

https://dspace.org/

Managing incidents of domestic violence: lay trauma counselors' perspectives on implementing trauma intervention strategies

Smith, Eulinda V.

2014-04-02
http://hdl.handle.net10539/14454

Downloaded from a DSpace repository. https://dspace.org/

MANAGING INCIDENTS OF DOMESTIC VIOLENCE

Managing incidents of Domestic Violence:

Lay trauma counselors' perspectives on implementing trauma intervention strategies.

Eulinda V. Smith

University of Witwatersrand

A dissertation submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the Degree of Masters of Arts Occupational Social Work (by Coursework and Research).

2013

Acknowledgements

GOD Almighty deserves all the honour for showing me mercy and granting me added strength to persevere during this period of working on the report.

To my supervisor, Ms. Priscilla Gerrand, for all her professional support, patience and encouragement, no words can describe how grateful I am for knowing that there are people like you who genuinely care about others' development.

My sincere gratitude goes to all who participated in this research paper. Thank you for your willingness to share your experiences and thoughts, regarding your work setting within the domestic violence field.

I will ever be indebted to my husband (Wendell Smith) and three children (Ethan, Celeste and Lindell), who understood when I needed time out to work on this research report. Your love and care during this time was remarkable and gave me the courage to carry on and see the bigger picture of completion. My undivided attention is back!

Many thanks to my parents (Christiaan and Margaret Stamboul), who offered to spend time with my children, when I needed to work on this report. The words of my mother will always echo in my heart "get up, don't faint!", it really kept me going and helped me not give up on this venture.

To CSVR colleagues, I truly thank you for all the words of encouragement and the fact that some of you walked this path, gave me hope that it is possible for me to also "do this thing (lento)". Thanks to, Pravilla Naicker, Jabu Masitha, Nomfundo Mogapi and Shuvai Nyoni for always checking on me, it helped!

Declaration

This work is submitted for the M.A. Degree in Occupational Social Work (by Coursework and Research) in the Faculty of Humanities and Social Sciences - University of the Witwatersrand, Johannesburg.

I, EULINDA SMITH, do solemnly declare that this dissertation is a construction of my own work, and has not been used as a submission for any other degree or submitted at any other university.

Signature: _____ Dated: _____

Eulinda Smith

Table of Contents

Declaration iii
Abstract viii
Chapter One: Orientation 1
Domestic Violence in the South African Context. 2
Rationale for conducting the study. 5
Researcher observations and Rationale. 7
Aim of the study. 8
Summary of the Research Methodology. 8
Limitations of the study. 9
Overview of the remaining chapters. 9
Summary. 11
Chapter Two: Literature Review 12
Domestic Violence 17
Definition 'Domestic Violence' and its effects on women. 17
The role of NGOs addressing domestic violence cases in South Africa. 19
Domestic Violence Act, 1998. 22
Access to Information Act, 2000. 22
Victims' Rights Charter. 23
The UN Declaration on Elimination of violence against women (Articles). 24
Domestic Violence Classified as Gender Based Violence. 24
Domestic violence and trauma. 26
Professional and para-professional (lay) trauma counsellors' work responsibility of managing cases of domestic violence. 26
Domestic Violence experienced as Trauma. 28
Models of Trauma Treatment. 30
Critical Incident Stress Debriefing (CISD). 30
WITS Trauma debriefing model. 31
Traumatic Incident Reduction (TIR). 32
Critical Incident Stress Management System (CISM). 33
Theoretical Framework for Domestic Violence. 33
Common Couple Violence (CCV). 34
Intimate Terrorism (IT). 34
Violent Resistant (VR). 34

Mutual Violent Control (MVC). 34
Research Studies focusing on 'Trauma Counsellors' and Other Cases of Abuse. 35
Summary. 36
Chapter Three: Occupational social work elements: Lay trauma counsellors in the workplace. 37
Systems and Procedures Guiding Service Delivery. 37
Trauma Counsellors' Support System. 38
Employee Assistance Programmes. 40
Chapter Four: Research Methodology 43
Primary Aim and objectives. 43
Secondary objectives, were as follows: 43
Research Questions. 44
Research Design and Methodology. 45
Sampling Procedure. 45
Data collection procedure. 47
Data collection instrument. 48
Data Apparatus (Audio-tapes). 49
Data Analysis. 50
Trustworthiness. 51
Ethical considerations. 52
Informed consent. 53
Confidentiality. 53
Approval of the study by Human Research Ethics Committee. 54
Analysis and reporting. 54
Safety and security. 54
Limitations. 55
Limitation of time frame. 55
Limitation of Sampling. 56
Limitation of data collection instrument. 56
Reflections on researcher skills. 56
Summary. 57
Chapter Five: Description and Summary of research findings 58
Workplace setting of lay trauma counsellors. 58
Lay trauma counsellors' training background. 59

Domestic violence cases dealt with on a daily basis. 60
Trauma Counsellors' Implementation of a Trauma Intervention Strategy 61
Description and Discussions of Themes. 62
Trauma interventions for survivors of domestic violence. 62
Trauma counsellors' views on the impact of domestic violence on survivors 62
The nature of intervention strategies implemented by lay trauma counsellors when managing cases of domestic violence. 64
Functionality of clients after a trauma debriefing has been conducted 64
Preferred Trauma Intervention Strategy used and its effectiveness 65
The need for trauma intervention to be extended to family members. 66
Sources of support available for the client. 67
Participants' concerns regarding interventions offered. 70
Support for lay trauma counsellors. 70
Lay trauma counsellors' views on the need for professional trauma training. 70
Focus on the lay trauma counsellor's wellbeing and current support provided in the workplace 73
Lay trauma counsellors' awareness of systems procedures in the workplace. 77
Summary. 78
Chapter Six: Conclusions and Recommendations 79
Participants Conclusions and Recommendations. 79
Participants' Conclusions for improved interventions for survivors of domestic violence 79
Participants' recommendations for further programmes to be developed by Organisations for survivors of domestic violence. 80
Researchers' conclusions and recommendations. 81
Researchers' conclusions 81
Researcher's recommendations on systems and procedures in the workplace 82
Researcher's recommendations for further support to be offered to Lay Trauma Counsellors at organisations. 83
Researcher's recommendations for further research and development. 83
References 85

Appendices

Appendix A 91
Participant information sheet 91
Appendix B 92
Consent form for participants in the study 92
Appendix C 93
Consent form for audio-taping of the interview 93
Appendix D 94
Semi-structured interview schedule 94
Appendix E: Critical incident stress management (cism): the core components 97

List of Tables

Table 1: Impacts of domestic violence on survivors 63

Table 2: The need for professional trauma training assessed 71

List of Figures

Figure 1: Training and education of lay trauma counselors 60

Figure 2: Descriptions of lay trauma counselors' daily experiences of dealing with DV Cases 61

Figure 3: Referral resources for clients presenting with PTSD symptoms 68

Figure 4: Support available for trauma counselors 75

Figure 5: Other support to be offered for trauma counselors 76

Abstract

Domestic violence is rife in South Africa and the negative impact thereof is brought by survivors into their homes, communities and workplace settings. Trauma counsellors often take on the work responsibility of intervening in cases of domestic violence to meet the needs of the survivor. Adopting a qualitative research design, the researcher explored the perceptions of trauma counsellors in their workplace setting regarding intervention strategies used when providing services to survivors of domestic violence. Purposive sampling was used to identify 13 adult lay trauma counsellors, both male and female employed by a non-government institution operating as a 24-7 hour Crisis Hotline in the Johannesburg Metropolitan area. The researcher gathered data by conducting personal, semi-structured interviews with research participants. Data analysis took the form of Thematic Content Analysis. The researcher identified that the participants seemed not to be aware of workplace systems and procedural guidelines, and tended to adopt a personalized approach in dealing with survivors of domestic violence. Most participants managed cases utilising 'early crisis intervention models' as a once-off trauma intervention strategy although they did not perceive it as being effective. It is thus recommended that such stand-alone intervention strategies should not be implemented unless further follow-up or after-care support is offered to the survivors of domestic violence.

Keywords: domestic violence; trauma; lay trauma counsellors, trauma debriefing models, early crisis intervention strategies, trauma management system, trauma models.

CHAPTER ONE

Orientation

Domestic violence is associated with trauma. Traumatised survivors of domestic violence are compromised in their ability to learn, think and manage change. In addition, they experience difficulties in relating to others within the workplace. Two of the costliest health problems associated with domestic violence are mental problems and physical health problems, including aspects of depression and substance abuse, which leads to increased absenteeism in the workplace (Garcia-Herrero, Gutierrez & Ritzel, 2013).

The population groups in South Africa most prone to domestic violence are women and children. Bendall (2010, p.100) mentioned that, "Violence of this nature is often hidden from view and is not discussed openly. This can be for a number of reasons. For example, women are afraid to speak out about what they are undergoing due to fear of retaliation by their partner. Some also fear other people's reactions to them should they choose to disclose the abuse; they therefore opt to remain silent in order to maintain the appearance of a happy family home. Furthermore, women in South Africa are predominantly still under the control of men and often simply accept their position as the victim."

Children are also affected by Intimate Partner Violence (IPV), in that "Children exposed to IPV are also at increased risk for physical, sexual and emotional abuse and neglect. In extreme cases, children face acute harm and even death, with up to 20% of filicide (especially paternal) cases involving a history of domestic violence; children

experience significant loss and harm in the context of inter-parental domestic homicide" (Wathen & MacMillan, 2013).

Lay trauma counsellors[1] frequently implement trauma intervention strategies when providing services to these cohorts of survivors of domestic violence. For their services to be effective, lay trauma counsellors require a management system[2] that supports and offers procedural guidelines in the workplace for lay trauma counsellors to structure their trauma interventions appropriately.

This chapter provides an overview of the problem of domestic violence in the South African context, the rationale for the study and the role of the researcher is made explicit. The purpose of the study is delineated, a brief overview of the research methodology is provided, and the limitations inherent in the study are discussed. Finally, a description of the organisation participating in the research study is given. The chapter ends with a summary.

Domestic Violence in the South African Context.

South Africans face the reality that violence and discrimination against women and children continues unabated and perpetrators seem to continue without fear of prosecution or punishment. "As long as the perpetrators of violence against women can commit their crimes without fear of prosecution or punishment, the cycle of violence will never be broken" (Amnesty International, 2004, p.9). Domestic violence is increasingly a crisis for survivors and family members, even though the South African government has ratified

[1] Lay counsellors are usually volunteers in the non-governmental sector. They fulfil a role in relieving the burden of psychologists, counsellors, and health care professionals. Lay counsellors are mostly active in the fields such as trauma and domestic violence.
[2] A management system is used interchangeably with reference to Systems and Procedures manual when managing cases of domestic violence.

numerous international and regional human rights treaties relevant to domestic violence, such as Gender Equity Act and Domestic Violence Act.

In order to address the phenomenon of domestic violence in the South African context, the Department of Social Development in South Africa has been supporting the existence of public agencies, voluntary welfare organisations and non-government organisations to provide a wide range of psycho-social support services, advocacy, women's empowerment programmes and services to women and children affected by domestic violence (Patel, 2005).

The researcher noted however that the SAPS Crime Stats report of 2011-2012 seems to be silent on Domestic Violence per se, and has categorised these violent acts under a broader heading called "Contact Crime", with a description of incidents being "arguments and conflict about money, family relationships, sexual relationships, work situations, etc." and that those frequently serve as direct causes of these crimes. Furthermore, this report indicates that

> The police cannot do much to prevent crimes of this nature because (a) prior information about such crimes is usually not available and (b) these crimes mainly occur in private spaces where direct policing does not occur. In terms of these crimes, the role of policing is usually limited to providing a user-friendly and supportive environment to the victims or complainants, allowing the latter to move out of their private spaces and report the crimes, as well as ensuring proper investigation of reported incidents to facilitate successful prosecution of perpetrators (p.6).

Hence, if domestic violence is included in this statistic as a Social Contact Crime against women and children, than within South Africa, the reported figures pertaining to predominantly social contact crimes against children (under the age of 18) and adult women (18 years and older) can be used to reflect domestic violence statistics.

According to SAPS Crime Stats report of 2011-2012, crimes against children fluctuate between 12.5% in murders and 3.5% in assaults with the intent to inflict grievous bodily harm. Crimes against adult women fluctuate between 15.0% in attempted murders and 3.1% in common assault. Though perverse, it is noteworthy that murder of children decreased by 12.5% and those of adult women by 11.9%.

SAPS Crime Stats Report of 2011-2012 also indicates an increase in cases where women were victimized. The cases, listed from the most serious (fatal) violence (namely murder) to the least serious of the social contact crimes (common assault) of which 14,6% murder cases, 16,3% attempted murder cases and 29,8% assault GBH cases involved adult female victims. A heartbreaking 48% of common assaults were committed against adult women and nearly half of all the sexual offences (48,5%) involved adult women.

Regarding the effect of Social Contact Crimes on men as victims, SAPS Crime Stats Report of 2011-2012 shows the following: Adult males were the victims of 50,7% of all predominantly social contact crime. An average of nearly 80,0% of all murders and attempted murders involved adult male victims, as did nearly two-thirds of all assault GBH cases (64,7%). Only in the case of common assault and sexual offences were male victims in the minority (45,0% of all common assaults and 11,4% of sexual offences). Whilst the SAPS Crime Stats Report of 2011-2012 also includes statistics on how men are victims of

social contact crimes, this study investigated domestic violence which involves incidents of common assault and sexual offences that are mostly committed against women and children and mainly perpetrated by men. However, statistics show the severity of the impact of domestic violence on women and children, which warrants in-depth research and thorough investigations, both for statistical reasons and more particular to find solutions to these gruesome crimes.

Rationale for conducting the study.

The severity of domestic violence cases presented for counselling determines the need for trauma intervention strategies, and also which model is applicable to use at the given time. The general procedure is that survivors of domestic violence experience these incidents as traumatic and they require some form of counselling. When counselling services are not available at their workplaces, they are compelled to seek assistance from trauma counsellors and lay trauma counsellors at non-government organisations (NGOs) that provide crisis intervention or trauma debriefing services after hours or during lunch breaks.

However, within South Africa there is generally a lack of trauma professionals with in-depth trauma counselling expertise, due to a shortage of institutions offering trauma training on various trauma models. Many non-government organisations rendering trauma counselling services consequently also rely on lay trauma counsellors to render the necessary services because of the costs involved in employing full time trauma counsellors (Patel 2005). These lay trauma counsellors are mostly employed voluntarily, with the knowledge of a basic counselling course or some training on the Domestic Violence Act, which only equips the counsellors to be able to contain a client when seeking assistance.

Midgley (1995) discusses social work and social intervention, with a clear distinction in interventions between the Social Worker (professional) and lay counsellors (non-professional), stating that "Social work's most distinctive feature is its reliance on professionally educated personnel to treat social problems and enhance the well-being of individuals, families, groups and communities. Although many lay people regard social work as a form of charitable endeavour practiced by altruistic citizens, this image is incorrect. Social Workers are required to obtain a professional qualification usually at university institution." (p.20)

Ortlepp and Friedman (2002) in turn discussed one response to bank robberies in South Africa, which occurred frequently. They recommend trauma management interventions utilising non-professional trauma counsellors to assist colleagues to come to terms with their involvement in violent-work related incidents. However, these non-professional trauma counsellors in the abovementioned study attended "A 2-day training course on trauma counselling skills which are grounded in theory and practice previously described as fundamental and common to successful interventions for trauma, namely, the provision of support and encouragement of mastery integrated with cognitive restructuring. Counsellors are also trained in skills to deal with resistant individuals and techniques for ensuring that individuals do not feel pressurized into counselling but are assured of help should the need arise" (Ortlepp & Friedman, 2002, p.215).

Ortlepp & Friedman (2002), used a " 9-item program coordination subscale which deals with trauma program coordination strategies and includes items related to policies and procedures for counsellors to follow, counselling of the counsellors, monitoring of the trauma program, and perceived demonstrated appreciation of counsellors' involvement.

For example, “There are clear policies and guidelines to assist me in my role as a trauma counsellor” and “I am satisfied with the debriefing I receive after being involved in a counselling incident.” (p.216)

Researcher observations and Rationale.

The researcher observations and rationale whilst employed at a non-government organisation (NGO) rendering trauma intervention services to survivors of domestic violence, personally noted and observed the following: NGOs generally lack a management system that supports and offers procedural guidelines in the workplace for trauma counsellors and lay trauma counsellors, to structure their trauma intervention strategies.

Many trauma counsellors and trauma lay counsellors seem to be conducting early crisis intervention strategies at the time the traumatic incidents occur, without adequate follow up services or after care support or management systems in place. After trauma survivors are seen by trauma counsellors, most of them are overwhelmed by the traumatic incident and might also fear for the safety of their own lives because of the aggressive nature of the perpetrators. The lack of training in trauma specific courses limits the lay trauma counsellor’s knowledge of various models and how to manage issues of counter transference and vicarious traumatisation (Ortlepp & Friedman, 2002).

For the purpose of this study, the researcher thus investigated the nature of the trauma intervention strategies implemented by lay trauma counsellors when rendering services to survivors of domestic violence, and their perceptions regarding how effective their current trauma intervention strategies are proving under the existing workplace policy and procedures. The researcher also explored the grounds on which lay trauma counsellors

base their perspectives of trauma intervention strategies, which is essential in order to ascertain what intervention strategies would be in the best interest for the survivors of domestic violence.

Additional rationale for this study is that although many research studies have focused on the field of domestic violence, not many research studies conducted in South Africa have focused on how lay trauma counsellors can effectively intervention strategies in their workplace setting.

The current study therefore aimed to address this gap in knowledge, methods and models for effective interventions as perceived by lay trauma counsellors and the functioning of lay trauma counsellors in the workplace, when rendering trauma-counselling services.

Aim of the study.

The primary aim of this study was to explore the perceptions of lay trauma counsellors regarding the implementation of intervention strategies at their workplace when rendering services to survivors of domestic violence.

Summary of the Research Methodology.

The research methodology utilised in this study was a qualitative research design, in the sense that it is a case study research. The sampling method was a non-probability sampling method, known as purposive sampling, and participant inclusion and exclusion criteria are discussed in Chapter 3. The sample of participants, namely 13 lay trauma counsellors (both males and females) implementing an early crisis intervention strategy, were recruited and interviewed. Informed written consent was obtained from the participants of this organisation prior to the interview (see appendix B).

The research instrumentation and data collection methods were in the form of an interview using a semi-structured questionnaire, presented in tabular form. Thematic Content Analysis was used to analyse the data findings.

Finally, the researcher ensured ethical considerations in conducting the study, discussed in detail in Chapter 3.

Limitations of the study.

The limitations in this study were as follows:

- The study was qualitative in nature and therefore was open to the limitations of qualitative research. It could only give a guide to general trends based on the perceptions of the trauma counsellors. Data collected was subjective in nature and therefore open to personal opinion and interpretation (Aronson, 2004). The methodological limitations will be considered more in-depth in Chapter 3.
- The researcher would have liked to explore professional trauma counsellors', rather than lay trauma counsellors' perspective of implementing trauma intervention strategies in their workplace. However, most professional trauma counsellors found it difficult to make themselves available in light of heavy workloads and time constraints.

Overview of the remaining chapters.

Chapter two: Literature review focuses on the prevalence of domestic violence in the South African context. Definitions on domestic violence, violence, crime, lay counsellors, and the role of NGOs. The chapter covers the understanding of the phenomenon of domestic violence and the relevant legislations, which guides the workers

in dealing with domestic violence cases. The chapter also discusses various trauma-debriefing models widely used nationally and internationally in aid of offering support to a clients exposed to trauma, including domestic violence incidents.

Chapter three: Reflects on the occupational social work aspects in terms of the psycho-social support available to survivors of domestic violence, including workplace systems and strategies of intervention used.

Chapter four: Focuses on the methodologies utilised in this study, relevant to this study in terms of research tools used, limitations and data analysis. The chapter layout is as follow:

Introduction

Primary aim and objectives

Secondary objectives

Research Questions

Research Design and Methodology

Ethical Considerations

Limitations

Chapter five: Presents the description and discussions of research findings based on the interviews conducted with trauma counsellors dealing with survivors of domestic violence cases.

Chapter six: Discusses relevant conclusions, and proposes recommendations for future organizational development and research.

Summary.

Chapter one has introduced the reader to the phenomenon of domestic violence and the role trauma counsellors play in this regard. It has also discussed the background, rationale for the study; the purpose of the research; research design and methodology; methodological limitations and the organisation of the report. This chapter pointed out the statistics proving that the main victims of domestic violence are women and children, mainly perpetrated by men. The rationale of the study has been outlined, although many research studies have focused on the field of domestic violence, not many research studies conducted in South Africa have focused on how lay trauma counsellors can effectively manage cases of domestic violence and how trauma intervention strategies are implemented in their workplace setting.

The following chapter is a Literature Review focusing on the prevalence of domestic violence in the South African context, outlining the role of NGOs and various legislations recognised to prosecute domestic violence incidences within South Africa. It also refers to various trauma models and studies used as intervention strategies, developed and implemented by various trauma professionals.

CHAPTER TWO

Literature Review

Domestic violence is a serious worldwide, social problem which occurs across all social, economic, racial, cultural, language and religious groups (Hartzenburg, 2001). Sibanda (2007) in her study echoed this view that domestic violence is a serious global problem; hence every year from 25 November to 10 December women's rights activists all over the world raise awareness by conducting '16 days of Activism' and assess gains made in the struggle to end violence, including domestic violence.

Societies are obliged to provide protection of their women and are therefore "expected to provide police services, as well as justice systems for these women" (Dalal and Dawad, 2011, p. 1931). It is a social responsibility to stop violence against women and to provide counselling for them and not doing this violates the human rights of women. The researcher concludes that society is to take on the social responsibility to become involved in prevention of domestic violence incidences both in homes and in the community, and not to depend solely on police services intervening on these matters. Dalal and Dawad (2011) further commented that in South Africa, "a 'culture of violence' is a strong pervasive feature of post-apartheid legacy, which often induce violence against women" (p. 1932). Department of Justice Statistics, 2008 suggest that there are relatively high levels of acceptance of domestic violence in South Africa, and statistically "one in every four women has experienced physical violence at some stage in her life".[3] (Bendall,

[3] Bendall (2010, p.100) also makes reference to Department of Justice statistics in an article Domestic Violence: Submission to the South African Law Commission in the Light of International and Constitutional Human Rights Jurisprudence." Part 1. May 1997. 29 Oct. 2008. <http://www.speakout.org.za/ reference of about/prevention/preventin_domestic_violence.html>

2010, p.100). Woman subjected to violence, are often afraid to report this to legal authorities or friends and family because of fear of social stigma and the wide level of social acceptance of violence. Hence, the actual number of domestic violence incidents is not adequately reflected in national recorded statistics.

Families have been depending on the criminal justice system to become actively involved in finding several solutions towards combating domestic violence. In her study, Sibanda (2007) explored the issue of women's experiences of the criminal justice system, in particular within the South African context. The South African government, post-1994, pledged to ensure women a full and equal role in every aspect of the economy and society, yet women continue to face high levels of violence on a daily basis. Some violence within the family life is culturally viewed as "normal" where women need to be submissive to the man of the house, and therefore often end up blaming themselves for any abuse or rape inflicted upon them.

John (2009) studied the importance of women being earners, and found that "women with high earnings gain influence over household decisions, but this leads to another problem: if a wife becomes a main earner, her husband feels inadequate to support his family and blames his wife for taking away his pride in being the family provider. Gwagwa describes a downward spiral: feelings of failure, drink, and perhaps domestic violence, and lack of male financial support for the family, perhaps leading to women leaving their husbands. She also claims that some households cannot afford enough food because husbands drink heavily" (p.710).

Levitt, Swanger and Butler (2008) state that construct of masculinity in our culture has long been studied in relation to Intimate Partner Violence (IPV) and religion. These studies tend to focus upon patriarchal cultural beliefs that create a climate in which men expect to dominate their partners and control the family's resources. Religious beliefs that exemplify this stance include those that place the husband as the head of the household with the primary decisional power, and cast wives as the primary caretakers of children. They also limit vocational or economic prospects of women, or charge them with submission to their husbands.

Due to the increase of domestic violence in South Africa, there has been a need for more counsellors to be readily available almost on a 24/7 basis, hence the emergence of lay trauma counsellors in an effort to address the social problem of domestic violence. The general procedure undertaken at NGOs focusing on trauma counselling services starts with screening intake process, which is conducted mainly by volunteers prior to the client being seen for an assessment by a trauma counsellor, who will then determine which trauma intervention strategy to be conducted at the given time. However, the system is plagued with issues involving remuneration and training.

Social service agencies and non-governmental organisations are engaged in a variety of prevention and early intervention programmes, which involves crisis intervention strategies for survivors of domestic violence (Patel, 2005). For the purpose of this study, the professional trauma counsellor is categorised as a qualified social worker, psychologist or trained counsellor registered with the respective Professional Councils, with additional professional Trauma Training, which includes obtaining the knowledge of trauma intervention models or approaches to be conducted with domestic violence cases.

Social Workers and Social Auxiliary workers, who are qualified and registered with the South African Council for Social Services (SACSSP), are also classified as professionals. However, it is true that many governmental institutions contract with external professionals who are also registered with the council, or who can render certain tasks in support of the social workers (Patel, 2005).

Black, Vivian, Sprague, and Chersich (2011) conducted a study on intake process and remuneration issues which dealt with interruptions of late payments for lay trauma counsellors in relation to HIV/AIDS testing at Public Clinics. They found that employment and remuneration arrangements for lay counsellors in South Africa are characterised by the payment of stipends, rather than formal employment contracts. Moreover, the researcher noted whilst working in this field that the Department of Health commonly contracts with intermediary NGOs to manage and pay lay trauma counsellors instead. Lehulere (2007) noted late payment and poor working conditions are reportedly frequent, and uncertainty in employment status seems to limit the counsellors' protection under labour laws. Hence, it is a concern that NGOs that provide trauma counselling services employ lay trauma counsellors equipped only with basic counselling skills to support survivors of domestic violence, due to lack of funding or capacity. Lehulere (2007) also explored resolving the crisis of civil society and mentioned that,

> here the problem of development is not a lack of resources; it is rather lack of capacity. In the NGO sector, this lack of capacity has been manufactured over the past 10 years with ever-more stringent accounting rules, calls for proposals, and so on. Fewer and fewer NGOs are able to access and use the increasingly complicated funding instruments (p. 38).

Based on these sources, the researcher concluded that there is a constant need for further funding and resources at NGOs level dealing with domestic violence cases, which include the lack of funding for salaries to pay professionally trained trauma counsellors. This issue of funding leads many NGOs to contract with lay trauma counsellors either to work on voluntary basis or for minimal stipends. This means that lay trauma counsellors services are based on their availability and also with the hope to be considered for full time employment at a particular organisation. The impact on service delivery means that survivors of domestic violence might not find the same lay trauma counsellor dealing with their case, whenever they seek assistance.

In order to contextualise this research study, it is necessary to commence by providing the reader with a brief overview of domestic violence within the South African context and how traumatic incidents of domestic violence impact on the survivors involved, in particular employed survivors, not able to receive timely trauma counselling. The purpose of this study is also to focus on the 'functions of work and the workplace stakeholders', with importance placed on the trauma counsellor in the workplace setting and the environment in which the person exists (Googins & Godfrey, 1987). The trauma counsellor finds him/herself in a workplace, offering psycho-social support to clients, and it's important to note that the workplace is generally seen as a complex system in which any intervention requires a broad conceptual and practice approach to problems which exist within a context, and treatment and resolution require both macro and micro solutions (Googins & Godfrey, 1987).

Consequently, the broader systems approach of social work theory is well suited to the work environment. Hence, it seems that an awareness of the use of policies, systems

and procedures in the workplace is needed, in order to ensure a uniformed understanding of processes to be followed within the workplace. The researcher also explored Trauma Treatment Models frequently implemented by NGOs in South Africa when intervening specifically for cases of domestic violence (to be discussed in more detail in Chapter 3).

Domestic Violence

Definition 'Domestic Violence' and its effects on women.

In the Preamble of the Domestic Violence Act, 1998 (No. 116 of 1998), attention is drawn to the fact that domestic violence is a serious social evil within South African society and across the world. Domestic Violence takes on many forms and can be committed in a wide range of domestic relationships. Furthermore, Bergh and Theron (2003), state that "...partner abuse is often caused by a combination of factors, including personal feelings of inadequacy and substance abuse, and can be triggered by quarrels and personal differences which make the abuser or the parties involved lose control." (p, 410).

The said Act defines in detail, from a legal perspective, the various forms of domestic violence and legal procedures that need to be conducted, to ensure the maximum protection from domestic violence abuse, which the law can provide through instruments such as protection orders[4]. The term 'domestic violence' is defined in the Domestic Violence Act, 1998 (No. 116 of 1998) Section 1 (viii) as physical abuse, sexual abuse, emotional, verbal and psychological abuse, economic abuse, harassment, intimidation, stalking, damage to property; entry into the complainant's residence without consent, where the parties do not share the same residence, or any other abusive or controlling

[4] See Sections 5-8 of Domestic Violence Act of 1998.

behaviour towards the complainant, where such behaviour may harm, or may cause imminent harm to the safety, health and well-being of the complainant.

Vahid (2013) explores further definitions for domestic violence, in that "Domestic violence also is known as domestic abuse, spousal abuse, battering, dating abuse and intimate partner violence (IPV). Family violence occurs when one tries to abuse family members or other members of the family to dominate the physical body or when mental violence arises (p, 55). " Ortiz-Barreda and Vives-Cases (2013) in a study aimed to determine if legislation on Violence Against Women (VAW) worldwide contains key components recommended by the Pan American Health Organization (PAHO) and the United Nations (UN) to help strengthen VAW prevention and provide better integrated victim protection, support, and care. The discussions in the latter study included a ray of suggestions such as,

> In the last decade, international organizations such as the UN and the Pan American Health Organization (PAHO) have indicated the importance of developing model frameworks for the design, application, and evaluation of VAW laws and public policies. According to these model frameworks, legislation should be comprehensive and multidisciplinary, criminalizing the main forms of VAW (economic, psychological, physical, and sexual), and integrating interventions related to VAW prevention as well as protection, support, and care for victims. Adequate punishment of perpetrators is also recommended and further availability of remedies for survivors as well as educational interventions and awareness-raising activities, and professional training for those working to reduce VAW. (p, 62)

Patel (2005) in turn proposed that trauma counsellors conducting early trauma intervention strategies with survivors of domestic violence should be facilitating the process of empowering the client through the rights-based approach[5] as the helping process continues. Carter and Mc Goldrick (2005) point out that the survivors of violence have

[5] Rights based approach: "Its goals include achieving social justice, a minimum standard of living, equitable access and equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans with a special emphasis on the needs of the most disadvantaged in the society" (Patel, 2005: p. 98).

more often been stigmatized than supported and that they have little legal resources as they often receive little support or understanding, even from their families and social circle. The authors added the importance of understanding that violence is the abuse of power; hence we should be able to recognize it in all its forms, such as physical abuse, psychological abuse, and sexual abuse, economic, political, and social oppression. Furthermore, Carter and Mc Goldrick (2005) added the importance that "therapists should have an understanding of ethnicity, parenting beliefs, and stress levels. Trauma counsellors should explore support systems, including extended family and friends, who might be incorporated into treatment plans" (p. 482).

These abovementioned support systems and legal remedies can empower survivors of domestic violence to break the silence of abuse and build resilience in such a way that they can become activists against such abuse in the future. These interventions are offered by non-governmental organisations (NGOs) whose role will now be discussed further.

The role of NGOs addressing domestic violence cases in South Africa.

In the researchers exposure to the trauma field, it is noteworthy to mention that there are a number of NGOs in South Africa that manage trauma cases relating to domestic violence, for example, the Institute for Women's Development (NISAA), Lifeline and Family, Marriage Association of South Africa (FAMSA), Sophiatown Community Psychological Services, and others. Sibanda (2007) argued that the State in South Africa claims to respect, promote and fulfil the Bill of Rights. The reality however is that the constant threat of violence, including domestic violence, impinges on women's rights to

dignity, the right to bodily and psychological integrity[6], which is to be exposed and challenged by trauma counsellors on behalf of survivors of domestic violence.

McLean (2009) also states that the transition in South Africa to a democratic state allows survivors of domestic violence to access fair and equitable human rights, despite the fact that domestic violence seems mostly to erupt amongst the most vulnerable and poorest communities. However, in order to ensure that these rights are implemented, one of the key institutions/sectors that ensure implementation of such rights are the NGOs.

Although a low percentage of domestic violence cases are reported to the South Africa Police Services (SAPS) because of the stigma, guilt and shame associated with this form of abuse, the number of survivors referred to service providers/(NGOs) is more promising. Most survivors of domestic violence seek assistance directly from NGOs when experiencing a domestic violence situation, mainly for the emphatic support available through lay trauma counsellors or social workers. According to the statistical release by Statistics South Africa in the Survivors of Crime Survey (2011, p. 20), almost 35% of households take the victim of domestic violence to an NGO for services; the percentage being the highest is the Western Cape (63,0%) and the lowest is the Northern Cape (12,6%) followed by Gauteng Province (32.9%). The above statistics confirm the need for constant improvement of relevant intervention methods used by lay trauma counsellors when intervening in order to ensure effective healing and service delivery for victims of domestic violence.

[6] "Integrity is the capacity to affirm the value of life in the face of death, to be reconciled with finite limits of one's own life and the tragic limitations of the human condition, and to accept these realities without despair." (Herman, 1997, p. 154).

Furthermore, service delivery of NGOs have been scrutinized and various roles are expected of them, such as to be in a position to frame violence against women as a human rights issue and take their own governments to task by instigating new international legal standards and practices (Amnesty International, 2004). Bendall (2010) reflected upon the various legislations enacted within South Africa to prohibit the offense of domestic violence, hence the importance of being mindful of the Bill of Rights contained in the Constitution. More specifically, Section 12 (c) of the Constitution states that, "Everyone has the right to freedom and security of the person, which includes the right to be free from violence from either public or private sources" (p.102). The wording of the latter part of this section emphasizes the guarantee to the right to freedom from domestic violence. Furthermore, Section 7(2) of the Constitution specifies that the State is required to, "…Respect, protect, promote and fulfil the rights in the Bill of Rights". The South African Law Commission has suggested that this section, when read together with Section 12 (c), imposes a positive duty on the State to provide safeguards against, and penalize acts of, domestic violence. In addition, section 7 (1) provides that the Bill of Rights, also affirms the democratic values of human dignity, equality and freedom.

Bendall (2010) argued that on the basis of this provision, read alongside with section 9 (3) of the Constitution, the right to equality underpins all other rights enshrined by the Bill of Rights. The following section highlights the policies and legislations developed by South African government in an effort to address the social problem of domestic violence in the country.

Domestic Violence Act, 1998.

The Domestic Violence Act (No. 116 of 1998) allows women to have a voice and affords them maximum protection from domestic abuse that the law can offer. This Act states that women can apply for protection orders against the offender, as discussed in Sections 5 and 6 of the Act. Hence, lay trauma counsellors should be aware of the implementation of this Act and its amendments, in order to empower women around their right to protection when seeking assistance from the South African Police Services (SAPS). The Domestic Violence Act No 116 of 1998 as amended in 2008, in order to provide for the issuing of protection orders with regards to domestic violence as stated above and declares further that the State is fully committed to the elimination of domestic violence.

A protection order is an order issued by a court at one's request, ordering a person with whom one have or had a domestic relationship, to stop the abuse. It may also prevent the person from getting help from any other person to commit such acts. An interim protection order can also be issued at any time of the day or night for your protection. The protection order will last until the victim chooses to cancel it. If the abuser breaches the order, the victim can approach a member of the South African Police Service with the warrant of arrest. The abuser will be arrested if it appears that the victim may suffer immediate harm as a result of the breach. If the abuser is arrested, he will be kept in jail until he goes to court, which will be within 48 hours of his arrest (Domestic Violence, 2004).

Access to Information Act, 2000.

The Access to Information Act (2000) aims at promoting a culture of human rights, transparency, accountability and effective governance in the public and private spheres.

Sibanda (2007) further noted that women have the privilege of accessing relevant information held by the State, which can assist them to gain insight into their cases and also to utilise such information towards freedom from abuse and domestic violence. Three relevant sections relevant to this study on domestic violence are sections 37 to 39 of this Act, in relation to

(1) protection of confidential information

(2) protection of safety of individuals and protection of property; and

(3) protection of police dockets in bail proceedings and the protection of law enforcement and legal proceedings.

Victims' Rights Charter.

The Victims' Rights Charter entails an element of Minimum Standards, which elaborates on rights and obligations to services applicable to all survivors of crime, including survivors of domestic violence. It is imperative that the State acknowledges the plight of survivors of domestic violence, which is to hold the perpetrators accountable and to ensure that justice is served and remedies for rehabilitation of survivors are provided (Amnesty International, 2004). Whilst impunity for violence is a complex matter, on the other hand, many women are unwilling to pursue intimate partners through the legal system, because of emotional attachment and the fear of losing custody of their children.

Sibanda (2007) highlighted the fact that, despite the fact that domestic violence is often treated as a private matter, the human rights framework provides a tool to challenge this perception and reframe it as a collective problem that society as a whole must address. Hence, survivors of domestic violence should be made aware that domestic violence is a human rights violation. Furthermore, Amnesty International (2004) points out that "Framing violence against women as a human rights issue creates a common language for

the work of anti-violence activists and facilitates global and regional networks for advocacy opportunities to take governments to task, and instigating of new international legal standards and practices" (p.11).

The UN Declaration on Elimination of violence against women (Articles).

For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Article 1). Article 4 clearly stipulates that:

> States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

(a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention;

(b) Refrain from engaging in violence against women;

(c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons. (United Nations: General Assembly, 1994)

Domestic Violence Classified as Gender Based Violence.

Shroeder and Newhouse (2000) discusses the fact that organisations dealing with Gender Based Violence issues seems to gradually move towards gender mainstreaming within their programmes, as various United Nations organisations are globally starting to

point out the goal promoting and provoking a 'revolutionary change' in the international and domestic policy process. Gender stereotyping and the refusal to openly discuss the impact of gender ideologies is being neglected, which can generally lead to violent attacks within communities and families, due to lack of awareness raising.

For many couples, the shift in generational responsibilities placed on the man and woman in a relationship, can become a challenge when facing the crucial crossroads of the family life cycle, "not surprisingly that, the notion of the man as the head of household remains firmly entrenched, despite dramatic demographic changes in women's employment outside the home" (Carter & McGoldrick, 2005, p.127). Hence, in cases of domestic violence, "the pattern of domestic violence is asymmetrical. Overwhelmingly, it is men who use violence against women partners, not the obverse. That is not to say that no woman has ever been violent. Obviously this is not true. The main pattern of violence among research findings relating to prisoners, however, is one of violence perpetrated by men against women. Of course individual cases of women's violence exist, but such cases do not alter the fact that the overall pattern of intimate violence is dominated by men as abusers and by women as the abused" (Dobash et.al 2000, p.3).

Bendall (2010) in turn describes a typical session with a domestic violence survivor seeking assistance from a Human Rights organisation. It involves "an interactive discussion about matters such as what constitutes domestic violence, how to go about obtaining a protection order, and a strong emphasis upon the point that domestic violence is a crime and should be reported. It is hoped that, through explaining to the women their rights, and by equipping them with the essential knowledge in order to put a stop to

domestic abuse, we might help to contribute towards a reduction in such behaviour not only amongst their generation, but also among that of their offspring" (p. 115).

Carter and Mc Goldrick (2005) go on to point out that, "Couples' relationships have many dimensions, including economics; sexuality; the continuum of power sharing, from partnership to male dominance; boundaries around the couple in relation to extended family, work, friends, and religion; child-rearing; arrangements regarding chores and leisure activities; emotional connectedness; dependence; control; and physical power." Kelly & Johnson (2008) explored the terms domestic violence and battering, and mentioned that it have been used interchangeably by women's advocates, domestic violence educators, and service providers for three decades, based on their belief that all incidents of domestic violence involve male battering. Kelly & Johnson (2008) use the term 'Coercive Controlling Violence' for such a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against partners.

Domestic violence and trauma.

> Professional and para-professional (lay) trauma counsellors' work responsibility of managing cases of domestic violence.

Crisis intervention work and trauma work is viewed as a specialised field and consequently specialised training is required in order to conduct trauma-specific interventions. It is beneficial for lay trauma counsellors to have the passion and basic counselling skills to deal with trauma related domestic violence cases, yet the trauma field is a specialized field dealing with complex cases which requires lay trauma counsellors to receive further training on trauma interventions. Hence, the important role of training institutions such as the South African Institute for Traumatic Stress (SAITS), who offered advanced trauma training for counsellors. This institution however closed down in 2011. In

order to provide effective and timely trauma counselling, lay trauma counsellors should be in a position to assess experiences of survivors of domestic violence, which are often traumatic and require trauma intervention strategies to address their psycho-social needs.

It is important to note that the researcher has observed that para-professional[7] trauma counsellors have been appointed by their organisations as lay trauma counsellors to work with survivors of domestic violence, based only on their basic or advanced counselling skills training offered by the organisation employing them, or by other institutions.

A traumatic event is defined by the Diagnostic and Statistical Manual IV (of the American Psychiatric Association 2003, p. 462) as "an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others." Survivors of domestic violence may experience repeated victimisation, prolonged victimisation, or presented in a single event, which should be dealt with through a trauma intervention strategy. These domestic violence incidents may subject the individual to a prolonged period of perceived or actual life threatening situations which increases the intensity of the trauma, which the trauma counsellor should be managing with relevant support or referral. Survivors of domestic violence, including employed survivors, may blame themselves for behaviours prior or during the abuse of domestic violence, increasing the perception of control or power struggles, and upon pursue for legal action they are often faced with a hostile and abusive criminal justice system (Amnesty International, 2004).

[7] Para-professionals work with "minimal employment conditions, an absence of opportunity to exert influence, and low professional status in the view of both the worker and the environment cause many to leave their work as para-professionals. Many began working at the institution with the attitude that the job was temporary until they could find employment that offered better pay and had higher status (Ron and Lowenstein (2002, p. 588)

Etherington (2000) related the importance for lay trauma counsellors to be aware of the effects of counselling survivors of domestic violence, that "in taking on the client's rage (at the perpetrator, bystander, etc.) the counsellor may lose sight of the client's strengths and resources and assume the role of rescuer and doing more for the client thus implying that the client cannot act for herself" (p.383). Hence, the more both parties accept this role the more they may be in danger of disempowering the client. Lay trauma counsellors may end up themselves violating boundaries and extending limits of the sessions or allowing frequent telephone calls between sessions. "This may lead to the counsellor feeling grandiose and omnipotent—thinking they are the only one who can help this client because they alone understand" (p. 383).

Domestic Violence experienced as Trauma.

Wessely & Deahl (2003) mentioned that the trauma debriefing model or crisis intervention brought about a platform for debate amongst theorists who either believe it is helpful or harmful in relation to Post Traumatic Stress Disorder (PTSD). The core argument is that the decision to conduct immediate trauma debriefing with trauma survivors of domestic violence, who are experiencing emotional reactions towards incidents mentioned above, could be considered as an intervention strategy which can either do harm or help individuals' psychological well-being (Wessely & Deahl, 2003).

Those people exposed to domestic violence are survivors, and as survivors they develop a number of emotional and behavioural problems including depression, anxiety, post-traumatic stress disorder, battered woman syndrome, alcohol abuse, and suicidal ideation (Abel, 2001). Therapeutic issues, such as grief over losing the dream of a happy marriage, self-contempt for tolerating the abuse, anger at the abuser, all need to be

addressed when trauma counselling services are rendered to survivors of domestic violence (Carter & McGoldrick, 2005). Hence, these trauma counselling services support the survivors of domestic violence to a point of recovery, and "in the course of a successful recovery, it should be possible to recognize a gradual shift from danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatised isolation to restored social connection" (Herman, 1997, p. 155).

Luckhurst (2008, p. 3) describes how the diagnosis of Post-Traumatic Stress Disorder (PTSD), as included in the American Psychiatric Association's 4th edition of the diagnostic manual (1994), can be experienced by "those confronted with an incident involving actual or threatened death or serious injury, or a physical threat to the physical integrity of the self-considered to be outside the range of normal experience". PTSD relevant to the current study includes domestic violence threats. Hence, it is imperative for trauma counsellors to be aware of the trauma symptomology experienced by survivors of domestic violence, such as somatic or psycho-somatic disturbances, re-experiencing of traumatic events through intrusive flashbacks, recurring dreams, or the opposite such as persistent avoidance of stimuli associated with the trauma.

Furthermore, trauma experienced through domestic violence incidents can lead to emotional numbing or to the total absence of recall, or, in the other extreme, increased arousal such as loss of temper control, hyper-vigilance or exaggerated startle response can be observed as acutely or persisting chronically or only appear later months or years after the abuse have occurred. Luckhurst (2008) further states that "Families might be found to conceal histories of domestic abuse, as recovered memory treatments dissolve the psychic

defences of denial and amnesia and whole sections of traumatic childhoods return to consciousness in full, horrific technicolour " (p.3).

Models of Trauma Treatment.

Various trauma treatment models are utilized by trauma counsellors when intervention is necessary for survivors of abusive cases, such as domestic violence. The following treatment models are usually categorized as Group Trauma Treatment Models:

Critical Incident Stress Debriefing (CISD).

Some trauma counsellors choose to conduct CISD with individuals and mainly in groups, regardless of the crisis dealt with, including issues of domestic violence, in order to contain the client in time of distress. Critical Incident Stress Debriefing (CISD) is generally regarded as a short-term, highly structured group based model of crisis intervention designed to de-escalate and perhaps alleviate traumatic symptoms. The most current model of psychological debriefing contains seven distinct phases and usually takes approximately 1.5 to 3 hours to conduct and it is commonly conducted 2 to 14 days after the critical incident (Van Emmerik, Kamphuis, Hulsbosch, and Emmelkamp (2002, p.766). The seven phases of CISD for trauma counsellors are listed as guidelines. These phases include introductory, fact, thought, reaction, symptom, teaching and re-entry phases.

Rick and Briner (2004) list some huge variations in how CISD are deployed across organisations, such as:

1. Debriefing was used in groups and with individuals.
2. Models were often adapted to the needs of the organisation.
3. There was much variation in the timing of a debriefing after an incident had occurred.

4. There was mandatory or voluntary attendance at debriefings.
5. Some debriefings were open only to those directly involved in the incident; others were open to (or mandatory) for all staff. (p.2)

Everly and Mitchell (2005) believed that CISD would be an important factor in the prevention of Post-traumatic Stress Disorder (PTSD) and post-traumatic stress in high-risk occupational groups. It is known, that PTSD symptoms can develop in individuals faced with repeated sub-traumatic stressors, such as employment problems and marital distress. In fact women who have been battered or have suffered sexual assaults often report high rates of acute stress and post-traumatic stress disorder. "The development of acute or post-traumatic stress disorder appears to depend on the nature of the traumatic event, on a response that shows intense fear and horror, and on vulnerability factors involving past psychiatric history" (Sue, Sue, & Sue, 2003, p.160). In pointing out the weaknesses of CISD, Seely (2007) highlights the notion that "psychological debriefing models have been found to interfere with a person's natural processing of trauma, and actually increase the likelihood of post-traumatic symptoms (PTSD) and added a further critique that it might be a waste of resources".

WITS Trauma debriefing model.

The Wits Trauma model is a common psychological debriefing approach developed and used in South Africa when dealing with a traumatic incident within a group counselling session. Eagle (2000) maintains that this integrative psychotherapy approach is ideally suited to the treatment of psychological trauma. In her paper, she argues that the clinical success of the model lies in its integrative perspective and that psychotherapy integration should be recognized as the approach of choice in the treatment of traumatized

individuals. The following treatment models are categorised as Individual Trauma Treatment Models.

Traumatic Incident Reduction (TIR).

A research study has been conducted by Valentine (1998) to demonstrate the effectiveness of Traumatic Incident Reduction (TIR) in treating trauma-related symptoms of previously traumatized female inmates. Valentine (1998, p. 43) noted that TIR is "known as a brief, straightforward, memory-based, therapeutic intervention mostly similar to imaginal flooding". It is seen as a memory based intervention which implies that the symptoms currently experienced by a client are related to a past event and that lasting resolution of those symptoms involves focusing on the memory, rather than focusing on symptom management. TIR is straightforward in that the roles of both the client and therapist are very clearly defined and strictly followed, whereby TIR is both a client-respectful and therapist-directed intervention.

Trauma counsellors who use TIR seem to address the person's natural coping strategies used within previous traumatic experiences in that it has the following characteristics:

(l) Inclusion of a history of prior traumatic events in assessment of client problems;

(2) inclusion of prior traumatic events in the treatment plan designed for the client;

(3) encouragement of social workers to be trained to administer brief treatment to traumatized clients; and

(4) practice of TIR by agency-based social workers, understanding that TIR has demonstrated effectiveness against trauma-related symptoms in incarcerated females. (p.48)

Critical Incident Stress Management System (CISM).

CISM System consists of a multitude of crisis intervention technologies which follows through a range of phases from the pre-crisis phase, through the acute crisis phase, to the post-crisis phase (Everly & Mitchell, 2005). This can be seen as an illustration of how a management system can be implemented, and utilised by both the client and the trauma counsellor to include as part of a treatment plan. This management system has proven more effective than the alone standing CISD, in that the management system offers aftercare support to survivors, which includes relevant follow-up sessions and possible referrals to other networking partners. This is a much needed treatment plan for survivors of domestic violence in fixed employment. See Annexure F for an example of a proposed trauma management system (CISM).

Theoretical Framework for Domestic Violence.

Domestic violence takes on various forms and occurs within various types of relationships. Johnson and Farraro (2000) discuss elements of various forms of violence, which are not only in the form of “violence between adult or adolescent partners in close relationships”. However, they review "partner violence" in a broad range of relationships between couples including the marital, cohabiting, and dating relationships of same-gender and opposite-gender couples. “Partner violence cannot be understood without acknowledging important distinctions among types of violence, motives of perpetrators, the social locations of both partners, and the cultural contexts in which violence occurs” (Johnson and Farraro, 2000, p. 948). Based on her experience in working in the field of domestic violence, the researcher in the current study have selected a few relevant types of “partner violence” from a list called "Common Couple Violence" (CCV), "Intimate Terrorism" (IT), "Violent Resistance" (VR), and "Mutual Violent Control" (MVC). CCV and IT have been the most reported cases.

Common Couple Violence (CCV).

This type of partner violence identified by Johnson and Ferraro (2000) is that which is not connected to a general pattern of control. It arises in the context of a specific argument in which one or both of the partners lash out physically at the other.

Intimate Terrorism (IT).

This type of partner violence has a considerable variability of severity, which is seen in both Common Couple Violence (CCV), and Intimate Terrorism (IT), with some CCV involving homicides and some IT involving a rather low level of violence. The distinguishing feature of IT is a pattern of violent and non-violent behaviors that indicates a general motive to control. The controlling behaviors of IT often involve emotional and psychological abuse. These kinds of violence are frequently reported, either to the police station or to an NGO where immediate assistance is often provided, as reported in the statistics previously.

Violent Resistant (VR).

VR has been used as a substitute for “self-defense”, clearly defined in the law, and has been considerable discussion regarding the "battered woman" self-defense plea in the law (Johnson and Farraro, 2000). The prisons have been inundated with such cases where women who fight back are likely to be the ones who kill their partners.

Mutual Violent Control (MVC).

MVC has been “identified a couple pattern in which both husband and wife are controlling and violent, in a situation that could be viewed as two intimate terrorists battling for control” (Johnson & Ferraro, 2000, p. 950).

Research Studies focusing on 'Trauma Counsellors' and Other Cases of Abuse.

The following studies are relevant within the South African context, focussing on domestic violence:

Marinus René (1997) concluded that in order to retain trauma debriefers and limit the impact of trauma on the workplace, the organisation's decision makers need to understand the psychological ramifications of trauma debriefing on debriefers, and other consequences of crime and trauma in the workplace. Further recommendations indicated the hope that further unravelling is needed on this topic about the psychological impact of trauma debriefing conducted by non- professional debriefers in the workplace.

Ortlepp (1998) in turn concluded that the debriefers in the study did not experience secondary traumatic stress and that the focus of the study was explicitly on the helpers. Hence, in order to fully evaluate the impact of trauma debriefing intervention in organizational settings, the effectiveness of the intervention as perceived by those on the receiving end of the service needs to be explored. A further recommendation was made that any strategy that aims at dealing with the increasingly frequent incidents of violence-induced trauma in organizational settings, should explicitly adopt a multi-dimensional approach, in aid of combating crime in the broader community, and to ensure the safety of their employees, over and above trauma debriefing interventions.

Finally, Ndlovu (2006) indicated that there is a need for the improvement of services for abused women from both the police and social workers when reporting their

cases. However, one of the relevant recommendations includes the need for the development of programs and projects that are informative.

Summary.

The literature review indicated that the interventions widely used in the South African context are: Wits Trauma Model, TIR and Mitchell's Critical Incident Stress Debriefing (CISD) model, which are mainly facilitated as a once-off debriefing session within group settings.

This chapter outlined the various preferred models and studies within the South African context used amongst professional trauma counsellors in aid of containing and counselling survivors of domestic violence. It is agreed by counsellors that professional training focusing on such models is very important, in order to ensure clients' healing process is appropriately facilitated. These models guide the process of trauma interventions and ensures that no, or limited, harm is caused to client's emotional wellbeing in the process, specifically in relation to PTSD.

The following chapter will focus on the lay trauma counsellor in the workplace and the importance of service delivery when managing cases of domestic violence. This chapter also indicates how lay trauma counsellors' functioning is impacted when fulfilling work responsibilities in this regard.

CHAPTER THREE

Occupational social work elements:
Lay trauma counsellors in the workplace.

Without work all life goes rotten. But when work is soulless, life stifles and dies"
(Bergh & Theron, 2003, p. 419)

There appears to be a gap in research focusing on lay trauma counsellor's perceptions of quality of service delivery when managing cases of domestic violence and how their functioning is affected when fulfilling work responsibilities in this regard. The most common used strategies in the field of domestic violence are crisis intervention and trauma counselling (Ndlovu, 2005).

Systems and Procedures Guiding Service Delivery.

Netting, McMurtry, Kettner and Thomas (2011) supports utilizing a Systems and Procedures manual when determining the necessary interventions in counselling survivors of domestic violence, and point out that in some instances a policy is seen as a set of guidelines for operation that might be needed in order to change a situation. The authors add that professionally assisted change efforts are intended to fall into two categories: (1) those promoting improved quality of work life for employees or communities served, or (2) those promoting improved quality of life for employees as a means of helping them provide the best possible services to clients and/or communities.

It has become important for lay trauma counsellors to develop awareness of the necessary processes and procedures to follow when treating a survivor of domestic violence, and with the support of systems and procedures in place, as to understand that:

> Employees will have to learn to often move beyond their individual orientations and traditional task descriptions, to work in teams, and apply networking, group participation and group management techniques. For adaptive organizational management, a big challenge might be to integrate all the organizational processes and move forward as a whole, with the same objectives and values, despite having more decentralized control over processes and more empowered employees. (Bergh & Theron, 2003, p. 420)

Trauma Counsellors' Support System.

Trauma counsellors, who focus on rendering services to survivors of domestic violence, if not receiving self-care support and strategies, can experience the negative effects on their functioning or personal well- being in the workplace, such as occupational stress. As stated by Bober¸ Regehr and Zhoue (2006) trauma exposure,

> in dealing with domestic violence cases, can lead to traumatic stress, symptoms of vicarious trauma can include immediate reactions such as intrusive imagery, nightmares, increased fears for the safety of oneself and loved ones, avoidance of violent stimuli in the media, difficulty listening to clients' accounts of events, irritability, and emotional numbing. Longer-term reactions can include emotional and physical depletion, a sense of hopelessness, and a changed world view in which others are viewed with suspicion and cynicism. Several factors contribute to the development of vicarious trauma. … Further, the high-voltage nature of work with people in crisis, often in situations of urgency and emotional reactivity, can cause trauma counsellors to begin to question their own competency and to feel helpless to relieve the suffering of others. (p. 71)

Hence, based on her experience in working in the field of domestic violence, the researcher noticed that trauma counsellors seems to care unconditionally about clients and may take on the situation of the survivor of domestic violence, sometimes at the expense of their own professional and personal well-being. At this point it is important for them to recognise the symptoms of vicarious traumatisation in their own lives, and address it effectively. Trauma counsellors, including lay trauma counsellors play a vital role in creating a safe space for survivors of domestic violence to relate their personal accounts of their own trauma. Fessin and Rechtman (2009) mentioned that

> …on an individual level, mental health specialists tend to validate, or even to

> impose, from within the range of possible ways of interpreting the experience of a conflict, one interpretation that brings together three fundamental features: it personalizes the history of the individual in unique, albeit incomplete account; it explores the psychological dimension, focusing on those aspects that best express the individual's relationship to the violence of the situation; it emphasizes the emotional aspects, highlighting elements likely to prompt empathetic reactions. (p. 211)

In addition, organisations where lay trauma counsellors are exposed to the details of the violent incidences experienced by survivors of domestic violence, need to ensure that support systems are in place that

> includes a safe, structured and regular forum for reviewing her clinical work. This might be a supervisory relationship, or a peer support group, preferably both. The setting must offer permission to express emotional reactions as well as technical and intellectual concerns related to the treatment of patients with histories of trauma. (Herman, 1997, p. 151)

The paradigm adopted in the current study is that the lay trauma counsellor as employee, needs a work environment which strengthens his/her ability to render quality services to domestic violence survivors in an effective manner; a service which enhances the clients' well-being and their own well-being in turn, which should include aspects of job satisfaction and a resourceful working environment. Lay trauma counsellors also need to operate within a workplace that addresses their need for improved quality of work life. They should also become aware that in addition to professional support, the therapist must attend to the balance in their own professional and personal life, paying respect and attention to their own needs. Concurrently, it is also important to note that the role of a professional support system is not simply to focus on the tasks of treatment, but also to remind the therapist of her own realistic limits and to insist that she take as good care of herself as she does of others (Herman, 1997).

Employee Assistance Programmes.

The researcher is familiar with various Employee Assistance Companies, which are contracting consortiums, such as Independent Counseling and Advisory Services (ICAS) South Africa and The Careways Group. These consortiums core business is to offer telephonic employee counselling funded by their employers, in conjunction with face-to-face referrals where necessary, in order to access counselling services from private practitioners at their practice rooms.

Herman (1997) discuss how Employee Assistance Programmes (EAP) were at first used in the Defence Force, in the late 1980's and then later in the South African Police Services. Apart from the mining industry later contracting with EAP consortiums, these services of hiring social workers in the workplace was highly recommended in assisting with psycho-social support of individuals and their families, in order to balance personal problems with work productivity. Many EAP companies employ qualified social workers and psychologists, who have obtained their degrees at tertiary universities, yet "unfortunately, because of the history of denial within the mental health professions, many therapists find themselves trying to work with traumatised patients in the absence of a supportive context" (p. 151).

Maiden (2001) noted that some counselling services are described according to the modality used, such as counselling for individuals, family or group work and specific skills development programmes. Hence, many non-profit organisations employ lay trauma counsellors who have obtained basic counselling skills, and possibly training on the Domestic Violence Act, which renders them equipped to offer containment and

counselling services to traumatised clients. In addition, some trauma counsellors attain further training on trauma counselling skills and trauma symptomology, which includes information on trauma debriefing models and approaches. Other "roles played by the social worker can also outline services as in the cases of advocate, advisor, trainer, educator, broker and consultant" (p.103).

Occupational Social Workers have undergone huge developments in South Africa since the 1980's when employed by the then Defense force, the South African Police Services and the mining industry (Patel 2005). However, Patel (2005) supports as in the case of this current study, that

> in some settings it will continue to flourish and grow. In others, services will be outsourced. In an effort to diversify programs and to deal with the threat of reduced state subsidies, many welfare organisations are now offering services to industry and commerce. Such services include trauma debriefing and life skills training. (p.116)

However, for the purpose of this study the researcher approached NGOs whose services are also readily available to organisations and communities who need to refer a survivor of domestic violence for pro bono or limited cost counselling services.

Summary.

In general, limited support is generally available for lay trauma counsellors in dealing with survivors of domestic violence, which can affect their functioning and performance in the workplace. The functionality of a lay trauma counsellor can be enhanced through the organisation's support in the form of systems and procedures manual

made readily available, including ongoing training and management's moral support considering the nature of the cases being dealt with at their centres.

The next chapter discusses the research methodology that was utilised in this study.

CHAPTER FOUR

Research Methodology

This chapter discusses the research methodology utilised in this study. At the outset, the research questions and key aim and objectives of the research study are delineated. Thereafter, the research design, sampling methods and participant inclusion and exclusion criteria are discussed. An in-depth account is provided of the research instrumentation and data collection methods as well as the rationale for inclusion of items in the questionnaire, which is presented in tabular form. An overview is also provided of the data analysis methods that were used in this study, namely Thematic Content Analysis. Finally, there is a discussion regarding the ethical considerations that were taken into account.

Primary Aim and objectives.

The primary aim of this study was to explore the perceptions of lay trauma counsellors regarding their workplace and managing traumatic incidents of domestic violence.

Secondary objectives, were as follows:

- To explore the circumstances in which lay trauma counsellors dealing with survivors of domestic violence, determine whether the clients experience the event as a traumatic incident;
- To delve into trained lay trauma counsellors' perceptions of the intervention strategies they implement when managing domestic violence as a traumatic event;
- To investigate what systems and procedures, and support are available in the workplace for counsellors conducting trauma intervention strategies for survivors of domestic violence.

- To explore trauma counsellors' views regarding the systems and procedures, and support available in the workplace.
- Based on the research findings, to make recommendations to NGOs rendering trauma intervention strategies regarding what trauma intervention strategies could possibly be implemented to meet the best interests of survivors of domestic violence; and what support and procedural guidelines are required by lay trauma counsellors in the workplace.

Research Questions.

In order to explore the experiences of lay trauma counsellors, the following questions needed to be answered:

1. Under what circumstances do lay trauma counsellors, (focusing on survivors of domestic violence), determine whether the survivor experiences the event as a traumatic incident?
2. What are trauma counsellors' perceptions on the effectiveness of the trauma interventions in cases of survivors of domestic violence being conducted at their organization?
3. On what evidence do they base their points of view?
4. What systems and procedures, and support are available in the workplace for counsellors conducting trauma interventions for survivors of domestic violence?
5. What are trauma counsellors' views regarding the policies, systems and support systems available to them in the workplace?

Research Design and Methodology.

The research approach employed in this study was qualitative in nature and took the form of case study research. "A case study draws on multiple perspectives and data sources to produce contextually rich and meaningful interpretation" (Padgett, 2008, p.33). The researcher chose a qualitative exploratory study, in that "in qualitative research, a concern for human agency is manifested in ways that human actions are observed and interpreted, in the questions asked and in the interpretation and presentation of the findings" (Padgett, 2008, p. 22).

The purpose of the research was to gain deep insight into the perspectives of lay trauma counsellors employed by a non-government organisation rendering trauma counselling services regarding the management of cases of domestic violence by implementing trauma intervention strategies. This current study endeavoured to "understand people's perceptions, perspectives, and understanding of a particular situation" (Leedy & Ormrod, 2010, p.141). Qualitative research also acknowledges the complexity of social interactions and allows these complexities, expressed by participants themselves, to be incorporated into the study. De Vos, Delport, Fouche and Strydom (2011) mention "a qualitative study is concerned with non-statistical methods and small samples, often purposively selected" (p. 65). Hence, the current study used a small sample, in the field of domestic violence at an NGO where participants experience the issue or problem under study.

Sampling Procedure.

According to Marlow (2005) sampling involves choosing the participants in the study, "you need to select a smaller group of participants, or sample, from this large group,

population, that is made up of all possible cases that you are ultimately interested in studying" (p. 136). A non-probability sampling method, known as purposive sampling, was used in this current study as participants were not selected randomly; instead they were intentionally chosen to suit the purpose of the study, if selected "a deliberate process of selecting respondents based on their ability to provide the needed information" (Padgett, 2008, p.53). The availability or convenience sampling method was also utilized because only participants who were readily available and willing to take part in the study were selected (Leedy & Ormrod, 2010).

Participants were lay trauma counsellors working for a non-profit organisation specializing in the rendering of trauma counselling services. This kind of source is often used when organisations outsource the EAP/Occupational social work function to public agencies and non-government organisations. This protocol has become more and more popular in South Africa (Maiden, 2001). The directors of one NGO rendering trauma intervention services through a 24-7 hour Crisis hotline, within the Johannesburg Metropolitan area, were approached with a formal request to conduct this research study at their organisation. The participants have been employed at the organization on a permanent or temporary basis, or on a voluntarily basis for a few years.

The management agreed after protocols were followed, and responded with a formal approval letter to give permission for research to be conducted at their organisation. Hence, the researcher included those participants whose organisation agreed in principle that they could participate. The sample of participants, namely 13 lay trauma counsellors (two males and 11 females) implementing an early crisis intervention strategy, were recruited and informed by their management and supervisors about this study, prior to the researcher

engaging with the participants. The ages of the trauma counsellors ranged from 27 to 53 years of age. The work experience of the trauma counsellors in this field varied and ranged from a minimum of 2 years to a maximum of 9 years. All participants were African.

The researcher met with each participant to explain the ethics of the study, and then obtained the written informed consent from the participants. The 13 selected participants are those who gave written consent to participate in the interviews; and their supervisors drafted an interview time schedule based on the availability of the participants for the interviews.

Data collection procedure.

The researcher gathered data by conducting individual, face-to-face interviews with 13 lay trauma counsellors, employed by a non-profit 24-7 Crisis Call Centre in Johannesburg, Metropolitan area. These participants dealing with cases of domestic violence at the centre work in the Sexual and Gender Based Violence (SGBV) unit. Face to face interviews were conducted from the person-centred approach in line with the researchers' training in Social Work. Self-reported data were obtained through one-on-one, in-depth audio-recorded interviews using semi-structured interview schedules as a research tool (see Appendix D & E). Participants' views, perceptions and experiences that were shared during the interviews were explored from the participant's frame of reference. Each interview was underpinned by principles of respect, empathy, confidentiality, individualisation, and unconditional positive regard.

The researcher aimed to gather various impressions, interpretations, emotions, preconceptions, expectations and prejudices. The challenges inherent in face-to-face

interviewing, are phrasing of questions, establishing rapport with the participant, balancing flexibility with consistency during the interviews, the duration of each interview and the time constraints in terms of the participants' availability and the researcher's timeframes. Note keeping from these sessions assisted with reflexivity in coding and writing up findings, and were essential in distinguishing the researcher's values and contributions to the data (Marlow, 2005). This coding involved, 'close and repeated readings of the transcript (or other text) in search of 'meaning units' that are descriptively labelled so that "they may serve as building blocks for broader conceptualities" (Padgett, 2008, p. 152).

The researcher arranged to interview participants at a time and place that was suitable for them. An interview venue was selected to offer auditory and visual privacy at a secluded office in the Call Centre. In light of the fact that all participants agreed to be audio-recorded, the researcher only made minimal notes to record their views on the topic researched. In this study, the researcher attempted, as much as possible, to take notes without interrupting the interview process, then immediately after the interview elaborated on the notes made during the interview, in collaboration with the audio-tape recordings. Each of the 13 interviews lasted approximately 30-45 minutes, respectively. The interview sessions with the participants were conducted in English.

Data collection instrument.

As recommended by Leedy & Ormrod (2010), the questions in the semi-structured interview schedule were kept brief, clear and open-ended to ensure that they are easily understood and that the participants have ample opportunity to offer rich explanations and details. The researcher selected this instrument to guide the conversation toward the topic, but was flexible and did not limit the extent of possible feedback from the participants. The

main strengths of semi-structured interviews are their flexibility, the detail they enable the researcher to obtain and the meaning they create for both participant and the researcher (Babbie, 2004). The challenges of semi-structured interviews include the bias in how questions are phrased, establishing rapport with the participants, and the recording of large volumes of information obtained.

Therefore, the researcher cautioned against "interviewer falsification, referring to the intentional departure of the researcher from the designed interviewer instructions, unreported by the interviewer and which can result in the contamination of data" (De Vos et al., 2011, p. 343). The questions chosen covered the themes under investigation in order to ensure that the instrument elicited information relevant to the study's aims and objectives. Questions were arranged in a logical order and worded in such a way that they are neutral and unbiased (Leedy & Ormrod, 2010). Participation in interviews for this current study was voluntary and the researcher informed participants that refusal to participate would not be held against them in any way.

Data Apparatus (Audio-tapes).

De Vos et al. (2011) propose that researchers should get into the habits that will facilitate easy retrieval and analysis of data, such as labelling tapes clearly before the interview, carrying spare tapes and batteries, and transcribing interviews as soon as possible after the interview. The researcher also requested written consent from the participants to audio record the interviews (see attached form, appendix C). The researcher placed the recorder as unobstructively as possible, checked for any problems afterwards, and avoided "any interruptions to the flow of the interview" (Payne & Payne, 2004, p. 132).

Data Analysis.

The researcher used qualitative data analysis and the interpretation of data were done according to descriptive and inductive Thematic Content Analysis. De Vos et al. (2011) stated that "qualitative data analysis is a process of inductive reasoning, thinking, and theorizing which certainly is far removed from structured, mechanical and technical procedures to make inferences from empirical data of social life" (p. 399). This tool offers a flexible and effective way to analyse qualitative data; it assisted the researcher to organise and describe a data set in rich detail by identifying themes present in the data (Leedy & Ormrod, 2010). In order to ensure rigor in this study, 'saturation' was aimed for and served as a guiding principle. Saturation entails the researcher gathering data until further data gathering will result in highly similar data being collected.

The researcher familiarised herself and analysed the data and there will always be the potential for 'the new to emerge'. Hence, further research on this subject matter is encouraged, as full saturation for this research study has not been reached. The researcher manually transcribed the interviews, to ensure verbatim accounts of the interviews. These were time-consuming and it took between six to eight hours to transcribe each interview (Marlow, 2005). Furthermore, the researcher forwarded the transcriptions to the research supervisor, in order to increase the authenticity of the transcriptions.

De Vos et al. (2011) propose that in the case of qualitative research, the personal opinions and perceptions of the researcher are intrinsic to the study. Thus, the viewpoint of the researcher was made explicit. However, the researcher formed personal views and opinions on the topic (especially in light of her work experience as trauma counsellor), and

the researcher remained as impartial as possible. The researcher ensured that comments made by participants were accepted for what they meant and did not offer any advice or further personal views on any of the participants' comments made to influence their views. Hence, the researcher remained objective and not biased, to ensure that participants felt confident that "researchers have constrained their personal prejudices and findings should not depend on who did the research, but on what was there to be found" (Payne & Payne, 2004, p.153).

Trustworthiness.

Trustworthiness is of great importance to participants in relation to the research findings and ensures that the research is dependable and credible, however "open-ended, qualitative instruments, are more difficult to assess for reliability and validity", as "reliability refers to the consistency of a measure" whereas the "validity of a measuring instrument reflects the extent to which you are measuring what you think you are measuring" (Marlow, 2005). The researcher used the sem-structured interview schedule, which lends flexibility to improvise the questions where necessary. This can be facilitated through transparency and systematic approach. Transparency entails the provision of a clear and complete disclosure of the research process utilized, whilst systematicity entails a consistent approach with a clearly delineated framework for data collection and analysis (Leedy & Ormrod, 2010). The researcher ensured that content validity was established prior to data collection, in that the interview schedule was forwarded to the supervisor for approval prior to interviewing the participants. "Content validity focuses on whether the full content of a conceptual definition is represented in the measure" (De Vos et al. 2011, p.173).

The researcher then read over the transcribed material to obtain a sense of the data as a whole, and at the same time began making notes to be used in writing the report. The next step was to identify categories and patterns that emerged from the data. The researcher read the transcribed material a number of times to note significant themes in what had been recorded as the participants' responses. Hence, the researcher started coding these categories and themes, and for the purpose of this study, it was important to code the experiences and ideas of the participants in the data. In the process of generating themes, the researcher reviewed the emerging themes and identified connections between those for further analysis.

Ethical considerations.

Several ethical principles were adhered to throughout the study, in order to ensure that the welfare and dignity of participants were taken care of. Mc Claughlin (2007) defines ethics, "in its grandest form, may be recognized as a philosophical discipline whose primary concern is the science of morality. Ethics though takes on a more distinctive form of when applied to social research" (p. 46). Thus, the ethical considerations in this study involve the principles of avoidance of harm, voluntary participation, violation of privacy, confidentiality, bias and insensitivity with regard to race and gender, the competence and actions of the researcher and to consider 'The Ethical Code of Conduct for Social Workers'. "A code of conduct should stitch together eupraxia – good conduct – defined as competent practice and the individual practitioner's moral voice in the promotion of care, compassion, justice and desert. To do so is to behave with professional integrity" (Gray & Webb, 2010, p. 32).

In terms of ethical considerations for the current study, the researcher gave each participant a thorough and detailed information sheet about the study beforehand, to ensure

participants were able to make informed decisions about participating in the study or not. At the start of each interview, participants were encouraged to ask any questions, and they were assured that they can withdraw from the study at any time should they no longer wish to participate. Individuals, who agreed to participate in the study, signed a written consent form (De Vos et al., 2011). Below are the following ethical considerations:

Informed consent.

According to the American Psychological Association (APA), the principle of informed consent entails that the researcher has the responsibility to inform the participants of their commitments and responsibilities prior to the commencement of the research. Written information sheets and consent forms were given to each participant providing them with all pertinent information regarding the purpose and procedures of the study; the time commitment involved; the voluntary nature of participation and the fact that they could refuse to participate or could withdraw from the study at any time without any negative consequences (see Appendices A). In addition, participants were informed that they may refuse to answer any questions that they feel uncomfortable answering. This study did not involve any deception, therefore full and truthful information was stated on the information sheets. No coercion or incentives were used (Leedy & Ormrod, 2010).

Confidentiality.

The confidential nature of the research study was emphasized and it was explained that no names or identifying details were to be included in the final report (See Appendix A). All names of participants were replaced with codes and it was explained that raw data will be kept in a locked cabinet to be destroyed two years after any publications emanating

from the research report or six years after completion of the study, if there are not any publications (Babbie, 2004).

Approval of the study by Human Research Ethics Committee.

This current study could only commence once it had been approved by the Witwatersrand Human Research Ethics Committee (Non-Medical). When approval was granted by this committee, permission to conduct the research study was sought from NGOs rendering services to trauma survivors of domestic violence, such as Family and Marriage Association of South Africa (FAMSA), Ithemba Rape and Trauma Centre, NISAA, Lifeline and Sophiatown Community Psychological Services, who deal with trauma cases relating to domestic violence. However, only one of the abovementioned organisations granted permission, and participated in this research study.

Analysis and reporting.

The findings of the study were summarised and will be given to the organisation upon request. The organisation was informed that they will be advised when and where research findings will be published. “Situating social work research in the wider social sciences also enables us to demonstrate that social work research is more than just the appliance of other subject areas. It offers the opportunity to produce new knowledge and develop new insights into how individuals and societies operate” (Orme & Shemmings, 2010, p. 186-187).

Safety and security.

In conducting this study, the researcher did not expose the participants to any risk, harm or wrongdoing. However, the NGO employing the selected research participants

were informed that an identified counsellor (not involved in the study) would help with debriefing or referral of participants to an appropriate counsellor, in the event of any distress experienced during and/or after the research.

Limitations.

The subjective interpretation and construction of meanings, by both participants and the researcher, from data collected limited the study in some respects. Other researchers could construct different meanings from the same data. Interview data was subjected to the problem of recall because it was a second order data which was one step removed from the actual occurrence of the situation. Hence, if the participants are not in their natural setting when data is gathered, this could also deepen the limitations of the study (De Vos et al., 2011). Below are further limitations:

Limitation of time frame.

Time constraints were a real challenge throughout the researcher's study. The researcher also had limited time to conduct the study, including the time it took for the procedures which had to be followed by awaiting responses by both the Post-Graduate Committee and the Ethics Committee of the University of Witwatersrand. Delays in approval from NGOs for study to be held at their centres also prohibited this research study from starting and took a few months prior to make arrangements to set up interviews with participants. The initial study was supposed to have been completed within one year of research (2012), however due to delays mentioned above the researcher had to ask for an extension for 2013. Hence, instead of a one-year period (2012) for this research paper, an extended time of research took place over a two-year period (2012-2013). Hence, only one

organisation's lay trauma counsellors were readily available for interviews the following year 2013, which was the chosen and recruited organisation for this study.

Limitation of Sampling.

The trauma field has a minimal amount of trauma workers who can truly claim to be professionally trained trauma counsellors. Hence, the researcher and supervisor agreed to work with those lay trauma counsellors who actually agreed in time to participate in this study. It was for this reason that the researcher opted to work with lay trauma counsellors who deal with domestic violence cases on a daily basis, in anticipation that some of them would be able to contribute to the research topic.

Limitation of data collection instrument.

It is known that interviews can provide a great source of information for research, but there were various limitations in this regard. The fact that most of the participants were lay trauma counsellors and viewed their crisis intervention strategy as the main approach to dealing with survivors of domestic violence, meant generally less information was gathered about any other trauma intervention model. However, the lay counsellors were able to present their perspectives on utilising a once-off intervention strategy when addressing domestic violence cases, particularly relating to survivors of domestic violence in fixed employment. This may then question the credibility of the research, as well as the possibility of being able to replicate the research in the future.

Reflections on researcher skills.

The researcher depended on the honest views of the participants and their experience in the field of dealing with domestic violence cases. Prior to the interviews the researcher

had to first establish whether the participants were trained or were aware of trauma intervention approaches, and if not, had to adjust the questioning to ensure that the individuals could fully participate in the interview. The researcher could not adhere rigidly to the interview schedule as not all participants had prior training on trauma models or trauma intervention strategies, which brought some limitations to the variety of trauma interventions or models. The researcher had good interviewer observations and captured many things unsaid, such as "tone of voice (sarcasm, sadness, light-heartedness), speech impediments, facial expressions (grimaces, winks, smiles), body language, and the ambience of the setting (noise, filth, interruptions) provide a feeling for the context that is missing from the transcript if not otherwise noted" (Padgett, 2008, p.109). The interview process flowed smoothly as the researcher used skills such as active listening accompanied by empathically responding where necessary and allowed the interview to be conversational.

Summary.

This research design was based on exploratory approach allowing the researcher to scientifically research the phenomenon in attempting to understand how trauma counsellors perceive trauma intervention strategies and also to seek insight on their views on managing cases of domestic violence, including those survivors in fixed employment. The non-probability sampling method used in this current study allowed participants to be intentionally chosen to suit the purpose of the study. The limitations mentioned above were carefully considered and addressed where necessary to ensure that this current research study has been conducted in a trustworthy method, with no harm caused to the participants in any way.

The following chapter presents the research findings and discusses the interpretation thereof.

CHAPTER FIVE

Description and Summary of research findings

The researcher primarily explored the perceptions of lay trauma counsellors regarding the management of domestic violence cases through implementing trauma intervention strategies in their workplace. This study also investigated the grounds on which lay trauma counsellors base their perspectives of trauma intervention strategies, in order to ascertain which intervention strategies they would consider to be in the best interest of the survivors of domestic violence. This chapter describes the findings in this regard, being mindful that this study has a distinctive feature of social work research, in that its focus was on both policy and practice; the structural and the individual (Shaw, Briar-Lawson, Orme & Ruckdeschel, 2010).

Workplace setting of lay trauma counsellors.

This study consisted of a specific target group of 13 lay trauma counsellors employed at a non-profit organisation, in the unit dealing with Sexual and Gender Based Violence (SGBV), which is a 24-7 hour Crisis Call Centre based in Johannesburg, Metropolitan area. The Call Centre offers free, confidential telephone counselling, and trauma counselling to survivors of domestic violence. The participants indicated that there are few full time staff, but that most of the staff are part-time staff members or volunteers offering their time to work at this Call Centre on a daily basis, working different shifts.

Lay trauma counsellors' training background.

The trauma counsellors' training and education varied from basic counselling skills and Domestic Violence (DV) training to studying towards a qualified Social Workers' degree (see list of trainings outlined in Figure 1, below). The following trainings are listed: basic counselling skills, lay counselling skills, domestic violence skills, peer education, personal growth, trauma counselling, home based care, gender based violence training, HIV & AIDS training, Social Auxiliary Training, B.A. Social Work (year 1 & year 3, respectively), B.A. Psychology (year 1). Hence, as mentioned above the participants in this study engaged in various training, including in-house training on the Crisis Intervention Model implemented by their organisation.

The researcher concluded from how the participants responded that they had limited exposure to training on other trauma intervention models/approaches. The participants operated with an understanding of crisis intervention based on training such as counselling skills, trauma courses and personal growth courses. The participants were very passionate about their work, in the manner in which they shared their experiences relating to their work with their clients and how emphatically they shared their view on the clients' needs, reflecting on the lack of further after care support supposed to be offered to clients.

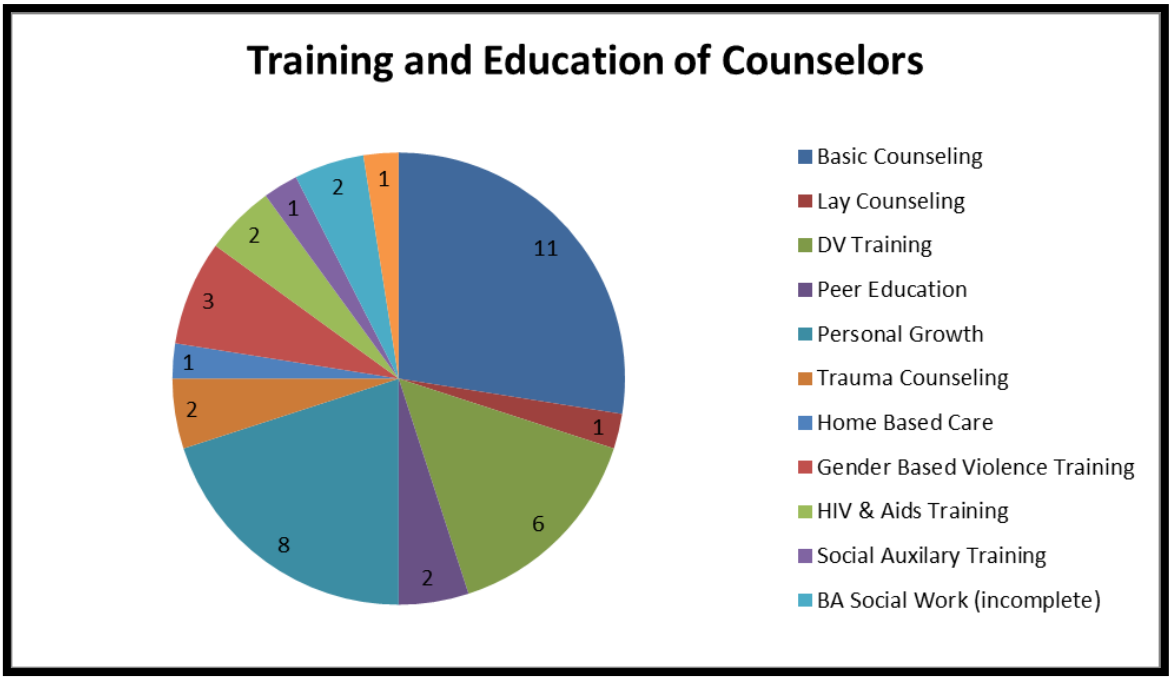


Figure 1: Training and education of lay trauma counselors.

Domestic violence cases dealt with on a daily basis.

Participants indicated that the kind of domestic violence cases dealt with on a daily basis, relate to trauma and require trauma intervention strategies. The kinds of abuse cases related to domestic violence typically dealt with on a daily basis were physical abuse, financial abuse, sexual abuse and emotional abuse. Another form of abuse mentioned was victimization by the police as reported by the survivors of domestic violence, when further support is sought from SAPS. The highest number of cases dealt with by the participants daily, relates to physical abuse and financial abuse, such as maintenance issues. The next highest number of cases dealt with on a daily basis relates to sexual abuse, and the least being emotional abuse and victimization by the police.

Trauma Counsellors' Implementation of a Trauma Intervention Strategy

The research questions were based on the participants' involvement in the domestic violence field and their view on the effectiveness of trauma intervention strategies used, such as 'trauma debriefing' or 'crisis intervention'. However, the researcher was flexible on the participants' understanding of trauma intervention approaches and asked the questions according to each participant's response and understanding of a trauma intervention approach/model. Each participant gave a brief explanation of their experience in dealing with domestic violence cases on a daily basis, which seems to have positive and negative feedback in terms of their feelings, in that they described what domestic violence looks like for them on a daily basis.

Figure 2, depicts their negative and positive experiences on working with domestic violence cases, which range from negative (e.g. painful, horrific, traumatic, etc.), and to those described as positive such as an eye-opener, fulfilling, good feeling to help, etc.

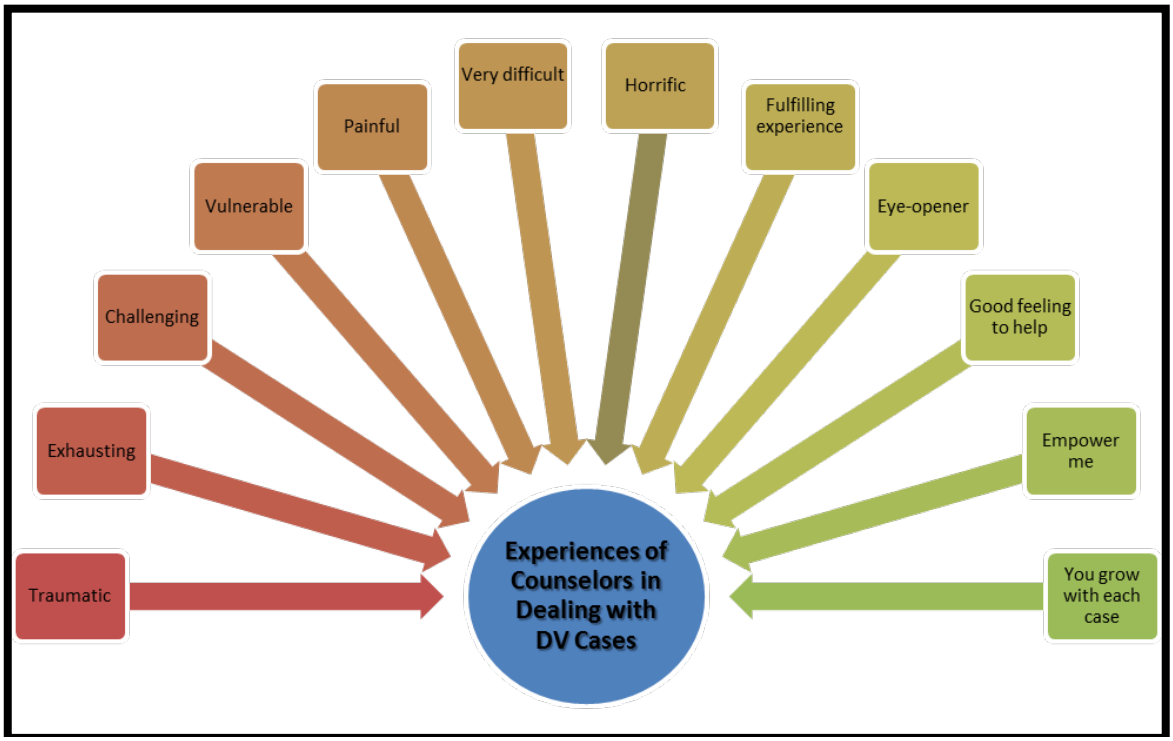


Figure 2: Descriptions of lay trauma counselors' daily experiences of dealing with DV Cases.

Description and Discussions of Themes.

Several themes arose from this study and are discussed based on information shared by participants in relation to theory relating to the relevant findings. The main themes derived from this research study link to, (1) The trauma interventions for survivors of domestic violence; (2) Support for the lay trauma counsellors; and (3) The systems and procedures applied in the workplace. Each theme, together with representative quotes from the transcripts are presented below.

Trauma interventions for survivors of domestic violence.

Trauma counsellors' views on the impact of domestic violence on survivors

The researcher explored trauma counsellors' views on the impact domestic violence has on the survivors, especially those in fixed employment. According to the participants, the employee who has been affected by domestic violence, can receive support in the workplace through relevant counselling services, where trauma counsellors in the "work context have a task to facilitate people's 'survival skills' and psychological health; a sense of coherence, personal control, hardiness, self-efficacy and optimism to feel and be in control of their own development, even in the midst of work and personal uncertainties" (Bergh & Theron, 2003, p. 420). Hence, the participants' views implied that the impact of domestic violence, especially the experiences of survivors of domestic violence who are employed, reveals that success is more likely if the survivor is in good physical health, has good counsellor support, social support, employer support and a technical skill or education (Coulter, 2004).

The comments of participants relates many negative impacts on the survivor of domestic violence, such as they "won't be able to perform properly" and "…negative impact", threatened…having to lose their job", "absenteeism", "when at work, always distracted by the problems that you have", "black eye, and you know having to face their colleagues in the situation", "one absconds from work because of that", etc. Below are more quotes in Table 1 below, in response to the question on the impact of domestic violence on survivors who are employed, and for ease of reference Lay Trauma Counsellor (LTC), are hereinafter referred to as LTC. The following statements were offered,

Table 1:
Impacts of domestic violence on survivors

Trauma Counselor (TC)	**Impacts on survivors of domestic violence in employment**
LTC – 2	"….won't be able to perform properly"
LTC – 4	" …negative impact", threatened…having to lose their job", "absenteeism", "when at work, always distracted by the problems that you have", "black eye, and you know having to face their colleagues in the situation", "one absconds from work because of that"
LTC-5	"very disturbing for that person", "people can even collapse on their stresses"
LTC-6	"challenges of written warnings", "becoming disjointed" at work,
LTC-7	"emotional wellbeing is not in a 'good' state of mind", "affects the whole system", "headache for the whole day", "not able to cope at work",
LTC-8	"damage my confidence, my self-esteem"
LTC-12	"they become traumatised, you can't even work"

The nature of intervention strategies implemented by lay trauma counsellors when managing cases of domestic violence.

The lay trauma counsellors who participated in this study did not mention specific trauma intervention strategies that can be used when working with survivors of domestic violence. These lay counsellors confirmed that they operate on a basis of the 'Crisis Intervention Model' and are trained on implementing this model when joining the organisation. The researcher consequently had to base questions on both 'crisis intervention' and 'trauma debriefing models' as a trauma intervention strategy, to ensure full participation of trauma counsellors in the interviewing process.

Functionality of clients after a trauma debriefing has been conducted

In terms of participants' perspective of how the crisis intervention strategy they implement affects survivors' of domestic violence functionality, their responses varied. Eight answered in their own way, "not sure" and five participants answered "yes". One participant (LTC-9) responded as follows,

> *"Of course, I do because, when I speak to a client, the client will be maybe so hurt, so damaged, so overwhelmed, but as you go on the process unrolls and you'll realise that even the grasping and the breathing, comes down now. Even the tone of the voice, at first you can't even hear other words, because the person is crying but now you can hear the voice is all out, you can hear what the person is saying. And even if the person say I don't know what to do, because I can even die, if you listen to the person and always reflect and paraphrase that so you don't know because you've got no one, no relatives, but she'll think of a relative and a friend and realise that 'no, I can't stay here, I've got a friend'. 'So, I've got my aunt, I better go to my aunt.'"*

The eight participants who indicated they were not sure of the affect their counselling has on the survivors' functionality, implied that they could not give feedback in this regard, because this organization for which they do lay counselling does not offer follow-up programs at the Centre to determine what progress the client is making. LTC-1 captured this point clearly when voicing that,

> *"The only thing I have to do is only a counselling, information and referral, so some times, I wouldn't know whether a client feels better, or what happened to a client, so it's left with me".*

Four of the trauma counsellors at the Call Centre indicated that there is positive functionality of clients after receiving crisis intervention strategy. This is based on client's feedback; when clients call back or when they immediately indicated that the crisis intervention worked for them. LTC-8 noted that,

> *"...some will come back and say I did go to this place that you have referred me and it did help me, or the counselling that I have received with you really helped and feel I need more, or I am able to go on."*

Preferred Trauma Intervention Strategy used and its effectiveness

The participants conduct crisis intervention as their trauma intervention strategy using an 'Acute Intervention', which includes a "psychological first aid (PFA) approach that is supportive and non-intrusive. The goal is not to force disclosure of traumatic details, but to respond to immediate needs and concerns, and provide information to survivors" (Foa, E. B., Keane, T. M., Friedman, M. J., and Cohen, J. 2009, p.110). The researcher, after listening to the approach described by the participants of this study, gathered information on their understanding of a 'Crisis Model' and concluded that they appear to follow the Psychological First Aid Core Actions at their Centre mainly, as listed by Foa et al. (2009, p.110), as

Psychological First Aid Core Actions

1. Contact and engagement
   Goal: To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
2. Safety and comfort
   Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)

   Goal: To calm and orient emotionally overwhelmed or disorientated survivors.

4. Information gathering: Current needs and concerns

   Goal: To identify immediate needs and concerns, gather additional information and tailor psychological first aid interventions.

5. Practical assistance

   Goal: To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with social supports

   Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.

7. Information on coping

   Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with collaborative services

   Goal: To link survivors with available services needed at the time or in the future.

   Note: These core actions of psychological first aid constitute the basic objectives of providing early assistance within days or weeks following an event. Providers should be flexible, basing the amount of time they spend on each core action on the survivors' specific needs and concerns.

The need for trauma intervention to be extended to family members.

When discussing the impact of domestic violence on the family system, the researcher explored participants' viewpoints on including family members in the counselling process. The researcher also explored what the trauma counsellors think about including extended family in the intervention process. Most of them implied that it would be a relevant protocol if the client granted consent in this regard. LTC-3 captured this point well when explaining:

> *"Because we are client-centred, it will be best to consult with the client first if you see the need, because sometimes yes, I will see the need, but if I have decided no let me call the family, maybe the client is not fine with that then I will be causing another problem with the client and their family, so I need, because we practice confidentiality, I need to confirm with the client first. And then if she gives me go-ahead then we can do that".*

The participants responded to this question based on their experience within the domestic violence field, and their understanding of the procedures to follow when extending trauma intervention strategies to family members of a survivor of domestic violence. The findings of the current study show that 10 participants seem to find the involvement of family member in trauma intervention very important, with or without the consent of the client. Three of those participants, who found that it is necessary to first, ask consent from the client prior to assisting family members, based on the client-centred approach used at the Call Centre. Patel (2005, p. 207) describes how The Department of Social Development in its aim to define developmental social work and social services, "aims to promote social change through a dual focus on the person and the environment and the interaction between the two. One of the purposes of developmental social work is to enhance problem-solving in human relations. This focus is shared with other mental health and social service professions in relation to social work with individuals and families".

Sources of support available for the client.

In response to the interview question "What other services in your area are you aware of should a client seem to have developed symptoms of Post-Traumatic Stress Disorder (PTSD)?" It appears that participants' awareness of the diagnosis of PTSD was well informed, and they could identify the resources available to support clients with PTSD symptoms. The following resources were mentioned to assist clients with PTSD symptoms, such as Johannesburg General hospital, FAMSA, Depression and Anxiety

Organisation, and other resources, as depicted in figure 3. "As with other medical or psychiatric disorders, PTSD patients may exhibit a wide spectrum of impairment. At one extreme, affected individuals may exhibit a high level of interpersonal, social and vocational function. Other extreme, some PTSD patients may be totally incapacitated by this disorder and may appear to have a chronic mental illness" (Scott & Palmer, 2000, p.4).

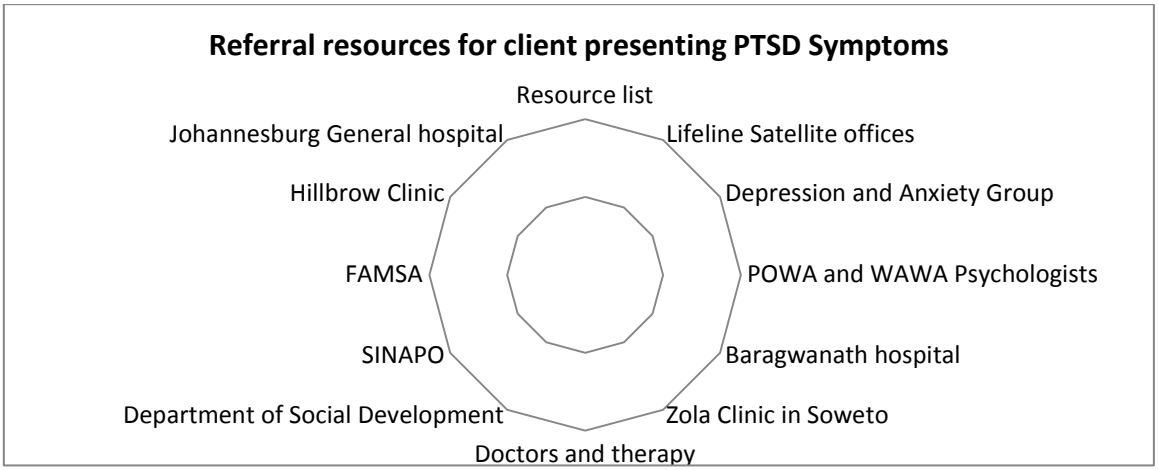


Figure 3: Referral resources for clients presenting with PTSD symptoms.

Participants' response in relation to clients referred to support groups or attending any, whereby seven participants answered "yes", one participant answered "no" support groups are available for domestic violence clients, and five participants answered in some way that they are "not sure" if there are any available. The majority of the participants remarked that the responsibility to follow-through on aftercare depends mainly on the client, and the client's comfortability and also the availability of such support services. One of the seven participants, who answered yes responded as follows,

> *"Yes, especially on our Centres there are support groups that are there and they are functioning, sometimes yes, depending again on the area that the person finds himself in. and is she willing to travel to go to the other area for support group."*

Other support systems used are the NGOs and/or governmental service providers who offer support to unemployed as well as employed survivors of domestic violence in need of trauma counselling or in need of support to regain functionality after being exposed to various incidents of domestic violence. Further support by communities, family and friends is also encouraged in situations where clients are in need of a support system. "A combination of care and support services is provided by governmental and welfare agencies, community-based organisations and volunteers to offer care and support in their own homes and communities" (Patel, 2005, p. 246). Other supportive options include shelters for abused women and children, home-based care, group homes, foster homes, community centres and hospices. One of the participants (LTC-4) responded with relevance to how clients react to referrals for further assistance, in saying that,

> *Ok, on that you assess their background and their comfortability in going to somebody else, um if we have a married couple, of cause they would want to talk, but the husband would say I do not want to talk to strangers, and I do not want family involved in my issues, but of cause we assess as to the comfortability of the client, and availability of those resources. Services, and not services per se, but support is there, family is always there, eventhough one left home ten years ago, but if they do go back home after establishing the relationship that they have with families and what not, they can always go back and seek assistance from them, but yes people with do that depending on the client. ...Refer to different organisations of course, which poses a problem sometimes, 'if I go seek help somewhere he will know, I did go'.*

Another form of support is through Victim Empowerment Centres (VEP) which "has prioritised crimes against women and children and roughly 52 one-stop service centres were established that provide a wide range of services involving both professionals and volunteers. The services include support groups for survivors; counselling; awareness campaigns; volunteer training; accommodation; crisis intervention; and economic empowerment programmes" (Patel, 2005:p. 183).

Participants' concerns regarding interventions offered.

The researcher further asked the question on "concerns around the interventions offered to trauma survivors of domestic violence" and several concerns were mentioned by the participants, which relate to a need for follow-up programme and also concerns around the external referrals of clients to services with the hope that they will receive help. Several studies have been conducted around the ongoing concerns of the assistance offered by the Department of Justice and the South African Police Service (SAPS) whose sensitivity towards survivors of survivors of domestic violence is still questioned in this study, as seen in some of the statements below, by trauma counsellors who pointed their concerns about SAPS services rendered to survivors of domestic violence. Most of the participants referred to challenges faced by the justice system, as being ineffective as LTC-12 mentioned,

> *"I will say it is not enough, it is not enough at all. Not because I am a woman, it does happen to men. If you go, I will use SAPS because I've been there I've seen it, if a man go to SAPS to report a violence or maybe a wife was beating at him, which is physical abuse, they will laugh at him and he will be angry, go back home and beat the hell out of this woman, and kill her at the end, who is going to be arrested the very same victim? So it is not enough, what our, not the government per se but us as a community. I can't call SAPS and telling them that my neighbour is being beaten, because she has to take a stand not me, you see. 'No mam, we can't come, if she doesn't phone us there's nothing we can do', she doesn't have a cell phone, how can she phone guys. Right now, I talk about someone who is screaming, that I don't know if she is going to be killed or what so, it's not enough."*

Support for lay trauma counsellors.

Lay trauma counsellors' views on the need for professional trauma training.

The majority, 11 of the participants voiced their opinion that professional training is needed in order to conduct trauma intervention strategies with clients, such as trauma debriefing or the crisis intervention with survivors of domestic violence. In fact, based on the her experience in the trauma field, the researcher observed that trauma counsellors

continuously need to keep up to date with new theories, crisis intervention strategies, new insights, policies and legislations regarding domestic violence, in order to ensure quality service delivery to survivors of domestic violence. Some participants offered the following views were offered in confirming the need for ongoing training.

Table 2:
The need for professional trauma training assessed

Trauma Counselor (TC)	**The need for professional trauma training assessed.**
LTC – 1	*I think yes, I feel there is a need for more training and it mustn't stop you see because of the Act, keep on changing you see, and whenever you hear that, this is always happening in the police station, now in the courts, this has changed regarding domestic violence, you see. And we are left hanging, you see we are the first people that receive the call you see, and if you don't have information, you don't know what to do with the person, you are not helping the person, because in a way you are destroying the person because you don't have information. You didn't do anything to a person, so there is a need for training, so I think in a year, it could be twice, if then the organisation doesn't have money, once a year. You see, at least that could be something*
LTC-11	*Yes, I believe that they do need training in terms of trauma counselling, and debriefing as well, because now we hear these things and they get to us, but as much as when we're trained we know that we mustn't take anybody's problems with us, and make it our own, but debriefing is so important, we need to debrief, as soon as possible to take away whatever. Some of the things that the clients are saying, it might trigger something from you as an individual, so it is better for you to deal with whatever at that particular moment.*

The main aspect realized was that the lay trauma counsellors in the field of domestic violence has a need for further training and education in theories and/or models for trauma interventions in dealing with domestic violence cases. Lay trauma counsellors need to become more aware of the appropriate models used when dealing with traumatic

cases of domestic violence and find a common best practice amongst the workers in this field. For example, The Wits Trauma Model and Traumatic Incident Reduction Model (TIR) as mentioned in Literature Review chapter. In relation to the knowledge base of Professional Social Workers (including trauma counsellors), it is seen "in the selection of theories, it is vital that social workers and social service practitioners continuously ask critical questions about the assumptions, beliefs, values, issues, interests, and practices of the range of theories identified above and to select those that are most compatible with the new developmental social welfare and social work paradigm" (Patel, 2005: p.215).

In a research study, Sommer (2008) made reference to the 'Ethical Standards and Council for Accreditation of Counselling 2005 and Related Educational Programs (CACREP) Accreditation Standards', and points out those supervisors must be adequately trained. The likelihood that most counsellors will work with clients who are traumatized are high, hence it is found that trauma-sensitive supervision has been noted as a key factor in mitigating vicarious traumatization. Further suggestions for training institutions and universities, are stipulated in the "American Psychological Association Code of Ethics (APA, 2003) for direct counsellor educators to infuse material related to multiculturalism and diversity and ethical considerations throughout counsellor education curriculum" (p.67).

This same approach could prove useful in the area of vicarious traumatization. For example, crisis counselling strategies could be addressed in course work, such as supervision, professional orientation, skills development, and practicum and internship. For a contextual link to this study, further references can be made to South African Professional Councils such as South African Council for Social Service Professions

(SACSSP) and Health Professions Council of South Africa (HPCSA) for specific guidance on how best to incorporate specific courses such as crisis counselling and trauma intervention strategies, in aid to influence curriculum.

Focus on the lay trauma counsellor's wellbeing and current support provided in the workplace

The researcher explored what support is available for participants in the workplace. It is interesting to note that these employees within the same environment had different views on the support available. The main support sources emphasised several times were in-house debriefings, peer/colleague debriefing and supervisor support. In this current study, eleven participants mentioned a few support services offered by the organisation, while two participants indicated that they receive no support from the organisation.

Ten participants confirmed attending supervision sessions with an in-house Social Worker, while others confirmed support from their immediate supervisors in the workplace. In addition to this some mentioned attending group supervision sessions, while others made use of colleague or peer debriefings after dealing with a complex case. Attending ongoing training was also viewed as support for growth in this field, as was "religion". This comment was verbalized by one participant (LTC-10) who mentioned using her religion as support when needed, in saying

> *"So, we don't find any help here, as a person you'll deal with yourself, for me I'll talk about for me. For me I think me religion, I think that's why. So we don't have any support group here, there is no debriefing. But they have introduced it for this year, but there's no debriefing. So there is no support for us after dealing with the trauma. Unless, maybe I can share with my colleague, maybe I can feel that if maybe this is becoming too much for me is maybe I can debrief with my colleague, but for the organisation, we don't have any support".*

Another participant indicated that the support from the organisation fluctuates from time to time.

In addition, participants found the use of supervision as a pillar of strength in aiding debriefing and in case management support. Etherington (2000) referred to four components necessary for successful supervision of trauma counsellors, namely a strong theoretical grounding in trauma therapy, attention to both the conscious and unconscious aspects of treatment, a mutually respectful interpersonal climate, and educational components that directly address vicarious traumatization. Furthermore, supervisors of trauma counsellors "should be alert to changes in counsellors' behavior with and reactions to clients, intrusions of client stories in counsellors' lives, signs of burnout and feelings of being overwhelmed, signs of withdrawal in either the counselling or the supervisory relationship, and signs of stress and an inability to engage in self-care" (2008, p.64).

Garcia-Herrero, Gutierrez and Ritzel (2013) reflected that previous research has shown that high demands (eg. workload, and emotional issues) combined with low resources (e.g. social, support, control, rewards) were associated with adverse health conditions (e.g. psychological, physical) and had organisational impacts (e.g. reduced job satisfaction, sickness absence). Hence, the findings of this current study included aspects of support, such as "an employee should receive emotional support from colleagues and supervisors when needed" (Garcia-Herrero, Gutierrez and Ritzel, 2013, p. 115). These findings mentioned above are tabulated in Figure 4 below.

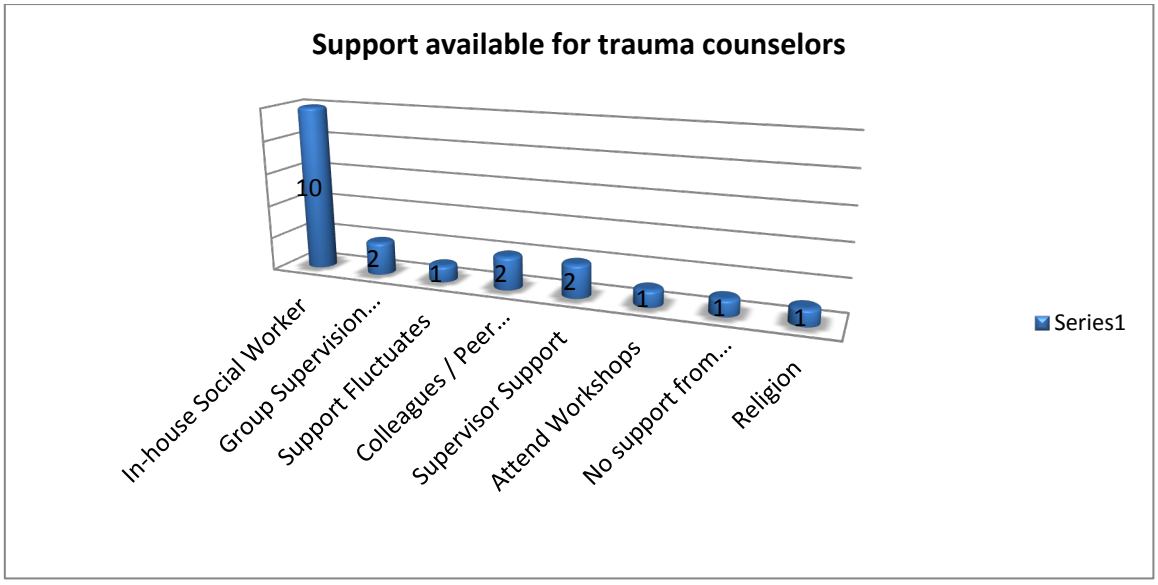


Figure 4: Support available for trauma counselors

The work rendered by participants have a direct bearing on their wellbeing, and the workplace setting where they render these services to survivors of domestic violence, should be mindful of the nature of support and balance between the organisation, the client and the employee (lay trauma counsellors') needs. The researcher asked a question regarding "care that can be offered by their organisations" and notes that the majority requested more debriefing sessions due to the trauma related to domestic violence cases, the second biggest request was for more teambuilding, while other requests involved ongoing training and other "care" (see Figure 5) below. Googins and Godfrey (1987:p. 42) mention that "Social work introduces a framework that can assist both the practitioner and the client – in this case the workplace itself- to grapple with the proper balance between the demands and needs of the organization and those of the employee, the family, and the larger community".

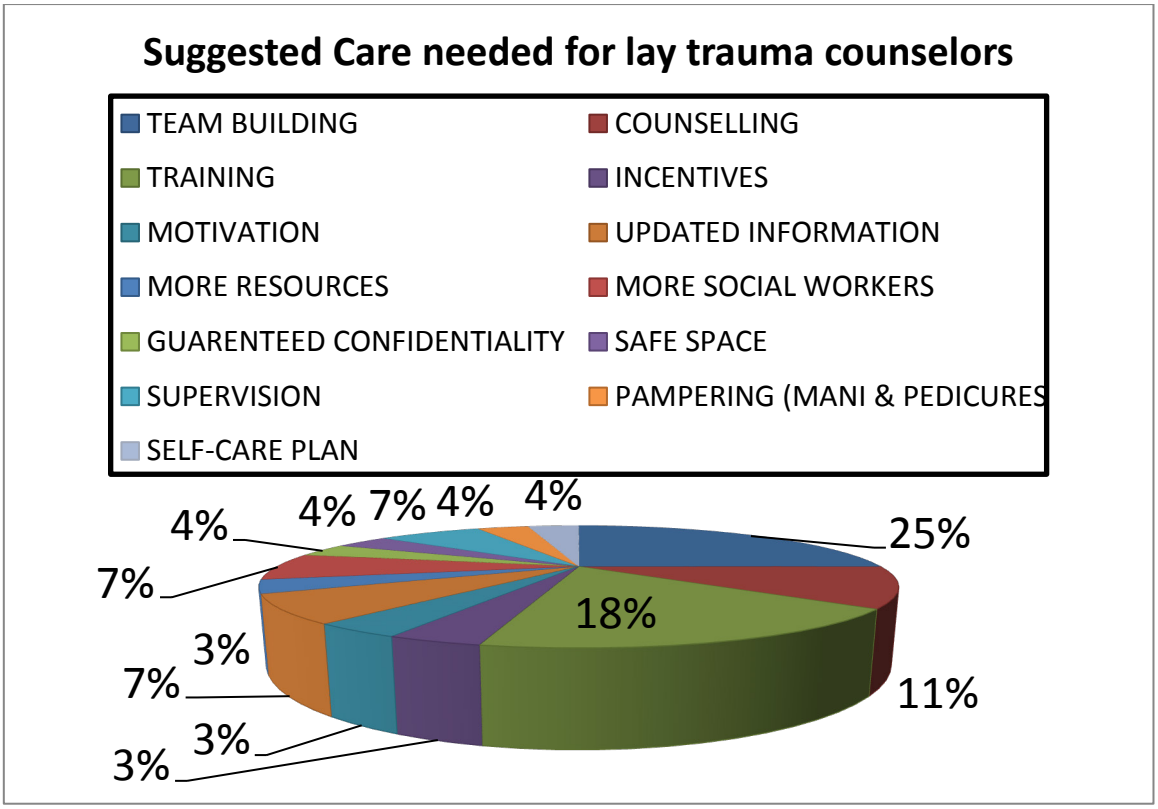


Figure 5: Other support to be offered for trauma counselors.

Although South Africa has been plagued by strikes for higher wages, better work environments, fringe benefits, all of the trauma counsellors implied that they are not looking for material changes, rather for more support regarding their emotional wellbeing. They showed themselves as committed to the work they are doing. This view was aptly captured by one of the participants (LTC-5):

> *"Ok, my experience in that, for me it's fulfilling, that you know that you lending a hand to somebody that needs to be guided. And again, it's at some point we know that we are sitting there to refer them and counsel them, but at some point you gain something from them calling you. At some point you have those moments where you're like, you've never heard of such thing, it becomes an eye opener, that there are other people experiencing different kinds of abuses that may occur in around."*

The researcher observed that the satisfaction of the participants in dealing with survivors of domestic violence seems to be found in the recognition of the positive impact made in the lives of the clients.

Lay trauma counsellors' awareness of systems procedures in the workplace.

An important question presented to research participants was whether the organization that they work for has a Systems and Procedures manual offering them guidelines in determining relevant steps to follow when intervening in domestic violence cases. Four of the participants mentioned that they were not aware of such systems and procedures. Three participants explained that they received guidance from a supervisor, and six indicated that they aware of the process followed in dealing with a client, instead of policies in the workplace. One participant offered the following view,

> *"Actually the organisation has its own setup, it is only setup especially here in our organisation, yes there are some procedures which are available but we need to take them this way, this way. Especially when are dealing with a client, and then you find that a client is very difficult for you there is a need for you to refer to the Supervisor."*

Work environments in general seemed to be guided by policies, written and non-written, which guides the daily operation of the work expectations. However, the findings suggest that trauma counsellors mainly seem to be guided by 'counsellor discretion' or are led by the client's requests as the need arises, and not by clear step-by-step guides of how to facilitate certain cases or situations in a standardized manner. Hence, participants will not aware whether they are to follow any guided steps, in order to avoid any misconduct or inappropriate intervention offered towards clients.

In fact, only three mentioned that they are aware of systems and procedures in place for trauma counsellors to use at the Centre, four were not aware of any and three mentioned that they are guided by their supervisors.

The researcher, in linking occupational social work aspects with the need for systems and procedures in the NGO setting, has found that some of the frustrations of lay trauma counsellors as employees can be eliminated, if relevant systems and procedures are communicated regularly to ensure uniformity in ways of functioning. This study also explored the importance of systems and procedures that guide trauma counsellors in their perspectives of trauma intervention strategies, which is essential to be implemented in organisations in order to ascertain what intervention strategies would be in the best interest of the survivors of domestic violence'. The systems and procedures manual, if effectively implemented will serve as a guide for trauma counsellors on how to operate within their setting, as one can see the conflicting outcome of the responses by participants, all from the same environment.

Summary.

Lay counsellors play a vital role in the provision of trauma intervention strategies to victims of domestic violence. Though limited in skills and resources, their contributions seems helpful. The participants had an opportunity to echo some advice, motivation or message at the end of each interview for their colleagues, working in the same field in making a difference in the lives of survivors of domestic violence. One motivation from a participant (LTC-5) encompass it all, by saying,

> *"...I would say to other counsellors you know to dedicate yourself in doing such a job, eventhough sometimes people do it for money but it is so fulfilling if you know you have done good for the day. You've saved one soul and it will be nice, if a person do this kind of job she must just do it with passion and dedication. And, know that you know, by reaching out is not like, now you are playing God into somebody else's life but at least you know that once today I will sleep with my mind clear and my conscious clear. I've helped out somebody and I've reached out to the community and maybe I've saved a life. So it would be nice if they do it with dedication."*

CHAPTER SIX

Conclusions and Recommendations

The conclusions and recommendations gathered from the participants' findings throughout this study will be listed in this chapter.

Participants Conclusions and Recommendations.

Participants' Conclusions for improved interventions for survivors of domestic violence

The participants recommended that even 'crisis intervention strategies' can be further reviewed in terms of its effectiveness when used as a trauma intervention strategy, in relation to dealing with survivors of domestic violence, specifically in South African context. They offered the following:

- Lay trauma counsellors should receive relevant training on policies, systems and procedures. Most specifically, on their roles and responsibilities in the workplace, as members of a team dealing with trauma responses on a daily basis, including exposure to some methods of self-care strategies appropriate to the trauma counsellor role.
- Lay trauma counsellors recommended further debriefing and support within the workplace, which seems to be an ongoing need within the NGO field, due to lack of resources, eg. lack of funding.
- Qualified Social Workers to impart their knowledge and support to lay trauma counsellors whose passion for the client overshadows their lack of information on trauma models relevant to dealing with survivors of domestic violence. This knowledge network can assist Social Workers, who have been in the trauma field and dealing with domestic violence cases for many years, and might have lost their

passion to work with clients as they used to when entering this field, to be reminded of their passion, where necessary.

Participants' recommendations for further programmes to be developed by Organisations for survivors of domestic violence.

The researcher posed the question to trauma counsellors to make suggestions on "programmes that can be developed by their organisation", and some of their suggestions were similar in terms of the needs of the clients and could be considered by management within these organisations to strategically plan to gradually assess these suggestions, for further development in the organisation, and the following recommendations were offered:

- Support groups (for men and women)
- Networking with other organisations and educating them
- Transport and accompanying client to police station and courts
- Community dialogues and workshops
- To have own building with Shelter & Skills Centre
- Follow up programme & free cell phone service connection
- Income generation & economic empowerment projects
- More volunteers and Social Workers

Hence, it is seen in a study by Logan (2001) on occupational work in Australia, that "the major focus of social work intervention has been based on addressing the organisation as a 'community at work' which forms the prime target and context of practice. This 'community at work' incorporates political, organisational and individual contexts. The social work practitioner works within these spheres to bring about an environmental change in the organisation that will enable employees to address personal problems without fear of retribution from management" (Maiden, 2001: p. 11).

Researchers' conclusions and recommendations.

Researchers' conclusions

The researcher noted that lay trauma counsellors in the field of domestic violence, might not all come to a uniformed way of managing cases of domestic violence, yet there is optimism that NGOs and service providers dealing with domestic violence clients could find ways of networking. Further, there is a need for awareness and educating each other, and the community towards a common goal of eliminating domestic violence in our homes, especially against women and children.

Relevant systems and procedures seems not to be effectively implemented in the workplace, as a result lack of policies introduced to lay trauma counsellors and in some instances where there developed systems and procedures manual is outdated and not implemented. Hence, lay trauma counsellors operate based on their discretion and training gained in the field over the years. Organisations need to ensure that all employees are aware of relevant systems and procedures to guide lay trauma counsellors on trauma interventions for domestic violence cases in order to ensure timeous interventions. For example crisis intervention plans and steps for relevant counselling or referrals to Shelters, where necessary.

It is essential for lay trauma counsellors to be equipped with skills and strategies in best practice trauma models proven to be successful, that have been tried and tested, due to the nature of cases the lay counsellors deal with in an effort to avoid causing any harm to the client. Organisations need to provide employees with adequate resources, such as resource lists, intense trainings and on-going awareness of the vicarious traumatisation in dealing with domestic violence cases, and ensuring that there are appropriate safety and security procedures in the workplace. In some instances, there may be a need for security

officials in the office or cameras to be installed to ensure the safety of lay trauma counsellors dealing with domestic violence cases, where a protection order is necessary and removal of the victim to a safe house.

Further support for developing a trauma management system offering further after care support to clients, specifically in relation to trauma interventions offered by NGOs in dealing with survivors of domestic violence, are needed. NGOs ensure regular networking amongst the relevant service providers for an effective referral system, to eliminate clients becoming frustrated and demotivated in the process.

Researcher's recommendations on systems and procedures in the workplace

The following recommendations are listed below:

- The researcher recommend for NGOs to review their current systems and procedures manuals in dealing with survivors of domestic violence cases, if implemented appropriately in the workplace can aid as a uniformed guide for trauma counsellors in their daily operations.
- Some organisations have an outdated systems and procedures manual and not implemented in the work place, as is the case with this organisation in this study, whilst other organisations need to draft a manual afresh. The researcher recommends that organisations regularly update the systems and procedures manual to ensure that the documents are effectively used.

Researcher's recommendations for further support to be offered to Lay Trauma Counsellors at organisations.

The researcher supports the recommendations of lay trauma counsellors for organizational support to provide debriefing, supervision, teambuilding and other suggested support in order to enhance wellbeing of lay trauma counsellors. These abovementioned elements will support lay trauma counsellors who are passionate in dealing with the wellbeing of the clients, despite the limited support received from organisations.

Researcher's recommendations for further research and development.

The following recommendations are listed below:

- Further research on this topic presented in this current research study will be encouraged, as due to time constraints not sufficient sample of organisations were covered, which means that there is a need to explore the best practices in trauma interventions preferred within the NGOs in the domestic violence field.
- The researcher further focused on the 'support and after care offered to clients' after trauma debriefing has been conducted, hence this area can become a study in the future around the relevant stakeholders involvement in the lives of survivors of domestic violence after trauma intervention strategies have been implemented.
- Further research on developing a South African contextual trauma model/intervention suitable to cater for the psycho-social needs of survivors of domestic violence, is recommended.
- Recommend that Social Work departments at universities to review the curriculum taught, and include courses on trauma models/intervention strategies, to ensure Social

Workers and lay trauma counsellors are well equipped for specialized fields, such as the trauma field, and specifically to enhance their skills in dealing with survivors of domestic violence.

References

Abel , E. M. (2001). Comparing the Social Service Utilization, Exposure to Violence, and Trauma Symptomology of Domestic Violence Female "Survivors" and Female. *Journal of Family Violence, Vol. 16, No.4, December 2001.* Retrieved July 06, 2012, from http://empower-daphne.psy.unipd.it/userfiles/file/pdf/Abel%20E_%20-%202001.pdf.

American Psychological Association. (2003). *Ethical principles of psychologists and code of conduct.* Retrieved July 2012, from http://www.apa.org/ethics/code2003.html

Amnesty International. (2004). *It's in our hands: Stop violence against women.* Oxford, United Kingdom: Alden Press.

Babbie, E. (2004). *The practice of social research.* . Belmont: Thomson/Wadsworth.

Bendall, C. (2010). The Domestic Violence Epidemic in South Africa: Legal and Practical Remedies. *Women's Studies, 39*(2), 100-118. doi:doi:10.1080/00497870903459275.

Bergh, Z. L., & Theron, A. (2003). *Psychology in the work context* (2 ed.). Cape Town: Oxford.

Black, V., Spraque, C., & Chersich, M. (2011). Interruptions in payments for lay counsellors affects HIV testing at antenatal clinics in Johannesburg. *South African Medical, 101*(6), 407-408.

Bober, T., Regehr, C., & Zhou, Y. (2006). Development of the Coping Strategies Inventory for Trauma. *Journal of Loss and Trauma, 11*(1). doi:10.1080/15325020500358225

Brailsford, P. D. (2007). Models of Trauma Treatment. In P. D. Brailsford, *A Practical Approach to Trauma: Empowering Interventions.* SAGE Publications, Inc. doi:10.4135/9781452204123

Briner, R., & Rick, J. (2004). *Trauma management vs. stress debriefing. What should organisations do?* Retrieved June 2013, from http://www.bacpworkplace.org.uk/journal_pdf/acw_autumn04_a.pdf.

Carter, B., & McGoldrick, M. (2005). *The Expanded Family Life Cycle: Individual, Family and Social Perspectives.* (3 ed.). USA: Allyn & Bacon.

Chu, J. A. (1998). *Rebuilding shattered lives: The responsible treatment of complex post-traumatic and dissociative disorders.* New York: Wiley.

Coulter , M. (2004, May). *Impact of Domestic Violence on the Employment of Women on Welfare.* Retrieved from NCJRS: https://www.ncjrs.gov/pdffiles1/nij/grants/205294.pdf

Dalal, K., & Dawad, S. (2011). Economic Costs of Domestic Violence: A Community Study in South Africa. *HealthMed, ISSN 1840-2291* , 1931-1940. Retrieved June 2012, from http://urn.kb.se/resolve?urn=urn:nbn:se:his:diva-5898

De Vos, A., Delport , C., Fouche, C., & Strydom, H. (2011). *Research at grass roots: A primer for the social science and human professions* (4 ed.). Pretoria, South Africa: Van Schaik Publishers.

Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2000). *Changing violent men.* London, United Kingdom: Sage Publications.

Domestic Violence. (2004). Retrieved December 2013, from South African Police Service: http://www.saps.gov.za/crime_prevention/women/domestic_violence.htm

Domestic Violence Act 116 of 1998. (As amended 2008). Retrieved from http://www.justice.gov.za/legislation/acts/1998-116.pdf

Eagle, G. T. (2000). The shattering of the Stimulus Barrier: the Case for an Integrative Approach in Short Term Treatment of Psychological Trauma. *Journal of Psychotherapy Integration, Vol. 10, 301-32. Retrieved April, 2009, from*, 301-302. Retrieved April 2011, from http://www.icisf.org/articles

Etherington, K. (2000). Supervising counsellors who work with survivors of childhood sexual abuse. *Counselling Psychology Quarterly, 13*(4), 377-389. doi:10.1080/09515070110037975

Everly, G. S., & Mitchell, J. T. (2005). A Primer on Critical Incident Stress Management (CISM). Retrieved July 20, 2013, from http://www.icisf.org/about/cismprimer.pdf

Fassin, D. &. (2007). *The Empire of Trauma: An Inquiry into the Condition of Victimhood.* New Jersey: Princeton University Press.

Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. (2009). *Effective Treatments for PTSD.* New York: The Guilford Press.

Friedman, M. (2006). *Post-traumatic and Acute Stress Disorders: the latest assessmentand treatment strategies.* Kansas City: Compact Clinicals.

García-Herrero, S. M. (2013). Using Bayesian networks to analyze occupational stress caused by work demands: Preventing stress through social support. *Accident Analysis & Prevention, 57*, 114-123. doi:10.1016/j.aap.2013.04.009

Gass, J. D., Stein, D. J., William, D. R., & Seedat , S. (2011). Gender Differences in Risk for Intimate Partner Violence Among South African Adults. *Journal Of Interpersonal Violence, 26*(14), 2764-2789. doi:10.1177/0886260510390960

Googins, B. &. (1987). *Occupational Social Work.* New Jersey: Eaglewood Cliffs.

Gray, M., & Webb, S. A. (Eds.). (2010). *Ethics and Value Perspectives in Social Work.* New York: Palgrave Macmillan.

Hartzenberg , L. M. (2001). *A cross-cultural counseling programme for adolescents traumatized by family violence.* Retrieved July 20, 2012, from UPeTD: University of Pretoria: electronic thesis and dissertations: http://upetd.up.ac.za/thesis/available/etd-11032005-102348

Herman, J. L. (1997). *Trauma and recovery.* New York: Basic Books.

Interfund. (2004). *Working with men: to end gender-based violence.* South Africa: Global Print.

Johnson, M. P., & Ferraro, K. J. (2000, Nov). Research on Domestic Violence in the 1990s: Making Distinctions. *Journal of Marriage and the Family, 62*(4), 948-963. Retrieved December 02, 2013, from http://www.jstor.org/stable/1566718

Kelly, J. B., & Johnson, M. P. (2008, July 3). Differentiation amongst types of intimate partner violence: research update and implications for interventions. *FAMILY COURT REVIEW*, 476-499. Retrieved December 02, 2013

Kree, C. R. (2009). *Healing the Nation: Reviewing the Wits Trauma Model's applicability in South Africa in 2009.* Thesis, University of Witwatersrand, Social Work, Johannesburg.

Leedy, P. D., & Ormrod, J. E. (2010). *Practical Research: Planning and Design* (9 ed.). United States of America: Pearson Education Inc.

Levitt, H., Swanger, R., & Butler, J. (2008). Male Perpetrators'Perspectives on Intimate Partner Violence, Religion, and Masculinity. *Sex Roles, 58*(5/6), 435-448. doi:10.1007/s11199-007-9349-3

Luckhurst, R. (2008). *The Trauma Question.* Great Britain: Antony Rowe Ltd.

Macritchie, V. (2006). *Secondary Traumatic Stress, Level of Exposure, Empathy and Social Support in Trauma Workers.* Thesis, University of Witwatersrand, Social Work, Johannesburg.

Maiden, R. P. (Ed.). (2001). *Global Perspectives of Occupational Social Work. New York.* New York: The Haworth Press, Inc.

Marotta, S. A. (2011). Best practices for counselors who treat posttraumatic stress disorder. *Journal of Counseling & Development, 78*(4), 492-495. doi:10.1002/j.1556-6676.2000.tb01933

Mc Nally, R. J., Brayant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest (Wiley-Blackwell) , 4*(2), 45-79. doi:10.1111/1529-1006.01421

McLaughlin, H. (2007). *Understanding Social Work Research.* London: Sage Publications Inc.

McLeod, J. (2009). *An to Counselling* (4 ed.). England: Open University Press.

Midgley, J. (1995). *Social Development: The Developmental Perspective in Social Welfare.* London: Sage Publications Inc.

Ndlovu, I. (2006). *The perceptions of abused women at Orthandweni regarding the challenges they face on reporting any form of abuse.* Dissertation, University of Witwatersrand, B.A Social Work, Johannesburg.

Ndlovu, N. (205). *Social workers' views on the nature of social work intervention with women exposed to domestic violence.* Dissertation, University of Witwatersrand, B.A. Social Work, Johannesburg.

Ndzimbovu, T. P. (2007). *Long-term effects of child sexual abuse: The therapists perspective.* Dissertation, University of Witwatersrand, B.A. Social Work, Johannesburg.

Netting, F. E. (1993). *Social Work Macro Practice.* White Plains: New York.

Norden, B. (1995). *Type A Components, perceived control and related outcomes.* Dissertation, University of Witwatersrand, Johannesburg.

Orme, J., & Shemmings, D. (2010). *Developing research based social work practice.* (J. Campling, Ed.) New York: Palgrave and Macmillan.

Ortiz-Barreda, G., & Vives-Cases, C. (2013). Legislation on violence against women: overview of components. *Pan American Journal Of Public Health, 33*(1), 61-72. doi:10.1016/j.healthpol.2010.11.015

Ortlepp, K. (1998). *Non-professional trauma debriefers in the workplace: individual and organizational antecedents and consequences of their experiences.* Dissertation, University of Witwatersrand, Johannesburg.

Ortlepp, K., & Friedman, M. (2007). Prevalence and Correlates of Secondary Traumatic Stress in Workplace Lay Trauma Counselors. *Journal Of Traumatic Stress, 15*(3), 213.

Padgett, D. K. (2008). *Qualitative methods in social work research* (2 ed.). London: Sage Publication Inc.

Patel, L. (2005). *Social Welfare & Social development in South Africa. South Africa: Oxford University Press.* South Africa: Oxford University Press.

Payne, G., & Payne, J. (2004). *Key Concepts in Social Research.* New Delhi: Sage Publications Inc.

Republic of South Africa: Government Gazette. Act No. 116, 1998. Domestic Violence Act, 1998. (1998). Retrieved July 17, 2012, from PMG: http://www.pmg.org.za/files/doc/2012/a116-98.pdf

Rose, S. C., Bisson, J., Churchill , R., & Wessely, S. (2009). *Psychological debriefing for preventing post-traumatic stress disorder (PTSD).* Retrieved August 15, 2012, from The Cochrane Library: http://www.thecochranelibrary.com/userfiles/ccoch/file/CD000560.pdf

SAPA. (2011, August 24). *Concern over domestic violence stats.* Retrieved July 17, 2012, from News 24: http://www.news24.com/SouthAfrica/News/Concern-over-domestic-violence-stats-20110824

Schroeder, E., & Newhouse, L. (2004, October). Gender and Small Arms: Moving into the mainstream. *ISS Monograph Series, 104*.

Scott, M. J., & Palmer, S. (Eds.). (2000). *Trauma and Post-traumatic Stress Disorder.* London: Wellington House.

Seely, M. R. (2007). *Psychological debriefing may not be clinically effective:implications for a humanistic approach to trauma intervention.* doi:10.1002/j.2161-1939.2007.tb00034.x

Shaw, I., Briar-Lawson, K., Orme, J., & Ruckdeschel, R. (Eds.). (2010). *The Sage Handbook for Social Work Research.* New Delhi: Sage Publications Inc.

Sibanda, N. (2007). *Women's Experiences: of the Criminal Justice System and access to psycho-social support.* Johannesburg, RSA: Motherwise Publications.

Simister, J. (209). The importance of being earners: why women in South Africa need well-paid jobs. *Development Southern Africa, 26*(5), 709-719. doi:doi:10.1080/03768350903303217

Slawinski, T. (2005). A Strengths-Based Approach to Crisis Response. *Journal of Workplace Behavioral Health, 21*(2), 79 — 88. Retrieved May 2012, from http://isw.sagepub.com/content/early/2012/03/27/0020872811435371.full.pdf

Sommer, C. A. (2008, September). Vicarious Traumatization, Trauma-Sensitive Supervision, and Counselor Preparation. *Counselor Education & Supervision, 48*(1), 61-71. doi:10.1002/j.1556-6978.2008.tb00062.x

South African Police Services. (2010/2011). *Crime Report 2010/2011.* Retrieved July 17, 2012, from South African Police Services: www.saps.gov.za/statistics/reports/crimestats/2011/crime_stats.htm

South African Police Services. (n.d.). Results of analysis of routinely collected data from South African Police Service (SAPS) conducted as part of the GL/MRC Gauteng

GBV Indicators.Pilot Project. Retrieved July 17, 2012, from http://www.genderlinks.org.za/attachment.php?aa_id=12388

Statistics South Africa. (2011). *Statistical release P0341. Survivors of crime survey 2011.* Retrieved July 17, 2012, from Statistics South Africa: http://www.statssa.gov.za/publications/P0341/P03412011.pdf

Sue, D., Sue, D. W., & Sue, S. (2003). *Understanding Abnormal Behaviour* (7 ed.). Boston: Houghton Mifflin Company.

Tangelder, S. (1997). *Battered Beaten But not Broken: What the police do to combat violence against women around the world.* Amersfoort, The Netherlands: Tandem Felix.

United Nations:General Assembly. (1994). Retrieved from UNHCR: http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En

Vahid, R. (2013). Study of domestic violence against women. *Nature & Science*, 55-58. Retrieved November 29, 2013

Valentine, P. V. (1997). *Traumatic Incident Reduction: Brief Treatment of Trauma-Related.* Retrieved July 6, 2012, from Knowledge Bank: https://kb.osu.edu/dspace/handle/1811/36890?show=full.

Valentine, P. V. (1998). Traumatic incident reduction brief treatment trauma-related symptoms incarcerated females. *National Symposium on Doctoral Research in Social Work, 10*. Retrieved from http://hdl.handle.net/1811/36890

van Emmerik, A., Kamphuis, J., Hulsbosch, A., & Emmelkamp, P. (2002). Single session debriefing after psychological trauma: a meta-analysis. *Lancet*, 766-771.

Van Wyk, G. (2009). From trauma debriefing to trauma support: A South African developed model for early intervention following trauma. Retrieved July 2012, from http://www.goarticles.com/cgi-bin/search.cgi.

Wathen, C., & MacMillan, H. L. (2013). (2013). Children's exposure to intimate partner violence: Impacts and interventions. , 18(8), 419-422. *Paediatrics & Child Health (1205-7088), 18*(8), 419-422.

Wessely, S., & Deahl, H. (2003). Psychological debriefing is a waste of time. Retrieved August 22, 2012, from http://bjp.rcpsych.org/content/183/1/12.full.

APPENDIX A

PARTICIPANT INFORMATION SHEET

Good day,

My name is Eulinda Smith and I am a Social Work student registered for a post-graduate degree at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research into trauma debriefing as a stand-alone intervention strategy for survivors of domestic violence. Trauma counsellors working in the field of domestic violence can volunteer to participate in the study. It is hoped that this information may enhance our understanding of how effective this type of trauma intervention strategy is proving to be in the Johannesburg area, from the perceptions of trained counsellors working at non-government organisations specializing in the field of trauma. It is envisaged that some participants will be asked to be interviewed a second time for confirmation of information.

I therefore invite you to participate in my study by co-operating with semi-structured interviews. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately 45 minutes. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be tape recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview may include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you feel the need for supportive counselling following the interview, I have arranged with Pravilla Naicker (Psychologist @ CSVR) not involved in the study that can help with the debriefing or make a referral to an appropriate counsellor in the event that any distress is experienced.

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on 083 638 1843. Further queries regarding the research study can be obtained from my research supervisor, Mrs. Priscilla Gerrand. Her contact details are (011) 717-4475 or Priscilla.Gerrand@wits.ac.za,should any information be required. Should you wish to receive a summary of the research findings, this will be readily available upon request.

Kind Regards,

Eulinda Smith
Student: M.A. Occupational Social Work

APPENDIX B

CONSENT FORM FOR PARTICIPANTS IN THE STUDY

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name of Participant: _____

Date: _____

Signature:_____

APPENDIX C

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to the tape-recording of the interview. I understand that information shared will be kept confidential at all times and that the tapes will be destroyed two years after any publication arising from the study, or six years after completion of the study if there are no publications.

Name of Participant: _____

Date: _____

Signature:_____

APPENDIX D

SEMI-STRUCTURED INTERVIEW SCHEDULE

AGE		**GENDER**	M/F
RACE	B/W/C/A	**CURRENT JOB TITLE**	
PROFESSIONAL TRAINING ATTAINED			
DURATION OF WORK EXPERIENCE IN THE FIELD OF TRAUMA			
NAME OF EMPLOYER			

PERCEPTIONS OF TRAINED COUNSELORS (Management system)

1. When do you determine the need for trauma intervention to be conducted with victims of domestic violence?

2. Which trauma intervention model do you prefer in working with domestic violence cases?

3. How does the functionality of victims of domestic violence progress, after trauma intervention has been conducted? Why? (Reflect on process)

4. What is your opinion regarding the need for professional training in order to facilitate a trauma intervention session with trauma survivors of domestic violence? On what do you base this opinion?

5. What is your opinion on the need for trauma intervention, to be extended to family members of the client? Explain how? (Reflect on process).

6. What are some of your concerns around the interventions offered to trauma survivors of domestic violence? Please explain your answer.

SUPPORT/AFTER CARE OF CLIENTS

1. How do you establish the need for a client to be referred to relevant resources or linked to a support system, after trauma intervention has been conducted?

2. How do you ensure that clients return for further services or make use of referrals after a session of trauma debriefing has been conducted?

3. Do your clients attend a support/aftercare group? Please explain your answer.

4. Should there be further programmes developed at your organisation to ensure that clients receive support after attending a trauma intervention session? What would you suggest?

5. What information is available at your organization to assist domestic violence victims by referring them to relevant resources in the community should the need arise. Please explain.

6. Is there anything (like advice/motivation) that you would like to share with other trauma counselors dealing with trauma survivors of domestic violence?

OCCUPATIONAL/ORGANISATIONAL RELATED QUESTIONS

7. What policies are you aware of in the workplace that guides you as a trauma counselor in dealing with domestic violence cases? If not in place, what procedures do you follow?

8. How would you describe the communication between management and staff on policies implemented within the organisation?

9. What kind of support is available for the professional (you) at your organisation after dealing with traumatic cases, such as domestic violence? (Reflect on the need thereof).

10. What care do you suppose counselors should receive for further support on this journey of working with victims of domestic violence? Give suggestions.

11. Does your organisation have a Systems and Procedures manual that supports you in determining relevant steps to follow when intervening in domestic violence cases? If yes, how effectively is it implemented? (If not, do you see a need to develop such a document?) If your organisation already has a manual, what do you think thereof e.g. is it user friendly? Is the content therein relevant? etc. If you do not have a manual, what content would you like to be included in such a manual and how should this information be presented in a manual?

12. In what ways can such a document (in question 5) benefit the organisation?

13. If you were the manager of this organisation, what aspects of the trauma counselors' work would you implement some change?

Annexure E: Critical Incident Stress Management (CISM): The Core Components

Table 1: Critical Incident Stress Management (CISM): The Core Components (Adapted from: Everly and Mitchell, 1999)

	INTERVENTION	TIMING	ACTIVATION	*GOAL*	FORMAT
1.	Pre-crisis preparation.	Pre-crisis phase.	Crisis anticipation.	Set expectations, Improve coping, Stress management.	Groups/ Organizations.
2.a	Demobilizations & staff consultation (rescuers).	Shift disengagement.	Event driven.	To inform and consult, allow psychological decompression. Stress management.	Large groups/ Organizations.
2b.	Crisis Management Briefing (CMB) (civilians, schools, business).	Anytime post-crisis.			
3.	Defusing.	Post-crisis (within 12 hours).	Usually symptom driven.	Symptom mitigation. Possible closure. Triage.	Small groups.
4.	Critical Incident Stress Debriefing (CISD)	Post-crisis (1 to 10 days; 3-4 weeks mass disasters)	Usually symptom driven; can be event driven. -	Facilitate psychological closure. Sx mitigation. Triage.	Small groups.
5.	Individual crisis intervention (1: 1).	Anytime, Anywhere.	Symptom driven	Symptom mitigation. Return to function, if possible. Referral, if needed.	Individuals.

6.	Pastoral Crisis Intervention.	Anytime, Anywhere.	Whenever needed.	Provide spiritual, faith-based support.	Individuals/ Groups.
7a.	FamilyCISM.	Anytime.	Either symptom driven or event driven.	Foster support & communications. Symptom mitigation. Closure, if possible. Referral, if needed.	Families/ Organizations.
7b.	Organizational consultation.				
8.	Follow-up /Referral.	Anytime.	Usually symptom driven.	Assess mental status. Access higher level of care, if needed.	Individual/ Family.

[From: Everly, G. & Mitchell, *J.* (1999) Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention. Ellicott City, MD: Chevron Publishing.]