

Chapter 4

Results and Discussion

Introduction

This chapter aims to draw together and discuss the themes which emerged from the transcripts obtained in this study. While the aim of this study was to investigate and describe how victims of crime perceive the services rendered by lay counsellors, the results also indicate factors which may have influenced these perceptions. This can only be suggested however, as the relationship between various factors cannot be verified using qualitative research methods. Although biographical information is not strictly considered a theme in this study, a summary of this information is presented at the beginning of this section and discussed later on, as it is thought to have significant implications for this study. This will then be followed by a discussion on the main themes obtained in this study. These main themes were related to the symptoms experienced by the participants, time-related issues, the victim support centre used in the study, the victim's perceptions of lay counsellors and psychologists, the interventions and model used by lay counsellors and finally, the participants overall perceptions of the services rendered by lay counsellors. A summary of the themes can be found in Appendix F at the end of this report.

1 Biographical Information

Participant	A	B	C	D	E
Age	20	35	40	28	22
Marital Status	Single	Married	Divorced	Single	Single
Language	English	English	Afrikaans	English	Afrikaans
Race	White	White	White	White	White
Gender	Female	Female	Female	Female	Female
Previous Traumas	2	Did not say	4 (All in 2004)	3	Did not say

2 Symptoms

There is an ongoing debate about whether early interventions alleviate, worsen or have no effect on the symptoms experienced due to a traumatic incident (Friedman, 2003; Fullerton et al., 2002; Rose et al., 2003). In the following discussion, the symptoms experienced by the participants in this study will be considered according to three different time-frames. These will include symptoms experienced by the participants immediately after the incident, the symptoms following the intervention with the lay counsellor and the symptoms at the time of the interview conducted for this study. This will be done in order to assess which symptoms were experienced and whether the participants perceived the intervention as having an impact on alleviating these symptoms across the various time-frames. The participant's perceptions will then be considered in relation to whether they found the intervention to be helpful, hindering or having no effect in Section 8.4 of this chapter.

2.1 Symptoms experienced immediately after the incident

Every participant in this study experienced some of these symptoms following their traumatic incident. Participant A felt 'jumpy', broke down for no reason and just started crying. Participant B also felt 'jittery', found that she could not sleep and was exhausted. She was unable to concentrate and found that following this 'massive shock', she was very scared, angry and cried. Participant C also felt that it had been a 'massive shock' and said that she felt numb and hopeless and she too cried and broke down. Participant D felt angry and petrified while Participant E felt numb and very nervous. According to Hybels-Steer (1995), trauma leaves the victim feeling weak, defenceless and paralysed after an incident in which extreme fear was experienced. Individuals who have experienced a traumatic incident may also experience symptoms such as feeling emotionally numb, angry, tearful, anxious, irritable, restless, enraged and panicked. They often experience reactions such as denial, disbelief, disorientation, confusion, hyper-vigilance and even depression (Barlow & Durand, 1999; Gilliland & James, 1993; Hybels-Steer, 1995).

Hybels-Steer (1995) further notes that some effects on the mind may include numbing, confusion, unusual thoughts, forgetfulness and even disrupted memories.

These symptoms were experienced particularly by three of the participants. Participants D and E were both afraid to return to the crime scene and Participant E kept calling her father, who had also been involved in the incident. Participant C said she felt like she was ‘in a cocoon ... a different person ...coasting, in limbo ... spaced out ... lost ... we were just dummies’. She mentioned that it felt like everything had collapsed around her and she experienced sudden unexpected panic 4 months after the incident. According to Waites (1993), being exposed to a shocking incident may also lead to a lowered level of norepinephrine in the brain. This, according to Barlow and Durand (1999), not only has a relationship with a person’s reaction of panic, but may even lead to depression, a symptom which has been experienced by Participant C. Furthermore, it has been shown that experiencing a traumatic incident often results in dissociation, intrusively reliving the experience, attempts to avoid reminders of the incident, as well as persistent psychological arousal (Perrin et al., 2000; Sue et al., 1997).

These results indicate that all the participants experienced symptoms considered by various authors to be normal symptoms following a traumatic incident (Barlow & Durand, 1999; Gilliland & James, 1993; Hybels-Steer, 1995; Perrin et al., 2000; Sue et al., 1997; Waites, 1993). In an attempt to contribute to the ongoing debate about whether debriefing alleviates, improves or worsens the symptoms associated with a traumatic incident, these symptoms will be compared to symptoms experienced by the participants after the intervention with a lay counsellor at the support centre (Fullerton et al., 2002).

2.2 Emotional, behavioural or social changes following the intervention

In order to gain a more in-depth understanding of the perceived impact of interventions following a traumatic incident, participants were asked whether they had experienced any changes following the interventions with lay counsellors at the support centre. Participant A still felt ‘jumpy’ but not to the same extent as she did

immediately after the incident. Participant B felt that although she did not experience any changes, she did not experience worse symptoms after the intervention. Participant C also did not experience any behaviour change, but felt that she was better able to cope with others who had been through a similar experience. Participant D mentioned that she experienced negative behaviour changes after the intervention, but felt that this was due to the incident itself and not due to an ineffective intervention. She also mentioned that the feelings of anger and fear associated with going past the corner where the incident took place only developed a month later. Participant E mentioned that she did not experience any changes after the intervention.

While the results in this study indicate that one participant experienced an improvement in some symptoms, three participants reported not experiencing any changes and one participant reported experiencing worse symptoms following the intervention. Since the majority of participants in this study did not experience any changes following the intervention, it could be suggested that debriefing interventions are not as effective as anticipated (Friedman, 2003; Fullerton et al., 2002; Rose et al., 2003). This was not the case with all participants however, and further studies will need to be undertaken in order to resolve this debate. In order to establish whether the symptoms had changed over a longer time period and whether this had an effect on the participants perceptions about the services rendered, consideration will be given to symptoms which still occurred at the time of the interview.

2.3 Symptoms that participants still experienced at the time of the interview

Although the participants were not directly asked, all participants commented on the symptoms they were still experiencing at the time of the interview. These results are considered to be invaluable, as they may contribute not only to the ongoing debate about the effectiveness of these interventions, but may also be relevant to the participant's perceptions of the services rendered by the lay counsellors in this study.

Participant A felt that the remaining symptoms were not due to ineffective interventions, but rather the fact that they will probably never go away. Participant B felt that she still gets frights easier and that although she still felt 'a little bit jittery', she maintained that this will probably last forever. Participant C often feels that she is not coping at all and that she has not dealt with the traumatic incident, as 'there are still residues I feel'. She maintained that although she is not completely fearful, she still panics and feels powerless. She mentioned that she has learned however that 'you cannot really ever get rid of it, because it is part of your life experience'. The impression of all three participants that their symptoms may never dissipate, is considered to correspond with evidence that suggests that symptoms could last for an extended period and may even continue for several years ("Victims Will Be", 2004). This brings into question the effectiveness of debriefing however, as some authors suggest that this type of intervention may actually delay the natural healing process and prolong trauma in victims (Fattah, 1986, in Frieberg, 2001; Friedman, 2003). Although Participant A felt that the symptoms still being experienced may not be due to ineffective interventions, this may be the case, according to literature.

Participant E felt that she is more neurotic and more aware of her surroundings than before, while Participant D has become petrified of death. Participant D mentioned that she often wakes up screaming and finds that she is afraid, on edge and does not feel in control anymore. She also feels that she has lost her trust in others. According to various authors, some studies have indicated that interventions worsen instead of improve symptoms (Friedman, 2003; Fullerton et al., 2002; Rose et al., 2003). Certain symptoms experienced by the participants in this study at the time of the interview, could be considered severe. This again brings the effectiveness of interventions in reducing the severity of symptoms as suggested by Friedman (2003) into question. However, there could be various explanations for the fact that all the participants in this study were still experiencing certain symptoms at the time of the interview. As the type of crime was not specified as inclusion criteria, it is suggested that this may have had an influence, although this is uncertain.

Results obtained in Section 2.2 of this chapter indicated that some participants in this study did not experience any changes following the intervention. The results obtained in this section indicate that all participants still experienced some symptoms at the time of the interview. It could therefore be suggested that debriefing interventions may not be as effective in alleviating the symptoms as suggested by some of the literature reviewed. The ongoing debates about whether early interventions alleviate, worsen or have no effect on the symptoms experienced due to a traumatic incident, therefore continues. It could further be suggested however, that these results are related to the intervention's short-term nature, and that the participants may have needed further counselling. This will be discussed further in Section 6.2 of this chapter. In order to gain an in-depth understanding of the implications of these results in relation to whether participants perceived the interventions as helpful, hindering or having no effect, they will be incorporated into further discussions in Section 8.4 of this chapter.

3 Time

Symptom changes have been considered according to different time-frames following the traumatic incident, in order to assess what impact the interventions by lay counsellors may have had on the symptoms experienced by the participants. This was not the only consideration given to time in this study however, as the theme of time emerged at various levels as the study progressed. In the following discussion, consideration will be given to the time lapse between the traumatic incident and the first contact or intervention, and the time lapse between the intervention and the interview held for the purpose of this study. This will be done in order to assess what impact these time lapses may have had not only on the intervention, but on the study itself.

3.1 Time lapse between traumatic incident and contact or intervention

According to literature, the timing of the interventions is crucial (Friedman, 2003; "Psychological Debriefing", 2000). These authors maintain that incorrectly timed interventions may not only result in the re-traumatization of victims due to the early

re-exposure to traumatic material, but may actually interfere with the natural way victims react to the incident, delay the natural healing process and even prolong trauma in victims. In order to assess the validity of these statements relevant to the participants in this study, the time lapse between the traumatic incident and initial contact or interventions, will be further discussed.

Participants B, C and D were all contacted within 24 hours of the incident and all three considered this to be very positive. Participant B mentioned that the counsellor called the next morning, 'which was wonderful'. Participant C felt that it was very important to know that somebody was coming the next day to 'make it okay'. This was like a 'lifeline' for her to get through a trying night, 'the fact that [the counsellor] was coming the very next day after the trauma, for me was, she was literally saving me'. Although Participant B was contacted telephonically within 24 hours, she was handed over to another counsellor and only attended the face-to-face intervention about a week later. She felt that she had come to terms with what had happened by then and was not as positive about the second counsellor. This may indicate that being counselled over the telephone is enough and that victims may not need face-to-face counselling, which could be investigated in further studies.

Of the participants who were not contacted immediately, Participant A only went for the face-to-face intervention about a month after the incident and felt she had dealt with many of the issues herself by then. She also felt that the counsellor should be on the crime scene, due to the fact that 'at that point in time you need as much help, of emotional support as you can get'. Participant E was also only contacted about 3 weeks after the incident and went for her face-to-face session the day after that. She also felt that by this time she had had enough time to process the incident by herself. She felt that she had re-told the story so often to her friends, that it was just another story by the time she saw the counsellor. Although this may imply that telling the story to anybody is beneficial, this will be addressed further in Sections 5.2 and 7.1 of this chapter. She also felt that 'maybe if it happened ... the day after, I would have benefited much, much more'. Participant E also mentioned

that her father had gone to see the same counsellor within a week and that he found the intervention very beneficial.

From these results, it seems that the timing of the interventions was perceived as essential by the participants, which is in line with literature (Friedman, 2003; “Psychological Debriefing”, 2000). The three participants who were contacted shortly after the incident felt that this was highly beneficial. They did not report being re-traumatized due to the early re-exposure to traumatic material or that this interfered with the natural way they reacted to the incident. This does not correspond with the literature however. Whether there was a delay in the natural healing process or prolonged trauma in these participants, could not be established for certain however.

The results found in this study seem to indicate that participants perceived being contacted as soon after the incident as possible as highly advantageous, and that those who were contacted later felt that they had already dealt with the incident themselves. The issue related to the timing of the intervention following a traumatic incident needs to be further investigated however, as two participants had conflicting views. Participant B was advised by the counsellor at the support centre not to come for a face-to-face intervention too soon, but rather to wait until things had settled a little and for her mind to ‘start with its nonsense’. Participant C, on the other hand, felt that the counsellor at the support centre had assessed too quickly whether she was ‘okay or not’ and that the trauma only affected her ‘a couple of months later’. The timing of the intervention does therefore seem to be crucial, as recommended by literature, and should be considered by the lay counsellors rendering the services to victims of crime (Friedman, 2003; “Psychological Debriefing”, 2000).

3.2 Time lapse between intervention and interview

The interviews were undertaken 7 to 11 months after the traumatic incident. This time-frame was chosen by the researcher as it was felt that the participants may still

have had sufficient memory of the intervention, while allowing the participant's time to process the experience and not be re-traumatised by the interview process. None of the participants in this study felt that they had been re-traumatised by the interview process. Although Participant A was interviewed nearly 8 months after the intervention and Participant C was interviewed 7 months after the intervention, neither participant commented on the time lapse. Participant B was interviewed 11 months later and could not remember all the details of the intervention as 'it is still a bit fuzzy'. Participants D and E could also not remember all the details of the intervention as the interview was nearly 8 and 11 months earlier respectively. Although it seems that there is no real pattern concerning the time lapse between the intervention and the interview, the participants' inability to remember all the details from the intervention may in some way have influenced their perceptions of these interventions. This is a limitation which needs to be kept in mind when considering the outcome of this study.

Consideration has been given to the time lapse between the traumatic incident and the first contact or intervention, and the time lapse between the intervention and the interview held for this study. The results clearly indicate that the participants perceived the timing between the incident and the intervention to be crucial. It is uncertain however, what impact the time delay between the intervention and the interview had on the outcome of this study. Another important aspect to consider as possibly influencing participant's perceptions, relates to the victim support centre itself.

4 Victim Support

The victim support centre used for this study is based at a police station in Gauteng, where lay counsellors work in close collaboration with the police in order to optimally help victims affected by crime. Although participants were only asked whether they thought there was a need for such support centres, they also commented on themes relating to sources of referral, payment, the location of the support centre and the police.

4.1 Need for support services

According to literature, there are not enough professional resources to support victims who have been affected by crime in South Africa (Louw, 2002, in Painter & Terre Blanche, 2004). This leads to the need for victim support centres making use of lay counsellors, to meet the ever-increasing need for available, appropriate and accessible services offered to those affected by violent crime (Golden, 1991). Although Potter (2000) maintains that ‘victim support provided the highest level of help’ (p.8), it seems senseless to establish such a support centre without assessing whether this service is in fact necessary. Participants in this study were therefore asked whether there is a need for such a supportive service, and there was an overwhelmingly positive response. These positive results are considered invaluable as they could contribute to future studies on the viability of replicating such centres. Knowing that there is a perceived need for such support centres, could also guide future decisions about support centres and influence organizations or government in the allocation of funds.

Participant A said that it was definitely needed, as ‘people ... really don’t know who to talk to’. Participant B felt that ‘for somebody to give you feedback is a fantastic idea, wonderful’ and she would ‘highly, highly, absolutely’ recommend this service. Participants B and D both felt it is valuable, especially for those who can’t afford to go to a psychologist. This is in line with Molnos (1995), who argues that it seems that offering therapeutic interventions which are more time, cost and energy efficient would be beneficial when one considers the universal lack of resources. This need was also recognised by Participant C, who maintained that ‘definitely there is a role to play ... by the counsellors, absolutely ... it is a very important role’. She felt that ‘it should be supported far better than it is. I think it should get more stature than it has’. She also felt that not only should the service be taken more seriously by everybody, but that the role of the counsellors should be made more important too. While Hybels-Steer (1995) considers the reaction of shock to an unexpected and often overwhelming incident to be a very normal reaction to a traumatic incident, Participant C really battled with this aspect. She felt

that it is a 'very necessary thing to have' because 'when you are in shock you actually don't know what is good for you ... you really don't know what to do next'. Participant D mentioned that she finds it 'sad ... [that] ... there is not much out there' to help those in need. She also felt that there were other people waiting in the passage to be seen 'so it is obviously very popular ... it is obviously helping people'.

The results in this study clearly indicate that these participants perceive having a support centre as invaluable. While only one participant did not elaborate other than saying that she would recommend it, the others were very emotive in expressing their perceptions about the need for this support service. Their responses may imply that having this support centre is even more essential than literature suggests. The participants' perceptions about the need for such support centres, and the implications of these perceptions will be discussed again in various parts of this chapter. Another theme which some participants felt quite strongly about was related to the payment of the intervention sessions.

4.2 Payment for interventions at the support centre

According to Hamling (1997), lay counsellors provide a support service which is, amongst other things, more cost-effective than the limited professional services offered to the many victims who are affected by crime. Considering the fact that three of the five participants mentioned payment, it became evident that the cost of therapeutic interventions is in fact an important issue and will therefore be considered here. Participant A was really pleased that she did not have to pay for the sessions. She and participant D felt that psychologists 'cost a fortune' to see and that ultimately they 'make quite a lot of money off you'. Participants A and D both mentioned that psychologists are expensive and Participants A, B and D all mentioned that this service is particularly useful, as there are so many people who need counselling, but cannot afford it. Participants A and D also both mentioned that they admire and respect the counsellors who are not being paid for the services they render and for giving back to the community.

The fact that the participants did not have to pay for the service seems to have left a positive impression on them, and is considered to be a very helpful aspect of the services rendered by the lay counsellors at the victim support centre. It therefore seems that offering therapeutic interventions which are more cost-effective may be beneficial considering the general lack of resources, as suggested by Golden (1991), Louw (2002, in Painter & Terre Blanche, 2004) and Molnos (1995). It has been determined that being more cost-effective is perceived by participants as important, yet there is a sense that victims need to know about this cost-effective service in order to utilise it. How participants found out about the services rendered by lay counsellors at this support centre will therefore be discussed in more detail.

4.3 Source of referral

Participants were not directly asked how they became aware of the services rendered by the victim support centre, yet they all made mention of it. Participants A and C were both initially contacted by the lay counsellor from the victim support centre directly. Participants B and E were both told by the police at the scene and by a third party, either a family member or member of the community who had previously made use of this service. Participant D became aware of the service through her grandmother, who had also previously used the support centre following another incident. This indicates that although the participants in this study became aware of the services rendered by lay counsellors at the centre through different sources, the predominant source was through the lay counsellors directly, through the police, or through a third party who had previously made use of this service. These results are considered to be valuable for many reasons and will be addressed in various related themes in this chapter to highlight their importance. Another unanticipated theme which emerged in this study relates to the way participants perceive the location of the counselling room. This is considered valuable, as this may also have influenced their perceptions of the services rendered by the lay counsellors at the support centre.

4.4 Comments on the location

Participants were not directly asked to comment on the location of the victim support counselling room, yet four of the five participants did so. Their perceptions about the location are considered valuable as these perceptions may have contributed to the participants overall perceptions of the experience they had at the victim support centre. The results may also be useful to the support centre used in this study or to future support centres, in order to make changes or improvements which may be beneficial to the centre. The victim support centre used for this study is located within the local police station. According to Reeves (2003), the lay counsellors rely on information obtained from the police. It therefore seems that the more logic and convenient option would be to locate the victim support centre within the police station, as the necessary information may be more easily accessible in this way. Despite the possible administrative advantage of this location, participants generally did not respond positively to the support centre being located within the police station.

Participant A mentioned that ‘the police station is a bit um, you know, I don’t know if the police station has very good connotations in this country’. Although she realizes that there is not enough funding to have it set up in a beautiful house, she felt that ‘if it is still going to be part of the police station, it would have to be comfortable’. She did not feel that it was clear where the support room was, and did not want to queue in the police station to get directions. She therefore suggested that signposts be erected in order to assist with directions. She felt that the actual room was very different to the rest of the police station though and mentioned that it was ‘a lot friendlier’. While Participant C did not comment on the location of the victim support centre, Participant B agreed that the room was ‘lovely ... very nice ... perfectly normal environment’. Participant D also felt that it was ‘a bit scary walking into there’ and that although the room was ‘stunning ... to get there is a mission’. She felt that it was frightening to walk into the police station as:

Police stations are not the nicest places anymore. They used to be quite jacked up and now you walk in and the cells are usually full and there are people standing outside, and especially when something has happened and you walk through those doors and you think well, which one is it?.

She did mention however that the room had a relaxed atmosphere and that it was not 'like you see in the movies' or 'like a hospital or something like where you go into a psychologist's room or where people think you are mental, because you are going in there'. Unlike the other participants, Participant E did not stay at the counselling room for the intervention. The counsellor asked this participant if she would prefer to go to a coffee shop. Although she felt that an effort was made to make the counselling room look 'homely', she maintained that she would have felt 'strange ... [and] ... stressed' sitting in the room at the police station. 'The police station is terrible. I walked in there and I felt ... like a criminal. It is cold and dreary'. She felt more at ease going to a coffee shop, although the intervention felt more like a social event in a relaxed atmosphere. She did feel however that if her situation had been more sensitive, she would not have liked to sit in a public place like a coffee shop. In hindsight she felt that if the counsellor had asked sensitive questions, like whether she had been raped, she would have been uncomfortable in a public place if that had been the case. Frank (1985, in Peake et al., 1988, p.14), maintains that a therapeutic relationship formed in a 'healing setting', is one of the requirements for any form of brief psychotherapy to be successful. This participant did not experience this 'healing setting' in the coffee shop, which may have influenced her perceptions about the intervention and may also show the validity of this requirement.

Although different reasons were presented, all four participants who mentioned the location agreed that while the counselling room itself was acceptable, the police station is not the ideal place to have the support centre. These results suggest that although it seems a more logic and convenient option to have the victim support centre within the police station from an administrative point of view, the

participants making use of these services do not perceive this to be an appropriate location. Although it has been recognised by Participant A that there may not be funding to have the support room at another location, it is recommended that the support centre undertake further research to investigate how to resolve this concern. Having the support centre located within the police station was not the only theme which emerged regarding the police. It therefore seems beneficial to further investigate the relationship between the support centre and the police as perceived by the participants in this study.

4.5 Comments on the police

Once again, the participants were not directly asked about their perceptions regarding the police or the relationship between the police and the support centre. Every participant commented on this at various times throughout the interviews however, and it is therefore considered significant to explore this theme in more depth and to discuss the implications it may have. The relationship between the police and the support centre is not unfamiliar to Reeves (2003), who mentioned that some of the limitations regarding the functions of the support centres are directly related to the support centres connection with the police.

The first limitation mentioned by Reeves (2003) is that the services rendered do not reach victims of crimes who do not report the incident to the police. This was experienced by Participant A, who mentioned that ‘they [counsellors] find your details from the police and that they contact you like that’, which could indicate that counsellors may not be able to contact victims if the incident is not reported to the police. Participants B and E both mentioned that one of the ways they found out about the service was through the police at the scene, which again may indicate that they too may not have been aware of the service if it had not been reported. These two participants, as well as Participant B, found out about the service through various independent third parties who had previously made use of this service however. They may therefore have become aware of the service irrespective of whether the crime was reported or not. It is not clear how these third parties became

aware of the services rendered to victims of crime however. It could therefore be deduced that although it may be perceived as a disadvantage that the counsellors only contact victims who have reported the incident, this is not the only way in which a victim can contact the lay counsellors at the centre, should the need arise.

Considering that there may be some truth in Reeves' (2003) argument, it may be useful to consider some reasons why many incidents go unreported, as indicated by an article published in the Nedbank ISS Crime Index ("South Africa: World", 2001). One of the reasons mentioned, which became evident during this study, is due to the perceptions that victims have of the police. Literature suggests that more crimes are reported if the police are perceived as supportive and trustworthy, and less if the police are perceived as repressive or ineffective ("South Africa: World", 2001). Participant B did not have a particularly positive perception of the police and felt that 'we could not get a claim number from the police because of their slow selves'. Participant C experienced the police to be 'very brutal ... it is procedure for them ... they are not very comforting in any way', and that 'the police force was really not impressive'. Participant C also mentioned that 'I don't have much faith in them ... when I see them I just see corruption' and that one policeman was 'big and forceful ... shouting questions ... [getting] ... irritable ... [because] ... he couldn't get what he needed from me'. Considering the fact that although the participant's perceptions about the police were predominantly negative, the participants did report the incidents, which is inconsistent with the literature published in the Nedbank ISS Crime Index ("South Africa: World", 2001). The reason for this inconsistency is uncertain.

Although all the participants verbalised their negative perceptions of the police, there were two participants who mentioned having positive experiences too. Participant B mentioned that she had arranged for a policeman to talk to the children who had been affected by the incident. She described him as 'incredible ... they [children] adore him ... they think he is their hero ... wonderful ... a sweet man, he is a lovely, lovely man, a wonderful man ... incredible, the support was

amazing'. Participant B did stipulate however that 'I would not just recommend any policeman. I would recommend somebody who adores children'. Participant C also mentioned being impressed by the reservists who had found her car and that she perceived them as being really helpful. Some participants also felt that the link between the counsellors and the police was positive, as it was good to have somebody [counsellor] to liaise with the police on their behalf. Participant D in particular felt that having the counsellor, who was 'really, really sympathetic', was more comforting than having a 'sergeant', who is going to say 'deal with it'.

Reeves (2003) mentioned that the second limitation regarding the functions of the support centres, are that lay counsellors rely on information obtained from the police, which may be unavailable or insufficient. This was experienced by Participant A, who commented that 'they did not phone me because the police had written my number down wrong' and that the police 'just want to know the facts ... and ... half the time they don't get it straight either'. The implications of not contacting this participant until a month after the incident, due to having an incorrect number, need to be considered. Although Participant A felt that some of her symptoms were alleviated, she did not find it helpful to be contacted that long after the incident. Considering the fact that a participant commented on the effectiveness of the police, this limitation cannot be discredited. It should be borne in mind however, that only one participant commented on this limitation and therefore a conclusion cannot be drawn from the results obtained in this study.

A third limitation mentioned by Reeves (2003), is that victims who have experienced secondary traumatization due to witnessing a crime, are often unknown to the counsellors. They are therefore often not contacted, as information obtained from the police is directly linked to the primary victim (Reeves, 2003). This was experienced by Participant E, who was uncertain about the reason her father, who had also been involved in the incident, was contacted within the first week of the incident, while she was only contacted 3 weeks later. This may be due to the fact that her father reported the incident and the counsellor therefore only had his

details. It is also possible that the counsellor only became aware of the participant's involvement during the intervention with the father, and therefore only contacted the participant upon learning about her involvement and obtaining her contact details at that time. Although this limitation was only mentioned by one participant, there may be many more victims who have not been contacted for this or similar reasons. Considering the fact that this may therefore be a noteworthy limitation regarding the functioning of the support centres, it is deemed important to consider in future research.

Although this theme is based on a literature limited to Reeves (2003), the results obtained in this study contradict the literature reviewed. These contradictions raise questions pertaining to two important issues. The first relates to whether victims need to report the incident in order to become aware of the services rendered by the support centre. The second relates to whether the perceptions that victims have about the police influence whether they report the incident or not. The results have indicated that there may be many victims who are not contacted however, which is due either to police inefficiency or through secondary traumatization. This is consistent with the literature reviewed. These limitations therefore need to be addressed in order to effectively reach as many victims who are affected by crime in South Africa as possible.

The results obtained thus far indicate that participants in this study felt that there is a great need for such support services and that it is beneficial not to have to pay for the service. They were not as positive about the location of the support centre or the police services however. As the victim support centre used in this study comprises more than just the location and the counsellor's relationships with the police, it may be beneficial to consider other factors which could have influenced the participant's perceptions of the services rendered. For this reason, consideration will be given to the participant's perception of lay counsellors compared to psychologists or family members and friends, whether it made a difference if the counsellor went through a similar experience, and the participant's perceptions on receiving a follow-up call.

5 Perceptions of counsellors

It has been recognised that the role of lay counsellors is not only to be a link between the victim, the South African Police Services (SAPS) and referral agencies, but also to fill the gap which has been created by the general lack of resources and an insufficient number of professional psychologists (Hamling, 1997). In order to further explore the need for lay counsellors and to gain a deeper understanding of the participant's perceptions of these counsellors, a comparison will be made between their preferences in talking to a lay counsellor, a psychologist or a family member or friend about the traumatic incident they experienced. There appears to be a clear distinction in the way participants perceive talking to family members or friends who have no training in trauma interventions, lay counsellors who have limited training and psychologists who have had extensive training. In order to gain clarity on the way participants in this study perceive the different levels of support, their perceptions of lay counsellors compared to psychologists will be discussed separately from their perceptions of lay counsellors compared to family members or friends.

5.1 Perceptions of lay counsellors compared to psychologists

According to the inclusion criteria stipulated in this study, the participants should at the time of the interview no longer have been receiving any form of counselling relating to the traumatic incident. Of the participants who took part in the study, three participants had seen a psychologist before the incident, one participant had spoken unofficially to the psychologist her children had seen for a short time following the incident, and one participant had never been to a psychologist. An unexpected result in this study was that four of the five participants were able to compare the services rendered by a lay counsellor to interventions they had experienced with a professional psychologist. Their comparisons varied significantly.

Participant D felt that counsellors are simply trained as volunteers and she may therefore not have had preconceived expectations of the lay counsellors. Participant A did not consider their training to be significant and maintained that:

It didn't matter that she didn't have all that theoretical knowledge and all that very technical stuff because there was that emotional thing ... it really wouldn't have mattered to me if it was a psychologist, I would have said the same thing ... she had to refer to her file ... but it didn't matter because that wasn't the whole point of the session.

Participant B was however unaware at the time of the intervention that the counsellor was not a psychologist and was very surprised when the counsellor could not answer two of her questions. It was later mentioned by the psychologist that the participant's children were seeing, that lay counsellors are 'people who have also experienced bad things and that they do it as volunteers'. Participant B did mention that other than the fact that she did not know that the lay counsellor was not a psychologist, she could not fault the counsellor. Although this seemed to concern her, the reason for this concern was not further explored during the interview. As mentioned previously, the Wits Trauma Intervention Model is used successfully by both lay counsellors and professional psychologists and is not limited to the counsellor's training (Hajiyiannis & Robertson, 1999). Two of the three participants who mentioned the lay counsellor's training did not feel that the counsellors were inadequate in any way, which may show that this model is in fact used successfully irrespective of the counsellor's training. The impact of the level of training of lay counsellors in comparison to the level of training of psychologists will be addressed further in Section 5.2 of this chapter.

Participant A felt more positive towards the lay counsellor than towards the psychologist and mentioned that she was 'better than the psychologist I had been to before'. The psychologist had a clock which she kept looking at and the participant felt restricted by the fact that she only had an hour with the psychologist, while she was given the impression by the counsellor that she could speak for as long as she

needed to. She also maintained that the counsellor was friendlier and warmer than the psychologist and that she could relate better to the counsellor. The counsellor gave the participant her personal cell phone number, while the psychologist simply asked when she wanted to schedule her next appointment. The participant felt that while psychologists simply make money from their interventions, with the counsellor 'it came from the heart, from somebody who genuinely wanted to help'.

Participant B also mentioned that the counsellor who initially called was 'great ... really very sweet and sensitive', but the second counsellor, who did face-to-face intervention, was not great. The participant reported that the counsellor was a 'very kind sweet, gentle, kind, caring person which was nice ... not judgmental ... ready to listen', but she was unable to answer two questions posed to her. This seems to have tainted the participant's perception of the counsellor.

Participant C has a negative view of psychologists due to a previous negative experience and maintained that she does not believe in psychologists as 'you just waffle on all day long and solve your own problems'. Despite this negative view, she still felt that she benefited more from the psychologist than from the counsellor at the support centre. She felt that while the intervention with the counsellor at the support centre was effective directly after the trauma, longer-term therapy may have been needed, which these counsellors cannot provide. Despite her negative view of psychologists, she also maintained that they are professionals 'who [are] going to see exactly where you are at' and can 'take it a little bit further' and would therefore prefer to see somebody 'more professional' than a lay counsellor. She did caution however that it was important who individuals saw, as 'one person can harm you more than help you, definitely'.

Participant E mentioned that she had only seen the counsellor 3 weeks after the incident and that she had already dealt with the incident by then. She therefore did not find the counsellor to be that helpful. She had been to a psychologist a couple of

years before the incident for an unrelated matter, and felt that the psychologist was beneficial.

Although their reasons differed, three of the four participants who had seen a psychologist, seemed to prefer a psychologist to a lay counsellor. Despite their differences in perceptions, four participants expressed their impression of the lay counsellors as volunteers. Participant A viewed the lay counsellor as somebody who ‘genuinely wanted to help’, while Participant B admires the fact that they give up their time to help others and felt that counsellors are ‘wonderful people’. Participant D finds it ‘noble’ that they volunteer their own time to help others. Participant C compared the work that counsellors do to rescue workers. She maintained that rescue workers:

Can actually see the blood ... [but with counsellors] ... you can't see the blood, but the damage is there ... you have go to try to see where it is at and that is tricky because how, how do you see ... you can't just put a band-aid on you know ... I think at the moment it is a bit like that with the counsellors, put a band-aid on, and you need ... more than just that.

This comparison is directly in line with several authors who discuss the reality that there are often no physical scares or injuries that can simply be identified, recognised and sewn up. They further maintain that the wounds are more likely to take on an internalised emotional form, which makes recovery even more difficult (Everstine & Everstine, 1993; Hybels-Steer, 1995; Waites, 1993; Wilson & Raphael, 1993). The Wits Trauma Intervention Model also appears to neglect victims who have sustained physical injuries, or who have somatic complaints, according to Hajiyanis and Robertson (1999). None of the participants in this study were physically injured and therefore this limitation cannot be further explored.

The results from this study suggest that although some participants hold the lay counsellors in high regard, the impressions of the psychologists they had seen

varied. Three of the four participants preferred a psychologist to a lay counsellor. In a previous discussion it was established that four of the five participants felt that there was a great need for victim support centres, yet when asked whether they would prefer a lay counsellor to a psychologist, three participants preferred a psychologist. Two of the participants who mentioned that they preferred a psychologist, mentioned that they thought the support centre was needed, because it made interventions more accessible to those who cannot afford a psychologist. The participant who had not seen a psychologist before also mentioned that psychologists are expensive and that there are not many other services available to help those in need. It could therefore be suggested that although some participants prefer psychologists, payment may be an issue related to their perceptions that the support centres are invaluable. If payment was the only issue however, then it could be suggested that participants would have no preference in speaking to a lay counsellor or to a family member or friend, as neither would involve payment. As will be seen in the next section, this was not the case in this study, which means that further investigation into the participant's preferences may need to be undertaken.

5.2 Perceptions of lay counsellors compared to family members or friends

Despite more participants in this study preferring to speak to a psychologist, all participants preferred speaking to a lay counsellor than to a family member or friend. Their reasons were somewhat different however.

Participant A felt that telling friends means giving a general overview, as there are certain details she could not tell her friends as they would get emotional and angry about the incident too. She also felt that her parents were not very effective in supporting her, as they too had to deal with their daughter's trauma. The lay counsellor, on the other hand, had an objective view and asked what happened in order to help, not just because she was curious about what happened. She also felt that she could be honest with the counsellor, as the counsellor did not know her and would never see her again.

Participant D also mentioned that the centre was approachable, as she was anonymous there and she did not feel judged. She felt she could speak openly and got an appropriate response from the counsellor.

Participant E recommended speaking to somebody other than family members or friends, as friends have their own opinions of the situation. She also felt that the lay counsellor would also not say 'you know, I know somebody this happened to and they said that [and] that [and] that'.

As with Participant D, Participant E also felt that the lay counsellor was professional, approachable and not judgemental. The counsellor created a safe environment where she felt at ease to tell the counsellor everything, as she felt it would be confidential. The impressions of both Participants D and E appear to be in line with Molnos (1995), who mentions that the counsellor's neutrality is essential and that although a person's values and morals operate unconsciously, it is essential that the counsellor becomes aware of their own biases, so that these do not influence the interventions.

Participant B maintained that being told by somebody 'in the know' that what she was feeling was normal, was very helpful. Participant C felt that although 'a counsellor's job is very different from a friend's job', she maintained that counsellors are 'like a trained friend' who does the 'ground work', and that a counsellor's role is therefore between that of a friend and a psychologist. She prefers a lay counsellor, as a family member or friend would say things that are unnecessary. On the other hand, the counsellor would inform her about what to expect, whilst a family member or friend would not do this. She did mention however, that her neighbour helped her incredibly. Participant D felt that counsellors do not just sit there and say 'oh shame, are you alright, okay', like friends would do. Although she felt that speaking to the counsellor was like speaking to her mother, with whom she has a very close relationship, she did feel that it is better to speak to a complete stranger. With the counsellor, she felt that she

could not only choose what she wanted to disclose, but also that she could say anything without being judged.

When considering the discussion on whether participants prefer to see a psychologist, a counsellor, or a family member or friend, there seems to be some consensus amongst the participants in this study. Despite some negative perceptions about psychologists, most of the participants prefer to see a psychologist to a lay counsellor, while they all prefer a lay counsellor to a family member or friend. It therefore seems that although payment was one factor that may have had an influence on their perceptions, this is not the only variable to consider when assessing their preferences. Although the various reasons for their preferences have been expressed by most participants in this chapter, there is another explanation which could be considered. Pearlman (2001) maintains that working from a theoretical background is what makes clinicians or counsellors more useful than just ‘any other interested, kindly individual’ (p.207), and therefore having a sound theoretical background is considered essential when doing therapeutic interventions. Professional psychologists have extensive training and are understood to have a very sound theoretical background by the time they enter into therapeutic interventions with clients or patients. Lay counsellors also undergo some training, but not nearly to the same extent as professional psychologists. Family and friends, on the other hand, may not have undergone any training at all to acquire such knowledge.

Based on the results obtained in this study, one could speculate that Pearlman’s assertion may hold some truth and that training does distinguish psychologists and lay counsellors from family members or friends (Pearlman, 2001). This cannot be confirmed however, as participants held varied opinions regarding the training that the lay counsellors had undergone, as discussed in Section 5.1 of this chapter. Furthermore, this cannot be confirmed with certainty and it is therefore suggested that payment and training may have had some influence on the participant’s perceptions of the services rendered at the support centre. Another factor which

arose unexpectedly from the interviews as possibly influencing their perceptions is whether it made a difference to the participant if the lay counsellor had gone through a similar experience.

5.3 Perceptions of lay counsellors going through a similar experience

What emerged during four of the five interviews held with the participants, was some expression of whether it made a difference if the counsellor or other support networks, had been through a similar experience or not.

All four participants felt that it was beneficial to talk to a counsellor or somebody else who had also experienced a similar incident. Participant A mentioned that the counsellor had experienced the symptoms herself and could therefore understand better what the participant was going through. Participant B felt that talking to ‘somebody who has actually experienced similar things ... it is great, it is the best, it is wonderful’. Participant C felt that it is ‘beneficial to have someone who has been through something like this ... that has the experience of how to deal with those emotional hairies that come out and what to do ... when it happens’. She also felt that they are better able to assist with practical steps and that it is easier to connect with someone if they had experienced a similar incident. Participant E felt that her father, who had also been involved in the incident, had been her biggest support as ‘my dad was with me ... he could relate ... I benefited more speaking to my dad than to anybody else’.

It may at first seem out of the ordinary that the counsellors, who had seen at least four of the five participants, had themselves experienced traumatic incidents. It is explained by Gilliland and James (1993) however, that many lay counsellors commence this work as a result of their own traumatic incidents, and often choose to work with individuals who have had similar experiences. For this reason, Gilliland and James (1993) investigated the relevance of the counsellor’s own life experiences within the counselling setting. They concluded that the life experiences of counsellors do make a difference and that these experiences could be either

positive or negative. A positive aspect is that these life experiences serve as a source for 'emotional maturity' which, when used with appropriate training, enables counsellors to be 'stable, consistent, and well integrated', within a crisis situation (Gilliland & James, 1993, p.8). Counsellors can also effectively use their experiential background as a resource when working with victims. This seems to be the case for the four participants in this study who felt that it was beneficial to talk to a counsellor or somebody else who had also experienced a similar incident. The negative aspect of having life experience however, is that it could influence the counsellor in an unconstructive or incapacitating way, if they have not yet fully dealt with the incident themselves (Gilliland & James, 1993). Participant A mentioned that she was unsure whether knowing that the counsellor had been through a similar experience would help everyone, as some may feel that they do not want to be burdened with somebody else's problems too. Although the negative aspects of experiencing a similar incident have been mentioned, none of the participant's in this study felt that it was harmful to talk to somebody who had been through a similar experience.

The participants gave varied reasons for feeling that it was beneficial to talk to a counsellor or somebody else who had also experienced a similar incident. It is further speculated that the therapeutic relationship may have been deepened when the counsellor appropriately disclosed their personal experiences (Corey, 2001). Participants may have felt better understood, and that they could relate or connect more easily to the counsellor. This deepened relationship may in turn have influenced the participant's perceptions about the services rendered by the lay counsellors. Thus far, the possible influence of time, training, payment and the therapeutic relationship on the participant's perceptions of the services rendered have been considered. A final unanticipated factor, which may have had an influence on the participant's perceptions, relates to receiving a follow-up call from the lay counsellor. This will be discussed in more detail in the next section in order to assess its relevance.

5.4 Perceptions of receiving a follow-up call

Part of the service which lay counsellor's offer at the support centre used in this study is that they call the victims a couple of days after the intervention to follow up and assess how they are coping. Participants B, C and D all received follow-up calls after the intervention and perceived this to be beneficial. Participant C mentioned that the counsellor called 'a couple of times which was very nice, I enjoyed that' and Participant B mentioned that it was nice that the counsellor kept in contact. Although Participant A did not receive a follow-up call, she found it beneficial to be given the counsellor's phone number to call at any time she felt she needed to. Participants C and D were also given the counsellor's phone number and were told to call if they needed anything. This may have given them some comfort or security in the knowledge that assistance was only a phone call away in case they needed it. Participant E did not receive a follow-up call and felt that perhaps she would have gone for more sessions at the centre if she had. She had previously seen a psychologist who had given her a follow-up call and she felt that this was wonderful. These results indicate that while the participants who received a follow-up call found this to be beneficial, the participant who did not receive this follow-up call felt that it was unfavourable.

These results may therefore suggest that it is beneficial for the counsellors at the support centre to continue making follow-up calls to the victims. As receiving this follow-up call is part of the services rendered by the lay counsellors at the support centre, it may be valuable to consider what impact it could have had on the participant's perceptions of this service. In order to assess this impact, these results will be considered in more detail when discussing the overall perception of the services rendered by lay counsellors, in Section 8.4 of this chapter.

Various factors in this study have been considered as possibly influencing the participant's perceptions of the services rendered by lay counselling. These have been discussed according to the different themes prevalent in this study. When focusing specifically on results obtained in this theme, participants seem to prefer

psychologists to lay counsellors, yet they prefer lay counsellors to family members or friends. Various reasons for these preferences were considered, although no conclusion could be drawn. Participants also perceived it to be beneficial that the lay counsellor or other support network had experienced a similar incident and found it very valuable to receive a follow-up call from the lay counsellor at the centre. As the aim of this study is to determine how victims of crime, who have encountered face-to-face interventions with lay counsellors, perceive these interventions, it is considered beneficial to establish what the participants' perceptions were about the actual interventions.

6 Interventions

According to Peake et al. (1988), short-term interventions are highly structured and very directive. The goals are also more specific, with a more limited focus than longer-term therapy. As a result of their limited training, lay counsellors at the victim support centre offer a maximum of four face-to-face interventions. They do not counsel those who are in need of interventions which exceed their competence or experience. In order to establish the effectiveness of only offering a limited number of interventions, participants were asked how many interventions they attended and whether they felt this was sufficient. The first part of the discussion will simply be a presentation of the number of sessions attended. The second part will address whether the participants felt that this amount was sufficient and what their perceptions were about short-term interventions.

6.1 Number of face-to-face interventions attended

Three Participants, A, B and E went for one session each, while two Participants, C and D went for two sessions each.

6.2 Was this amount sufficient? Comments on short-term interventions

Considering the responses received from the participants in this study, there does not seem to be a clear and simple answer to the question regarding whether they thought the number of face-to-face interventions they attended were enough.

Although most of the participants felt in some way that they had attended enough sessions, they seemed to add conditions or afterthoughts to their responses.

Participant A only went for one session and this was about a month after the incident. She felt that she would have gone for more sessions if she had gone earlier, and does not think 'a single intervention would really cure you emotionally, it has to take time, it takes a lot of time'. Participant B also only went for one session, yet she felt that she could talk to the psychologist that her children were seeing and therefore did not need to attend more sessions at the victim support centre. Participant C went for two sessions and felt that she should have gone for more in-depth counselling, as there are still residues of the incident. She did not feel that the counsellors did the kind of in-depth work which she needed however, and that they are only there for a short time. This participant felt it was a 'short-term intervention ... and it was not long enough to have an effect on me like it could have'. She also maintained that she would have preferred if the counsellor could 'see you until you [are] fine'.

According to Hajiyanis and Robertson (1999), one of the limitations of the Wits Trauma Intervention Model is that the interventions are only short-term, and therefore there may not be an opportunity for clients to address certain emotions or transference issues which may arise due to the process. This may have been the case with Participant C. This is also in line with Gilliland and James (1993), who maintain that brief therapy is not necessarily constructive for individuals who have experienced long-term problems. Participant C mentioned that she had experienced multiple previous traumas, and it seems that in her case she may have benefited more from long-term therapy than from this brief intervention. This participant also felt that she may have coped better if she had attended more sessions, but is unsure of this. Participant C seems to conform to a general misconception about brief psychotherapy as mentioned by Molnos (1995) whereby the participant believes that the longer the psychotherapy sessions take, the more intense and better they will be. There is some agreement with Labardee (2002) however, who maintains

that debriefing is only one element of trauma counselling. It is therefore considered helpful when used as part of other longer-term interventions, where counsellors can monitor how victims are coping over time and refer them for additional interventions, if necessary. According to Molnos (1995), there are many cases where long-term psychotherapy is more suitable, especially when the damage occurred early on in the individual's life, as may be the case with Participant C.

Participants D also went for two sessions. She maintained that the reason for attending the second session was due to the fact that unresolved issues from previous, unrelated incidents were provoked during the first session. She also mentioned that she had issues with trust and therefore did not, and would not go for any more sessions even if it was necessary. Peake et al. (1988) mentioned that victims who have not resolved early developmental issues, specifically around trust, are more likely to be harmed than healed through brief psychotherapy. Although Participant D did not feel that she was harmed, she may not have benefited as much as she could have due to her unresolved trust issues. She also felt that her incident was 'minor' and that one session would not be enough if it had been more serious. According to Pilgrim (2003), the way a person thinks about an incident could contribute to the way they react to that incident. Considering the fact that this participant perceived her incident as being 'minor', may therefore also have influenced her decision not to go for more sessions.

Participant E only went for one session and did not feel that she needed more sessions. She later mentioned however that if the counsellor had recommended more sessions, she might have gone back. The reason for her inconsistency was not explored at the time of the interview. Speculations could therefore only be made about the many possible reasons which contributed to her hesitance at this time. For the purpose of this study, it will therefore only be considered that at the time she may not have felt that she needed more sessions, although this cannot be confirmed with certainty.

According to an article published by the Centre for Crisis Psychology, debriefing interventions were not meant to be used as once-off sessions and therefore have shown to be harmful when used in this manner (“Trauma Counselling”, 2000). Although not all the participants felt that the number of interventions they received were sufficient, none felt that they had been harmed by the limited number of interventions. According to the results obtained in this study, this statement can therefore not be confirmed. As the results indicate, most of the participants in some way felt that they attended enough sessions, although as previously mentioned, they seemed to add conditions or afterthoughts to their responses, which may indicate that they may not entirely have felt that this was the case.

From the results obtained, there seems to be a relationship between the number of interventions attended and the time lapse between the incident and being contacted by the counsellor. Participants C and D were contacted within 24 hours and both went twice. Participants A and E were only contacted 3 to 4 weeks after the intervention and both only went once. Participant A added that she would have gone for more sessions if she had been contacted sooner. Although Participant B was contacted immediately, she did not attend more than one session, as she felt she was able to talk to her children’s psychologist. As previously discussed, these results may re-iterate the importance of the timing of the interventions, as suggested by literature (Friedman, 2003; “Psychological Debriefing”, 2000).

These results indicate that although most of the participants felt that they attended enough sessions, this could not be concluded as they added conditions to their responses. In order to gain a better understanding of their perceptions relating to the effectiveness of the interventions, consideration will be given to the Wits Trauma Intervention Model used by the lay counsellors to guide these interventions.

7 Model

Another theme which arose in this study is related to the intervention model used by the counsellors at the support centre. As this model is used by the counsellors to

address the needs of individuals who have experienced a traumatic incident, it was considered appropriate to use the components of this model to guide the interview questions used in this study. As previously mentioned, the model consists of five components which can be used in an interchangeable manner by the counsellors, according to the victim's needs. Only four of the five components in the Wits Trauma Intervention Model will be discussed in this section, as the fourth component, which is related to promoting mastery, will be discussed in more depth in Section 8.3 of this chapter. The components which will be considered here will focus on telling the story, normalizing the symptoms, addressing self-blame or survivor guilt and facilitating the creation of meaning.

7.1 Telling the story

According to Friedman (2003), re-telling the story helps the victim adopt better coping strategies and successfully modify intense emotions. In order to assess whether this was experienced by the participants in this study, they were asked during the interview whether they had the opportunity to talk about their experience and openly express their feelings. All the participants in this study were encouraged to talk and most felt that talking helped them, although to different degrees.

Participant A felt that she was able to express her feelings and felt that not only did speaking help a lot, but also that telling the story was 'powerful'. Participant B felt that the ability to be 'open' made the intervention a good experience. The counsellor, who saw Participant C, also recommended that she 'talk, talk, talk, talk, talk, talk, talk as much as you can, get it out, get it out'. Participants A, B and D all mentioned that they did not feel forced to talk. This was emphasised by Participant B, who mentioned that she could 'absolutely ... absolutely, absolutely ... absolutely' speak freely about the incident. Participant E felt it was helpful 'if you want to get something off your chest'.

Participants A, B and E all mentioned that the counsellor went through every detail with them. Although Participants A and B felt that going through every detail was

helpful, Participant E felt that it was ‘more like a type of identification’ session than counselling. Participant E therefore did not experience describing every detail as particularly helpful. Eagle (1998) maintains that the aim of this component is to encourage victims to include as much detail as possible regarding the ‘feelings, cognitions and sensations’ (p.139), experienced during the traumatic incident. The counsellor in the case of Participant E asked her to describe the perpetrators in detail however. It seems that by focusing on the perpetrators details and not on the participant’s thoughts, feelings and sensations, the participant experienced the intervention in a negative way. This may imply that it is valuable for the counsellors to have a basic understanding of the theoretical underpinnings of the model guiding the interventions, and adhering to the model during these interventions. This may in turn enable participants to experience emotional catharses and not have a negative experience.

Although Participant B perceived talking as positive, she did not want to have to re-tell the story to a new counsellor. While it is maintained by Fullerton et al. (2002) that the ‘cognitive structure of the event is modified through re-telling, obtaining new information about the event and experiencing emotional release’ (p.2), there may be a time when participants feel that they have talked enough, and that re-telling the story is no longer beneficial, as in the case of Participant B. Participant C also mentioned that ‘you can’t just talk about it and expect things to be okay’. She felt that counselling should be about more than just talking and should include practical solutions too. This is considered to relate to Crocq (1999, in Bailly, 2003), who maintains that the mere act of talking is not enough to have a therapeutic effect on individuals.

While most participants in this study found it beneficial to re-tell their story, there was one participant who maintained that talking was not enough. One participant also felt that too much talking was not beneficial, and one participant felt that what she spoke about was important. These results indicate that perhaps the amount of re-telling and the content which is re-told may bear more weight than previously

anticipated. It is therefore recommended that further research be undertaken in this regard, in order to assess the validity of this suggestion. In addition, it is also suggested that further research be undertaken to assess what changes could possibly be made to the 'telling the story' component of the Wits Trauma Intervention Model to address this issue (Eagle, 1998).

7.2 Normalizing the symptoms

According to Hybels-Steer (1995) as well as Pilgrim (2003), it is important to normalise a victim's reactions, as the guilt and shame associated with these reactions can be eliminated by this intervention or action. Victims would also not feel like they are going crazy, or that there is something wrong with them for feeling a certain way. Perrin et al. (2000) agree that the importance of the counsellor identifying that the victim is not going crazy and reassuring them that what they are experiencing is 'a normal reaction to an abnormal event' (p.277), therefore seems an invaluable component of these interventions. In order to assess whether participants in this study experienced what Friedman (2003) refers to as a 'profound sense of relief' (p.42) upon discovering that their reaction was normal, they were asked whether they were helped to understand the symptoms they were experiencing and whether they were reassured that their reaction to the incident was normal.

Participants B, C and D felt that discussing the symptoms and normalising them was extremely helpful. Participant B mentioned that she had received a list of symptoms considered to be normal reactions to abnormal incidents and felt that she probably experienced all the symptoms on that list. She maintained that 'it was nice to know ... that we were normal ... just to know that these feelings that we are feeling were normal is wonderful'. She added that to be told what symptoms to expect and not to worry if they were experienced, was 'the most positive thing I can say about this'. Participant C mentioned that although the counsellor discussed the five stages of trauma with her, she was also given a list of symptoms that could be expected to emerge. She felt that this was very important, as the 'aftershock is a bit

of a surprise'. Participant D felt that it was really helpful to know that she was not the only one experiencing these symptoms. Some symptoms were not discussed with her during the intervention however, as they only developed later. These results imply that the participants in this study may have benefited from the educational element that is often present in interventions ("Trauma Counselling", 2000).

Participant A mentioned that the counsellor had only gone through the symptoms briefly and that she was not really helped to understand the symptoms or reassured that her reaction to the incident was normal. Participant E felt that although the counsellor helped her understand that it was 'okay' to feel and react the way she did, she did not feel bad about her reactions to begin with and that the way she was coping with the trauma, was her normal way of coping anyway. The difference in their perceptions may be due to the differences in their personality and coping, which will be discussed further in Section 8.2 of this chapter.

The results of this study indicate that four of the five participants found it beneficial in some way that the counsellor helped them understand the symptoms they were experiencing and that they were reassured that their reaction to the incident was normal. Two of these participants were given a list of symptoms by the counsellor and one found it helpful to know she was not the only one that was experiencing these symptoms. Everstine and Everstine (1993) maintain that victims may be reluctant to admit that they are feeling certain symptoms and may even deny certain symptoms. The results of this study suggest that having a list of symptoms considered to be normal reactions to an abnormal incident, helped these participants realise that the symptoms they are experiencing are not unacceptable or a sign of weakness and that they are not going crazy. It is therefore recommended that the lay counsellors continue to make use of this list as a tool to assist participants in normalising their own symptoms.

An unexpected result in this study is related to what Waites (1993) refers to as ‘iatrogenic therapeutic interventions’ (p.171), which are interventions that yield symptoms that were not there prior to the intervention. This seems to have been the case with Participant D. She maintained that the counsellor discussed the symptoms that could be expected with her and the children who had also been involved in the incident, and linked their traumatic experience with the symptoms they were experiencing. Following the intervention, the children then took this to heart as ‘they made sure that it happened’. She added that ‘because they were told it would happen ... every time something did happen they would turn around and say “but the lady said this would happen”’. It is unclear whether the symptoms arose due to the knowledge that they may arise, or whether the children found it comforting to know that what they were experiencing was normal. These results further suggest that this particular intervention may worsen the symptoms experienced due to a traumatic incident, as indicated by literature (Friedman, 2003; Fullerton et al., 2002; Rose et al., 2003). This is considered to be a very interesting phenomenon and further research into this area and how this could be prevented, is therefore recommended.

Based on the results of this study, it could be suggested that normalising the symptoms was beneficial for most participants in this study. Pilgrim (2003) and Hybels-Steer (1995) maintain that normalising the symptoms is also associated with addressing the issue of guilt and shame associated with these reactions. This aspect will be addressed in the following discussion.

7.3 Addressing self-blame or survivor guilt

One way of addressing self-blame or survivor guilt is through debriefing. This is considered to be a structured intervention where victims are given the opportunity to explore various alternative actions in an attempt to make sense of what happened. They can also acquire control over their thoughts and feelings about their own reactions (Hybels-Steer, 1995; “Trauma counselling”, 2000). By bringing doubts about their efficiency to the fore and exploring them in a realistic way, victims are

able to restore their self-esteem, dismiss self-blame and achieve self-respect and self-acceptance (Eagle, 1998; Everstine & Everstine, 1993).

In order to assess whether these participants were given the opportunity to explore their reactions, they were asked whether the lay counsellor acknowledged or affirmed their thoughts, feelings and actions in the situation. Although all five participants felt that the counsellor acknowledged or affirmed their thoughts, feelings or actions, only three elaborated. Participant A was told that people react differently and that there is no right or wrong way to deal with an incident. She felt that because she had survived, she must have done something right. Participant B did not feel judged or criticised about the way she reacted and was told it was 'a normal instinct, a normal reaction'. Participant C felt that it was very good that the counsellor said 'you did the right thing', as she was battling with what she could or should have done differently. This corresponds with literature by Everstine and Everstine (1993), Gilliland and James (1993) as well as Hybels-Steer (1995), who maintain that it is not uncommon for victims to assess and even question what they did prior to as well as during the traumatic incident. Victims may also feel guilty about the way they reacted, as they are unable to comprehend that the way they reacted was normal.

Although these results suggest that addressing self-blame or survivor guilt was beneficial to all the participants in this study, there is not enough data to assess whether the participants were able to restore their self-esteem, dismiss self-blame and achieve self-respect and self-acceptance, as suggested by Eagle (1998) and Everstine and Everstine (1993). The final component of the Wits Trauma Intervention Model to be discussed is what Eagle (2000) refers to as the optional component, which should not be imposed on victims and only explored if victims raise issues around meaning.

7.4 Facilitation of creation of meaning

None of the participants in this study really felt that they were able to establish meaning and understanding about the incident after the intervention. While Participant A felt that 'it just happened, I don't think there is too much to understand', Participant E also felt that she did not find that she was able to establish meaning through her experience. Participant C believes that although there are no coincidences, she is unsure what the lesson was that she was meant to learn that day. She reflected only on learning how precious life is, how quickly it can be taken away and to be more grateful for everything. While Participants B and D did not feel that they had established meaning, they did feel that the incident strengthened their relationships with those who were also involved in the incident. Participants C and D felt that what happened was just something to add to their life curriculum vitae. According to Hybels-Steer (1995), making sense of the traumatic incident is important to enable the victim to make sense of their shattered world again. These results may therefore imply that the participants in this study were not able to do this and may explain why they were still experiencing symptoms at the time of the interview, as discussed in Section 2.3 of this chapter.

When the results of this study are considered, they appear to be in line with relevant literature pertaining to this component of the Wits Trauma Intervention Model. According to Eagle (1998), victims are considered to only give meaning to the experience over time. Taking into account the fact that lay counsellors at the support centre rarely have more than one session with a victim, full creation of meaning may not have been possible with the participants in this study. Hajiyanis and Robertson (1999) also maintain that not only is the intervention too short for victims to create meaning, but that this process is further complicated by the increasingly violent, yet random criminal activities that individuals are exposed to. This makes it even more difficult for victims to create meaning in their experiences. According to Hajiyanis and Robertson (1999, p.11):

With the increasing levels of ransom criminal violence in which anyone is a potential victim, clients are finding it extremely difficult to derive meaning out of their experiences ... clients are struggling to find an adequate explanation for their trauma ... they may resort to increased self-blame or interpret their experiences in terms of racial prejudice, anger towards the state, negativity and pessimism.

According to Kleber and Brom (1992) as well as Pilgrim (2003), the assumptions, perceptions, interpretations and attribution of meaning given to a traumatic incident are an essential component when considering trauma. They maintain that the understanding given to an incident determines not only how individuals react and cope with the incident, but also determines the outcome of that incident. At the time of the interview, the participants in this study still did not seem to have established meaning. This could indicate that they may have needed more than the 7 to 11 months between the intervention and the interview to establish this meaning.

According to Kleber and Brom (1992), individuals perceive their world as ordered and logical and therefore have certain expectations and certainties which determine their behaviour and experiences. They also have an illusion of personal invulnerability which, when shattered by a traumatic incident, leaves them feeling vulnerable and fearful (Kleber & Brom, 1992). Although it cannot be concluded with certainty, it is suggested that perhaps the symptoms of fear, panic, feeling powerless, neurotic, more aware, petrified of death, edgy, out of control and a lack of trust still being experienced by the participants, may still be prominent due to the fact that they were not able to establish meaning about the traumatic incident.

8 Overall experience

The final theme to be discussed relates to the overall experience that the participants in this study had of the services rendered by lay counsellors. The crux of the matter of whether they found it helpful, hindering or having no effect on their ability to cope after a traumatic incident is considered in-depth below. Factors which may have influenced these perceptions will also be considered. Themes relating to

whether participants felt they were better able to cope after the intervention, what other support networks they had following the traumatic incident and how they generally coped, will be discussed, in order to gain a more in-depth understanding of their perceptions.

8.1 Better able to cope after the intervention

In order to gain a more comprehensive understanding of the participant's perceptions and explore the effectiveness of the interventions, participants were asked whether they were better able to cope after the intervention. Participant A felt that she was definitely able to cope better after the intervention. This corresponds with her perception that although she still experienced some symptoms at the time of the interview, the symptoms she had experienced improved after the intervention. Although Participants B and D did not directly respond to this question, neither felt that there was an improvement in the symptoms they were experiencing immediately after the incident. While Participant B felt that her symptoms were not worse after the intervention, Participant D reported experiencing worse symptoms. The fact that Participants B and D still experienced some symptoms at the time of the interview may indicate that they may not have been able to cope better after the intervention. This cannot be confirmed with certainty however.

Participant C felt that 'I knew I was not really coping very well even through my conversation with [counsellor]'. When the counsellor left, Participant C was 'smiling and everything was fine ... but then I had to start doing everything and I could not keep it together'. She maintained that even at the time of the interview, she still felt that she was not coping and that she had not dealt with the incident. These results indicate that this participant may not have been able to cope better following the intervention. Participant E maintained that 'I can't say that I felt better afterwards', which is in line with her perception that she did not experience any emotional, behavioural or social changes following the intervention. She also maintained that at the time of the interview, she had experienced worse symptoms,

which may suggest that she too did not feel that she was better able to cope after the intervention.

These results suggest that, while only one participant was better able to cope after the intervention, four of the participants may not have had this experience. These results will be incorporated into discussions in Section 8.4 of this chapter, which clarify whether participants perceived the interventions as helpful, hindering or having no effect. This will be done in order to gain a more in-depth understanding of their perceptions and the implications for this study.

8.2 How participant generally copes

Participant A maintained that whether you benefit or not from this type of intervention, may be determined by your personality type. She felt that if an individual generally prefers to talk about things, then this type of intervention will be helpful, but if someone does not generally talk openly about their experiences, they may not benefit. This is in line with Kleber and Brom (1992) and Pilgrim (2003) who maintain that an individual's personality, amongst other things, influence their ability to cope with an incident. Although inferring a relationship between personality type and a person's ability to cope with an incident is considered beyond the scope of this study, it may be beneficial to explore this unanticipated theme as it emerged in the results of this study. While the influence of personality will not be explored in-depth, the relationship between the participants general way of coping, whether they benefited from telling their story, whether they were better able to cope after the intervention and if they were observed by the researcher as talkative during the interview will be explored here. The measurement of how talkative the participant was has been assessed according to the researcher's subjective experience during the interview and the length of the transcripts obtained following the interview. These results will in turn be integrated with the results from the discussion on the participant's perception on services rendered by lay counsellors, in order to gain a more in-depth understanding of their perceptions.

Participant A maintained that she needs to get things off her chest in order to deal with them. She also felt that she was able to express her feelings in the intervention and that not only did 'speaking help a lot', but also that telling the story was 'powerful'. Participant A spoke a lot during and after the interview and felt that she was better able to cope after the intervention. This could suggest that there may be a relationship between her general way of coping, benefiting from telling her story, her ability to cope after the intervention and being talkative.

Participant B also felt that talking was important in order to deal with things and perceives herself as a strong person who is able to talk herself out of whatever she is feeling. She further mentioned that the ability to be 'open' made the intervention a good experience. Participant B also spoke a lot during the interview and although she perceived talking to be positive, she felt that too much talking was not beneficial. Although it is unclear whether she felt she was better able to cope after the intervention, there also seems to be a relationship between her general way of coping, benefiting from telling her story and being talkative.

Participant C maintained that her general way of coping is to keep really busy at work and in that way avoids thinking about what happened. This may indicate that she does not generally talk about incidents when they occur. Although she spoke the most during the interview process, she mentioned that 'you can't just talk about it and expect things to be okay'. She felt that counselling should be about more than just talking and therefore her perception that she was not able to cope better following the intervention, is not unexpected. The relationship between this participant's general way of coping, her experience of telling her story, her inability to cope better after the intervention and her perception that talking is not enough, may also indicate that there is a relationship between these factors in her case.

Although Participant D also felt that it is important to talk about things in order to deal with them, she prefers to wear a mask and pretend that everything is 'okay'. While Participant D spoke a lot during the interview and mentioned that she did not

feel forced to talk during the intervention, it is unclear whether she felt she was better able to cope after the intervention and therefore it is uncertain whether there is a relationship between her general way of coping, telling her story, her ability to cope after the intervention and being talkative.

As with Participant C, Participant E also maintained that she keeps really busy, so that she does not have to think about what happened. While she felt that talking may be helpful to get something ‘off your chest’, she had a negative experience in telling her story to the counsellor. She spoke the least out of all the participants during the interview and did not feel that she was better able to cope after the intervention. The results here also indicate that there may be a relationship between her general way of coping, benefiting from telling her story, her ability to cope after the intervention and being talkative.

The results in this study suggest that there may be a relationship between the participants general way of coping, whether they benefited from telling their story, their ability to cope better after the intervention and if they were observed by the researcher to be talkative during the interview. Although not conclusive, the results could imply that the more talkative participants in this study benefited more from telling the story and may in turn have been better able to cope after the intervention. On the other hand, the more quiet participant may not have found telling the story beneficial and may not have perceived herself as coping better after the intervention. While these results may further imply that the participant’s personality or other coping mechanisms may also have influenced the participant’s perceptions, this is unclear. These results will be integrated with the results from the discussion on the participant’s perception on services rendered by lay counsellors in Section 8.4 of this chapter. This will be done in order to assess if their general way of coping influenced their perceptions. Another factor which may have affected their ability to cope, which also arose as a theme in this study, was the availability and accessibility of support networks other than the counsellor at the support centre.

8.3 Other support systems or networks used to cope

During the fourth component of the Wits Trauma Intervention Model, ‘promoting mastery’, the counsellor encourages the victim to get in touch with their existing support network (Eagle, 2000; Hajiyanis & Robertson, 1999). The process of encouraging victims to do this is particularly important when one considers the suggested benefits mentioned by Kleber and Brom (1992) as well as Eagle (1998). These authors suggest that having this support not only facilitates victims in returning to their previous level of functioning, but also helps them manage and reduce anxiety, counteract the feelings of helplessness related to the traumatic incident and neutralises the negative effects of the traumatic incident. This support may present in various forms including cognitive, emotional, social sanctioning or companionship. Depending on the situation, some forms of support are considered to be more important than others (Kleber & Brom, 1992). Although the type of support differed, all the participants in this study had some form of support other than the counsellors at the support centre to help them cope with the traumatic incident. The different forms of support experienced by the participants in this study will be mentioned, before discussing the implications of having this support.

Participants A, C and D went to a psychologist for previous incidents and had mixed feelings about these interventions. Participant B went to a psychologist following this incident and found it extremely useful. Participants C and E maintain that their religion was an important source of support, while Participants A, B, C and D utilised other sources of support such as the police, medication, neighbours, meditation and self-help books. Participant E’s father was involved in the incident with her and she felt that he had been the greatest support, as he understood what she had been through. Participants A, B, D and E all found their families to be supportive, although Participant A felt that her parents were only a limited source of support, as they also needed to deal with their daughter’s trauma. Participants A, C and E called on friends for support. While only Participant B was married, Participant C was a divorced single mother and Participants A, D and E were single. Of the three single participants, Participant A had a very supportive boyfriend,

Participant D recently broke up with her fiancé and Participant E did not mention an intimate relationship.

Kleber and Brom (1992) maintain that if someone is given the opportunity to express their emotions, the effects of the incident are shown to be less severe than when a person has to deal with the incident in isolation. Hybels-Steer (1995) further maintain that the process of recovery becomes prolonged when victims do not have a support network to rely on, as they feel more isolated, withdrawn and frustrated in the process of recovery. Although none of the participants in this study had to deal with the incident in isolation, it was considered useful to assess whether marital status, or the involvement of participants in an intimate relationship, may have had an effect on their ability to cope. This was an extraneous factor which was not controlled for in this study. While the results from two participants indicate that there may be some relationship between being in an intimate relationship and their ability to cope after the traumatic incident, there is not enough evidence in this study to suggest that this is the case.

While the results in this study indicate that one participant experienced an improvement in some symptoms following the intervention, three participants reported not experiencing any changes and one participant reported experiencing worse symptoms following the intervention. The results further indicate that while three of the participants still experienced some symptoms at the time of the interview, two felt that they were experiencing worse symptoms. The results in this study therefore cannot confirm literature by Kleber and Brom (1992) who maintaining that 'social support correlated negatively with symptoms, illness and problems' (p.176), or by Eagle (1998) who maintains that having support from others has a positive effect on coping with the traumatic incident.

As indicated, the results obtained in this study show that the participants all had support networks other than the lay counsellors at the support centre to help them cope after the traumatic incident. It may therefore be beneficial to consider whether

lay counsellors are in fact needed if participants have other support networks. Despite having other support networks, the participants in this study preferred speaking to a lay counsellor than to a family member or friend, as discussed in Section 5.2 of this chapter. This may imply that while participants perceived their other support networks as beneficial, they still feel that there is a need for lay counsellors. It could therefore be suggested that although some forms of support are considered to be more important than others, it does not mean that one form of support has to replace another, or that one cannot be used in collaboration with the other (Kleber & Brom, 1992).

8.4 Helpful, hindering or having no effect

According to literature, victim support centres have been established to meet the ever-increasing need for available, appropriate and accessible services offered to those affected by violent crime (Golden, 1991; Hamling, 1997; Molnos, 1995). Since support centres exist to offer services to those affected by crime, it seems appropriate to investigate how victims themselves perceive the interventions offered to them. By asking those who receive the services how they perceive these interventions, a meaningful interpretation can be made about the impact of these services. The participants in this study varied in their overall perceptions of the interventions however. While Participants A, B and D found it helpful, Participant C found it helpful although only in the short-term, and Participant E found that it did not have an effect on her ability to cope with the traumatic incident.

Participant A perceived the overall experience as positive and definitely helpful. She felt it was really ‘amazing’ and recommended the service to two of her friends. She was particularly pleased that she did not have to pay for the service and felt that the counsellor was better than the psychologist she had seen before. She also found it beneficial that the counsellor had been through a similar experience. She further maintained that her symptoms had improved and that she was better able to cope after the intervention. Although she found the counselling room to have a friendly atmosphere, she did not think that the police station had very good connotations.

She did not find it particularly helpful that she was only contacted about a month after the intervention and felt that she would have gone for more sessions if she had been contacted earlier. She also maintained that ‘I don’t think a single intervention would really cure you emotionally’. This participant perceived the intervention to be helpful in her ability to cope with the traumatic incident. Although there were some negative perceptions related to the time between the incident and the intervention, as well as the police, these did not seem to have an effect on her overall perception of the intervention.

Participant B also found the intervention helpful and commented that the ‘support we got was amazing’, that going was not a ‘waste of time’, and said ‘thumbs up for the victim support that we went to’. She maintained that she would ‘highly, highly, absolutely’ recommend this and felt that there is definitely a need for such a support centre. Time, in her case, may have had an influence on her perceptions of the intervention however. She found the first counsellor who contacted her within 24 hours of the incident very helpful. She did not find it helpful being handed over to another counsellor, who only saw her a week later. The first counsellor also gave her a follow-up call, which she found very helpful. Although she maintained that she did not experience an improvement in her symptoms after the intervention with the lay counsellor and that she would prefer to see a psychologist, she still found that the overall intervention was helpful.

Participant C also found it helpful, but only in the short-term. She maintained that there were ‘more positives than negatives’ and that she had a very good overall experience. She felt that it definitely helped her in the short-term and that it was ‘quite a life line at the time’. Although she did not feel that her symptoms improved or that she was better able to cope after the intervention, she still maintained that there is definitely a need for such support centres. She further felt that this was only the ‘first step’, and that she needed more in-depth counselling than the counsellors could offer. She felt that just talking was not enough and that she wanted practical solutions and ‘more tools’ to cope. She felt that the counsellors are simply ‘putting

a band-aid on', while so much more could be done. As with Participant B, she did not find it helpful being handed over to a new counsellor. She also did not find it helpful that the counsellor told her she was coping so well:

In retrospect I don't think that we were coping at all ... I knew I was not really coping very well even through my conversation with [counsellor] ... I don't think that I was coping at all ...there are other helpful things that the counsellor could say ... there are still residues I feel ... even now, there is stuff we have not dealt with.

The fact that she was contacted within 24 hours really seems to have enhanced her perception of the service however, as she found this to be highly beneficial. She also found it beneficial that the counsellor had been through a similar experience. Although this participant mentioned both positive and negative aspects, she maintained that the intervention was only helpful in the short-term.

Participant D also found the intervention helpful and felt that it was worth going to, as she too found that 'they really, really helped'. She felt that a one-on-one intervention is 'perfect' and she would definitely recommend that others also participate in such interventions. She was contacted within 24 hours of the incident and was given the counsellor's phone number, which she perceived as very beneficial. Although the intervention stirred a lot of mixed emotions that needed to be explored, she did not feel that the intervention was hindering. She maintained that there is definitely a need for such a support centre, as 'there is not much out there' and that psychologists are expensive. Despite having negative perceptions of the police station, she went to the support centre for two sessions. This may indicate that the location of the support room was not that important in influencing her perceptions of the intervention. Although she maintained that her symptoms were worse as time passed, she did not perceive this as being due to ineffective interventions and still perceived the intervention to be helpful in her ability to cope with the traumatic incident.

Participant E, on the other hand, did not feel that the intervention was particularly helpful for her. She said it was:

Helpful ... it didn't really make a difference ... I am feeling quite impartial to it ... I didn't have a bad experience ... I am sure the counselling was up to standard ... I didn't feel that she isn't doing her job, and that this is silly and it is a waste of time ... it was more of a debriefing session ... I can't say that I felt better afterwards ... I do not really feel that it helped me in any way ... I just spoke about it and left and I didn't think about it again ... she did not give me feedback.

Participant E also mentioned that she was unsure if she benefited and felt that the police may have benefited more, as it felt 'more like a type of identification' than counselling. Although her meaning of this statement was not further explored in the interview, it is suggested that she may have felt that she was simply there to identify the perpetrator and not to experience emotional catharsis. This perception may in turn have influenced her overall perception of the intervention. This once again suggests that it may be important for counsellors to understand the theoretical underpinnings of the model guiding the interventions. Although she would recommend that others go if they have no other support, she felt that it may have helped more if she had gone sooner. Participant E mentioned that she had only seen the counsellor 3 weeks after the incident and that she had already dealt with the incident by then. She therefore did not find the counsellor to be that helpful and preferred to talk to a psychologist. One factor which may greatly have influenced her perception was the location of the intervention. She mentioned that sitting in a coffee shop made the intervention feel more like a social occasion than an intervention. These results further suggest that the time between the incident and the intervention as well as the participant's general way of coping may have had the most significant influence on her perception of the services rendered by lay counsellors.

While there has been some evidence which shows that a person's response to a particular incident is not determined by the type of the incident, Pilgrim (2003) as well as Kleber and Brom (1992) have shown that previous experiences with trauma, irrespective of the type, does make a difference. Pilgrim (2003, p.78) maintains that those who have had previous traumas 'may have been able to integrate this ... and discovered a way to deal with it... and so it is easier to cope the second time'. This may have been the case with Participants A and D, who had experienced two or three previous traumatic incidents respectively and found the intervention to be helpful in their ability to cope with the traumatic incident. Kleber and Brom (1992) do not agree however, as they claim that coping with a traumatic incident is negatively influenced by the number of preceding incidents. This may be the case with Participant C, who had experienced four previous traumatic incidents within the same year and only found the intervention helpful in the short-term. Only three of the participants in this study mentioned previous incidents however, and therefore it does not seem possible to draw any further conclusions relating to this debate.

When considering results from previous discussions, it seems that various factors may have influenced the participant's perceptions of the interventions. This can only be suggested by this study however, as the relationship between various factors cannot be verified using qualitative research methods. Although most of these factors have been discussed throughout this chapter, there are three factors which have not been discussed as yet.

Firstly, the integration of results from Section 2.2 of this chapter, suggest that the participants perceived symptom changes following the intervention may not have influenced their overall perceptions of the interventions. While three participants perceived the intervention as helpful, only one participant experienced positive symptom changes, while one participant experienced no changes and one participant experienced worse symptoms. Whether interventions alleviate, improve or worsen the symptoms, therefore did not seem to influence the participant's

perceptions of the interventions. In the same way it could be suggested that participant's perceptions were not influenced by whether they felt they were better able to cope following the intervention, as the results in Section 8.1 of this chapter also varied.

Secondly, results obtained in Section 8.2 of this chapter, suggested that the participant's general way of coping may have influenced their perceptions about the services rendered by lay counsellors. In order to gain a more in-depth understanding of this suggestion, the results from this previous discussion will be integrated with results pertaining to their overall perceptions of the interventions. Participants A and B were both perceived as talkative during the interview, both used talking as a way to cope with the incident and both perceived the intervention as helpful. Although Participant C was perceived as the most talkative participant during the interviews, she believes that more is needed than just talking, and that the intervention was only helpful in the short-term. While Participant D was perceived as talkative and maintained that talking was beneficial, she felt that she prefers to wear a mask and pretend that all is 'okay'. She too, perceived the intervention as helpful, however. Participant E was not perceived as being talkative in the interview, prefers to work hard as a way of coping, maintained that she did not experience talking in the intervention as helpful and perceived the overall intervention as having no effect. These integrated results generally illustrate that those participants who were more talkative, perceived the intervention as beneficial and those who did not talk as a way of coping, found that the intervention had no effect on their ability to cope after the incident. The participant who believed that talking was not enough, perceived the intervention to be helpful only in the short-term. These results therefore indicate that the participant's general way of coping may have influenced their perceptions about the services rendered by lay counsellors.

Finally, results obtained in Section 5.1 to Section 5.4 of this chapter, also indicate that the way participants perceive the lay counsellors at the centre may have

influenced the way they perceived the intervention. The participants who expressed positive impressions of the lay counsellors experienced the intervention as helpful. Participants who did not feel positively towards the lay counsellors found the intervention to be helpful, although only in the short-term, or having no effect on their ability to cope with the traumatic incident. This may imply that the way participants perceive the lay counsellors, may affect their perceptions of the interventions.

The main themes which were drawn together and discussed in this study relate to the symptoms experienced by the participants, time-related issues, the victim support centre used in the study, the victim's perceptions of lay counsellors and psychologists, the interventions and model used by lay counsellors and finally, the participants overall experience of the services rendered by lay counsellors. A more in-depth understanding of the participant's perceptions and the factors which may have influenced their perceptions were also discussed by integrating the results from various themes.

According to Bisson, McFarlane and Rose (2000, in Peterson, 2001), the uncertainty about whether interventions are hindering or helpful in coping after a traumatic incident warrant more research before conclusions can be drawn. Despite the attempts to validate the effectiveness of psychological debriefing, some authors maintain that there is no empirical evidence that debriefing has a positive effect (Friedman, 2003; Rose et al., 2003). Although some participants did feel that the intervention was helpful, there seems to be an increasing amount of scientific literature indicating that debriefing is ineffective in the recovery process (Fullerton et al., 2002; "Trauma Response", 2002). Both positive and negative aspects of the interventions were explored in great detail, in order to get a more accurate picture of the effect that the interventions had on the participants in this study. In order to gain a greater understanding of the value that these results have for future studies, it is imperative to consider the limitations of this study and the recommendations which emerged as a result of this study.