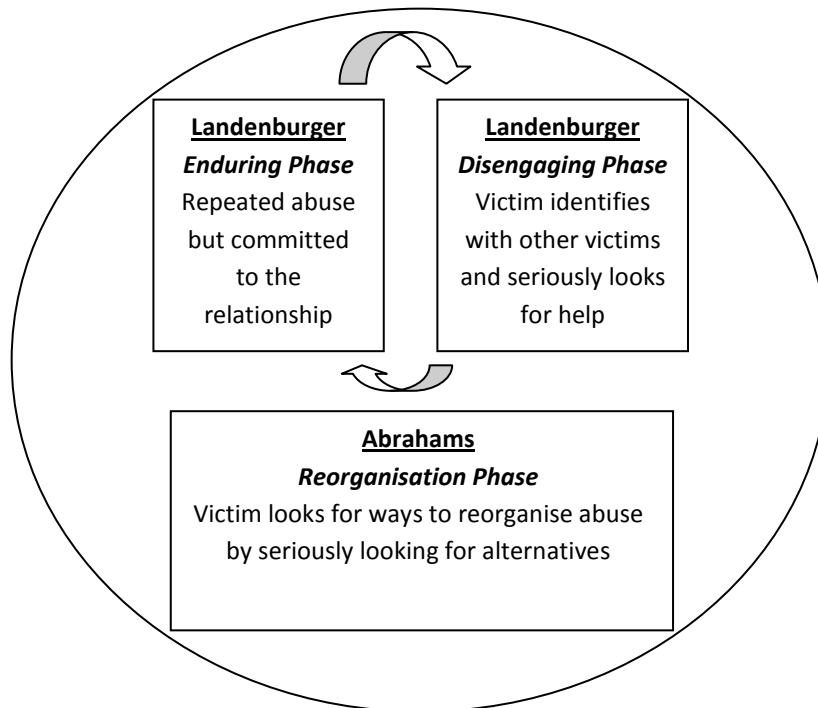


Figure 3: Group 2

The final group (Figure 4) refers to those women who have reached the recovering phase and have already made the decision to leave their partner. This act of leaving does not ensure their physical safety as this loss of control often leads to increased physical violence (Lundberg-Love & Marmion, 2006), therefore support at this stage should not be minimised. These women require support and an empathetic, non-judgemental listener as they rebuild their lives. This is also an important stage for the counsellor to identify any symptoms of ASD or PTSD that were not previously visible and refer victims to for professional psychological support.

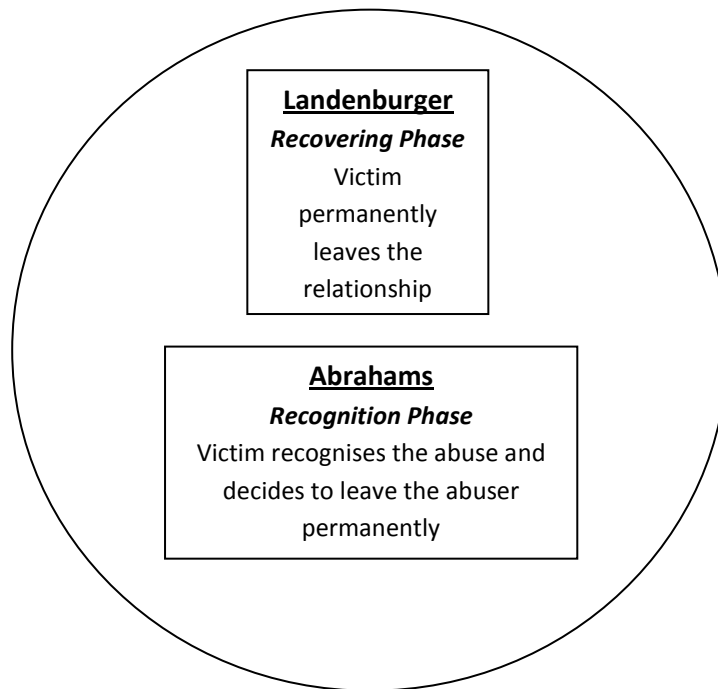


Figure 4: Group 3

Adapting the counsellor's response to each victim is difficult, especially within telephone counselling. However understanding which phase of the relationship the victim is currently in, will help provide the counsellor with a basis in order to proceed.

2.5 Intervention

It is important to have some form of counselling service offered to those coming forward as “trauma that is unhealed, unresolved and unintegrated into a healthy balance within the self has the potential to be repeated, re-enacted, acted out, projected or externalized in relationships and gives rise to destructive and self-destructive motivational forces” (Wilson & Thomas, 2004, p. 2). Traumatic experiences, especially incidences of IPV, are not easy for an individual to recover from alone. The role of counselling is integral to regain a healthy balance within the self. Unfortunately, oftentimes the victim will not have the means, support or knowledge about counselling to approach a trained professional, therefore crisis intervention organisations that are easy to contact and well known are often the only source of counselling the victim may receive. It is therefore important that crisis interventionists are properly trained in order to provide victims with the support they require. Roberts (2005, p. 465) states that “if she is not able to talk to a caring and knowledgeable crisis intervener, she may just give up and a valuable opportunity for intervening in the cycle of violence will have been lost”

Herman (2001) identifies a basic three-fold model of recovery- namely establishing safety, remembrance and mourning and then finally reconnection. This model, while not necessarily linear or prescriptive, provides a basic outline for any trauma intervention. A variety of counselling methods will be explored to create a comprehensive understanding of each stage.

2.5.1 Safety

This first stage is vital for the entire process as Herman notes that “no other therapeutic work can possibly succeed if safety has not been adequately secured” (2001, p. 159). The first aspect of safety is to ensure that all practical safety issues have been met. Roberts (2005) notes that in telephone counselling, there must be a distinction between a crisis call, in which the caller is in imminent danger and other calls, where she may not be in imminent danger but is severely distressed. It is important to ask specific yes-no, closed questions in order to get a clear understanding of the situation and what assistance the victim needs. The organisation is then able to get hold of the relevant authorities whether it be the police, a safe house for the abused or an ambulance. However, as important as providing safety may be, it is essential that the crisis intervener only does what the victim asks for. This is an important empowering tool and as Herman notes, “no intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest” (2001, p. 133).

Herman notes that establishing a sense of safety must also focus on regaining some control, first over herself and her own body and then moving on to regaining some control over her environment. This sense of control is acquired through a certain level of empowerment provided by the counsellor-victim relationship. In most counselling situations, there is a definite power imbalance as the client comes forward vulnerable and often completely disempowered while the counsellor holds legitimate and expert power (Sanderson). In order to provide the victim with a sense of control, there needs to be a shift in this power balance so that the victim and the counsellor become companions on the journey and where the emphasis is placed on the victim as the expert of herself and her situation. The Strengths Perspective builds on the victim’s resilience to help them grow and “utilizes empowerment, resilience, healing and wholeness, collaboration, and suspension of disbelief” (Roberts, 2005, p. 451). This method of counselling is appropriate for crisis intervention organisations as it promotes empowerment through the simple task of believing the victim and helping her to tap into her inner strengths (Roberts 2005, p. 451).

Another important tool in regaining control is through the acquisition of information. Bennett, Riger, Schewe, Howard and Wasco (2004) found that an important service of organisations dealing with domestic violence includes helping the victim gain information about the violence. In order to help the victim make an informed decision about the next step, it is important that they have all the necessary information. This information ranges from “how others describe similar experiences of domestic violence, how perpetrators use common methods of power and control and how the structure of society endorses the woman in her position of guilt, shame and self-doubt.” (Alcock, 2005, p. 51). In gaining information about IPV the victim is able to understand common emotional and physical reactions to trauma which in turn normalises her own experiences and helps her to understand the processes of abuse. Another important aspect of this stage is to provide victims with a network of contacts that she is able to phone for various needs. These include a local safe house, police contacts, legal support, intimate partner abuse support groups as well as psychologists or trained registered counsellors if she is in need of further psychological support, especially in cases where symptoms of Post Traumatic Stress Disorder are evident.

In contrast to Herman’s emphasis on establishing safety, Kaminer and Eagle (2010) explore the treatment of multiple and continuous trauma. Their analysis focuses on victims who are exposed to continuous trauma and cannot escape violence due to their violent reality such as highly violent communities, dependency on the abuser as well as poor service delivery from the legal and political systems. Therefore many victims coming forward to receive counselling cannot escape their current situation or establish a sense of safety and therefore further victimisation is likely. Victims of IPV are often in the same situation where, due to a variety of factors, they are unable to leave the violent relationship. Establishing safety is unlikely or only a temporary measure in a situation of continuous trauma, however “such clients also often desperately need support and look to counselling to help sustain them through such difficult experiences” (Kaminer & Eagle, 2010, p. 111). A key factor therefore in this type of counselling situation is to ensure that the victim feels heard, understood and that her fear and distress is not minimised. The safety comes in rather by ensuring that the victim feels that the counselling space is a safe space, free from any negative repercussions.

In telephone or once off short term counselling, this process of establishing immediate safety may be as far as the interaction may go. However the next stage of remembrance and mourning should not be ignored. Nel and Kruger (1999) found that emotional needs of the victim are often overlooked and seen as a low priority in comparison with the immediate physical needs, but the opportunity to address and express their feelings is also extremely important.

2.5.2 Remembrance and Mourning

Herman (2001) identifies this stage as the telling of the traumatic story. The process of empowerment established in the first stage by walking alongside the client, is extremely important at this stage. Alcock (2005) emphasises the importance of confirmation and affirmation in order to foster this therapeutic alliance. The process of abuse has undermined the victim's sense of self worth; however, through the encouraging affirmations of the counsellor, the negative effects may to a certain extent be countered. Through confirmation, the counsellor confirms the victim's experience, challenges any minimisation about the experience that the victim may convey and allows for an expression of grief (Alcock, 2005). This process of confirmation helps to normalise any symptoms or reactions to the trauma as well as empowers the victim by transforming self blame into self awareness.

The "telling" part of the counselling process in short term or once off counselling is different from psychological therapeutic methods. Counselling psychologists will use a variety of methods from psychodynamic to person-centred to cognitive-behavioural approaches which utilise specific techniques over an extended period of time to help their client gain insight into their thinking and behaviour. It must be noted that lay counsellors do not have the capacity to provide this level of psychological support and should always refer the victim to a trained professional. This does not however mean that immediate psychological support is invalid or unnecessary. An "approach that provides comfort, support, connectedness, information and fosters coping in the immediate interval" is especially important in cases of IPV as often the resources and people that "the individual would otherwise call upon to heal and recover from trauma are unavailable" (Litz, 2008, p. 504).

Psychological debriefing is often inappropriately used to refer to all acute interventions focusing on remembrance and mourning but it is just one method of acute intervention available. Debriefing originated in the military context and "referred to the sharing of information after a particular exercise or manoeuvre in an attempt to resolve issues for participants" (Kaminer & Eagle, 2010, p. 83). This technique was adopted and altered to deal with psychological stress in everyday trauma interventions. The most popular derivative of psychological debriefing is Critical Incident Stress Debriefing (CISD) developed to address the psychological and emotional needs of emergency service workers (Kaminer & Eagle, 2010). This technique of debriefing uses a "guided and structured group discussion of a crisis or traumatic event." (Everly, Flannery & Eyler, 2002, p. 173). CISD aims to alleviate the negative psychological consequences of trauma which in turn reduces the risk of developing serious psychological disorders. (McNally et al, 2003). The efficacy

of debriefing and the impact it has on developing psychological disorders such as PTSD has been debated a great deal in the literature. Litz (2008, p. 504) comments that CISD is inappropriate for all trauma incidences and especially with female victims of IPV due to its rigid, prescriptive nature and the fact that it is “intended only for those exposed to trauma indirectly”. Litz, Gray, Bryant and Adler (2002) found that there is growing consensus that psychological debriefing does not in fact prevent subsequent development of psychological disorders, and in some cases could exacerbate the symptoms. This exacerbation of symptoms is primarily due to the fact that often the act of re-experiencing the event may inadvertently cause re-traumatisation rather than the intended positive counselling opportunity (Roberts, 2000). While psychological debriefing may be useful to some, it is more often accepted that it should not be used outside of its intended context.

Roberts explores the “ABC’s” of counselling namely: Achieving contact, Boiling down the Problem and Coping with the Problem. It is at the stage of remembrance and mourning that the counsellor seeks to boil down the problem and find coping methods alongside the victim. The “B” stage involves a brief description of what happened, identification of what the main problem is and explores how the victim has handled similar situations previously (Roberts, 2005). The “C” stage of coping with the problem deals with exploring what the victim wants to happen, identifying resources she has available and helping to formulate a plan of action. Roberts (2005, p. 467) notes that this intervention programme is intended to “help the victim cope with the immediate situation” but to “avoid the pitfall of believing they need to provide the caller with immediate, expert solutions to her problem”.

Ingram, Ringle, Hallstron, Schill, Gohr and Thompson (2008) propose a similar model for counselling but one especially designed for telephone counselling: POP. The first stage is the “problem”, where the counsellor asks certain questions to understand the problem and the victim’s immediate situation, followed by the second stage of “options” where the counsellor works alongside the victim to look for possible solutions and alternatives. The core of this counselling model is that the counsellor does not give the solutions but rather works alongside the victim to find what is most realistic and best for her.

While there is no evidence stating that acute interventions prevent the development of psychological disorders, there is consensus that an intervention that is focused on “providing comfort, information, support, and meeting peoples immediate practical and emotional needs” plays an important and often the most effective role in an individual’s ability to deal with a traumatic event (Litz et al, 2002, p. 128). This has led to the development of Psychological First Aid. This

model of counselling is more personalised and better able to deal with the victim's problems than more structured interventions as it is non-threatening, fluid and provides an environment similar to that of social support. (Bisson 2003). Bisson, Brayne, Ochberg and Everly (2007, p. 1017) define psychological first aid as "a compassionate and supportive presence designed to reduce acute distress and facilitate access to continued care, if indicated". It provides an opportunity for the victim to discuss the traumatic event to an empathetic and non-judgemental listener where the counsellor refrains from giving advice or providing direction (Litz et al, 2002). Psychological first aid is tailored to the victim's individual needs, which "takes explicit account of people's natural resilience" and "complement(s) the input of friends and family" (Bisson et al, 2003, p. 1018). Litz et al (2002) argue that any interaction between the counsellor and victim is only appropriate if the counsellor is providing psychological first aid as well as all the necessary information the victim will need and is constantly assessing the need for further psychological treatment. This method ensures that the counsellor does not lead the conversation and risk re-traumatisation by taking it too far.

This conscious awareness of the risk of re-traumatisation is especially important in a case of continuous trauma and therefore the remembrance stage of the counselling process must be handled with caution. The victims coming forward must feel "adequately contained and able to operate in the context they return to" (Kaminer & Eagle, 2010, p. 111). In situations like this, the focus should be on helping the victim to process the trauma by talking about it on a purely factual basis, exploring coping mechanisms and the resources the victim has available and should not tamper with any defences the victim has developed as these are important for ongoing survival. This emphasises the importance of initially exploring the context of the victim as this understanding will assist with creating the most effective and helpful counselling relationship.

Allowing victims coming forward a chance to tell their story does not necessarily prevent subsequent psychopathology, however it does play an important role in helping the victim to deal with the traumatic event. This type of acute intervention must be "conceptualised as supportive and non-interventionist, but definitely not as a therapy or treatment" (Litz et al, 2002, p. 128).

2.5.3 Reconnection

Herman (2001) identifies this third stage as the point where the victim develops a new self, new relationships and a new world view. Herman (2001, p. 197) states that "helplessness and isolation are the core experiences of psychological trauma" while "empowerment and reconnection

are the core experiences of recovery”. In long-term therapy, the victim has the opportunity to build a new life and regain a sense of self within a safe therapeutic environment. In acute interventions, it is often the stage of facilitating creation of meaning, exploring a future plan as well as developing self mastery. The notion of seeking to find meaning within the counselling situation is promoted by the work of Viktor Frankl and the school of Logotherapy. Frankl (1992) proposed that the primary motivational force in all humans is the quest for meaning. Therefore in a traumatic event, finding some meaning within the experience is central to a person’s psychological well being. Wilson (2006) explores twelve characteristics of the transformed self in response to a traumatic incident. He found that “those who find the way to transform profoundly difficult life-experiences often exhibit character strengths and virtues that define full humanness and give authentic meaning to integrity, wisdom, generativity, capacity for irony, and self-transcendence” (Wilson, 2006, p. 399). The Wits Trauma Counselling Model uses this theory to propose a 5 stage model for trauma counselling which includes “Promoting Mastery and Facilitating Creation of Meaning” as the final two stages. Hajiyanis and Robertson (1999) found, however, that the final stage of facilitating meaning to be the most difficult as in such a short period of time it is difficult to get to this point without being directive. While creation of meaning is an important aspect of the recovery process, it is often unlikely that the counsellor will be able to foster a conducive environment in such a short space of time, however counsellors should be mindful of this ‘primary motivational force’ and support any efforts made by the victim to find this meaning.

Providing the victim with an opportunity to explore her future options is an important aspect of this reconnection stage. Psychological First Aid does not recommend that advice should be given to a victim coming forward, however once all the necessary information has been given, there is an opportunity to explore options going forward if the victim brings these up. The ABC model (Roberts, 2005) as well as the POP model (Ingram et al, 2008) both emphasise the importance of formulating a plan of action. This not only helps provide the victim with some sense of direction but is an important empowering tool as the victim strives to regain some control over her life.

The model of establishing safety, remembrance and mourning and finally reconnection, does not advocate for linearity but rather counsellors are encouraged to adapt the counselling sessions to suit the particular client. This is especially important for telephone counselling where there are a variety of issues and contexts that need to be dealt with, with limited familiarity and a short time window.

2.6 Counselling Skills

There are a variety of specific skills which are relevant to the different counselling techniques. Within crisis intervention, counselling is not meant to be directive but should rather be “a safe therapeutic environment in which survivors can explore the full range of feelings and make sense of their experiences” (Sanderson, 2010, p. 56).

The literature explores certain fundamental skills, which this technique requires, namely empathy, respect, boundaries, a non-judgemental attitude and active listening as well as the need to recognise cultural influences.

2.6.1 Empathy

The first skill in all crisis interventionists counselling is empathy. Empathy “is the psychological capacity to identify and understand another person’s psychological state of being” (Wilson & Lindy, 1994 as cited in Wilson & Thomas 2004, p. 8). This understanding is acquired through walking in another man’s shoes, tolerance, non-judgement and unconditional acceptance and requires a certain level of objectivity as the counsellor must be able to understand the victim’s emotions without experiencing them herself (Brockhouse, Msetfi, Cohen & Joseph, 2011). This is the difference between empathy and sympathy. Sympathy is defined primarily by the feelings of pity and sorrow for another person’s misfortune (Oxford English Dictionary, 1999). Sympathy does not allow for a helping relationship to occur between the counsellor and the victim. Empathy is the ability to remain detached while “accepting the other person, and making a connection with her, demonstrating rapport and thereby enabling the person to open up and explore the issues she’s struggling with through the development of trust.” (Evans, 2007, p. 83). Empathy is a skill that spans a multicultural context as “it is a way of being regardless of the people we are in contact with” (Van Dyk, 2008, p. 247).

2.6.2 Respect

Respect is a crucial element of the counselling process as empathy flows from respect as “to enable someone to talk to you freely, you need to cultivate an attitude of acceptance, valuing her and giving respect to her and her struggles.” (Evans, 2007, p. 84). Due to the nature of IPV as a battle of constant physical, emotional and verbal abuse, the victim is left with a loss of self-confidence and self-respect. Regaining a sense of self-respect is an essential part of the recovery process and can be achieved through a safe and respectful counselling relationship. Abrahams (2007) found that being treated with respect was an important part of the counselling process, which is found not only in the attitude of the counsellor, but also in their approach to finding solutions.

Counsellors that work with the client, providing possible solutions and supporting them as they make their choice instead of imposing solutions on them, show more respect to the client. The counsellor believing and respecting that the client is a person capable of making her own decision may be the first time in a long history of abuse where the client is treated with respect. This relationship has the ability to boost the client's self confidence and as her confidence grows, helps her to regain respect for herself.

2.6.3 Boundaries

Boundaries refer to the guidelines that govern every interaction between the victim and the counsellor. These must be clearly stated to the victim from the beginning to ensure a safe, therapeutic environment. These could include guidelines for self-disclosure or intensity to which the counsellor is involved in victim's physical situation. Boundaries keep both the survivor as well as the counsellor safe "as they act as psychological and physical containment for the therapist which in turn provides contained space for therapeutic work" (Sanderson, 2010, p. 63). Boundaries are an important part of this form of counselling especially for victims of IPV as having clear boundaries helps to rebuild and foster confidence and trust (Allen, 2005, p. 129).

2.6.4 Non-judgemental Attitude

Attitudes towards IPV are especially important to address when dealing with victims in a counselling situation. Counsellors must convey a positive attitude of acceptance and empathy within the counselling situation in order to foster a helping relationship and therefore it is especially important to be non-judgemental towards the victim. Abrahams (2007, p. 108) found that "to be believed, trusted and free from destructive criticism and judgement" was very important to victims of abuse. In communities where IPV is considered the norm, addressing negative attitudes towards victims is difficult (Garcia-Moreno, 2002). It is therefore very important that counsellors have a thorough understanding of the causes, effects and complexities of IPV in order to avoid making judgements based on their own pre-conceived ideas.

2.6.5 Active Listening

Allowing the victim time to talk and to be heard is especially important for victims of IPV as isolation is often a huge part of the cycle of abuse. Being able to speak freely about the trauma and be heard by another within a non-judgemental space is very important (Abraham, 2007). In order to make the victim feel heard, the counsellor needs to use active listening skills. Roberts (2005, p. 54) identifies the dominant active listening skills as "paraphrasing, reflection of feelings, summarizing, reassurance, compliments, advice giving, reframing, and probes". These skills transform listening into an active process where the counsellor is able to make the victim feel

valued and understood, to help understand and explore the situation as well as to help the victim develop action plans. Another important aspect of active listening is for the counsellor to “set aside his own judgements, preoccupations, and possibly his values, so these don’t interfere with the process of listening” (Evans, 2007, p. 66). Being able to listen with a non-judgemental ear allows the victim space to build their confidence, recognise their experiences as IPV and realise that what they are experiencing is not acceptable (Abrahams, 2007).

These dominant skills often feel unnatural and do not come easily to most. However the positive impact each of these skills has on the counselling process is undeniable and therefore care must be taken to instil each of these skills in training.

2.6.6 Multicultural counselling

Within a South African, multi-cultural society it is vital to explore the impact this has on the counselling process. Eagle (2004, p. 12) notes that “in a hybrid cultural environment in which Western values have often been imbibed at a slightly later stage of development, it is quite plausible that more fundamental values (for want of a better expression) may re-emerge as significant in attempting to extract meaning from unfathomable situations.” These fundamental values refer to cultural, religious and spiritual values that people often revert back to after a traumatic incident. It is important for a counsellor to respect the client’s culture and be led into their frame of reference in order to provide a positive counselling environment. While elements such as empathy, non-judgemental attitude and respect are universal and common to all cultures, it is important to take the client’s culture into account as “to ignore a client’s cultural background not only leads to misunderstanding, but can be anti-therapeutic and harmful” (Van Dyk, 2008, p. 243).

Du Toit, Grobler & Schenck (as cited in Van Dyk, 2008) emphasise that multi-cultural counselling is a learning process for both parties built on mutual respect with a common goal. It is important that the counsellor listens and ask questions, if appropriate, in order to demonstrate an acceptance of the different culture and to avoid appearing patronising or condescending in any way. It is important for the counsellor to be self-reflective and explore any prejudices or assumptions they might have towards another group. If a counsellor struggles to be genuinely accepting or if progress cannot go any further due to cultural differences, it would be best to refer the client on to another counsellor (Van Dyk, 2008). Continuing with counselling in this type of environment will be more detrimental to the client and to her progress.

2.6.7 Training Techniques

These skills often require a substantive change in modes of thinking and behaviour. Skills such as empathy, non-judgemental attitude and respect are ways of being and ways of experiencing others rather than concrete skills which can be taught in a classroom setting. Training therefore should focus largely on attaining ideological shifts in GBV understanding as well as enhancing the counsellor's ability to be self aware and aware of others. GBV and especially IPV are rife with preconceived ideas and many find it difficult to not revert to victim blaming. Therefore a thorough examination and understanding of the complex nature of IPV is important to grasp during the training. Gerdes, Segal, Jackson & Mullins (2011, p. 120) explore methods for training and suggest that "Gestalt techniques, role-playing, and imitative play are methods educators can use to promote affect-based understanding and generate opportunities for perspective-taking insights, self/other-awareness, and emotion regulation". This form of teaching can also be substantiated with real life examples of IPV cases explained carefully in order to avoid victim blaming and show training counsellors the reality of the situation. The same methods of training can be used to help the counsellor become more self aware and aware of others. Rath (2008, p. 21) found that good training programmes were "also concerned with the personal development of the individual women involved". Training programmes must take these methods into account in order to achieve desired results.

2.7 Vicarious Traumatization

Trauma has a ripple effect in that it not only affects the individual directly experiencing the traumatic event, but also those who witness and learn about the event. Counsellors and crisis interventionists play a unique role in the trauma recovery process and are therefore exposed to a greater number of trauma incidences as well as often more explicit accounts of the trauma. In providing psychological and emotional support to the victim, counsellors "share the emotional burden of the trauma, bear witness to damaging and cruel past events and acknowledge the existence of terrible and traumatic events in the world" (Bride, 2004, p. 30). This opens the counsellors up to the development of vicarious traumatization. This possible consequence of working with victims of trauma is often not adequately highlighted during training and little emphasis is given to preventative methods in order to avoid the onset of trauma symptoms.

2.7.1 Towards a Definition

The impact of trauma on the counsellor has been explored through four main concepts, namely burnout, counter-transference, compassion fatigue and vicarious traumatization. There is a

discrepancy within the literature regarding the definition of vicarious traumatising due to the interchangeability of these four concepts without a proper understanding of the differences between them. Burnout is defined as the emotional and physical exhaustion and general deterioration experienced when working with people in any profession. This feeling of burnout generally is a result of being overloaded in general as opposed to specifically the result of the traumatised client experiences (Brady & Guy, 1999; Sexton, 1999; Steed & Downing, 1998; Trippany, White-Kress & Wilcoxon 2004). Vicarious traumatising encompasses the concept of burnout but is more specific as it refers specifically to the feelings of burnout experienced as a result of working with traumatised individuals and is specifically linked to trauma symptoms (Steed & Downing, 1998; Trippany et al, 2004). Vicarious trauma is also experienced as a result of the client's trauma as opposed to secondary factors such as a feeling of being overloaded as defined in burnout. Vicarious traumatising and countertransference are very similar; however they do hold a significant difference. Countertransference is rooted in psychodynamic theory and refers to the counsellor's reaction to the client as a result of the counsellors own life experience, emotional processes and defences (Trippany et al, 2004). Vicarious traumatising is instead a specific reaction to the traumatic experiences of the client. Countertransference is also often only experienced in a session with a specific client, while the effects of vicarious traumatising transform the counsellor's cognitive schemas and belief systems to affect every area of the counsellor's life (Brady & Guy, 1999; Trippany et al, 2004). Compassion fatigue is the most similar to the definition of vicarious traumatising and is basically defined as "nearly identical to PTSD, except that it applies to those emotionally affected by the trauma of another" and is "related to the cognitive schema of the therapist" (Figley, 2002, p. 3). The reason that vicarious traumatising is preferred relates more to the wording used rather than the conceptual basis. Compassion implies a way of being and implies that uncompassionate carers are excluded or that it is directly linked to the action of showing compassion rather than as a result of the client's trauma. The term 'fatigue' also implies a physical or mental exhaustion which is more readily identifiable than the often subtle cumulative nature of vicarious traumatising and not always a symptom for the practitioner. It is clear that the concepts of burnout, countertransference and compassion fatigue do not completely satisfy the definition of vicarious trauma.

Vicarious traumatising in this research will be defined as the response of those who have been subject to explicit knowledge of, or have had been involved in some form of intervention in a traumatic event (Lerias & Byrne, 2003). This includes any professional or lay person working with trauma survivors. Vicarious traumatising is a cumulative transformation of the counsellor's frame of reference, basic assumptions about the world and cognitive schemas (Brady & Guy, 1999;

Pearlman & MacIain, 1995; Sexton, 1999; Steed & Downing, 1998; Trippany et al, 2004; Williams, Helms & Clemens 2012). The counsellor may experience symptoms of PTSD namely hyperarousal, avoidant or intrusive recollection, and can be diagnosed with PTSD as they meet the Criteria A according to the Diagnostic Statistical Manual IV-TR which states that those who witness or learn about the event may also be affected (APA, 2000; Lerias & Byrne, 2003; Sommer, 2008). Steed and Downing (1998) found that responses ranged from changes in affect such as anger, pain, sadness, shock and distress to physiological effects such as diminished energy levels or sleep disturbances to emotional responses including overwhelming imagery and increased vigilance regarding safety. Vicarious traumatisation not only affects the individual but also how the individual relates to those around them. Counsellors may become emotionally detached or alienated from friends or family as a coping mechanism to deal with the shattering of their basic assumptions. Intimacy can also become difficult and complicated as counsellors, especially those dealing with IPV, may experience intrusive thoughts of the clients trauma when engaging in intimacy with their own partner (Trippany et al, 2004). The cumulative nature of vicarious trauma is important as Astin (1997) noted that in her own experiences, changes in her cognition and behaviour grew without her notice until one day she realised she had entirely different ideas regarding safety, trusting others as well as self esteem. Lerias and Byrne (2003) confirm this as they found that many who suffer from vicarious traumatisation do not realise they are being affected as they are still able to function relatively well in their daily life.

It is important for counsellors to recognise the onset of symptoms, as the effects of vicarious traumatisation go beyond the personal consequences to have serious professional consequences. There is a danger that a vicariously traumatised individual will become ineffective and often harmful to the client. (Astin, 1997; Sexton, 1999; Sommer 2008; Trippany et al, 2004). The traumatised counsellor is often no longer able to be fully present to the client due to mental and physical exhaustion resulting in incomplete sessions. The session can become less about the client and more focused on the counsellors feelings of vulnerability, anger and irritability (Trippany, et al, 2004). The disintegration of boundaries is another concern for traumatised counsellors as they struggle to maintain a therapeutic stance and distance, often reverting to the role of 'rescuer' as well as engaging in activities outside the counselling interaction (Sexton 1999; Trippany et al, 2004). As the client compels the counsellor to re-evaluate her previously held assumptions, the counsellor has the option to hold onto her world view or alter it to incorporate the experiences of her client. If the counsellor chooses to hold onto her previously held assumptions, she is not able to accept the victim's reality and often resorts to victim blaming. This is extremely dangerous, especially in a

counselling situation, as victim blaming results in second injury which is often described as worse than the trauma itself (McFarlane & Van Der Kolk, 1996).

2.7.2 Predictors

The literature is conflicted in examining predictors of vicarious traumatisation. Factors such as gender, age, education, socio-economic status and psychological wellbeing are debated (Lerias & Byrne, 2003; Williams et al, 2012). A factor that is most commonly agreed upon as a predictor of vicarious traumatisation is the counsellor's previous exposure to trauma. Sexton (1999) notes that often those who have experienced some form of trauma are drawn to trauma work. While this provides the counsellor with greater insight and sensitivity, it also makes them more vulnerable to vicarious traumatisation (Lerias & Byrne, 2003; Sexton, 1999). Counsellors are at risk of re-experiencing their own trauma as a result of the client's trauma. Awareness of this vulnerability is crucial as it will help counsellors to be vigilant of their own reactions and be aware of the triggers that might precede these reactions (Williams et al, 2012). A controversial factor in predicting vicarious traumatisation is the appropriate use of empathy. Empathy is an important counselling skill outlined in the literature, which provides a positive counselling experience for the client. However, by responding with empathy to the client's situation the counsellor makes herself more vulnerable to experiencing the same emotions as the client (Lerias & Byrne 2003; Williams et al 2012). Taylor and Furlonger (2011, p. 230) note that empathy is "both the vehicle for positive change and also the catalyst for harm for both counsellor and client". Counsellors attempt to understand the clients experience through the client's frame of reference while maintaining a consistent sense of self, vicarious traumatisation may occur when the counsellor is not able to maintain this balance (Williams et al, 2012). However, Crumpei and Dafinoiu (2012) found that there is no relationship between empathy and vicarious traumatisation but rather a relationship was found between compassion and vicarious traumatisation. They found that compassion is different to empathy and "this operationalisation separates the cognitive side that refers to the understanding of the patient from the affective side that implies emotional contagion" (Crumpei & Dafinoiu, 2012, p. 441). Therefore those working with trauma clients should be taught to show empathy which requires some level of cognitive understanding and should avoid showing compassion which stems from an emotional affective response in order to reduce vicarious traumatisation.

2.7.3 Prevention and Care

Preventing vicarious traumatisation in counsellors is an important aspect of any organisation working with traumatised clients, as it ensures the psychological and emotional wellbeing of those dealing with the clients as well as the sustainability of the organisation. Kinzel and Nanson (2000) state that many non-profit organisations experience a high turnover rate of volunteers and frequent

resignation due to negative reactions to client trauma. They argue that implementing strategies that help to minimise the negative impact of trauma work while enhancing personal growth will also benefit the organisation financially as well as foster a positive working environment (Kinzel & Nanson, 2000; Sexton, 1999).

The first aspect of prevention is information. Providing counsellors with information about vicarious trauma in advance is essential for their psychological well-being (Kinzel & Nanson, 2000; Sommer, 2008; Trippany et al, 2004). Counsellors must be informed beforehand of the risk, the symptoms they may experience as well as strategies to minimise chances of developing vicarious traumatisation. These individual strategies that minimise possibility of vicarious traumatisation that the literature explores include healthy eating, sleeping and exercise (Steed & Downing, 1998; Trippany et al, 2004; Williams et al, 2012); ability to identify early warning signs (Lerias & Byrne, 2003; Sexton, 1999); importance of boundaries (Steed & Downing, 1998); spiritual support (Trippany et al, 2004; Brady & Guy, 1999) and a moderate case load (Trippany et al, 2004).

The second aspects of prevention are the support services offered by the organisation. Trauma organisations must take responsibility for providing support structures that decrease the likelihood of vicarious traumatisation. Establishing an “emotionally supportive, physically safe, and consistently respectful work environment is especially important” as “trauma-related issues heighten intrapersonal and interpersonal stress” (Brady & Guy, 1999, p. 390). A supportive and tolerant work environment will help to ensure that counsellors do not feel ashamed of any symptoms of vicarious traumatisation they may experience and will help to ensure that their feelings and symptoms are made real and legitimate (Sexton, 1999). This can be achieved by having regular time set aside within the organisation schedule to address feelings and concerns and emphasise the importance of community (Brady & Guy, 1999).

A more intimate means of preventing vicarious traumatisation is through some form of supervision or mentoring. The forms of supervision vary and should be structured according to the “intended purpose of the relationship, the social context and the nature of the relationship between the individuals” but the fundamental feature is a learning relationship with the supervisor and the supervisee (Garvey & Alred, 2003, p. 4). Supervision or mentorship is an important aspect of preventing vicarious traumatisation as it allows a space for counsellors to process their response and facilitate integration of the client’s trauma into their cognitive schema (Cyr & Dowrick, 1991; Sommer, 2008; Taylor & Furlonger, 2011; Trippany et al, 2004; Williams et al, 2012). It provides an opportunity for the counsellor to receive social support and validation, insight into others coping methods as well as an opportunity to normalise their reactions (Trippany et al, 2004). This

relationship also makes counsellors accountable to someone else to follow through on self care activities and to ensure that her case load is manageable (Williams et al, 2012). This supervision can be from a more experienced counsellor or a peer but should be controlled by the organisation to ensure that this facility is used (Sexton, 1999). This is often a problem in organisations as supervision is not used due to the counsellor's desire to be regarded as competent and efficient by her peers and supervisor (Taylor & Furlonger, 2011). This can be countered through a supportive, accepting environment where vicarious traumatisation is not seen as a personal difficulty (Sexton, 1999).

2.8 Conclusion

IPV is a complex and misunderstood form of violence within our society. This misunderstanding often breeds a culture of impatience, irritation and aloofness towards victims of IPV. The literature both internationally and locally has emphasised the unique cyclical nature of IPV and the reasons that make leaving the abuser difficult, however this research has not yet translated into an ideological shift for our society where prejudices and lack of sympathy towards victims remain rife. The role of supportive services is therefore crucial in breaking this cycle of violence.

The intervention style for dealing with victims of trauma has been well researched internationally and the literature has provided a thorough and systematic look at the process of dealing with victims that present themselves. However, there is limited research into the applicability and whether this international research translates well in our South African society. More research is required evaluating programmes used by supportive services in South Africa in order to ensure that victims of IPV are getting the best support.

An important aspect of providing support services to victims of IPV is ensuring that the practitioners themselves have some form of support. Vicarious traumatisation has been under researched in South Africa, often not taken seriously in organisations dealing with trauma and it is therefore unclear as to whether the symptoms and preventative techniques as stated by the international literature are relevant in a South African context.

The statistics regarding IPV in South Africa, as mentioned in the literature, has highlighted the importance of further research into the training and support needs of practitioners working in the

field. It is important to obtain information from the practitioners themselves in order to ensure that there is a relevant connection to international literature and its applicability in this context.

Chapter 3

Methodology

3.1 Introduction

The research aims to explore the experiences of the crisis interventionists working at the Advice Desk for the Abused and interpret these in terms of their training and support needs. The organisation has identified a need for the organisation to update its training process and create an improved training manual. Using the current crisis interventionists training and support needs identified through this research as well as the theoretical backing provided through the literature review, the researcher will make appropriate recommendations.

This chapter defines the methodology process in making this possible namely: the rationale for qualitative design, the rationale for using an interpretive approach, the research methods, the sampling methods and a brief description of the demographics of the final participants. This will be followed by a discussion on the data collection techniques, the data analysis process and then finally ethical considerations and limitations.

3.2 Rationale for Qualitative Design

The purpose of the data collection was to understand the firsthand accounts of the crisis interventionists already working within the field and to identify their needs. Therefore this research uses qualitative research methods as an overall framework as this allows for meaningful, in depth information to be obtained. According to Greeff, “qualitative implies an emphasis on the qualities of entities, processes, and meanings that are not experimentally examined or measured” (2010, p. 129) Simmons describes qualitative modes of research as being “committed to seeing the world from the perspective of the participants within that world, and to getting close to the participants' experience” (1995, p. 839). Qualitative research was the most appropriate to this study as it not only lends itself to a better understanding of the field but also is “flexible, encouraging discovery and further investigation of the unexpected.” (Ulin, 2002, p. v). Zimmer (2006, p. 311) encapsulates qualitative methods as the ideal mode of research as “it has the ability to complement generalisable knowledge with knowledge of particularized experience that contributes eloquently to a purposeful whole and is relevant to practice.” There is limited research based on the experiences and understanding of gender based violence practitioners within the South African context and therefore

the exploratory nature of this research lends itself to a qualitative approach. Most importantly however, the research aims were to provide recommendations for a specific organisation therefore a more general quantitative approach would not have elicited the same information and would not have been able to answer the research questions.

3.3 Rationale for Interpretive Approach

The focus of this research was to not only use the current theoretical models to direct the development of a new training programme but to substantiate this through the knowledge gained through the experiences of the organisations current volunteers. Understanding their experiences and interpreting these into a better understanding of their training and support needs could be most effectively lead through an interpretive paradigm. This paradigm sees the “world as constructed, interpreted and experienced”. (Ulin, 2002, p.22). Interpretivism is most appropriate to the research topic as it emphasises the importance of “understanding the world as it is, at the level of subjective experience” (Ardalan, 2011, p. 116). The crisis interventionist’s experiences have to be understood as constructed within a certain social, cultural and political context which influences their actions and thoughts. Ardalan (2011) therefore argues that the data gathered will only be meaningful if understood within this specific context. Using this holistic framework will allow more meaningful and practical data to emerge in order for an improved training manual to be produced.

An important aspect of the interpretive paradigm is the relationship between the participant and the researcher. The reality of the crisis interventionist is said to be influenced by “the interaction between the individual and the researcher” (Ponterotto, 2005, p. 130). Ulin (2002, p. 27) states that the researcher is a key instrument in the process of data collection as the researcher does not only listen and absorb information but rather “listens, interprets and responds...influencing how it is elicited”. This influence cannot be completely dismissed as “descriptions always depend on the perceptions, inclinations, sensitivities, and sensibilities of the describer” (Sandelowski, 2000, p. 335). It was therefore important to be aware of this interpersonal relationship and instead of trying to reduce the researchers influence on the data collection and analysis process, rather recognise and reflexively apply this knowledge within the research.

3.4 Research Questions

The psychological support for victims of abuse is an important aspect of crisis intervention and has been identified as a service offered by the organisation. Crisis interventionists need to be

trained effectively in order to provide a positive counselling experience for the client instead of creating an environment of re-victimisation as well as to have the necessary tools to prevent vicarious traumatisation. The study will be able to make recommendations unique to this specific organisation and provide the most appropriate recommendations for the creation of a new training manual. An important aspect of the research is the exploration of vicarious traumatisation which has been under-researched in the South African context. The purpose of this study is to understand the realities of the crisis interventionists and collate this with the current trauma literature in order to produce a training manual which will be used to train future volunteers.

1. How well has the organisation prepared the crisis interventionists for this work?
2. What aspects of the intervention process, after having worked in the field, do the crisis interventionists feel they were prepared for and unprepared for?
3. What processes have been put in place by the organisation to prevent vicarious traumatisation?
4. What have been the crisis interventionist's experiences of vicarious traumatisation?
5. How can we make the counselling process more beneficial to the crisis interventionist and the client?

3.5 Sampling Methods

The sample size was limited to ten crisis interventionists. The strength of using qualitative methods is that it provides rich and meaningful data for a specific research problem which will provide the researcher with significant data. According to Patton as cited in Ulin (2002, p. 58), "the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical abilities of the researcher than with sample size". The research used purposive sampling in order to obtain participants who contributed to the study. Purposive sampling is most appropriate to this research as it is strategic in order to "establish a good correspondence between research questions and sampling" (Bryman, 2004, p. 333). Therefore the characteristics and structure of the sample were defined in advance according to the following criteria:

1. Each participant must be currently working for the organisation as a crisis interventionist. This will ensure that the data collected will be about current realities.
2. Participants will be limited to those who have been a volunteer at the organisation for more than 3 months. This will ensure that the crisis interventionist will have had an opportunity to grow into the organisation as well as to have seen a variety of trauma survivors.

3. This will then be reduced to those who are willing to participate in the study and who are available for a scheduled interview and any other follow up activities.

Initially it was deemed necessary to include various demographic characteristics within the sample. While all of the crisis interventionists at the organisation are female, it was initially thought to be beneficial to the study to have participants from different race and class groups. However on making contact with the volunteers, I quickly learnt that all the volunteers were Indian females.

The sample was selected with the guidance of the official gatekeeper. Blaxter, Hughes and Tight (1998) state that the success of the research depends largely on the co-operation of the gatekeeper. By providing the gate keeper with the initial research proposal and proving the researchers competence, a positive relationship was established. The gate keeper was identified as the chair of the board and once permission was granted by all members of the board, she directed the researcher to the current project manager. The project manager explained the research to the volunteers and asked for those willing to participate. Once selected, the participants were required to sign a consent form indicating that their participation was based on an informed decision and that they understand the possible risk associated with participating in the study.

3.5.1 Participant Characteristics

The demographics of the sample proved to be an interesting aspect of this research. As mentioned all of the participants were Indian Female which was a direct representation of the entire organisation. The participants were aged between 46 and 70 years old with 4 of the participants stating they were retired. The remaining participants either stated they were a home executive or defined their occupation as crisis interventionist. Three of the participants had been working at The Desk for just over a year while five of the participants had been at The Desk between five and twelve years. Two of the participants had been at The Desk for eighteen and nineteen years respectively. All of the participants stated that they belonged to a religious group, majority being Hindu with one stating Christianity and another participant stating Islam. An important demographic characteristic of the group was their marital status. Only two of the participants were married, four stated that they were single, three are widowed and one of the participants is divorced. Two of the widowed participants also stated that they previously came from an abusive marriage.

3.6 Data Collection

Each of the participants were scheduled for a one-on-one in depth interview at a time and place of their choice. It was important that their participation in the research did not cause any

undue stress or expense and therefore the researcher met each participant at one of the organisation's offices predominantly during their duty time. Finding a room that was private and free from disruptions was important for the research as it ensures that the researcher is able to actively listen throughout the interview and it helps the participant to feel more at ease (Bryman, 2004), this however was not always possible. The volunteers showed their commitment to those they serve as on a few occasions they asked for a break in order to tend to victims either waiting outside the office or to answer the phone. In the researcher's view this did not detract from the interview but rather emphasised the level of commitment these women have to their work.

The researcher was able to obtain important and somewhat sensitive demographic information through the use of a simple questionnaire which was filled out at the beginning of the interview. This included age, education level as well as class. Using a questionnaire is a helpful technique as acquiring basic demographics are important for the study but may interfere with establishing rapport and helping the participant to feel at ease (Blaxter et al, 1998).

Each interview was semi-structured and guided using a basic interview guide. Qualitative research lends itself to an unstructured format which encourages that the participant leads the conversation. Marshall (2006) notes that qualitative interviews are more like conversations rather than a stilted interaction covering a list of predetermined response categories. The interview guide was preset but allowed for a lot of leeway in terms of the flow and direction of the interview. The questions "function as triggers that encourage the participant to talk" (Willig, 2008, p. 24) The interview guide is used in order to help the data gathered to be "somewhat systematic for each respondent" (Ulin, 2002, p. 64). Each interview lasted between 45minutes and an hour, varying according to the richness of their experiences discussed during the interview. This method of data collection is most appropriate to an interpretive framework as it allows the researcher to explore more fully the reality of the crisis interventionist as it uncovers their subjective view of the phenomena and emphasises what they view as important (Bryman, 2004; Marshall, 2006).

It is important to acknowledge the role of the researcher within the data collection process as well as the impact she may have on the data itself. Being a female researcher with experience working in a trauma organisation, it was easier to discuss issues of gender based violence as well as the impact working in a traumatic environment has on an individual. Initially it was thought that my age may have affected the participant's responses especially as they were largely retired teachers; however this was managed through focusing on establishing a good rapport prior to the interview. It is clear from the data that all of the participants felt comfortable talking about their experiences and about the effect it has on them.

The interviews were all recorded using a personal tape recorder as opposed to the researcher taking notes throughout the interview. The method of recording was used as it allows the researcher to stay completely focused on the participants and ensures that the participants are not distracted or worried by the researcher's note taking. Blaxter (1998) emphasises that recording the interview, however, can affect the participants willingness to share information that may be seen as potentially damning or confidential. Most of the participants were initially reluctant to having the conversation recorded, mainly due to the embarrassment of having their voices played back. The researcher ensured that the participants were made aware that the recordings will only be heard by the researcher, the transcripts kept confidential and any identifiable information in the transcripts will be changed to ensure anonymity.

Supplementing these interviews with the participants, the researcher also interviewed the founding member in order to get a clearer understanding of the initial vision and workings of the organisation. This was recorded and transcribed in the same manner as above. Additionally, the researcher engaged in the workings and culture of the organisation. This included attending and recording the monthly meeting where the chairman of the board and each of the current volunteers assembled to discuss operational matters and any issues the participants were having and also spending some time socially at lunch with the participants outside of the interview session. This not only assisted in building rapport with the participants but also provided valuable data which contributed to the findings.

3.7 Data analysis Techniques

This research used thematic analysis in the data analysis process. This involved identifying and analyzing the themes that emerged from the data. Through a thorough examination of the transcribed data as well as the current literature, similar statements and experiences were clustered under one main heading and coded as such. Braun and Clark (2006, p. 86), identify these themes as “something important about the data in relation to the question and represents some level of patterned response” which implies that the researcher must use her own judgement to decide which themes are most important and what counts as a “patterned response”.

Braun and Clark (2006) provide a basic six-step process of using thematic analysis which will be used by the researcher namely transcription, initial coding, searching for themes, refining themes, naming themes and then the final write up.

3.7.1 Transcription

Braun and Clark (2006) emphasise the importance of familiarising yourself with the data and being fully immersed in the data. This was achieved through the researcher conducting as well as transcribing each interview myself and then reading and re-reading the data collected until full appreciation for the data was achieved.

Each interview was transcribed and the researcher attempted to capture the essence of the participant's words so as not to lose any of the meaning. This was a long and time-consuming process but provided the most accurate account of the interview process. It is important to note however that the transcription process is not free from the researcher's interpretation. Marshall (2006) notes that the simple decision to use a full stop as opposed to an exclamation mark can change the meaning of the word and potentially the whole interview. The transcription process focused on "what the interviewee meant by what he or she said, irrespective of how they chose to say it" (Willig, 2008, p. 24). Therefore, transcription was a verbatim account of what was said by the participant and any non-verbal cues will only be recorded if they add to the meaning of what is said. This emphasises the researcher's interpretive role throughout the research process.

3.7.2 Initial Coding

This stage entailed identifying interesting points in the data and coding them according to their most important feature. These codes will be grouped and headed under themes in the following stage therefore Braun and Clark (2006) state that the researcher should code for as many potential themes as possible. It is also important to note that a single extract may be used within many different themes. This was a lengthy process resulting in 248 individual codes which were organised on an Excel spreadsheet.

3.7.2 Searching for themes

This next phase takes the initial codes and sorts them into potential themes, "Essentially, you are starting to analyse your codes, and consider how different codes may combine to form an overarching theme" (Braun & Clark, 2006, p. 19). Each of the codes were grouped under one or more overarching theme.

3.7.3 Reviewing themes

This stage involves going through the potential themes identified and refining these. There were occasions where two potential themes formed one theme and where other potential themes

were dropped as there wasn't enough data to support them. This also entailed going back to the coded extracts and ensuring that they still fitted within the refined theme.

3.7.4 Refining and Naming themes

At this stage the researcher further refined each theme and named the theme according to the most important aspect of the data it represented. The researcher constantly referred back to the research questions in order to provide some focus and link each of the themes together.

3.7.5 Final write up

The task of the final write up is to take the detailed analysis of each theme and write it up in a way that is logical and interesting to the reader. This step included a comparison with the current literature explored in the literature review and was organised under the two research aims namely training and support needs.

3.8 Ethical Considerations

Due to the trauma-related nature of this research project there was risk that discussing incidences of vicarious trauma and their experiences of trauma in the organisation may cause symptoms of secondary traumatisation. Ethical clearance was granted by the Ethics Review Committee of the University of KwaZulu-Natal (Durban, South Africa). Permission was also granted by the Board of the Organisation after a detailed research proposal was forwarded to all members. Once these were granted the researcher was able to approach the various participants.

In order to deal with the risk of secondary trauma, the participants were informed prior to their participation that sensitive issues might be discussed during the interview and were required to sign a consent form. Participation was explained as completely voluntary and that participants would be able to opt out of the study at any time. Confidentiality of all content of the interview was considered extremely important and participants were ensured that any names or identifiable features would be changed to ensure anonymity. Once the consent form was signed and permission was given by each participant to audio record the discussion, the interview began.

The researcher took special care during the interview to monitor the reactions of the participants and to avoid certain areas of discussion where it was deemed necessary. The researcher felt comfortable to monitor any reactions due to her practical experience in trauma counselling as well as theoretical knowledge gained through various subjects at the University during her undergraduate and honours years. In the event that a participant felt that they would like to speak to someone in a more professional capacity, the option of attending counselling was provided. The

researcher was prepared to be responsible for any costs associated with this research for any participant at the School of Psychology clinic. The researcher did not encounter this situation in the course of the research.

While it is important to take ethical considerations into account that may harm the participants, it is also important to look at the positive ethics this research will accomplish. The research will provide the most appropriate recommendations to the organisation based on a combination of a thorough examination of the literature as well as taking into account the experiences of the crisis interventionists. This has the potential to improve not only the services provided by the organisation but also to better protect the volunteers working at the organisation.

3.9 Addressing Trustworthiness in the Research

In order to ensure the quality and trustworthiness of the research, the researcher took the following quality criterion into account: credibility, transferability and dependability (Ulin, 2002).

3.9.1 Credibility

Credibility refers to the truth of the findings and whether these accurately depict the experiences of the participants (Ulin, 2002). In order to ensure that credibility was attained, the researcher engaged in constant self reflection in order to ensure that the researchers own biases and opinions affected the research process. It was also helpful to discuss research findings and interpretations of these with a colleague and my supervisor.

3.9.2 Transferability

While qualitative research does not lend itself to generalisability, it is still important to note whether the findings of this research can be transferred and be applicable in other contexts. Ulin (2002, p. 32) states that “our goal is to produce data that are conceptually, not statistically, representative of people in a specific context”. It was therefore important to provide an accurate description of the context of the study and the research participants as well as a detailed description of the methodological process.

3.9.3 Dependability

Dependability refers specifically to the research process and whether this is “consistent and carried out with careful attention to the rules and conventions of qualitative methodology” (Ulin, 2002, p. 32). The research methodology process was carefully researched and constantly checked

for consistency. This was also monitored and reviewed by a colleague as well as my supervisor who ensured that dependability was attained.

3.10 Limitations

The dominant limitation of this study is time constraints placed on this research. Ideally this should have been a thesis based on the principles of action research, however due to time constraints it was not possible to implement the recommendations and evaluate them with the time allocated for this MA. It is however the intention of the board and its funders to publish a paper exploring the implementation and the assessment of the training manual.

Another possible limitation of the study is the characteristics of the researcher. Due to the interpretive role the researcher plays in the data collection and analysis process, being a young, white female who has also worked in various trauma organisations may have influenced some of the themes that emerged from the data. This was monitored and countered through a detailed reflexive examination of the researcher throughout the entire interview.

While the findings from this study can be used to contribute to best practice in South Africa, it must be noted that this research is specific to the Advice Desk for the Abused. It would be unadvisable to take the recommendations from this study and apply it to another organisation without adapting it to the needs of the individual organisation. The results of any qualitative study are not meant to be generalised but rather seek to provide rich and detailed data for a specific agency.

3.10 Conclusion

This chapter provided the methodological framework for the research. Motivation was made for the use of qualitative and interpretive design as the most appropriate method in addressing the research questions. The sampling, data collection and data analysis methods were also explored. Due to the potential harm of this research for the participants, it was important to take the ethical considerations into account. However this was also supported by the positive effect that this research will accomplish. This research will not only contribute to the creation of a new training manual but also to the knowledge surrounding IPV supportive services in South Africa.

Chapter 4

Results

4.1 Introduction

This research presents a thematic analysis of the experiences of crisis interventionists at The Advice Desk for the Abused (The Desk). It is hoped that the findings from this study will contribute towards the most appropriate and effective improvements to the training process and creation of the new training manual. It was important to get this contribution from the current crisis interventionists in order to avoid implementing programmes based solely on theories which may be unsuitable and exclude important aspects of the reality of the organisation. The following main themes were discussed: Training process, Counselling skills, Dealing with clients, Organisational culture, Impact of working for The Desk, Dealing with negative effects and Suggestions from the participants.

4.2 Training

Due to the nature of this work, it is important and the ethical responsibility of the organisation to provide crisis interventionists with adequate training in order to deal with vulnerable clients coming forward. This not only protects the clients but also the crisis interventionists from unnecessary trauma. The Advice Desk runs a 3-day workshop which anyone from the public is invited to attend. Those wishing to go further and become crisis interventionists with the organisation are required to complete 40-hours in-service training. At the end of their training, they are expected to present two case studies and have a formal interview with the director or the chairman of the board. During the interviews the participants were asked to comment on the learning experience they had when they first joined The Desk and their experiences since. The main themes that were common amongst all of the participants was a review of the workshop, the 40 hours probationary period, the constant learning experience they are engaged in and various other workshops they had attended.

4.2.1 Workshop

Each workshop held by The Desk follows the same programme as previous workshops. It is a three-day training which covers three main areas- a thorough understanding of gender-based violence (GBV) and its effect on society, an understanding of the crisis intervention process including what is needed, what is possible and how it should be done and finally understanding legal remedies and judicial responses to domestic violence. Most of the participants spoke about

the workshop they attended when first joining The Desk. All of the participants enjoyed the workshop and found it to be very beneficial. For some this was the first time they were faced with GBV and felt they had no previous experience in this field, therefore the workshop was described as a real eye opener. Jade explains how the workshop affected her,

I really had nothing. When I told my family that I wanted to do this, my boys actually laughed at me and said ‘You want to do this? You cry for adverts and you want to do this?’ So I had to prove them wrong. And it was fantastic. I think that’s the best workshop I’ve ever attended...That really woke me up, just knowing the difference between the abuses and the extent of it.

For two of the participants, their personal experiences of intimate partner violence (IPV) had given them a certain amount of understanding and therefore the workshop acted as an empowering agent, giving them greater insight into their own situations. Bev had the following to say about her personal experience:

I think the most important thing that really touched me at the workshop was how to say no to abuse and how one empowers herself or himself in the time of being in an abusive relationship. That was what really touched me and really, you know, made me want to join the desk and be there to empower others.

For one of the participants, it was obvious that her previous experience had prepared her quite extensively and that while the workshop was enjoyed; there wasn’t anything new to learn. Sarah explains,

They do the workshop where they outline procedures and so forth. That was, uh, ok. But there was nothing new that I learnt. Just you know, look, information doesn’t change, method and procedure change.

When speaking about the content of the workshop, the participants spoke more about the ideological shift in understanding GBV that they experienced rather than the particulars of the teaching. This is clearly seen in the use of phrases such as “it really touched me”, “it woke me up” and as Natalie explains,

I always think it was about women but when I attended that workshop it wasn’t only about women but Gender Based so I realised it is both ways

For the majority of participants who had no previous experience in this field, the first workshop they attended was remembered by the cognitive shift it brought on them as they became conscious to the reality GBV in South Africa.

The crisis interventionists are invited back to every subsequent workshop and they commented this is an opportunity for them to learn new things as well as revive and reinforce that cognitive shift they experienced when they first joined The Desk; however a few of the participants alluded to the fact that this is not an opportunity that is taken up often. Hannah comments,

I was so surprised, because there are ladies that have been here for 14 years and since their very first training, this (the most recent training) was the first time they went to the workshop over so many years.

There are a variety of reasons that are given for their absence. The most pressing reason given was the financial burden of attending the workshop. The cost of their first training workshop was cited as a deterring factor in joining The Desk in two of the participant's cases and then the cost of subsequent workshops was cited as their reason for not returning for four of the participants. Jess seemed to believe that it was a waste of time paying for the crisis interventionists to return to subsequent workshops especially when they weren't interested,

If you are helping out then you are allowed to go. Because you see it costs The Desk R300 a day to keep a person there and if somebody is going to sit there and yawn then they are no benefit to anybody.

This then explained Amy's reasoning as she viewed her absence from the training as a favour to The Desk. She explains,

But now you must realise we are an NGO and it is expensive so this last one I just went for one day although they did ask us to come but I would give others a chance.

The workshop is viewed as a positive learning experience that makes a difference, not only the first time they attended but every subsequent workshop they had attended.

4.2.2 40 Hours probationary period

Every crisis interventionist is required to complete 40 hours of training at one of The Desk sites under the supervision of one of the senior crisis interventionists. The participants explained that trainee volunteers would spend the majority of this time observing the senior crisis interventionist, reading through previous intake forms, sitting in during face-to-face counselling sessions and learning how to fill in a protection order. Tarryn describes the attitude crisis interventionists have towards new trainees,

They learn through seeing and then they see the people themselves. They might make a mistake or two but after a few times they gain their confidence, because I'm sure its daunting coming in. That's why we show them in the beginning and they don't just get thrown into it.

Over half of the participants spoke about the fear they had when they first came in for their 40 hours. They described this period as “daunting”, “scary” and “overwhelming”. Their fears seemed to revolve around the fact that they were unsure whether they were giving the client the right advice as well as feeling inadequate especially in comparison with the knowledgeable senior crisis interventionists. Bev explains,

At first it was a bit scary because wow, what if I give the client the wrong information and what happens if I don't handle this client properly.

Through the interviews it became clear that the participants viewed their clients as extremely fragile and therefore giving the right advice is extremely important. This produced even greater anxiety as they feel that they have the ability to do greater damage to the client. Amy explains,

You must understand one thing; we cannot give them the wrong advice because you must know they are holding you by a thread. They are listening to everything that you are saying because at that stage now, you are God to them.

The organisation stipulates that the trainee be supervised by one of the senior crisis interventionists throughout her training period in order for her to learn the organisations procedures and to observe how the senior crisis interventionist interacts with clients before they begin leading sessions with clients themselves. The role of the supervisor seemed purely for instruction as only two of the participants spoke about forming a relationship with her supervisor. However, the daunting nature of the initial contact with clients was eased due to the presence of someone more experienced. A conflicting issue between the participants was whether it was better to have a single supervisor or to be supervised by a number of different crisis interventionists. The participants who promoted having multiple supervisors felt that it was good to observe a variety of different techniques of the crisis interventionists and to deal with a variety of different cases at the various sites. Tarryn explains,

They go to different people all the time and they must go to the court because we have people who come in here and you get firsthand experience...Its an ongoing thing and the situations need handling differently. I wouldn't say one person is in charge because we can't tell a person everything.

The other participants spoke of their own experiences having a single supervisor and the positive impact this had on them. They felt that over time they were able to form a relationship with their supervisor which not only made them feel more comfortable but also more willing to ask for help. Hannah explained that she came on a certain day and was fortunate to have the same supervisor throughout her training.

[My Supervisor] understands me. She knows I'm a bit outspoken and I think differently...I was so fortunate to have her, to show me those things. Because she won't push you into doing stuff, something about her manner. Maybe if I had somebody who was a bit arrogant or sitting rigidly with me and telling me do this, this, this. I think maybe I would have walked away.

It was also interesting that during the monthly meeting, when asked who was supervising one of the new trainees. No-one spoke up as everyone seemed unsure about whether they had spent enough time with her to be viewed as her supervisor.

The supervisory role not only benefits the trainees but some participants also spoke about the impact that being a supervisor had on them. There are some days where there is only one crisis interventionist at the various sites, having a trainee with them provides an opportunity for interaction during the day as well as some assistance if they need it. One of the participants also spoke about how their role also gives them an opportunity to learn. Jade explains,

There are a lot of new things that we're dealing with so here now we have to be very careful so that is why the new people are very afraid they are giving the right advice so they are questioning us more which is good because we learn from that as well.

It is clear that the intricacies of The Desks operation are taught through an observation and experiencing technique. The trainees are placed under the supervision of a senior crisis interventionist; however this supervisory role appears to be purely for instruction purposes.

4.2.3 Constant learning experience

While most of the participants described their learning experience at the initial workshop they attended and then the mandatory 40 hour probationary time, all the participants were adamant that achieving crisis interventionist status was not a graduation but rather a step in the training process. Victoria explains it as such,

It's like getting your drivers. The day you get your driver's license, you're not efficient. You may only get efficient a year or two after that

The participants all spoke of their openness to learning new things and how every time they come in to The Desk, they learn something new. This theme was common with both the newer and the older crisis interventionists. Tina, who has been for the organisation for nearly 20 years, spoke about this journey of learning new things.

All the time I am learning. Everyday I'm learning. I sit there at The Desk and some things people tell you, I'm like 'Wow I didn't know that'.

While all the participants were adamant that they are always learning new things, this ideal was sometimes conflicted with the reality of The Desk. Amy passionately explained that nobody is perfect and that no one could say that they knew it all. However when exploring what she does when she is confronted with a situation that she couldn't handle she commented,

I don't think I can't handle any case because I think I have enough experience. Like what anyone else knows, I know the same. Unless it's way out of my league and then I can ask them or phone one of the board members or something. But I have never had that, it is very rare.

While the crisis interventionists are open to learning new things and seem to identify with the theory of learning being a cyclical, ongoing process, there also seems to be a sense of overconfidence amongst some of the participants.

4.2.4 Other Workshops

Some of the participants also spoke of other workshops and trainings they had gone to. Some participants attended different trainings before coming to The Desk which helped to equip them for this kind of work. Two of the participants spoke about other training they enrolled in because of their work with The Desk. Jade explained that she did an HIV/AIDS course through another organisation as she felt ill-prepared and overwhelmed when dealing with HIV positive clients coming forward.

While I was at The Desk I felt that I had to do a course in HIV/AIDS because I found I needed to know all about this because clients would come and I would not understand. They would say something and I didn't know how to reply and I felt as a result, to equip myself I would rather do the HIV training workshop.

Most of the participants spoke about the fact that The Desk used to send crisis interventionists to different trainings in order to equip them with more skills. The participants explained how much they enjoyed being able to go out and learn new things. This however was no longer common. It is unclear if the financial status of The Desk was a hindering factor or whether The Desk was no longer receiving as many invitations.

4.3 Counselling Skills

During all of the interviews the participants discussed the counselling skills they felt were most important and the skills they used most often. They were able to identify a variety of skills which were grouped under unconditional positive regard, self awareness, technical skills- namely

empathy, attentive listening and probing- and finally techniques unique to multi-cultural counselling.

4.3.1 Unconditional Positive Regard

Unconditional positive regard was considered one of the most important aspects when dealing with a client. Understanding the feelings of the client coming in was something that most of the participants brought up. Jess explains how coming forward to The Desk is not an easy task for someone who has been abused; therefore the crisis interventionist's attitude towards the client must be adjusted accordingly,

That person has made the effort and it took them a lot of courage to make that phone call or to even come in here and you blast them? We need to be sympathetic toward the person, not just shout at them. They don't need secondary abuse from you.

Some of the participants did state that it was often difficult working with victims of abuse and that it was important to be patient. Three of the participants spoke about how often people come to their office and are demanding and impatient and sometimes annoy them. One of the participants spoke about how her position makes her a target for other people's frustration. Bev explains how sometimes people will come forward with a bad attitude and come across as being very difficult.

Sometimes you have clients; they also have an attitude problem. They've got no time for your counselling. You've got to be very humble and you've got to show love to that client. And I came from there so I clearly understand what it makes them feel because by the time the client has been victimised at home, leaving home abused, sitting in the taxi or bus coming here, being abused by the passengers or the conductor, even coming in court and sitting in the queue.

Part of this unconditional positive regard is being non-judgemental. The crisis interventionists were very clear that it was not their place to be judgemental and that this only served in creating a barrier between them and the client. It is important not to criticise the client for decisions she may have made or will make. Tarryn explains that no matter what choices they make it is not her place to judge.

It is the individual. It might be the best at the time. We hope that they get what they want but if they don't follow through there is nothing you can do.

However, during one of the interviews the participant expressed some level of frustration towards certain clients. She explained how sometimes you get people coming forward, who are not serious about the process:

Sometimes they come in and they say ‘I’m sick and tired of this man; I just want to get away from him’. We can’t provide a shelter; we are not here to provide a holiday for you. Shelters are for women that need it. It is up to us to decide whether they really need it or not. You can judge whether this woman is really genuine about what she is saying or whether she is pulling a fast one

It is worth noting that this response may have been a form of psychological defence for the participant. A judgemental response is sometimes easier to deal with than the reality of the situation. This point emphasises the importance of having support structures that protect the crisis interventionist from vicarious traumatisation. Being non-judgemental is not a skill that can necessarily be taught but requires a fundamental ideological shift in their understanding of intimate partner violence.

4.3.2 Self awareness

An important step in the process of this ideological shift is the ability for the crisis interventionist to be self aware. Most of the participants spoke of the influence they have on the client and the importance of being aware of it. The most important factor that participants brought up was that crisis interventionists couldn’t carry their own ‘baggage’ into a session with the client. The participants were very clear that it is not possible to help the client if they were not willing to help themselves. Bev explains it quite clearly,

Some of them could come in with baggage themselves that is uncleared. You cannot carry baggage with you and want to become a crisis interventionist. Then you are not going to help the victim. You are never going to help the client if you are carrying your own baggage. You have to be a baggage-free person if you are going to help. You’ve got to screen yourself first. If I am stressed or if I am going through abuse then I am not going to help the other abused out there.

Being able to ‘screen yourself’ is an important skill, which the trainee must learn in order to work in this field. This seems to be monitored during their in-service training, however, none of the crisis interventionists mentioned any systems in place to monitor this after their 40 hours in-service training is complete.

Some participants also mentioned the impact their physical appearance and body language had on the client. They mentioned how important it was to maintain good posture that reflected active listening; to make a good impression by the way that they dressed and to control their body language when interacting with a client so that what they said corresponded to how their body reacted. Remaining calm and genuine throughout the counselling session was another important factor. The client can easily pick up when the crisis interventionist becomes impatient, overwhelmed, insincere or loses self confidence. It is important for the crisis interventionist to have

control over emotions and to be honest with the client if she feels out of her depth. Tarryn explains this,

You can't get carried away with your emotions. You have to be as subdued as possible. I think if we can portray that calmness, then they know they don't feel ok 'You aren't wishy washy' or 'You don't know your job'. Because they pick that up from hesitation and what not. And you being calm helps calm them. You have to have a calm environment, let them know that yes we will help you to the best of our knowledge. And if we cannot then we must be humble and honest enough to say no we cannot do this.

The ability to be self aware is very important in any counselling session. Most of the participants spoke to this concept and how the inability to identify counter transference and to maintain control over her emotions had serious negative consequences on the client.

4.3.3 Technical Skills

4.3.3.1 Empathy vs. Sympathy

The participants were also able to identify technical skills, which they were able to learn from the official training programme and develop through their experience. The most important skill which every participant spoke about was understanding the difference between empathy and sympathy and only employing empathy in a counselling session. The way most of them described it was that you let the client cry but you don't cry with them. Jade described her first solo case and how her initial reaction was one of sympathy but then realised her mistake and rectified it immediately,

My first case when the guy told me 'I'm going to kill myself'. I held his hands and I told him 'No you can't do that' and then my eyes were full of tears. And then I suddenly realised what I did and I withdrew and let the tears go back in and I handled the case. And I felt I should give myself a pat because I learnt from that. I never did it again although there are certain times that it does hit down there. I'm a very sensitive person, which I don't portray a lot. So being in this I can really sometimes understand where the person is coming from but I do not compare and I do not let out any of that about myself. As I said to you now those are skills that I didn't know that I had and I have strengthened, I feel that I have strengthened.

The ability to be detached but at the same time foster a spirit of warmth and caring was an important lesson for the crisis interventionists to learn. This also included not sharing their own story with the client. Due to some of their previous personal experiences it was necessary for them to learn that this was not the place for them to share their own story and focus the attention on themselves. Tina, who describes herself as a survivor of IPV shared her story,

It's about them, it's not about me. I don't tell them my story or where I come from. I can relate to anybody because I walked in their shoes, but I don't tell them 'I know what you're going through, because I went through that'.

4.3.3.2 Attentive Listener

The next most important skill identified by the participants was being an attentive listener. As previously discussed, it is very important for the crisis interventionist to remain genuine as the client can very quickly pick up on dishonesty. The same is true for listening as the client can very easily pick up if she is not really listening or appears to be bored. The participants spoke about how it is important to focus on the client and to get as much information as possible as it is only through a thorough understanding of their situation that appropriate options and referrals can be given. For one of the participants this is a skill that she is still working on,

Listening skills was a bit difficult for me, because sometimes I don't like to listen. I tend to be impatient. Like with my husband, the first few words he says and I've already got it. But I enjoy a challenge and I am still working on it

4.3.3.3 Probing

Probing is another skill that the participants highlighted. Each session is guided by an intake form which the crisis interventionist must fill in while speaking to the client. This ensures that the necessary information is collated in order to make correct referrals and especially important if the client is looking to obtain a protection order. The participants all agreed that probing is very important in this process as there are certain things that need to be recorded or explored which the client might not have volunteered freely. Probing should only be used for necessary information and not be used in order to serve the crisis interventionists personal curiosity. Tarryn explains the importance of gentle probing to help the client open up,

Probing is important. You have to probe because often men especially. They just say this, this, that. Sort of superficial, you know. But they are here! They wouldn't be here if there wasn't that need. You have to make them feel comfortable and say look you are here, there must be something more to it than that. And when you probe you will find a can of worms or an open heart, so you must have that ability. But you have to probe; you can just be like 'Ok why? What?' So direct. You cannot be like that, you have to be soft and probe and you will find they open up.

The participants all emphasised the importance of developing these skills especially working with such a vulnerable client base. It was clear that these were the skills most important in the field and which should be focused largely during the training process.

4.3.4 Multicultural Counselling

Most of the participants discussed working within a multicultural context and how they managed to deal with clients from different races, cultures and belief systems. The dominant view amongst the participants was that there was no difference in experiences and that the problem remains the same no matter what group the client comes from. Amy explains,

The problem is the same. We are all people, we are all human beings. We all have similar kind of experiences, same kind of pain, whether you are in a white, black or Indian relationship. The same type of abuse, an abuse is an abuse. There is no other way to speak about abuse. So it doesn't matter which religion or what colour, as long as they speak English then you can interact with them.

All of the participants commented on the fact that there were certain aspects of different cultures that they were still learning but they felt that an attitude of openness and a genuine desire to learn helped to make the client feel more comfortable. One of the participants commented that information about all the different cultures was much more accessible and therefore easier for them to understand. Tarryn explains that she believes the best way to handle a multicultural situation is to respect the clients beliefs and encourage the client to explore her options within her cultural framework,

You dare not say anything negative about it or anything like that. All you can say is 'Very good, if you need to go, go by all means'. For examples if they say we have to go to a Sangoma or the temple or to fix this we have to go to the church and light a candle. So you go there first and you do all the other things that you are supposed to do. And here these things are thrown at you so you have to be a little bit versatile.

It is clear that the participants largely agree that respect is the most important thing when dealing with a multicultural situation and they feel that to a certain extent, they are equipped to deal with clients from a variety of races, religions and cultures.

4.4 Dealing with Clients

There was a great deal of discussion, which was specific to their interaction with clients. This included a clearer understanding of the role of the crisis interventionist focusing on completing intake forms, giving options and referrals, supporting the client and giving information as well as experiences of dealing with difficult clients namely physically or sexually abused clients and mentally unstable clients.

4.4.1 Role of the Crisis interventionist

4.4.1.1 Completing Intake Forms

The participants all spoke about how the client will phone in or come into the office and the crisis interventionist will start filling out an intake form. This intake form has been specially designed by the organisation to ensure thoroughness in order to better handle the protection order as well as provide accurate statistics. The participants all agree that the intake forms help by providing a systematic way of dealing with the client; however it does have its downfalls. Tina explains how the new intake form was initially quite difficult to adjust to and is sometimes off-putting as the client doesn't always tell their story in the order set out by the intake form,

Took me a while to get used to it, but now I am used to it. You miss some things out but now we are learning. You see when you're filling it up and then they start talking to you, you forget to go back and then your whole monthly stat is buggered, but I'm getting there.

The participants did however speak about how the intake forms were overall very useful especially when dealing with repeat clients and during training. Crisis interventionists were able to read over others intake forms to learn different methods of handling situations as Jade explains,

While we are waiting they are reading your case to see what she dealt with today, so then we all learn. I mean like there isn't always time to read it but if someone says 'Well I had a hectic case today', you read about it so you know.

The intake forms are an important part of the crisis interventionist's duty and perform a variety of functions. Overall the participants were comfortable with this task and understood the importance of filling each form out accurately.

4.4.1.2 Giving options and referrals

The participants spoke a great deal about the process, method as well as difficulties when dealing with clients. They were very clear to emphasise that they are not professionals and their duty was to intervene in the crisis as opposed to offering expert advice and solutions. This matter was emphasised in the interview with the founding member as well as in the workshop I attended. The core responsibility which all of the participants spoke of was in giving the client options. It was stressed in each of the interviews that the crisis interventionist could in no way tell the client what they should do as only the client could know what decision is right for her at the time. Sarah explains how it must always be left to the decision of the client,

They must decide whether they want to leave the man who is abusing them, leave the house where they are being abused. You know? They must take their own decision

A major aspect of showing the client her options is to make referrals to the relevant professionals. All the participants spoke about how they were able to recognise their own limitations and are able to identify the necessary referrals. Each of the crisis interventionists is given a resource index on arrival at The Desk which they are expected to use and update often. Most of the participant's also spoke about the referral file at the head office as well as pointed out all the information posted along the wall. Amy explained how having all these resources and being able to share the information with those who really needed it was one of the reasons she was so keen on joining The Desk,

If you need to see a psychologist or a psychiatrist, we know how to go about doing that. Nobody knows about these resources, so that's one of the reasons I became very interested in joining The Desk.

Most of the participants commented on the fact that the referral was not only necessary to protect the client and to give her the appropriate service she needs but also to protect the crisis interventionists themselves. Jade explains how giving advice beyond her expertise has a chance of backfiring,

We are not professionals. That means if there is like a lot of legal stuff in the intervention, we don't go into it at all. We make the referrals. Although we might know something, we don't know it for a fact and we cannot comment on it because if we do the client might say "You said that" and it's taken back and it can be misconstrued in many ways. So to be on the safe side, we do the referral.

Therefore the role of the crisis interventionist is merely to show the client what her options may be and suggest referrals. In this way the client is made responsible for the final decision which in turn is an effective means of empowering the victim. Victoria explains how she uses the skill of giving options in order to empower,

I am able to give her options and I also encourage her to choose the options. We have to empower them... so if you've empowered them, they will look at the options and try to adopt one of them.

This empowerment process is especially important when working with this vulnerable group due to the cycle of violence which seeks to disempower and disconnect the victim from society.

4.4.1.3 Supporting the client

It was also discussed that a client coming in after several years of abuse already knows what she has to do. Hannah explains how often she comes into contact with women, who already know what their options are,

We women, we have good instincts, and most of the time women who live in abusive relationships know they're not supposed to live there. They're figuring things out... You've got to trust the women's instinct, trust her to know when it is the right time because she knows at the end of the day. You cannot dictate to somebody

Due to this reality the participants also spoke about how often their role is to give the client support through the process of making a decision. Victoria explains,

They often know their options, they know the options. If they've been abused for so long, they know that they have to separate. So they just come here to get that support.

One of the participants also spoke about how this is the point of the follow up calls. The crisis interventionist gets in contact with the client after their initial meeting to encourage and empower them in whatever decision they decided to make. Natalie explains,

You know some of them, they are probably deterred by the protection order for a bit and then they sort of get lenient with it. So the follow up is there for the empowerment. Sometimes they get no joy from the policemen... we empower and encourage them to go higher to get what you need.

Some participants, especially those who spend most of their time at the various court offices, spoke about how this support goes beyond the initial session and follow up to allowing victims to come by whenever they feel they need to speak to someone. One of the participants mentioned how she tells her clients that her door is always open to anyone looking for a hug. Tarryn explains how their aim is to make the client feel like they always have somewhere to turn to; this however does have some negative consequences.

I tell them if you are in the area and you just want to discuss something or you need a chat then come. At least they know that it's not a case of 'Ok you're done and now you're out in the cold'. But some of them come in and this becomes their comfort zone and they can spend half a day with you, so you have to be subtle about it.

There seems to be a fine line when dealing with clients between supporting them and fostering another relationship of dependency. It seems to be the responsibility of the crisis interventionists to identify when a dependency relationship is being formed and know how to discontinue the relationship.

4.4.1.4 Giving information

Most of the participants spoke about the importance of giving the client valuable information at the initial contact. Some of the participants commented that it was important for the crisis interventionist to tell the client her rights but most importantly to explain to the client the

cycle of violence. Two of the participants from the court spoke about how they often get cases where victims come in and cancel the protection order after their spouse has been good to them and they believe he has changed, only to come in later beaten and bruised. Natalie explains,

You see the perpetrators are good to them for them for the period where they want them to go and cancel the protection order and then after they cancel that, then they go back to their old ways. That is why they must understand the cycle of violence. We must empower them and give them an understanding about what the violence is all about then hopefully they can be empowered enough to see it.

However the participants also commented on the fact that trying to give the clients this information at the initial point of contact is very difficult. Tarryn explains that when they come in they are too traumatised to listen to what the crisis interventionist has to say,

You can just touch on it. They are too traumatised so it doesn't sink in and it doesn't give them the opportunity to assimilate it and then really judge for themselves 'Ok this is it, what shall I do? Does it happen all the time? Is it going to repeat itself?' But when they go from here they are gone.

So while most of the participants agree that giving the client information is an important part of their task, they do not have a reliable system of implementing this.

4.4.2 Difficult Situations

Most of the participants spoke about clients or situations they find most difficult to deal with. This ranged between the participants, with some mentioning situations such as the difficulty of knowing the client personally while others mentioned the difficulty dealing with a very emotional client. There were, however, two major themes which were common across the interviews that emerged.

4.4.2.1 Physical or Sexual Abused Clients

Some of the participants spoke about how difficult it is when you see a client who is very badly physically abused or when the client speaks about traumatic sexual abuse. Jess explains,

When somebody has just been beaten up, they just want to give up on life. That's the kind of thing that you are totally unprepared for. And we have lots and lots of cases of that. Some of them are so badly beaten up that I had to go to the hospital to see her, with her face just hanging like that.

Physical abuse seemed to be harder for the participants to deal with than stories of financial or emotional abuse. Bev seemed to give some sort of explanation for this when she says,

We do take strain especially when we see a victim who has been molested and sometimes a victim who has been abused so badly that he or she is disfigured. Things like that do sometimes have an effect because you don't easily forget that because you are physically seeing it in front of your eyes.

The participants agreed that this was often the most difficult kind of cases to deal with and exercised different methods to deal with the added strain.

4.4.2.2 Mentally Unstable Clients

Another difficult situation that most of the participants spoke about was dealing with clients coming forward with mental disabilities. Over half of the participants spoke about cases where they have dealt with someone who in their opinion was mentally unstable. Some of the crisis interventionists spoke about how they had clients phoning multiple times during the night, each time changing her name and the details of the abuse. Victoria explains how she had a bipolar client, who used to call her often,

Anytime she will call you and you have to agree with everything they say and what they say is correct you know. And if you show her another option, they become abusive. She will go to every counsellor and if she angry with me she will complain to the other one about me and then she will go to the director and complain about me.

It was also raised that dealing with mentally unstable cases was a lot more difficult at the court offices because clients are dealt with on a walk-in basis whereas at the head office, a crisis call can be directly referred to someone who can handle the case. However, one of the participants from the head office had recently gone through what she described as a harrowing experience with an ongoing client that she had. The client managed to get hold of the founding member who in turn phoned the participant to tell her that this client was mentally unstable and she had to round up the case. Jade explains how she was upset and confused as to how this conclusion was made and was desperate for some guidance,

How would you know? We're following the right thing; we're doing the right thing. How would you know when this person who came to me never showed any sign of chronic mental illness? How should I know to end this case? I need [the founding member] to come here and tell not only me, but the rest of the crisis interventionists as well.

One of the participants seemed to boil down the problem as she explored how the ongoing psychological, emotional and physical abuse must have some sort of effect on all the victims. Hannah explains how she is against judging someone as mentally unstable,

This is why I am challenged a bit because sometimes a person comes in front of you, and she is definitely years of abuse. She has gone to the doctor and I'm sure at certain times so she is a little bit dysfunctional and yet we cannot say she is mentally imbalanced. No normal person who goes through that stuff will come there looking fine.

This particular participant felt that they are trained to be non-judgemental and show unconditional positive regard but at the same time are expected to label someone mentally unstable when most of the people coming forward are mentally affected in some way.

4.5 Organisational Culture

All of the participants commented to some extent on the culture of the organisation. This included a discussion on the kinds of people that volunteer here, the relationship between them as well as a closer look into the difference between the atmosphere at the court and at the head office.

4.5.1 Relationship with the Crisis Interventionists

One of the most common aspects was a discussion about the relationship between the crisis interventionists. All of the participants were very favourable about their colleagues and described their relationship as a family unit. One of the participants, who was one of the newest volunteers at The Desk, described her experience of coming in to the organisation and how she was quickly welcomed in,

It was a challenge for me. It takes me while to get used to somebody but they've actually been great... they're very very approachable and that made it easy.

Some of the participants spoke about how The Desk culture has fluctuated over the years. Amy speaks about how when she first joined The Desk many years ago, it was much busier than it is now and there were a lot more people at The Desk. She explains how she enjoyed being in that type of environment and how it has changed now,

It was non-stop, ongoing type of thing and we were not just one day a week. I used to come almost every day and I suppose the environment was so good and the people were so cool. When you feel comfortable in an environment, it sort of makes you feel like you want to give more... Now things have changed at The Desk.

However, one of the participants felt that things were picking up again. Jade explains how with the current group of crisis interventionists and the attitude of the board,

Recently we have been coming together because I don't know whether it is the different crop of people? You know because sometimes we have students coming in and they come in and they're gone so we haven't had people who came in and did the work and stayed.

Having a good relationship with each other is considered important for the participants as this helps to foster an environment where they can learn from each other but always lean on one another for support. Tina explains how she views her colleagues,

Our counsellors are fantastic. We laugh; we cry together, we do things together. Like now [Bev] and I are going to do a movie and supper, just stress relieving. We respect, we value each other's comments and opinions. Everyone is amicable.

4.5.2 Demographics of the crisis interventionists

It was very clear that the crisis interventionists represented a very small demographic. All of the crisis interventionists volunteering at The Desk were Indian females. Most of them retired, single and only English speaking. This was something that was discussed in some of the interviews. Two of the participants commented on the fact that all the staff were Indian. They were unsure about the reasons for this. Victoria commented that due to the volunteer nature of the work, it was difficult to get other people involved

We have only Indians working here. I don't know why? Its voluntary you know. You know, I'm trying to understand that. This is the University of Durban Westville, Indian University, Indian Students, only Indians working here somehow or the other.

This, however was an interesting point since, while the head office was on University campus, there were no students involved in the organisation except for one student who had recently joined the team to complete her internship. Most of the participants were quite resolute that the organisation could only run on retired people coming in. Some of the participants also felt that younger people hadn't had enough experience to know what they wanted to be involved in and since they were just starting off their careers they wouldn't have the time that older, retired people had. Tarryn also explains how while it doesn't affect her, she feels that she needs to make a point of telling the younger people that they mustn't let this work affect,

It doesn't affect me but I always tell the younger ones, you mustn't think marriage is not an option, don't be put off. You know, you listen to all these stories and they way men treat women and the way women treat men you mustn't become too judgemental, mustn't come looking for faults and one little fault and you think it is abuse... But me being so senior so no, I tell them that.

Hannah has a different approach as she believes that we need young people as well as old people to be involved in this kind of work and so should be encouraging people from all generations to be involved. She explains,

I think we need it, because people relate differently to certain people.... When I was in [one of the court offices], we had this beautiful, white, young lady come in, lesbian. She was having issues with her partner, ex-partner, violent issues... I would think that different people from different generations do not understand the homosexuality part of it and stuff like that.

It was also interesting that 80% of the participants were single or widowed. Only two participants had partners and they discussed how it was sometimes difficult to balance home life and volunteering but that they seemed to manage. Hannah, was still trying to find that balance as she explains

My husband was a bit irritated recently. He said ‘Oh how many times are you going to go up and down like this?’ and ‘Why are you doing this?’ Wasting your time. You need to be more at home...He got a bit frustrated but I had to make my stand. But he understands and he in fact brings me here, but he grumbles a lot, but I just take it in my stride.

The remaining participants spoke about the fact that they were single so they were free to come and go as they pleased and that working with this client base had little effect on their relationships. The final demographic most commonly discussed, was that out of the 10 participants, only one could speak Zulu. The participants did express concern about this as they deal with many clients who struggle to speak English. Bev, the participant who learnt Zulu while working at the courts spoke about the effect it had on clients coming in,

It makes a difference because majority of them [victims who come to that specific office] are Blacks, 88%, and very few are whites, Indians and Coloured, so you’ve got to know the language. And when they walk in they feel like you cannot help them and then they kind of felt rejected so when you greet them in Zulu they feel welcome.

The demographics of the crisis interventionists makes a huge difference to the organisational culture and possibly makes a difference when attracting new people to the organisation.

4.5.3 Difference between the Courts and Head office.

4.5.3.1 Head office

The head office functions more as a call centre where victims are able to phone through on a toll-free number to speak to a trained crisis interventionist as well as arrange face to face counselling sessions with a crisis interventionist. Most of the participants spoke about the difference

between counselling over the telephone and face-to-face and largely agreed that counselling face to face is much better. Sarah explains,

On the phone you don't know who the person is that you are talking to. You can't give them what you want to over the phone. It's very impersonal and counselling is a personal thing. It's a healing process...you are exchanging energies.

While they agree face to face counselling is more beneficial, they stressed that it is still important to have the facilities for telephonic counselling. One of the reasons they cited for this was because there were many victims who phoned in who purposely did not want to be identified or could not come in due to the location of The Desk. Two of the participants commented on the fact that The Desk was not an easy place to get to and for those able to get out of the house to come through is quite daunting.

Most of the participants referred to the weekly duty roster, which allocates one or two crisis interventionists each day. Most of the participants volunteer one day a week while a few volunteer at the head office for two days. One of the participants commented that having more than one crisis interventionist at The Desk at a time was helpful as it allows each person time to digest the call and to organise any follow up arrangements that need to be done. However, the organisations capacity doesn't always allow for more than one person on duty at a time and therefore crisis interventionists are expected to manage unaided. This, however, was countered by the comments of one of the participants Amy, as she described that due to the recent quietness of The Desk and the types of calls that they were getting, it is unnecessary to have more than one person at The Desk

We hardly get calls. We get the call asking stuff and they say I will phone back or they need to speak to one of the other crisis interventionists. Or we take calls about family members, it's not about abuse... and of course things have changed with the calls being less, we don't need three people sitting in the office.

It became clear through speaking to the participants that working at The Desk was a lot more relaxed than at the courts. One of the participants spoke about how the crisis interventionists working at the courts are able to refer a client to the head office as Victoria explains,

If somebody wants more counselling and she's there at the court and she's got a protection order and she needs more crisis intervention then she needs to come here because we have more time to listen to her.

4.5.3.2 Court Offices

The atmosphere and the operation of the court offices are vastly different from that of the head office. The participants identified a variety of differences. While there is usually more than one person at the head office during the week, the norm at the court offices is to have only one person on shift at a time. The crisis interventionists at the court offices are also more likely to work more than one day a week with two of the participants working at The Desk every day. The participants also commented that it is much busier at the court offices. Tina speaks about how often she doesn't get a chance to eat her lunch because there is always a queue waiting outside her office and when she tries to leave the people become impatient not realising that she is only a volunteer,

Now there's a queue and then my tea break and lunch is after 2pm because at 11am if you want to close your door and get a bite they say 'Oh now because it's my turn, you're closing the door?' And then... I say we are volunteers, then they say oh ok no I will wait. They feel that the court is paying us so we dilly dally during their time.

While they may be the only crisis interventionist working at the court, a few participants commented on the good relationship they had with other court staff who were willing to help in certain situations. Most of the participants who chose to work at the head office described the court office as stressful and intimidating. Those working at the court offices preferred working at the court as they were able to get hands on and deal with clients solely on a face to face basis. The bulk of the work done at the courts is linked to the process of filing for a protection order. Natalie comments that the some of those coming to the court for a protection order are only there because they have been sent there,

Some people don't even know what a protection order is. They just come here because a policeman told them to. So we ask them 'Is this what you want?', so either they say yes or they say no

All of the participants spoke about the importance of explaining the protection order fully to the client. They stressed how dangerous a protection order can be and how sometimes it can make the abuse worse. Bev explains how counselling must be given with the protection order,

We don't just offer a protection order to that client unless it is really needed because we still have to offer that counselling and even though a protection order is given to the client, the client has to be thoroughly counselled because it is very dangerous

Having a thorough understanding of how the protection order and the legal process works was an important aspect brought up by the participants. The crisis interventionist must explain the legal processes to the client beforehand so that she can decide whether she is prepared to follow through with the protection order. The crisis interventionist is also responsible for helping clients fill out the

protection order. Some clients who come in are not able to read or write in English and therefore the crisis interventionist needs to literally fill it out. Otherwise she works through the form carefully with the client to ensure that everything is filled out correctly. Tarryn explains how the binding nature of this document makes it very important to pay attention to detail,

You must understand that they are a bit confused when they are talking to you and you help them. But don't think you know everything, go through the forms and explain why you are doing it. You can't just be like ok we are doing this. Cos if you don't put it down in that protection order, you know legal terminology it is so binding. You can't get away

When participants were asked about the practicality of counselling the clients under such extreme pressure, they unanimously agreed that a form of counselling is possible. While they admitted, it was not the same lay counselling that they could receive at The Desk; they were able to counsel through conversation. All of the participants spoke about how being able to tell their story to someone who was genuinely listening was a great relief for the clients. Hannah explains,

You bring out the issues and put them into place. Having a conversation with somebody and assessing something, it could be maybe the first step in counselling. But not in depth. She just comes in and after talk and talk and talking to her. Now I don't know what you would call that now. But for me that's counselling, just having a chat, easing her up and making her feel comfortable.

One of the more concerning issues working at the court was the safety of the crisis interventionists in their office. Two of the participants spoke about how the office they had recently moved from was in the far corner of the building in a secluded area. They commented on the fact that sometimes the abuser follows the abused into the court and they have had cases where they have had to call security. It is important for them to have a room with a lot of thoroughfare outside in order to avoid isolation.

4.6. Impact of working for The Desk

The participants all spoke of the positive impact working with The Desk had on them. However this will also followed by the various negative impact this work has on them.

4.6.1 Positive Impact

All of the participants spoke about how The Desk had made a considerable difference in their lives. The positive impact overshadowed any of the negative effects this work had on them. Some of the participants spoke about how their work at The Desk had taken them on a journey of personal growth and had made them into better people. Bev spoke about how she has been empowered by her work at The Desk. She explains it as such,

The advice desk was like a light switch that came into my life because all along my life was in darkness... I have been empowered by The Advice Desk.

Other participants spoke about how they felt that this was a very rewarding opportunity and felt emotionally and spiritually satisfied. This was an important aspect for most of the participants as Victoria explains,

Well you know it's a very rewarding job. If you can make a difference in one person's life, you know then it is worthwhile.

Some of the participants also spoke about how their work at The Desk had helped them as they now had something to refer to in conversation with people. This has also led to their communities identifying them as people that they can speak to if they have a problem. Jade explains how she is often approached by people even when she is not working,

It is a good thing that people know that I am here because they refer. If I had to go to a function they would sought me out and ask me or can you tell me, or can you give me your number I want to pass it on. So I think it's good that I am in there or if they want to talk about my problem or they want my number then I will give it to them.

The final aspect the participants spoke of was their passion for this work. They spoke about how their initial interest had grown into a passion and they couldn't imagine doing anything else. Tina spoke about how she loves what she does so much that a real fear is not finishing what she has started, she explains,

This is my life, I wouldn't do anything else but this... I get very emotional when I think that I am going to die tomorrow and I'm not going to finish what I'm doing

Another participant spoke about how, while the work is hard, she looks forward to coming into The Desk and feels that this work has become a part of who she is.

This is what is in me and I know the whole time that I am going to do my best and give of my best. From day one this is what I want to be and to be honest I like what I do, I like it very much. Although I don't like people coming to me and crying and things like that but in my heart I look forward to coming here because this is what I want to do.

4.6.2 Negative Impact

While all the participants spoke about the positive effects, some of the participants also mentioned some negative effects.

4.6.2.1 Stress

Most of the participants spoke about the stress that comes with dealing with clients. As has already been mentioned, clients often come in with a bad attitude, which has the potential to annoy and offend the crisis interventionist if they do not understand where the client has come from. There was also a split between the participants, some spoke about how they had been working in this field for so long that they were able to handle it quite well and any negative effects were felt only when they first joined The Desk. Amy explains how initially she found the work quite difficult but then learnt how to deal with it,

I used to be so enthusiastic and then when I used to listen to all the cases and initially it upsets you and throws you off balance and you say, you know, I don't want to do this... but not anymore. I have learnt to calm myself down before I can calm anybody else down.

Other participants spoke about how the heaviness and traumatic nature of the cases still has an effect on their emotional stability. Tina explains,

Believe you me, when they are gone, I go into the toilet and have a good cry. Because as I said, my needs are a drop in the ocean. The cases are horrific and terrible.

Natalie also explains how often at the end of the day she feels fatigued, both mentally and emotionally. She explains,

We have a whole lot of burden in our head. For the whole day you have only been listening to emotions and people crying and you've only talked about abuse, abuse, nothing but abuse. So it has a toll on your mind, it presses you down you know?

Some of the participants also spoke about how they sometimes make mistakes when dealing with the clients. This included showing sympathy rather than empathy, giving the wrong advice as well as practical mistakes like forgetting to put the phone on mute when consulting with other crisis interventionists about the case. Hannah explains how this has a negative effect on her,

Oh God, you feel terrible, because you're dealing with somebody's life. It's so hard to make those big mistakes. I think it is unacceptable.

4.6.2.2 Family Strain

Some of the participants spoke about how this work has had an effect on their families. While we have already spoken about the effect on their marital relationships that the participants spoke about, a common theme among a few of the participants was the effect this work had on their

children. Hannah spoke about how she struggles to find a balance between being a mother and her volunteer work,

I had to figure out transport and time and my kids are used to mom being at home you know but I had to make some changes. I'm struggling with it. It is exhausting, very very exhausting. Like to make my lunches in the morning, then to get here, how do I get here, transport. Cos you know I don't want to tell my son and make him feel like by not having my transport he is holding me back so I just say hey how are you? What time are you starting your lectures?

Another participant opened up about how her work at The Desk has completely alienated her daughter from her. She is very open about her personal experiences of intimate partner violence and shares her story when she goes out giving talks on behalf of The Desk. Tina explains the situation,

My daughter has a very emotional relationship with me, because she feels like I am disgracing her father by doing these motivational talks. It is very difficult and communication with her is nil. I think she hates me but I get emotional but I prayed about it and I learnt that what's meant is meant.

While she admits that the problem is bigger than just her involvement at The Desk, it is a factor in their relationship which she is very emotional about. It is clear that, for those participants who still live with family, it is a delicate process of balancing volunteering and family life.

4.7. Dealing with Negative Effects

The participants were very clear that they were able to maintain control over their emotions and deal with the negative effects of this work only through various self care techniques. One of the participants admitted that if she didn't employ these techniques she would have a nervous breakdown. The participants identified certain support structures provided by the organisation as well as personal caring solutions which they found helped them to continue their work.

4.7.1 Services offered by the Organisation

All of the participants spoke about the different services that The Desk offers to the crisis interventionist in order to help them deal with the negative effects of this work. The main aspects that were spoken about included the meetings organised by The Desk to discuss running issues, the wellness days, supervisors, the role of professionals as well as the support given by the board and directors

4.7.1.1 Desk Meetings

Most of the participants spoke about the monthly meeting that The Desk organises to gather all of the crisis interventionists together. The participants commented that this was a fairly new

initiative organised by The Desk and overall they found it very helpful. They explained that it was an opportunity for the participants to come together and discuss their work and any difficulties they may have. Bev explains,

We hold these monthly meetings so if someone is lacking or someone needs to know something more apart from what we already know. We have a chance to voice our opinions and share what we know.

While the participants all found the meetings helpful there were some drawbacks. Two of the participants spoke about the fact that attending the meeting meant closing their office for an entire day. This caused them both much distress and was the reason for one participant's absence from the previous meeting. Natalie explains,

I couldn't attend this last meeting, reason being we [her and another crisis interventionist] were going to leave and there were so many people and they said 'Please assist us, we cannot write in English'. So what do we do now? So we said fine, one will stay, one will go... We could have left but then it would have been on our conscience, because nobody is here to assist them, they are all on their won. We are here for them so we put their needs first.

In theory the crisis interventionists are able to voice their opinions and discuss when they have any issues. However I sat in on one of the meetings and I observed the dynamics between the crisis interventionists. During one of the interviews the participant concluded that she would take a break and reduce her workload at The Desk, as she explains

Now that you are asking me this I have to really think about it. I think I am going to take a little bit of a break and start again. Maybe start doing one day a week and slowly build myself up because I have got so much on my plate... sometimes you are so busy you don't notice what you do until it's too late.

However at the meeting all the crisis interventionists were asked whether they were happy with their shifts and if anyone needed to change the duty roster. I waited for the participant to speak up but she nodded silently with the rest of the group. While her reasons for not bringing her issue up are unknown, the functioning of the meeting could be a factor.

4.7.1.2 Wellness days

All of the participants commented on the Wellness days, another programme which the organisation had recently implemented in order to help the crisis interventionists. It was explained that these wellness days were an opportunity for the volunteers to get together and de-stress. The most recent activity had been organised for a walk and a yoga session on the beach. Most of the

participants commented on the fact that this was an enjoyable experience where they were able to get together outside of the formal structures of the organisation and enjoy each other's company. One of the participants stated that she was looking forward to the next wellness day as they would be learning a new skill. Amy explains,

I know we are going to the Brahma Kumaris, where we are going to do anger management and all the crisis interventionists are going... so that we can learn new skills.

There were, however, some criticisms about the wellness days. The first was that the commitment from some of the crisis interventionists was poor. Jade explains how the previous event lacked leadership which she believes would have made a considerable difference,

I don't find the commitment the same... We are all there with no head. If we are going out like that, it's like we still are all colleagues and we still can do whatever, but just let one head come and everyone will go under them. The last one we did two things out of the three things we were supposed to be doing and when we got to the third one people just walked away and I thought that was bloody rude. We could have sat and spoken.

Another participant also commented on the fact that while the wellness days were an excellent idea they needed to be well structured in order for it to be beneficial. Tarryn explains,

It must be beneficial, you must feel that goodness otherwise it is a waste of time, but at least they thought about our wellbeing and they are trying.

The wellness day programme appears to be fairly new and the participants all felt it was a good idea and some were merely criticising it in order to improve the service.

4.7.1.3 Benefit of professionals

Some of the participants spoke about the impact having professional people involved in the organisation had on their experiences at The Desk. Two of the participants considered themselves fortunate to have been trained while there was still a psychologist on the staff. The psychologist's knowledge and experience had had a major impact on them and continued to support and clarify issues for them after their 40 hours. Another participant spoke of social worker that used to be on staff and who she felt comfortable to discuss things with,

If I felt I needed to discuss it, we used to have a lady who was a social something, worker, and then you know she had firsthand knowledge so whenever she was around I would engage her and we would talk.

Victoria explained how she felt that it was important for them to have professionals on board. It appears that the crisis interventionists not only feel more comfortable when a professional is involved but it would also help when referring more serious cases. She explains,

We need people who are more qualified. At the moment you just take lay people and qualify them and for them it's a long learning process. So if we had our own psychologist here, you know, we would just refer the person to them if we can't. Although we have friends of The Desk and you can refer them. Maybe that professional will give a hearing for the first time but then after they want to get paid. So we don't have qualified people on board.

4.7.1.4 Supportive Role of Management

Some of the participants also spoke about the support of the board and the founding member. They commented that if they ever had a problem they were aware that they could get any assistance from the board members and the founding member. Jess explains this,

If you're ever unsure then [the founding member] is just a phone call away. And that's still up to now. And now we have more accessible to the board members. So somebody is always there who has a little more experience than us.

The participants felt they had the support of the board members and the founding members to take a break from their work if they weren't feeling strong. However they also commented that the board support came only from one or two individuals who they also realised had a great deal of commitments of their own.

4.7.2 Personal Self- Care Techniques

The participants were very passionate about the self care techniques that they employed in order to deal with the stress and heaviness of this work. There were a variety of activities and techniques which the participants spoke about that they felt helped them. There seemed to be a strong sense of understanding between all the participants that it was important to have their own self care strategies in order to cope with the heaviness of this work. A few of the participants stated that if they didn't have these strategies, doing this work wouldn't be possible and that they might have a nervous breakdown.

4.7.2.1 The Decision

Most of the crisis interventionists spoke about how they learnt to be strong and had to make the decision to leave work at work. Bev explains how she is able to leave her work at work,

What is at work is left behind at work. When I come home I don't carry my baggage and bring it home. When I go to work then I take it from there but when I leave work, I leave it there.

Jade said the same thing and when I questioned her as to how she was able to do this she explained that she had to train herself and cut herself off,

I think you have to practice it from the very beginning. As the years went by I think I trained myself to say ‘Well now that I’ve picked up my bag after the counselling and I’m walking out I have to think of something else. Although it drained me while I was there doing everything, I needed to cut myself off so whenever I picked up my bag and I’m sitting in my car, I’m already thinking about the dinner and dessert and things like that.

The participants spoke about how it wasn’t initially easy but they had perfected the art of leaving the clients issues at work and focusing on home life.

4.7.2.2 Spiritual Support

Over half of the participants spoke to some aspect of spirituality. For some of them this meant prayer in the religious sense while for others meant some form of meditation. Each of the participants described how this aspect of their life was central to their ability to self care. Victoria explains how meditation has helped her to focus her energy,

I’m spiritual, I’m not religious. I mediate in the morning and I mediate in the afternoon. I found that mediation helps you to detach. You know previously I had to change this and I had to change that. You know you can’t change the world. The world will change when it wants to change so you don’t go in there and get stressed about changing somebody. So you do what you have to do and let the other people change when the change comes.

Three other participants spoke about how mediation has helped them and how they feel that by calming the mind and body, they are better equipped to deal with any case they face. Prayer was also an important aspect for other participants. They felt that it helped to be able to send up their worries and their prayers to a higher being. Tina explains the role of prayer in her life,

I don’t worry, I let go and let God. I pray about it. God knows best.

4.7.2.3 Exercise

Another important self care technique for the participants was some form of exercise. Most of the participants spoke about doing yoga, going to the gym or going for walks along the beach. They felt that this was important to stay healthy and helped them to clear their head. Tarryn explains,

I have different activities like go to the gym or swim. Or just walk on the beach, often my sister and I do that. You know that's the way of de-stressing and detoxing. I also like to do yoga twice a week- that is something I enjoy.

One of the participants is a yoga instructor and so a few of the participants also commented on how they enjoyed her input at the wellness days and found the yoga enjoyable.

4.7.2.4 Good home environment

A few of the participants also spoke about the importance of having a good home environment to return to. They felt that being able to return to a stable home which they looked forward to going home to was an important factor which helped get them through the day. A common factor which contributed to their positive home environment was their grandchildren. Three of the participants spoke about how they felt fortunate to have grandchildren to speak to. They found that if they were feeling low, they could speak to them and that made a difference. Tina explains

I have a lot of family around me. My grandchildren used to sleep over but now they are big and now they got the play station but they pop into my granny cottage and we have a few laughs and that makes a difference.

4.7.2.5 Support from friends

Some participants cited support from friends as a major source of consolation and help. Having people around to support them and to go on different outings with was very helpful. One of the participants spoke about how she is always socialising and she realises how important it is to "let her hair down". Another participant spoke about the importance of having a confidant who she can speak to,

I have a very strong man, a very good friend. He is my psychologist. I go and lay it all on him. It helps a hell of a lot. He also holds the senior position in his church so he is a very spiritual person. Ya that definitely helps.

Having a strong support base both within and outside the boundaries of the organisation was seen as very important for some.

4.8 Suggestions from the participants

The participants were keen to comment, criticise and suggest ways to improve the organisation and the service provided to the client. Their suggestions were clustered into the

following themes: Services offered to the client, Greater involvement of the crisis interventionists Advertising and Training specifically for the crisis interventionists.

4.8.1 Services offered to the client

Some participants were adamant that more needed to be done in the follow up stages or a client. Two of the participants spoke about how important it is to help the client understand the cycle of violence. There time spent at the court helping people to get protection orders only for them to come in a week later and cancel it has shown them how important it is to teach the victims. Tarryn explains,

They must understand the cycle of violence. You know, and that is why we have a place when the people come to us, it becomes mandatory that they attend these classes and then if they have the courage of convictions that they still want it then they can carry on.

The participants explained how this teaching cannot be done when they come in for the initial session as the client is too traumatised to listen and therefore sessions at another time should be implemented. When questioned whether giving pamphlets would help, Natalie explained

It would be nice to give it to them, but we run out. Finances again. And some of them don't really need it so we give it to them and they take it away. It's thrown away sometimes in the building!

Another service that the participants suggested would be to offer the client to group therapy sessions. They felt that it was important to have some type of session for both the victim and the perpetrator. However as Tarryn explains it needs to be sustainable which is difficult

Sustainability is the problem, it's a real problem. You've got to have a venue first, people need to get there, transport, its got to be on afternoons or weekends. I mean the logistics, there are so many things to consider but I really feel it is important

Including the perpetrators into the sessions and workshops is another factor that the founding member is pushing. In her interview she emphasised how treating the abused was not enough to solve the problem, she suggested,

Treating the abused woman alone does not stop the cycle of violence. Therefore recommended that agencies, which provide services, should also offer services for abusing men. Shelters may see their need to serve abused women only; it is recommended that separate services also be established by the concerned agencies, professionals and citizens for abusive men.

Those participants who suggested further services for clients and perpetrators were very passionate about what should be done and felt that this would go far to manage the problem.

4.8.2 Greater involvement of the crisis interventionists

Throughout most of the interviews the participants brought up different problems that the organisation is faced with. Some of the participants brought up the possibility of getting the crisis interventionists involved in various other aspects of the organisation. Amy explains how they could be more involved in planning and implementing fundraising events in order to ease the financial strain of the organisation.

If people gave us ideas how to go about fundraising, get someone skills to teach us how to do it. We need to get more involved instead of just waiting till 2:30pm for a phone call.

The participants seemed open to getting more involved in other areas of the organisation besides crisis intervention for clients but felt they needed guidance.

4.8.3 Advertising

Most of the participants cited advertising, or rather lack thereof, as a major problem for the organisation. They felt the organisation needed more exposure so that the public are aware of the services provided by The Desk and encourage more people to come forward if they are being abused. Another important aspect of advertising was to get more volunteers involved. One of the participants explained that it is important to get more people involved so that there can be two people on shift at each venue. Hannah explains how there are many people out there willing to give of their time who just need to be reached,

There are many people who are giving and they want to give of their time. We need more exposure, what is stopping everyone else from coming?

Most of the participants discussed how they first got involved by hearing about The Desk from a friend, by seeing the adverts or through listening to talks given by different desk volunteers. It is important for The Desk to do more advertising in order to attract more volunteers.

4.8.4 Specific training for Crisis Interventionist's

The atmosphere during each interview was definitely one of openness to learning new things. One of the participants suggested that a training workshop could be given once a year to tackle new types of cases, give a refresher on the basic skills taught at the workshop and address any problems. This workshop would be solely for the crisis interventionists at a time convenient to them. Hannah explains,

You know it's important because it gives you a renewal, because you are open to new things. I think it's very important. Have a yearly thing to get all the crisis interventionists together and do a workshop and encourage us, just for us.

This could also include a team building element which the participants also raised as something they would like to receive more of.

4.9 Conclusion

This chapter presents the themes identified in the interviews: Training process, Counselling skills, Dealing with clients, Organisational culture, Impact of working for The Desk, Dealing with negative effects and Suggestions from the participants. These themes represent the discussions with the crisis interventionists concerning their experiences at The Desk and specifically looking at their experiences of the training process and vicarious traumatisation. The exploration of their experiences now allows the researcher to interpret these in conjunction with the literature in terms of their training and support needs in order to make recommendations for the organisation.

Chapter 5

Discussion

5.1 Introduction

The study seeks to understand the experiences of crisis interventionists working at an organisation for the abused with a special emphasis on their training and support needs. The previous chapter identified and analysed 7 different themes which emerged from the data. These were Training, Counselling skills, Dealing with clients, Organisational culture, Impact of their work at The Desk, Dealing with negative effects and Suggestions proposed. This chapter will discuss these themes within the framework of the research questions which looks at the training needs and the support needs.

5.2 Training Needs

The first aspect of this research considers the training needs of the participants. This includes the initial training methods and procedures, the content of the training and the training specific to the methods and procedures of the organisation. It is important that the crisis interventionists are adequately trained in order to ensure that the client is not only protected from second injury (MacFarlane & Van der Kolk, 1996) but is also provided with the most appropriate and effective intervention.

5.2.1 Training Methods and Procedure

An important aspect of the research was to get the participants opinion regarding the training programme which the organisation uses. All crisis interventionists are required to attend the initial training workshop as part of their training and in addition are encouraged to attend the workshop again after qualifying. The participants viewed the workshop as a positive experience where they had an opportunity to get a holistic view of intimate partner violence (IPV) and broaden their thinking while challenging their previously held assumptions about IPV. As discussed in the literature review, this kind of work requires a fundamental ideological shift in gender based violence (GBV) understanding in order to avoid victim blaming and secondary victimisation. A number of the training feedback forms stated that participants in the workshop were required to absorb a lot of information, which was supported in some of the interviews with the participants.

The amount of information may have distracted participants from the central call of an ideological shift. More emphasis could be placed on using the training for attitudinal change and affective change. Kraiger et al (1993, p. 319) explains how this is a common factor in “training programs that not only impart knowledge and skills but are also powerful socialisation agents”. Unconditional positive regard as well as a non-judgemental attitude was cited as the most important aspect of the counselling situation as judgement created barriers. Sanderson (2010, p. 69) comments that in order to “counter the judgment and repudiation of the authentic self by the abuser, counsellors must be genuinely non-judgmental, respectful and accepting of the survivor.” It is therefore crucial to ensure that the training provides crisis interventionists with an opportunity to reflect and break down their previously held assumptions in order to provide this genuine non-judgemental environment for the client.

It was interesting that during an exercise examining prejudices concerning GBV at the most recent workshop, which most of the participants were urged to attend, a number of existing crisis interventionists found themselves standing with the group of first-time trainees who held false beliefs about IPV. The ideological shift, that most of the participants claimed to have after their initial training, seemed to waiver after a period of time. This indicates that retention of the ‘workshop induced ideological shift’ is important especially since the participants commented that they don’t return to every subsequent training. Baldwin and Ford (1998) examined the process of the transfer of training and retention. They found that learning retention depends on three training inputs namely, trainee characteristics, training design and work environment. It is possible that shifting the focus of the training design to emphasise an ideological shift rather than overloading trainees with information, might assist in information retention. In addition mandatory refresher training rather than optional could be considered.

It was stressed, during the interviews, however that the ‘real’ learning comes during the 40 hour supervised training period. This training period seems to be structured using an implicitly behaviourist understanding of psychological learning. Behaviourist theory assumes that “observation, listening to explanations from teachers who communicate clearly, or engaging in experiences, activities, or practice sessions with feedback will result in learning” (Fosnot, 1996, p. 9). These are clearly the techniques employed by the organisation during the probationary period however theory states while these techniques have implications for behaviour change, it cannot always foster or explain cognitive change (Fosnot, 1996). While the ‘monkey see-monkey do’ approach does have value there seems to be a need for trainees to also have time for reflection in order to attain and maintain this ideological shift that the organisation is asking of them. Mezirow

(1990, p. 1) describes reflection as the process of examining and evaluating our assumptions, thoughts and beliefs in order to enable us “to correct distortions in our beliefs and errors in problem-solving.” Baldwin (2000, p. 453) notes that reflecting is central to the iterative process of learning, he states that “if a form of knowledge is forced upon us, then it is unlikely to be owned by, or have meaning for us and we are less likely to learn for ourselves” therefore through reflection we consciously assign meaning to things rather than just going through the motions. An example of this reflection was from one of the participant’s experience of dealing with a client inappropriately. She spoke about how she was able to reflect on the incident, work through and understand the meaning behind her highly emotional reaction and learn from this in order to control herself in the future. This was the only example given by the participants of reflecting and didn’t appear to be encouraged by The Desk. Various techniques which the literature explores include journal writing (Boud, 2001) as well as self-assessment within a group context (Baldwin, 2000). This could be included in the 40 hour probationary period, not to replace the current model but to enhance the learning.

For some of the participants the ability to self reflect was a skill that they came to The Desk with and therefore felt more comfortable dealing with clients from an early stage, while for others these skills had to be developed and practiced through experience. The participants described their mistakes as “terrible”, “embarrassing” and “difficult”. There is an overabundance of literature that promotes learning by making mistakes, however within an environment where the practitioner’s mistake may have harmful effects on the client, there is an ethical dilemma. Berman (2006, p. 117) explains how the organisation is challenged to “resolve this paradox in a manner that allows students...to engage in the positive discovery and learning that results from making mistakes, while avoiding the disasters that harm the client.” Berman (2006) suggests a protocol for handling mistakes, namely:

- 1) Admit and take responsibility for the mistake; 2) Apologize to the client for making the mistake;
- 3) Take immediate and sustained action to correct the mistake to the extent possible; 4) Reflect upon the mistake in supervision; 5) Reflect upon the mistake in case rounds with all of the clinic students; 6) Implement changes if appropriate to avoid similar mistakes in the future.

This protocol allows the counsellor an opportunity to recognise, acknowledge and take steps to rectify the mistake. The second half of the protocol maximises the opportunity for growth and learning from the mistake. It is suggested that the organisation provide the trainees with some form of protocol in order to help the crisis interventionists deal with their mistakes and recognise this as a learning experience.

As the participants explained, supervision was an important aspect of the training time. The focus of the supervision from the organisation's perspective was for training purposes. The biggest discrepancy between the participants was the issue of whether a single supervisor is better than multiple supervisors. The participants brought up a valid point that each of the sites are different and therefore by moving around the trainee could be exposed to different cases as well as the different counselling techniques of the individual crisis interventionist. This was also a creative way of monitoring the senior crisis interventionists and providing them with an opportunity to learn and grow through the trainee's questions and concerns. Due to the focus on the teaching aspect of the supervisor's role this seems like the best option, however the literature proposes the positive relationship between a single supervisor and the prevention of vicarious traumatisation. This will be discussed in the next section on support needs.

5.2.2 Counselling Skills

While methods and procedure guiding training are important to ensure an ideological shift; learning retention; the ability to be self reflective and to maximise learning from mistakes, it is also important to reflect on content of the training and the practical skills that crisis interventionists need in this field. When discussing the counselling skills that the participants found that they employed most often and were of greatest importance, there was a strong correlation with the literature. The crisis interventionists felt that the skills of empathy, non-judgemental attitude, probing and attentive listening, as discussed in the literature review, were all skills that applied to their work as crisis interventionists in Durban, South Africa. While the ability to show unconditional positive regard and self awareness has been discussed in detail, the issue of multicultural counselling skills is another important factor explored by the participants.

The participants all spoke about how they tried to be open to the cultural practices and beliefs of their clients and that they found that this openness encouraged the clients to explain their beliefs in turn enlightening the volunteers. Van Wyk (2008) states that ignoring the clients cultural background can in most cases be more harmful to the client than helpful. The crisis interventionists did, however, sometimes feel out of their depth when dealing with cultural practices that were foreign to them and especially when these practices directly impacted the counselling or legal process. One of the participants commented specifically on her need to understand the practices of customary marriage but that her respectful attitude has so far helped her to cope. The multicultural reality of South Africa makes having a superior knowledge regarding the different cultural practices advantageous in this field.

While the participants spoke warmly about their openness to learning about the different cultures and the importance of a respecting foundation, there were sometimes undertones present in their speech that belied this. In a society that is still emerging from the Apartheid system, it did become clear that racist ideology was still an issue for some of the interventionists. However, it was portrayed by the participants that it was the client's coming forward who created more of a problem. One participant raised issues of language while another spoke about how if she closes her office to take a break just before seeing a black client, the client will question her motives. It is essential for crisis interventionists to show genuine warmth and acceptance which is more challenging if there is a perception of racial stereotyping between client and interventionist.

5.2.3 Methods and Procedures of the Organisation

The final aspect that is covered by the training of the organisation is the specific role of the crisis interventionist and the procedures she is expected to follow in her contact with clients. The literature generally adheres to Herman's (2001) model of Safety, Remembrance and Mourning and Reconnection. The current procedure of the organisation emphasises the safety aspect of the counselling relationship ensuring that the client is both physically and emotionally contained. The participants spoke about how their main job was to intervene at the moment of crisis. It appeared that the stage of remembrance and mourning may be touched on by allowing the client to retell her story however this was more often referred on to a professional psychologist or registered counsellor.

The participants generally agreed that the procedure when dealing with a client could not be rigid but should rather allow for flexibility depending on the client. While this must be taken into account, it is also important to have some structure in terms of procedure as the crisis interventionists seemed to follow their own rules. The organisation appears to take care of this by insisting on the crisis interventionists completing the intake forms however most of the participants working at the court offices commented on the fact that even though they are only supposed to complete one intake form for each client, more often an intake form is filled out each time the client comes in. This was due to a variety of reasons, mostly administrative impracticality as well as the participants belief that each time the client comes in, it is for a different aspect of the problem. It is not within the research aims of this project to analyse and critique the intake forms, however it is recommended that the organisation research further into the applicability and effectiveness of these forms in the intake process.

The procedures are also set for every client coming forward. The literature states that different methods of intervention are necessary and effective for different clients. While the crisis interventionists alluded to the fact that clients come in with different intentions, as they spoke about how their main task was to support the client in the decision making process, there was no talk about the process of identifying which stage the client is in. Sanderson (2010) emphasises the importance of assessment in order to provide the most appropriate and effective intervention. By identifying which stage the client is in, the crisis interventionist can give the client relevant information and the best advice instead of feeling overwhelmed, trying to give the client everything she might need. Some of the participants spoke about how important giving information was, especially about the cycle of violence but they also felt that it wasn't always possible and often was too much for the client to take in. By completing a client assessment, the crisis interventionists will be more focussed on what the client needs at that moment and be able to provide the most effective intervention.

The participants alluded to their inability to terminate a counselling relationship with certain clients. One of the participants was in much distress as she had recently been reprimanded for keeping a client for too long while others mentioned that they have clients who come back and can spend up to a full day lingering around the office. The participants saw this continued support as a way to support the clients instead of making them feel as though once they had been dealt with they were unwanted. While this may be beneficial to the client as she regains her self-confidence, the literature makes it clear that there is a likely possibility that the client may become dependent on the counsellor. The crisis interventionist requires specific skills and organisational support in order to maintain boundaries that ensure that the client does not become dependent on her but rather empowered enough to rely on their own personal resources.

5.3 Support Needs

The second aspect of this research is looking at the support needs of the crisis interventionists working in this field. According to the literature working with intimate partner violence and other forms of abuse makes volunteers vulnerable to vicarious traumatisation. This is therefore an important aspect of the organisation and should not be taken lightly. This section will discuss the traumatic reality of working at The Desk, the impact this work has had on the participants, preventative measures as well as care support structures offered by the organisation in relation to the literature.

5.3.1 Traumatic Reality

During each of the interviews the traumatic reality of working at The Desk was discussed. Some of the participants discussed the emotional strain that working with abused clients had on them psychologically and emotionally. The participants mentioned the emotional burden that listening to the different stories has on them and how often after seeing a client they might go into the bathroom and cry. This corresponds to the literature and would be regarded as a 'normal' response to dealing with clients of this nature. However others felt that their work at The Desk hadn't had any effect on them. This can be explained using two different theories. Lerias and Byrne (2003) emphasise how the cumulative nature of vicarious trauma often leaves counsellors unaware of the effect on them as they are still able to function relatively well in daily life. Due to the fact that some of the participants had been working in this field for over ten years, a one hour interview was insufficient to challenge and deconstruct the extent to which the counsellor's frame of reference has altered and therefore it wasn't clear whether this theory was applicable. The second theory supports the participants own appraisal of the situation. Pearlman and MacIan (1995) found that the more experienced volunteers were better able to manage the work and explained this as such, "although those with more disrupted schemas may have left the field earlier, it is also possible that schemas become less disrupted over time". This could be a possible explanation for the participants comfort and apparent immunity to vicarious traumatisation. This attitude of immunity does not, however, benefit the crisis interventionists, the organisation or the client in the long run. Schauben and Frazier (1995, p. 50) state that acknowledging the negative effects of working with clients "could lead to the development of more effective strategies to cope with this kind of work", which would increase the likelihood of more volunteers coming forward and simultaneously reduce a high staff turnover rate and therefore "clients could benefit from being seen by crisis interventionists who have more experience and who are able to work more successfully with trauma survivors". Whether the participant felt that she was affected or not, the majority of participants did mention some aspect of the difficult and traumatic reality of working with abused clients.

The participants spoke passionately about the clients they found most difficult to deal with. The two dominant situations that they spoke about evoked two very different emotions. The participants related that when they were faced with a client who has been badly beaten or sexually abused, they "felt totally unprepared", "take strain" and "don't easily forget". They appeared to be completely out of their depth in these situations and were traumatised by what they saw and heard. The literature emphasises this as often victims of intimate partner violence describe "harrowing experiences that go beyond human comprehension" (Sanderson, 2010). The other situation was quite different and evoked feelings of anger, frustration, annoyance and confusion. The participants

described these clients as “mental cases”. These clients would phone in at any time and would ‘harass’ the crisis interventionists. While none of the participants provided any proof of diagnosis, they believed these clients to have a mental disorder such as Bi-polar disorder, Post-Traumatic Stress Disorder or Depression. Within this field where affirmation, confirmation and believing the client are of utmost importance, dealing with a client suffering from a psychological disorder complicates the process. The participants felt overwhelmed and anxious as how best to handle these situations. The participants were desperate for further training as to how to identify someone who may be suffering from a psychological disorder and then how to handle these clients. This could also include some discussion between the crisis interventionists about what is regarded as ‘diagnosable’ mental instability and what could be viewed as a ‘normal’ mental response to IPV.

The participants also commented on the poor treatment they receive from some clients. They understand that their impatient and antagonising attitude is often a consequence of the many years of abuse they have endured among other factors; however they were still slightly annoyed. While this can be understood as a natural response to ill treatment, Trippany et al (2004) also note that increased irritability especially towards clients is an indication of vicarious traumatisation.

These findings clearly point to the emotional strain that the participants are faced with when working in this field. Dealing with these extraordinarily difficult clients over and above what they deem as the ‘manageable’ clients as well as the abuse they receive themselves from impatient clients causes the crisis interventionists increased emotional and psychological strain. The literature emphasises the strain that this kind of work has on crisis interventionists.

5.3.2 Demographics

The demographics of the organisation were also an interesting aspect for this study especially in terms of the support needs. The literature states that age is a possible predictor for vicarious traumatisation. Lerias and Byrne (2003, p. 134) state that “younger people who have less life experience and possible less exposure to previous distress are predicted to find the traumatic event more distressing”. The participants agreed with this finding as they explained how their age and life experience made them less susceptible to any negative effects. One of the participants spoke about the extra effort she made to tell younger volunteers about the possible effects. While younger people may be more vulnerable than older volunteers, there was also a feeling amongst some of the volunteers and the founding member that more young people should be involved. This would ensure that a culture of volunteering be cultivated in future generations as well as provide the organisation with different outlooks and experiences. However it would be unethical to recruit

younger volunteers, with the knowledge of their increased vulnerability, without more intense support structures in order to assist volunteers in preventing and caring for vicarious trauma.

It was also interesting to discover that only two of the participants were married while the majority were single or widowed. The literature states that often working with clients retelling their stories of intimate partner violence has an effect on the crisis interventionists' own intimate relationships (Trippany et al, 2003). The two participants did not speak about the effect this had directly but they did allude to their husbands' frustration towards their volunteer work and their personal reaction to this frustration. It is unclear whether this consequence of vicarious traumatisation had forced other married volunteers to cease their work at The Desk or if this was the reason no other married volunteers chose to come forward. The eventual reality however is that the majority of crisis interventionists are without an intimate partner and therefore did not and cannot comment on this effect. However while it was difficult for the single participants to comment, one of the participants spoke about how she tells the younger volunteers that their work here shouldn't have an effect on their ideas of marriage or their personal relationships. This indicates that the negative impact on crisis interventionists' own intimate partner relationships is a reality and is felt to a certain degree. It is clear that volunteers should be cautioned about the effect that listening to these stories may have on their personal relationships and monitor these accordingly.

5.3.3 Organisational Preventative Measures

The literature contains a variety of different measures that can be employed by the individual as well as enforced in organisational support structures in order to prevent the onset of vicarious traumatisation. The organisation's role in the prevention of vicarious traumatisation is of immense importance. Sexton (1999, p. 398) states that vicarious traumatisation should be viewed as the natural response in this field of work and therefore the organisation should "foster an environment in which work-related stress is accepted as real and legitimate, where the problem is owned as an organisational one and not just an individual one." The organisation seems to have recently recognised this responsibility with the implementation of the Wellness Days as well as the monthly meeting. These gatherings not only provide stress relieving activities such as walking and yoga but also allow the crisis interventionists an opportunity to get together. Exercise has been identified in the literature as a positive influence as Williams et al (2012) state "that engagement in personal wellness practices decreases vulnerability to VT". These gatherings also give the crisis interventionists an opportunity to bond and discuss any problems they might have. The fact that all of the participants come from similar communities, cultures and generations, meant it was much easier to get along. Their similarities fostered a good relationship between the crisis interventionists

and added to their overall happiness at The Desk which was an important aspect of the organisational culture for most of the participants. This is an important tool for the organisation to use, as the literature clearly states that a positive working environment contributes toward preventing vicarious traumatisation (Brady and Guy, 1999; Schauben & Frazier, 1995; Sexton, 1999). This, however, is not fully utilised. The participants lamented at the fact that they don't have much contact with the other crisis interventionists and that opportunities to meet are not always possible to attend. It was also noted that if these days weren't properly organised or led by someone in authority it felt like more of a waste of time than an enjoyable experience. In order for these gatherings to be effective they could be organised and run properly in order to foster an environment of community.

The second activity that the organisation has implemented is a monthly meeting. The chair of the board runs the meeting and important items are discussed. The literature states that it is important for the organisation to set aside time where the volunteers can address their feelings and express any concerns they may have (Brady & Guy 1999). There was an opportunity at the meeting for the participants to talk about any issues they have, however the only issue that came up was the need for a fan in one of the offices. During one of the interviews one of the participants reflected on the need to decrease her shifts from one to two due to her hectic schedule and inability to cope however when given the opportunity at the meeting to express this need, she remained silent. Taylor and Furlonger (2011) state that often counsellors desire to be regarded as competent and impervious to any negative effects. While her reasons for not coming forward are unknown, it would be reasonable to possibly interpret this as a result of her embarrassment or need to be regarded as competent within the larger group. This could also be the result of her desire to appear in control in front of the board members. In order to deal with symptoms of vicarious traumatisation and prevent the onset, it is important that the crisis interventionist receives social support and validation, insight into others coping methods as well as an opportunity to normalise her reactions (Trippany et al, 2004).

The third service offered by the organisation is the use of supervisors. The literature promotes this individual discussion through the use of a supervisor. The participants who could identify a single supervisor spoke enthusiastically about the effect this had on not only their learning process but on their overall experience at The Desk. One of the participants even commented that she would have left The Desk if it hadn't been for the connection between her and her supervisor. The participants felt understood and respected by their supervisor and were therefore more comfortable in engaging with someone who had they had formed a deeper relationship with.

Supervisors have the potential to fulfil a role which is more than merely training purposes and therefore provide a space for crisis interventionists to process their responses and facilitate integration of the client's trauma into their cognitive schema (Cyr & Dowrick, 1991; Sommer, 2008; Taylor & Furlonger, 2011; Trippany et al, 2004; Williams et al, 2012). Being accountable to a more senior crisis interventionist compels the trainee to reflect on her emotional responses and deal with the negative effects of dealing with this vulnerable population before it becomes overwhelming.

5.3.4 Personal Preventative Measures

The participants seemed to be aware to various degrees of the importance of self care and relied on these methods more than the support services offered by the organisation. They ensured that these activities were continuous and not just used when they were feeling especially weighed down. The majority of this group emphasised the role religion and spirituality played in their self care routine. The literature is replete with the positive influence spirituality has on the prevention of vicarious traumatisation. Brady and Guy (1999) note that trauma often brings the question of meaning and existence to the forefront. Therefore those with a solid and structured meaning base might find it easier to deal with the traumas that are presented to them during counselling. Within this aspect of spirituality and religion, the majority of the participants mentioned their practice of meditation. Meditation was an important skill that they had learnt and developed in order to help prevent vicarious traumatisation. Christopher and Maris (2010) found that mindfulness activities which include meditation and yoga are an effective way of assisting counsellors in their work and helping to prevent vicarious traumatisation. These techniques should be included as a priority in training and encouraged as activities for volunteers to engage in on a regular basis.

Emotional coping strategies were also mentioned by the participants as preventative measures they frequently undertake. According to the literature being able to receive support from family and friends is an important and positive coping method (Schauben & Frazier, 1995). However, with confidentiality being an important aspect of the organisation, discussing specific cases with people from outside the organisation is limited. Therefore it is not only important to teach volunteers confidentiality as a skill but also highlights the benefit of fostering good relationships within the organisation. Volunteers will then be able to receive the emotional support they need without feeling restricted by the confidentiality agreement.

Although the participants described this work as at times emotionally and physically draining, they described equally as passionately the positive aspects of their work. They described how this work had changed their lives and the way they thought about things for the better and felt

honoured to be a part of changing a life. There is literature that proposes that the positive outcomes of working in this field “make the difficult aspects easier to bear” (Schauben & Frazier, 1995). This phenomenon relates to compassion satisfaction, which can be defined as the satisfaction a trauma worker feels with their role, the positive impact they receive from working in this field and the positive effect they feel their work has on the world. Stamm (2002) describes this as the reason why people continue to work in this field in the face of adversity and at risk of vicarious traumatisation. Fostering an environment where volunteers are made aware of the difference their work makes and receive some form of gratitude from the organisation will promote an environment of compassion satisfaction.

5.3.5 Care Strategies

There was no mention by any of the participants about care strategies that the organisation provides for those who succumb to vicarious traumatisation. The question arises as to how many volunteers have left the organisation because of the vicarious traumatisation they suffered and whether they were even aware that they were suffering from it. It is important for the organisation to have procedures in place to care for crisis interventionists who develop trauma symptoms. Ensuring that the volunteers have the information to identify symptoms is the first step and through reflection they should then be constantly aware of their reactions and changes in cognitive schemas. The organisation, however, cannot stop here. The literature shows the relationship between a large case load and the onset of vicarious traumatisation (Bober & Regehr, 2006), therefore the first step would be to reduce the crisis interventionist’s case load. The volunteer should then be encouraged to sit down with a professional psychologist or lay counsellor outside of the organisation in order to receive psychological support. It is not only important that the organisation offers such a service but also that the volunteers take this seriously. This relies on the organisations senior members treating any suspected case of vicarious traumatisation as urgent and important.

5.4 Researchers Reflection

Personal reflection for the researcher during the process of this study was not only important for the credibility of the study but also for the personal growth of the researcher. I had previously been a volunteer at another trauma organisation which I eventually left after I found myself unable to walk out of my house alone at night, difficulty sleeping and increasingly over vigilant driving at night. It was only through this research that I was able to understand this reaction was a result of vicarious traumatisation.

My own experiences and changes in cognitive schemas made me more aware of traumatic reality of working with victims of IPV. After having examined the literature and hearing the stories of various clients during the interviews, I noticed that I became more aware of any use of physical force or emotional abuse from my own partner, no matter how small. I had to explain to him that I was feeling more vulnerable and much more aware of the possibility of intimate partner violence. My own changes in cognitive schema after such a short period of time made me more aware of the changes that could occur over a longer period of time with a larger case load.

It was also interesting to note that my feelings towards the participants and how this affected writing up the results and discussion. Due to the treatment I received and the way I was immediately accepted by all of the crisis interventionists, I was often loathe to describe any of the participants experiences that presented them in a negative light. In order to ensure credibility, however, I had to make a concerted effort to remain neutral and to accurately depict their experiences.

5.5 Conclusion

The experiences described by the participants have significant implications for their training and support needs. These needs were interpreted from their experiences as described in the interviews such as feeling overwhelmed by certain clients, stories which reflected their existing prejudices as well as their lack of self-reflection. The training needs were discussed in terms of the three main aspects of training, namely how the training is given, the content of the training as well as the training specific to the methods and procedures of the organisation. The support needs of the crisis interventionists was the second aspect of the research and was discussed in terms of the traumatic reality of the work, the demographics of the crisis interventionists as well as the preventative and care measures available on an organisational and individual level. Using the current model of training and supported by the literature, specific recommendations can be made for the organisation.

Chapter 6

Conclusion

6.1 Introduction

The purpose of this study was to understand the training and support needs of crisis interventionists working at the Advice Desk for the Abused. Using an interpretivist approach, the researcher was able to interpret the participants' descriptions of their experiences, thoughts and feelings about their work at the organisation and derive evidence for their training and support needs. Ten crisis interventionists and the founding member were interviewed, transcribed verbatim and then analysed using thematic analysis. The researcher also used participant observation techniques especially when sitting in on the organisations monthly meeting. The results were divided into seven themes: (a) Training, (b) Counselling skills, (c) Dealing with clients, (d) Organisational culture, (e) Impact of their work at The Desk, (f) Dealing with negative effects and (g) Suggestions proposed. These were then interpreted within the research aims of the training and support needs of the crisis interventionists under the following headings: Training Methods and Procedures, Counselling Skills and Methods and Procedures of the organisation. Then under the Support needs: Traumatic Reality, Demographics, Preventative Measures and Care Measures. This chapter will provide a final reflection by the researcher and an overview of the findings, followed by the recommendations proposed by the research

6.2 Final Reflection

At the close of this study I would like to mention how inspired I am following the opportunity to work with the women in this study. The statistics surrounding gender based violence and more specifically intimate partner violence are alarmingly high. It has been found that 40% of South African men report using violence in intimate relationships (Seedat, Niekerk, Jewkes, Suffle & Ratele, 2009) and that a woman is killed by her intimate partner every 6 hours (Mathews et al, 2004). The need for supportive services for victims is greater now than ever before. The majority of existing services are non-governmental, non-profit organisations who survive on the voluntary basis of lay people who want to provide a positive impact on the community. It is therefore important that volunteers are not only adequately trained but also supported and protected from the harmful effects of working with traumatised individuals.

From my own experience as a trauma volunteer and my own realisation of the vicarious traumatisation I experienced as a volunteer, this research was especially important and relevant to me. The contribution of the volunteer at any organisation should be rewarded but instead due to the lack of finances, time and the fact that care of the volunteer is not seen as the core function of these organisations, volunteers are easily and unintentionally overlooked leaving them traumatised and worse off than when they started.

The organisation is working on a skeleton staff with only eleven crisis interventionists and three more ladies who are completing their probationary period. There is a need for at least two volunteers on a shift and this is not possible currently. It is unclear as to the reasons for the lack of commitment from the community; however it is suggested by the participants that lack of publicity about the organisation might be a factor. The workshops that the organisations hold are well attended however this does not translate into new volunteers for the organisation. It is hoped that revised training and support procedures might help to encourage trainee retention. Therefore this research will not only benefit the individual volunteer, but will also benefit the organisations as a whole.

6.3 Overview of Research Findings

6.3.1 Training Needs

6.3.1.1 Training Methods and Procedures

The training methods and procedures were discussed within the framework of the training programme already used by the organisation, namely the initial three-day workshop followed by the 40-hour probationary period. It was stressed that the workshop could be used more for an ideological shift in the participants. This will provide the basis for future training and ensure that the participant's previously held assumptions would be broken down and replaced with a non-judgemental attitude. The 40 hour probationary period could be better utilised to ensure that this cognitive shift is retained. The skill of self-reflection in the learning process was discussed and how these skills would foster this cognitive change instead of merely behavioural change.

6.3.1.2 Counselling Skills

The skills identified by the participants as important in the process of crisis intervention, were strongly related to that of the current literature. Skills such as empathy, non-judgemental attitude, probing and attentive listening were all discussed. The reality of working within a multicultural society means that crisis interventionists need to be well trained and open to dealing

with people of diverse cultural backgrounds. More emphasis could be placed on multicultural practices in order to better equip crisis interventionists.

6.3.1.3 Methods and Procedures of the Organisation

While the methods used by the organisation such as the intake form are outside the scope of the research, it was important to discuss as this was an important part of the training process. The participants found the current intake form to be quite difficult to follow as it worked against the natural flow of the session, more training could be given on this in order to make this process easier and more natural for the crisis interventionists. The process of identifying and assessing which stage the client is in was also discussed and it is found that this was not a tool that is employed in the organisation.

6.3.2 Support Needs

6.3.2.1 Traumatic Reality

Due to the fact that most of the participants felt that they were unaffected by vicarious traumatisation, it was important to identify the traumatic reality of the organisation. Their apparent immunity could then be explained by the fact that they were unaware of the effect it had had on them or that they had been working in the organisation for so long that they had built an immunity to it rather than because the work and clients that they deal with aren't traumatic.

6.3.2.2 Demographics

The demographics of the participants were an important part of understanding the effect of vicarious traumatisation especially in terms of age and marital status as the literature is replete with the relationship between these characteristics. The organisation is under an ethical obligation to provide supportive and preventative services to its volunteers especially if they are younger and have an intimate partner.

6.3.2.3 Organisational Preventative Measures

The preventative measures employed by the organisation were discussed and compared to those promoted in the literature. The three main services provided by the organisation, namely the 'Wellness Day', the monthly meeting and the use of supervisors for trainees were discussed. Each of the services had positive aspects as well as aspects that could be improved upon in order to provide the most effective supportive service.

6.3.2.4 Personal preventative Measures

The participants were all well prepared and thorough in their individual preventative measures. They seemed to understand the importance of preventive techniques and used spirituality and religion, exercise, time with family and friends as well as focusing on the positive impact of their work in order to prevent the onset of vicarious traumatising.

6.3.2.5 Care Techniques

There was no mention of care techniques that people who were already suffering from vicarious trauma could turn to. It is unclear as to how many volunteers had chosen to leave the organisation in the past due to the trauma they were exposed to, but procedures could be put in place to assist any crisis interventionists who develop trauma symptoms in the future. Prevention as well as care techniques provide a holistic supportive service for volunteers

6.4 Recommendations

Due to the practical implications of this research, the recommendations to the organisation are seen as important, and are based on the recommendations of the researcher's interpretation as well as the recommendations that came from the participants themselves. The recommendations will be categorised as such: Training Needs, Support Needs, Fundraising Needs and Research Needs.

6.4.1 Recommendations based on training needs

The current structure of an initial three-day workshop, followed by a supervised probationary period of at least forty hours for training volunteers is a sound and effective procedure. The forty hours spent at The Desk under the guidance of a senior Crisis Interventionist appears to be a sufficient time period as confirmed by the participants. However this research recommends a re-evaluation of the content and structure of the training procedure.

6.4.1.1 Workshop

The research provided evidence for the effectiveness of focusing on an ideological shift rather than trying to overload participants with information. The literature explored various techniques that the organisation could employ to assist in this ideological shift. This will not only ensure that participants at the workshop undergo some form of ideological shift and increase the likelihood of their staying on to become volunteers but will also ensure the retention of the fundamental information for those who choose to stay on. Additionally, although each interventionist is encouraged to attend the workshop on an ongoing basis they are currently only

formally required to attend the workshop on one occasion. In order to reinforce appropriate attitudes to IPV it is recommended that periodic refresher training is made compulsory.

6.4.1.2 Forty-hours Probationary period

The supervised probationary period is considered an adequate length of time by all of the participants and this is supported by research. However this research recommends that the 40 hour period be more structured in order to be more effective. The literature emphasises the importance of reflection in the learning process, which is absent from the organisation's training process. This reflection process takes the learning beyond the behaviourist monkey-see, monkey-do approach. While this is a skill that some of the participant's came with, it was not commonly shared and therefore it is the responsibility of the organisation to teach and develop this skill especially during the probationary period. It is recommended that probationers be encouraged to keep journals and reflect on what they learnt and felt after each shift. This reflection could also take place in a large group discussion with each of the probationers, led by a senior crisis interventionist which could be held once a week or once a fortnight. This reflection process will not only assist with assimilation of new information but also lends itself as a preventative tool for vicarious traumatisation.

6.4.1.3 Content of Training

The content of training is mostly satisfactory and the participants all seemed to be well equipped to deal with different clients coming forward. They did however raise a few issues which they struggled with. It is recommended that the organisation have special training for the existing crisis interventionists which deal specifically with;

1. How to deal with mistakes made in a counselling session,
2. How to terminate a counselling relationship and to know when this is appropriate,
3. How to identify and handle victims who are suffering from a psychological disorder in addition to or as a result of their experiences of abuse.
4. More information regarding the cultural practices regarding traditional marriage within African cultures.
5. Finally, training on meditation, self-soothing techniques and relaxation skills; and its benefit for those participants who have not yet managed this skill.

6.4.1.4 Methods and Procedures of the organisation

It became clear that each of the participants operated according to their own personal style and from the needs of their clients. While fluidity is important especially within a non-directive

framework, it also limits the organisation's control over the service it provides. While they have implemented the "Intake Form", it is suggested that the organisation looks into the effectiveness and adequacy of this tool within the counselling session and for the counselling relationship. The organisation also does not take into account the assessment tool for new clients coming in. The literature states that this initial assessment helps to provide effective intervention for the individual client. This will also solve the problem of handing out resources identified by two of the participants. Specific resources can be made available to those who truly need it thereby avoiding running out due to financial difficulties.

6.4.2 Recommendations based on Support Needs

While it was difficult to gather data on the participant's experiences of vicarious traumatisation especially since the majority of participants have been with the organisation for over 10 years, the traumatic reality of working in this field was confirmed and the literature states that vicarious traumatisation is therefore a major risk. It became clear that the organisation needed more volunteers and were interested in young people getting involved, it is therefore important that the support needs of the organisation be revised in order to better protect volunteers coming forward. The research recommends the following:

6.4.2.1 Supervisors

The literature stresses the importance of a supervisor for volunteers working with trauma. The research recommends that while the probationers should be allowed to interact with different crisis interventionists and complete their shifts at the different sites in order to get greater exposure, they should also be assigned to a single supervisor to provide emotional support. This supervisor can be any one of the senior crisis interventionists who should receive training as to what their role as supervisor entails. This will not only encourage and foster an openness about vicarious trauma within the new trainees but will also assist the senior crisis interventionists themselves.

6.4.2.2 Structured Wellness Days

The activities at the Wellness Days such as walking and yoga are important preventative techniques however these days must be better structured to ensure that the participants do not feel resentful or that it is a waste of time, which could result in their lack of commitment. A more structured day also ensures that there is an opportunity for volunteers to speak about any issues that they might be having which is important for prevention of vicarious traumatisation. The research recommends that a Board member or a respected senior counsellor be identified as the leader to ensure that the programme is well developed and followed.

6.4.2.3 Individual sessions

Due to the apparent stigma in admitting to having a problem during the meetings, it is recommended that a senior Board member schedule one-on-one appointments with each of the crisis interventionists. This could be done as frequently as their schedule allows but time should be made at least once a year. The openness and enthusiasm of the participants during the interviews indicates that this is something that the crisis interventionists will appreciate. This will also allow a more intimate space for the board member to emphasise the positive aspect of this work and praise them for their commitment, which in turn will assist in easing the emotional burden of this work.

6.4.3 Recommendations for Funding

The financial state of the organisation was an important factor affecting organisational culture. It appears that the organisation is in a constant state of crisis management concerning funds and fundraising, which the crisis interventionists are well aware of. This not only affects the stability of the organisation but also is affecting the crisis interventionists, causing them more anxiety than necessary. This research presents a recommendation from the participants themselves and suggests that the crisis interventionists become more involved in other aspects of the organisation, such as fundraising, instead of solely dealing with clients. It is also recommended that the organisation approach major funders with a proposal in order to receive sustainable funding. The historical contribution of The Desk as well as the fact that they have maintained over 25 years of service to the community makes them an eligible candidate for funding.

6.4.4 Recommendations for future Research

Finally, it is recommended that further research be done as an evaluation once the new training manual and training programme is implemented. This will ensure the effectiveness of the training before promoting it as best practice in South African trauma organisations. It is also recommended that further research be done in the field of vicarious traumatisation in volunteer organisations. There is a dearth of literature in the South African context on vicarious traumatisation despite the reality of volunteers suffering the effects of their good work.

6.5 Conclusion

The Advice Desk for the Abused has been providing services to victims of abuse for the past 25 years. In a society where the mortality rate of IPV is one woman every six hours (Mathews et al, 2004), ensuring that victims of abuse are able to speak to a trained crisis interventionist before it is too late is essential. The organisation must therefore ensure that the crisis interventionists are

adequately trained in order to deal with any victim coming forward. The findings of this research reveal that there are certain aspects of their role that the crisis interventionists are not sufficiently equipped to cope with and therefore require further training. There is also evidence that modifications could be made to the training process to improve retention of information, increase the likelihood of an ideological shift in understanding GBV as well as encourage reflection in the learning process. By satisfying the training needs of the crisis interventionists, a better service can be provided, ensuring that every client is treated with empathy and non-judgement, avoiding second injury.

It is also important to understand and satisfy the support needs of the crisis interventionists. Because care for the volunteers is not the primary function of the organisation, the support needs of the staff are often overlooked. This is compounded by the desire of the volunteer to be regarded as competent and strong enough to deal with their clients. This research revealed the benefits of fostering an environment where vicarious traumatisation is not regarded as a personal problem but rather an organisational one. This ensures that preventative measures are put in place by the organisation and volunteers encouraged to carry out their own self care techniques. This will not only benefit the clients but will also protect the volunteers from being traumatised themselves.

The research demonstrates the importance of combining theory with practical experience in order to provide a holistic and more effective response. Theory cannot be so removed from practice that it is not seen as relevant and simultaneously practice cannot ignore the value of integrating theory. This research has attempted to combine the two and provide the organisation with recommendations which could be implemented to not only provide a better service for the client but also supporting the crisis interventionist. This research is not only applicable to The Advice Desk but highlights the need for further research into similar organisations in South Africa.

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Appendix A

Consent Form

Date: _____

Dear Participant,

Thank you for considering participating in this research study. I am currently a Psychology Research Masters student at the University of KwaZulu-Natal. For purpose of my degree, I am conducting a research study.

The title of this research is “Understanding the experiences of lay counsellors at a crisis interventionist organisation specifically in terms of their perception of the efficacy of training and the needs they have in order to produce a revised training manual”

This research aims to provide recommendations for the organisation in order to create a revised counsellor training manual based on current literature and your experiences.

TERMS OF AGREEMENT

- Your participation is completely voluntary.
- Your responses will be confidential, and your identity will not be revealed. Pseudonyms will be used, and any individual information that may uniquely identify you will not be included.
- Should you agree to participate in this study, I would like to conduct an interview with you which should last approximately an hour to an hour and a half, and a follow-up may be required.
- Should you agree, you are free to withdraw from the study at any time.
- Should the interview raise any emotionally difficult issues for you we will provide adequate counselling and support.

A copy of the informed consent will be given to you.

Copies of the final research will be made available to you at your request.

This research will be used to improve the counselling training model for future counsellors in order to provide a better service to clients coming forward.

Your participation is greatly appreciated.

If you require additional information, please feel free to contact either of the following:

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Signature of Participant

Signature of Researcher

Appendix B

Interview schedule

1. What has been your experience of working here at the Advice Desk?

TRAINING

2. What training were you offered before becoming a volunteer? And then what kind of training have you been offered since then?
 - How well do you feel the organisation has prepared you, as counsellors, for this work?
 - What aspects of the counselling process, after having worked in the field, do you feel prepared for and unprepared for?
3. How have you handled multi-cultural situations? Do you feel adequately prepared to deal with these?

VICARIOUS TRAUMATISATION

4. How do you deal with the traumas presented to you in a counselling situation after the session has ended?
 - What services are offered to you by the organisation to help you deal with some of the cases you are presented with? And do you feel you are able to access these easily?
 - Has your work here affected any other areas of your life?
5. What would you recommend to improve the state of training for new counsellors?