Training Intervention for Volunteers supporting Victims of Intimate Partner Violence in South Africa

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Abstract

Intimate Partner Violence continues to be a significant social problem in South Africa, requiring a systematised and effective response at multiple levels. The organisation at the centre of this research offers crisis intervention to victims of intimate partner violence, providing basic psychological support, legal information and referrals. The volunteer crisis interventionists are exposed to numerous in-depth accounts of violent and distressing victimisation, making them more vulnerable to vicarious traumatisation. Through this work, their prior assumptions about personal safety, the trustworthiness of other people, and basic justice in the world, are challenged. The challenge to these assumptions increases the likelihood of countertransference victim blaming responses, as it is often easier to hold the client responsible for the tragic event than for the support worker to transform their own assumptions about safety and justice. This victim blaming response is supported by the dominant patriarchal ideology which frequently seeks to maintain the systems of oppression, excusing the perpetrator and placing responsibility on the victim.

It was therefore clear that in order to do this work effectively, volunteers needed to be trained to identify their countertransference reactions and emotional responses, as well as undergo a critical re-assessment of their ideas relating to intimate partner violence and victimisation. Using an Intervention Research paradigm, this research designed and developed a training programme based on transformative learning theory, moving away from traditional information models of training to a focus on emotional skills and critical self-insight. The phases of the intervention refined the intervention in order to ensure that the research objectives were met and that the programme could be easily replicated. The evaluation of each phase showed an increased capacity for critical insight, and evidence for a transformative shift in the trainees understanding and approach to intimate partner violence.

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Dedication

To my daughter, Louise Hope Thomas, who arrived half way through and changed my life forever.

Chapter 1 Introduction

1.1 Introduction

Every year in South Africa, the 25th November marks the start of 16 Days of Activism Against Gender-Based Violence, a campaign dedicated to fighting against and raising awareness for violence against women and children. The overwhelming statistics[1] associated with Intimate Partner Violence (IPV) in South Africa are just the tip of the iceberg as the majority of cases go unreported (Kaminer & Eagle, 2010).

Due to a lack of resources and an apparent sense of apathy in some government structures, our country's first point of support for victims are predominantly volunteers working within Non-Governmental Organisations (NGOs). The organisation involved in this project is one such organisation providing immediate crisis support for victims of IPV. These volunteers encounter a variety of negative effects of this work; enduring frustrations with the justice system, a heightened exposure to traumatic events, and the complications involved with dual relationships as volunteers are often living in the same community as the victims they serve. It is inevitable that working with trauma increases the volunteer's awareness of their own vulnerability and challenges their assumptions about the relative safety of the world. This confrontation with their own susceptibility to trauma often results in the volunteers use of psychological defences in order to protect their flawed illusions of safety. It is easier to hold the client responsible for the tragic event than for the support worker to confront these false assumptions (McFarlane & Van der Kolk, 1996). These defensive beliefs are further supported and maintained by the dominant patriarchal ideology making it more difficult for volunteers to question and challenge their own victim blaming responses. In order to effectively assist clients in the cycle of violence, it is imperative that the volunteer refrain from any suggestion of victim blaming. Training, therefore, must seek to initiate an ideological shift, not only in the volunteer's personal ideas but also in a way that challenges the dominant patriarchal ideology.

The continuous exposure to trauma also places the volunteer at a high risk of developing negative psychological states such as burnout, compassion fatigue and vicarious

[1] One woman killed every eight hours by her intimate partner (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012) and 40% of men reporting using violence in intimate relationships (Seedat, Niekerk, Jewkes, Suffle & Ratele, 2009)

traumatisation. These negative states have consequences for both the volunteers' personal and professional life but also creates greater potential for volunteers to revictimise and harm clients.

The responsibility placed on the shoulders of these volunteers therefore requires the organisations they belong to, to take the protection and support of these volunteers seriously. Volunteers must be adequately prepared for this work and supported thereafter. Saakvitne and Pearlman (1996) highlight the awareness of the negative effects of trauma work as an important strategy in preventing vicarious trauma, emphasising the importance of the training programmes that prepare volunteers for the risks of this work. This has guided the design and development of this intervention research, and while we do not expect a great transformation after a one-day workshop, our goal is to initiate an ideological shift, help trainees to recognise and monitor countertransference and motivate them to facilitate some social change.

There have been significant advances in the field of adult education and learning with theorists such as Mezirow (1997), Freire (1980) and Knowles (1984) conceptualising the transformative power of adult learning to bring about social change. However, little of this has been actualised in reality, and even less in the context of NGO's in South Africa. Those in a position capable of producing social change must often endure outdated and ineffective models of training with little support and preparation for the demands of this work.

In order to address the existing gap, this research seeks to create a training intervention that leads to a fundamental ideological shift, greater self-awareness, critical insight and the ability to recognise and monitor countertransference, as opposed to a simple memorisation of skills or a formula that volunteers must follow. The objective is to not only sustain them in this work but also protect their clients from negative countertransference reactions.

1.2 Key Concepts

1.2.1 Intimate Partner Violence

The definition of IPV is inconsistent in the literature, with many studies focusing solely on physical abuse, however this "affects perceptions of the prevalence and frequency of violent behaviour and of the connections between different forms of behaviour" (Pilcher & Whelehan, 2004, p.173). This research, therefore, defines IPV as the use of physical, psychological and sexual abuse inflicted on another by their intimate partner in order to gain power and control. The cyclic nature of abuse is key to our understanding of the 'captive' nature of IPV. Herman (2001) emphasises the importance of recognising how prolonged exposure to the coercive

control of the perpetrator, creates a unique relationship in which the perpetrator ultimately shapes the victim's cognition, personality and behaviour

Much of the literature regarding IPV focuses on violence against women (Hayes, 2007; Lundberg-Love & Marmion, 2006; Michalski, 2005). The gendered understanding of IPV is also reinforced in the statistics regarding female victims of abuse which highlight the prevalence of violence inflicted by men on their female partners (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). The emphasis on gendered roles has influenced the conceptual understanding of IPV resulting in male victims receiving little support or empathy (Hines, Brown & Dunning, 2007). This leads to additional victimisation and intensifies the shame felt by male victims. This research seeks to recognise the reality of male victims but will revert to referring to victims as female due to the availability of statistics as well as the current client base of the organisation.

1.2.2 Vicarious Traumatisation

The unique role that trauma workers play in the recovery process of victims of IPV exposes them to the debilitating effects that trauma has on a person's mental health. The negative effects of trauma work have been explored in the literature through concepts such as burnout, compassion fatigue and secondary traumatic stress but the one of most value to this research is Vicarious Traumatisation (VT). Vicarious trauma is defined here as the cumulative transformation of the counsellor's frame of reference, basic assumptions about the world and cognitive schemas, as a result of empathetic engagement with client trauma (Brady & Guy, 1999; Neumann & Gamble, 1995; Pearlman & MacIan, 1995; McCann & Pearlman, 1990; Sexton, 1999; Steed & Downing, 1998; Trippany, White Kress & Wilcoxon, 2004; Williams, Helms & Clemens, 2012). The cumulative onset is important as many who suffer from vicarious traumatisation do not realise they are being affected and therefore do not connect emotional and behavioural disturbances they are experiencing to their trauma work.

The theoretical framework used in this research to conceptualise vicarious traumatisation is the Constructivist Self-Development Theory (CSDT) (McCann & Pearlman 1990). The underlying assumption of CSDT is that "the meaning of the traumatic event is in the survivor's experience of it" (Pearlman & Saakvitne, 1995, p. 57). Clinicians will, therefore, develop VT if they are unable to integrate the client's traumatic material into their existing framework for understanding the world. (McCann & Pearlman, 1990). This can have devastating effects on the trauma workers personal and professional life.

1.2.3 Countertransference

Countertransference is often categorised within the negative effects of trauma listed above. This research, however, proposes that this practice only serves to narrow our understanding of countertransference and is therefore treated as a separate concept. This research employs a totalistic view (Heiman, 1950) which defines countertransference as "all of the therapist's feelings and emotion-related behaviour toward the client" (Dalenberg 2000, p.10). This includes the entire range of emotional and behavioural responses to the client themselves as well as the material they bring (Herman, 2001; Sabin-Farell & Turpin, 2003). Freud (1910) originally regarded all countertransference reactions negatively and considered them an obstacle to the recovery process, leading to the "blank slate" approach employed in psychoanalysis. This understanding is problematic as firstly, not all countertransference reactions are negative and secondly, attempts made by trauma workers to suppress their negative reactions to the victim often result in countertransference explosions (Dalenberg, 2000). The point is therefore not to deny countertransference reactions but use them to better understand oneself and the assumptions about the world that one upholds in order to provide a better service to the client

1.2.4 Transformative Learning

The final concept central to this research is transformative learning (Mezirow & Marsick, 1978; Mezirow 1997; Mezirow 2000). This approach to education recognises that learning and transformation require more than gaining a new skill or changing behaviour, but rather a critical examination and recognition of the assumptions that shape our personal frame of reference. Transformative learning is defined as the process of changing a frame of reference "to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more truth or justified to guide action" (Mezirow, 2000, pp. 7-8). Mezirow provides a list of 10 stages that the person should undergo in order to achieve transformative learning, from the initial disorienting dilemma to the reintegration into their world with this new frame of reference. It is therefore necessary to first identify and become aware of our current habits of mind in order for learning to take place as "we transform our frames of reference through critical reflection on the assumptions upon which our interpretations, beliefs, and habits of mind or points of view are based." (Mezirow 1997, p. 7).

1.3 Context

1.3.1 South Africa

South Africa is a country of both great diversity and jarring contrasts. The beauty of the diversity in the geographic landscape, culture and languages is sometimes overshadowed by the massive divide in economic status, racial and gender inequalities. The aftermath of years of oppression, discrimination and segregation during apartheid are still felt today.

More than 20 years after the election of Nelson Mandela and the liberation of the black majority, crime, corruption, poverty and inequality are still a lived reality for many. Racism continues to be a major issue for South African's with numerous examples of degrading racist remarks initiating the debate regarding the criminalisation of racism. The "Poverty Trends in South Africa" report shows that over half of all South Africans live in poverty[2] and the number is increasing. The latest crime statistics[3] paint an equally bleak picture with the 2017 report showing an overall increase in crime from previous years. IPV is not considered a separate category of violent crime and is included in the Sexual or Common Assault category. While records in this category show a decrease in the 2016/2017 year, the statisticians recognise that this is not an accurate reflection of reality as most victims are reluctant to disclose and report these crimes. 1

But amid so much suffering, this is also a country of great hope, camaraderie and passion. Numerous stories of heroism, selflessness and solidarity have been published recognising the growth and achievements of many South Africans. While these stories may not be reflected in statistics, they remind us of our country's potential. One vehicle of positive change is the culture of volunteering that continues to increase in South Africa. The Volunteer Activity Survey[4] saw an increase of nearly a million volunteers from 2010 working over 600 million hours dedicated to various organisations with a value of almost R 10 billion.

1.3.2 Organisation

The organisation involved at the heart of this research has been in existence for over 25 years and has grown into one of the most influential organisations dealing with domestic abuse. In order to protect the confidentiality of the research participants, the organisation will remain

[2] This is calculated using the Upper-Bound Poverty line of R992 per month
[3] Crime statistics for 1 April 2016 to 31 March 2017 at the end of October 2017 released by the South African Police Service
[4] Report published in 2014 by Statistics South Africa

anonymous and any identifying information removed. The following provides a summary of the organisational structure at the commencement of this project

1.3.2.1 Services

The head office of the organisation is based at a local university campus which provides easy access and a direct link to university students and research. This site provides face to face crisis intervention and a 24-hour toll free number for victims of abuse. The organisation also has offices at various court sites around the province that provide assistance and support to those applying for protection orders. The organisation is very clear in its role of providing basic crisis intervention to those in need. It acts as a first contact point providing basic psychological support, legal information and useful referrals.

1.3.2.2 Volunteer base

All members of the organisation volunteer their services, receiving only a small stipend to contribute towards travel expenses. At the start of this research, all the volunteers were Indian females aged between 46 and 70 years of age and had been at the organisation between 2 and 20 years. In previous research, the demographic characteristics of the volunteers provided for interesting analysis as the majority were retired, single and only English speaking. It was speculated that the lack of younger volunteers meant that young people were not being attracted to the organisation in spite of the organisations head office being located on a University campus. The fact that only one of the volunteers could speak isiZulu meant that a large population in KZN could not be assisted effectively. IsiZulu is the most spoken language in South Africa with the majority of the 11 million home language speakers residing in KwaZulu-Natal. This translates into a large number of victims of IPV being Zulu speaking. The inadequacy of verbally expressing distress and trauma is then further complicated as a victim attempts to communicate in her second or third language. The relationship status of the volunteers in this field of work was also interesting. Research has found that client's stories of intimate partner violence has a negative effect on the crisis interventionists own intimate relationships (Trippany et al, 2004). Howlett (2012, p.88) explored the possibility that the effects of vicarious traumatisation "forced other married volunteers to cease their work at [the organisation] or if this was the reason no other married volunteers chose to come forward".

1.3.2.3 Organisational Climate

Based on the observations of the researcher and interactions with the board and volunteers, the organisational climate at the commencement of the project was recorded. It is

important to begin with the positive aspects, specifically regarding the dedication and perseverance of all the stakeholders. The board of the organisation was intimately involved in the running of the organisation working tirelessly along with the project manager to secure funding and maintain media presence. The majority of the volunteers were working for one full day a week and some were willing to pick up extra shifts in order to help more victims.

However, the high stress, high-chaos environment explored by Pross and Schweitzer (2010) reflects the general atmosphere at this organisation. The organisation was running on empty as board members were overstretched, the project manager overwhelmed, and volunteers were struggling emotionally. The financial situation of the organisation, as with most NGOs that depend on unreliable funding, further contributed to the high stress environment. Howlett (2012) found that this constant state of financial crisis management caused the volunteers a great deal of anxiety.

There was also a growing attitude of individualism that informed some of the volunteer's interactions with their colleagues and the organisation as a whole. There were incidences of quarrels between the volunteers, open defiance of the project manager and the formation of 'little kingdoms' which volunteers guarded as 'their day' or 'their site'. Pross and Schweitzer (2010) link this type of behaviour to the negative effects and consequences of vicarious traumatisation which has also guided our understanding of this phenomenon in this organisation.

1.4 Problem Statement

The rates of IPV in this country are alarmingly high, and Roberts (2005, p. 465) states that "if [a victim] is not able to talk to a caring and knowledgeable crisis intervener, she may just give up and a valuable opportunity for intervening in the cycle of violence will have been lost". However, organisations working in this field are predominantly volunteer based NGOs who are overextended and have limited funding or expertise to provide volunteers with adequate training and support. Volunteers are therefore left susceptible to vicarious traumatisation and unable to monitor and manage countertransference reactions often resulting in victim blaming. This research provides information specific to an organisation dealing with IPV, creating a training intervention and developing an improved training manual for future trainees. This also contributes to the literature specific to organisations in South Africa dealing with IPV and can be used to inform best practice for all trauma organisations in South Africa.

1.5 Statement of Purpose and Research Questions

Volunteer crisis interventionists (CI) must be adequately prepared to cope with the negative effects of trauma work in order to both protect themselves and their clients. In order to provide a positive, empathetic and non-judgemental experience for the client and avoid re-victimisation, the CI must undergo an ideological shift in her understanding of IPV. This requires a transformative shift where the CI identifies the assumptions she holds, recognises that these may be harmful, or victim blaming and ultimately transforms her understanding in order to provide a better service. Two related processes that are required to produce and maintain this shift are to instil greater self-awareness and critical insight as a continuous practice for volunteers, as well as to help the volunteers foster the ability to recognise and monitor countertransference.

The formulation of the research questions must be understood as an iterative process guided through the phases of intervention. Therefore, the research questions were initially tentative but were concretised during the research process. The figure below shows the three dominant phases of enquiry and an indication of what findings guided the next phase

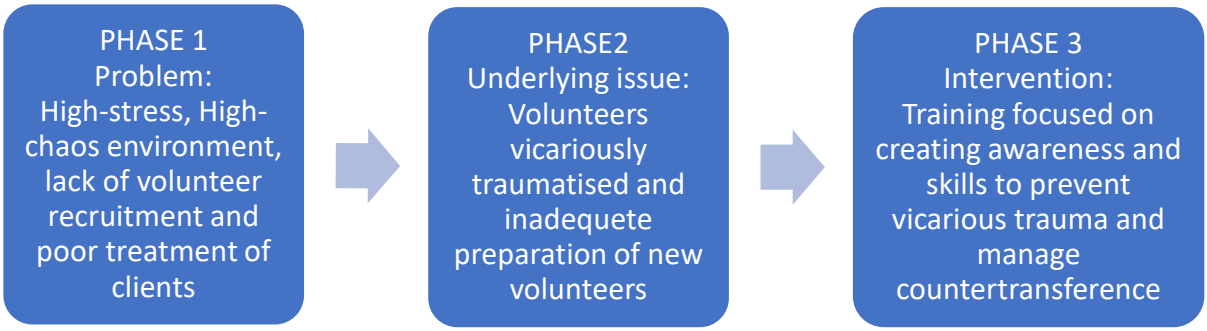


Figure 1: Phases of Enquiry

Phase 1 Research Questions

1. What are the main concerns of the organisation?

Phase 2 Research Questions

1. What is the underlying issue causing and maintaining the organisations primary concerns?
2. How can we transform the organisational culture of the organisation?

Phase 3 Research Questions

1. How can we best prepare new volunteers for trauma work?
2. What do new volunteers need to know to provide effective support to victims?
3. What logistical factors work best to foster transformative learning?
4. What pedagogic techniques are most appropriate in achieving a transformative shift?

1.6 Research Approach

This study uses an Intervention Research paradigm as it focuses on producing results that provide solutions to practical problems (Rothman & Thomas, 1994). While there are varied methodological approaches within this paradigm, this research follows the phases of the integrated Intervention Design and Development (D&D) as set out by Rothman and Thomas (1994). The main benefits of this approach are that it is flexible, capitalises on small samples as well as acknowledges practitioner's insights as important to the process (Comer, Meier & Galinsky 2004). The outcome of this research is meant to provide a practical and functioning intervention that can be used at this organisation and adapted for others and therefore the iterative, collaborative nature of this research is most appropriate.

Understanding the trainee's experiences, recognising an ideological shift and interpreting these into a better understanding of the best mode of learning is most effectively lead through a qualitative, interpretive paradigm. This paradigm sees the "world as constructed, interpreted and experienced" (Ulin, Robinson, Tolley & McNeill 2002, p.22). The data collection process includes a mixed methods approach using observation, interviews and document analysis, and triangulating these to "validate and crosscheck findings" and so that "the strengths of one approach can compensate for the weaknesses of another approach" (Patton 2002, p. 306).

1.7 Conclusion

Victim support services play a vital role in breaking the cycle of violence and volunteers therefore should be adequately trained and protected for the benefit of both the client and themselves. Through the phases of Rothman and Thomas' (1994) Intervention Research paradigm, the researcher in collaboration with stakeholders at the organisation develops a training programme. The intervention diverges from traditional training models and moves

towards a clearer focus on the development of emotional skills, self-monitoring and critical psychological insight.

Chapter 2 Literature Review

2.1 Introduction

This chapter reviews the literature regarding Intimate Partner Violence (IPV) and critiques the dominant myths which pervade society's understanding and response to IPV. This exploration of the complex nature of IPV is then used to provide a multifaceted approach towards reaching an understanding of the effects of this type of trauma on the victim. The purpose of this research is to provide an intervention that will ultimately better serve victims of IPV and it is therefore necessary to explore the current services offered to victims in South Africa. The focus is then shifted to the trauma workers who are responsible for providing this support and central to this research. The review also explores both the positive and the negative effects of trauma work with a special emphasis on Vicarious Traumatisation. This is further extended towards a deeper understanding of countertransference, thereby developing a clear justification for the necessity of preparing trauma workers to recognise and manage their own countertransference reactions. The review ends with a comprehensive understanding of theories of adult learning with an examination of various andragogic techniques that are particularly useful in fostering transformative learning.

2.2 Intimate Partner Violence

Intimate partner violence (IPV) is the dominant social issue that the organisation at the centre of this research deals with. It is therefore important to have a comprehensive understanding of what IPV is, as one's understanding of IPV determines how one responds to it.

2.2.1 Definition

This research defines intimate partner violence as a repeated pattern of abuse between intimate partners in order to gain power and control (Brodwin & Siu, 2007). The description of the pattern of abuse also draws attention to its cyclic nature as well as the "captive" nature of IPV. Herman (2001) describes how this prolonged exposure to the coercive control of the perpetrator, creates a unique relationship where the perpetrator ultimately shapes the victim's cognition, personality and behaviour. Understanding this aspect of IPV is important to this research as it recognises the deep psychological and emotional wounds that exist as a result of trauma and the effect that this has on the victim's sense of self.

Previous studies have been inconsistent in their definition of IPV, often focusing solely on physical violence (Jewkes, 2002). Stark (2013, p. 201) refers to this limited understanding of IPV as the violence model and argues that this has "fragmented women's experience of abuse, made the multi-faceted nature of their oppression invisible, and elicited victim-blaming responses". IPV, in this research, therefore is primarily defined as being inclusive of all forms of physical, psychological and sexual abuse inflicted on another by their intimate partner. Physical abuse refers to any "acts designed to injure, hurt, endanger, or cause physical pain" (Lundberg-Love & Marmion, 2006); psychological abuse refers to the "wilful infliction of emotional anguish by threat, humiliation, intimidation, or other abusive conduct." (Jackson, 2007, p. 411) and sexual abuse refers to any sexual act which is forced, considered demeaning, unpleasant or uncomfortable. The second part of our definition will be expanded on later in the chapter and relates to the ultimate goal of IPV, to gain power and control.

The focus of much of the research regarding IPV is on violence perpetrated against women in heterosexual relationships (Hayes, 2007; Lundberg-Love & Marmion, 2006; Michalski, 2005). This narrower approach was largely driven by a feminist agenda which was focussed on and instrumental in recognising woman abuse as a social problem (Hines, Brown & Dunning, 2007). An agenda which has been successful in establishing that "the atrocities that were still commonplace a half-century ago are no longer tacitly condoned" (Scalia, 2002 p. 3). While this was, and still is, necessary the emphasis on female victims and male perpetrators in heterosexual relationships has caused an overemphasis of the gendered nature of IPV as opposed to seeing IPV as a "human problem" (Hines et al, 2007). The emphasis on gendered roles has influenced our conceptual understanding of what IPV is thereby rendering abuse against men irreconcilable for many and ignored. Male victims receive little support or empathy, with one study finding that "a number of male victims reported calling several different domestic violence helplines, only to be turned away, laughed at, or accused of being a male batterer" (Hines et al 2007, p. 68). This leads to additional victimisation which in turn intensifies the shame felt by victims. Hogan, Hegarty, Ward and Dodd (2011, p. 45) found that "the primary reason these men gave for not admitting to their abuse stemmed from a need to maintain masculine identity". While a "sexual symmetry in marital violence" (Dobash et al, 1992) is not being proposed, it is nevertheless important to recognise the reality of female perpetrators and that a theory based simply on male privilege is not adequate to understand the complexities of IPV. In previous research, victims were referred to as female due to the demographic of the majority of victims using the organisation. This research seeks to recognise

the reality of male victims but will revert to referring to victims as female to flow from previous research. It is also necessary to state that the emphasis on heterosexual relationships also fails to recognise and emphasise the reality of IPV in same-sex relationships. While some researchers have found that prevalence rates and the underlying roots of IPV in heterosexual relationships are comparable to those of same-sex relationships (Balsam & Szymanski, 2005), there are also issues that are unique to same-sex intimate partner violence which require special focus (O'riel, 2012). It is for this reason that the focus of this research will be on heterosexual intimate partnerships

Another important definitional issue is our use of the term victim as opposed to survivor. This research aligns itself to the conceptual understanding of Janoff-Bulman and Frieze (1983, p. 13) who "believe it is a useful label, for it serves to relieve victims of responsibility for their victimization". This research emphasises the reality of victim blaming tendencies which dominate much of the discourse around IPV. It is therefore the goal in using the label 'victim' "to recognize both the victim's lack of responsibility in bringing about the victimization and the victim's strength in coping" (Janoff-Bulman and Frieze 1983, p. 13).

2.2.2 Statistics

Intimate partner violence remains a serious problem in South Africa, with 40% of men reporting using violence in intimate relationships (Seedat, Niekerk, Jewkes, Suffle & Ratele, 2009), and where one woman is killed by her intimate partner every eight hours (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). These statistics are, however, considered an inaccurate representation of the reality of IPV.

2.2.2.1 Methodology issues

Due to the private nature of the abuse, the phenomena cannot always be directly observed and therefore studies often only use secondary sources such as police records or other legal documents to obtain statistics. Ruiz-Perez, Plazaola-Castano and Vives-Cases (2007) state that methodological issues arise as a result of these limited and unreliable data collection methods. Other more direct data collection methods such as interviews and focus groups imply a personal bias and even quantitative measures "are not 'neutral' and many have been designed using different theoretical frameworks and are therefore based on different definitions of violence" (Ruiz-Perez et al 2007, p. ii27).

2.2.2.2 Conceptualisation of IPV

The conceptualisation of IPV is an important factor in determining the accuracy of statistics. Definitions of IPV range from broad attempts to include all forms of violence to narrower approaches which only include physical or sexual abuse. Researchers have often struggled to measure the broad definitions of violence and therefore limit their studies to specific acts or behaviours as these are easier to measure (Ruiz-Perez et al 2007). The exclusion of psychological, emotional and financial abuse from the conceptualisation of IPV does not paint an accurate picture of its real prevalence. Conceptualisation is not only a theoretical issue but also a social one as our understanding of what is considered abuse is largely determined by the dominant ideologies of the individual's social context (McFarlane & Van Der Kolk, 1996). Woods and Jewkes (2001) found that forced sexual intercourse in intimate relationships is not necessarily defined as rape, and that abuse in marriages is often accepted if the abuser has paid 'lobola'. Lobola is a cultural practice where the bridegroom pays a "bride price" usually in the form of money or livestock as a gift to the bride's family to express his gratitude and respect (Ansell, 2001). Ansell (2001) found in his study with young people that the majority viewed the practice as valuable but also recognised that this was a financial transaction that disadvantages women. The patriarchal justification for IPV is internalised and blurs the social understanding of what is considered IPV.

2.2.2.3 Rates of reporting abuse

The final factor regarding the accuracy of statistics is underreporting of cases of IPV. As discussed above, secondary sources such as police reports do not accurately reflect the reality of IPV. Kaminer and Eagle (2010) discuss various reasons for this such as dependency on the abuser, a lack of confidence in the police and legal system to support them through the process, the fear of further victimisation by those who are meant to help, as well as being bound by threats of retaliation by the abuser.

2.2.3 Understanding IPV

There are a variety of theories used to understand IPV. This review will outline and critically evaluate competing theories and then justify the theory adopted by this research in understanding IPV.

2.2.3.1 Intrapersonal Theories

This perspective focuses on the biological factors of both perpetrators and victims that are correlated to the abusive behaviour such as genetics, brain injury and mental illness.

2.2.3.1.1 Genetics

The role of genetics in understanding IPV has been largely ignored even in integrative understandings. This field of study is fairly new and while studies specific to intimate partner violence are difficult to obtain and have serious limitations, Hines and Saudino (2004, p. 713) note that their results "are consistent with behavioural genetic studies of aggression in general". Their study, using both monozygotic and dizygotic twins, attempted to highlight the role of genetics in the use of as well as receipt of IPV. They found that family resemblance is due in part to shared genes that influence abusive behaviour (Hines & Saudino, 2004). They state that "certain people, due to their genotype, may be more likely to commit aggressive acts in their relationships than people who do not have that same genotype." (Saudino & Hines, 2007, p. 128). From an epigenetic understanding, the role of genetics and environment are linked and therefore they note that "the most prudent interpretation of our data is that the use and receipt of IPA (intimate partner aggression) is influenced by both genes and the environment" (Hines and Saudino, 2004, p. 713).

Saudino and Hines (2007) found evidence for genetically influenced behaviours and traits in victims. This moves away from the acknowledgement of the victim being a passive recipient of violence, stating that "the victimized individuals may receive aggressive responses from their partners because these individuals have genetically-influenced traits that could evoke aggressive reactions from others" or "choose aggressive romantic partners because those partners are congruent with certain genetically-influenced characteristics of the victims" (Saudino & Hines, 2007, p. 128).

This theory is fundamentally problematic in our evaluation and has dangerous implications for the way we deal with both perpetrators and victims. Concentrating on the genetic influence in determining behaviour disconnects the perpetrator from his actions and can lead to an attitude of justification and tolerance for the abuse. The investigation into the genetic basis for victimisation is dangerous and, in our opinion, is a direct attempt to legitimise victim blaming through scientific investigation. The view that victims by the very nature of

their genetic make-up could "cause" the abuse, only serves to maintain societies harmful view of victims which is exactly what this research aims to highlight and avoid.

2.2.3.1.2 Brain Injury

Rosenbaum, Hoge, Adelman, Warnken, Fletcher and Kane (1994) found a link between head injury and incidence of IPV. While correlation does not necessarily mean causation, "it might impair the impulse control mechanism which in turn may increase the risk of aggressive behaviour." (Ali & Naylor, 2013, p. 375). Dutton summaries the psychiatric explanation for intimate partner violence, finding that "psychiatrists were claiming that disturbances in a neural structure such as the temporal lobe could cause wife assault." (2007, p. 20). This theory again serves as a subtle justification for the abusive behaviour and fails to recognise that not all abusers have temporal lobe damage and not all men who have temporal lobe damage become abusers.

2.2.3.1.3 Mental Health

Research into domestic violence initially characterised abusive men as suffering from a mental illness. Ali and Naylor (2013, p. 376) review the available literature and found that "among all psychopathological conditions, personality disorders, especially borderline personality organization, have been found to be more prevalent in violent husbands or male partners compared with less violent controls". Dutton (2007) argues that understanding the perpetrator in terms of borderline personality organisation (BPO) will help to guide interventions.

According to the fifth edition of the Diagnostic Statistical Manual (DSM), Borderline Personality Disorder is defined as impairments in personality functioning along with the presence of pathological personality traits and is diagnosed according to various criteria such as negative affect, impairments in interpersonal function and impairments in self-image (American Psychiatric Association, 2013). While direct causes of borderline personality are not known, upbringing and a child's family have a major impact on the formation of the self. Dutton (2007) argues that children's personal or vicarious experience of violence within the safety of the home, whether physical or emotional, will affect the child's self-concept, neural structures, attachments and ultimately the entire personality.

Dutton (2007) does not propose a universal approach to understanding violence, recognising that there are some perpetrators who do not suffer from any mental illness, but

rather provides an explanation for a specific type of abuser. He argues that the BPO abuser is intermittently abusive according to the cycle of violence, but that this cycle is the result of a build-up of internal as opposed to external events. Dutton (2007, p. 94) argues that "it is the cyclical personality that drives the actions known as the cycle of violence." People with BPO depend on their intimate partners to protect their ego integrity, with potentially dangerous consequences. Dutton (2007, p 112) provides a detailed account of this cycle;

> With an unstable sense of self and an inability to tolerate aloneness, these men depend on their relationship with their female partner to prevent their fragile selfhood from disintegrating and to dissipate the pervasive anxiety that they feel. It is for this reason that earlier studies of abusive men reported a "masked dependency" on the victim. Yet that very relationship that is needed so desperately is fraught with "dysphoric stalemates"; inability to communicate intimacy needs, abandonment anxiety, and extreme demandingness. The intimate partner of the high-BPO scorer is asked to do the impossible, and when she fails, or appears to fail in his eyes, extreme anger follows swiftly because his very sense of self is threatened and because his use of projection as a defence tells him that it is *her fault*.

This theory is useful in that is recognises the intra and interpersonal factors which, together, combine to produce the abusive behaviour. It also helps to clarify the complex internal processes that are manifested in the violence. It is often too easy to oversimplify and typecast the abuser. The dominant stereotype is problematic as it not only hinders people from recognising the abuser as an abuser due to some predetermined construct, but also leads bystanders to make judgements, failing to understand the very real dilemma victims often have in leaving the person they love. If we understand the abuser as a multi-dimensional person being capable of love, anger, fear, hatred, etc this will have a major impact on the way we deal with perpetrators. However, the danger with this theory is when it is used to generalise all perpetrators of IPV. Ali and Naylor (2013, p. 376) stress this approach fails to address "why all people with psychopathology do not react violently towards their intimates and why some violent individuals do not suffer from psychopathological disorders".

2.2.3.3 Interpersonal Theories

This cluster of theories addresses the complex interpersonal factors that help to conceptualise IPV, in this review Attachment Theory and Social Learning Theory are examined.

2.2.3.3.1 Attachment Theory

Bowlby (1977) and Ainsworth (1964) were instrumental in explaining the influence and importance of child-parent attachment styles. Using experiments with infants and monkeys, they found that forming attachments is a fundamental need for all human beings and the nature of these initial attachments determines future behaviours and attachment styles. The attachment figure serves an important psychological function as a "safe haven" and a "secure base" and, depending on the child's perception of the relationship, will then determine the attachment style the child will use in all future relationships. This theory is closely linked to our discussion of BPO above as "Bowlby postulated that early attachment experiences have long-lasting effects across the lifespan, and these experiences are among the major determinates of personality organisation and pathology" (Levy, Meehan & Temes 2014, p. 97).

Mikulincer (2007) uses attachment theory to understand IPV as a result of insecure attachment styles. Both perpetrator and victim have been found to suffer from insecure attachment styles and contribute in some way to the relationship violence. He notes that "aggression is precipitated by a partner's undesirable behaviour (e.g., rejection, inattentiveness) or by insecurities about the future of a relationship and is aimed at discouraging a partner's withdrawal or departure" (Mikulincer 2007, p. 316). Perpetrators are generally understood as having avoidant or anxious attachment styles and engage in intimate partner violence due to a range of factors such as poor conflict resolution skills, fear of rejection or ineffective anger management. However, studies have shown that anxious attachment style is the "major culprit in facilitating violence" (Mikulincer 2007, p. 317). They found that victims of IPV had higher levels of anxious attachment postulating that "attachment insecurity puts people at risk for becoming victims of partner abuse or that abuse can increase attachment insecurity" (Mikulincer 2007, p.318). The victim's attachment style is therefore regarded as a possible cause of their partners violence.

While understanding their history and upbringing is an important factor in informing interventions for perpetrators, there is also the tendency to reduce perpetrators to a product of their past. This research takes on a humanistic ontological perspective believing that while our past does shape and influence us, it does not automatically dictate our behaviour. This theory also is considered victim blaming by placing some responsibility on the victim. The subtle suggestion reinforces the myth that a woman must have done something to deserve the abuse.

2.2.3.3.2 Social Learning Theory

According to this theoretical approach, abuse in intimate partner relationships is a learnt behaviour. Bandura (1973) focused on aggressive behaviour and how this is both learned through observing the behaviour of a role model and maintained through reinforcement and punishment. Eron (1994, p. 9) notes that "this is certainly a more optimistic way of looking at the development of destructive behaviour since what is learned can be unlearned and new ways of behaving can be adopted."

Bandura's research into observational learning formed the foundation for much of the intergenerational transmission of violence understanding of IPV. Hyde-Nolan and Juliao (2012) state that the basic premise of this theory is that children who are raised in abusive homes will learn these antisocial behaviours and imitate and repeat those behaviours in their own relationships. Cappell and Heiner (1990, p. 149) however, found that "contrary to popular belief, knowing whether aggressive relations were present in the family of origin will be more useful in predicting whether the respondent is the target of aggression than in predicting whether the respondent is the perpetrator".

Social learning theory has also highlighted the dangers in using corporal punishment in children. Hooks (1984) argues that children are socialised to accept violence as a means of behavioural correction. Parents will explain their use of force as an expression of their love for the child and their desire for them to be good. This results in a passive acceptance that violence and love are not mutually exclusive. Bandura's (1973) social-cognitive theory highlights the cognitive aspect of learning and extends the more simplistic behaviourist monkey-see, monkey-do approach to include an evaluation of consequences and motivation. This provides insight into the disturbing effects of societies 'distant bystander' approach, as the child sees that there are very little, if any, consequences to the abuser's actions and so would be more motivated to model the behaviour. This theory does however, also support the use of "it's all I know" as an excuse denying any agency in the abuser's behaviour.

2.2.3.4 Socio-cultural Theories

This perspective focuses on the environmental factors such as culture and prevailing social ideologies. This is important as it expands our understanding of violence beyond the personal to the impact of society. This review will focus on a feminist-Marxist understanding as this is the dominant theory used in the literature.

2.2.3.4.1 Feminist Theory

The basis of a feminist explanation of violence against women is that it mirrors the inequality of power between men and women in society. The power inequality and violence experienced within this oppressive society is expressed most blatantly through IPV (Hooks, 1984). Jewkes et al (2010, p. 41) believe that the problem lies in the "patriarchal nature of society, and ideals of masculinity that are based on control of women and that celebrate male strength and toughness". IPV is more likely to be committed by men who hold patriarchal views as domination of women is the goal and the use of violence is often a necessary means (Dutton, 2007; Flood & Pease, 2004; Jewkes, 2002; Michalski, 2005). Hooks (1984) states that the psychology of masculinity teaches men to cause pain rather than express it in order to restore a sense of completeness. This is supported by the hegemonic form of masculinity which is characterised by "authority, physical toughness, strength, heterosexuality and paid work" (Pilcher & Whelehan, 2004, p. 83). The emphasis on paid work and being the provider is complicated in a capitalist society where men are themselves 'slaves to the system' lacking any real control over their financial security (Hooks, 1984). This inability to fulfil this hegemonic role highlights the lack of real power they have, leaving them feeling more vulnerable which Hattery (2009) believes is the root cause of men committing IPV.

Jewkes (2002) found that this prevailing ideology of male superiority affects "laws, police, criminal justice systems, whether violence against women is criminalised, and the seriousness with which complaints from women about abuse are treated by law enforcers" (Jewkes 2002, p. 1425). This not only systematises the violence creating multiple levels of barriers to justice, but also maintains a social norm. Jewkes, Flood and Lang (2015, p. 4) note that a "society with a culture related to the use of violence, and social norms that are accepting of violence, in many respects permits a range of forms of violence". The value in this theory stems from its emphasis on social structures and ideologies that create a space for IPV to occur as well as how these same structures maintain and trap victims in the cycle of violence.

2.2.3.5 Conclusion

While each theory gives some degree of insight into why and how intimate partner violence occurs, this research seeks to emphasise two things- firstly, the danger of theories that justify and support victim blaming tendencies and secondly, the role that socio-cultural factors have on both the initiation and maintenance of IPV. No theory that places responsibility for violence on to the victim should be accepted as a theoretical foundation. Our understanding of

IPV is an integrative approach in which theories interact to create the space, tools and necessity for IPV to occur. These inter-relationships are important as we can see that patriarchy creates gender roles, which affects attachment styles, which affects personality formation, which in turn normalises aggression and submission.

2.2.4 Why do they stay?

Often one of the first questions people ask after encountering IPV is 'why do they stay?' As an adult member of a society that ostensibly promotes freedom and equality, why would someone choose to stay in an abusive relationship. This question turns the focus on to the victim and often leads to a lack of empathy and patience, and even victim blaming. It is therefore necessary for us to understand the theoretical foundation for much of the answers that we hear or we ourselves give.

2.2.4.1. Masochism

This view, attributed to Freud, argues that women stay in violent relationships because they unconsciously desire victimisation. Herman (2001) discusses the frightening controversy regarding the DSM revisions in the 1980's where "masochistic personality disorder" was proposed and defined as any person who "remains in relationships in which others exploit, abuse, or take advantage of him or her, despite opportunities to alter the situation". This idea is damaging to victims and has fuelled much of societies current response to IPV, resulting in an overwhelming tendency to victim blame. Using some of Freuds ideas, researchers have sought to uncover intrapersonal factors which draw a person into an abusive relationship. These are largely viewed as an unconscious re-experiencing or re-enactment of a previous unresolved trauma (Van der Kolk, 1989; Chu, 1991). Van der Kolk (1989) states that it is noteworthy that victims of child abuse are more likely to be abused as adults and Chu (1991) argues that this reality can be explained using Freud's ideas regarding the repetition compulsion. He uses the complex intra-psychic components of the unconscious and repressed material, specifically from previous trauma, to understand the victim's self-destructive behaviour stating that "it is important to understand that there is a true compulsion for traumatized persons to repeat repressed experiences. Even if the person endeavours to keep the memory repressed, there is an opposing need on the part of the psyche to force the repressed material into consciousness" (Chu 1991, p.328). Freuds original premise was that repetition would lead to mastery and resolution but Van der Kolk (1989, p. 400) rejects this assumption, instead arguing that it "may serve to reinforce the preoccupation and fixation". While it must be acknowledged that there

is often a reoccurrence of abuse in subsequent relationships, this theory's focus on the unconscious "compulsion" of the victim to re-experience the trauma is problematic. It subtly (or perhaps not so subtly) pathologises the victim creating the image of an IPV victim as a 'mad woman' seeking out victimisation.

2.2.4.2 Learned Helplessness

The 'Learned Helplessness' theory (Walker, 1979) attempts to explain why women choose to stay in abusive relationships from a slightly different angle. It continues to focus on the intrapersonal factors of the victim but is slightly less disparaging. Walker states that victims of IPV "have feelings of self-blame, low concepts of self-worth, and suffer from despair, depression and anxiety. Due to the repeated assaults they feel that they cannot control what is happening or what will happen and therefore feel that they are helpless to prevent further violence" (Lockton & Ward, 1997, p. 22). It is in this cycle of abuse that victims believe that their "natural way of fighting such abuse will not succeed in stopping it" (Walker 2009, p. 84). Therefore, the focus becomes developing effective coping mechanisms to deal with the abuse rather than trying to escape it. This appears from the outside as a passive acceptance of the abuse (Hyde-Nolan & Juliao, 2012) but is rather an active coping strategy based on their learned helplessness. This theory has been criticised for two main reasons. Firstly, the belief that women are passive in their attempts to escape is unfounded as the World Health Organisation found that most abused women do in fact actively seek strategies to maximize their safety (World Health Report, 2002). Secondly, while this theory is less negative than the first, it still only focuses on the emotional and psychological state of the victim ignoring any interpersonal or societal factors contributing to her position.

2.2.4.3 Traumatic Bonding Theory

This theory begins the shift from an intrapersonal to interpersonal approach, building on the foundation of attachment theory in an attempt to understand the complex emotional attachments present in relationships of intermittent abuse. They argue that "powerful reinforcement mechanisms interact with the emotional and cognitive consequences of an imbalanced power structure within the relationship to produce a traumatically-based bond" (Dutton & Painter, 1981 p.139). This theory forms the basis for Stockholm syndrome where a captive who finds herself powerless against another person "comes to identify with the captor as a means of warding off danger" (Dutton 2007, p. 191).

Two structures are necessary for a traumatic bond to occur; definite power imbalances and the intermittent experience of abuse. In IPV, victims must perceive themselves to be in a position of subjugation by their partner and be aware of their own powerlessness. This creates a dependency on the perpetrator which is maintained by the victim's internalised belief that they need the powerful person. The second feature of the traumatic bond is the experience of intermittent abuse. This links to Walker's cycle of abuse, where perpetrators enter a cycle of violence made up of a gradual escalation of tension, the tension-relieving abuse followed by remorseful and loving affection (Lundberg-Love and Marmion, 2006). It is during the third stage where the power balance shifts to the victim. This is most clearly seen in the perpetrator's attempts at 'getting her back' where he throws himself at her mercy, making her believe that she is now in control and that he will really change in order for her to take him back. The victim is forced to live through alternating "aversive and pleasant conditions" which is "highly effective in producing persistent patterns of behaviour that are difficult to extinguish or terminate" (Dutton & Painter, 1981, p. 148). This, they argue, is the emotional and psychological process underlying the cycle of abuse.

2.2.4.4 Dependency Relations Theory

This theory is focused on the reality of the dependence of many victims on their abusers (Hyde-Nolan & Juliao, 2012). This is most clearly seen in cases of child and elder abuse but can also be used to understand intimate partner violence. Wallace and Roberson (2016, p. 67) state that marital dependency can be defined as a complex interaction of "economic, emotional and societal forces that result in a woman being dependent on her spouse for support".

The economic factors link specifically to a lack of financial literacy, little to no access to household finances as well as no earning power (Wallace & Roberson 2016; Kalmus & Straus 1982). This reality is exacerbated in South Africa, in which a high incidence of unemployment and lower education levels for women serve to entrench female victims in abusive relationships. Golden, Pererrira and Piette Durrance (2013) found that "limited control over household finances significantly increased their risk of becoming victims of emotional abuse and coercion". A woman without any financial resources has an impossible choice between being homeless or returning to the perpetrator (Lundberg-Love & Marmion, 2006). Golden et al (2013) propose that enhancing a woman's financial power within the relationship could result in decreased incidence of abuse. However, Brown (1980, p. 176) argues that a change in the power dynamics could increase violence as the shift to equalitarian "leads to a

conflict between the wife's new authority expectations and the husband's male superiority norms". The emotional factors refer specifically to the presence of children in the relationship. The reality of leaving an abusive relationship is complicated by the financial, emotional and physical dependence of children on an already dependent mother. Sanderson (2010) states that mothers will often remain in abusive relationships, sacrificing their own needs, in order to provide for their children. The dominant social ideology also acts in creating dependence where woman accept patriarchal and gendered ideas. Golden et al (2013, p. 8) found "that women with more traditional gender beliefs experienced higher rates of physical assault than women with more egalitarian beliefs". The idea that women should assume the role of perfect mother and wife fosters this inability to let go of "the happy family she once hoped to create" (Lundberg-Love & Marmion, 2006, p. 11). Kalmus and Straus (1982) emphasise the complex interplay of each of these factors which leaves women trapped in abusive marriages as well as lacking the ability or resources to effectively negotiate change in their relationships.

2.2.4.5 Herman's Trauma Framework

While both interpersonal theories provide valuable insight into the abusive relationship and the very real hampering factors regarding leaving the relationship, they lack the psychological depth and disturbing reality faced by many IPV victims. Herman's (2001) discussion of captivity provides the basis for the theoretical assumptions of this research.

In situations of continuous trauma, such as IPV, victims endure prolonged, repeated trauma in which "the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator" (Herman 2001, p. 75). Stark (2007) uses the model of coercive control to emphasise the condition of entrapment that victims experience. Herman (2001) identifies total control over the victim as the goal of perpetrators of IPV through a systematic process of psychological domination ultimately resulting in disempowerment and disconnection.

Perpetrators use psychological domination, isolation and terror to create submission in their victims but "the final step in the psychological control of the victim is not completed until she has been forced to violate her own moral principles and to betray her basic human attachments" (Herman 2001, p. 83). Examples of this, specific to victims of IPV, include engaging in sexual acts the victim perceives as immoral or disgusting as well as failing to intervene when the abuse is directed at her children. Herman notes that at this stage victims will totally surrender and "may feel herself to be changed irrevocably, or she may lose the

sense that she has any self at all.". The victim's entire personality has been slowly chipped away and is instead replaced "by the actions and beliefs of the perpetrator" (2001, p. 75).

Herman proposes a new diagnosis, Complex Posttraumatic Stress Disorder (CPTSD), which considers the complex psychological and emotional trauma experienced by victims of prolonged violence and abuse. Herman stresses that the effects of single trauma must be differentiated from those of continuous trauma. Terr (1995) identifies these as type I or type II trauma and notes that while a type I or single trauma will have serious physical and psychological effects on a victim, type II or continuous trauma will have a unique and debilitating effect on the victims very core of being resulting in "massive attempts to protect the psyche and to preserve the self" (Terr, 1995, p. 311). The diagnosis of CPTSD focuses on the damaging psychological effects of the trauma as opposed to attributing the abuse to the victim through blaming some existing pathology (Herman, 2001). Herman recognises that victims of abuse develop, as a result of the abuse, characteristic personality changes such as impairments in interpersonal relations and identity which are not clearly articulated in the current diagnosis for Posttraumatic Stress Disorder (PTSD). The latest version of the DSM defines PTSD as the consequence of being exposed, either directly or indirectly, to threatened or actual death, serious injury or sexual violence resulting in symptoms of intrusion, constriction, hyperarousal and negative affect (American Psychiatric Association, 2013). The DSM 5 has categorised PTSD and Acute Stress Disorder under a new section titled "Trauma and Stress Disorders" and attempts to include Herman's research in stating:

> "It is clear, however, that many individuals who have been exposed to a traumatic or stressful event exhibit a phenotype in which, rather than anxiety- or fear-based symptoms, the most prominent clinical characteristics are anhedonic and dysphoric symptoms, externalizing angry and aggressive symptoms, or dissociative symptoms." (APA, 2013)

While this is not sufficient in recognising the complex intra and interpersonal effects on victims of prolonged trauma, it is a step in the right direction.

2.2.4.6 Conclusion

Using Herman's conceptualisation of the psychological effects of captivity, it is clear that any theory that focuses on the victim's dysfunction, whether it be an unconscious compulsion to re-experience victimisation or a learned helplessness, is problematic and

insufficient in offering a sensible explanation. It must also be stated that while the interpersonal theories' focus on the complex emotional, psychological and physical aspects of the abusive relationship are covered, their understanding is limited if they ignore social conditions, gender inequality and unequal distributions of power. Through the Herman lens are we able to see the multi-layered effects of psychological domination, isolation and terror and begin to understand that the answer to the question 'Why don't they just leave?' is not as straightforward as originally believed.

2.3 IPV Myths

As already mentioned, IPV is rife with preconceived ideas and false perceptions. These are often not questioned and may be accepted by members of every demographic of society including the victims themselves (Grothues & Marmion, 2006). Waltermaurer (2012) found that females were more likely to justify IPV than males, and of even greater concern was the finding that younger people (under 30 years) were more likely to justify IPV than an older generation. These justifications and general attitudes held by society often stem from and are maintained by the dominant patriarchal ideology. IPV must therefore be understood within this larger context as a reflection of the wider culture of violence which is "embodied by an implicitly hierarchical patriarchal structure that establishes certain patterns of subordination and oppression" (Almeida, Woods, Messineo, Font, & Heer (1994, p. 100).

In order to provide the necessary support and respond appropriately, the myths associated with IPV need to be dismantled and revised. This is not easy as these myths regarding IPV persist "despite ample evidence of their falsity and despite the contradictory facts and experiences offered up by friends, family members and professionals" (Peters 2008, p.139). These myths must, therefore, be understood as a means to maintain the culturally based framework and assumptions for how society makes sense of the world.

2.3.1 Emotional abuse is not as serious as other forms of abuse

Society's often apathetic attitude to emotional abuse is discordant with the findings presented in the literature. Research has shown that emotional abuse is in fact considered to be the worst form of abuse (Burks, 2006) and some studies finding that exposure to emotional abuse is experienced by up to 70% of women (Jewkes, 2010). Emotional abuse includes "verbal abuse, threats of violence, engendering fear, humiliation, destruction of property, enforcement of social isolation, taking or withholding earnings, and flaunting other sexual partners" (Jewkes

2010, p 851). These clearly have debilitating effects on the victim such as low self-worth, difficulties in relationships, detachment, self-mutilation and suicidal ideation (Burks, 2006). The adage we teach children of 'sticks and stones may break my bones, but words can never harm me' couldn't be more fallacious and so it is unclear why this prevailing myth still exists. One suggested explanation is that emotional abuse is often difficult to identify and prove to others especially within the judicial system. Covert methods of abuse are also often so subtle and unobservable that they are difficult to identify or explain (Burks, 2006). Jewkes (2010) states emotional abuse is also often accompanied by physical or sexual violence making the direct effects of emotional abuse on health difficult to measure. It is important for society to recognise that while emotional scars remain invisible, their effects are devastating and deserve to be acknowledged.

2.3.2 Victims of abuse are to blame for instigating the abuse

This myth has been partly explored in our discussion regarding the theories above but is so central to this project that it must be reiterated here again. Victim blaming is any removal of responsibility away from the perpetrator to the victim. "No one deserves to be hit. No one asks for it." (Grothues & Marmion, 2006, p.11). The fact that this needs to be stated highlights the extent to which our society has accepted violence as a tolerable means of 'discipline' and control. The attitude towards victims of IPV is important to understand as "public perceptions and attitudes shape the social climate in which such violence takes place and either perpetuate or deter its occurrence" (Gracia 2014, p. 380). In most countries around the world, irrespective of whether they are deemed first or third world, attitudes and beliefs regarding gender-based violence are victim focused and attempt to justify perpetrator behaviour (Gracia, 2014; Waltermaurer, 2012). This is an important finding as even in countries with progressive laws and policies, informal social norms appear to have a greater influence on what is deemed acceptable in intimate relationships (Gracia & Herrero, 2006). Waltermaurer (2012, p. 172) found that "IPV is justifiable to a significant proportion of the population as a response to certain failures on the part of the female". Justification and victim blaming tendencies perpetuate the incidence of IPV thereby having an effect on both victim and perpetrator. The perpetrator who acts in a culture of high acceptance is less afraid of the consequences and more likely to continue the abuse, and the victim is more inclined to assume and internalise the blame for the violence, in accordance with the dominant social ideology.

2.3.3 Men cannot be abused by women

As discussed in our definition of IPV, violence between intimate partners is predominantly regarded as a gendered problem with females being labelled as the victims. Hines, Brown and Dunning (2007) claim that women perpetrate as much IPV as men and argue that domestic violence needs to be understood as a human problem and not a gendered problem. Other studies have shown that while men can be victims of abuse, there are vastly more cases of female victims (Tjaden & Thoennes, 2000; Walby & Allen, 2004; Watson & Parsons, 2005) and the abuse is more likely to be severe or lethal (Walby & Allen, 2004; Watson & Parsons, 2005). This emphasis on female victims has helped to reveal systematic violence against women but has resulted in male victims being largely dismissed (Hines, Brown & Dunning 2007). Men often face secondary victimisation coming forward as they are either ridiculed or not believed (Hines, Brown and Dunning, 2007). The dominant ideology underpinning what it means to be a man is expressed in hegemonic masculinity, which is characterised by toughness and strength (Pilcher & Whelehan, 2004). Hogan et al (2011) found that male victims would not admit to their abuse in order to maintain their masculine identity. The complex cyclic nature of abuse as well as the manipulation of an intimate relationship, highlighted in the Traumatic Bonding Theory (Dutton & Painter, 1981) and Herman's (2001) understanding of the complex process of disconnection and disempowerment in captivity, shows how the physical ability to defend oneself does not necessarily correlate to prevention.

2.3.4 If a woman didn't want to be abused, she could leave

The question, 'why do you *choose* to stay' is the most common and harmful. While this myth has been theoretically explained above, we provide this summary of different factors contributing to the inability to leave. The first emphasises the complex interpersonal emotions, commitments and feelings towards the abuser. Lockton and Ward (1997, p. 23) state that "all of the women loved their partners and made excuses for their behaviour". The cyclic nature of IPV emphasises the power and effect that the 'loving and contrite' phase has on the victims and her evaluation of the abuser and the abuse. Hattery (2009, p. 150) highlights how the gradual nature and subtlety of initial abusive behaviours such as popping in to her workplace or showing 'innocent' jealousy makes victim feel like the violent nature of their relationship 'snuck up on them'. This aspect must be considered and legitimised in order for the victim to feel understood. Hooks (1984) brings greater depth to this complicated process as she argues that children are sometimes socialised from an early age to accept violence as an expression of

love. Parents may use physical violence to punish the child but only 'because they love them'. This is unconsciously assimilated into their schemas producing a belief that violence is the price paid for love or is an expression of love.

The second factor relates to the social norms and standards that women are expected to adhere to. In a dominantly patriarchal society, women are generally expected to assume responsibility for the family and the home. This leads some to maintain the illusion of peace in the home and make all attempts to salvage the relationship. Women are often in a position where they do not want to give up on "the happy family she once hoped to create" (Grothues & Marmion 2006, p. 11). This is further exacerbated by the false religious idea that vows made on their wedding day 'till death do us part' force the victim to remain in an abusive relationship.

The third factor concerns any children that the couple may have. Children introduce a further complicating factor and is both the reason women give for staying and for leaving. Gelles (as cited in Lockton & Ward, 1997) found that some women would leave an abusive relationship if her children were old enough to become targets of abuse. However, there are a variety of reasons women give for staying for the children. For many, staying in the relationship means making a sacrifice in order to provide the best possible opportunities for the children both financially as well as the emotional 'value' of a 'father figure' (Sanderson, 2010). There is also the fear that many abusers instil in victims, threatening to harm the children if she ever left, or using custody agreements to exact revenge.

The fourth factor relates to the practical issues regarding leaving the relationship. Sanderson (2010, p. 188) states that "many survivors are also trapped by lack of knowledge and access to resources." Perpetrators use isolation as a means to maintain control over the victim leaving the victim with limited social support. The Duluth Power and Control wheel highlights some of the isolation tactics used by perpetrators such as limiting contact with anyone outside their relationship and sabotaging any new relationships (Alcock, 2001). Another important factor is that many victims are economically dependent on their abuser. Tiefenthaler, Farmer, and Sambira 2005 (as cited in Hattery, 2009, p. 53) state that "the degree to which women have access to these resources is critical to their ability to exit or escape these relationships". Economic abuse includes tactics such as preventing the victim from earning an income, not including her in any financial decisions and controlling the amount of money she has at all times (Alcock, 2001). Even those victims who are employed often struggle to maintain employment as the abuser will "often use physical force, threats, or control tactics to

keep them from active participation in the workplace" (Lundberg-love & Marmion, 2006, p. 39). Another determining factor in leaving an abusive relationship is the amount of information a victim has regarding options and procedures for escape. Organisations dealing with victims of IPV are vital in providing information as most people are not aware of the complex process of abuse and the various services available such as safe houses, legal support and police contacts (Bennett, Riger, Schewe, Howard and Wasco, 2004). Women who lack a support system, are financially dependent on the abuser and have limited knowledge regarding options and the procedures are faced with the impossible task of leaving.

The fifth factor preventing a woman from leaving is fear of retaliation. The use of threats aimed at the victim herself and, as discussed above, to her children ensure an insidious control over the victim. The fear of retaliation is coupled with "significant evidence that a woman is at greater risk of being seriously injured or killed during the two years following departure than at any time she lived at home with the batterer" (Lundberg-love & Marmion, 1997, p. 11).

The sixth and final factor that underlies each of the issues raised above is the psychological and emotional state of a victim of prolonged captivity as discussed above in Herman's conceptualisation of why victims stay. The alterations in the victims affect regulation, consciousness and perception of self through the perpetrators prolonged use of psychological domination, make leaving more difficult (Herman, 2001).

2.3.5 Abusers are psychologically deranged or completely evil

This myth has two parts which both serve to 'other' the abuser. The first aspect perpetuates the belief that in order to violate and manipulate the sacred nature of the intimate relationship, the abuser must have something psychologically wrong with him. There is evidence that some abusers do have mental health issues such as anti-social personality disorder, but this does not account for all abusers (Ali & Naylor, 2013). This myth does important psychological work to protect our assumptions concerning the order of the world and our personal safety. Grothues and Marmion (2006, p. 12) present the frightening reality that "there are no psychological characteristics that distinguish batterers from men who do not batter".

The second aspect uses societies tendency to oversimplify and create dichotomies between good and bad people in order to define the abuser. Govier (2015, p. 32) highlights that

most people have a mixture of good and bad characteristics and that what is "especially distorting is the ossification of such role so that they become a basis for identity". The main issue is that this belief fails to fully grasp the complexity of the abuser and explain how abusers are respected and non-abusive in other areas of their lives.

2.3.6 Conclusion

It is important that these myths are disproven and abandoned if victims are to receive the positive regard and support they need. This is especially true for the Crisis Interventionists involved in this research as they are often the first person a victim reaches out to. If they are met with any form of victim blaming or judgement based on the Crisis Interventionists preconceived ideas, victims may lose motivation and choose to remain in the relationship.

2.4 Effects of Trauma

The effects of prolonged victimisation and exposure to abuse have been briefly touched on in this review already, however this requires greater exploration. The Crisis Interventionists in this study deal predominantly with the immediate needs of the client which includes some form of emotional support. It is therefore important that the effects of trauma on the victim are understood in order to both provide her with an empathetic response but also to inform her of these effects and normalise some of her experiences. While the effects of IPV are vast, this review chooses to focus on the psychological and emotional effects of IPV due to the nature of the organisation's role in the recovery process.

The effects of prolonged or Type II (Terr, 1995) trauma such as is the case for the majority of victims of intimate partner violence, are expressed differently than single-blow or Type I trauma. In light of Herman's (2001) conceptualisation of complex PTSD, the victim has to be understood as being changed in her innermost being. The effects of this prolonged trauma will be discussed according to her criterion for diagnosis.

2.4.1 Alterations in affect regulation

Prolonged physical, sexual or psychological abuse has a significant impact on the emotional state of the victim. Herman (2001) refers to this first criterion as alterations in affect regulation. Sanderson (2010, p. 44) states that "repeated activation of stress response systems impairs self-regulation and affect modulation and ruptures the victim's capacity to tolerate or contain feelings appropriately". This inability to regulate one's own emotions means that the

victim is unable to self-soothe or work through her thoughts coherently. Roberts and Roberts (2005, p.468) state that "many battered women seem to have developed very limited affective expression as a result of suppressing their emotions." Horowits (2011) states that a failure to stabilise a sense of self "may under pressures exhibit explosive shifts in their states of mind." Suicidal ideation and attempts are also linked to this inability to self-regulate with some studies finding over 40% of IPV victims admitting to suicide attempts (Lockton & Ward, 1997). This is an alarming statistic demonstrating how many victims of IPV believe that they are largely without options.

2.4.2 Alterations in consciousness

Dissociation is defined as the separation of a thought or an idea from a person's consciousness (Braun, 1988). This can be understood as a tool for coping with experiences that are appraised as overwhelming such as trauma but is not sustainable in the long term. The dominant symptoms of alterations in consciousness in CPTSD are linked to the criterion for PTSD of intrusive repetition or avoidance and denial of the trauma. To understand intrusive symptoms, it is important to understand the biological correlates of traumatic memories. Horowitz (2011, p. 101) states that "traumatic memories have excessive associative linkages with stress-related ideas and systems that arouse alarm emotions" and therefore when a person is triggered by a similar stimulus, "the entire associative complex may be activated and lead to intense emotional flooding." This is further complicated as a traumatic memory "that threatens integrity of the personality is not processed in the same way as ordinary and are stored somatically outside conscious awareness as fragmented sensori-motor memories" (Sanderson, 2010, p. 48). This lack of integration of, and inability to process, traumatic memories often leads to states of amnesia, derealisation or depersonalisation.

2.4.3 Alterations in self-perception

Sanderson (2010, p. 49) argues that "projective identification alongside persistent denigration and derogation of the victim leads to the adoption of a false identity which is moulded to what is demanded by the abuser." Herman (2001) notes that disempowerment is one of the key consequences of trauma shattering the victim's self-esteem through repeated experiences of humiliation and helplessness. Low self-esteem is a common feature in victims of prolonged IPV (Lockton & Ward, 1997). The continuous experience of emotional, physical and sexual abuse results in a complete and irrevocable destruction of her identity. This is often

manifested according to Herman's (2001) CPTSD criterion as a sense of helplessness, shame, self-blame as well as a sense of complete difference from others.

2.4.4 Alterations in perception of perpetrator

As noted previously, the nature of the relationship between the abuser and his victim in IPV is unique and complicated as the very person capable of easing the pain is the same person inflicting the abuse (Sanderson, 2010). The perpetrator will "establish a special bond between them which creates dependency needs", which in turn will be used to "coerce and subdue the victim into submission, and acceptance of abusive or exploitative behaviour" (Sanderson, 2010, p. 27). Dutton (2007) argues that while this is not always a conscious process on the part of the abuser, the cyclic process of abuse has a powerful effect on the victim. Strentz (1979) coined the term Stockholm syndrome which refers to the paradoxical positive relationship that develops between the abuser and victim. Four conditions are necessary for this relationship to occur,

> (i) perceived threat to one's physical or psychological survival at the hands of an abuser(s); (ii) perceived small kindnesses from the abuser to the victim; (iii) isolation from perspectives other than those of the abuser; and (iv) the inescapability of the situation (Cantor & Price 2007, p. 379)

Herman states that "in situations of captivity, the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator" (2001, p. 75). This is also often accompanied by an idealisation of as well as an unrealistic attribution of power to the abuser.

2.4.5 Alterations in relations with others

Herman explains that "traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community" (Herman, 2001, p. 51). Allen (2005) differentiates between impersonal, interpersonal and attachment trauma. Impersonal trauma refers to trauma without direct human involvement or intention such as natural disasters while interpersonal trauma refers to trauma intentionally inflicted by another person. Attachment trauma differs in that it "occurs in relationships in which there is a close emotional bond and a significant degree of dependency" and therefore "the impact of such trauma can be especially far-reaching because it can affect the capacity for trusting relationships" (Allen, 2005, p. 7). This persistent distrust

appears in all interactions leading ultimately to the victim's isolation and withdrawal from others as Sanderson (2010, p. 51) notes how a lack of "trust and fear of intimacy precludes survivors from seeking support and closeness from others, which reinforces their social isolation." This is complicated in IPV as isolation and withdrawal is a tactic often used by the perpetrator to entrench the victim in this desperate isolation.

2.4.6 Alterations in systems of meaning

Trauma forces people to 'reschematise' their existing cognitive structures in order to assimilate the new information (Horowitz, 2011). This can lead to posttraumatic growth in some but in cases of CPTSD, victims are left with shattered assumptions concerning the safety and goodness of the world (Janoff-Bulman & Frieze, 1983). Janoff-Bulman and Frieze (1983) describe this as the "cognitive baggage" that victims only realise they have once these have been challenged and found lacking. They found three basic assumptions about the world that were common among most people, namely the perception of invulnerability; the belief that the world is meaningful and fair; and to see oneself in a positive light (Janoff-Bulman & Frieze, 1983). It is the experience of victimisation that "calls into question each of these primary postulates of our assumptive world, and by doing so destroys the stability with which we are ordinarily able to function." (Janoff-Bulman & Frieze 1983, p. 3). Pack (2009) found that these alterations in world view and systems of meaning were connected more specifically to interpersonal violence. Herman (2001) notes that victims are often left with a complete sense of hopelessness and despair.

2.4.7 Conclusion

The effects of trauma on a person's health and psychological wellbeing have been extensively researched both nationally and internationally (Alcock, 2001; Herman, 2001; Howard, Riger, Campbell & Wasco, 2003; Kaminer & Eagle, 2010). While this review does not claim to provide a comprehensive account of the effects of trauma, it is necessary to have a basic understanding of the impact of prolonged attachment trauma. It is also important to understand the difference between prolonged trauma and a single event and to realise that it is not accurate to judge the two according to the same standard. This understanding ensures that victims 'symptoms' are understood within the context of their trauma as opposed to being attributed to some underlying pathology of the victim.

2.5 Organisations and Volunteers

After having presented the extent and gravity of IPV, on both individuals and society, it would seem logical that there would be an emphasis on psychological support and an abundance of resources for victims. This is however not true and South Africa is dealing with a very serious gap between the need for, and delivery of, mental health services. Although mental health care has been included as a priority in the revision of policy and legislation, mental health services remain chronically under-resourced and large numbers of people who need care are unable to access treatment (Lund, Kleintjies, Kakuma & Flisher 2010). Within this context, volunteer services and community organisations provide "a platform that contributes to helping address key development challenges facing the country" (Volunteer Services Overseas and Regional AIDS Initiative of Southern Africa (VSO) 2011, p. 2) and "it may be argued that NGO's are effectively subsidising the state" (Vetten, 2005). Much of the work done by NGOs is carried out by volunteers, however little is known about the current state of volunteer management. Formal volunteering refers to work done with no financial reward as part of a collective action for the betterment of the community (Prouteaua & Wolff, 2008; Thoits and Hewitt, 2001; Wilson & Musick, 1997).

2.5.1 Status of NGO's in SA

Research published in 2011 surveyed over 100 volunteer-based, non-governmental organisations, otherwise known as community-based organisations, in South Africa that used volunteers (VSO, 2011). There is currently no volunteer management policy guiding organisations, and therefore there is no set standard for training, volunteer development, or support. Most of the organisations surveyed in the VSO study used local volunteers meaning that volunteers often minister to people in their own communities. This has both positive and negative repercussions as it shows that "civil society organisations are providing individuals with opportunities to engage productively in the communities in which they reside, while also developing themselves" (VSO, 2011 p. 3) but also means that volunteers are more susceptible to secondary trauma and boundary confusions as they "living and practicing in traumatogenic environments" (Tosone, Nuttman-Shwartz & Stephens 2012). One of the most significant challenges in NGO's is the lack of personnel and financial resources available to volunteer management. This lack of resources "means that volunteering is not systematically planned and managed, but rather approached on an ad hoc basis" (VSO 2011, p. 3). This ad-hoc approach to volunteers has serious repercussions for an organisation in terms of staff turnover

but also in creating an environment of high stress and high chaos which in turn may result in an atmosphere of hostility, suspicion and mistrust (Pross and Schweitzer, 2010)

2.5.2 Motivation for Volunteering

The UN volunteerism report states that are various reasons why people volunteer but "the values which drive it are common and universal: a desire to contribute to the common good, out of free will and in a spirit of solidarity" (Robert et al 2011, p. iv). While the benefits to others is obvious, the literature has also started to explore the benefits for the volunteers themselves. It is important to recognise the various motivations for volunteering as this not only helps to guide recruitment strategies but also helps to sustain volunteering practice (Clary et al, 1998). Having a clear understanding of the individual's motivation for volunteering will help to adapt their role in the organisation in order to ensure maximum satisfaction and efficacy.

2.5.2.1 To enhance human capital and improve employability

While altruism may be a factor in why some people volunteer, it is often "not a utility-bearing good, but rather is an activity that raises one's future earning power by providing work experience and potentially-valuable contacts" (Menchik & Weisbrod 1987, p.162). The widespread belief is that volunteering enhances human capital, improves employability and increases one's earning potential. Day and Devlin (1998) sought to prove this belief that volunteering increases a person's earnings and found that volunteers earn up to 7% higher than non-volunteers. While this may only be true in the location of their study, Canada, it does point to a socially accepted opinion that volunteering will look good on applications and your CV. Volunteering has also been found to increase an individual's understanding and expose them to experiences that they would not otherwise have (Clary et al, 1998). This has been found to be especially important motivating factor in university students.

2.5.2.2 Positive emotional response that comes from volunteering

Volunteering provides a space for people to express values such as selflessness and altruism. Post (2005, p. 70) found that "altruism results in deeper and more positive social integration, distraction from personal problems and the anxiety of self-preoccupation". It 'feels good' to help others and enhances an individual's overall wellbeing (Thoitts & Hewitt, 2001; Post, 2005). Musick and Wilson (2003) found that volunteering was especially beneficial for older people as it makes them feel useful. This warm glow also translates into better reported physical health (Detollenaere, Willems & Baert, 2017).

2.5.2.3 To meet other people

Proteau and Wolff (2008) focused their investigation on relational motives for volunteering and found that many of the people they surveyed, volunteered in order to meet other people and make friends. This not only fills a social function but also enhances an individual's social capital. The literature also suggests that a related motivation is to "engage in an activity viewed favourably by important others" thereby strengthening existing relationships (Clary et al 1998, p. 1518).

2.5.2.4 To work through issues that they have from previous trauma

Clary et al (1998) state that for some, volunteering serves a protective function as their 'positive service to others' protects their ego from negative aspects of the self or their past. This is seen most clearly in volunteers who attempt to address their own personal problems through helping others. Often trauma workers have experienced some trauma of their own and is the reason why they were drawn to this work in the first place (Sexton, 1999). While this can be a resource as these volunteers are able to show a greater sense of empathy and understanding, they are also more at risk for vicarious traumatisation and boundary crossing. This is a very important aspect to take into account as this desire to protect their ego may become the priority, overshadowing the client's needs.

2.5.3 Conclusion

The responsibility taken on by NGOs to deal with the vast majority of social issues, such as IPV, highlights the importance of supporting as well as regulating them. These organisations are often understaffed and overextended meaning that the volunteer's personal growth and emotional state are not regarded as a priority. Recognising the needs of the volunteers, who provide the bulk of the services of the organisations, will have long term benefits for both the NGO and society at large.

2.6 Crisis Intervention

Having discussed the current structure of trauma intervention and answered the question regarding who and why, it is now important to discuss the what. The services provided to victims after a traumatic incident are varied in their strategies and while "there is no evidence to support a policy of formal therapeutic intervention for everyone after a traumatic event", there are some basic assumptions regarding the immediate response (Bisson, Brayne, Ochberg

& Everly 2007, p. 1017). Litz (2008, p. 504) states that an effective intervention "provides comfort, support, connectedness, information and fosters coping in the immediate interval" as often the resources and people that "the individual would otherwise call upon to heal and recover from trauma are unavailable". This review will define popular strategies and then detail crisis intervention as a tool for acute trauma intervention.

2.6.1 Debriefing

Psychological debriefing is often inappropriately defined, creating error and confusion in practice and research. Debriefing was first used in the military context and "referred to the sharing of information after a particular exercise or manoeuvre in an attempt to resolve issues for participants" (Kaminer & Eagle, 2010, p. 83). Mitchell (1983) adopted this technique and popularised Critical Incident Stress Debriefing (CISD) to address the psychological and emotional needs of emergency service workers. This technique is used in small, homogenous groups who have had the same level of exposure to the traumatic event and is facilitated by a team of at least two trained support workers. Groups are guided through a series of six phases (Mitchell, 1983) in order to alleviate the negative psychological consequences of trauma and restore the individuals adaptive coping resources, which in turn reduces the risk of developing serious psychological disorders. (McNally, Bryant & Ehlers, 2003). Within its intended context, Michell (1983) argues that CISD is effective. It is therefore necessary to state that debriefing is not an appropriate intervention for victims of trauma. Litz, Gray, Bryant and Adler (2002) state that outside of its intended context, psychological debriefing does not prevent subsequent development of psychological disorders, and in some cases, could exacerbate the symptoms.

2.6.2 Psychological First Aid

Bisson, Brayne, Ochberg and Everly (2007, p. 1017) define psychological first aid as "a compassionate and supportive presence" without providing advice or direction "designed to reduce acute distress". This technique is personalised to the victim's specific needs complimenting their social support system and natural resilience (Bisson et al, 2007). It provides a space for the victim to discuss the trauma with a lower risk of re-traumatisation as the victim is entirely in control of the conversation. Litz et al (2002) argue that any intervention is only appropriate if the counsellor is providing necessary information and is constantly assessing the need for further psychological treatment.

2.6.3 Crisis intervention

Crisis intervention is a short-term intervention aimed at providing immediate relief and support to a victim in a crisis. A crisis is defined as "a period of psychological disequilibrium, experienced as a result of a hazardous event or situation that constitutes a significant problem that cannot be remedied by using familiar coping strategies." (Roberts, 2005, p. 7). This intervention is particularly valuable when dealing with victims of IPV as the crisis usually occurs at a critical stage in the cycle of violence where a victim is more prepared to leave the relationship.

Yeager and Roberts (2015) report on a model for crisis intervention based on seven key tasks

1. Plan and conduct a thorough assessment (including lethality, dangerousness to self or others, and immediate psychosocial needs).
2. Make psychological contact, establish rapport, and rapidly establish the relationship (conveying genuine respect for the client, acceptance, reassurance, and a non-judgmental attitude).
3. Examine the dimensions of the problem in order to define it (including the last straw or precipitating event).
4. Encourage an exploration of feelings and emotions.
5. Generate, explore, and assess past coping attempts.
6. Restore cognitive functioning through implementation of action plan.
7. Follow up and leave the door open for booster sessions 3 and/or 6 months later.

The second key task of establishing rapport is essential in order to achieve any of the other tasks and is especially important in dealing with victims of IPV. Yeager and Roberts (2015, p. 468) state that when dealing with victims of IPV "it is critically important to create a safe, highly flexible, empowering environment where symptom relief strategies are emphasized". The key role of the crisis interventionist is, therefore, to ensure immediate safety, provide an empowering and respectful relationship instilling hope and positive self-regard, and to provide referrals and options from which the victim can generate an action plan.

2.6.3 Conclusion

The role of the Crisis Interventionist is important to establish in order to guide the volunteers in what they should and shouldn't be doing. The Crisis Intervention model allows for appropriate application to victims of IPV unlike the debriefing model and provides greater structure than Psychological First Aid. Previous research at this organisation showed how a

lack of clarity in their role as CIs led to role confusion, boundary crossing and inappropriate intervention (Howlett, 2012).

2.7 Positive Effects of Trauma Work

Having recognised the importance of volunteers in the struggle against IPV and the role they undertake as Crisis Interventionists, it is important to recognise their needs and the effects that dealing with other's trauma has on them. While trauma work can have serious negative effects on an individual, which will be discussed later, there is also the very real opportunity for positive growth and satisfaction. Schauben and Frazier (1995) found that trauma counsellors experienced a variety of enjoyable aspects of their work such as seeing clients grow as well as a sense of honour to be a part of the healing process. Brady et al (p, 392) found that psychotherapists who were "confronted with client's issues of meaning, hope and spiritual understanding" experienced a stronger and more resilient faith. The potential for positive growth is explored in the literature through three related concepts, namely vicarious posttraumatic growth, compassion satisfaction, and. vicarious resilience

2.7.1 Vicarious post traumatic growth

Posttraumatic growth (PTG) is defined as the positive psychological change resulting from a traumatic experience. (Tedeschi & Calhoun, 1995). It is the basic assumption of PTG that trauma has both negative and positive effects on a person. Trauma challenges an individual's cognitive schemas which "can result in either no change to previous schemas (assimilation), positive change to previous schemas (positive accommodation), or negative change to previous schema (negative accommodation)" (Cohen & Collins 2013, p. 571). It is believed that through suffering and adversity positive accommodation can arise which "propel the individual to a higher level of functioning than that which existed prior to the event" (Linley & Joseph 2004, p. 11). The categories of posttraumatic growth are divided into three domains, namely perception of self; interpersonal relationships; and philosophy of life (Tedeschi & Calhoun, 1995).

The first domain related to perception of self is summarised as "vulnerable yet stronger" (Calhoun & Tedeschi, 2014, p. 5). Those who have experienced trauma often view the world as more dangerous and are more aware of their own vulnerability but also are aware of their own strengths and are opened to new possibilities in life. The second domain relates to the way individuals relate to others. While trauma can have negative effects on interpersonal relations,

causing depersonalisation, distancing of oneself from others as well as intimacy issues, it can also have a positive effect through posttraumatic growth leading to deeper connections with others, an increased capacity for compassion as well as a sense of freedom to be oneself (Calhoun & Tedeschi, 2014). The third domain refers to the way a person views the world. Posttraumatic growth can help the victim to have a greater appreciation for life and what they have as well as an ordering of priorities.

It is important to note that just as "exposure to a potentially traumatizing event does not guarantee a traumatic stress reaction" (Larsen & Stamm, 2008, p. 277), experiencing trauma does not guarantee posttraumatic growth. Calhoun & Tedeschi (2014) propose that the principle factor in facilitating posttraumatic growth is rumination or cognitive engagement. Initially the individual's cognitive engagement with the trauma is through intrusive imagery and unintended. However, as the individual progresses they engage in deliberate reflective rumination which allows them to repair and reconstruct their cognitive schemas (Calhoun & Tedeschi, 2014). The more they engage in this reflection practice, the more potential for posttraumatic growth.

More recently, researchers have been exploring the concept of vicarious posttraumatic growth (Abel, Walker, Samios & Morozow, 2014; Barrington & Shakespeare-Finch 2013; Cohen & Collins 2013; Splevins et al 2010). This follows the same logic as vicarious traumatisation, where empathic engagement with people who have suffered some trauma challenges the counsellor to adapt their own cognitive schemas (Cohen & Collins 2013). If a counsellor is able to derive positive meaning from the vicariously experienced trauma, this will lead to positive growth (Abel et al, 2014). Vicarious posttraumatic growth occurs through "similar meaning-making processes that follow direct trauma; that is, creating and infusing meaning with existing global beliefs" (Barrington & Shakespeare-Finch 2013, p.91). The rumination process described in the process of growth for primary victims is just as important for those who experience the trauma vicariously.

The literature explores the positive effects of vicarious posttraumatic growth in the same three domains as primary trauma victims. Splevins et al (2010) found that their sample developed a "new worldview in which they were more vulnerable, and thus lived their lives to the full, cherishing each moment." There is also evidence of growth in interpersonal relations as trauma workers reported that they "feel more satisfied and grateful for the relationships he or she shares with significant others" (Abel et al 2014, p.15) and that their work has made them

more compassionate, tolerant and empathetic towards others (Arnold, Calhoun, Tedechi & Cann 2005). Their work with trauma also gave them a deeper appreciation for the strength and resilience of the human spirit (Arnold et al, 2005) as well as for a deeper appreciation for the "positive day to day experiences he or she has" (Abel et al, 2014). Splevins et al (2010) also found that participants felt that their lives had a deeper meaning and purpose through their work with trauma victims.

While vicarious posttraumatic growth does not discount the negative effects that working with trauma can have on an individual, studies have found that the overall impact of trauma work was a positive experience and changed their lives in profound ways (Arnold et al 2005; Barrington 2013; Splevins et al, 2010). This is an important finding in the research on vicarious trauma as Barrington (2013 p. 100) found that "the psychological distress of these workers seemingly dissipated because they were able to make meaning of their experience and grow from it".

2.7.2 Compassion Satisfaction

Compassion Satisfaction is a related yet distinct concept in understanding the positive effects of working with trauma. While vicarious posttraumatic growth is a result of indirect trauma exposure, compassion satisfaction is the result of positive feelings that arise from helping others (Larsen & Stamm, 2008). Stamm (2005 p. 4) defined compassion satisfaction as "the pleasure [derived] from being able to do your work well". It is unique to those in the helping profession as it "focuses on the powerful experience of emotional engagement necessary for successful therapeutic work" (Samios, Abel & Rodzik 2013, p.611). This is an important concept as researchers attempted to understand why people continue to do trauma work in spite of negative consequences. They found that "the motivation of trauma workers to help is shaped, in part, by the satisfaction derived from the work of helping others (Collins & Long, 2003, p. 422).

Fredrickson's (1998) Broaden and Build model is used to understand the role of compassion satisfaction. This model focuses on positive emotions and its ability to "broaden the individual's momentary thought-action repertoire, and in turn build the individual's enduring personal resources." (Fredrickson 1998, p 307). Fredrickson (1998) argues that positive emotions are therefore able to undo the effects of negative emotions as well as protect a person's health. Within this framework of understanding, Radey and Figley (2007, p. 208) "propose that promoting satisfaction, rather than avoiding compassion fatigue, can protect them

from the negative consequences of working with trauma sufferers". Radey and Figley (2007) expand on Fredrickson's theory to understand Compassion Satisfaction as a reciprocal relationship between affect, resources and self-care which need to be maintained and supported. Affect refers to the trauma workers attitude and emotional state. It is important that workers maintain a level of optimism and positivity in their work as this can affect their thoughts and resources (Radey & Figley, 2007). They provide practical examples of how this can be maintained in the workplace such as a positive working environment, a varied case load, and a safe space to discuss both difficult and successful cases. Thompson, Amatea and Thompson (2014, p. 72) found that compassion satisfaction was inversely related to burnout and proposed that "counsellors who report compassion satisfaction in their helping roles are buffered from burnout due to a sense of personal accomplishment." This can all contribute to strengthening the trauma workers ability to remain positive and optimistic.

The second aspect of compassion satisfaction is the counsellor's resources. Radey and Figley (2007) propose that affect can increase an individual's resources but reciprocally, resources can also increase their positive affect. While physical resources such as equipment and office space are important and promote personal accomplishment, our understanding goes beyond this to include intellectual and social resources. Sprang, Clark and Whitt-Woosley (2007) found that specialised training enhanced compassion satisfaction suggesting that knowledge is a protective factor against burnout and compassion fatigue. In order to maximise the counsellor's satisfaction, continuous training should be offered in order to increase their intellectual resources. Social support is also a powerful resource for the counsellor. This could take the form of collegial support or supervisory guidance. Radey and Figley (2007, p. 212) state that "workers will be better practitioners inevitably when they look to others for support".

The final aspect is the use of self-care. Self-care may be one way to enhance compassion satisfaction as it "is a potential mechanism to increase clinicians' positive affect and physical, intellectual, and social resources" (Radey & Figley 2007, p. 210). Self-care strategies range from physical to spiritual. Alkema, Linton, and Davies (2008) found that certain strategies are more effective than others in increasing compassion satisfaction. Emotional and spiritual strategies; such as allowing themselves to cry and pray; as well as a balance between their work and personal lives, predicted higher levels of compassion satisfaction (Alkema Linton, & Davies, 2008). While the premise makes sense that in order to help others, you must first help yourself, self-care is a widely unappreciated and overlooked by those working in the trauma

field. Radey and Figley (2007, p. 212) predict that if counsellors "recognize that this neglect can hurt their clients, they will give selfcare a higher priority"

Each of these three elements contributes to the trauma workers positivity-negativity ratio which in turn will result in either compassion satisfaction or fatigue (Radey and Figley 2007). Stamm (2002) suggests that a professional may experience compassion fatigue (defined in a later section) and compassion satisfaction simultaneously and therefore the reason for satisfaction is not an absence of negativity but rather a greater dose of positivity.

2.7.3 Vicarious Resilience

Vicarious Resilience is the most recent concept used in the literature for understanding positive secondary effects of working with trauma. It refers specifically to how counsellors are affected and transformed by their clients' accounts of resilience (Hernandez, Gangsei & Engstrom 2007). Resilience is understood as a "relative resistance to psychosocial risk experiences" (Rutter 1999, p 119). The definition of resilience therefore requires a significant challenge or threat to the individual which is then followed by their positive adaptation or development to the threat (Masten & Coatsworth, 1998).

Trauma workers are in a unique position to witness stories of resilience in the face of extreme adversity. Hernandez Gangsei and Engstrom (2007, p. 237) found that therapists "learn about coping with adversity from their clients" and through a process of rumination are able to "apply lessons of client resilience to their own lives" (Engstrom, Hernandez & Gangsei, 2008). The rumination process is an important aspect as vicarious resilience can be strengthened and developed by bring conscious attention to it and purposefully cultivating it (Hernandez, Gangsei & Engstrom 2007). Vicarious resilience is a complex process that involves a variety of elements such as

> Witnessing and reflecting on human beings' immense capacity to heal; reassessing the significance of the therapists' own problems; incorporating spirituality as a valuable dimension in treatment; developing hope and commitment (Hernandez, Gangsei and Engstrom 2007, p. 238).

The effects of this go beyond the individual therapy sessions to affect the counsellors understanding of themselves and the world. It also is a powerful buffer to the negative effects of this work as Engstrom, Hernandez & Gangsei (2008) found that resilience "made them desire to continue their work and affirmed the value of therapeutic work"

2.7.4 Conclusion

This section has shed a greater insight into the benefits of trauma work but more importantly is necessary for this project as the various theories provide suggestions for ways to increase the likelihood of developing a positive response. Strategies such as rumination, self-awareness, self-care and social support are all important and should be taught and encouraged from the initial stages of volunteer training.

2.8 Negative Effects of Trauma Work

It is well recognised that trauma has a ripple effect in that it not only affects the individual directly experiencing the trauma, but also those who witness or learn about the event. Professionals or volunteers who support victims play a unique role in the trauma recovery process. They are intimately involved in the traumatic experience of the client, listening and showing empathy, while exposing themselves to their client's pain and suffering daily. There are four concepts that describe the negative secondary effects of working with victims of trauma, namely burnout, counter-transference, compassion fatigue or secondary traumatic stress and vicarious traumatisation. The interchangeability of these four concepts has made it difficult to differentiate between them and therefore a thorough exploration is necessary.

2.8.1 Burnout

2.8.1.1 Definition

Burnout is defined as the emotional and physical exhaustion and general deterioration experienced when working with people in any profession. This feeling of burnout generally is a result of being overloaded in general as opposed to specifically the result of the traumatised client experiences (Brady & Guy, 1999; Sexton, 1999; Steed & Downing, 1998; Trippany, White-Kress & Wilcoxon 2004). Burnout is defined in terms of three dimensions, namely emotional exhaustion; feelings of cynicism, detachment from their work and depersonalisation of clients; as well as a reduced feeling of accomplishment (Maslach, Jackson & Leiter, 1996; Maslach 2003).

The first dimension of burnout is the most widely recognised and relates specifically to feeling of being overextended, overwhelmed and "depleted of one's emotional and physical resources" (Maslach, Schaufile & Leiter, 2001, p.399). It is often manifested in physical symptoms such as fatigue and various health concerns. This overwhelming exhaustion is

understood in the field as the basic stress response, however the concept of burnout goes beyond this exhaustion to include the individual's relationship to their work, clients and themselves (Maslach 2003). Therefore, it is understood that in burnout, "exhaustion is not merely experienced but prompts actions to distance oneself" (Maslach et al 2001, p. 403).

This action of distancing oneself leads to the cynicism, detachment and depersonalisation characterised in the second dimension. This emotional distancing serves an important function in order to protect the individual from overwhelming emotions associated with their work. This is especially true for people working with traumatised clients. However, "an imbalance of excessive detachment and little concern seemed to lead staff to respond to clients in negative, callous, and dehumanized ways" (Maslach et al 2001, p.400).

The final dimension refers to the self-evaluation component of burnout. Maslach notes that the first two dimensions emerge from occupational and interpersonal stress whereas "a sense of inefficacy arises more clearly from a lack of resources to get the job done" (2003, p.190). It is almost impossible to achieve a sense of accomplishment when one feels emotionally and physically exhausted and when there is no relationship with the client.

2.8.1.2 Causes

The literature is consistent in its understanding of the onset of burnout as a gradual process (Maslach, Jackson & Leiter, 1996, Maslach 2003). It is a cumulative burdening of job characteristics, demographics and occupation factors that render an individual overwhelmed, exhausted and burnt out. Maslach and Leiter (1997) have conceptualised the causes of burnout in terms of six domains which integrate both individual and organisational factors. Each of these domains are similar but relate to a distinct aspect of the work.

The first two aspects of job stress relate specifically to the job requirements namely workload and control. A person may experience burnout when she perceives her workload to be greater than what she is able to cope with or if she lacks the necessary skills to complete the work. This is especially true in trauma work as burnout and exhaustion have been found to be "positively correlated with the requirement to display and handle negative emotions and the requirement to be sensitive to the emotions of other" (Zapf 2003, p. 257). Control is another important aspect which is often related to the third aspect of burnout as described above. An individual may lack the resources and control to follow through with their work which can become frustrating. Maslach et al (2001, p. 414) describe how "it is distressing for people to feel responsible for producing results to which they are deeply committed while lacking the

capacity to deliver on that mandate." Galek, Flannelly and Kudler (2011) found that rigid policies can gradually affect an individual's self-esteem and efficacy as they impose on their personal autonomy

The third domain is linked to the concept of reward where an individual receives positive reinforcement from her work whether it be financial, social or basic appreciation. Those suffering from burnout often feel a mismatch between the reward they expect and what is received. This mismatch is especially true for over dedicated workers who are most vulnerable to burnout as they give so much and receive little in return (Dane, 2002). Community is another important domain in predicting burnout as feeling detached from colleagues or experiencing high levels of interpersonal stress in the workplace often results in burnout. Pross and Schweitzer (2010) found that high stress and high conflict levels were the greatest predictor of destructive patterns and burnout.

The last two domains relate to organisational structure and culture. The first is the fairness domain where individuals must feel a sense of social equity and justice amongst staff and procedures. Maslach et al explains that unfair treatment and a lack of justice in organisational policies and their implementation "is emotionally upsetting and exhausting" and fuels a deep sense of cynicism about the workplace" (2001, p.415). The final domain refers to the mismatch between the values of the individual and the values of the organisation. If a person is constantly forced to do things that are not in accordance with their own value system, they will gradually burn out.

2.8.1.3 Measures

The tool used to measure burnout is the Maslach Burnout Inventory (Maslach, Jackson & Leiter, 1996) which was originally created for those in the helping professions, but which has since been revised for use in any occupation.

2.8.1.4 Intervention

Recommendations for interventions proposed in the literature vary. The first recommendation is to create interventions that focus on the opposite of burnout, namely engagement. Instead of reducing burnout, Maslach (2003) proposes that interventions be focused at increasing energy, encouraging involvement and focus on increasing individuals sense of efficacy. The second recommendation is to aim interventions at an organisational

rather than individual level. This would include focusing on organisational culture and value systems.

2.8.2 Compassion Fatigue/Secondary Traumatic Stress

2.8.2.1 Definition

Figley (1983) first proposed the concept of secondary trauma as the emotional response to a traumatising event of a significant other. This was later refined and renamed as compassion fatigue, a user-friendly term that was less stigmatising (Figley 1995). The definition and symptoms of Secondary Traumatic Stress Disorder (STSD) are "nearly identical to PTSD, except that it applies to those emotionally affected by the trauma of another" and is "related to the cognitive schema of the therapist" (Figley, 2002, p. 3). Figley (1995, p. 19) proposed that Compassion Fatigue is a specific form of STSD "resulting from deep involvement with a primarily traumatised person" and leads to damaging psychological consequences (Collins and Long, 2003). Despite the knowledge that STSD is a serious reality for many people, most attention has been focused on primary victims (Ortlepp & Friedman, 2002).

It is therefore necessary to define and understand PTSD in greater depth in order to understand STSD. According to the DSM 5 (American Psychiatric Association, 2013), Posttraumatic Stress Disorder is diagnosed according to eight criteria. The stressor or traumatic event is defined as the exposure to actual or threatened death, injury or sexual violence but has been revised to clarify the extent of exposure necessary. The DSM 5 recognises that the trauma can be experienced as a direct exposure, as a witness to the incident, through learning that a close friend or relation has been exposed to a trauma or indirectly through listening to details of traumatic events (APA 2013). The DSMs recent inclusion of the indirect exposure and emphasis on the risk to those in the helping profession creates a dilemma of the necessity of STSD as a separate concept. Horesh (2015) argues that while the inclusion of indirect exposure is a step towards greater appreciation for secondary trauma, it fails to grasp the complex and sometimes subtle mechanisms involved in STSD. It is therefore necessary to include STSD as a separate concept in our discussion.

The remaining criteria detail the symptoms associated with PTSD. These are organised into four clusters namely, persistent re-experiencing of the trauma such as flashbacks, avoidance of thoughts about or reminders of the trauma, negative affect about oneself and the

world, and hyper-arousal (APA, 2013). These symptoms must last for more than one month with significant victim distress or functional impairment.

2.8.2.2 Causes

Compassion fatigue is understood as the natural consequence of helping or wanting to help a traumatised person. While burnout is a result of both individual and organisational factors, compassion fatigue is generally understood as a direct consequence of dealing with client trauma therefore it can emerge suddenly and without warning (Figley, 1995). Radey and Figley (2007, p. 207) note that there are four major contributing factors that further complicate the development of compassion fatigue namely "poor self-care, previous unresolved trauma, inability or refusal to control work stressors, and a lack of satisfaction for the work". Collins and Long (2003) state that burnout can be understood as a precursor to compassion fatigue. Other risk factors include the number of hours spent working with traumatised clients per week (Galek, Flannely & Kudler 2011) and number of years spent in trauma work (Birck 2002).

2.8.2.3 Measures

One of the contributing factors to the confusion and inconsistency regarding secondary trauma research is the abundance of measures used in the literature. Bride, Radey and Figley (2007) document and discuss eight of the most commonly used instruments in the literature. Each measure specific aspects of compassion fatigue, however "no single compassion fatigue measure assesses all aspects of the concept of compassion fatigue" (Bride et al 2007, p. 161). There are also differences in each scale regarding the time frame of responses. The purpose is not to provide a detailed account of each of these scales but rather to demonstrate the difficulty reviewing the literature regarding the prevalence of Compassion Fatigue.

2.8.2.4 Intervention

Gentry, Baranowsky and Dunning (1997) developed the Accelerated Program for Compassion Fatigue as a tool to support and treat those suffering from secondary traumatic stress. Gentry et al (2002) summarise the programme as a five-session intervention based on a respectful therapeutic alliance and using methods such as exposure therapy, cognitive restructuring and anxiety management. Their implementation of the programme showed that compassion fatigue "was responsive to intervention and may even be the incentive that leads to the enhancement of professional skills and personal life enrichment" (Gentry et al 2002, p. 128).

2.8.3 Vicarious Traumatisation

2.8.3.1 Definition

Vicarious traumatisation (VT) is a key concept in this project and differs from both burnout and STSD. The main difference between VT and burnout is in terms of burnout's emphasis on occupational stress and the presence of interpersonal sources of stress. It also differs from VT in that it is conceptualised as developing as a result of the traumatised client experiences (Brady & Guy, 1999; Galek, Flannely, Green & Kudler, 2011; Schauben & Frazier, 1995; Sexton, 1999; Steed & Downing, 1998; Trippany, White-Kress & Wilcoxon 2004). There is also a difference between VT and STSD with regards to their "relative emphasis on emotional/social vs cognitive symptomology" (Jenkins & Baird, 2002, p. 9). Vicarious trauma is defined here as the cumulative transformation of the counsellor's frame of reference, basic assumptions about the world and cognitive schemas, through an empathetic engagement with client trauma (Brady & Guy, 1999; Neumann & Gamble, 1995; Pearlman & MacIan, 1995; McCann & Pearlman, 1990; Sexton, 1999; Steed & Downing, 1998; Trippany White Kress, & Wilcoxon, 2004; Williams, Helms & Clemens 2012). The cumulative nature of vicarious trauma is important as illustrated in Astin (1997) noting that in her own experience, changes in her cognition and behaviour grew without her notice until one day she realised she had entirely different ideas regarding safety, trusting others as well as her self-esteem. Lerias and Byrne (2003) confirm this as they found that many who suffer from vicarious traumatisation do not realise they are being affected and they do not connect problems to the trauma work as they are still able to function relatively well in their daily life.

The theoretical framework used in this research to conceptualise vicarious traumatisation is the Constructivist Self-Development Theory (CSDT) (McCann & Pearlman 1990). The basic premise of this theory is that the self is continually developing and constructing its reality through its developing belief system and cognitive schemas. These schemas enable people to make sense of and interpret their experiences. CSDT assumes that "irrational or distorted beliefs are reflective of an individual's attempts to protect their meaning systems from the harm trauma presents" (Little, 2002, p. 28) as "these schemas are generally resistant to major changes" (Janoff-Bulman 1995, p. 76). Saakvitne and Pearlman (1996) assert that there are five components of the self which can be affected by the client's trauma. Namely Frame of Reference, Self-Capacities, Ego Resources, Psychological Needs and Memory and Perception.

Frame of Reference refers to an individual's "beliefs, assumptions, and expectations about self and the world" (McCann & Pearlman 1990, p. 137). This component is strongly linked to an individual's need to ascertain causality and to understand why something happened. Janoff- Bulman's (1995) exploration of the three fundamental assumptions of invulnerability, mentioned above, provide help to understand the theoretical framework. The first assumption is that we operate in a benevolent world which "is not only one in which good things happen, but one in which people are good" (Janoff- Bulman 1995, p.77). The second assumption is that events in the world are meaningful and make sense. This assumption is often translated to the understanding that good things happen to good people and bad things happen to bad people. The final assumption is that individuals have a positive view of self and see themselves as decent and "deserving of good outcomes" (Janoff- Bulman 1995, p.77). Self-capacities refers to an individual's ability to manage strong emotions and feel worthy of loving and being loved (McCann & Pearlman, 1992). These self-capacities are necessary in the recovery process to rebuild the victim's self-esteem. Trauma often disconnects the victim from the self and damages her capacity for affect regulation resulting in self-loathing (Herman, 2001). Ego Resources refers to the individual's ability to relate to others in a constructive manner (McCann & Pearlman, 2015). These ego resources include "intelligence, the ability to introspect, willpower, initiative, the ability to strive for personal growth… the ability to foresee consequences, the ability to establish mature relations with others, the ability to be aware of and to establish personal boundaries between self and others" (McCann & Pearlman 2015, p. 21). These specific ego resources help the victim navigate the recovery process as well as protect them from future victimisation.

Schemas are the cognitive manifestations of five basic psychological needs namely, safety, trust, independence, esteem, control and intimacy (McCann & Pearlman, 1990). McCann and Pearlman (1990) briefly define each need as follows: Safety refers to our need for security; Trust refers to the belief that people are trustworthy and dependable; Independence refers to the sense of control we have over our own lives; Esteem refers to our need to view others as worthy of respect and benevolent; Control refers to a sense of power and control we have over others and the world; and intimacy refers to our need to be connected to other people. These psychological needs play an important role in motivating behaviour and shaping social interactions (McCann & Pearlman, 2015). Client trauma disrupts the therapist's schemas in a unique way for each individual depending on which needs are most important to them. For example, if 'safety' is the counsellors salient psychological need, her cognitive schemas will

be most disrupted by client trauma that involves random acts of violence or heightened vulnerability. Therapists start to experience a heightened sense of their own vulnerability and a lack of security. For therapists who hold esteem as the most important psychological need, their schemas are often disrupted by listening to client trauma at the hands of cruel human beings, causing them to become more cynical about people (McCann and Pearlman, 1990). The extent to which a person is vicariously traumatised will depend "upon the degree of discrepancy between the client's traumatic memories and the therapist's existing schemas" (McCann & Pearlman 1990, p. 138). Finally, memory system and perception may be altered or disrupted by the client's traumatic experience. Sabin-Farrell and Turpin (2003, p.457) state that "if a therapist generates an image while listening to a client's traumatic experiences, this image could re-emerge later as a flashback or memory". These disruptions may be short term for some, however it can "become permanently incorporated into the therapist's memory system" (McCann and Pearlman, 1995, p. 143). The memory system can also be disrupted as counsellors may consciously or unconsciously repress aspects of their client's traumatic memories.

The underlying assumption of CSDT is that "the meaning of the traumatic event is in the survivor's experience of it" (Pearlman & Saakvitne, 1995, p. 57). Clinicians will only develop VT if they are unable to integrate the client's traumatic material into their existing framework for understanding the world (McCann and Pearlman 1990).

2.8.3.2 Causes

While the cause of VT is an engagement with a client's traumatic experience, the literature is conflicted in examining predictors of VT. Factors such as gender, age, education, socio-economic status and psychological wellbeing are debated (Lerias & Byrne, 2003; Williams et al, 2012). However, there are four predicting factors that are commonly stated and most relevant for this research.

2.8.3.2.1 Empathy

Empathy is the psychological capacity to identify and understand another person's psychological state of being (Wilson & Lindy, 1994). It is the ability to remain detached while "accepting the other person, and making a connection with her, demonstrating rapport and thereby enabling the person to open up and explore the issues she's struggling with through the development of trust." (Evans, 2007, p. 83). Empathy is a necessary and essential component

of many counselling approaches. However, Taylor and Furlonger (2011, p. 230) note that empathy is "both the vehicle for positive change and also the catalyst for harm for both counsellor and client". Wilson and Thomas (2004, p. 100) note that "to sustain empathy effectively, the therapist must open the self to the uncomfortable parallelism of the patient's dysregulated affect, pain, and struggle". Empathic strain naturally occurs as a result of this uncomfortable dynamic and "provides an opportunity to deepen the alliance by examining the strain and clarifying the problems that led to it. However, left unaddressed, loss of an empathic stance may result in severe disruptions and possibly lead to a complete breakdown in therapeutic effectiveness" (Wastell 2005, p. 118). This can affect the client in various ways such as; the breakdown of treatment, a tendency to intellectualise or minimise the trauma, and acting out behaviours. For the counsellor, empathic strain can lead to vicarious traumatisation if the counsellor is not able to monitor her countertransference reactions and maintain a consistent sense of self. Thus, it has been noted that not engaging empathetically with trauma victims may be functional in enabling trauma workers to continue out their work (Sabin-Farell & Turpin, 2003). Crumpei and Dafinoiu (2012), however, found that while there is no relationship between empathy and vicarious traumatisation, a relationship was found between compassion and vicarious traumatisation. They found that empathy is different to compassion as it "separates the cognitive side that refers to the understanding of the patient from the affective side that implies emotional contagion" (Crumpei & Dafinoiu 2012, p. 44). Therefore, the relationship between the client and counsellor should not be based solely on an emotional affective response but have a level of cognitive involvement in understanding the client, their role and the most appropriate support.

2.8.3.2.2 Emotional contagion

Emotional contagion in a therapeutic setting is defined as experiencing, mimicking and reflecting a client's emotions at an unconscious level (Hatfield, Cacioppo & Rapson, 1993). Rothschild (2006) describe it as taking on board or 'catching' the distress and emotions that the client is experiencing. This can be a useful source of information for the counsellor, however without the ability to self-reflect and recognise these emotions as contagion, counsellors are more vulnerable to vicarious traumatisation. Sabin-Farell and Turpin (2003, p. 456) state that "they may experience these emotions as their own, which may be incongruent with their personal identity and beliefs" leading to vicarious traumatisation.

2.8.3.2.3 Personal History

This is an important factor to discuss as Sexton (1999) notes that often those who have experienced some form of trauma are drawn to trauma work. There are numerous examples in the literature that have found a link between a counsellor's personal history of trauma and vicarious traumatisation. While having experienced the trauma themselves, can provide the counsellor with greater insight and sensitivity as well as an opportunity for mutual growth, it also makes them more vulnerable to vicarious traumatisation (Lerias & Byrne, 2003; Sexton, 1999). Counsellors are at risk of re-experiencing their own trauma as a result of the client's trauma. Client narratives can evoke memories of their own unresolved trauma which can elicit a variety of negative countertransference reactions. These include taking on the role of victim, rescuer, or persecutor (Wilson & Lindy, 1994), or they "may also turn a blind eye to escalating transference or acting out, enacting the caregiver who may have been a bystander in their own history" (Miehls, 2010, p. 374). Awareness of this vulnerability is crucial as it will help counsellors to be vigilant of their own reactions and be aware of the triggers that might precede these reactions (Williams et al, 2012). Tosone, Bauwens and Glassman (2014) found that counsellors who experienced shared trauma were more likely to inappropriately self-disclose to clients, blurring the boundaries between professional and personal. While self-disclosure is not always an issue, and in some cases, is necessary (Dalenberg, 2000), the emphasis here is on the inappropriate nature of a disclosure that does not lead to any advancement in the process of recovery.

2.8.3.2.4 New to Trauma Work

The literature has shown that vicarious traumatisation is more likely to occur in counsellors who are new to trauma work. Pearlman and MacIan (1995, p. 563) found that the more experienced volunteers reported fewer disruptions in their schemas and reasoned that "although those with more disrupted schemas may have left the field earlier, it is also possible that schemas become less disrupted over time". Cunningham (2003, p. 457) obtained similar results suggesting that more experienced counsellors "develop strategies that enable them to cope more effectively with the work." Illiffe and Steed (2000) found that new counsellors experienced a loss of confidence, found themselves taking responsibility for their clients and their client's decisions as well as battling to remain respectful of their clients right to make their own decision. Without the ability to be self-aware, these feelings could lead to destructive counter-transference reactions.

2.8.3.3 Measures

There are currently two popular measures available in order to assess levels of vicarious trauma. The Trauma and Attachment Belief Scale (formerly known as the Traumatic Stress Institute Belief Scale, 1994) recognises that trauma effects the victim's entire psychology and attempts to measure the various aspects of their self-view, frames of reference and ways of relating to others (Pearlman, 2003). While this measure is effective, Aparicio, Michalopoulos and Unick (2013) critique the scale in terms of its length and cost stating that this limits its usefulness. Vrklevski and Franklin (2008) developed the Vicarious Trauma Scale with only 8 items that can be administered and scored more simply than the Trauma and Attachment Belief scale. While the scale does measure "secondary exposure to distressing or traumatic material" and "experience of distress", it does not measure actual shifts in the cognitive schemas as a result of client's trauma (Aparicio, Michalopoulos & Unick 2013 p. 204). Therefore, they recommend using the VTS measure in order to ascertain the levels of distress in trauma workers, and then if they receive high scores, use the TABS measure to assess shifts in cognitive schemas.

2.8.3.4 Intervention

Pearlman and Saakvitne (1995) provide a comprehensive list of personal and professional strategies that clinicians can use to prevent and treat vicarious trauma. Personal strategies, similar to those of the trauma victims themselves, include a healthy balance between work and play; personal therapy; restoring a spiritual life; and engaging in self-care activities such as art and exercise. A personal strategy related specifically to vicarious trauma is the effort put into identifying specific disrupted schemas. Pearlman and Saakvitne (1995) demonstrate how if a therapist can identify her salient need area (esteem, trust, control, safety and intimacy) she will be able to identify which aspect of the client's trauma is most effecting her and assimilate this in a controlled manner.

Some professional strategies include the use of supervisors; modulating their exposure to trauma; and to building connections with colleagues. Fostering an "emotionally supportive, physically safe, and consistently respectful work environment is especially important" as "trauma-related issues heighten intrapersonal and interpersonal stress" (Brady & Guy, 1999, p. 390). Both personal and professional strategies will aid both prevention and recovery.

2.8.4 Conclusion

This discussion on the negative effects of trauma work has been extensive but necessary in order to counter the limited emphasis on this reality within the field of lay trauma work. Vicarious Trauma is the concept of most importance in this research as it highlights the deep cognitive shifts that can take place within a counsellor. It is therefore necessary to prepare volunteers for this work by teaching them how to avoid, recognise and manage these cognitive shifts. The symptoms of Burnout and Compassion Fatigue are in most cases more easily identifiable than those of VT. It was then necessary to include a discussion on these concepts in order to clarity their definition and highlight the various degrees and causes of secondary trauma reactions.

2.9 Countertransference

The term countertransference has already been briefly mentioned in this review and a link highlighted between countertransference and VT has been made. This is a central feature of this project and our emphasis on countertransference training and management is an important contribution to the field. It is therefore necessary that this concept is thoroughly defined and understood.

2.9.1 Definition

The term countertransference was originally coined by Freud (1910) as the emotional response that arises *a*s a direct result of the patient's influence on the therapist's unconscious. Freud's view was largely negative and understood as a hindrance to analysis. The underlying assumption is that countertransference reactions stem from unresolved conflicts within the therapist "that arise in response to the feelings expressed within the transference by the client" and are an obstacle to the psychoanalytical process (Gibbons, Murphy & Joseph 2011, p.18).

This classical psychoanalytic view has been expanded with the 'totalistic' view originally introduced by Heiman (1950) which defines countertransference as "all of the therapist's feelings and emotion-related behaviour toward the client" (Dalenberg 2000, p.10). This includes the entire range of emotional and behavioural responses to the client themselves as well as the material they bring (Herman, 2001; Sabin-Farell & Turpin, 2003). While there is come criticism in the literature regarding the broad definition, for the purposes of this research we will use this totalistic definition.

2.9.2 Types of Countertransference Reactions

The intense nature of trauma work exposes the crisis interventionist to horrors and atrocities that are emotionally overwhelming, often producing strong affective responses to clients (Herman, 2001; Wilson and Lindy, 1994). These emotional reactions include "identifying with their helplessness, grief, personal vulnerability, and rage" (Sabin-Farell & Turpin 2003, p. 454) which may cause a breach in the recovery process as well as long term personal and professional effects (Neumann & Gamble, 1995; Sabin-Farell & Turpin, 2003; Wilson & Lindy, 1994). Wilson and Lindy (1994) identify two types of countertransference reactions- Type 1, withdrawal and Type 2, overinvolvement.

2.9.2.1 Type 1 reactions

These avoidant, often passive, reactions exist on a continuum where counsellors find themselves experiencing countertransference reactions from intellectualisation to rage, detaching themselves from their clients (Wilson & Lindy, 1994). The most extreme version of this type is the countertransference reaction of rage, anger and hostility towards the client. Dalenberg (2000) found that this is a major countertransference reaction in trauma workers working and one that is especially harmful to clients if it results in punitive or condemning attitudes and victim blaming. This is especially true when working with victims of IPV where the dominant patriarchal ideology supports and maintains these victim blaming attitudes. This range of emotional reactions could occur as a result of the clients 'attack' on the counsellor's world view (Janoff-Bulman & Frieze, 1983), the client's apparent resistance to help (Gibbons et al 2011) or feeling silenced and controlled by the client (Neumann and Gamble, 1995).

Janoff-Bulman and Frieze's (1983) three assumptions about the world, discussed above, are particularly vulnerable when faced with trauma as the traumatic event shatters these beliefs of invincibility and that the world is meaningful and just. If the counsellor is not able or willing to accommodate this new traumatic material into their existing schemas, they will be forced to deny their clients experiences. This denial could result in an intellectualising of the client's trauma in order to defensively avoid and keep it outside of the affective range (Gibbons et al 2011; Wilson & Lindy, 1994). This serves to distance the counsellor from the client and "buffers the therapist from the pain engendered in authentic human relating with traumatized clients" (Neumann and Gamble, 1995, p. 342). This however results in the rupture of empathic response from the therapist causing problems for the client.

The denial of the client's experience could also result in victim blaming as the counsellor attempts to maintain their 'just-world hypothesis' (Dalenberg, 2000; Janoff-Bulman, 1995). Frankl posited that the underlying drive for all humans is the search for meaning, this is no truer than in the attempts to make sense of the suffering in the world. In our search for a reason and a meaning behind the suffering of our clients, if no "negligence, malintent, or unsavoury associations can be found, the observer of suffering appears often to distort the character of the sufferer." (Dalenberg 2000, p. 120). This process is only exacerbated by the often 'abnormal' responses and behaviours to the trauma described by victims (Dalenberg, 2000). This apportioning of blame onto the victim then allows the counsellor to maintain their assumption that "bad things happen to bad people". This results in countertransference reactions of condemnation, shame and rejection of the client.

Frustration with the client's apparent resistance to change is a strong countertransference reaction resulting in a relationship breakdown (Gibbons et al, 2011; Neumann and Gamble 1995). The frustration felt by trauma workers is often due to a discrepancy between their perceived role and the reality. Gibbons et al (2001) identified that those in the helping profession often have unrealistic expectations of their role such as the amount of appreciation they will receive from clients and the positive impact they will have on others. These expectations shape their identity, and therefore a client's resistance to change or perceived rejection of the help offered is a direct threat the counsellors developing identity (Neumann and Gamble, 1995). This threat to the counsellor's identity results in a need to defend themselves.

Wilson and Lindy (1994) also link the role of unresolved trauma and countertransference as another form of Type I reactions in their discussion on empathic repression. Through the reactivation of previously unresolved trauma, the counsellor adopts repressive counter measures to deal with their personal concerns and is "likely to be associated with an unwitting withdrawal from the therapeutic role and denial of the full significance of the clinical issues being presented by the client" (Wilson & Lindy 1994, p. 16).

2.9.2.2 Type 2 reactions

These reactions represent active emotional responses, ranging from overidentification to excessive empathy (Wilson & Lindy, 1994). Often counsellors will assume the role of the rescuer, struggling to balance their care and concern for the client with appropriate empathy and role boundaries (Neuman & Gamble, 1995).

The Strengths Perspective builds on the victim's resilience to help them grow and "utilizes empowerment, resilience, healing and wholeness, collaboration, and suspension of disbelief" (Roberts 2005, p. 451). This is an important aspect especially in trauma work as the goal of recovery is reconnection and empowerment (Herman, 2001). While this collaborative empowerment is valued, in practice it usually exists in stark tension with the support workers overwhelming impulse to exert a perhaps well-intentioned, protective control over their clients lives, insisting that the abused client take immediate and effective action to protect themselves from further danger (Pearlman & Saakvitne, 1995). Here the support worker's often realistic anxiety about the client's safety can emerge as a countertransference reaction to client's own strategies, especially in dealing with IPV and where ending the relationship is not a viable option. The counsellor is so enmeshed in the client's trauma that it often leads to a temptation to override the clients' autonomy and implement interventions without their consent.

The trauma worker is often faced with clients overwhelming feelings of helplessness (Herman, 2001; Sabin-Farell & Turpin, 2003). A loss of the illusion of control over one's life is a key characteristic of trauma, often leaving victims disillusioned and disempowered. Counsellors are therefore at risk of experiencing 'countertransference helplessness'. Herman (2001) notes that this feeling of incompetence and helplessness is not uncommon in therapists when faced with traumatised clients. This hopelessness leads to a loss of confidence not only in themselves and their profession but in the client's ability to recover. This loss of confidence could lead to a variety of countertransference reactions, such as boundary crossing as well as a focus on other-blame. As a rescuer, support workers go beyond the boundaries of their professional roles violating the limits of the client-counsellor relationship (Herman, 2001). The therapist may take on an advocacy role for the patient, treating the patient as a vulnerable 'project' who needs saving, which only perpetuates the process of disempowerment. Dalenberg (2000) speaks of the tendency for therapists to revert to "oppositional other-blame" as a means to rescue the client who seems unable to protect themselves, counsellors urge the victim to blame others. While this is an initially effective tool in order to justly counter the victim's self-blame, the shift to 'dispositional other-blame' is not sustainable and can result in a breakdown of the therapeutic relationship. Dalenberg (2000) address the 'blame boomerang' which follows the progression from client self-blame to other blame to a redirecting of other blame onto the counsellor which results in negative countertransference reactions in the counsellor breaking down the relationship.

2.9.3 Uses

Working with victims of trauma necessitates some form of countertransference reaction, “one simply cannot face this degree of pain in someone with whom one is involved and not feel changed” (Dalenberg 2000, p. 121). Therefore, it is necessary for support workers to recognise and manage their reactions in order to “make use of it rather than being used by it” (Oelsner 2013, p. 10). This is considered to the most important counselling ‘skill’ in this project as it is through this practice that counsellors will continually provide a positive service to all clients. It is our belief that while teaching protocol and basic skills is important, these are often abandoned in crisis and overwhelming countertransference experiences.

2.9.3.1 Self-reflection

The ability to critically reflect and identify one’s emotional reaction is the most important tool in managing countertransference. It requires maintaining ongoing critical insight into the ways in which their reactions to clients may arise from unwitting attempts to maintain their own underlying assumptions about the safety and fairness of world; their role as crisis interventionists; as well as their attempts to maintain the dominant social ideology. This ability is discussed using concepts such as mindfulness (Langer, 2000); reflection in action (Schon, 1983); mentalisation training (Lacours & Bouchard, 1997). These individual techniques are supported by organisational structures and support such as the use of supervision “grounded in a clear understanding of the transference-countertransference dynamics common to trauma therapy.” (Neuman & Gamble, 1995, p. 343). The literature emphasises the importance of good supervision to manage and help identify unconscious countertransference reactions (Gibbons et al, 2001; Neuman & Gamble, 1995).

2.9.3.2 Disclosure vs Nondisclosure

One of the major contentions in the literature is whether the support worker should disclose their countertransference reactions. Dalenberg (2000) provides a detailed critique on the debate, providing the benefits as well as negative repercussions. The argument for non-disclosure rests on the danger of overwhelming a client with raw countertransference reactions that have not been properly processed, as well as the clients psychological need to believe “that anger, shame, and terror will not overwhelm the therapist, who serves as a "container" (Dalenberg, 2000, p. 27). The argument for disclosure is that under certain conditions, disclosure of countertransference reactions can help in the healing process. Dalenberg (2000,

p. 53) notes that the therapist should ask herself whether the disclosure, both its content and its timing, is appropriate and unlikely to overwhelm the client as well as if the information is "relevant to the client's need to know rather than the therapist's need to discharge affect, to protect his or her own ego, or to advance his or her own needs?". She also argues that non-disclosure is not possible and will undoubtedly lead to "leaks" which are worse for the client, especially if the counsellor gave no previous indication of their 'true feelings' (Dalenberg 2000, p. 31).

2.9.3.3 Furthering the client-counsellor relationship

Wilson and Lindy (1994) discuss the role of countertransference in the complicated balance of an appropriate empathic stance. The importance of empathy in the counselling relationship is vital to maintain a therapeutic relationship and counters the isolation and disconnection often felt by trauma victims. Dalenberg (2000, p. 37) notes how often the counsellor's attempts to be a "container", not responding to the client's trauma "can transform appropriate emotion to mortification in a patient already predisposed to view his or her distress as weakness". Recovery is "determined, in part, by the therapist's ability to 'be with' both the patient and the material, while at the same time remaining separate from the experience" (Wilson & Lindy 1994, p. 99). The steps to maintaining this empathic relationship is to listen to the client, both what is said and how it is said and to be aware of and monitor countertransference reactions, specifically how these are affecting the empathic stance towards the client (Wilson & Lindy, 1994).

2.9.4 Conclusion

The classical blank slate approach proposed by Freud has been criticised and does little to help counsellors deal with their very real countertransference reactions. These countertransference responses have the potential to be very useful in the recovery process if the counsellor is able to accurately self-reflect and know when to disclose and not. They are also necessary in the prevention of VT as the counsellor is able to identify what they are feeling and manage how this is integrated into or shapes their cognitive schema.

2.10 Training theory

The development of the research questions and focusing of this project, led to the identification of the organisations training workshop as a means to achieve the overall objectives. Through

an iterative process the theoretical foundation for this project was refined guiding the development of the final intervention. The understanding of the function of crisis interventionists and the link between countertransference and VT guided the objectives and content of the training. This section will discuss specific adult education theories and strategies that were used in the design and development of the final model.

2.10.1 Adult Learning Theories

2.10.1.1 Knowles- Andragogy

The concept of Andragogy was first coined in 1833 and sparked the debate as to whether there is a difference between how adults learn and how children learn. Knowles (1980, p. 43) popularised the concept of andragogy and defined it as the "art and science of helping adults learn" emphasising the difference between this and pedagogy. Knowles presented four core assumptions about adult learners and the process of adult learning and subsequently refined this list to include two more (Holton, Swanson & Naquin 2001).

1. The need to know- Knowles (1984) states that adults need to understand why they need to learn something. Knowles, Holton and Swanson (2005, p. 65) state that "at the very least, facilitators can make an intellectual case for the value of the learning" or better still provide opportunities for them to make this connection themselves.
2. Self-concept- this concept is based on the shift from dependency in childhood to a greater sense of independence and ability for self-directed learning. If educators do not recognise this capacity for independent learning, adult learners will "resent and resist situations in which they feel others are imposing their wills on them" (Knowles et al, 2005, p. 66). Wilson (2004 as cited in Henschenke, 2009) emphasises the importance of self-directed learning and its impact on the brain and plasticity in adults.
3. Role of the learner's experiences- prior experience of the adult learners provides a wealth of knowledge that separates them from the experiences of a child learner. This experience should be tapped into through experiential activities in order to foster learning.
4. Readiness to learn- Adults become ready to learn when they "experience a need to cope with a life situation or perform a task" (Holton et al 2001 p. 120). While it is important to time learning with the recognition of this need, it is also possible to induce the discovery of this need through various techniques.

5. Orientation to learning- Adults are more life-centred or problem-centred in their approach to learning. The learning they receive needs to be applicable to and assist them in their daily lives. Knowles et al (2005, p. 67) emphasise this point in how educators structure learning as "new knowledge, understandings, skills, values, and attitudes most effectively when they are presented in the context of application to real-life situations".
6. Motivation- Knowles (1984) found that adult learners while are more motivated by internal processes as opposed to external factors

These core assumptions guide a series of 8 elements of the education design called the andragogical process model (Knowles 1990). Knowles et al (2005, p. 115) state that this model differs from other learning models as it moves away from content to focus on process which is more "concerned with providing procedures and resources for helping learners acquire information and skills". The first step in this model is to prepare the learner. Knowles (1995) felt the need to include this step in the design process after his initial model as a result of his experiences of adult learners struggling with the transition from traditional dependent learning to a more adult approach. It is therefore a requirement to prepare learners before the start of the learning process in order to recognise and acknowledge the difference between reactive and proactive learning. The second element that should be carried out throughout the programme is the need to establish a climate conducive to learning. Knowles (1980) stipulated that certain learning conditions are more conducive to growth and development and included the learning environment as a key factor. Knowles (1980, p. 57) states that this "environment is characterised by physical comfort, mutual trust and respect, mutual helpfulness, freedom of expression and acceptance of difference". The facilitator must make every effort to ensure that the physical conditions are comfortable and conducive to group interaction and work at building up relationships and trust among the participants through co-operative activities.

The third to sixth steps focus on involving the learner in the planning, diagnosis of learner needs, forming learning objectives and designing learning plans. The involvement of the learner in this process is the key variable in differentiating andragogy from pedagogy. Knowles et al (2005) state that responsibility must be shifted from being solely placed on the authority figure to a shared process involving all the parties. This assists in the process of developing a sense of commitment by the learners to the process (Knowles 1980). The seventh step involves conducting the learning activities that will help the learners carry out their learning plan. These are largely carried out in active learning strategies and techniques that

make use of the learner's previous experience such as group discussions, role plays and case studies (Knowles, 1980). The final step is the evaluation of the programme which while difficult, is a vital aspect of any training. The difficulty in evaluation "is in controlling the variables sufficiently to be able to demonstrate that it was the training that was mainly responsible for any changes that occurred" (Knowles 2005, p. 133).

One of the major criticisms of this theory is the lack of critical theory and emphasis on social change (Holton et al, 2001) and while it is a highly individualised model of adult learning, many aspects are highly valuable to this research. Andragogy will therefore replace the term pedagogy throughout this research in order to emphasise the nature of this type of learning. The core assumptions regarding the adult learner will determine the approach to trainees and contribute to greater respect for the trainee and recognition of what they have to offer.

2.10.1.2 Freire- Critical Pedagogy

In his seminal book, Pedagogy of the Oppressed (1980), Freire emphasises the active and consciousness raising power of learning. Freire (1980) asserts that no education can be neutral but is either a function of the system in ensuring a continued conformity to the current social structures or it becomes "the practice of freedom" where learners are emancipated to act and transform their world. Jarvis (2004, p. 58) describes this as a type of community education for action where learners are made aware of "their false consciousness and of their social condition" and through this "reject many of the myths erected by the ruling elite that inhibit them from having a clear perception of their own social reality".

Freire (1980, p. 51) recognises that one of the biggest obstacles to emancipation is "that oppressive reality absorbs those within it and thereby acts to submerge human beings' consciousness" and therefore liberation can only come through the use of praxis. Praxis is a Marxist term adopted by Freire to "refer to the congruence between individual reflection and the action that results from it" (Jarvis 2002, p. 162). It is through this combination of reflection and action, that individuals can become aware of realities other than that into which they have been socialised. Freire emphasises that this process cannot "be purely intellectual but must involve action; nor can it be limited to mere activism, but must include serious reflection" (1980, p.65).

Freire rejects the banking concept of education which proposes that "knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing" (1980, p. 72). This does not promote any real learning or transformation, but rather rote learning and little opportunity for critical reflection. This only serves to endorse the ideology of oppression, alienating the knower from the ignorant. Freire (1980, p. 80) proposes that the teacher-learner dialogue should instead be based on mutual learning, where "no one teaches another, nor is anyone self-taught. People teach each other". It is through the use of group discussions which draw on experiences that students learn and develop critical thinking skills.

Through this learning process the emphasis is then on action as after "having undergone a process of conscientization, learners should act upon the world to endeavour to create a better society" (Jarvis 2004, p, 58). This theory is central to this research as it emphasises the power of education in producing social change. The emphasis of reflection in the learning process directly addresses the objectives of the study and provides a strong theoretical basis for it. The teacher-learner dialogue will also inform the role of the facilitator in the intervention.

2.10.1.3 Mezirow-Transformative learning

Mezirow (1978) first proposed the concept of transformational learning as Perspective Transformation in his study of re-entry programmes for women. He recognised that learning and transformation required more than merely learning a new skill or behaviour, but rather a critical examination and recognition of the assumptions that shape our personal frame of reference (Mezirow & Marsick, 1978).

This has since been moulded and further developed into transformative learning theory as we know it today. Transformative learning is defined as a process of "effecting change in a frame of reference" (Mezirow, 1997, p. 5) in order "to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more truth or justified to guide action (Mezirow, 2000, pp. 7-8).

Mezirow (1997, p. 5) describes frames of reference as "the structures of assumptions through which we understand our experiences. They selectively shape and delimit expectations, perceptions, cognition, and feelings". Our personal frame of reference is largely acquired as a result of cultural assimilation and our upbringing and are so ingrained in our understanding of

our world from interpersonal relationships, to social structures, that they are often taken for granted. Mezirow (1997 proposes that these meaning structures are composed of two dimensions- habits of mind and points of view. These habits of mind are our "habitual ways of thinking, feeling, and acting influenced by assumptions" which then "become articulated in a specific point of view: the constellation of belief, value judgment, attitude, and feeling that shapes a particular interpretation" (Mezirow 1997, p. 5-6). Habits of mind are more difficult to change but points of view are more adaptable and are constantly changing with new experiences and information.

Mezirow believes that learning occurs as a result of a disorienting dilemma "that challenges their values or beliefs and their expectations of what will happen next" (Kroth & Cranton, 2014, p. 2). He believes that in the face of this dilemma, when a person encounters a perspective that differs from their own, the person must undergo a self-examination where they begin questioning their beliefs and taken-for-granted assumptions. Mezirow (1997) provides a list of a total of 10 stages that the person must undergo in order to achieve transformative learning from the initial disorienting dilemma to the reintegration into their world with this new frame of reference. It is therefore first necessary to identify and become aware of our current habits of mind in order for learning to take place as "we transform our frames of reference through critical reflection on the assumptions upon which our interpretations, beliefs, and habits of mind or points of view are based" (Mezirow 1997, p. 7).

Mezirow emphasises the process of reflection in learning but recognises that there are different types of reflection. These are summarised in Jarvis (2004, p. 112) as:

1. Reflectivity: awareness of specific perception, meaning, behaviour
2. Affective reflectivity: awareness of how the individual feels about what is being perceived, thought or acted upon
3. Discriminant reflectivity: assessing the efficacy of perception, etc.
4. Judgemental reflectivity: making and becoming aware of the value of judgements made
5. Conceptual reflectivity: assessing the extent to which the concepts employed are adequate for the judgement
6. Psychic reflectivity: recognition of the habit of making percipient judgements on the basis of limited information
7. Theoretical reflectivity: awareness of why one set of perspectives is more or less adequate to explain personal experience

Reflection is therefore understood on a continuum of complexity and depth and a skill that must be nurtured in a safe environment. This theory forms the theoretical framework for

our understanding of learning and will be used to guide the structure and implementation of the training programme. This theory recognises that transformation occurs in a series of stages and is a process as opposed to a once off occurrence. This is important and informed our understanding of the ideological shift and transformation we aimed to achieve through this intervention. Again, the self-reflective ability of the trainee is emphasised and the ability to examine their own assumptions is considered central to the learning process. Providing opportunities, and teaching trainees how, to self-reflect must therefore be a priority in this intervention.

2.10.2 RICH model

Before moving on to andragogic techniques proposed by the literature, it is important to expound on the RICH model created by Giller, Vermilyea and Steele (2006) through their work in training trauma helpers. Their programme, Risking Connections, provides an alternative for trauma training. It is rooted in Constructivist Self-Development theory and provides a framework for training where "helpers learn that by demonstrating growth-promoting relationships in their interactions with clients and with colleagues, they foster hope, and can more effectively help clients repair their disrupted ability to connect in nurturing ways" (Giller, Vermilyea & Steele 2006, p. 66).

Their programme teaches that in order to assist the client, counsellors must provide a RICH relationship. This is made up of Respect, Information, Connection and Hope (Giller, Vermilyea and Steele, 2006). The two dominant effects of trauma are disempowerment and disconnection (Herman, 2001), therefore to grow and recover, counsellors must provide an intervention which promotes empowerment and connection. In order for counsellors to adopt a RICH relationship with the client, they argue that, training should follow the same basic format where "the goal is to teach the approach by practicing the approach in the training setting" (Giller et al 2006, p. 71).

2.10.2.1 Respect

Respect is a crucial element of the counselling process as "to enable someone to talk to you freely, you need to cultivate an attitude of acceptance, valuing her and giving respect to her and her struggles" (Evans, 2007, p. 84). Victims of IPV often only come forward after years of abuse with little support resulting in feelings of isolation and a lack of self-worth. It is important that the CI fosters a relationship based on mutual respect. One way to show respect to a client is in the manner in which you find solutions. The victim must "be the author and

arbiter of her own recovery" (Herman 2001, p. 133). The counsellor who believes in and respects the victim's ability to make decisions will boost her self-confidence and help her to regain her self-respect.

According to Gillers et al (2006), in order to foster this type of relationship between volunteer and client, the training needs to emphasise the same principles. They provide some examples of techniques that foster respect such as keeping to the time frame stipulated, agreement to observe confidentiality for any personal information shared and to address all questions as reasonable (Giller et al, 2006). They argue that in an atmosphere of respect, participants are able to feel safe and supported. This is important as Pedersen (2000, p. 102) notes that "if an educational experience is perceived as unsafe, it is unlikely that participants will take more risks than absolutely necessary. If participants fail to take risks in an educational experience, then it is unlikely that learning will occur."

Another aspect of the respectful relationship refers to the manner in which we find solutions. In the training, it is important that trainers acknowledge the expertise of the participants and allow them an opportunity to provide input. This could be elicited during the training as discussed in the next section but also through a post-training evaluation. Trainers should be open to the insight provided by participants and use this to guide future trainings.

2.10.2.2 Information

Bennett, Riger, Schewe, Howard and Wasco (2004) found that an important service of organisations dealing with domestic violence includes helping the victim obtain essential information. This includes "how others describe similar experiences of domestic violence, how perpetrators use common methods of power and control and how the structure of society endorses the woman in her position of guilt, shame and self-doubt." (Alcock 2001, p. 51). Providing information to clients also includes providing victims with a network of contacts which may include legal services, support groups, safe houses as well as psychologists.

Overloading clients with information that they are not ready to hear is, however, dangerous and often unhelpful. Dienemann et al (2002) state that the stage of the relationship that the victim found herself in, will determine the type of information she needs. This ranges from attempts to preserve the relationship right up to attempts to leave the relationship. Using a 'person-in-progression' model, Westbrook (2008) identified three different situations or phases that a victim of abuse will find herself in with each phase presenting very specific

information needs. The first phase is the initial consideration of a life change which refers to the victim's initial steps towards making a change. At this stage the victim's information needs focus on understanding abuse and the cycle of violence, the support structures available such as shelters as well as the procedures of filing for a protection order. The second phase is the 'in-shelter' phase which is more practical day-to-day information needs such as how to deal practically and emotionally with children after leaving and practical information regarding the immediate future such as relocation and transport. The third phase refers to the post-shelter phase which focuses on information regarding long term set up such as housing and employment. Providing an appropriate service to the client therefore requires a thorough understanding of the phase that she is in and which information is most applicable to her.

The client will feel a sense of empowerment by being equipped with "the requisite knowledge, skills, and resilient self-beliefs of efficacy to alter aspects of their lives over which they can exercise some control (Ozer & Bandura 1990, p. 472). This is an important aspect of any intervention as the role of the CI is to provide the necessary information so that a client can make an informed decision regarding their own future.

Training therefore should follow a similar framework. Participants should be provided with a resource list of various organisations and important support structures. This will give the participants a sense of empowerment in their role. Information should also be elicited from the participants, acknowledging their existing knowledge base and expertise. This fosters a collaborative learning experience where participants are actively encouraged to provide input (Gillers et al, 2006).

The training should also be structured in such a way that participants are not overloaded with information. Trainers must recognise that just as clients are in different phases, the trainees are also in different phases. Previous research with the organisation found that a number of the evaluation forms from previous trainings had stated that there was too much information to absorb (Howlett, 2012). It is necessary to recognise that "attempts to cover too many topics too quickly may hinder learning and subsequent transfer" (Bransford, Brown & Cocking 2000, p. 58). A key concern in creating the training must therefore be to identify what phase participants are in and what information in necessary. This research will argue that the initial phase of considering volunteering requires a focus on information that initiates an ideological shift.

2.10.2.3 Connection

Sanderson (2010, p. 11) argues that IPV "activates primitive survival strategies and psychobiological defences such as dissociation, alterations in perception and withdrawal". These defences are necessary for immediate survival but without an integration into the victim's psyche, they can cause long term psychological problems. Disconnection from self is one of the primary consequences of continuous trauma. Emotional abuse often leaves the victim without any semblance of dignity or self-esteem (Lundberg-Love & Marmion, 2006) while experiences of physical and sexual violence have the added effect of invading and corrupting the body undermining the victim's basic bodily integrity (Herman, 2001). When the victim experiences a traumatic event, she is forced to make sense of the experience by either changing her assumptions of the world or more commonly by redefining the experience. This often falls in line with commonly held assumptions about the world such as the just-world hypothesis. In order to maintain this fundamental assumption, the victim herself might fall prey to believing that she did something to deserve the abuse (Janoff-Bulman, 1995).

Herman explains that "traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community" (2001, p. 51). Disconnection from others is a common effect of IPV and therefore it is important to realise that for an intervention to work, a sense of connection with others is central to recovery. Herman (2001, p. 22) notes that "recovery cannot occur in isolation". Rogers (1969) person-centred therapy focuses on building a connection between the therapist and client in an atmosphere of empathy, genuineness and unconditional positive regard. It is within this safe space that a client is able to explore their experiences and achieve some measure of actualisation. In long-term therapy, the victim has the opportunity to build a new life and regain a sense of self within a safe therapeutic environment. In short term interventions, however, the goal is often to develop a sense of self mastery and facilitate the creation of meaning.

In order to mirror this in the training, it is important that a sense of community and connection is fostered within the group. The first aspect focuses on the relationship between trainers and trainees. The genuineness advocated by Rogers is as important in the training space as according to Gillers et al (2006) trainers need to be open and real with the participants. This includes certain formalities such as full disclosure of credentials and experience but more importantly where trainers are willing to share their vulnerability and mistakes. This level of

transparency in training helps to shift the power imbalance from the trainer holding legitimate and expert power to a collaborative journey of trainer and trainee working together. This type of relationship serves to empower the trainee and build on their strengths. This collaborative approach requires trainers to listen to audience feedback and be willing to make changes (Gillers et al, 2006). The concept of positive uncertainty should guide the training as the schedule must be open to some changes as the mood requires. Gillers et al (2006) final suggestion regarding the trainers is to have a sense of humour and ensure that the training space is comfortable fostering a natural and easy environment.

Connection should also be fostered among the participants themselves. Victims of IPV need "to be believed, trusted and free from destructive criticism and judgement" in order to grow (Abrahams 2007, p. 108). Within the trainings the same emotionally safe space needs to be fostered in order to facilitate risk taking, open sharing and fundamental cognitive restructuring. This is done by allowing participants to build relationships and trust. Gillers et al (2006) suggest that participants be given an opportunity to introduce and share a little about themselves. Another technique that can be used is a confidentiality agreement which provides, in theory, a commitment from all the participants to fostering this safe space. The collaborative nature of the training will also work towards building a culture in the organisation of mutual support and community.

The reconnection to the self that trauma workers attempt to do with clients in crisis intervention needs to be an important feature of the training as well. In order to create an ideological shift, participants need to recognise the existence of existing schemas and their unconscious acceptance of social norms. One way to do this is through reflection activities. Mezirow (1990) describes reflection as the process of identifying and evaluating our assumptions, thoughts and beliefs in order to correct flaws in our beliefs and assumptions.

2.10.2.4 Hope

IPV often leaves victims feeling helpless, disempowered and without hope. The continuous and complex nature of abuse makes leaving an abusive relationship a complex and complicated task. It is therefore necessary to counter the effects of the abuse with a sense of hope and belief in the client. This hope in the possibility of change and healing provides the foundation for the client to rebuild her own hope. Hope can also be achieved through the exploration and formulation of a plan of action. This provides the victim with a sense of purpose and direction and is a crucial step toward regaining some control over her life.

In the training, it is important for trainers to instil a feeling of hope and belief in a better future for victims of abuse. The discouraging statistics and stories associated with IPV can be overwhelming and stressful for some, but this needs to be harnessed in order to push participants towards making a difference. Gillers et al (2006) speak about the need to reignite the passion and allow participants an opportunity to remember why they wanted to do this work in the first place. With a focus on participants success stories a sense of optimism can be channelled in the training. Another important aspect of facilitating hope is the focus on the reality and risks of vicarious traumatisation.

2.10.3 Conclusion

The theoretical foundation for adult learning provides a basis for the creation of our training intervention. Special emphasis has been given to both Freire's Critical Pedagogy and Mezirow's Transformative learning in order to achieve the proposed objectives of the intervention. Andragogy and the RICH model highlight the importance and function of fostering relationships and recognising the unique attitude and position adult learners bring to the training. Paralleling the training process with the counselling process is another important contribution of the RICH model in order to prepare volunteers for their expected roles.

2.11 Training Techniques

The goal of this project is to do more than provide trainees with factual information and develop a cognitive understanding. Instead, it aims to initiate a deep ideological and psychological shift in the way that trainees interpret and respond to IPV as well engage trainees in reflective practice as they learn to monitor and manage their countertransference reactions. The discussion on Transformative Learning (Mezirow, 1990) and Critical Pedagogy (Freire, 1980) has confirmed that this objective can only be achieved through the use of certain techniques that engage the affective domain (Krathwohl, Bloom & Masia, 1956). The following discussion focuses on a range of training techniques discussed in the literature which embody the transformative learning goal.

2.11.1 Role of the facilitator

The teaching style of the trainer has already been mentioned in our discussion of Respect and Connection in the RICH model (Giller et al, 2006), the teacher-learner dialogue in Critical Pedagogy (Freire, 1980) and the emphasis on a conducive environment in

Andragogy (Knowles 1980). An authentic relationship between the teacher and learner is widely regarded in the literature as fundamental for adult learning. Silberman (2007, p. 16) emphasises the need to recognise that "the people you are hoping to change may be resistant to your efforts" and therefore "you want to be seen as open and trustworthy, without an agenda that imposes change". Taylor (1998, p .49) summarises the literature on teacher qualities as "trusting, empathetic, caring…authentic, sincere and demonstrating a high degree of integrity". This research conforms to that literature, which promotes a humanistic approach to teaching where the educator is there as merely an aid in the learning process with the goal of developing the full potential of the learner (Jarvis, 2004).

Heron (1999) proposed a model of facilitation which provides a strategy for how best to develop this potential. He outlines three modes of being, namely hierarchical, where the trainer takes control; cooperative, where the trainer works with the trainees; and autonomous, where the trainer takes on a more detached role. Heron (1999) states that it is important to move between each of these styles in order to facilitate maximum learning and cautions against only adopting one approach. Iucu and Marin (2014) emphasise Vygotsky's scaffolding approach to learning, whereby the learner determines the pace at which they work and the teacher guides and encourages them in this process. This links to Herons (1999) understanding of the balance between the different modes of instruction as Iucu and Marin (2014, p. 411) state, that "this does not mean that teachers cannot continue to provide students with information—the difference is that students determine the time and sequence in which information is given". This point emphasises the importance of having a genuinely collaborative relationship with the trainees and providing opportunities to qualitatively assess their understanding.

The most important teaching strategy, however, emphasised by Cranton (1994) is for the teacher to become a transformative learner themselves. This requires that trainers be constantly engaged in their own professional development and be willing to learn and grow. Iucu and Marin (2014) refer to this as a catalyst role where teachers are focused on constantly evaluating and improving their approach.

2.11.2 Experiential Learning

In his review of the literature, Taylor (1998, p.52) states that "fostering transformative learning is not just about making sense of experience through dialogue; it also involves creating experiences that can help facilitate understanding". Pedersen (2000) notes that "just lecturing, talking about, or "telling" someone will not be heard or understood without the direct

experience". Bransford, Brown, and Cocking (2000) found that students were unable to apply abstract concepts and theories leading to rote memorisation with little transformation in their meaning structure. Being actively engaged and thinking about the material, which is necessary for a transformative shift, is greatly enhanced by experiential learning opportunities (Cross, 1987; Swank 2012) and therefore central to this project.

The essential features of experiential learning are "that it draws on learners' previous life experience, engages the whole person and stimulates reflection on experience." (Andresen, Boud & Cohen, 1995, p. 217). Kolb (1984) proposed that an integration of cognitive and behavioural theories of learning would create a more holistic perspective on learning and popularised the concept of experiential learning. The experiential learning model "emphasises that learning and change result from the integration of concrete emotional experiences with cognitive processes: conceptual analysis and understanding" (Kolb & Fry 1975, p. 34). He outlined learning as a process through which the unfolding of experiences not only creates knowledge but is then continuously modifying that knowledge. It is the confrontation of the four modes of learning which creates the tension necessary for change.

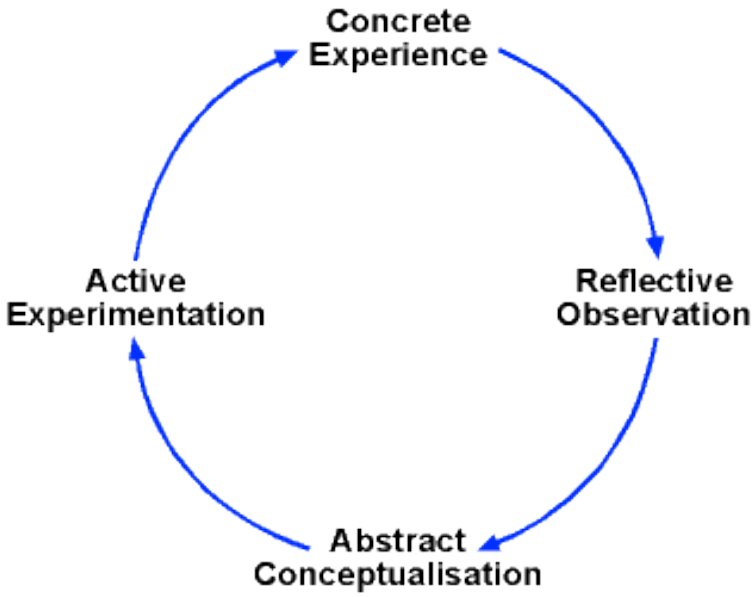


Figure 2: Experiential Learning Model (Kolb & Fry, 1975)

Kolb (1984, p. 28) also states that it is important to note that "everyone enters every learning situation with more or less articulate ideas about the topic at hand" and "thus, one's job as an educator is not only to implant new ideas but also to dispose of or modify old ones".

Andresen, Boud and Cohen (1995) make it very clear that experiential learning cannot be limited to a set of activities but is rather is a process of experiencing and learning. However, they do acknowledge that there are some activities that have the potential to engage experiential learning.

2.11.2.1 Debriefing

Debriefing as a technique in experiential learning is conceptualised slightly differently to the debriefing discussed earlier as a method of psychological trauma intervention. Debriefing is a dynamic tool used in groups to process a shared experience. In order for this activity to be experiential, it is important that every learner is actively engaged "in expressing, examining, and exploring their experiences in ways that enable them to learn, grow, develop, and make changes in their lives" (Greenaway 2007, p. 61). This technique is more than a group discussion but uses a variety of techniques to engage the learners in the reflection process, examples by Greenaway (2007) include the '1-2-All' model, where people first think alone, then in pairs and then share with the group.

2.11.2.2 Role Plays

Role playing is a highly favoured component of a variety of training programmes is effective in producing behavioural changes (Singh et al, 2002). Role plays allow for trainees to adopt a more active role in learning. The trainee takes on the role of another "assuming the mannerisms, personality, personal history, and life circumstances" (Smith, 2009, p. 125) and through this provides a space to use "their imaginations to redefine problems from a different perspective." (Mezirow, 1997). Taylor (1998) cites the work of Gallagher (1997) and his use of drama-in-education to foster transformative learning. Gallagher (as cited in Taylor 1998, p.53) found that "as drama evolves and participants assume various perspectives, power differentials are made explicit in a non-threatening way, removed from the 'personal' (as in this is how I feel) to a more objective consideration (this is how I feel as someone else)".

In order to maximise the effectiveness of role plays, a variety of techniques and guidelines are proposed in the literature. It is important to provide a supportive environment for trainees. Gabriele (1982 p. 384) notes that role plays should only be used when "participants and trainer feel at ease with one another". This ease must be fostered through trust. Facilitators should emphasise that mistakes are a part of the learning experience and that risks should be take (Swink, 1993). Most trainees are uncomfortable participating in role plays due to fear of

being judged or fear of saying the wrong thing. Swink (1993) suggests that in order to counter these feelings, facilitators should begin the role play by instructing trainees to start off by responding to the client with all the wrong responses. This will encourage some humorous examples and break the ice.

Role playing as a counsellor is a standard training technique with obvious benefits but determining who will play the role of the client is disputed in the literature. Using trainees from the group to play the client role has the benefit of being convenient; however, Traux and Carkuff (1967) found that the benefits go beyond convenience to include an increased sense of empathy for future clients. Anderson et al (1989) supported their findings, reporting that trainees playing the role of the client were more empathic and helped to address stigma associated with psychological problems. Being able to enter into the client's role allowed trainees to better understand their frame of reference. Pomerantz (2003), however, states that using fellow trainees in the client role presents a variety of issues such as a lack of dramatic talent or by not taking their role as seriously. This can cause the relationship "to deteriorate into a series of gaffes or awkward silences in which little meaningful learning takes place" (p. 364). Lane (1988, 162) further discusses the issue of the trainee playing the client role assisting the counsellor by giving answers that "anticipate the interview procedure". This is not helpful for the trainee counsellor as it "reduces the authenticity of the experience" as the trainee "will not run into these "helpful" clients in the future" (Smith 2009, p. 126). Alternatives include hiring actors (Lane, 1988; Pomerantz, 2003) or using the instructor (Balleweg, 1990). The most appropriate strategy for an NGO with limited resources might be to adapt the Transparent Counselling Pedagogy proposed by Dollarhide, Smith and Lemberger (2007). Their technique allows trainees to pause the role play and work in groups to decide how the counsellor should respond before moving on. This approach relieves the stress felt by a single participant as they distribute some responsibility to the rest of their team.

2.11.3 Collaborative learning

Dillenbourg (1999, p. 1) introduces his explanation of collaborative learning with the following statement, "our group did not agree on any definition of collaborative learning. We did not even try." While the concept of collaborative learning varies in its detail, it provides an umbrella term for various approaches to learning that involve joint intellectual effort by two or more people together (Dillenbourg, 1999). It moves away from learners as passive recipients, to active agents in the construction of knowledge. This concept is closely linked to the concept

of cooperative learning which provides structured group activities in order to help students work together more effectively (Jacobs, Power and Inn, 2002). Oxford (1997, p. 443) differentiates cooperative learning from collaborative learning as it is "more structured, more prescriptive to teachers about classroom techniques, more directive to students about how to work together in groups". Collaborative learning on the other hand has a variable degree of structure and low prescriptiveness in terms of activities (Oxford, 1997). The theoretical foundation for this type of learning is based on Vygotskyian principles in which knowledge is co-constructed through social interaction. A variety of studies have been done to ascertain whether people work better in groups or individually. Forsyth (2014) summarises the main theoretical arguments for social facilitation, defined as the general tendency for people to perform better in the presence of others. The mediating process in performance ranges from personality factors such as self-esteem to cognitive factors such as influence of the desire to make a good impression. The mere presence of another serves as a source of arousal and has the power to influence and improve performance (Markus, 1977). Through collaborative learning, students are able to perform at a higher cognitive level and perform better in critical-thinking tasks than if they were to work individually (Gokhale 1995). Dillenbourg (1999, p. 5) maintains that collaborative learning is not one single method but rather describes "a situation in which particular forms of interaction among people are expected to occur, which would trigger learning mechanisms, but there is no guarantee that the expected interactions will actually occur." He provides four factors that promote positive learning interactions.

The first is to carefully design the situation to guarantee effective interactions and cites group selection as an important factor. This review will focus on group size, and practical environmental factors. There is an abundance of literature investigating the ideal group size. Hare (1952) found that in small groups of 5 people, each member was able to contribute towards the discussion and therefore had a higher satisfaction rating of the group process. The larger groups of 12 members were marked by a feeling of dissatisfaction where the louder members of the group dominated the discussion. Fay et al (2000) found that communication styles differed in small groups of five as opposed to larger groups of ten. Members of smaller groups "were influenced most by the group members with whom they interacted" while members in the large group "were influenced most by the dominant speaker" (Fay et al, 2000 p.485). Gall and Gillett (2001) highlight some practical factors that contribute to or hinder an interactive environment. The basic layout of the classroom must be manipulated in order to allow group members to see and hear each other properly.

The second factor is to over emphasise the collaborative nature of the activity and in some instances, allocate specific roles to group members (Dillenbourg, 1999). In assigning opposing roles to the students, a 'conflictual' interaction is created in which learning can take place (Kolb & Fry, 1975). In another instance assigning complimentary roles to students creates rich and meaningful interactions (Dillenbourg 1999). Activities such as the Jigsaw method (Aronson et al, 1978) clarify this point.

> Jigsaw is a specific type of group learning experience wherein each student must cooperate with his or her peers to achieve his or her individual goals. Just as in a jigsaw puzzle, each piece--each student's part--is essential for the production and full understanding of the final product. If each student's part is essential, then each student is essential; and that is precisely what makes this strategy so effective (Aronson 2002, p. 215).

This technique not only ensures that interaction and learning take place but also serves as a means of forming connection through cooperation to achieve a common goal (Iucu and Marin, 2014). This is a value that should be fostered in all collaborative learning efforts and students should be encouraged to view cooperation and collaboration with their peers as a goal of learning (Jacobs, Power & Inn, 2002).

The third factor to ensure collaborative learning is through creating and reinforcing interaction rules (Dillenbourg 1999). These rules may apply to participation as well as cooperation and team work and set the standard for all interactions. Johnson, Johnson & Holubec, (1994) extend this by suggesting that group members should first be taught the necessary interpersonal skills needed in order to work as a group and cooperate effectively.

The final factor is for the trainer to monitor the group discussions (Dillenbourg, 1999). The trainer, having distributed her traditional teaching functions, takes on more of a facilitator role. In this role, "the point is not to provide the right answer or to say which group members is right, but to perform a minimal pedagogical intervention (e.g. provide some hint) in order to redirect the group work in a productive direction" (Dillenbourg 1999, p. 6). By implementing these four basic strategies, collaborative activities will be more effective and have greater learning potential.

2.11.4 Critical Reflection

One of the aims of transformative learning and the central objective of this project is to foster a continuous mindset of critical reflection (Mezirow, 1997). This is a key aspect in the

experiential learning cycle (Kolb & Fry, 1975) as well as in Critical pedagogy where critical reflection is combined with action (Freire, 1980). The conceptual definition of reflection is, however, not clear. In order to understand this process three theorists will be examined- Dewey (1933), Schon (1983) and Flavell (1979)

2.11.4.1 Dewey

Dewey's seminal work highlighted the different ways people think and emphasised the importance of fostering reflective thinking as the highest form of thought (Dewey, 1910). He defined reflection as "an active, persistent and careful consideration of any belief or supposed form of knowledge" (Dewey (1933, p. 9). Rodgers (2002, p. 845) summarises Dewey's (1916, 1933) work on thought and critical reflection with four defining criteria

2.11.4.1.1 Reflection is a meaning making process

The educative value of experience lies in one's ability to make sense of that experience. Rodgers (2002, p. 847) highlights that for Dewey, "what is critical is the ability to perceive and then weave meaning among the threads of experience". It is therefore reflection that serves as this meaning-making function in order to piece together threads within the current experiences as well as "between that experience and other experiences, between that experience and the knowledge that one carries, and between that knowledge and the knowledge produced by thinkers other than oneself" (Rodgers 2002, p. 848).

2.11.4.1.2 Reflection is a systematic, disciplined way of thinking

Dewey (1933, p. 12) defines reflective thinking as a process that begins with "a state of doubt, hesitation, perplexity, mental difficulty in which thinking originates" which then leads to "an act of searching, hunting, inquiring, to find material". Learning is therefore a process of experiencing some form of disequilibrium and an attempt to balance this again. Dewey proposes five phases of reflective thinking: Suggestion; Intellectualisation; Formulating a hypothesis; Reasoning; and Testing a hypothesis through action.

Dewey (1933) identifies that the first step in the thinking process is the hesitation that transforms the impulse to act into a suggestion leading to an opportunity for further inquiry. It is the array of suggestions that cause the reflective process to continue. The second phase is then the intellectualisation or formulation of the problem (Dewey 1933). This means distancing oneself from the problem in order to see the full picture. It is important at this stage to be aware

that our tendency in framing a problem is to employ some cognitive bias and therefore it is important that the individual "continually ground his or her thinking in evidence and not overlook important data that may not fit his or her evolving ideas" (Rodgers 2002, p. 853). The third phase entails formulating a tentative hypothesis, the suggestions encountered in the first phase are either rejected or expanded on to generate possible explanations based on the information gathered in the second phase. The fourth phase involves a deeper examination of the possible explanations and an analysis of the linkages between ideas as well as the connection to existing knowledge. This reasoning helps to connect ideas, reorganising or reconstructing the experience out of "elements that at first seemingly conflict with each other" but which lead the person to a particular inference. The final stage is the action phase where a hypothesis is tested, and some form of action is taken. Rodgers (2002) highlights that this 'testing' element is important as it implies that the action is experimented and is not necessary definitive. Through action, the idea can either be verified or fail, both of which are instructive as Dewey (1933, p. 114) notes, that "it either brings to light a new problem or helps to define and clarify the problem on which he has been engaged". Rodgers (2002, p. 856) simplifies this five-phase model into four phases, namely "a presence to the experience; description of experience…analysis of experience; and intelligent action"

2.11.4.3 Reflection needs to happen in community

Dewey emphasises the role of others in the reflection process. He notes that reflective thinking is not only informed and transformed through our environment but is also capable of informing and transforming our environment. Rodgers (2002) provides some benefits to a reflective community stating that others affirm our experiences; offer alternative meanings and support the continued engagement in reflective practice. The benefits of collaborative learning have already been detailed above and extend to the practice of reflection.

2.11.4.4 Reflection requires attitudes that value personal and intellectual growth

Dewey (1933) believed that three attitudes towards reflection needed to be cultivated in order to learn. Dewey (1933, p. 28) states that "any observant person can note any day, both in himself and in others, the tendency to believe that which is in harmony with desire. We take that to be true which we should like to have so, and ideas that go contrary to our hopes and wishes have difficulty in getting lodgement." It is therefore important that learners approach the training with an attitude of open-mindedness, whole-heartedness and responsibility. Dewey (1933) notes that unless a learner is willing to consider and entertain new ideas; have a genuine

enthusiasm and desire to learn; and commit to the consequences for action that flow from this new knowledge, they will not adopt the practice of reflective thinking. He (1933, p. 237) notes that often "genuine ignorance is more profitable because it is likely to be accompanied by humility, curiosity, and open-mindedness; whereas ability to repeat catchphrases, can't terms, familiar propositions, gives the conceit of learning and coats the mind with a varnish waterproof to new ideas."

2.11.4.2 Schon

Schon (1983) differentiates between reflection-on-action, which takes place after an experience, and reflection-in-action, where the individual thinks about what they are doing while doing it. Reflection-in-action is "a process of reacting to the inconsistencies in a situation by rethinking one's tacit knowledge and reframing the situation within one's intuitive understanding in an action experiment that tests possible solutions" (Ferry & Ross-Gordon, 1998, p.100). The process of reflection-in-action rests on the experience of something unexpected as Schon (1983, p. 56) notes that "when intuitive, spontaneous performance yields nothing more than the results expected for it, then we tend not to think about it". In these instances, previous experience and tacit knowledge are insufficient in responding to the new experience and therefore require some reflection-in-action. Schon provides a skeleton for the process but notes that this will vary between context and professions.

2.11.4.2.1 Reframing the problem

The first step in the process is to reframe the problem or see the problem differently. This allows the practitioner to understand the problem and "lends itself to a method of inquiry in which he has confidence." (Schon 1983, p. 134). This is a continual process of experience and "back talk" which may lead to new reframing and it is a successful framing of the problem that leads to "a continuation of the reflective conversation." (Schon 1983, p. 135).

2.11.4.2.2 Bringing past experiences to bear on a unique situation

It is important in the reflective process that the individual actively looks for ways in which this unique experience is different to past experiences. Instead of adopting a prescriptive approach and automatically applying a set of assumptions, the practitioner uses her past experiences merely as a guide. Schon raises the question as to how a practitioner is able to both use what he already knows and simultaneously treat this experience as unique. He states that a practitioner is able to build up a repertoire of knowledge and experience and "when a

practitioner makes sense of a situation he perceives to be unique, he *sees* it *as* something already present in his repertoire." (Schon 1983, p 138). In this way the previous experience can be used as an exemplar of this unique experience.

2.11.4.2.3 Rigor in on-the-spot experimentation

Schon (1983) notes that "reflection in action is a kind of experimenting" using three types of experimental design, the exploratory experiment refers to action taken with no expected outcome, but which succeeds when it leads to a response. Move-testing experiments are different in that they have an end in mind but there are no unintended consequences. However, the move or action is "affirmed when it produces what is intended for it and is *negated* when it does not" (Schon 1983, p. 146). This affirmation is central to determining rigor in this experimental phase. The final kind of experimenting refers to the traditional scientific method of experimenting in order to confirm or reject a hypothesis. Schon proposes that the unique quality of experimenting in action is that practitioners use all three methods of experimentation simultaneously and that the practitioner is not an objective third party but rather is in the situation both shaping and being shaped by it.

2.11.4.2.4 Stance towards Inquiry

Schon (1983) states that when someone uses reflection-in-action, they become a researcher in the practice context. There is however a difference in their stance towards inquiry and their attitude towards reality, then that of a researcher bound by technical rationality. A reflection-in-action practitioner recognises that they cannot know or define any objectively knowable reality outside of themselves. Schon (1983, p. 164) notes that at the heart of this stance is that a practitioner "must act in accordance with the view he has adopted, but he must recognize that he can always break it open later, indeed, *must* break it open later in order to make new sense of his transaction".

2.11.4.3 Flavell

Metacognition is considered to be a form of reflection. The concept was termed by Flavell (1979) and broadly defined metacognition as "cognition about cognitive phenomenon". Bransford, Brown and Cocking (2000, p. 12) elaborate on this by identifying the individual's ability to "predict their performances on various tasks… and to monitor their current levels of mastery and understanding" as fundamental metacognitive processes. Wang, Haertel, and

Walberg (1990) found in their systematic review that metacognition was strong predictor of learning.

There are two elements to metacognition, namely the knowledge of thoughts and the monitoring of thoughts (Flavell, 1979; Veenman, Van Hout-Wolters & Afflerbach, 2006). Knowledge of thoughts refers to declarative knowledge of what they are thinking. Flavell (1979) identifies three types of knowledge, person knowledge, which is the appraisal of one's cognitive abilities; task knowledge which refers to the assessment of the task; and strategy knowledge, which includes a knowledge of the strategies available to complete a task. Lai (2011, p. 7) notes that Flavell's original theory has been developed in the metacognitive literature and therefore categorised this expanded understanding of 'Knowledge of thoughts' into "Knowledge about oneself as a learner and factors affecting cognition… Awareness and management of cognition, including knowledge about strategies… Knowledge about why and when to use a given strategy". According to Flavell (1979), monitoring of thoughts refers to a reflection of the perceptions and the experience one has during cognition in order to guide self-assessment. Lai (2011, p. 7) reviews the development of this theory noting that this includes activities of Planning, "identification and selection of appropriate strategies and allocation of resources monitoring and evaluating"; Monitoring, "attending to and being aware of comprehension and task performance" and Evaluating, "assessing the processes and products of one's learning, and revisiting and revising learning goals"

2.11.4.4 Techniques that foster self-reflection

The literature is saturated with evidence for the importance of reflection in the learning process as without the practice of reflection, knowledge is unlikely to have any real meaning and any learning that does occur is more superficial and detached (Baldwin, 2000, Stanton, 1990). It is therefore necessary to explore methods of promoting and facilitating reflection in training.

2.11.4.4.1 Laying the ground work

Bransford, Brown and Cocking (2000) state that learners are generally unaware of the importance of reflection in learning and do not have the confidence or skill to adopt this habit. It is unrealistic to expect students to critically reflect if they have not been exposed or guided through the process. It is therefore important that this is explicitly emphasised in the training. Veenman, Van Hout-Wolters and Afflerbach, (2006) state that fostering a culture of metacognition requires promoting and informing learners about the benefits and techniques of

reflective learning as well as emphasising its value by embedding reflective activities throughout the training. Given that the goal of this training is for trainees to leave with the skill of self-reflection, it is important that they have a clear understanding of what it is and why it is necessary in both protecting their clients and themselves.

2.11.4.4.2 Journaling

Journaling is one method in facilitating reflection that has been thoroughly researched (Moon, 2006; Walker, 2006). Allocating time to journaling in the training and encouraging this practice after class, forces the participant to stop and to think about the material and reflect on their personal reactions. This opportunity to freely write with little direction allows for "independent learning and the encouragement of independent thought" (Moon 2006, p. 27). There is no clear conceptual definition or set process for journal writing as it can be used for a variety of purposes and take different forms (Walker, 2006). Some authors promote a more formal structure decided by the instructor, where students are expected to write on a specific topic or concept (Walker, 2006). Cranton (2002) promotes the open format writing style with only a suggestion to go beyond a step-by-step recall of what happened to include some discussion around the learner's emotional response, thoughts and physical reaction. This gives trainees an important skill that they can use after the training in order to continue the practice of emotional awareness and reflection.

The literature is conflicted in using the learner's personal journals as a means of evaluating the learners progress and reflection skills. Morrisette and Gadbois (2006) highlight the ethical concerns regarding privacy, purpose and consent and state that students must be prepared in advance regarding these aspects in order to avoid undermining the learning process. The presence of evaluation has the potential to suppress the transformative power of this reflective exercise. Holmes (1997) notes that the process of introspection and honest reflection encouraged in journal writing, already requires a great deal of vulnerability which, if confronted with judgment and criticism can damage the student's self-worth. However, researchers like Hahneman (1986) found that unless journals were used together with some form of evaluation little effort was put in to the activity.

2.11.5 Rational Discourse

The importance of discussion has already been identified as an important factor in the learning as it gives students an opportunity "to compare their thoughts and ideas to experts, teachers, and to other students in order ensure a deep understanding of knowledge" (Iucu ad

Marin, 2014 p. 413). It also has the potential to foster transformative learning and critical pedagogy as the learner not only shapes the discussion through their input but is also in turn shaped by it. Saaveedra (1996, p. 273) notes through dialogue "participants can become consciously active in the exploration and (re)construction of their identities and voice by exploring their own ethnic, gender, and class experiences". It is through this process of reconstruction that learners are made aware of the underlying assumptions of their beliefs and behaviours.

2.11.5.1 Using Scenarios

Use of scenarios or case studies is considered an effective way of helping students to make their learning more concrete. Through case studies, "students are engaged in the intellectual, and emotional, exercise of facing complex problems and making critical decisions without the constraints imposed by reality" (Boehrer & Linsky 1990, p. 42). Case based learning strategies include using case studies to test one's understanding where the case study is presented after a topic has been presented, using case studies as examples which are used throughout instruction or using case studies as part of a problem-based learning model (Wilson, 1996). The final strategy as a technique of problem-based learning goes beyond the cognitive domain, focused on in the first two strategies, to engage the learner in active problem solving "in a context similar to that in which they would apply that knowledge" (Wilson, 1996 p. 145). Through this engagement with the case, students are "active and animated: offering ideas, raising questions, building on each other's statements, constructing a collective analysis, reframing the discussion" (Boehrer & Linsky 1990, p. 43). In cases where there is not necessarily one right answer, different perspectives of students offer stimulating discussion and opportunities for transformative learning (Mezirow, 2000). Case-based methods of teaching are generally experienced by students as a stimulating exercise, but the exclusive use of case studies causes student frustration and boredom (Wilson, 1996).

2.11.5.2 Using films as a mode of instruction

Gregg et al (1995) proposes the use of film as a technique to promote learning and active engagement. They provide a variety of benefits to this approach citing the ability for film to meet students different learning styles, to stimulate students interest and making theories more relevant to the student's real-life experiences (Gregg et al, 1995). Their most important contribution for this project, however, is the recognition of films ability to provide alternate viewpoints and deconstruct stereotypes viewers may hold. Cranton (2002) states that

using films that portray different perspectives in interesting ways is a useful tool in creating the initial dilemma necessary for transformative learning. Learners are forced into a state of questioning their existing beliefs as the use of denial or distortion is no longer an option and participants are required to respond. Film excerpts can elicit strong subjective and physiological changes (Schaefer, Nils, Sanchez & Philippot, 2010). Movie clips depicting intensely emotional content elicit an emotional response which forces the viewer to revert to their existing schemas and react accordingly. Epstein (1994, p. 710) argues that,

> "The transformation that occurs in people's thinking when they are emotionally aroused provides a dramatic illustration of a very different way of thinking from the way people think when they are unemotional. People, when they are highly emotional, characteristically think in a manner that is categorical, personal, concretive, unreflective, and action oriented, and the stronger the emotion, the more they think that way and the more their thinking appears to them to be self-evidently valid."

Berk (2009) cautions against using films that may cause offence or be irrelevant. He warns that this may cause some people to shut down, blocking any real learning. There is an exception, however, in cases where the offensive material is part of the learning outcome but again states that students should be warned about the violent and offensive nature of the video.

2.11.6 Conclusion

This section has covered the various andragogic techniques that are most appropriate in fostering transformative learning. Emphasis was given to the role of the facilitator and critical reflection as guided by the theoretical framework explored above.

2.12 Conclusion

This chapter has explored the literature regarding IPV with a clear emphasis on the necessity of understanding the question of why people remain in abusive relationships. This research adheres to Herman's (2001) conceptualisation of the disempowering and disconnecting aspects of prolonged trauma. This understanding along with the recognition of the psychological and emotional effects of IPV should inform all interactions with victims of IPV in order to avoid harmful victim blaming. The existence of IPV necessitates an effective support intervention that will assist victims in understanding and breaking the cycle of violence. This intervention does, however, mean that support workers are at a greater risk of experiencing burnout, compassion fatigue and vicarious traumatisation due to their intimate and empathic involvement with numerous victims. This review also explored the concept of

countertransference with an emphasis on the two types of negative countertransference reactions which lead to boundary crossing, victim blaming or overidentification.

This understanding of the volunteer's role in, and risks of, trauma work provided the frame for the content of the intervention. However, the mode of delivery was discovered through a thorough review of the literature in terms of adult learning theory and transformative learning strategies with an emphasis on the significance of critical reflection and emotional insight. The review of the literature provided a clear conceptual framework from which to work from in the design and development of the intervention and was integral in completing the second phase of the intervention research process.

Chapter 3 Methodology

3.1 Introduction

This research attempted to bridge the gap between research and practice, allowing research and theoretical insight to inform policy and practice at a Non-Governmental Organisation (NGO) which deals with victims of intimate partner violence (IPV). Most NGOs for various reasons, such as lack of funding and high stress environments, do not have the resources and capacity to implement research-based interventions. Bailey-Dempsey and Reid (1996, p. 208) note that most "social work interventions emerge in a haphazard, reactive, or 'gut feeling' fashion". This lack of systematic design and evaluation often leads to ineffective interventions and, perhaps even more alarming, a lack of recognition of its ineffectiveness. It is important to integrate theory and practice wisdom in order to address the needs of the organisations and those they serve. It is for this reason that this research used an Intervention Research design which is based on the integration of theory and action in order to create an intentional change strategy. This chapter will explore the goals and objectives of this research as well as a detailed description of the phases of intervention research.

3.2 Goals of the research

The goal of this research was to design and develop an effective training intervention model for volunteers working at an organisation which provides crisis support to victims of IPV. This intervention aimed to prepare volunteers for crisis support work, and to assist them in dealing with the negative effects of their work, with specific attention given to countertransference and vicarious traumatisation. The premise was that by drawing attention to the need for and initiating an ideological shift in understanding IPV, and encouraging the practice of reflection and self-monitoring, the volunteers would be better prepared to deal with the negative effects of trauma work and avoid harmful victim blaming reactions. The international literature base provides a thorough analysis of the risk factors for vicarious traumatisation, the link to countertransference reactions and theories behind adult learning. This, however, has not been substantiated with, or translated into, research regarding local intervention effectiveness. The local literature base is limited and therefore this research will not only benefit the organisation but also build up a South African knowledge base. The

intervention model will also be made available to other trauma counselling and volunteer-based institutions which could provide wide-ranging, real world benefits to the field.

3.3 Rationale for chosen paradigm

3.3.1 Qualitative Paradigm

This research sought to understand the experiences of the trainees and explore the transformative impact of the intervention therefore using a qualitative paradigm was most appropriate. In order to enhance the development of the intervention an in-depth account of their experiences was important to establish. This was best done through the use of a qualitative framework as the focus remains on the participant's lived experience and researchers commit to seeing the world from the participants perspective (Simmons, 1995). The collaborative nature of this research was essential to the creation of an effective and lasting intervention and therefore the participant's experiences were central to the evaluation and development process. According to Greeff, "qualitative implies an emphasis on the qualities of entities, processes, and meanings that are not experimentally examined or measured" (2010, p. 129). One of the benefits of the qualitative paradigm is that research is not "constrained by predetermined categories of analysis" (Patton 2002, p.14) but is more fluid, allowing for in depth enquiry and exploration into the unexpected (Ulin, Robinson, Tolley & McNeil, 2002). This was especially important in this type of project where collaboration and the emphasis on the practical necessitated a degree of flexibility. Another advantage of qualitative research is the applicability of qualitative research to practice as "it has the ability to complement generalisable knowledge with knowledge of particularized experience that contributes eloquently to a purposeful whole and is relevant to practice" (Zimmer 2006, p. 311). While the final intervention can be used and adapted in other contexts, the goal of this research was to provide a specific intervention at a particular organisation. Therefore, the use of qualitative methods to answer the specific research questions was most applicable

3.3.2 Interpretive Approach

The focus of this research was not only on building a program based on theoretical models and current research but to collaborate with the participants, facilitators and members of the organisation in the design and development of an effective training intervention. It was therefore important to not only listen to their experiences, but also interpret these into a better understanding of their learning, transformation and support needs. The interpretive paradigm

differs from the Positivist paradigm by seeing the world as constructed and interpreted as opposed to something objective and measurable (Ulin, Robinson, Tolley & McNeil, 2002). The transformation that this intervention seeks to create occurs at the level of cognitive schemas and ideology which are understood primarily in terms of their constructed nature. The interpretive paradigm was therefore fundamental to our conceptual understanding of the key concepts of vicarious traumatisation, countertransference and transformative learning. This paradigm also recognises the role of the researcher in the creation of reality. The researcher is not an unbiased third party but a co-constructor in the creation of meaning and influences the participants through their interaction (Ponterotto 2005). The researcher is considered a key instrument in the process of data collection (Creswell 2007; Ulin, Robinson, Tolley & McNeil, 2002) as "descriptions always depend on the perceptions, inclinations, sensitivities, and sensibilities of the describer" (Sandelowski, 2000, p. 335). The process of observation required in this type of intervention was therefore recognised as a valuable tool. The credibility of the research was, therefore, based on the researcher's competency in data collection methods and analysis techniques (Patton, 2002).

3.3.3 Intervention Research – Design & Development

Fraser and Galinsky, (2010, p. 459) define intervention research as "the systematic study of purposive change strategies" in order to determine "explicit practice principles, goals and activities". This study used an Intervention Research paradigm which was most appropriate as it focuses on producing results that provide solutions to practical problems (Rothman & Thomas, 1994). While there are varied methodological approaches within this paradigm, this research followed the phases of the Design and Development (D&D) process proposed by Rothman and Thomas (1994). The D&D paradigm is the "most comprehensive and best articulated" approach to intervention research to ensure rigor and credibility (Bailey-Dempsey and Reid 1996, p. 208). It provides a detailed step-by-step guide for developing, evaluating and disseminating interventions. This six-phase process "is a process that is systematic, deliberate, and immersed in research procedures, techniques, and other instrumentalities" (Rothman & Thomas, 1994, p. 12). Each phase has distinct operations that have to be performed in order to move on to the next phase, however the process is iterative in practice "as investigators respond to opportunities and challenges in the shifting context of applied research" (Fawcett et al. 1994, p.27). The practical nature of this project, with its logistical issues, is therefore acknowledged and embraced within this paradigm.

Comer, Meier and Galinsky (2004, p. 250) highlight three main benefits of using this research paradigm which line up with the projected objectives of this research namely "more flexible than conventional experimental designs, capitalises on the availability of small samples, accommodates the dynamism and variation in practice conditions and diverse populations, and explicitly values practitioners' insights". D&D is more flexible and accommodating in responding to the disruptions that often occur in uncontrollable practice settings (Comer, Meier & Galinsky, 2004). This is important as the emphasis is on participation from all stakeholders opening the research up to human interference. This model also recognises that in more practice-oriented research, small samples are not only more feasible in terms of time and expense but are also more likely to receive organisational buy in due to the limited disruption to daily routine. Finally, the emphasis on practice wisdom and valuing participation in the design and development of the intervention, means that practitioners are more likely to identify with the research, which encourages a sense of ownership and adoption of the project (Comer, Meier & Galinsky, 2004).

3.4 Phases of D&D

Thomas and Rothman (1994) outlined six phases of intervention research design and development: problem analysis and project planning; information gathering and synthesis; design; early development and pilot test; evaluation and advanced development; and dissemination. Each of these phases includes an outline of key operations to be taken by the researcher. The literature has stressed that this process is time consuming and therefore its value does not rest in a completion of all the phases as "D&D can provide at least some research input into the development of an intervention even if the more rigorous testing phase is not completed" (Bailey-Dempsey and Reid 1996, p. 210). Comer, Meier & Galinsky, (2004, p. 258) also note that research still at the pilot testing phase "enables the collaborating researchers and practitioners to test assumptions about reliability and appropriateness of the intervention and research methodology that can be useful for other research with similar questions". This project attempted to complete the entire D&D process. This methodology chapter will give an outline of the 6 phases and how these were actualised in this study.

3.4.1 Phase 1- Problem analysis and project planning

The initial phase of D&D is about laying the groundwork and foundation for problem analysis and project planning (Fawcett et al, 1994). It is important at this stage to acquire a

thorough understanding of the problem so that the research can be "in a position to determine the feasibility of continuing on with the designing and testing of a human service intervention to resolve the identified problem" (Bailey-Dempsey and Reid 1996, p. 210). Thomas and Rothman (1994) identify five key operations to guide this phase. It is important to note that each of these operations emphasise collaboration between all the relevant stakeholders in order to ensure continued support and buy in (Fawcett et al, 1994). In the following sections the process of implementing these operations are discussed.

3.4.1.1 Step 1: Identifying and Involving Clients

This operation focuses on choosing a population to work with, "whose issues and problems are of current or emerging interest to clients themselves, researchers and society" (Fawcett et al, 1994). As stated in chapter 1, this work followed on from previous research conducted at the organisation. Using a qualitative, interpretive paradigm, the study found that the training programme conducted at the organisation was not an entirely adequate tool in preparing volunteers for their task. The findings recommended that the training took on more of a transformative learning approach, with the goal of initiating an ideological shift in the trainees. This research had been well received by both the organisation management and the current volunteers. However, due to the nature of the research as part of a Master's degree, there was little room to implement or manage any of the recommendations. The organisation needed new volunteers, as previous trainings had not translated into volunteer retention, and needed assistance in realising the goal of creating a transformative training. At the client level, this need was identified and was of great interest to all levels of the organisation. This was supported by the need of the broader society for effective IPV interventions, as the incidence of IPV continued to be a serious problem (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). IPV has been extensively discussed in Chapter 2, clearly indicating the magnitude of this issue.

3.4.1.2 Step 2: Gaining entry and Co-operation from settings

Blaxter, Hughes and Tight (1998) state that the success of the research depends largely on the co-operation of the gatekeeper. The organisation placed great value on research and continuous improvement, and therefore the organisational culture was most receptive to the process of intervention research. The chair of the board was contacted and once permission was granted, the rest of the board were briefed about the tentative goals and processes. The

researcher then liaised closely with the training team as well as the director of the organisation to conduct the phases.

3.4.1.3 Step 3: Identify the concerns of the organisation

The main concerns of the organisation were identified through two dominant sources. Firstly, this research expanded on a study previously conducted at the organisation where in-depth interviews with the current volunteers were used to explore their experiences at the organisation. Secondly, at the commencement of this project, the researcher was also on the board of the organisation. This position allowed special insight into the issues and needs of the organisation from the board's perspective. Participant observation is a method of qualitative data collection that provides valuable insight into aspects of the problem or the population group that might otherwise go unnoticed. The researcher's role within the organisation and having already formed a relationship with the volunteers allowed for an emic or insiders perspective which is valuable in that it "means that the participant observer not only sees what is happening but feels what it is like to be a part of the setting" (Patton 2002, p. 268). Having an understanding of the reality from both levels, the volunteers as well as the board, provided an interesting viewpoint of the problems. Some of the main concerns of the organisation that emerged from this inquiry were (a) a shortage of volunteers; (b) an unhealthy and harmful organisational culture; (c) lack of financial support and funding; and (d) inadequate support for volunteers. This organisation existed in a state of high-stress, high-chaos (Pross and Schweitzer, 2010) and therefore there were a variety of legitimate concerns that the organisation was struggling with. While it is impossible to intervene in all the problems at once, our analysis proposed a common causal factor underlying a number of their concerns.

3.4.1.4 Step 4: Analyse identified problems

While the concern regarding the issues of fundraising were deemed beyond the scope of this particular intervention, the remaining three concerns were identified as having an underlying connection. It was our tentative assumption that the root of the chaotic organisational culture is a consequence of the negative psychological effects of this work. It is a fact that "working with traumatised clients can have unique negative consequences on psychological wellbeing" (Galek, Flannelly, Green & Kudler 2011, p. 12) which if not properly managed has negative effects on the self, interpersonal relationships, and countertransference management (Dalenberg 2000; Janoff- Bulman 1995; McCann & Pearlman, 1990; Neumann & Gamble, 1995).

Pross and Schweitzer (2010) highlight the consequences of working in high stress and high conflict environments. They found that the resulting atmosphere is chaotic with an underlying sense of hostility and mistrust where "each caregiver has his own little kingdom, which he anxiously defends against any outside interference or control" (Pross and Schweitzer 2010, p. 101). They also found that this results in negative consequences for the victims coming forward as they found support workers would cross boundaries, assuming the role of rescuer as well as a sense of narcissistic grandiosity (Pross and Schweitzer 2010). This mirrors the experiences found at the organisation, where reports of volunteers directing clients, infighting and insubordination were commonplace.

This reality only serves to emphasise the need for greater emotional support for volunteers in the organisation. Furthermore, this may also explain the shortage of volunteers. The type of service offered by this organisation requires much from a potential volunteer, the overwhelming reality of this was stated in the initial training and was subsequently followed by an overload of information. There was little emphasis given to strategies to prevent and assist with burnout, compassion fatigue and vicarious traumatisation. The lack of retention of new volunteers after the training indicated a problem with this approach. This then loops back to the beginning, as trainees who do decide to stay on, may end up leaving soon after joining due to the negative effects of trauma work and the chaotic organisational culture which only serves to aggravate their negative experience. The process is documented below.

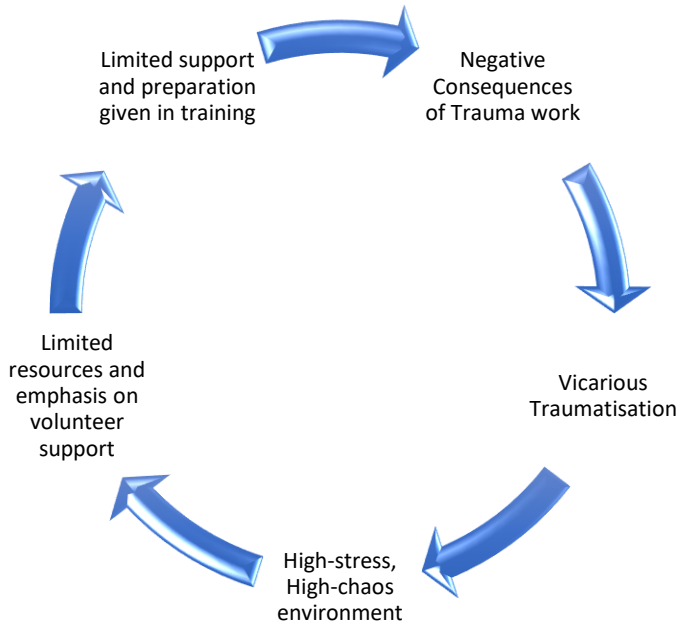


Figure 3: Process of accumulation of negative effects

It is not possible for the researcher, or anyone, to completely remove the negative effects of working in this environment. Until IPV is eliminated, there will be a need for supportive services that enter into and validating the lived experiences of victims. While this work will always carry a risk, there are ways to support volunteers to avoid developing the debilitating effects of vicarious trauma, burnout and compassion fatigue.

3.4.1.5 Step 5: Setting goals and objectives

The goals of this project were continuously revised and adjusted in accordance with the iterative nature of this research paradigm. The objectives of this research are therefore understood in terms of three phases of enquiry which informed the research questions.

The initial phase outlined the main objectives of the intervention, to

1. Help volunteers prevent the negative effects of trauma work
2. Reduce and prevent the incidence of harmful victim blaming reactions to clients
3. Manage and improve the organisational culture

The second phase narrowed these down to how best to initiate this change. This was determined as the design and development of a training programme that primarily addressed the need for an ideological shift, and to prevent vicarious traumatisation and negative countertransference reactions. The objectives of this second phase and the specific intervention were to,

1. Initiate an ideological shift in understanding IPV
2. Create greater emotional awareness and capacity for self-reflection
3. Train volunteers to manage and monitor countertransference reactions
4. Implement self-care practices

3.4.2 Phase 2- Information gathering and Synthesis

In the second phase a thorough review of the literature, understanding the experiences of those living with the identified problems relating to vicarious traumatization, as well as identifying the functional and successful elements of previous models was explored (Fawcett et al. 1994). The purpose of this stage is to ensure the researcher's full understanding of the current issue as well as identify criteria for designing an appropriate and effective intervention (Comer, Meier & Galinsky 2004). Bailey-Dempsey and Reid (1996, p. 212) states that in contrast to the first phases, "the focus is now on specific factors that may be responsible for the problem and on specific intervention strategies that may be effective in resolving it."

3.4.2.1 Step 1: Using existing information sources

A thorough literature review was necessary to understand the reality of working with victims of trauma, the countertransference experiences of support workers and various training techniques. While the review of the literature was initiated at this phase of the project, Hayes (1994, p. 104) stresses that this is "a continuing requirement throughout each of the stages, not simply initially". The completion of the literature review presented in Chapter 2 was an iterative process with additions made as the project progressed. A summary of the relevant concepts uncovered during this process include:

(a) IPV is a complex social issue compounded by the negative myths and stereotypes associated with it
(b) Trauma workers are in a unique position to support and intervene in the cycle of violence but can also cause more damage if they revert to victim blaming attitudes
(c) While this work has the potential to provide some positive growth for volunteers, it also carries a substantial risk in the form of burnout, compassion fatigue and, most importantly, vicarious traumatisation.
(d) An inability to recognise the signs of, and prevent, vicarious traumatisation leads to serious personal, professional and organisational problems
(e) One of the ways to recognise the psychological effects of this work is through monitoring countertransference reactions which indicate an ideological shift or alternatively attempts to maintain their current schemas (Dalenberg, 2000).
(f) Training interventions must therefore recognise the needs of the trainees and promote a learning environment where transformation and social change are fostered (Freire, 1980; Knowles, 1984; Mezirow, 1990).

The model of Saakvitne, Gamble, Pearlman and Lev (2000), Risking Connection, was fundamental in informing the design and development of this project. Risking Connection is a training model using a relational framework and skills for health care workers dealing with victims of trauma. It is important to note that this model is more of "a philosophy of treatment, not a specific technique or methodology in itself" (Giller at al 2006, p. 66). The focus is predominantly on teaching trainees to recognise their own countertransference reactions and manage self-care strategies. Their work was helpful in guiding our understanding of the needs of trainees. This model, however, could not be directly used as it required adaptation to the South African context and a specific focus on IPV. There were also practical issues that

deterred the organisation from adopting this training model such as cost, duration and delivery of the training.

3.4.2.2 Step 2: Studying Natural examples

An aspect of Thomas and Rothman's (1994) information gathering phase is the study of natural examples. For this project, an evaluation of the current training model was considered valuable. A critical reflection on the aspects that worked and those that didn't would help to justify the change in the training to the relevant stakeholders. This ensured that support and a collaborative spirit was sustained. The following is a summary of the objectives, logistics, content and andragogic strategies.

3.4.2.2.1 Workshop Objectives

The training workshop had a two-fold purpose- instigating a positive social impact, particularly in respect to the problem of IPV, as well as acquiring new volunteers. The organisation recognised a need for public awareness as well as volunteer training and therefore tailored a programme to ensure that all the necessary information was covered. The organisation appeared to work from the perspective that most of the participants would not join the organisation after the training and therefore transmitting information to counter misconceptions and myths was most appropriate. This is supported in the organisations own training brief which states:

> Participants are those who wish to volunteer their services to [the organisation], professionals from the legal, medical, social sciences, education, security and business fraternities and those from other NGO's - those who encounter victims and perpetrators of domestic violence in their daily functions. This is followed by an optional in-service practical training period for crisis interventionists (Training Brief, 2012)

Educating the public and creating a positive social impact is an important function of the organisation but its incorporation with the training of future volunteers has led to a lack of expectancy and focus. In order to facilitate transformative learning, so that volunteers provide non-judgemental support to clients, it is not enough to have factual knowledge (Sipos et al, 2006). In moments of crisis or vulnerability, the countertransference reaction is based on a person's affective response and therefore a transformative shift is of greater value than a list of facts or knowledge of protocol. This is an important aspect to be considered in all future training endeavours.

3.4.2.2.2 Logistics

This practical aspect of the training is important as it determines the type of trainees most likely to attend as well as the overall impression conveyed by the organisation. This was evaluated based on the venue, cost and timing. The training has been adapted over time and therefore the specific training evaluated was the one held during the period of observation. The following sections summarise our observations

3.4.2.2.2.1 Venue

During the period of observation, the training was held in the conference room at a local hotel. This provided easy access to all the participants, ensured reliable facilities and pre-arranged lunch and tea for the participants.

3.4.2.2.2.2 Cost

The training cost the participants either R750 for individuals and R900 as a corporate fee. Participants who showed an interest in joining the organisation but could not afford the full workshop, were allowed to apply for a remission of fees.

3.4.2.2.2.3 Timing

The course ran over two full days from 9am-4pm. This allowed sufficient time for the content to be covered.

The major concern regarding the logistics of the previous workshop linked to exclusivity. The costs and the length of the training excluded a majority of potential participants. The organisation functions predominantly during the week and therefore the volunteer base is limited to those who have time during working hours. It is reasonable to believe that those who would be most likely to join the organisation may not have the necessary funds to pay for the workshop or be able to take a full weekend away from other responsibilities to attend. The remission of fees was also something not widely publicised. It is from this position that we decided to make the workshop free and limited it to a one-day workshop.

3.4.2.2.3 Content

The content covered a variety of topics from an introduction to GBV, crisis intervention skills, human trafficking and the legal framework in South Africa. The training brief provides this synopsis "(a) A human rights and development perspective of gender-based violence; (b) Practical training in Crisis Intervention in the event of domestic violence, including role plays; and (c) The Domestic Violence Act and other legal remedies/protection that victims have,

including The Children's Act and the role of the Office of the Family Advocate" (ADA, 2012). This, in theory, equips the trainee with all the information they need to assist a victim of IPV. Previous research at the organisation revealed that a number of the evaluation forms from previous trainings stated that there was an overload of information. This does not lend itself to transformative or affective learning. Howlett (2012, p. 81) found evidence to support this in the following example

> It was interesting that during an exercise examining prejudices concerning GBV at the most recent workshop, which most of the participants were urged to attend, a number of existing crisis interventionists found themselves standing with the group of first-time trainees who held false beliefs about IPV.

Careful consideration therefore needed to be taken to decide what should be included in the training and whether these contributed towards the overall objectives.

3.4.2.2.4 Andragogic techniques

This intervention focused a lot on the andragogic techniques that were most effective in producing an ideological shift and transformative learning. Therefore, it was interesting to also review the techniques used by the current training model in terms of their transformative potential.

3.4.2.2.4.1 Lectures

One of the main methods used in this training was the "teaching by telling" approach. Guest speakers and facilitators would lecture the trainees about their specific field or provide the necessary information to fulfil the training objectives. Eshleman (2000) argues that merely telling someone information, the basis for lecturing, does not necessarily translate into learning. The lack of active engagement with the material also reduces the opportunity for transformative learning. However, Bransford, Brown and Cocking (2000) note that this approach is still applicable and can work well in learning but, only if students have had an opportunity to work through the content themselves and facilitators pay special attention to the student's interpretations. While attempts were made to get trainees to engage with the material there was not enough opportunity for "real learning" (Eshleman, 2000).

3.4.2.2.4.2 Role plays

This experiential technique was used to allow trainees an opportunity to practice the counselling skills they had been taught. Having an opportunity to actively engage with what

they had been taught was an effective way of concretising their skills. This is promoted in the literature and in most cases achieved the stipulated objective.

3.4.2.2.4.3 Facilitators

The facilitators included a variety of professionals from various key government services such as the police force, advocates and the Department of Justice as well as members of the board who had taken on an active role in facilitating the training in the past. The variety of voices, experience and styles in each session provided an enriching experience for the trainees and helped to maintain their interest and concentration.

3.4.3 Phase 3- Design

The design of the intervention was guided by the information and analysis from the previous phases as well as the creativity and experience of the researcher. The outcomes of this phase include a "preliminary construction of the intervention and an initial set of implementation guidelines" (Bailey-Dempsey and Reid 1996, p. 213). Thomas and Rothman (1994) state the two key objectives of this phase are the design of an observational system as well as the specification of the intervention's procedural elements.

3.4.3.1 Observational System

The observational system was selected, adapted and refined throughout the course of the intervention. Each of the data collection methods selected and described below were evaluated based on their effectiveness in achieving the research objectives.

3.4.3.1.1 Quantitative Methods

The initial design included a single-system, multiple-baseline design with two separate scales and a basic knowledge test administered to the trainees at three intervals: before the training and subsequently at 1-month and 3-month intervals after the commencement of the intervention. The questionnaire included basic questions assessing their knowledge of intimate partner violence, a measure of the stigma they hold using the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg and Jackson, 1994) and assessing their cognitive schema using the Trauma and Attachment Belief Scale (Pearlman, 2003). Scores obtained were used to establish baseline levels for each participant with the intention of comparing their scores across the intervals. This, however, was not included in any of the interventions subsequent to the pilot intervention as it worked against the realisation of the research objectives. The evaluation of this process and justification for discontinuing is discussed further in Chapter 4.

3.4.3.1.2 Qualitative Methods

The dominant method used in this observational system were qualitative. This was most appropriate as the anticipated transformation is best understood in terms of the participants and researcher's experiences and interpretation. Patton (2002, p. 306) argues for a mixed methods approach in field work where observation, interviews and document analysis are triangulated to "validate and crosscheck findings" and so that "the strengths of one approach can compensate for the weaknesses of another approach". Data collection methods used are discussed and justified here.

3.4.3.1.2.1 Participant Observation

Observation is considered a valuable form of data collection as the researcher is able to understand the programme activities in much greater depth and is able to monitor the reaction of the participants more closely. There are variations in the researcher's involvement in the project ranging from an outside onlooker to a complete immersion in the research. This research adopted a participant observation approach in which the researcher was one of the facilitators implementing the intervention. This provided greater insight into the facilitators role and emotional responses in the intervention. Patton (2002, p. 262) also highlights that one of the strengths of participant observation is "that the inquirer has the opportunity to see things that may routinely escape awareness among the people in the setting". The psychological work this intervention seeks to do is largely unconscious, delicately confronting participants with the underlying cause of their countertransference reactions and ideological assumptions. It was clear in some instances that the researcher had deeper insight into the meaning behind individual participants' responses than the participants themselves. This was vital to the design and development of the intervention and therefore justifies the use of this method.

3.4.3.1.2.2 One-on-One Interview

One-on-one interviews are an effective way of collecting in depth data related to the subjective experience and perspective of the participants and is most appropriate to the interpretive framework adopted by this project (Bryman, 2004; Marshall, 2006; Patton, 2002). This method was used after the first phase of the pilot intervention with both remaining participants. Each interview was semi-structured and guided using a basic interview guide. The semi-structured nature of the interview allowed for some flexibility in terms of flow but also helped to maintain focus. The interview guide contained questions that were used as "triggers that encourage the participant to talk" (Willig, 2008, p. 24) but which helped the data gathered to be "somewhat systematic for each respondent" (Ulin, Robinson, Tolley & McNeil, 2002, p.

64). Once permission was granted by the participants, the interviews were recorded in order "to capture the actual words of the person being interviewed" (Patton, 2002, p. 380). This allowed the researcher to be fully present in the interview without having to take notes.

It is important to acknowledge the role of the researcher in the data collection process. The dual role of researcher and training facilitator meant that participants might have felt uncomfortable to express themselves fully. It was therefore important to emphasise the collaborative approach to the design of the intervention and show genuine respect and interest in their experiences. This was also supported by the researcher's initial disclosure of how their reflections had proven invaluable and how various aspects had already been included or adapted in the development of the subsequent training.

3.4.3.1.2.3 Focus Group

A focus group was conducted with seven participants, two of whom had attended both the pilot intervention and the first cycle of the full scale experimental field tests and five who had just attended the first stage of phase 5 of the intervention. The focus group discussion is a popular method of data collection as it provides in depth exploration of a shared experience and has the potential to elicit more information than an individual interview due to the stimulating interactions between participants (Stewart, & Shamdasani, 2012). It also is a powerful tool in the reflective process as Dewey (1933) notes that reflective thinking is not only informed and transformed through our environment but is also capable of informing and transforming our environment. Hearing other people's opinions and experiences has the potential to affirm our experiences or offer alternate meanings.

The success of the focus group relies heavily on the dynamics of the group participants (Bloor et al, 2002) and therefore care must be taken in selecting participants and group size. The group was made up of participants who chose to stay on and complete their in-service training with the organisation. This served a practical purpose as they were willing and available for the focus group. The ideal group size is contested in the literature, but it appears consistent that there should be enough people to make it interesting but not too many people that people have fewer opportunities to respond (Stewart, & Shamdasani, 2012). Again, the role of the researcher is important to acknowledge and recognise as having an influence on the participants responses and level of comfort.

3.4.3.1.2.4 Written Reflections and Evaluations

The participants were asked to submit a written reflection based on their experiences of the training. A few open-ended questions were used to guide their reflections so that participants would go beyond a step-by-step recall of what happened to include some discussion around the learner's emotional response, thoughts and physical reaction (Cranton, 2002). The purpose of the written reflections was twofold- an opportunity for participants to collaborate with the researcher in the development of the intervention by identifying aspects that worked well and those that didn't; as well as an opportunity for the researcher to assess their capacity for self-reflection. The recognition that the participants themselves have valuable information to share is a key aspect of intervention research which promotes collaboration at every phase of the study in order to draw on their expertise, secure their investment in the model, and make sure it meets their needs" (Bailey-Dempsey and Reid 1996, p. 214). The reflection pieces were assessed according to the four-category coding scheme designed by Kember et al (2008). The coding scheme assess the written work as either Habitual Action/Non-reflection, Understanding, Reflection and Critical Reflection. While the reflection pieces were not given a grade as in Kember et al (2008), this did help to provide some insight into their ability to reflect. This was only done once for the majority of the participants though and we were not able to identify if this was a skill they already possessed or something they were able to continue with after the training.

3.4.3.2 Specifying Procedural Elements

Fawcett et al (1994, p. 35) state that the procedural elements of the intervention "should be specified in enough detail so that they can be replicated". The justification for the procedural elements is detailed below along with a brief outline of the specific procedural elements which will be elaborated on in Chapters 4, 5 and 6.

This intervention would be considered a prevention intervention as the overall goal is to prevent negative countertransference reactions and vicarious traumatisation. These effects have been identified in Phase 2 as the most harmful consequences of trauma work for both the client and CI. The three fundamental assumptions proposed by Janoff-Bulman and Frieze (1983) as well as the premise of the Constructivist Self-Development Theory (CSDT) outlined by McCann & Pearlman (1990) guided our understanding of the development of these negative effects. CSDT assumes that "irrational or distorted beliefs are reflective of an individual's attempts to protect their meaning systems from the harm trauma presents" (Little, 2002, p. 28)

and it is these same distorted beliefs and attempts to protect the self that lead to negative countertransference reactions. This intervention moves away from the purely cognitive or behavioural skills training to an emphasis on emotional skills. Experience has shown that in emotionally triggering environments, the 'learned' behaviour is often discarded and a reversion to previously held assumptions and strategies occurs. The problem with this is that it often leads to negative countertransference reactions such as taking on the role of rescuer, victim or perpetrator.

Therefore, the task of this intervention was fourfold. The first was to initiate a fundamental ideological shift in the trainee's beliefs and assumptions about IPV. The trainees come to the organisation with preconstructed schemas regarding IPV and the role of the CI in the process of recovery. These, however, are often influenced by the dominant social understanding explored in chapter 2 in the discussion of IPV myths. These assumptions often lead to victim blaming tendencies, a lack of empathy and impatience. In order to provide a supportive, genuine and empowering intervention, volunteers must experience an ideological shift in their understanding of IPV recognising the deep psychological and emotional effects of prolonged trauma.

The second task was to create greater emotional awareness and self-reflective abilities in the trainees. Reflection has been identified in the literature as a key factor in mediating the learning process and in helping learners to piece together the new knowledge with their existing knowledge and experience. While this was important to the training, the value of reflection in creating emotional awareness and insight was of greater importance. Hearing the intimate details of traumatic experiences from multiple clients will inevitably have an effect on the counsellor. While schemas are difficult to alter, counsellors will develop VT if they are unable to integrate the client's traumatic material into their existing framework for understanding the world (McCann and Pearlman 1990). Trainees must therefore be taught to reflect and self-monitor effectively in order to manage this integration. The third and fourth tasks of the intervention are derivatives of this task.

The third task was to teach trainees to manage countertransference. The ability to identify their emotional state and recognise the underlying causes being triggered by the client is a skill that needs to be taught and cultivated in trainees from the beginning. The two dominant reactions to a client lie on a continuum of emotional distance to overwhelming emotional investment (Wilson & Lindy, 1994) which have damaging effects on both the client and

volunteer. Instead of denying their feelings, an approach adopted by many volunteers, they are called to rather be aware of their emotional response to a client and from whence it comes, while at the same time using this knowledge to filter their response to the client to avoid victim blaming.

The fourth aspect of this intervention involved encouraging trainees to recognise the need for and to engage in self-care strategies. Techniques such as journaling, mindfulness and meditation are important tools that can be used by volunteers to prevent vicarious trauma and burnout. While it was important to teach trainees these new skills, it was also important to highlight participants existing self-care strategies and encourage them to continue this practice.

The elements of this intervention are therefore based on examining and executing the best and most appropriate inclusion of content and andragogic techniques as well as determining the logistics that best serve these goals. The diagram below visually presents this process Each of these elements will be discussed further in Chapter 4 and refined in Chapters 5 and 6.

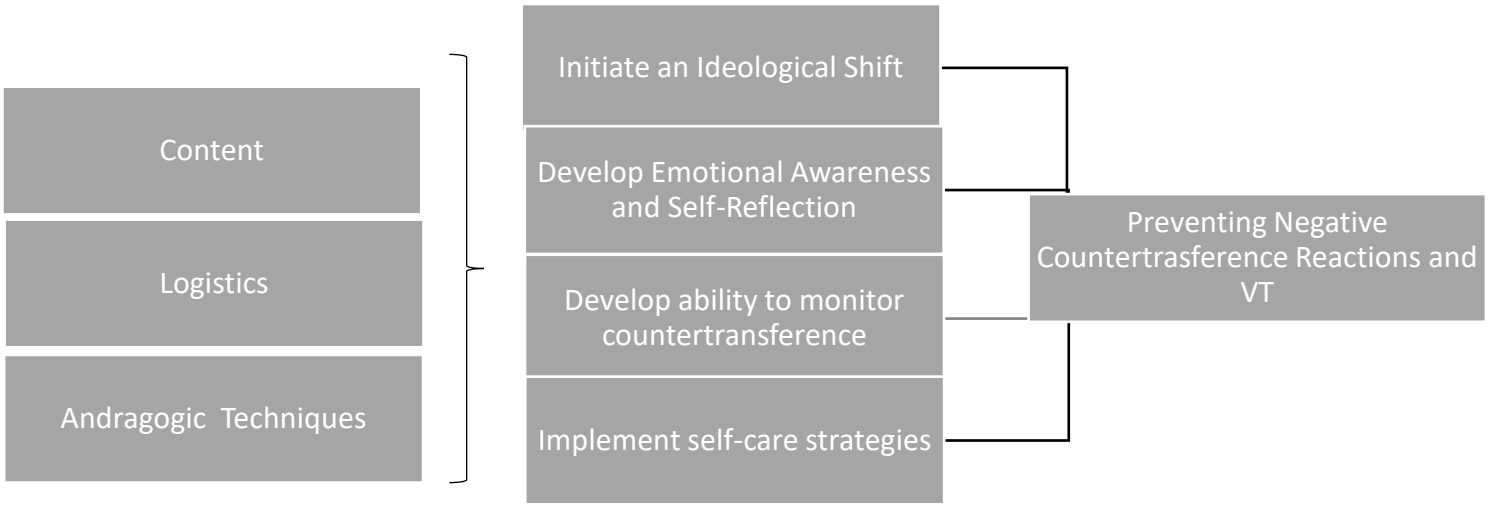


Figure 4: Indicating the flow of the procedural elements of the design

3.4.4 Phase 4- Early Development and Pilot testing

During this phase a small, scale exploratory design is designed in order to preliminarily test the intervention under field conditions (Thomas & Rothman, 1994). It was at this stage that the preliminary intervention procedures and mode of delivery were selected and specified. A pilot test was conducted to determine the effectiveness of the intervention and to identify any problems. The pilot test is meant to be exploratory and flexible, allowing for changes to be made in the intervention while it is happening (Bailey-Dempsey & Reid, 1996). Fawcett et al

(1994) emphasise that the implementation of the pilot test must be both convenient to the researcher as well as in a setting similar to the final intervention.

This pilot intervention was conducted with a small sample of interested volunteers at the head office of the organisation. The project manager was happy to accommodate the pilot intervention as she needed new volunteers and they needed training. Further discussion about the suitability of the site for the intervention and a detailed discussion regarding the components of the intervention are discussed further in Chapter 4.

3.4.4.1 Sample

The sample was selected based on purposive sampling methods for both ease of access and potential contribution to the study. According to Patton (2002, p. 245), "the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical abilities of the researcher than with sample size". The criteria for selection included:

1. Willingness and availability to participate in the pilot intervention
2. Expression of an interest in the operations of the organisation

The final sample was made up of four participants who matched the sample criteria. They were all female, similar in age having just completed their tertiary education degree, with three of them having recently completed their Honours Degree in Psychology. The similarity in age and experience added to the atmosphere of the training and made it slightly easier to foster connection.

3.4.4.2 Data Analysis

The data collected in this intervention, through participant observation, interviews and document review, was analysed using thematic analysis. The process of analysis includes identifying and analysing themes that emerge from the data. Braun and Clark (2006, p. 86), define these themes as "something important about the data in relation to the question and represents some level of patterned response". The researcher is central in the sense-making process, gathering and collating the various sources of information into clusters of themes. This is important in intervention research as the input from the different stakeholders is valuable, informing the development of the intervention. The same data analysis technique was used in Phase 5.

3.4.5 Phase 5 – Evaluation and Advanced Development

The advanced development and refinement of intervention occurred in a further two stages. Fawcett et al (1994) argue that the use of research methods to test and refine the intervention sets it apart from other problem-solving models. The strength of this model is the ability to use full field tests as opportunities to resolve problems with the intervention. It is important that the intervention be evaluated based on its replicability and effectiveness in producing the desired change. The two stages in this phase are discussed and analysed in chapters 5 and 6 respectively.

3.4.5.1 Stage 1- Sample

The sample for this training was selected from a general call made to the public to attend the training workshop. A call out was circulated within the local university notices, newspapers and radio. Fifty participants attended the training and agreed to participate in the research. The majority of the participants were female with a distribution in age and race.

The original group was refined to five participants who continued with their in-service training at the organisation. These participants participated in the focus group discussion and continued with their written reflections during their in-service training.

3.4.5.2 Stage 2- Sample

The sample was selected using convenience sampling as the participants had already contacted the organisation with a willingness to volunteer at the organisation. This method of sampling allows for greater ease and convenience in research (Patton, 2002) but in this case also created an interesting dynamic as all the participants were already attracted and showed greater commitment to the organisation. The final sample was made up of sixteen participants who agreed to participate in the research study. The participants were mainly female with only two males attending. The majority of the participants were university students or had just completed their tertiary education. Out of the original group the majority chose to stay on at the organisation and continue their in-service training.

3.4.6 Phase 6- Dissemination

Once the field tests have been completed and evaluated, the remaining task is to disseminate the findings of the research and produce an intervention manual. This is an important aspect of intervention research as outcomes must include some form of practical

application beyond the research. The final product of this intervention is both this thesis as well as the facilitators manual which was produced and is included in Chapter 6.

Further recommendations for dissemination include the production of a trainee manual which will guide their in-service training as well as journal publications.

3.5 Ethical Considerations

Due to the trauma-related nature of this research project there was risk that the intervention could unintentionally cause participants vicarious traumatisation. The researcher took special care during the intervention to monitor the reactions of the participants and to make herself available to participants should they need to discuss anything. The researcher felt comfortable to monitor any reactions due to her practical experience in trauma counselling as well as having previous research experience with the particular risk factors involved. In the event that a participant felt that they would like to speak to someone in a more professional capacity, the option of attending counselling was provided. The researcher was prepared to be responsible for any costs associated with this research for any participant.

The purpose and methodology of the research was explained fully to the participants in order to gain their full co-operation in the process. Participation was explained as completely voluntary and participants were informed that they were able to opt out of the study at any time. Confidentiality of all content of the interview and focus group and written documentation was considered extremely important and participants were assured that all names or identifiable features would be changed or removed to ensure anonymity.

Ethical clearance was granted by the Ethics Review Committee of Rhodes University. Permission was also granted by the Board of the organisation after a detailed research proposal was forwarded to all members. Once these were granted the researcher was able to approach the various participants.

While it is important to take ethical considerations into account that may harm the participants, it is also important to look at the positive ethics this research will accomplish. The research provides an innovative and powerful intervention in protecting the volunteer from vicarious traumatisation as well as protecting future clients from victim blaming countertransference reactions. This has the potential to improve the lives of both victims of IPV and the volunteers and contribute towards greater sustainability of the organisation.

3.6 Limitations

Intervention Research requires a great deal of time in order to work through each of the phases. Ideally the intervention could have been implemented at least one more time to evaluate the replicability and effectiveness of the intervention. While the findings from this study can be used to contribute to best practice in South Africa, it must be noted that this research is specific to this particular organisation. It would be inadvisable to take the recommendations from this study and apply it to another organisation without adapting it to the needs of the individual organisation. The results of any qualitative study are not meant to be generalised but rather seeks to provide rich and detailed data for a specific agency.

3.7 Conclusion

This chapter described the implementation of the Design and Development model of Intervention Research proposed by Rothman and Thomas (1994). This use of the intervention research paradigm attempts to bridge the gap between theory and practice, using theory to produce intentional social change. The process outlined by Rothman and Thomas (1994) provides a comprehensive and clearly articulated method for ensuring reliability in the research which guided our approach to the development of this intervention. The results and discussion outlined in phases 4, 5 and 6 will be expounded in the following chapters.

Chapter 4 Pilot Intervention

4.1. Introduction

This chapter consists of the analysis and discussion of Phase Four of the Intervention Research model, namely Early Development and Pilot Testing. This was intended to be a small scale, exploratory endeavour in order to determine the effectiveness of the intervention. The benefit of this phase was that the researcher could evaluate and refine the intervention with little cost or inconvenience to the organisation. For the purpose of clarity in this discussion, themes will be organised according to the various aspects of the training: content, logistics and andragogic strategies used.

The purpose of this intervention was to facilitate an ideological shift in understanding intimate partner violence (IPV), develop greater insight through self-reflection and provide volunteers with the tools to recognise and manage countertransference. Gender Based Violence and especially IPV are rife with preconceived ideas and judgements. Sanderson (2010, p. 69) comments that in order to "counter the judgment and repudiation of the authentic self by the abuser, counsellors must be genuinely non-judgmental, respectful and accepting of the survivor." It is crucial to ensure that the training provides new crisis interventionists with an opportunity to recognise and break down their previously held assumptions in order to provide this genuine non-judgemental environment for the client.

The intervention was predominantly focused on emotional rather than cognitive competencies with the ability to reflect considered key to this process. Dewey (1933) discusses the ability of reflective practice to create meaning, whereby a student pieces together new information and perspectives with their existing knowledge and experiences. Of even greater value to this process is the ability to "transform our frames of reference through critical reflection on the assumptions upon which our interpretations, beliefs, and habits of mind or points of view are based" (Mezirow 1997, p. 7). This reflective practice was important to instil and maintain, as deliberate and reflective practice allows volunteers to repair and reconstruct their cognitive schemas, thereby creating more potential for posttraumatic growth (Calhoun & Tedeschi, 2014).

Client's experiences force counsellors to acknowledge evil in the world, challenging their basic assumptions of safety and acknowledging that they too are vulnerable which automatically leads to the use of psychological defences in an attempt to protect the ego. This,

however, becomes problematic as it is often easier to hold the client responsible for the tragic event than for the support worker to confront their own flawed illusions of safety and predictability (McFarlane & Van der Kolk, 1996). This is further compounded by the dominant patriarchal ideology which reinforces these victim blaming tendencies in an attempt to maintain the system of oppression. It is therefore important that trauma workers are able to reflect on their own assumptions and experience an ideological shift in their understanding and response to IPV. Trauma workers must be aware of their emotional state and countertransference reactions in order to prevent revictimising the client as well as to prevent vicarious traumatisation. It is with this understanding that the significance of critical reflection is emphasised and therefore central to this project.

4.2 Content

This section gives a brief summary of the content covered in the training as well as a justification for its inclusion.

4.2.1 Understanding IPV

To initiate the ideological shift proposed in this intervention, there had to be an understanding and appreciation for the complex cycle of abuse. IPV is different from other forms of violence as it requires a manipulative and systemised approach in order to ensure that the victim remains in the relationship. Sanderson (2010, p. 26) states that in order "to commit interpersonal abuse the abuser must first entice, ensnare and entrap the desired victim." It is only in understanding the complex cycle of violence that a helper can hope to assist the victim.

The literature clearly states that in order to empower the victim, it is necessary that they are given all the necessary information (Bennett, Riger, Schewe, Howard & Wasco, 2004). Providing the same information to trauma workers ensures that they too are educated and empowered to make a difference. The false perceptions that pervade society's understanding and response to IPV must be countered by accurate information to intervene in the cycle of violence.

The material therefore included identifying the various types of abuse (Alcock, 2001; Jackson, 2007; Lundberg-Love & Marmion, 2006; Sanderson, 2010), a thorough understanding of the cycle of violence (Alcock, 2001; Allen, 2005; Lundberg-Love & Marmion, 2006; Roberts, 2005) and the risk factors related to IPV (Hattery, 2009; Jewkes, 2002; Keeling &

Mason, 2008; Lockton & Ward 1997; Lundberg–Love & Marmion, 2006; Michalski, 2005; Wood & Jewkes, 1998).

4.2.2. Addressing Myths

There are few issues in society that are as saturated with myths and false perceptions as IPV. This was partly countered through the acquisition of knowledge as stated above but remains purely cognitive unless the trainee is encouraged and equipped to recognise and address the false beliefs that they hold. The content of the training therefore addressed any bias and challenged socially accepted myths in order to ensure an ideological shift. The most common myths entrenched in society involve excusing the abuser such as: abusers are mentally ill; alcohol causes the abuse; the abusers are unable to control their violence, to more blatant accusations of the victim's role as someone who deserved the abuse, or that if they didn't like it they would leave.

Extensive research has been done showing how women become socially and economically trapped in such relationships. The patterns of exclusion of women from professional education and employment include the social understanding that women are unable to manage their own affairs (Lockton & Ward, 1997), the acceptance of the patriarchal ideology that women are better suited and should want to assume responsibility for the family, fostering a need to salvage the relationship even in cases of extreme violence (Herman, 2001; Lundberg-Love & Marmion, 2006); an early childhood socialisation of acceptable and 'loving' violence as parents explain their use of force as an expression of their love (Hooks, 1984); and the unsympathetic and patriarchal bias of many aspects of the police and legal system, all work together to entrap and disempower women in abusive intimate relationships.

In this environment, it is critical that victims of abuse are able to seek and receive non-judgemental and empowering assistance from professionals and organisations. However, in order to resolve the dissonance between the socially desirable view of the family and the unpleasantness of the reality, society's approach to and understanding of IPV has become warped. The myths that pervade our society are often a psychological tool used as a defence mechanism which lead to in victim blaming. This has catastrophic effects on the victim as victim blaming often leaves "deeper scars than the traumatic event itself" (McFarlane & Van der Kolk 1996, p. 27).

4.2.3 What can be done

In order to eradicate IPV completely, social interventions should cover the prevention of IPV; management of IPV for those already in abusive relationships, as well as rehabilitation for victims and perpetrators. Every person has a role to play in eradicating IPV from society. However, the magnitude of the problem can be overwhelming for individuals, which can lead to feelings of disempowerment and despair. It was therefore considered important to empower trainees by exploring various ways that they can get involved in order to prevent feelings of frustration and guilt. These negative countertransference reactions can result in victim blaming and, so it is important to recognise these.

While participants were encouraged to take a more active role in the community, the content of this section in the training focused on the role that the crisis interventionist (CI) plays. The trainees are taken through a typical day in the life of a CI which included what type of intervention they provide and an overview of the intake form which guides the process, the type of victims they see with examples of cases that have stood out to them as well as the benefits of this type of work. By providing this structured way for people to get involved, trainees were considered more likely to feel empowered and motivated to join the organisation.

4.2.4 Negative consequences of this work

The impact of trauma on the counsellor is explored in the literature predominantly through four concepts, namely burnout, counter-transference, compassion fatigue and vicarious traumatisation (Brady & Guy, 1999; Figley 1995; Maslach 1996; McCann & Pearlman, 1990; Neumann & Gamble, 1995; Pearlman & MacIan, 1995; Sexton, 1999; Steed & Downing, 1998; Trippany White Kress, & Wilcoxon, 2004; Williams, Helms & Clemens 2012). The negative effects of working in this area cannot be stressed enough and should be treated as an expected consequence for all working in this field. It was therefore irresponsible and unethical to not educate and equip trainees with the necessary information and skills. The content of the training highlighted signs and symptoms provided information regarding the organisational prevention and care strategies, as well as helped to identify their personal preventative self-care strategies.

In a previous study at the organisation, Howlett and Collins (2014, p. 84) found that "this vulnerability is compounded by a general desire to be regarded as competent, and therefore volunteers would rather deny any negative effects of their work". It was therefore necessary at this initial stage to not only provide skills but also to normalise acknowledging

the negative effects this work can have. An atmosphere of acceptance and support was important to foster in order to maintain this in the organisational culture.

This section also included a discussion about countertransference, the sources of negative reactions and the importance of recognising and managing these. It was important to emphasise how countertransference is not something that should or can be denied, but instead used as a valuable source of information (Dalenberg, 200; Oelsner, 2013).

4.3 Logistics

This section discusses the practical issues and logistical aspects that contributed to the intervention. These were highlighted as having played a role in the realisation, and in some cases failure, of the intervention goals. Intervention research recognises that the practical nature of this method of inquiry results often in less than optimal conditions, however, it is through a recognition and evaluation of these factors that retain the validity of the study.

4.3.1 Venue

In order to run the pilot intervention with ease, the organisation's head office was chosen as the setting. The space was just large enough for the small group and created a relaxed and intimate atmosphere. It did however create many distractions with phones ringing throughout the day and current volunteers interrupting the training to retrieve documents or look up numbers. While this was not ideal, the purpose of a pilot intervention is to test the program design as simply as possible, and so the circumstances were acceptable

4.3.2 Program Structure

Due to time constraints for the organisation management, facilitators, and trainees, the program was run over two mornings for 4 hours each day. A brief overview of the program is presented below.

Day 1		Day 2	
10:00-10:30	Welcome and Introductions	10:00-10:15	Welcome
10:30-11:30	Pre-test and discussion	10:15-10:45	Recap of previous session
11:30-12:00	Lunch	10:45-11:30	Session 2: Scenarios and discussion
12:00-13:30	Session 1- Focus on IPV	11:30-12:00	Lunch
13:00-14:00	Self-reflection	12:00-12:45	Session 3: What can be done
		12:45-13:00	Tea
		13:00-14:00	Session 4: Negative consequences and Self care

Table 1: Programme Structure Pilot Intervention

The repercussions of two separate sessions on the effectiveness of the training as well as the applicability to one full day session is discussed below. The programme for the second session was adapted based on the evaluations from the first session. One of the most significant changes was the inclusion of the scenario as the researcher reflected:

> What we lacked was an opportunity for the participants to relate it back to their own lives in an exercise. It is very easy to have certain ideals but do these translate into values?

The ability to revise the pilot intervention midway was very helpful and emphasised the benefit of conducting smaller scale exploratory interventions in order to improve the intervention.

4.3.3 Facilitators

This intervention was implemented using two facilitators, the researcher and one other. Both facilitators were affiliated with the organisation and had previous experience in teaching and training to achieve transformative learning. Co-facilitation is beneficial in its ability to introduce interesting and stimulating group dynamics as well as mutual support for the facilitators (Galinsky & Schopler, 1980).

The purpose and intended outcomes of the intervention was clearly explained to the second facilitator beforehand to ensure her complete buy in (Giller et al, 2006). The role of the second facilitator was however not utilised to its full capacity. As the researcher and lead facilitator, I took the dominant role throughout the training. This did not allow for interesting and multiple perspectives and placed the second facilitator in a purely supportive role. Cohen and Delois (2001) highlight how co-facilitation is time-consuming as it requires a lot more preparation and constant communication between facilitators. This ensures that roles are clarified beforehand and facilitators feel comfortable to discuss and evaluate the processes and outcomes as equals. While the second facilitator provided valuable input regarding the evaluation of the training, her role was more of an observer than a lead facilitator. This was noted as an important point for the next phase.

4.3.4 Research paperwork, Scales and Pre-test

The beginning of the intervention began with the necessary paperwork and quantitative measures used for the research. It was made clear from the beginning that this training formed part of a greater research intervention and that the pilot intervention would be used to inform a larger training session at the end of the month. It was stressed that they were a part of this

process and would be active members in creating the programme for the next session. This is an important part of intervention research as all the stakeholders are involved in the evaluation and design of the intervention (Thomas & Rothman, 1994). This was also important in terms of the RICH model, in order to encourage an atmosphere of co-operation and a sense that they were experts in this process (Giller et al, 2006). It is necessary in any research to receive informed consent to be a part of the research, this included explaining the objectives of the study as well as the voluntary nature of their participation.

One of the participant noted,

> Although I had been aware that we were going to be research participants in a pilot study, the pressure only hits when you have all these forms and confidentiality agreements in front of you that need to be signed. Sam had informed us that should we wish not to participate that would be fine too. Having all these forms in front of me was a bit scary and at that point in time the thought of not participating did cross my mind. It was a quick thought that soon passed by and before I knew it the forms were signed.

While care was taken to make them feel at ease, the process was still daunting for the participants and caused a level of discomfort. The intention to make the participants feel like active members of the development process was not accomplished. My personal journaling also noted a level of discomfort at asking the trainees to a part of this research. On reflection, I felt a sense of guilt as if this research was only beneficial to me personally without considering the full implications and benefit that this research will have on the organisation and future trainees. The RICH model advocates a sense of connection between facilitators and trainees which can be achieved through sharing fears and vulnerabilities (Giller et al, 2006). In this particular instance, the opportunity to create this connection and allow the participants to express their own fears and discomfort was lost due to my personal desire to be esteemed.

4.3.5 Pre-test

In order to support the qualitative data collected through researcher observations, focus groups and interviews, quantitative data in the form of test scores and the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg & Jackson, 1994) would be used. Limited information was provided to the participants concerning the content of the test and were asked to answer as much as they could. Due to the multiple baseline design of the quantitative aspect of this study, it was necessary for the participants to identify their tests using their names. While the researcher believed this to be necessary, it also created issues concerning reliability as

without the security of anonymity participants might be less inclined to answer honestly. Participating in a research study creates a false environment often making subjects act differently in order to maintain social desirability. Nederhof (1985, p. 264) defined social desirability as "a distortion of responses in a social desirably direction which is a resultant of two factors: self-deception and other-deception". The distinction made here between self and other is important especially in our attempts to understand the unconscious defences that this training is trying to uncover. The use of the pre-test created a highly stressful and uncomfortable atmosphere and only served to increase the gap between the facilitators and trainees and strengthen any defences the participants had. All the reflections stated that this aspect of the training made them feel nervous. Rachel noted, "I was a bit nervous. Obviously, I was trying to get the right answers- you're just given it blank like that". In the discussion after the completion of the test, the participants stated that the test "made me wonder if my answers were correct or not and whether I actually knew enough about abuse to be there which made me a bit nervous" and one participant admitted "I was uncomfortable. I didn't know what was expected of me, whether my answers were right or wrong and I was just stressed and nervous". The formal written tests caused the participants to lose self-confidence in their knowledge and abilities. This created a major break in the relationship between the trainer and trainee and it could be argued that without the participants openness, transformative learning will likely not take place.

It was recommended that an alternative approach to ascertaining their level of knowledge would be to omit the test and allow trainees to work together by writing down their knowledge of IPV and then present it as a group. This would eliminate the pressure and test-like attitude and allow the participants to discuss and build on what each person contributes.

4.4. Andragogic Techniques

This section describes and evaluates the andragogic strategies used in this intervention. These were evaluated based on replicability as well as their effectiveness in meeting the research objectives.

4.4.1 RICH Model

As discussed previously, the RICH model follows the assumption that in order to promote a relationship with the client of respect, information, connection and hope, the training needs to be founded on the same values. This provides a framework for this intervention and

therefore it is important to cover the various aspects and evaluate how these were fostered in the training.

4.4.1.1 Respect

The literature review identified various techniques that facilitators can use to foster respect such as acknowledging the expertise of the participants, treating every question as reasonable and ensuring that confidentiality is observed regarding any material shared in the group (Giller et al, 2006).

The central focus of this training is to produce an ideological shift in thinking, it is therefore important firstly to identify defences that we have built up over time, and also to recognise that these defences are sometimes dysfunctional. For example, feelings of anger toward the victim must be identified, but should also be recognised as a possible defence against other overwhelming feelings such as helplessness, an inability to protect themselves and others, or feeling excessively vulnerable to attack. According to Janoff-Bulman and Frieze (1983), these underlying sources of the countertransference reaction is as a result of the traumas ability to shatter our previously held assumptions. The assumptions that one has about the world serve an important protective function in not only determining how one relates to the world but also a forming a fundamental aspect of one's identity (Janoff-Bulman & Frieze, 1983). Therefore, being confronted with an alternate reality, in which these assumptions are false and maladaptive, can be perceived as a threat to the trainees very self. Expressing these negative countertransference reactions to clients often leads to victim blaming thereby damaging both the victim and the client-counsellor relationship (Neumann & Gamble, 1995; Sabin-Farell & Turpin, 2003; Wilson & Lindy, 1994) and therefore must be covered in the training. This requires trainers to create and facilitate an environment which makes it both safe to identify countertransference reactions and provides the tools to recognise those feelings. This safety can only be fostered within a respectful atmosphere.

The reflections of the participants showed that while the initial feeling was one of fear and apprehension, this settled as a result of the facilitator's warmth and respect. Sandra explains,

> When we started the discussion, I realised that there really was no right or wrong answer, we were all there to learn and experience this together. (The facilitator) made sure that we were all on the same page and assured us that should we have any questions or concerns we were free to contact her which was reassuring.

Throughout the training session reference was made to their prior training and university level qualifications. It was important for the trainees to feel that their own expertise and knowledge was recognised and valued.

4.4.1.2 Information

In order to empower trainees in the same way that they are expected to empower their clients, facilitators should endeavour to equalise power imbalances by encouraging a collaborative approach to building resources as well as encouraging the trainees to input and answer questions (Giller et al, 2006).

On evaluation of the training it was very clear that the collaborative approach to knowledge acquisition was not handled well. The pre-test discussed above created a tense atmosphere and participants were reluctant to give their own input. The discussion, particularly regarding IPV knowledge in the first session, was led predominantly by the researcher. This created a power imbalance between trainee and trainer leading to a perception that the facilitator was the ultimate source of knowledge. The 'lecture' approach did not lend itself to learning as it failed to ascertain the trainees existing knowledge and did not provide an opportunity to establish whether they had understood. Kolb (1984, p.28) highlights the importance of recognising that learners come with existing ideas about the topic and "thus, one's job as an educator is not only to implant new ideas but also to dispose or of modify old ones". This can only be achieved through the learners active engagement in the creation of knowledge. The shift in teaching strategy from being the 'all knowing imparter of knowledge' to a facilitator in the acquisition of knowledge is key to the process of collaborative learning.

4.4.1.3 Connection

It is important that the training build and encourage a genuine connection amongst the participants and trainers. Giller et al (2006) highlight the importance of being authentic with the participants; having a sense of humour and a willingness to share their vulnerabilities; as well as building up relationships between the trainees.

Due to the intimate nature of this training, it was easier to get to know each other. The session started with tea and coffee allowing for casual discussions between the members of the group which helped to build some rapport. Kelly noted, "My nerves were immediately put to rest when I got there as we received nothing short of a warm welcome, and of course food and drinks."

For the majority of the morning session, the need of the participants to appear competent meant that the sharing and group reflection often remained at a very superficial level. While this can be expected to some extent at the early stages of any new social interaction, this inability or resistance to engage in meaningful and genuine discussion did not lend itself to learning and growth. In previous research at the organisation, it was found that its culture emphasised and valued the volunteer's ability to remain calm and unaffected by a client's trauma (Howlett, 2012). This underlying attitude in the organisation meant that there was no place for 'weakness' and therefore no safe space to explore their countertransference reactions. Saakvitne et al (2000) emphasise how being affected by the client's trauma is a normal and inevitable consequence of this work. However, if counsellors continue to measure their performance on their ability to maintain an unaffected façade, they will likely engage in countertransference victim blaming without realising it. In order to have and maintain a transformative shift, a trainee must recognise and confront the assumptions she has built up over the years and accepted as truth. This requires a great deal of courage to open oneself up to the disparagement of one's peers and so can only be achieved in a group if there is some sort of connection and safety among the participants (Giller et al 2006; Taylor, 1998). In order to assist in building connection, the facilitators disclosed their own vulnerabilities and reactions. Derlaga and Berg (2013) state that the most common effect of self-disclosure is the reciprocation of disclosure from the listener. The act of disclosure, if done appropriately, can impart and build trust between two people (Derlaga & Berg, 2013). This was most clearly applied and observed when the second facilitator made herself vulnerable and shared her countertransference reaction to one of the video clips. She stated,

> When I watched that clip, I had this immediate reaction of she was annoying him and so was asking for it. I realised that, and it really made me stop and think

Her disclosure was honest and demonstrated to the participants how she was able to recognise her immediate reaction and reflect on this. A major part of this kind of work is the frustration and powerlessness of wanting to help but not being able to. Clients force counsellors to acknowledge evil in the world, challenging their basic assumptions and acknowledging that they too are vulnerable. If this is not reflected and integrated "into a healthy balance", crisis support workers may revert to victim blaming in order to protect themselves and their cognitive schemas. Therefore, in order to do this, there needs to be an avenue where CIs can express their frustration and countertransference reactions in a safe environment. They need to then have support from their peers, a space where they are able to talk about their shared experiences

especially the impulse to victim blame and the underlying feeling of helplessness. It was important at this stage to ensure that the shift away from an individualistic organisational culture of silence to one of connection, collaboration and support was made. It was clear from the content of the rest of the discussion that by the facilitator sharing her own reaction, others felt more at ease to do the same without fear of rebuke. This was a positive step towards connection.

4.4.1.4 Hope

This aspect of the RICH model has a two-fold purpose; to convey the belief that survivors can heal and that systems can change, as well as to address the issue of vicarious traumatisation. Due to the pilot session being broken up into two parts, the second part of the training which focused on "what" can be done and the importance of support and self-care, was not stated as clearly in the first meeting. This became a real problem as two of the trainees were unable to attend the second session. The reasons for their non-attendance were both important, one will be discussed here and the second in the following section.

One of the participants stated that her non-attendance was due to a sudden death in the family which she was still not coping with. The emotionally demanding nature of this work felt overwhelming and she expressed her concern to the facilitators early on in the session during the tea break. This provided an important opportunity to foster a positive approach to dealing with the negative consequences of this work. It was made clear that she wouldn't be compelled to participate and would be welcomed at the next official training if she wished to continue her work at the organisation. In previous research it was found that while the organisation attempted to provide organisational preventative measures, there were no care techniques in place for CIs who were already suffering from burnout or vicarious traumatisation. This organisational culture subtly perpetuates the underlying belief that struggles must be dealt with privately and again suggesting that 'good' CIs don't have these problems. In order to counter this, it is important that CIs know and believe that the organisation understands the emotional pressure that they are exposed to and recognise that burnout and vicarious traumatisation is often an inevitable consequence of this work (Brady & Guy, 1999; Sexton, 1999). We therefore took the opportunity to show genuine concern for the trainee and offered to provide her with lay counselling. It was important that she felt that the organisation that she was willing to dedicate so much of her time would reciprocate by taking time and resources to ensure her emotional and psychological wellbeing. On reflection, this was successful as the participant

returned for the subsequent training, completed her training and probation and is now a CI at the organisation.

This aspect of the RICH model promotes creating a sense of empowerment in the trainees. We began the session by asking what they had done, if they had spoken to anyone about what they learnt in the last session and if they noticed a difference in their responses to intimate partner violence. They were slightly uncomfortable at this stage as they both admitted that they hadn't really told anyone about it or felt like they had actively done anything. Even though the first session had been informative, and they were more actively involved in thinking about issues of IPV, they did not feel empowered or motivated enough to share that with others. Rachel reflected on this herself, after the session

> The second training session motivated me to take what I have learnt and use it in raising awareness within my community and in my own relationships.

This serves to highlight the need for a training intervention to be genuinely empowering. Giller et al (2006) state that "trainers are challenged, not to boost participants' hope, but rather to support the self-awareness that puts people in touch with the hope that brought them into the work to begin with". Previous research at the organisation emphasised the positive experiences of the CI's work (Howlett, 2012). For some, their work had taken them on a journey of personal growth while others spoke about how their work had been both emotionally and spiritually satisfying. While vicarious traumatisation is a reality, the experiences of vicarious resilience, post-traumatic growth and compassion satisfaction provide counsellors with real hope and a desire to continue this work. It is important in training to convey the belief that every CI has the opportunity to make a real difference in the life of another and that victims can become survivors (Giller et al, 2006).

In order to share this hope with the trainees, an existing CI was asked to share her own experiences. While the literature supports the use of real life cases in effecting change (Boehrer & Linsky 1990), the unstructured format of the session allowed the speaker to digress from the main point and use it as a "venting session". While, it was difficult to then bring the main message back to instilling hope it is important to recognise that these digressions can be useful for other goals. Her testimony was instead recommended purely as a tool to summarise the work of the CIs. This experience highlights the importance of preparation in co-facilitation so that all facilitators are clear as to the goals and objectives of the study. It also highlights the

need within the organisation to provide a safe space for CIs to express their frustrations about the work.

Giller et al (2006) also highlight the importance of addressing vicarious traumatisation and the importance of self-care. The only aspect of training related to this was a brief introduction to the concept and the meditation and reflection that was given at the end of the session to help trainees relax. The issue with addressing VT in the last session is that if timekeeping has not been done properly, this session is too easily reduced. Unfortunately, in this session VT was spoken about at a very superficial level with a brief description of the concepts and ways in which CIs can prevent it. There was, at this stage, no clear linkage between the inability to manage countertransference reactions with the onset of vicarious traumatisation. One of the key findings in the evaluation of this phase was that this section required significantly more depth in order to achieve the research goals.

4.4.2 Introductions and Motivations

As discussed above, connection is an important aspect in creating an environment conducive to the ideological shift this training attempts to achieve. The introduction session is therefore important in order to foster this foundation. This phase of the intervention used a guided approach where participants were asked to introduce themselves and state why they chose to attend this training. This did little for building a connection as the guided questions left little opportunity for participants to share personal information. This did however provide us with a clear understanding of their motivations for joining the organisation. Prouteau and Wolff (2008, p. 2) highlight the need for management to "match volunteers with jobs which satisfy their goals" as this will most likely lead to personal fulfilment therefore retaining them in the organisation.

The importance of this step was emphasised in our dealings with one of the trainees. Due to her late arrival, she wasn't present for the introductions and we were therefore unaware of her motivations for volunteering. She was then unable to attend the second part of the intervention due to travel commitments. On investigation, we found that she was enrolled at a university abroad to study medicine and had hoped to get involved with the organisation before she left to increase her understanding of IPV in order to support her education. Our lack of understanding regarding her motivations led to a mismatch of roles and dissatisfaction on both sides. The analysis of their motivations was interesting to guide in-service training. Their motivations were clustered into three main themes.

4.4.2.1 Experience

Three trainees were previous Psychology Honours students looking for experience in order to apply for the clinical and counselling Master's programme. This causes significant anxiety and pressure on students as the opportunities available to graduates without this level of education are limited. Students are told that experience in the field will stand them in better stead as mentioned by Sandra who noted

> I think we are all here for the experience. I also did my undergrad and went straight into honours I applied to Masters in Counselling Psych and I was shortlisted, but I didn't get in. You know and also, I think they look for that practical experience and unfortunately, we had no practical experience throughout our studies.

In order to keep these trainees motivated in doing this work, it is therefore important to consistently ensure that their need for practical hands-on experience is met. In understanding the trainees' needs, it was important to sit down with the director of the organisation and discuss the trainee's role at the organisation. Due to the high stress, high conflict nature of the organisation, past trainees have been tasked with data compilation, updating resources files and other office duties. While this is an important part of the function of the organisation and does equip trainees with skills and knowledge of what it takes to run a Non-Governmental Organisation it does not met their need for practical-hands on experience. It is not implausible to assume that trainees have left the organisation in the past due to boredom and a mismatch of needs.

Another aspect of this experiential need was to provide trainees with a reference. It was made clear in the beginning of the training session that due to the role I was playing in the training process, I would not be able to give references for any Master's applications. The purpose of this was to ensure that there was no role confusion. In previous research, CIs were resolute in maintaining their mask of invincibility (Howlett, 2012) and so it was important not to intensify this need to appear contained.

4.4.2.2 Help people

Amanda spoke about why she chose to volunteer at The Desk,

> I have this friend whose brother treats her very badly, so I would like to know what kind of advice I can give her rather than just saying I'm here for you, I'd rather be able to help her out.

Often in the trauma field, people go into this work because it is personal to them and working with the abused is no exception (Sexton, 1999). Research has shown how being a victim of abuse yourself is a strong catalyst for getting involved in this work (Lerias & Byrne, 2003; Sexton, 1999; Williams et al, 2012). As mentioned previously, this can be a resource as personal experience does provide the counsellor with greater empathy, however, it is also a risk as previous exposure to trauma puts the volunteer at greater risk for uncontrolled countertransference reactions and vicarious traumatisation.

The literature review explored the rates of abuse in South Africa which being exceptionally high, makes knowing a victim of abuse personally highly probable. It was interesting that in Amanda's quote above, she wanted to do more than listen and support, she wanted to give her friend advice in order "to help her out". The process of recovery from domestic violence is not a linear progression and reactions of frustration and disappointment are common reactions to victims who 'refuse' to take the counsellors advice. Our human need to "solve" the can be a barrier in the counselling relationship causing problematic countertransference reactions. Gibbons et al (2001) identified how the counsellor's expectations of her role as helper or healer shape her identity. Therefore, a refusal of help or not 'allowing the counsellor to heal you' is a direct threat to the counsellor's identity. This threat to the counsellor's identity may result in a need to defend themselves which can have detrimental effects on the relationship between a crisis interventionist and the victim.

4.4.3 Group Discussions

An important aspect of the RICH model is to create an environment that is genuinely collaborative, and which acknowledges the expertise of the participants (Giller et al, 2006). This was achieved through the use of group discussion. Brookfield and Preskil (2012, p. 12) note that "discussion is one of the best ways to nurture growth because it is premised on the idea that only through collaboration and cooperation with others can we be exposed to new points of view." Using issue-oriented discussion has shown consistently its effectiveness in attitude change (Gall & Gillett, 2001) as it is a powerful tool in helping people to confront their previously held assumptions as well as to hear the opinion from a different point of view.

Tracy notes that the discussions,

> allowed for thought provoking review and reflection, which allowed the participants to understand details of the matter from various perspectives.

The group was encouraged to be open, honest and respectful of other's opinions. Olmstead (1974) notes that a learning culture made up of a common learning goal, a sense of cohesiveness, and effective communication skills must be present for learning to occur. The group for this phase 1 of training was very small which allowed for greater comfort and ease as well as ensuring every trainee had a chance to participate. One participant noted that due to the small group "it was easy to be open and discuss my feelings". This is important to adapt for larger group settings by having smaller buzz groups where people can discuss their reactions and opinions first before presenting to the bigger group. Olmstead (1974) notes however that these buzz sessions are most appropriate for introducing a problem and "laying groundwork for learning to be achieved from later formal presentations or guided class discussions" but do not have as much effect on attitude change.

Gall and Gillett (2001) discuss that one reason why teachers don't use this technique is due to a loss of control. It goes against the traditional view that the teacher should be in control of what and how students learn. While there is risk of the training losing focus, it also allows for learning to occur beyond the facilitator's capability or vision. In this training, allowing the trainees to take the discussion off course allowed for opportunities to apply their knowledge. One example of the effectiveness of learner-centred group discussion centred around a discussion about a friend that the participants both knew who they believed to be in an abusive situation. While neither participant had labelled the relationship as abusive previously, the information they had received thus far had convinced them of her situation. This realisation created an opportunity for transformative learning as the trainees were reflectively applying the information they had learnt to their own lives and were forced to examine their assumptions about IPV victims.

The emotion they felt the strongest towards their friend's situation was a feeling of frustration. A common phenomenon in this work is providing a client with options which she doesn't take. This may cause the CI to "become extremely judgemental and censorious when the patient fails to live up to some idealised notion of how a 'good' victim ought to behave" (Herman 2001, p. 145). This frustration must be identified as a countertransference reaction in order to be managed so as not to harm the client further. This frustration was evident in the trainee's discourse concerning their friend. Sandra explained,

> He always does things that are controlling, and we sit with her and tell her what to do and "If he is doing this now then what is she going to do in the future" and then she will say "Yes she

> must talk to him" and then the next day she will be fine, and she will say "No, haven't spoken to him".

Rachel added to this by saying;

> It is frustrating cos it is not a once or twice thing. She knows what I am going to tell her. They ask for your advice and you're giving it, but they will all say the same thing. She never says what she actually does in the end so it's just this cycle.

As discussed in Chapter 2, this feeling can be understood as a result of the transfer of helplessness and disempowerment from the victim to the helper (Herman, 2001). Their desire to help and to solve the clients 'problem' is met with a lack of response or in some cases the client doing the opposite. This makes the helper feel helpless, unskilled and disempowered in this situation which in turn makes them angry and frustrated. It is important to recognise the cycle of disempowerment in an abusive relationship and how this can be perpetuated in a victim-helper situation (Herman, 2001). The facilitators led the participants through a process of normalising their initial reaction but at the same time helping them to get to a point where they recognised that expressing this to their friend would not be helpful. The discussion allowed us an opportunity to explore and understand their response to the friends' situation and how this response can impact their work with clients at the organisation. At this point in the conversation Sandra commented, "Now we are thinking of it in a bigger scale than we have done before". Her response reflects some initiation of deeper thought and reflectivity. This example confirmed the effectiveness of the training and specifically the self-reflective objective through one of the follow-up interviews with the participants. She spoke about how her response to this friend had changed in the weeks following the training as she was able to identify her instinctual response and reflect on how this was unhelpful to her friend. She felt she had become more available which resulted in her friend being much more open and honest about what was going on in the relationship. Her description of the story did however raise other countertransference reactions which we were able to explore during the interview. Even though she knew that it was not her role to tell the victim what to do, the emotional investment in her friend and her countertransference need to protect her, led her to take on the role of rescuer, ultimately telling her what she should do. This highlights the process of transformative learning which cannot be fully achieved in one session but rather requires constant reflection and opportunities for support.

4.4.4 Use of films

One of the experiential learning tools used in the training to produce a conducive environment for an ideological shift to occur was the use of audio-visual media. According to Tyler and Guth (1999) using media in training can be an effective tool. In this training, we focused on using the movies predominantly for content**.** Tyler and Guth (1999) demonstrate using movies for content as a means to provide information on a certain topic. We used a variety of clips to show the different types of abuse and to help the participants understand the difference and severity of each of the abuses.

4.4.4.1 Clips Used:

4.4.4.1.1 Once were warriors (1994)

The scene we used depicts a violent physical attack by Jake Heke (main character) towards his wife, Beth Heke. The violence begins with Beth's refusal to cook one of her husband's friends an egg. When prompted by her husband to do the task, Beth begins throwing eggs to the floor, shouting at him in front of their guest. He then punches her in the face, causing her lip to bleed and to fall to the floor. As he picks her up by her hair, she spits in his face and calls him a coward. The abuse that Jake inflicts on Beth is horrifying to watch and continues to escalate until the scene ends with him throwing her on the bed and taking off his shirt, suggesting marital rape. This is a powerful clip as it covers a wide variety of issue associated with IPV. It allows the trainees to reflect on the reality of physical abuse, the role of witnesses and the effect it has on the children. More interesting, however, is the participants response to Beth's actions as this scene forces viewers to reflect on their victim blaming tendencies.

4.4.4.1.2 Tyrannosaur (2011)

We used two separate scenes from this film. The first scene depicts Hannah (main character) asleep on the couch when her husband, James, comes home. The camera is at all times positioned on Hannah's face and body and so any visual of her husband is only at knee level. He calls out to her, slowly calling her name, and when he finds her proceeds to flick the main light on and off to wake her. Realising she isn't going to wake up, he stands over her, you hear him unzip his pants and then proceeds to urinate on her. The scene ends with him walking away and Hannah opening her eyes. This scene is both physically and psychologically violent and shows the reality of emotional abuse.

The second scene we used depicts James confronting Hannah about her relationship with Joseph, a male friend. As he slowly advances on her, she is left backed up in a corner and clearly panicked. Even though he doesn't physically touch her, the extent of the psychological abuse is clear through his words and non-verbal actions. This attempts to highlight the significance of ongoing emotional and psychological abuse.

4.4.4.1.3 TED Talk Leslie Morgan Steiner: Why domestic violence victims don't leave (2012)

The video is a TED style talk by Leslie Morgan Steiner, author of Crazy Love. She shares her personal testimony of surviving IPV, sharing her experiences of emotional and physical abuse, and directly tackles the big question, "why don't they just leave?".

4.4.4.2 Analysis

The use of films specifically to discuss the different types of abuse gave the participants greater confidence to share. After watching the different clips, the participants were able to formulate their own definitions and started 'teaching' us,

> I think that psychological abuse, someone constantly telling you, oh you're like this or like that. And then that stays with you. Physical abuse they hit you and then that's it for the day, but emotional abuse they start to internalise that and say maybe I am like that, its drilled into them so much that they start believing it and then they start acting that way

In a society where emotional and psychological abuse often isn't taken as seriously as physical abuse, it is important for CIs to recognise the severity of 'invisible' forms of abuse and how these can affect a victim of prolonged exposure. One of the participants reflected on the power of the media clips as opposed to hearing about it, "When you are hearing [the abuse story], you don't expect that. But when you are seeing it, it is a totally different reaction". The power of engaging more than one sense as opposed to just hearing about it was an effective tool in creating the ideological shift.

It was important to counter the cultural tendency to victim blame, and it was interesting how the participants spoke about the different clips using phrase such as "How can somebody do that to her" and "She wasn't even doing anything." The intimate nature of the abusive relationship also began to disturb the participants. Rachel reflected, "When someone is faced with that type of abuse over and over again especially form the person who is supposed to love you. The effect that that must have on you". It was important for the participants to reach this

understanding themselves in order to understand the process of captivity described by Herman (2001) which is crucial in order to work in this field.

After watching the TED talk, Rachel commented

> This video had made me realise that it is difficult for a person to just leave an abusive situation and that asking the person "why don't you just leave?" can be a form of victim blaming. It was only after watching this video I became conscious of how detrimental our own value systems or beliefs can be on a person who is in an abusive situation. Furthermore, I now understand how important unconditional acceptance is to a person who has experienced abuse

The second function of this experiential learning is process. Tyler and Guth (1999) state that "of greater importance in creating attitudinal or behavioural change is the process or experience that students have while viewing this film". Epstein's (1994) work on the use of experiential and rational thinking has highlighted the influence of emotions on thinking and vice versa. He proposed that "learning that occurs through a narrative or experiential approach will have a more substantial impact on students and their behaviour than learning that occurs through the rational system." (as cited in Tyler & Guth, 1999). The extreme and brutal nature of the video clips demands a response from the viewer. While using the content of the movies to provide some knowledge was valuable, blurring the two functions, of content and process, made the training unorganised and the goals unclear. One participant commented,

> It would be helpful if the general outlines of the session could be printed so that notes can be annotated after each sub topic is covered to allow for accurate and organized note taking in relation to the specific topics.

It was clear that using movies for process in future trainings would be more beneficial in the process of transformative learning. Overall, however, the use of the video clips was a positive learning experience for the participants. Sarah noted in her reflection that,

> The videos enhanced the discussion and although some of them sent shivers down my spine it hit me that although these were movie clips it is the reality of so many women out there and made me more determined to want to help those who suffer abuse.

There were, however, certain practical aspects of the process that were reflected on and could be improved in future.

4.4.4.2.1 Time for processing

Changing attitudes and cognitive schemas requires a greater deal of reflection time in order to process their thoughts. Heppner and O'Brien (1994) found that one of the dominant hindrances in attitude change in students was a lack of time given for processing. In order to allow trainees an opportunity to process their thoughts, each participant was given a blank page at the start of the session and the process of reflection after each clip was explained. However, due to a combination of inexperience in this role and personal distress after watching the clip, it was clear on reflection that trainees were not given enough time to silently reflect.

This meant that their sharing was based on their initial emotional reaction. Due to the intense nature of the clips, the participant's initial response was one of shock, horror and disgust. While this developed during the conversation, it had two negative repercussions. Firstly, each person's description of their reaction could have been shaped by the experience of another member of the group. Secondly, it didn't allow the participants enough time to process to ensure real growth.

Tyler and Guth (1999, p. 160) state that while using media clips for content can be beneficial,

> "we believe media will have the greatest impact when a classroom experience is created in which students need to process their feelings about the topic. By reflecting on the experience and incorporating the experience into their existing schema, the individual gains and grows"

It then becomes clear that a more beneficial use of this experiential learning experience is to give trainees an opportunity to reflect on what they felt and experienced. By doing this, trainees are able to think critically about what these experiences say about their own assumptions and allows for growth (Tyler & Guth, 1999).

4.4.4.2.2 Introduction of clips

The clips were not introduced and so participants viewed each clip without any knowledge of what they were about to watch. This was purposefully done in order to arouse an emotional reaction directed at their experiential system of thinking (Epstein, 1994). The cognitive processes used when a person is emotionally aroused are different from the analytical and logical processes when one is using the rational system. The participants were able to identify the effect that having an introduction to the clip would have had on them,

Tracy noted that,

> I think it wouldn't have been the same. We would have been prepared. We would have had a preconceived idea of the emotions and what to expect from that. It wouldn't have been so natural

While Rachel commented,

> I think we would have been guarded. We would have said 'Ok someone is going to be hit, or something is going to happen'. It wouldn't have been as shocking, you would have known, 'Ok this is going to happen'. But just seeing it straight out there

The participants were able to identify a primordial need to protect themselves and without knowing what was coming next, they had no chance to put up their defences. While the participants didn't explicitly state it, they inferred that certain defences are necessary in this field. This need to protect the ego is an important countertransference reaction to acknowledge as the automatic use of psychological defences can lead to instinctive victim blaming. This can have serious negative repercussions on the client (Pearlman & Saakvitne, 1995). Tracy's comment suggests that her emotional reaction originates from a checklist of feelings as opposed to a genuine response. However, the problem with this response is that a "nonresponse can transform appropriate emotion to mortification in a patient already predisposed to view his or her distress as weakness" (Dalenberg 2000, p. 37). It is also important for CIs to recognise that containing emotions can have serious long-term implications for both themselves and their clients.

Psychological defences are self-serving and are often necessary for survival and continuation in this work. It is therefore necessary for CIs to identify the defences they put up and what effect this may have on the client as when meeting clients for the first time as they do not have the opportunity to be forewarned about what to expect. Therefore, in reality CIs have no means to 'prepare themselves' and are more prone to their experiential response (Epstein, 1994). This was discussed with the participants, making them aware of the issues that arise when their initial response is not the same as what their role as a CI demands.

4.4.4.2.3 Potential for people to distance themselves

While films and video clips are regarded as a useful experiential learning technique, there is the risk that students will disengage from the content and distance themselves (Dollarhide, Smith, Lemberger 2007; Kim & Lyons, 2003). This phenomenon can be understood as a result of the passive nature of viewing a screen or as an important psychological

defence. When we view something that disturbs or disrupts our assumptions about the world, we are readily able to dismiss what we see as it is not real. Schauer, Schauer, Neuner and Elbert (2011 p. 7) highlight how viewing a horrifying movie would not qualify as traumatic as "adult observers are constantly aware that movies are not real and therefore do not panic".

In the training, we attempted to counter this by an exploration of the current IPV statistics in South Africa. The statistics, as explored in the literature review, are shocking especially in terms of the mortality rate of IPV victims. The intention of this exercise was to take what they experienced emotionally in viewing the clip and apply this to the reality of the world around them. One of the participants commented, "We hear about abuse and read about it all the time but it's only when you are made aware of the statistics does it hit home". The combination of the visual performance and the statistics of IPV made it more difficult for the trainees to distance themselves.

4.4.5 Use of Scenarios

According to the literature (Boehrer & Linsky 1990), providing trainees with real life examples helps to take theoretical knowledge and apply it. This also allowed us an opportunity to examine their underlying assumptions. The following situation was used

> *A girl and a boy, both aged 15, go in to a school toilet together. When the girl comes out twenty minutes later she is crying, and she tells her teacher that she has been raped. The boy claims she was willing. If you were the teacher, what would you think? And what would you do?*

The participants first reaction to the situation was to laugh. Morreall (1982) explores the various theories we use to understand laughter, namely Superiority, Incongruency and Relief theory. Morreall (1982, p. 249) uses a combination of these theories to identify two key features of laughter. The first is that there is a sudden change in the psychological state "from a serious state of perceiving and thinking about things that fit into our conceptual patterns, to a non-serious state of being amused by some incongruity." The sudden characteristic of this change is important as the person must be caught off-guard without a chance to adjust to the situation. The second feature is the pleasant feeling that is derived from laughter- this is either as a result of "enjoying self-glory, being amused by some incongruity, releasing pent-up nervous energy". In this particular situation, the participant's laughter can be understood as a result of being caught off guard by the content of the scenario and as a release of nervous energy. This is supported by the fact that after reading the second scenario to the participants,

laughter was not their initial reaction as they were prepared and had an idea of what was to be expected.

The situation was difficult but the discussion that followed was extremely valuable. The following statements were made by the trainees and were particularly interesting and suggested at their underlying assumptions.

> I would first of all sit them down and try and decipher what happened between them and maybe put them together and see

The first response from both participants was about needing to 'get to the bottom of this'. This is an important psychological defence. People working in this field often use avoidance strategies in order to protect themselves from acknowledging the abuse (Illiffe and Steed, 2000). This initial approach in dealing with the situation was distant, not allowing them to become too emotionally involved in either child's life. The link between empathy and vicarious trauma have been extensively discussed in the literature (Gubi & Jacobs, 2009; Lerias & Byrne 2003; Taylor & Furlonger, 2011; Williams et al 2012). There is a risk attached to becoming too emotionally involved in a client's story and taking on the role of the problem solver or rescuer. According to Herman (2001), this must be understood as the trauma workers response to their own feeling of helplessness. This is an important counter transference response which must be acknowledged.

> I'd see if she has any marks or bruises on her like so that you can see if she was fighting something

This response shows an assumption about the process of abuse and rape. If someone doesn't want it, then they will always fight back. Therefore, the opposite must mean that they were somehow willing or desirous. This myth leads to victim blaming which serves as a further isolating factor for victims (MacFarlane & Van de Kolk, 1996). The now famous cup of tea metaphor written by RockstarDinosaurPiratePrincess (2015) shows clearly the issue of consent, challenging our assumptions regarding sexual abuse.

> But as a teacher you don't want to take sides cos the boy could be innocent, so you can't just say 'yes she was raped'. Until you know really what happened you have got to keep it quiet.

Both participants were adamant that it was necessary to keep it silent. The reasoning for this, was for a large part to protect the boy from being "labelled as a rapist". The

phenomenon of keeping silent translates into a subtle form of victim blaming. Isolation is an important tactic in the cycle of abuse where the victim becomes entirely dependent on the abuser. Herman (2001) speaks about the psychological effect this isolation and captivity has on the victim and the unique relationship that develops between abuser and abused. She notes that "in situations of captivity, the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator" (Herman, 2001, p. 75). The minimisation of the abuse and the threat of not being believed are conveyed by the bystander's silence.

By using the scenario as a means of exposing some of the underlying assumptions that the participants had, we were able to challenge them and discuss these in a safe space. This kind of work is key to this training as without challenging trainees underlying assumptions, an ideological shift is unlikely to occur. Prior to this discussion, the trainees were asked if there were any myths that they struggled with or if they felt they still held certain biases when it came to intimate partner violence. Participants were adamant that they did not struggle with any bias and believed that they were able to provide unconditional positive regard without any hint of victim blaming. This could be as a result of different factors: their need for invincibility; psychological defences which they are not aware of or a genuine experience of total acceptance (Pearlman & Saakvitne, 1995).

The process is not easy as Sandra reflected

> I felt a lot of pressure during this task and had to do a lot of on the spot thinking, but it actually prepares you for dealing with cases at [the organisation] as you are given a situation and expected to help the person during a crisis, you have to know what to do there and then

The second scenario we gave them was slightly different and related specifically to intimate partner violence.

> *Your sister has phoned you and told you that she has decided to leave her husband and needs help moving. This is not the first time you have helped her move as she has made this promise before and in order to help her, you would need to leave your own children at home unattended. What do you do?*

Their initial reaction to the scenario was a lot more guarded. The discussion from the first scenario had made them more aware of their 'expected role' to be completely empathetic

and treat the victim with unconditional positive regard. Rachel was able to reflect and identify her reaction as controlled and distant as she said,

> If you don't have a sister in real life it is more difficult to put yourself in that situation. So, because I'm not thinking of real emotions then I can think more logically. But I am reacting this way cos I am not emotionally involved.

This meant that the discussion was less valuable than the first in terms of identifying problematic underlying assumptions but highlighted interesting observations. One reason for their 'text book answers' could be linked to the participant's subconscious desire to impress and appear capable. Surface acting which Zapf (2002) explores, refers to a worker's ability to manage the visible aspects of emotions on the surface and portray what is expected as opposed to what they really feel. This is problematic and dangerous as not only is there a risk of discovery by the client of their true emotions but can also lead to emotional dissonance (Zapf, 2002). Another more pressing concern for this training is that the participants did not feel that this was a safe enough environment to explore their genuine reactions. This could be as a result of how their reactions were handled during the discussion of the first scenario. It is important to reflect on the power imbalances that exist between the facilitator and the trainee and how this can be better handled in future. While this exercise was emotionally draining, the participants reflected positively on this activity, "Having a short break and time to reflect helped me take in everything emotionally. Thereafter I realised I can do this and make a difference." Sandra also reflected,

> I found that being questioned about how we would react if we were in certain situations was helpful. At campus we were not asked what we would do, rather we were taught theories and type of therapies that would be appropriate to use. These questions allowed me to contemplate whether or not I can do this type of work. I felt it opened my eyes to the reality of what being asked of me at the organisation.

4.4.6 Reflection and Mindfulness

The introduction to the concept of self-reflection was discussed at the very beginning of the training. The facilitators explained how the ability to examine their feelings and responses are key to achieving an ideological shift.

> The first step is to notice that you are having an emotion and identify it. Once you have labelled your emotional response, link it closely to what is happening at the time. Really take note of those emotions and talk about it and understand why.

Throughout the session we gave participants an opportunity to discuss what emotions they were feeling and encouraged them to understand these emotions. Many of their responses to our probing, however, were met with responses such as "I feel fine". The facilitators discussed this at length after the training and reflected on three possible causes.

Firstly, self-reflection is generally not fostered and emphasised in training leading to an attitude in which reflection is not as important as other cognitive or behavioural skills. The ability to consciously reflect on the unconscious does not come naturally to most people. This was supported in Amanda's reflection,

> Being asked to reflect on our own feelings was a challenge for me, but it proved useful to be aware of my own feelings and understanding the reasons behind why I was feeling a certain way. Doing this made me realise that I need to be aware of my emotions to gain control over them and not let it affect the person who needs help and emotional support.

This lends itself to the explanation that more practice and training on how to be self-reflective is needed. Amanda was able to identify that this skill would be necessary for future interactions with clients.

Secondly, this response can also be understood as a psychological defence against problematic or overwhelming countertransference reactions. The management of countertransference in the form of non-disclosure has been mentioned and is just as relevant in this instance. Dalenberg (2003, p. 27) notes that a common solution is to mute the emotional expression of the countertransference reaction and in this way the victim "learns that anger, shame, and terror will not overwhelm the therapist, who serves as a container". This is also complicated by the fact that the language of trauma is often inadequate and there are often no words to express the traumatic experience.

The third cause for their response is that they really did feel "fine". Participants may have held a high level of resilience and were better able to deal with stress. While it remains unknown what the reason behind their responses were, it provided some insight into the necessity of a more in-depth discussion in recognising and managing countertransference reactions in future trainings.

The reflective skills did, however, appear to be something that the participants continued to practice after the training. In the follow up interview, Sandra spoke about an experience she had had during her in-service training where she witnessed one of the CI's

disrespecting the project manager. Her reflection on the incident was guided by the process we had taught the participants in the training. She first identified the emotion she was feeling, one of shock and horror, demonstrating affective reflectivity and then went on to describe her process of identifying what exactly had made her feel that way as she stated, "it wasn't what she said but the way in which she said it, just dismissing [the project manager]" and what made it worse for her was that the incident occurred in front of a client. When asked what she had learnt from the experience, she spoke about how it had made her more aware of the importance of building community within the organisation for the sake of the client.

> You don't expect that, you all there to help people, so you accept the help of each other. You work together to achieve the clients best interest and not how she acted.

This incident highlights the climate of the organisation and the need for the existing CIs to receive additional training and support. The supervisory relationship set up between the trainees and the project manager allowed for greater emotional support during their in-service training. While this had been set up to protect trainees from the negative effects of the client's trauma, it appears that this was also valuable in protecting them from the trauma inflicted by their peers.

The intervention also included opportunities for the participants to engage in mindfulness practices such as journaling as well as a discussion about the importance of self-care strategies. The literature states that journaling is a powerful tool not only in information retention but also as a self-care strategy (Moon, 2006). The participants were given an opportunity to journal at the end of the session. They were instructed to reflect on what they had learnt, what reactions they had experienced and where these came from. The purpose of starting this learning-journal was to encourage participants to actively engage in metacognition, to reflect and learn from their experiences and to make sense of what they learnt thereby 'owning' what they learnt (Moon, 2006). For this purpose, assessment of this learning-journal was not necessary and, so it was also explained that nobody would read this. Ensuring full confidentiality sought to encourage honest and meaningful reflection by the participants. Time is identified as an issue in the literature regarding journal writing (Moon, 2006) and two important reflections were gathered in this intervention. The participants were given a full twenty minutes of silence to write at the end of the session, but this was too long for the participants and created an uncomfortable atmosphere. It was recommended that future interventions include more and shorter spaces for journaling throughout the training. This

would not only build up participant confidence in this technique but also embed it in the natural flow of the training.

The final mindfulness technique used was meditation. This technique is promoted in the literature as a self-care strategy in order to prevent vicarious traumatisation (Christopher & Maris 2010). Harrison and Westwood (2009, p. 209) found that "breathing consciously" helped the therapists "to stay calmly focused and grounded, which allows them to be less reactive and engage with greater equanimity". This was included at the end of each session and participants were encouraged to continue the practice in their own time. Rachel commented, "the breathing exercises at the end helped bring a sense of calm and tranquillity within us and we were ready to head home."

4.5 Evaluation

The three main aspects that demonstrated the effectiveness of this intervention as well as the participatory approach to this research were identified and analysed as follows.

4.5.1 The changes expressed in the participants attitude towards their friend

The recognition of their potentially damaging attitude towards their friend was one of the most important outcomes of this intervention. Initially their discourse regarding IPV indicated an attitude of unaffected and complete unconditional positive regard to victims of IPV and were quite scathing of bystanders who chose to do nothing or treated the victim with contempt. This however was challenged once they brought up their own friend whom they had identified through the training as being a victim of IPV. Their attitude towards her was one of exasperation which was reflected on through the training. The follow-up interview with one of the participants, explored this relationship and the trainee expressed how she had been more aware of the effect she has on the friend and tried to be more available to her.

4.5.2 Participants remaining at the Organisations

Historically, very few workshop participants decided to continue their in-service training after the initial training, and the organisation was struggling with a limited volunteer base. This forced some to work more than three days a week and caused multiple issues for the project manager when one went on leave. This intervention resulted in three out of the four participants choosing to stay on and remained at the organisation for more than a year and a half. At the time of completion of this thesis only one had left for employment reasons.

4.5.3 In-service Reflections

The trainees were required to hand in a short reflection after every session during their in-service training. This encouraged them to continue their reflective practice but also built up a relationship between them and their supervisor allowing her to support them emotionally. Some of their reflections included things they had learnt 'not to do' from the CIs they were training under. They mentioned incidents where the CI had directly told the client what to do or treated waiting clients badly. Other reflections spoke about the learning they had received from watching CIs provide a supportive and empowering environment and the effect that this had on the clients. These incidents demonstrate some shift in their thinking regarding the role of the CI but also in their understanding of IPV.

4.6 Reflection

Much of the discussion above has described the elements of this intervention that worked and those that failed. This section is meant to be a succinct collation of those recommendations that guided the design and development of the subsequent intervention. In reflecting on and evaluating the programme, it is necessary to reiterate the three goals of this intervention: to create an ideological shift, to increase the volunteer's emotional awareness and self-reflective capacities and teach them how to manage countertransference reactions. In order to do this an examination of the content, andragogic strategies and logistical factors best suited to achieve these goals was undertaken.

4.6.1 Content

At this phase of the intervention, the content was identified as important as the first two sessions on knowledge and myths promote the re-evaluation of the students existing cognitive schema necessary for an ideological shift. The session on what the CIs do at the organisation was considered a valuable tool in creating hope and motivating trainees to join the organisation. Finally, the session dedicated to vicarious trauma was also still important in ensuring trainees were aware and equipped with tools to prevent it and spoke directly to the last two goals on reflective abilities and countertransference management.

4.6.2 Logistics

The logistical issues in this phase emphasised the importance of having a larger group, adequate preparation to improve co-facilitation and the overwhelming negative effects on the multiple baseline tests. The benefits of having a wide variety of opinions, experiences and

alternate meanings in the learning environment is necessary for transformative learning and reflection to occur (Dewey, 1933). Having such a small group did not allow for the diversity that the ideological shift required. It was also necessary to use co-facilitation to its full capacity in order to truly harness the benefits of multiple perspectives and mutual support. Careful selection of the facilitators was therefore important to get a diverse and passionate group who would contribute to stimulating discussions and interesting dynamics. It was also decided that the full pre-test was not necessary and worked against our primary objective. Our qualitative evaluations for this small intervention was deemed appropriate and sufficient.

4.6.3 Andragogic techniques

The andragogy used in this phase of the intervention was considered the weakest aspect, requiring a great deal of improvement in order to achieve the goals of this training. There were however aspects that worked and would be retained. As discussed above, the evaluations from the first session had influenced the second part of the training highlighting the fluid and iterative nature of intervention research. The inclusion of the emotive case study provided interesting discussions and allowed the participants to become aware of their unconscious acceptance of IPV myths through applying their knowledge to a specific example. The exercise, however, also highlighted that the benefits of using a case study, for this purpose, was limited to one scenario at a time. The use of the meditation was enjoyed by all the participants and demonstrated clearly the benefits of using simple breathing exercises to regain a sense of calm. This is an effective self-care strategy in the prevention of vicarious trauma and therefore equipping trainees with this skill was a valuable tool in this training.

The unhelpful andragogic techniques included the overuse of 'telling' as an instructive tool, using the movie clips for content as opposed to using the emotive content to achieve transformative learning and the limited opportunity provided to participants for reflection and journaling. Techniques that encourage active learning and opportunities for application to their own lives must be made a priority in the next phase of the intervention.

4.7 Conclusion

This chapter explored the reflections and evaluation of the pilot test phase. This phase is meant to be an exploratory implementation of the intervention in order to guide the next phase of the full scale experimental field tests. This phase provided valuable input regarding the strengths and weaknesses of the initial design. The recommendations made for the next intervention, focused on the andragogic strategies used, drawing attention to the need for

transformative and experiential learning in order to initiate an ideological shift. While this was conducted on a small scale it was highly valuable in the subsequent intervention.

Chapter 5 Experimental Field Test Cycle 1

5.1 Introduction

This chapter discusses the results and analysis of the first cycle of phase five of the Intervention Research Model, namely full scale experimental field tests (Thomas & Rothman, 1994). In order to clearly demonstrate the progression of development, evaluation, and redesign that are central to phase five, the themes of this chapter will be organised in the same structure as the pilot test chapter. The evaluation and recommendations made in the pilot intervention as well as a further review of the literature was used to create the final intervention for the first field test. This chapter will detail the content covered, logistical issues, and the andragogic style.

5.2 Content

The content for this intervention mirrored the programme used in the pilot intervention discussed in Chapter 4. The same format was followed but presented in a slightly different way. Each of the sessions were mapped on an image of a human body in order to demonstrate the unity among the different components which, while separate, make up a whole. This was adapted from the Head, Hands, Heart Model proposed in Transformative Sustainability Learning (Sipos, Battisti & Grimm 2008). This model recognises the need to address the cognitive, affective and behavioural dimensions of learning and while this model was intended for developing eco-literacy in trainees, it emphasises the holistic transformation we have attempted to achieve in this intervention. This intervention was structured using Head, the cognitive domain, referring to the factual information regarding IPV and GBV; the Heart, the affective domain, identifying the role that myths about IPV and our countertransference reactions play in responding to victims; and the Hands, the psychomotor domain, referring to the role of a crisis interventionist (CI) in the organisation. We also added 'Feet' to our intervention, this highlights the necessary tools the CIs can use to stay motivated and sustained in this work, it also reminds them to 'keep moving forward'. This referred to creating awareness and preparing CIs to deal with the negative consequences of this type of work.

This approach was also found to be an effective organising strategy. One of the critiques of the pilot intervention was the lack of flow or continuity perceived by the participants, and therefore it was important to create a clear structure to avoid any confusion. Through this

technique, we hoped to create a structure that was easy for the participants to follow and be reminded of in the future. This guided the development of the first training manual which used the same body mapping structure.

One of the major shortfalls of this intervention was the facilitators attempt to cover too much content in one training session. Previous trainings overwhelmed some participants with too much information which hindered their learning and prevented them from fostering the ideological shift that we were attempting to achieve. Despite our attempts to provide a narrower focus the content remained substantial, causing two major problems. Firstly, the participants were overloaded with information and tired by the end of the training. The verbal evaluations conducted at the end of the day were organised into themes, with "exhausting" being one of the most common adjectives used to describe their experience. In hindsight, it would have been interesting to probe this more with participants to identify the cause of this exhaustion. The intense 'emotion' work done in the 'Heart' session does have the potential to be draining for participants. The heart session, however, is key to achieving the objectives of the intervention and so it is important to limit the scope of content to avoid unnecessarily burdening participants.

Secondly, due to lack of time the final session ended up being rushed. This is especially problematic considering that the final session covers vicarious traumatisation, reflection and the need for continued self-care strategies. The evaluation of this training focused on finding which aspects of the content were necessary to achieve the objectives of this study. The 'Hands' session which discussed the role of the CI did not directly impact the initiation of an ideological shift or help trainees to be more self-reflective and was therefore considered unnecessary. The original inclusion of this session was justified as a tool to create 'Hope' (Giller et al, 2006), prepare trainees for what is expected of them and empower trainees to get involved. Our analysis unravelled most of these justifications. Firstly, according to Giller et al (2006), the creation of 'Hope' is achieved through the explanation and exploration of vicarious traumatisation and must therefore be emphasised. Secondly, the role of the CI is best understood through experiential learning during their in-service training and thirdly the entire training seeks to be empowering as the ideological shift should naturally motivate trainees to get involved. It was decided that the content should focus on achieving an ideological shift by informing participants of the reality of IPV, addressing myths and preparing future trainees to prevent vicarious traumatisation and manage countertransference through an emphasis on reflection, monitoring countertransference and self-care strategies.

5.3 Logistics

This section discusses the practical issues and logistics that contributed to the success or failure of various aspects of the intervention. It was interesting at this point to begin to compare the logistics between this session and the pilot intervention in order to refine the programme.

5.3.1 Programme structure

The programme was finalised based on recommendations from the pilot intervention along with input from the various stakeholders. The programme is presented below.

Training Intervention	
08:00-08:30	Registration
08:30-09:00	Welcome and Introductions
09:00-10:10	Session 1- Head knowledge
10:10-10:20	Journal Reflection Time
10:20-10:50	Tea Break
10:50-11:50	Session 2- Myths
11:50-12:00	Journal Reflection Time
12:00-12:45	Lunch
12:45-13:30	Scenarios and Role Plays
13:30-13:40	Journal Reflection Time
13:40-14:00	Tea Break
14:00-15:00	Session 3- Hands- what to do?
15:00-15:10	Journal Reflection Time
15:10-15:30	Tea Break
15:30-16:30	Session 4- Feet- moving forward- VT
16:30-17:00	Going forward at the organisation

Table 2: Programme Structure Phase 5 Cycle 1

5.3.1.1 Two half-day sessions to one full-day session

The first major change in the programme structure was the merging of the two-day programme into a one-day programme. The intention at the beginning of the project was to offer a one-day course in order to ensure participation in both sessions and a sense of continuity. The major disadvantage of having a longer session is the risk of information overload and exhaustion.

This has been discussed above with recommendations made in terms of the content, but it is also recommended that the time frame be shortened from a 9-hour session as this is not conducive to sustained learning.

5.3.1.2 Shorter sessions with breaks

As stated in chapter 4, one of the recommendations made was to have shorter sessions with more breaks in between. This would allow for participants to have a chance to process information and remain focused. Heppner and O'Brien (1994) found that one of the dominant hindrances in attitude change was a lack of time given for processing in training. The sessions were therefore scheduled to last no longer than an hour with a chance to journal between each session. The journal slots also provided a space for trainees to become more reflective and emotionally aware, thereby helping trainees to integrate the new information into their cognitive schemas promoting post-traumatic growth.

Due to issues with time keeping, the journaling time slots were shortened. The lack of emphasis given to this aspect of the training shows a fundamental flaw in our understanding and appreciation of both how people learn and how best to achieve the training objectives. The literature is clear that time to process content and a space for people to think metacognitively is essential to transformative learning (Mezirow, 1978). Future trainings must ensure that participants understand the benefits of reflection. It is not enough to 'tell people', reflection must be a priority for facilitators even if it means limiting the input the participants receive.

5.3.1.3 Different facilitators

In the pilot intervention, the researcher and one other facilitator took on the role of facilitation. This was evaluated and reflected on in the previous chapter. While this was not a true co-facilitation (Cohen & DeLois, 2001) due to the imbalance of power and workload, having someone in a supportive facilitative role was helpful. During this intervention six facilitators were chosen in order to provide participants with unique styles, personalities and approaches. The facilitators were all affiliates of the organisation and had a positive working relationship. Cohen and Delois (2001) record how important it was to have a good working relationship based on mutual respect and trust as this will in turn promote the same attitude towards the participants. This also allowed the researcher an opportunity to observe more closely while still maintaining her participant observer status. One of the concerns of the pilot intervention was the role and intensity to which the researcher was involved in the training. The researcher's dual role in

delivering while simultaneously evaluating the training, was not ideal. This also did not allow much opportunity to observe and reflect on the process.

5.3.2 Venue

The pilot intervention was held at the organisations head office. While the intimate nature of the venue helped to create a warm, friendly and non-threatening environment, the continued functioning of the organisation was distracting. In order to accommodate the larger group while keeping costs down, the venue for this training took place at the conference centre of a local university. It comprised of a large lecture venue, a dining area and a formal reception foyer.

The venue did not foster the same intimate and non-threatening environment as the previous venue but served to create a positive sense of professionalism. Participants who were encountering the organisation for the first time would have been left with a good impression. The different spaces also allowed for more movement and flexibility from one space to the other. For instance, the first session was predominantly group work which is not conducive in a lecture hall and so the dining area, comprising of large round tables, was used.

5.3.3 Time Keeping

According to Giller et al (2006), ensuring the programme runs on time is a powerful tool in building a respectful environment. In spite of the facilitators best efforts, this was not achieved. The majority of the participants arrived late for the training which meant, with so few present, starting at the intended time was considered counterproductive. Participants gave a variety of reasons such as poor transport arrangements and family responsibilities. While the delayed start ensured that none of the participants missed any of the sessions, this caused those who arrived on time to feel frustrated, as well as delaying the programme structure. Another issue, that created a major change to the programme structure, was the delay in the delivery of lunch which arrived almost an hour late. This resulted in the shortening of key aspects of the training and ultimately meant that the final session specifically aimed at addressing vicarious traumatisation, was not properly executed. Intervention research is often accompanied by logistical issues due to the practical nature of the research and the reliance on human resource capital. In order to maintain a respectful environment, the participants were all informed of the progress of the schedule during the day and we apologised for any inconvenience caused. These incidents highlight the often-unpredictable but realistic nature of intervention research.

5.3.4 Size of the group

For this training a general call out was made to the wider public inviting interested parties to participate in the workshop. The training was given for free to separate the role of training as a means of volunteer recruitment from the organisation's fundraising efforts. This resulted in an attendance of fifty people from the community. In the past, trainings were also used to generate income for the organisation which meant that large attendance numbers were encouraged and used as a measure of success. While the prospect of having such a large group created a means of generating income, it did not translate into a greater influx of committed volunteers, and potentially affected the focus of the training.

The pilot intervention was a small group, and so the shift to the larger group was one of the most interesting aspects to examine. One of the positive aspects of having a larger group meant that the diversity of the group offered wider insight and a variety of opinions in the group discussions. One participant from the pilot training reflected that she greatly benefitted from the bigger group as "we heard many different opinions because there were now about 40+ people present as opposed to just two of us during the pilot study." It was also encouraging for participants to feel part of a larger movement of people choosing to stand with the victim as opposed to common apathetic reactions which only serve to perpetuate the silent cycle of violence.

However, on reflection the disadvantages outweighed the benefits of having a larger group. The intimate nature of the pilot intervention fostered a genuine connection between the participants and facilitators. This "connection" aspect was lost within the larger group as there was not enough time to foster relationships with all the participants. This was most clearly seen during the breaks where many participants who had attended alone, seemed lost and unsure who to sit with or where to go. This was also demonstrated in the lack of integration between the facilitators and participants. This meant that the power imbalance between facilitators and trainees persisted, and a collaborative learning environment was not fully achieved.

The focus of this training is to encourage transformative learning which requires the participants to immerse themselves in the programme and be actively engaged with the material and discussion (Taylor, 1998). However, with the large group it was easier for the participants to disconnect and emotionally distance themselves. This is a natural defence mechanism, as discussed previously, but does not allow for a shift to occur. The highly emotive nature of the training used to illicit a response in participants ethically requires careful monitoring by the trainers. Morrissette and Gadbois (2006, p. 134) state that "careful consideration needs to be

rendered to the maximum number of students enrolled within courses where intense reactions may emerge". The team of trainers were available to deal with any potential issues raised by participants, but it was difficult to provide support unless someone actively came forward seeking help or expressed their emotional response in the group discussion. The recommendation for the next phase will be to find a balance between quality and quantity.

5.4 Andragogic Techniques

The goal of the training was to move beyond purely cognitive training to the development of emotional skills. This was guided through a transformative learning framework creating a space for participants to actively engage in and reflect on the material. The andragogic techniques were therefore selected and evaluated in terms of their effectiveness in achieving the research goals.

5.4.1 Collaborative Learning

One of the changes made to the presentation style was the way in which information was shared and discussed. This session on IPV facts in the pilot intervention, was led by the researcher in a predominantly lecture-style format. This failed to build respect amongst the participants as there was little recognition of the participant's expertise (Giller et al, 2006) and did not lend itself to any real learning. Pedersen (2000) emphasises that real learning requires more than merely being told something. A collaborative approach was then used throughout the training to encourage participation from all the trainees in the knowledge creation process. This was most effectively used in this intervention's session on IPV facts as trainees were broken into small groups to discuss the topic before presenting back to the large group. Gall and Gillett (2001) comment that group discussion is an effective technique when looking for more than mere recall and recitation but instead a higher cognitive engagement with the material. Participants had an opportunity to brainstorm everything they knew about GBV and IPV in small groups, engaging with new ideas or ways of thinking as well as affirming their existing knowledge. Acknowledging participant's expertise is crucial in building respect in the group (Giller et al, 2006). The methods used in the pilot intervention brought up the participant's feelings of inferiority which led to the belief that they had nothing meaningful to contribute. The emphasis on collaborative learning was therefore empowering and fostered a sense of connection. The group sharing was lively, and the participants really seemed to enjoy the challenge. The sharing and feedback to the large group was then facilitated by one of the trainers to ensure that participants had included all the necessary information. This process was very successful as each group provided the necessary basics as well

as contributed different angles and approaches to understanding IPV. Their responses were recorded on boards around the room and organised into categories using different colours. The use of different colours helps to identify themes collated from the different groups- for example types of abuse, effects of IPV or causes of IPV.

Allowing the participants to be a part of the process of knowledge creation was also an important technique in the process of achieving attitudinal and affective change in participants. At this beginning stage, it was necessary to make participants aware of their existing knowledge and to a lesser extent, that they are functioning from previously constructed schemas. Kolb (1984, p. 28) states that "everyone enters every learning situation with more or less articulate ideas about the topic at hand" and in the case of IPV, these can be debilitating. Kolb (1984, p. 28) goes on to argue that it is necessary "not only to implant new ideas but also to dispose of or modify old ones". Small discussion groups have the benefit of forcing everyone to contribute and verbalise their personal thoughts as well as the element of "reciprocal influence" where "students learn not only from the teacher but from each other" (Gall and Gillet, 2001, p. 99). One of the participants reflected that the task seemed less daunting in a group setting and while it was initially difficult to get started, their ideas were eventually flowing. This also gave those who held misconceptions about IPV an opportunity to evaluate their understanding based on the group discussion. It is recommended that the next training include some input from the participants regarding the process as opposed to only focusing on the what knowledge they could contribute. This could be guided through questions such as 'Did you learn anything new?', 'Were you surprised by anything?' and 'How has your understanding of IPV changed as a result of this exercise?'. This will begin the reflective process and help participants to recognise a shift beginning to take place.

The exercise did, however, have a number of drawbacks. Due to the large numbers the groups were fairly large (about ten people). This did not lend itself to intimate, meaningful discussion and many participants did not have an opportunity to share. The ideal group size to ensure maximum participation is five people (Gall and Gillet, 2001) and should be adhered to in order to promote transformative learning. Another issue was that the groups were not individually facilitated. Gall and Gillet (2001) state that this is not a problem as long as the participants have a minimum level of discussion skills. This was, however, not controlled and was highlighted by one of the participants in her reflection. She commented that her group was difficult to work with as they had two very outspoken and dominant members who did not allow for open sharing. In order to counter these difficulties some monitoring of the group discussion should take place by

facilitators or allocate one participant as the discussion leader in each group (Gall and Gillett, 2001).

5.4.2 Introductions

The welcome session is important to provide a RICH environment (Giller, Vermilyea and Steele, 2006) and provided an interesting analysis in terms of the participant's motivations in the pilot intervention. Giller et al (2006) state that a powerful tool in establishing connection, is to have participants introduce themselves and build relationships. The original intention of this session was to have the facilitators introduce themselves and then follow this with introductions from the participant group. However, due to delaying starting, we were unable to allocate any time to this, resulting in participants not having an opportunity to introduce themselves. The repercussions of this was difficult to measure but the researchers observed an absence of 'Connection' which was further exacerbated by the lack of basic introductions. This stood in stark contrast to the pilot intervention, and while this connection was reinforced by the small group size and intimate venue space, there are means to create this in a larger group which should be given priority. Pederson (2000) emphasises that without the security of a safe educational experience, participants will be less likely to take risks and therefore less likely to learn or transform.

5.4.3 Use of Films

Audio-visual clips were used throughout the training for various purposes. The "Heart" session was guided predominantly through the use of films. Based on the recommendations from the pilot intervention, the movie clips were used to illicit an emotional response from the participants and the discussion focused on the process or experience of viewing the clip as this has a greater effect on creating attitudinal change (Tyler and Guth, 1999). The goal of this session was to challenge any myths and victim blaming beliefs that the participants held in order to both initiate an ideological shift and to guide the trainees through the practice of self-reflection and emotional awareness. This therefore addresses both of the main intervention objectives proving to be a valuable tool.

5.4.3.1 Clips used for 'Heart' session

5.4.3.1.1 Once were warriors (1994)

The scene we used depicts a violent physical attack by Jake Heke (main character) towards his wife, Beth Heke.

5.4.3.1.2 Tyrannosaur (2011)

The scene where Hannah (main character) has fallen asleep on the couch when her husband, James, comes home and after calling for her without any response proceeds to urinate on her.

These clips were both used in the pilot intervention (see Chapter 4 for detailed summary of clips) and proved effective in emphasising the participant's misconceptions about IPV particularly in examining victim blaming tendencies and a recognition of the severity of emotional abuse. The following clips were introduced in this phase of the intervention.

5.4.3.1.3 #ViolenceIsViolence: Domestic Abuse Film (2015)

This short film begins with a scene of psychological and physical abuse of a female victim at the hands of her male intimate partner in a public square. The focus is, however, on the reaction of the crowds filmed using a hidden camera. Many people watch from afar but fail to intervene until one woman approaches the couple and threatens to call the police. It is at this point that she is then supported by others who previously may have lacked the courage to intervene. The scene is then repeated, except this time the gender of the victim and perpetrator is swapped. The crowd's reaction is very different as the camera catches people laughing and smiling, and it is clear that nobody will intervene in the same way they had done for the female victim. The difference in the reaction of the crowd highlights the difference in the way we react to a male victim of IPV.

5.4.3.1.4 Analysis

In this session, participants were given time after each clip to process their reaction before being asked to share it with the group. The majority of the participants shared the expected initial reaction of horror and disgust, but the discussion was guided to a deeper level as participants were pressed to start thinking metacognitively. The lead facilitator triggered this process by pushing participants to recognise their emotional response and focus on what was happening in the clip to cause this response. On one occasion the lead facilitator asked the group what they were feeling after having watched the clip and a participant responded that she thought it was wrong of the bystanders to abandon the victim. The facilitators response was "No, that's not what you're feeling". This left the class in a suspended shock and, as a participant observer, I sensed my own emotional response reflected in the rest of the participants. A sense of panic and confusion as to what he could mean as well as a feeling of indignation at the assumption that he had a better idea of this participant's feelings than she did. Her response was a simple 'Oh' which initiated the following explanation from the facilitator: "You just told me what you were thinking, I asked you

what you were feeling". The tendency to focus on their cognitive response was common throughout all the interventions and highlights the difficulty participants had in being able to recognise and articulate their emotional response. This practice is fundamental in self-monitoring as it goes beyond the cognitive domain and taps into the affective domain allowing for greater depth of transformation. This experience helped the rest of the participants to understand what exactly was required of them and gave that specific participant an opportunity to reflect on how the incident of the bystanders leaving really made her feel.

The awareness of their emotional response was then used to understand and critically reflect on where this response comes from as we attempted to safely uncover the participant's assumptions and psychological defences. Mezirow (1997) states that it is through this reflection on our underlying interpretations and beliefs that we are able to transform our frame of reference. One of the participants was a victim of IPV herself in a previous relationship, and spoke about how watching the *'Once were warriors'* clip abuse made her feel quite overwhelmed and frightened for the victim. She was able to recognise that this feeling came from a reexperiencing of her own trauma. The literature states that often victims of trauma are drawn to this type of work and while this does ensure for greater empathy and sensitivity, it also increases the risk of negative countertransference reactions and vicarious traumatisation as the trauma worker is reminded of her own trauma (Lerias & Byrne, 2003; Sexton, 1999). The participant was able to recognise this herself as she stated in the focus group discussion, "While it is probably more traumatising for me, I feel like I can relate to people more". This recognition made her more aware of her need for support and self-care strategies and mentioned how spending time with her daughter after the training helped her to regain her strength.

The majority of the participants stated in their reflections that this session was the most interesting and informative especially in hearing the responses of others in the group. Having such a small group in the pilot intervention meant that the diversity of responses and reactions was limited. This group of 50 however provided an opportunity to hear different people's interpretations which forces them to reflect on their own interpretations. One participant commented,

> Like we watched the clip and different things stood out to different people. For me it was interesting to see how I would notice something and it would seem so blatantly obvious to me but then someone else would pick up something else that I hadn't even thought of or noticed. I hadn't considered a lot of what others brought up.

The literature emphasises the importance of "fostering opportunities for student engagement in rational discourse" which "allows learners to openly discuss and challenge their beliefs with their peers" (Ukpokodu 2009, p. 66). One of the most interesting aspects of the discussions came after one participant shared how he believed that the victim in the *'Tyrannosaur'* clip instigated the abuse or 'punishment' she received by her partner. He put himself in the role of the husband and interpreted the scene as follows:

> He got home from work and called out lovingly to his wife, when she didn't respond he came looking for her and playfully flicked the lights to wake her. It was obvious that at this stage she was purposefully ignoring him as anyone would have woken up and, so he obviously felt hurt and unappreciated.

This interpretation was not openly shared by any of the other participants and as one trainee reflected, "this response was met with deep gasps from the audience as I think they were all as shocked as I was at what they had heard". This clash between the participants is important as it demonstrates different ideological perspectives and various levels of patriarchal influence. Transformative learning hinges on a disorienting dilemma in which trainees are presented with an alternate view which challenges their values and beliefs (Kroth & Cranton, 2014). The participant who shared his interpretation appeared to be operating from a masochistic, victim blaming perspective focusing on what the woman did or rather did not do while the rest of the group were more focused on the perpetrator recognising that the woman didn't and couldn't do anything to deserve being treated in such a demeaning way.

At this point three things were necessary. Firstly, the facilitator needed to support those in the group who may have felt victimised by his interpretation. Many in the group shared how the clip had made them feel shocked and disgusted putting themselves into the position of the victim. So, to be met with a different perspective where the very act that had been so horrific to them was being justified as a consequence of the woman's actions became personally violating to them. This confronted participants with the realisation that they can do little to protect themselves and do even less to not be blamed for it. The discussion explored what it felt like to be exposed to victim blaming and helped participants to identify their emotional response.

Secondly, participants needed to be transitioned into metacognitive processes, to not only identify what they were feeling but to explore the meaning behind it. The discussion also sought to help participants identify their impulse or instinctive response and recognise that this may not be functional. One of the participants, who reflected on this incident in her evaluation, attempted

to enter this metacognitive process and reflect on her fellow trainee's interpretation and to critically reflect on her own emotional reaction. She recognised her initial reaction was one of shock and disagreed with the participant's interpretation as she didn't believe that the woman deserved to be treated that way. She noted that, "whilst everyone is entitled to his/her opinion and I don't mean to disrespect his opinion however I did find what he was saying quite hard to take in". Her appraisal was based on a gendered approach stating, "It was interesting as it was a male who gave this opinion and maybe tried to put himself in the position of the husband in the video". Flood and Pease (2009, p. 127) describe the gender gap in attitudes towards intimate partner violence stating that "men are more likely than women to agree with myths and beliefs supportive of violence against women, perceive a narrower range of behaviours as violent, blame and show less empathy for the victim". But she goes on to maintain that this cannot be used to excuse his victim blaming interpretation as she says, "the other males in the audience did not agree as one said that the husband should not have done what he did no matter how he felt which is something everyone else agreed on." Her ability to reflect on this incident shows growth in her metacognitive ability as this particular participant had also been one of those who attended the pilot intervention. It was important to help participants enter into this reflective process as clients often share stories or opinions that are drastically different from the CI's and it is important that they have the ability to recognise their countertransference reaction and how this affects the way they respond to the client. Wells, Trad and Alves (2003, p. 24) state that "countertransference reactions are considered invaluable sources of information in the treatment of trauma survivors." This is one of the main aims of this training, not to remove countertransference reactions, but rather to encourage participants to recognise these impulses and manage them by acknowledging that these are based in certain assumptions they hold about the world.

Thirdly, the facilitator needed to focus on the participant who had shared this victim blaming response. It is important that participants feel safe enough to express their opinion, while simultaneously maintaining a safe space for the rest of the participants that is free from victim blaming. The participant needed to be handled in such a way that he could recognise that those views were hurtful and feel safe enough to come out of that victim blaming position. A punitive approach would only serve to create feelings of guilt, shame and more than likely make him resistant to change. In this incident, the facilitator accepted the participants view and welcomed rational discussion regarding other's responses. The focus was less on their emotional reaction but rather on identifying what assumptions their opinions were based on.

This incident was the most striking example of the opportunity for transformative learning in rational group discussions and while we did not receive a reflection from the participant who shared this response, this was a valuable learning experience for those that had shared their reflections. Participants reflected on how this experience of victim blaming had made them more empathetic to victims who endure this response as well as the striking realisation that not everybody works from the same assumptions or ideology as they do. This is a simple yet important lesson as our natural inclination is to assume that everyone works from the same premise as ourselves which often results in CIs "treating others as they would like to be treated" whether the victim likes it or not.

5.4.3.2 Clips used for 'Hands' session

The session on 'Hands' focused on what we can do in the fight against intimate partner violence. This began from a more general view to the specific role of a CI at the organisation. As discussed previously, the intention of this session was to inspire, empower and give hope to the trainees regarding what can be done. The following three clips were used,

5.4.3.2.1 Bell Bajao - Bank Clerk: Breakthrough India (2010)

This short advert used in a campaign against IPV in India depicts the role of the bystander. The scene shows a bank teller overhearing his neighbour beating his wife behind closed doors. The bank teller decides to disrupt the couple thereby interrupting the abuse by knocking on the door and making up a story about an incorrect postal delivery while handing the man an empty postcard.

5.4.3.2.2 Babyface- How come, How long (2009)

The music video shows the consequences of silent bystanders in domestic violence as a woman is eventually killed by her intimate partner. The neighbours and friends are left to reflect on their interactions with the couple and their failure to intervene. The song lyrics question our apathy towards victims of IPV and challenges people to intervene before it is too late.

5.4.3.2.3 [Organisation] Promo Video (2010)

This was a promotional video made in 2010 to highlight the work of the organisation. This includes interviews with board members, current CIs and the founding members to give an overview of the vision and workings of the organisation. This video was used to explain the working of the organisation. During the pilot intervention, the specific functions of the organisation was only briefly touched on and spoken about by the facilitator. The use of this media

clip made the content more interesting and gave those who didn't know much about the organisation a better understanding.

5.4.3.2.4 Analysis

At this point in the training, the reality of IPV can seem overwhelming, and participants commented that after the previous session, they were feeling drained. This sense of overwhelming helplessness is mirrored in victims of IPV as a loss of hope is a central feature of the cyclic nature of abuse. This emotional exhaustion can also be understood as a defence mechanism as participants attempt to distance themselves from the material (Herman, 2001). It was therefore necessary at this point to actively instil hope and reignite the passion they felt for this type of work (Giller et al, 2006). The *'Babyface'* clip was an addition made by one of the lead trainers during the intervention and highlighted the participatory and evolving nature of the training development. This had a positive response from some participants stating in the evaluation session that this was a highlight of the intervention and something that they would remember. Ohrt, Foster Hutchinson and Leva (2009) states that the use of music videos can be a powerful tool in teaching empathy "as the viewer can identify with the character's story (lyrics), visual portrayal (video), and music that may elicit heightened emotional responses". The emotional response elicited from these clips was important as it served to counter the draining and heavy emotion work from the previous sessions.

5.4.5 Scenario and Role Plays

The pilot intervention showed the benefit of using a real-life example where theoretical concepts could be applied to a practical situation. This also served as an interesting way of identifying the participant's instinctive responses and the process of creating an ideological shift. By using the scenario as a means of exposing some of the underlying assumptions that the participants had, we were able to challenge them and discuss these in a safe space. This kind of work is key to this training as without challenging the trainees underlying assumptions, an ideological shift is unlikely to occur. This worked well in the smaller group as everyone was forced to participate and reactions could be contained and discussed in detail. In the larger group, it was decided that one way to illicit a similar experience would be to use the scenario as a rotating role play.

Role playing is a highly favoured component of a variety of training programmes "and has been shown to be effective in producing behavioural changes" (Singh et al, 2002). Role plays allow for trainees to adopt a more active role in learning which promotes greater assimilation

of what is being taught. The scenario chosen was not directly linked to IPV and was ambiguous in its detail and direction. This created an interesting dynamic as participants had to consciously link what they had learnt that morning to the current scenario. The scenario was described as follows:

> *A girl and a boy, both aged 15, go in to a school toilet together. When the girl comes out twenty minutes later she is crying, and she tells her teacher that she has been raped. The boy claims she was willing.*

Two volunteers were selected, one to play the role of the teacher and one to play the role of the female student. In order to maximise the effectiveness of role plays, a variety of techniques and guidelines are proposed in the literature. It was important to provide a supportive environment for trainees. Gabriele (1982 p. 384) notes that role plays should only be used when "participants and trainer feel at ease with one another". The role play was introduced after lunch, as there was already a level of comfort and awareness of expectations. Participants rotated the various roles and could choose when to get somebody else to relieve them. This meant that participants weren't forced into an uncomfortable position where they would feel embarrassed or unsure. Swink (1993) suggests that another method of countering discomfort would be to have facilitators begin the role play by instructing trainees to start off responding to the client with all the wrong responses. This will encourage some humorous examples and break the ice. This is recommended for the next phase of intervention.

The role play worked well in fostering community and active participation by all involved. An example of the fluid nature of this session can be seen in one example where a participant suggested that the mother of the male student be added to the role play in order to introduce a different dynamic. As a group, we agreed and were able to watch and reflect on the drama that unfolded. We also allowed the participants to reflect, during and afterwards, on different directions they might have gone and the way that they reacted to things said by any of the actors. This was another way of allowing participants to think metacognitively. They were forced to identify how they would have reacted or handled a specific issue and then reflect on where this comes from and why they think this way. One participant commented on how much she enjoyed this;

> It was interesting and entertaining to see how each one played their role and more interactive than the scenarios being given to you and you having to say what you will do in that particular situation. This was an interactive session and once again it was interesting to hear people's

> opinions and what they would do in a particular situation or how they would like the role players to play their part.

Another interesting benefit from the role play itself came from the reflection of one of the participants, Anya, who played the role of the female student. She spoke about how she had felt misunderstood and completely disempowered throughout the process. She adds,

> It was really interesting to play that role and feel the insecurities and the fear and anxiety she would have felt. It was a really good way to put myself in her shoes as before I felt kind of separated.

The focus group also brought up the benefit of the role play taking the participants deeper into the emotional experience of the work. As mentioned previously, one of the participants, Melissa, had disclosed that she was a victim of IPV and shared how the training brought up an intense emotional reaction as she recalled her own experience. It was therefore interesting that the role play had such a powerful effect on Anya allowing her to experience, to some extent, the insight that is generally reserved for people who have shared a similar experience. Anya also commented that this exercise had a greater effect than watching the movie clips. Kim and Lyons (2003, p. 402) state that the "vicarious nature of the experience creates some artificial distance between the content and emotional reaction". While the role play was a fictional scenario, it had the ability to break down and counter the distance that may have been experienced while watching the movies.

5.4.6 Testimony

While participants were encouraged to take a more active role in the community, much of the content of this training focused on the role that the CIs play. It was hoped that by providing a structured way for people to get involved, trainees would more likely feel empowered and motivated to join the organisation.

As discussed above, the work and vision of the organisation was presented through the use of the organisation's promotional video but was also supplemented and supported by the testimony of a current CIs own experiences. The pilot intervention used the testimony of a CI in a more unstructured format. However, this was problematic as the objective of instilling hope and creating a positive image of the organisation was overshadowed by this CI 'venting' about the problems she was currently facing within the system. It was decided that structuring this session in terms of a time frame and direction would be more beneficial. In order to achieve

this, questions were posed to the CI in advance who then had an opportunity to prepare her responses. The discussion included aspects such as her reasons for joining the organisation, and her role, but most importantly we asked her to speak about a case that she had dealt with that encountered but overcame challenges. While this was helpful for the CI, she was still uncomfortable presenting to such a large group and did not want to stand up alone. It was important to take her discomfort into account and therefore we set up the session as a question and answer session with another trainer. One of the positive aspects of this session was that the CI shared her fear presenting to a large group which is an important aspect of building connection (Giller et al, 2006). The CI gave some good examples as reflected by one of the participants,

> She gave us some situations she had encountered whilst at 'the organisation' which gave us a little insight into what the crisis interventionists do. This gave us a better understanding of the organisation and the realities of abuse. Only when you hear these real-life situations does one realise the seriousness of the situation and the importance of having places like the advice desk to help those in need. I knew that I wanted to be there and help create a change, even if it is just a small task that would make a difference.

This speaks to the empowering nature of this session. The only negative aspect about the presentation style chosen is that it came across as rehearsed and lost the passion that the CI would normally exude. It is, however, unclear if this was more as a result of her discomfort with public speaking or an issue with the presentation style. While this gave participants a better idea of the function of the organisation, it did not ultimately fulfil the objectives of the intervention and was subsequently removed from the programme. It was decided that this testimony could be included more informally in the in-service training.

5.4.7 Reflection and Mindfulness

This aspect of the intervention is vital as it is the training and practice of reflective skills that will not only maintain the ideological shift during their in-service training and beyond but help participants to monitor their countertransference reactions and avoid victim blaming. The two main techniques used in this training were journal reflection and the final meditation.

5.4.7.1 Journal Reflection

The process of journal reflection was explained at the beginning of the training so that participants could already be aware of the need to begin the self-monitoring process. The pilot

intervention demonstrated how difficult this task was for participants as this was not a skill they had been trained to use before. In order to emphasise the importance of this exercise, we chose to introduce it at the very beginning to reaffirm their understanding just before each journal reflection session.

This phase of the intervention included the addition of more frequent but shorter opportunities for participants to use journal reflection as a means of self-monitoring. It was proposed that by giving participants more opportunities to practice the skill of journaling, they would be better able to move from simple reflections to more critically reflective emotional awareness situations. Overall the researcher's reflection showed that this aspect of the training was poor and did not adequately meet the objectives of the intervention. As mentioned previously, the programmes inclusion of ten-minute slots for journal reflection was not executed effectively and the lack of importance and emphasis placed on these sessions by the facilitators may have been echoed in the participants own attitude towards this exercise. The journal entries were not read or analysed by the researcher in order to encourage honesty and to emphasise the deeply personal transformation and effort required in this training. It was therefore difficult to examine the effectiveness of multiple journal entries. There was however evidence of greater critical insight and depth in the reflections that trainees submitted during their in-service training. The first set of reflections sent by the new trainees were based more on what they did during their shifts but as time progressed, they showed greater capacity for self-reflection and emotional awareness. This lends itself to the belief that more frequent opportunities for practice along with a reminder about the purpose of journal entries will foster greater metacognition.

5.4.7.2 Meditation

A meditation was included at the end of the session on account of the positive reception it received in the pilot intervention. The literature regards meditation to be an effective strategy in helping trauma workers maintain composure and assists in the process of reflection-in-action as they become less emotionally reactive (Harrison & Westwood, 2009). This allowed participants first-hand experience of this beneficial self-care strategy and they were encouraged to continue the practice at home. It also helped to contain and calm the participants before they left the training. This was an important ethical demand as facilitators had to ensure that participants would not leave the training worse off than when they came.

5.5 Evaluation

5.5.1 The 'returning' participants

The evaluations from the returning participants who had attended the pilot intervention were most valuable in measuring the effectiveness of the training. They were able to identify which areas of the training were more conducive to learning from the learner's perspective. Having already experienced what the training was, they were in a prime position to identify what worked and what didn't. While the content of their evaluations was important, I was most impressed by how much their reflective abilities had improved from their first training. Their evaluations from the first training were more basic reflections, providing more of a recounting of events rather than the affective and transformative reflections we were encouraging. However, their reflections on this training showed greater depth and insight into their own emotional response and an attempt to understand where these came from. This was demonstrated in simple examples such as, "I was feeling anxious when the role play and scenario was introduced, hoping not to be picked as I was not too keen on acting in front of a whole bunch of people and admittedly I knew what the scenario was going to be, and I was feeling a little tired". Through this reflection she demonstrated her ability to not only identify her emotional state but shows a greater capacity for understanding where this emotion comes from.

5.5.2 The ratio of participants who remained to complete their in-service training

The pilot intervention saw a return rate of 75% as three of the four volunteers chose to remain at the organisation and complete their in-service training. These volunteers also turned out to be the organisations most committed and valuable volunteers, providing an excellent service to the clients of the organisation as well as providing an emotional and practical support structure for the project manager. The percentage of participants who chose to remain after this training was less than 10%. While this still translates into four volunteers, it highlights that a bigger group does not necessarily translate into greater volunteer retention.

5.6 Reflection

This first phase of full experimental field testing was a great opportunity to test the effectiveness of the intervention in a real-life situation. While many aspects of the training were effective in achieving the overall objectives of the intervention, there were more examples of the shortfalls that were not identified in the pilot testing phase.

5.6.1 Content

As mentioned previously, there was too much information included in the content of the training which hindered the opportunity for transformative learning and failed to adhere to the overall goal. The session on the role of the CI was not necessary at this stage and could be briefly explained in the introduction instead. On reflection, I realised that despite my theoretical understanding about how adults learn and the transformative power of critical pedagogy, I was still operating out of the myth that more content means more 'weight' and more worth. This phase of the research convinced me that the worth of this intervention lies not in its abundance of psychomotor skills or knowledge, but rather in a subtler yet infinitely more important emotional transformation and reflective ability.

Previous research at the organisation and the literature regarding experiential learning emphasises the necessity for learning by doing. The CIs stated that while they had enjoyed the training, the information regarding the legal aspects and the approach to crisis intervention only made sense once they were doing their in-service training and seeing the theory in action. There was therefore a move to include shorter and more specific theoretical workshops throughout the volunteer's in-service training. These included experts running workshops for the volunteers regarding legal aspects, counselling skills and the basics of crisis intervention. While this was outside the scope of this specific intervention, it was linked to the overall goal of providing a valuable and comprehensive training for new volunteers. This method of continuous training was well received by the trainees and having the workshops run concurrently with their in-service training meant that their learning was more tangible.

It was also clear in some of the participant's reflections that the concept of countertransference hadn't been given enough attention and were still struggling with their own emotional awareness. This is central to the objectives of this intervention as it is only through the management of their countertransference reactions that CIs will be able to truly support victims and protect themselves from vicarious traumatisation. It was therefore recommended that more time be taken in discussion and working through examples.

5.6.2 Logistics

The two main logistical issues were the length of the training and the size of the group. The length of the training, coupled with the overload of information, left the trainees physically tired and emotionally drained. The negative impression that this portrays will not encourage trainees to return to the organisation in the future. It is important, therefore, to remind

participants of the vicarious post traumatic growth and compassion satisfaction that one can receive through this work. It is therefore important that the training provides a space for growth and leaves the participants feeling empowered and enthusiastic. While this is transmitted predominantly through the content and in the andragogic style that it is presented, it is envisaged that a shorter session will also contribute to an attitude shift in the participants.

While I, as the researcher, was able to take on the role of observer, due to the large group it was more difficult for me to monitor and ascertain the ideological shift that this intervention was attempting to initiate. The qualitative methods used as the primary evaluation method worked better in the smaller, more intimate setting as the researcher had the opportunity to speak to each of the participants personally. While quantitative measures may have been more appropriate in the large group, the ideological shift that we are hoping to initiate is more than a change in certain measurable beliefs or an increase in factual knowledge. It is about a gradual change in the way trainees approach a situation and a reflective capacity that leads to transformation. This can only be seen through an in-depth, qualitative approach.

The main aspect that this intervention was missing was a sense of connection, which meant that it lacked the safe and respectful atmosphere necessary for an ideological shift. This aspect of the intervention is an important factor differentiating it from other trainings. The RICH model emphasises the importance of creating the same warm, respectful and authentic atmosphere that volunteers should foster with their clients. The 'distant and all-knowing facilitator' model of training will not foster transformative learning and yet, on reflection, this was the general atmosphere in this training. A variety of factors, such as the size of the group, a lack of understanding their roles and general nerves could have all contributed to this. This was considered to be one of the most important aspects to focus on in the next intervention.

5.6.3 Andragogic Strategies

The strategies used in this intervention made a remarkable difference to the participant's enjoyment of the day and created the opportunity for transformative learning. All of the participants who had attended the pilot intervention remarked on the interactive nature of the sessions and the fact that the use of different facilitators made the training more engaging and, even though they had been exposed to the content beforehand, stated that they were able to learn new things. This was the aspect of the intervention that had been altered the most from the pilot intervention and was highly successful in creating an opportunity for transformative

learning. There were only a few issues highlighted through the implementation of the intervention that were discussed above to be altered for the next field test.

5.7 Conclusion

This chapter explored the implementation and evaluation of the first cycle of the full experimental field test. Rothman and Thomas (1994) recognise that the process of refinement continues in this phase, as the implementation highlights new issues and spaces for improvement. The re-examination of the content, the facilitator-trainee relationship as well as the logistical factors related to the length of the training and the size of the group, were the focus of design for the next phase of the intervention. This analysis highlights the concerns and makes recommendations regarding the content, logistics and andragogy that should be refined for the next cycle of this phase.

Chapter 6 Experimental Field Test Cycle 2

6.1 Introduction

The evaluations and recommendations made from the pilot intervention and the first cycle of the experimental field tests were organised to create the programme for the second cycle of the experimental field test. The content and andragogic strategies used in this intervention sought to achieve the four main objectives, to: initiate an ideological shift in the participants understanding and approach to IPV, create greater emotional awareness and self-reflective abilities in the trainees, teach trainees the importance and skill of recognising and managing countertransference, and encourage the continued practice of self-care strategies. This chapter describes and analyses the three main elements of the training and reflects on the success of the intervention. This phase also guided the creation of the facilitators manual included at the end of this chapter.

6.2 Content

The content for this phase of the intervention included elements from the previous phase with an initial focus on the facts about IPV, an interactive session guided by movie clips to question some of the socially accepted myths linked to IPV and a session which included an application of their learning in the form of role playing of the scenario. The final session was the only major change.

While this session was originally created to address the negative consequences of the work. Concepts such as burnout and vicarious trauma are sometimes difficult to identify and understand even when one is experiencing them. The theoretical approach was replaced with a more practical and engaging discussion of countertransference. While this was a theme that ran throughout the previous trainings, the in-depth discussion of this concept at the end of the programme helped to clarify the importance of journal reflection and focusing on the emotions that we had been emphasising during the training.

6.2.1 Countertransference

In order to counter the disconnection that victims of trauma have undergone, the crisis support worker needs to provide a sense of connection with the victim, which requires becoming emotionally involved (Herman, 2001). This entails providing the Rogerian principle of genuineness, tuning in to the clients and being authentic in one's responses. The

difficulty however, is that crisis support workers deal with people in the worst moments of their lives and "share the emotional burden of the trauma, bear witness to damaging and cruel past events and acknowledge the existence of terrible and traumatic events in the world" (Bride, 2004, p. 30). Entering into these experiences on a daily basis takes a toll on the crisis support worker leading to vicarious traumatisation.

There are two dominant responses that often occur in response to the client, either to keep a professional distance, or to become emotionally invested to the point of becoming overwhelmed (Wilson & Lindy, 1994). The first way to cope is to distance oneself from the clients and her trauma in order to maintain a safe space. Trauma workers find themselves saying things like, "I won't focus on me, just follow the guidelines I was taught". It is important to recognise that this results in the volunteer disconnecting emotionally from the victim which has very serious limitations especially in the case of IPV where a victim needs to feel recognised and properly understood. It is not enough to just know the correct procedures or have the correct factual knowledge, the client must have a sense of being understood and emotionally supported. However, if one chooses to be empathic and tune into the victim's experience, the risk for vicarious traumatisation and burnout is increased. The trauma worker starts to feel the victim's grief and fear which in turn begins to shape their own experience. This often leads to volunteers reacting to their own emotions rather than the needs of their clients. Participants were therefore confronted with the dilemma of empathic engagement, and it was clear that the trainees were engaged and interested to hear what the solution would be

At this point the facilitator used the audio-visual clip, Listen: 60 (NO MORE's Official Super Bowl 49 Ad) (2015). This scene uses the sound bite from a real-life call to a 911 operator where a woman pretends to order a pizza but is in fact calling for emergency assistance. The visuals show a house which has clearly been the scene of some violence and disturbance. The 911 operator appears to be initially frustrated with the women repeatedly telling her that this is an emergency line until he asks the question, 'Do you have an emergency?' and her reply is a simple 'Yes'. Only then does he realise the chilling reality behind her words and is able to assist.

This clip was used to highlight the importance of being in tune with the client. Forming a meaningful connection with the trauma victim is the only means of recovery (Herman, 2001), however it precisely this connection that leaves the crisis support worker vulnerable to overwhelming countertransference reactions and vicarious trauma (Herman, 2001; Lerias &

Byrne 2003; Williams et al 2012). The discussion initially focused on the feelings of the participants, namely their anxiety and panic and how this linked to their confusion. The facilitator pointed out that had the operator been following a strict set of guidelines, the call would have been cut under the assumption of this being a prank call. The 911 operator listens beyond the words of the caller and enters into the experience of the person even though there is no channel of open communication available. Taylor and Furlonger (2011, p. 230) note that empathy is "both the vehicle for positive change and also the catalyst for harm for both counsellor and client". This clip is powerful in that the intervention of the 911 operator is both remarkable and inspiring. This example clearly identified the type of relationship that is required of the future CIs and it was very evident that the trainees embraced this method of dealing with clients. One of the participants shared an experience of her in-service training where the CI she was working with treated their client in an emotionally distant and perhaps destructive way. The trainee identified how she felt upset at the way the CI had treated the client and found her immediate reaction was to confront the CI. It was clear that the trainee was working from the assumption that her role as a CI was to provide emotional support and respect towards the client. However, through her self-reflective abilities, she was able to stop herself and sought instead to understand the CIs behaviour and found that the CI was operating in terms of her countertransferential need to protect herself. The trainee commented,

> Here sat a woman who I had been told numerous stories of, a woman I felt acted inappropriately in her style of inquiry, and here she was telling me what she had gone through, why she decided to join the centre, what it took for her to be here every session, and what the centre did for her. Here was a woman who aspired to counsel and to help and this is what seemed to drop the ball, something it's taken me a few days to consider. I felt that the 'clinical' inquiry was perhaps her own projection of her own experiences and perhaps what she needed or needs. I thought of maybe showing our appreciation to her, a certificate of some kind to say, 'yes you are helping'.

This is another great example of the self-reflective capacity that this trainee had developed during the training. She was able to identify her emotional response and then before reacting attempted to understand the meaning behind this reaction. This proved to be an enlightening experience for the trainee and through her support of the CI probably did more to change the CI's behaviour than if she had 'scolded' her.

The session also covered the effects that either of the types of responses described above has on the crisis support worker. Dissociation is a major problem for those who experience type I reactions, distancing themselves from the client and completely dissociating

from their experiences at work. This fractured approach to life has consequences not only for themselves but also for the clients. The second type of response often leads to overly emotional reactions to the client as well as burnout, compassion fatigue or vicarious traumatisation. These concepts as well as preventive strategies were all explained in the session and practical examples of what this looks like in practice were given. As an example, the researcher also shared her personal experience of vicarious traumatisation at a trauma centre she had worked at a number of years previously. The gradual process which ended in not being able to function normally, in a constant state of hypervigilance, and eventually leaving the organisation was important to stress. Some of the participants shared in their reflections how this session had helped them, and one participant noted,

> After the topic of coping mechanisms was mentioned, I was able to self-reflect on methods in which I use to cope after an emotionally exhausting day on court sites where we hear a range of disturbing incidents related to us by victims. I became aware of what I do after a long day in order to unwind and try to separate myself from the emotions involved in dealing with victims of abuse.

It is unclear whether the coping mechanisms she employed were positive or negative, but it does demonstrate some recognition of her own countertransference response to the clients. This capacity for self-reflection allowed her greater personal insight into what, and why, she engages in certain strategies. The key is, however, to support her in this reflective process during her in-service training so that she can use this knowledge to have a transformative shift.

The final goal of the session was to emphasise how our emotional response to a client is not necessarily the problem but rather how we handle those emotions. It was not about removing those feelings, but rather a case of being self-reflective, recognising what we are feeling, and what may be underlying these feelings. It is through this skill that we are able to recognise a countertransference emotion; examine where these feelings are coming from by linking them to a past experience or a psychological assumption we maintain; and then with this knowledge, filter our response to the client. If crisis support workers do not master this skill, they risk revictimizing the client as well as experiencing the psychological and emotional effects of burnout, compassion fatigue and vicarious trauma.

The response to the inclusion of this session was overwhelmingly positive from the participants. Many of the trainees mentioned how beneficial and 'enlightening' this information was. One participant commented in her reflection,

> The session on counter transference was particularly interesting for me as it is something I have witnessed before and I feel like it is something that needs to be given a lot more attention among volunteers, social workers and psychologists. I think that by making people aware of counter transference they can reflect and understand themselves better, and in turn change certain behaviours or find ways to improve themselves

Another participant could recognise how the skills and information we had been focusing on through the previous sessions culminated in this session as she comments "the final session was full of valued information to round up what we had been doing throughout the day."

6.3 Logistics

This section describes the logistical factors involved in the implementation of the intervention. This analysis proved to be useful in comparing the most appropriate and effective logistics in order to achieve the research objectives.

6.3.1 Programme Structure

The final programme which was also used in the compilation of the facilitators manual is included below.

Training Intervention	
09:00-09:45	Welcome and Introductions
9:45-10:30	Session 1- Head knowledge
10:30-10:45	Journal Reflection Time
10:45-11:00	Tea Break
11:00-11:50	Session 2- Myths
11:50-12:00	Journal Reflection Time
12:00-12:45	Lunch
12:45-13:30	Session 3- Scenarios and Role Plays
13:30-13:40	Journal Reflection Time
13:40-14:00	Tea Break
14:00-14:40	Session 4- Countertransference and Vicarious Trauma
14:40-14:50	Meditation Exercise
14:50-15:00	Conclusion

Table 3: Programme Structure Phase 5 Cycle 2

6.3.1.1 Shorter Programme

The previous programme ran from 8am until 5pm. This proved to be too long as was noted in the participants as well as the facilitator's evaluations at the end of the day that many of the participants left feeling "exhausted". While the emotion work done in the programme is understandably draining, expecting trainees to be present and engaged for a full day is not realistic. It is also important to give the trainees a more emotionally positive impression of the organisation. This subtle conditioning will motivate trainees to return for further training at the organisation.

It was therefore decided to create a slightly shorter training, from 9am-3pm. This allowed adequate time for the facilitators to cover all of the important aspects of the training without leaving participants overwhelmed. One of the participants, however, did include in her reflection that she would suggest an even shorter programme, ending at 1pm with a shorter lunch break in the middle. While none of the other participants explicitly stated this complaint in their reflections, it may be incorrect to assume that this sentiment was only felt by one participant. This reflection does, however, suggest a deeper issue as the lunch break is an ideal opportunity to build

relationships with their peers. Had she felt this time was valuable and enjoyable, perhaps she would not have suggested shortening the time. It is unrealistic to expect trainees to get along with each other immediately, but building relationships is important as CIs are more protected from vicarious trauma if they have a good support system (Sexton, 1999). Establishing an "emotionally supportive, physically safe, and consistently respectful work environment is especially important" as "trauma-related issues heighten intrapersonal and interpersonal stress" (Brady & Guy, 1999, p. 390). It is recommended that facilitators make more of an effort during the lunch and tea breaks to ensure that trainees are included and feel valued.

6.3.2 Venue

The venue for this training session was at a local university. This space was chosen specifically for ease of access and availability. It was a smaller conference room with a more casual seating area and kitchenette. The previous training had a lecture-room style seating area as well as an extended dining area. While this had a more professional feel, as noted in the previous chapter, it did not lend itself to a collaborative and equal learning environment. The training was also held over the weekend with no students on campus so there was little disruption.

The only issue experienced with the venue was the lack of power for the first part of the session. This meant that there were practical comfort issues such as no air-conditioning, as well as the added stress of trying to locate facility staff to sort out the problem, which negatively resulted in the loss of time for the scheduled programme.

6.3.3 Group size

Based on the evaluations from the previous interventions, the group size was purposefully smaller. This allowed for a more intimate environment which lends itself to the building of trust and relationships amongst the trainees. We had four facilitators, so the group was capped at twenty participants. Hare (1952) proposed that the ideal small group size was 5, therefore the programme had enough facilitators to handle the number of participants. The final register on the day reflected a total of 16 participants.

6.3.4 Time keeping

Due to some participants struggling to find the venue, the programme started slightly later. As discussed in the previous evaluation, optimal time management of the programme is essential for facilitating a respectful environment for the training. Previously our schedule included an extended 'Arrival Session' which meant that participants had 30 minutes in which to arrive and

settle before we started the programme. This also forces the facilitators to be set up and ready 30 minutes before the start time to avoid any unnecessary delays. The smaller group allowed for the flexibility of making up the lost time, and the programme was back on schedule by the first tea break.

6.3.5 Facilitators

The previous training made use of six facilitators who were linked to the organisation. Each facilitator presented a session according to their expertise and strengths. Co-facilitation is a valuable tool in training providing unique styles and experience. However, it is also important to have commitment and support from each of the facilitators. Giller et al (2006, p. 72) state that "to teach the philosophy, one must believe in it. This means that trainers have a solid grasp of the trauma framework, a relational approach, and a commitment to collaboration-based empowerment.". It was therefore decided that this training would be facilitated by those who had a thorough knowledge of the curriculum as well as current volunteers involved in the organisation who understood and had experienced transformative learning themselves. We included two of the participants from the first pilot intervention who volunteered to facilitate the training alongside myself and another board member who was trained in transformative learning. This worked very well as each of the facilitators felt supported in their role and as a result this more relaxed atmosphere among the facilitators was transferred to the participants.

6.3.6 Catering

The previous intervention included catering for both tea breaks and lunch and because the trainees were not charged for attending the training, this cost was absorbed by the organisation. The rationale behind this was to give back to potential volunteers and foster a positive organisational culture. On reflection however, the added expense of providing lunch was not necessary and proved to cause more issues to the programme and timekeeping. It was then decided that to foster a sense of appreciation for the trainees, light snacks and drinks would be provided for the tea breaks, but that lunch would be the responsibility of the individual trainee. One participant did comment on the catering saying, "all thanks to the team for the lovely snacks and beverages". While this small gesture may seem insignificant, it plays a role in fostering an environment where the volunteer feels appreciated and cared for.

6.4 Andragogic Techniques

This section explores the andragogic strategies used in this intervention with a special emphasis on the 'Connection' aspect which proved to be fundamental to the transformative shift we aimed to achieve. This analysis was used to finalise the programme elements in the facilitators manual.

6.4.1 RICH Model

The RICH model (Giller et al, 2006) continued to frame the training from a Constructivist Self-Developmental Theory perspective. There were some key areas which were included and emphasised in this training

6.4.1.1 Connection

The first cycle of the experimental field tests did not include any form of introduction or ice breaker which effected the connection within the group. It was therefore important, according to our RICH model, to ensure that time was spent on building relationships and forming some sense of trust between the participants. This was important to continually build throughout the training but was particularly emphasised at the beginning of the training to set the tone for the rest of the day. The role of the facilitators and the introductory session will be discussed here.

The facilitator's most important task in this intervention is to create a respectful and safe environment in order to initiate the ideological shift. This requires the facilitator to exhibit qualities of trust, empathy, openness and authenticity (Taylor, 1998). The experience of the facilitators at this stage of the intervention created a much more relaxed atmosphere and so the warmth and openness given to the trainees could be genuine. One of the participants commented, "I was slightly nervous as I was going to meet with mostly new people– I did not know what to expect. All that changed as soon as we entered the conference room, where I met with just amazingly sociable people. It felt like I knew them before – from the facilitators to all the other volunteers." I personally could feel the difference this atmosphere, fostered by the facilitators, made to the group dynamics. Instead of focusing on trying to create the connection, the natural basic relational approach we employed fostered this connection where even I felt a deep sense of connection to the group.

We found in the pilot intervention phase of this intervention that the traditional model for introductions felt awkward and did little to foster any real connection. We therefore decided

to include a slightly different method for introductions. This comprised of pairing participants up with someone they didn't know and giving them 5 minutes to introduce themselves to that person and explain why they were there. They were all instructed to listen carefully as they would be introducing their partner to the rest of the group.

This approach seemed to work well as participants were quite animated during the buzz session. The information presented to the rest of the group was multi-dimensional and included in some introductions a list of positive personality traits such as compassionate, dedicated and highly intelligent; more insight into family structures and dynamics such as empty nest syndrome and living and studying far from home as well as an honest appraisal of why they were there. This type and depth of information would likely not have been shared by the individuals themselves in the large group. It also provided a range of different information as the participants could not change their input to match the 'standard' of the rest of the group. This was experienced positively by the group with a lot of laughter shared during the introductions resulting in a greater sense of ease and excitement throughout the day.

One of the most important findings from the pilot intervention was the need to ascertain the reasons why participants were attending the training. The organisation should be a positive institution which meets the organisations as well as the participants needs. If a participant feels that their role is matched to their reason for volunteering they are more likely to experience some form of satisfaction.

Most of the participants were university students in various fields but there were a few participants of varying demographics. The main reasons for choosing to volunteer included

1. Looking for exposure, experience and a way to improve counselling skills
2. To make a difference and wanting to help people.
3. To have something to do with their lives

The first reason provided insight into the type of in-service training these participants were looking for. Previously, the desperate need for administrative assistance at the organisation took precedence over the trainee's needs and reasons for volunteering, forcing trainees to remain in the office and help with behind the scenes organisational running. While there is merit in this sort of experience, there needs to be a balance so that trainees can experience some form of satisfaction and motivation to stay. This not only makes their work at the organisation more interesting, it also proves to be a powerful buffer against burnout (Clary et al, 1998).

The second reason brings up some complicated psychological need in the trainee. The desire to help others is considered noble in our increasingly individualistic society where altruism is neglected. An interesting comment by one of the participants raises the question whether volunteering can really be purely altruistic and whether this is sustainable, "It is sad to know that many people are using the desk for their personal gain (work experience) rather than becoming involved to help those in need." One of the most dangerous results of this reason for joining the organisation is that often victims of continuous trauma especially IPV, often don't act on or even appreciate the 'help' they receive from the crisis support worker. As noted previously, a common phenomenon in this work is providing a client with options which she doesn't take. This may cause the CI to "become extremely judgemental and censorious when the patient fails to live up to some idealised notion of how a 'good' victim ought to behave" (Herman 2001, p. 145). It is important to identify what exactly 'helping victims' entails and to recognise that this might be different for every client.

The third reason is an honest appraisal and has been one of the dominant reasons for volunteering at the organisation in the past. Previous research at the organisation identified the main demographic of volunteers as either retired or unemployed house wives. Social engagement is important for the elderly and volunteering is a positive way of staying connected to others as well as feeling a sense of generativity (Musick & Wilson, 2003; Proteau & Wolff, 2008). According to Erikson, the crisis during middle adulthood is the ability or inability to create a better world for the next generation. In order to avoid stagnation, people seek opportunities to contribute towards society and volunteering and caring for others is an example of this. This also provides some insight into the importance of fostering a sense of community within the organisation that fulfils the need for social engagement.

These findings regarding the participants motivations are important to understand not only for their in-service training but also to be acknowledged throughout this intervention in order to increase the potential for compassion satisfaction. Often during the training, reference was made to the benefits and usefulness of different concepts and skills derived from the training in other areas of their lives. We also emphasised the importance and impact that their work at the organisation would have on victims of IPV while also clarifying that this might not always look the way we had envisioned. This element in the training was important in order to achieve the objectives of the training, creating an environment that was not only conducive but also promotes transformative learning.

6.4.2 Small group discussion

Most of the training techniques employed in the previous trainings were retained. This includes the small group discussion and large group feedback used to elicit all the facts about IPV. Small group discussions were easier to manage as there were only five people in each group and facilitators had an opportunity to observe and engage with the groups. This was important in creating a respectful environment in which the expertise of the participants is acknowledged and connections between the trainees themselves were formed. This was a positive experience for the facilitators who were motivated by seeing all the participants engaged and enthusiastic, the facilitators also felt that they had a better grasp of the participant's existing knowledge of IPV

6.4.3 Use of films

The use of highly emotive films was shown to have a powerful effect on trainees in the first two trainings. The focus shifted from the pilot intervention as a means of teaching content to an emphasis on learning through process. Using films for process is argued by Tyler and Guth (1999) as an effective means for creating an attitudinal or behavioural transformation which was central to the training objective of achieving an ideological shift. The focus of this session remained the same as the first cycle of the experimental field tests but with a few changes to the scenes chosen.

6.4.3.1 Clips used

6.4.3.1.1 Once were warriors (1994)

The same scene, used in both trainings, depicting a violent physical attack by Jake Heke towards his wife. The scene begins with the wife's refusal of her husband's request to cook eggs for his friend. His feeling of embarrassment or indignation sets off a series of escalating violent attacks as he punches, kicks and throws her into a mirror culminating in the suggestion of marital rape as he throws her onto the bed and takes off his shirt. While this is going on, the scene cuts to their children hiding under a bed as well as images of friends scattering.

6.4.3.1.2 Tyrannosaur (2011)

The same scene, used in both trainings, where Hannah experiences psychological abuse at the hands of her husband. The majority of this scene is filmed at the level of the couch looking directly at Hannah. After falling asleep on the couch, Hannah's husband comes home and calls out to her. When she doesn't respond we hear him walk up to the room and then watch

as he proceeds to switch the light on and off. When she still does not wake up, we watch from behind as he stands over her, unzips his pants and urinates on her before walking away. The scene ends with her opening her eyes as you realise that she was awake the whole time.

6.4.3.1.3 #ViolenceIsViolence: Domestic Abuse Film (2015)

The same scene, used in the first cycle of Phase 5, which depicts IPV of two different victims: one female and one male. The reaction of the people around shows a very different approach to abuse perpetrated by women. During the scene where the woman is being verbally abused and pushed around by her male partner, people from the crowd look on concerned until eventually a group of people intervene and offer the woman support while at the same time warning the man that they will call the police. In contrast, in the scene where the man is being abused by his female partner, the crowd is seen smiling and laughing without any attempt made to intervene.

6.4.3.1.4 Men Suffer Domestic Violence Too- Sky News (2010)

The same scene, used in the first cycle of Phase 5, which reports a news clip from Sky News investigating the reality of male victims of domestic violence. The survivor explains the physical and psychological abuse he suffered at the hand of his wife describing stories such as having boiling water poured over him and showing the scars from being attacked with a hammer. He explains the emotional impact the continuous abuse had on his psychological wellbeing as well as the additional victimisation suffered through not being believed or ridiculed.

6.4.3.1.5 Leslie Morgan Steiner: Why domestic violence victims don't leave (2012)

This scene was used in the pilot intervention but not the first cycle of experimental field tests due to time constraints. It is a TED talk given by Leslie Morgan Steiner, author of Crazy Love, sharing her personal story of surviving IPV. She includes an explanation of how the abuse started and examples of the emotional, psychological and physical abuse she suffered in order to address and challenge the question of why victims of IPV don't leave.

6.4.3.2 Analysis

After every scene participants were given about a minute to process in silence and then asked to share how they felt. The importance of allowing participants time to reflect was emphasised in the evaluation of the pilot intervention. The large group discussion was then led by the facilitator and guided by questions such as "What did you feel watching that?"; "Where on your body do you feel your reaction?" "Can you identify what made you feel that?". These

questions attempted to move the discussion away from thinking to feeling. The facilitators noted that a lot of their sharing initially started off with what they thought rather than what they felt. One facilitator commented that "it is interesting that we automatically respond with what we are thinking. It's because you are taught to say what you're thinking, not to say what you're feeling." In order to make the process easier, participants were taught how to recognise disruptive emotions in their bodies. This was important in achieving the intervention objectives as trainees learnt to monitor and have insight into their own emotions. Often these types of feelings, especially those in response to trauma, are difficult to articulate (Herman 2001). This emphasis on their physical reaction changed the direction and depth of the discussion. There were numerous examples of participants identifying their physical reactions. One participant commented that watching the physical violence in the *'Once were warriors'* clip was frightening and she felt her heart beat faster from the first punch. Another participant spoke about how she was initially confused as to what was happening in the '*Tyrannosaur'* clip and when she realised that he was urinating on her, she could only explain it as an "empty feeling in their stomach". The process of being able to identify their emotions was made a lot easier through identifying their physical reaction. What was also positive was how other participants were able to better articulate their own emotional response through hearing someone else's emotional response. There were many occasions where one participant would share, and others would murmur in agreement or nod their heads. This emphasises the power of reflection in community proposed by Dewey (1933).

The decision of which scenes to include in the training was finalised based on the participant's and facilitator's feedback from previous interventions and an examination of whether these contributed towards an ideological shift. The following sections summarise the trainee feedback and observations in order to justify their inclusions

6.4.3.2.1Once were warriors (1994)

The discussion centred around the intensity of the physical violence; the effect on the children; the role of the bystanders as well as the argument for unnecessary provocation. We defined physical abuse as acts designed to injure, hurt, endanger, or cause physical pain (Lundberg-Love & Marmion, 2006). While this definition is inclusive, any attempt to describe or define the reality of what a victim suffers will only be useful in theory. The definition lacks the intensely emotional aspects of fear and helplessness as well as the degree of physical pain endured. These aspects are clearly exposed in this clip leaving trainees "silent" and "dumbfounded". Failing to enter into the experiences of their clients will ensure that an

emotional distance is maintained, resulting in a lack of understanding and a lack of connection. The use of this clip highlights the reality behind the limited discourse available to victims of trauma (Herman, 2001) and the responsibility of the crisis support worker to see beyond her words.

The second point raised by every group is the presence and effect that the abuse has on the children. The images of children huddling under the bed in fear illicit a strong emotional response in the participants. Many participants spoke about how this was the worst part for them with one participant commenting on how the children didn't ask for this and how sad she felt knowing that this was obviously a common occurrence. Children are seen as defenceless, vulnerable and innocent. The difference between their reaction to the victim and that of the children is interesting and reflects an underlying schema. While not explicitly stated, the emphasis on the children shows that the female victim is not as "defenceless, vulnerable and innocent". This type of thinking is dangerous as it implies that she has some sort of control over and responsibility for the abuse leading to subtle victim blaming. Through this discussion, trainees learnt to identify and be sympathetic to vulnerability without becoming overwhelmed and defensive.

The third point that many participants raised was their reaction to the bystanders. Participants described feeling shocked and disgusted that they could all leave. Historically, domestic violence was understood as a personal issue that needed to be worked out in the home. Barnyard (2015, p. 9) states that bystanders are frequently unsure "about whether intervention is needed or welcomed or what they should do to help". A bystander is defined as a witness to negative behaviour who either responds by helping the victim, contributes to the negative behaviour or does nothing (Barnyard 2015). There are a variety of intrapersonal, interpersonal and socio-cultural factors that determine a bystander response. In this particular scene, the bystander would have to exhibit moral courage in order to defend the victim. Moral courage is defined as "a prosocial behaviour with high social costs and no (or rare) direct rewards for the actor" (Osswald et al 2010, p. 3). The emphasis in this type of response is the anticipation of negative consequences as a result of getting involved. It was interesting to note how participants became indignant at the lack of action by the bystanders in the film and yet wrestled with the sympathetic response at a later point when the opportunity for intervention became more personal. The inclusion of this clip helped participants to become emotionally aware of their own role as bystander as well as their moral assumptions regarding this role. This will be

discussed in more detail later in section 6.4.3.2.3. Having this foundation was therefore necessary and interesting for future discussions.

The final point concerns the role of the victim in provoking the violence. One participant demonstrated the transformative process she had undergone concerning her underlying tendency to victim blame. She first identified her emotional reaction and spoke about how she felt panicked when the victim was throwing eggs and swearing at her husband, desperately wanting her to stop. It was important that she was able to link her sense of panic to a specific trigger as it was the wife's actions as opposed to the husband's actions that she unconsciously chose to focus on. This moment could be seen as the provocation for the abuse as the husband only physically abused her in response to her actions. The problem with this reaction is that the participant is placing the responsibility for the abuse on the victim instead of ultimately on the perpetrator. Victim blaming has been described in this study as a psychological defence mechanism, as the counsellor attempts to maintain their 'just-world hypothesis' (Dalenberg, 2000; Janoff-Bulman, 1995). The trainees were forced to recognise that there was nothing that the victim could do that would justify abuse and that responsibility and blame must rest squarely on the perpetrator. This participant included the following in her reflective evaluation, "I was challenged to unlearn some of the things I have learnt in the past that may hinder me from being at my best at [the organisation]." While this does not link specifically to victim blaming, it does point to the transformative challenge that this participant must undergo in order to avoid victim blaming in the future. This process is central to the objectives of the training and therefore this clip is powerful in teaching participants to recognise and monitor their own victim blaming tendencies.

6.4.3.2.2 Tyrannosaur (2011)

This scene was originally included to demonstrate the violent nature of emotional and psychological abuse. While there is no explicit use of physical violence in the clip, the abuse was often described by participants as worse. Often emotional abuse, which leaves no scars, is not taken as seriously as physical or sexual violence. The scene therefore helped to deconstruct this myth. This clip also initiated an interesting discussion in the second intervention regarding provocation of the abuse and highlighted the effect of humiliation as the source of the perpetrators action which was discussed in detail in Chapter 5. Through this clip and discussion, trainees learn to identify their own assumptions about violence and are challenged to expand on them.

6.4.3.2.3 #ViolenceIsViolence: Domestic Abuse Film (2015)

This clip addresses factors related to the gender of the victim and perpetrator and how this effects bystander response. The purpose of the clip is to address the double standard associated with intimate partner violence. As discussed in Chapter 2, the emphasis on female victims and male perpetrators has resulted in a gendered understanding of IPV. The secondary victimisation often suffered at the hands of organisations, designed to help victims of abuse, leaves male victims isolated and only serves to intensify feelings of shame and helplessness (Hines et al 2007). Trainees therefore learn to recognise their gendered assumptions regarding the perpetrator and victim and consciously broaden their view. This is essential to achieving the ideological shift this training aims to initiate.

This clip started a very interesting conversation regarding their personal role as bystanders. Kim and Lyons (2003) state that the vicarious nature of watching a film creates a distance between the viewer and the content. However, Gregg et al (1995, p. 33) note that "films are also beneficial because they place psychological concepts and theories into a context that relates to students' real-life experiences" and "becomes more understandable and relevant". The scene depicts a crowd of 'ordinary', relatable people in a town square. The relevance to the participants allowed them a greater opportunity to place themselves in the scene. Their strong condemnation of the bystanders in the 'Once were Warriors' clip was now replaced with a passive distance. The discussion led to an interesting series of justifications for why bystanders don't get involved such as personal safety as well as the victims lack of appreciation for the intervention. One participant reflected,

> However, people could also have valid security reasons as to why they would not intervene. This was one of the strong points put through during the discussion after the video viewing.

The discussion gained momentum with many in the group showing their agreement or otherwise remaining silent. From the researcher's perspective, this was a clear demonstration of a countertransference emotional distancing and the use of psychological defences. Participants feel vulnerable and therefore make themselves feel safe again through disconnecting from the victim. As a facilitator, it was necessary to challenge this disconnection and point out the disparity between their previous commentary on the bystander effect while also recognising that these defence mechanisms served an emotional and psychological function. They were reminded of their indignation at the response of the bystanders in the *'Once were Warriors'* clip and instead of blatantly accusing them of their personal justification, the question was gently put to them requiring them to identify the disparity between their judgement of others and their own personal

justification for not getting involved themselves. This was immediately uncomfortable for both the facilitators and participants and it was clear that the participants realised that they were using a different stick to measure their own and other's actions. Mezirow believes that learning occurs as a result of a disorienting dilemma "that challenges their values or beliefs and their expectations of what will happen next" (Kroth & Cranton, 2014, p. 2). This disorientation is bound to cause discomfort and therefore necessitates having already built up a safe environment.

The facilitator began by identifying the discomfort that she felt in raising this point, giving participants an opportunity to articulate their own discomfort but stated that it was important that we worked through this discomfort together. At this stage our aim was to avoid the participants stabilising this psychological conflict by justifying the other bystander's response in *'Once were Warriors'* as opposed to allowing it to inform and transform their own response. It was then necessary to focus on their emotional response and the emotive words they used to describe their disgust at how so many chose to do nothing to help the victim. Giving participants an opportunity to reflect on the disparity was important and participants were encouraged to reflect on this in their journals. It was difficult to know whether this process succeeded in transforming their approach as a bystander but at this stage it was enough to initiate the shift and get participants to reflect. This critical reflection and emotional awareness was key in achieving the training objectives.

6.4.3.2.4 Men Suffer Domestic Violence Too- Sky News (2010)

This clip was included in the third phase of the intervention in order to emphasise the reality of male victims of IPV. This was a clip from a news reel and reported on the experiences of one man in England whose partner was convicted and serving time for her crimes. The physical violence suffered by the victim in the clip left the trainees feeling 'shocked'. One participant commented "I have been of the idea that even if men were to be abused it could go as far as emotional abuse and never on the physical side". There is an inverse correlation made between the physical strength of victims and the physical abuse of victims. This reflects our assumption that those who have the ability to defend themselves, will not become victims of abuse. Not only does this once again place the responsibility of the abuse on the victim, it also makes assumptions about masculinity. Hegemonic masculinity is generally associated with physical strength and therefore, a 'real man' will not 'allow himself' to be abused. The clip forces participants to accommodate this new information into their cognitive schema, recognising that IPV is emotionally and psychologically charged and therefore more than just being able to physically

overwhelm another. One participant reflected her attitude towards male victims of violence, "I strongly feel that abuses towards men are neglected and that we need to start educating the public about such abuse." Her input reflects the type of transformation that this intervention seeks to provide.

6.4.3.2.5 Leslie Morgan Steiner: Why domestic violence victims don't leave (2012)

This clip was excluded from the second intervention to allow more time for the CI testimony and session on 'Hands'. Our evaluation of this aspect of the previous training, however, led to some changes in this intervention and its focus. We did however recognise the participants positive response to the real-life success stories used as a tool to instil hope in the participants. The participants in the first intervention commented on the power of Steiner's testimony which helped them to recognise their own assumptions and judgment when asking "why doesn't she just leave?". Participants in this training also commented on the fact that everyone is vulnerable to IPV regardless of demographics such as race, social status or education. The presenter emphasises this point in her words and in her very being as an 'atypical' victim. One participant demonstrated her reflective transformation,

> During the training session I have experienced a variety of emotions. Firstly, I always had the impression that women are "stupid" to stay with an abusive man. After going through the workshop, I realised women are in different situations which influences their decision to stay. I am now much more open minded about the reasons for women staying in abusive relationships.

This is an example of the ideological shift we aimed to initiate through this intervention. The participant was able to identify what she believed and recognised through the training that this was a highly detrimental victim blaming attitude. She felt that she had experienced some transformation in her approach to and understanding of victims of IPV. This also demonstrates the participants increasing insight and the critical monitoring of her victim blaming countertransference reactions.

Another interesting point that was raised, which ended off the entire session quite nicely was expressed by one of the participants as "this clip showed hope of finding love and moving on after being abused." The RICH model emphasises the importance of instilling hope in the training session and believing that victims are capable of becoming survivors (Giller et el, 2006). This session confronted participants with not only the worst aspects of society but also in some cases the worst aspects of themselves. It would be too easy at this stage to fall into a

state of helplessness and feeling overwhelmed. Therefore, hearing a success story and being reminded of the hope for victims of IPV is uplifting and inspiring. It is important that the trainees are reminded of the reasons why they chose to volunteer in the first place in order to rekindle their passion (Giller et al, 2006). This aspect of the clip had not been explored previously and provided a reminder to the facilitators of the impact of success stories. This

6.4.4 Large Group Discussion

The large group discussion technique was used for the collation of information regarding the facts about IPV in Session 1, the reflective feedback of their feelings after watching the movie clips in Session 2 as well as the final session on countertransference in Session 4.

The feedback aspect of Session 1 was run slightly differently than previous trainings. In the first experimental field test of the intervention discussed in Chapter 5, each group presented their input to the large group in its entirety. This meant that there was a lot of repetition from different groups and the final group was left with little to contribute. The facilitators felt like this meant that a lot more time was spent unnecessarily and contributed to some frustration felt by the participants. The group facilitator in this training, therefore, asked each group to present one fact or statement alternating between the three separate groups. This meant that we could build a combined body of knowledge which not only flowed better but included input from the whole group. One participant explained that

> At the end of the session, we had an insightful discussion putting all the findings of the different groups together on to one big sheet. It was amazing and wonderful how we worked altogether as one. Brainstorming really works when there is no fear of your ideas being judged as stupid or crazy.

This fear that the participant mentioned is important as this is one of the dominant factors hindering real learning. The lack of fear can be attributed largely to the connection and respect this participant felt in the group. In initiating an ideological shift, trainees are more exposed to the negative effects of witnessing trauma as their psychological defences are exposed. This emphasises the necessity of creating a safe space in which participants can engage in more than basic cognitive learning, but instead be transformed.

The discussions regarding the myths and countertransference worked better than both previous interventions as the group was large enough (greater than four) to provide diverse perspectives but small enough (less than fifty) to allow more people to participate. The majority

of the participants did participate at least once during the discussion and at this stage they felt more comfortable to share as noted by one of the participants, “the informal method in which the training was covered was very conducive to discussions, free speaking and critical thinking”. The previous session and introduction was therefore important in building relationships and creating this atmosphere. This need for relationship and connection was emphasised in the final session on countertransference. The lead facilitator for this session had not been able to attend the majority of the training and so came in with little connection with the participants. The trainees thoroughly enjoyed his session as noted in their reflections, however, the transcript of the sessions shows a hesitation to interact and respond to questions. It is therefore important that the entire group plays a role in the creation of a safe learning environment.

6.4.5 Scenario and Role Play

The same scenario used in previous interventions was used, however, the focus was slightly different. Participants were given the scenario and two participants chosen as the teacher and the female learner. The focus was not on the direction of the role play, but rather on participation as well as observing participant’s reflections and responses. This allowed participants an opportunity to practice their ability to recognise and reflect on their responses and reactions in a more active way. Active learning is a powerful tool as “students must participate mentally, as opposed to passively listening to a lecture or unthinkingly following directions” (Bixler, 2011, p. 75). This is especially important when trying to facilitate deep learning, according to the training objectives, as opposed to a mere recall of facts or a memorisation of the process of client intervention.

Role players were swapped out frequently which allowed all the participants an opportunity to monitor their countertransference reactions as well as give the role play a different direction. The facilitator also made a point of stopping the role play at particular points of interest and asking the participants to address how they were feeling or if they could identify alternate or more appropriate responses. The observation of the role play was equally as beneficial as participants were asked to monitor their reactions and be especially mindful of times where they would have opted for a different approach. The underlying assumption is that our response to a client is grounded in our worldview and according to Pederson (2000, p. 104) “we typically apply the self-reference criterion that we should “do unto others as you would have them do unto you”—whether they want it done unto them or not!” Observing the role

players response to the client provides an opportunity for participants to reflect on where their own 'gut reaction' comes from and whether this really would be beneficial for that particular client were that to occur in real life. This opportunity to facilitate greater insight and reflection directly serves the objectives of the training.

The general response to this aspect of the training was mixed. While some commented on the effectiveness of the role play, others felt it had no impact or learning benefit while others failed to comment on it at all. One participant reflected, "I enjoyed watching the roleplay as it allowed people to open up and laugh a bit. The point that the team was trying to illustrate was made very clear using this technique". Her comment focuses in on the effectiveness of using a variety of different training techniques in order to keep participants focused and engaged.

The lack of clarity regarding the usefulness of this aspect was reflected in one participant's evaluation of the intervention, stating "I felt as if the role play was a little inconclusive in providing useful information". Singh et al (2002, p. 96) notes that the ineffectiveness of the role play in teaching could be as a result of the external pressures placed on the team as "role-play training could have been seen by the team members as something that the experimenters wanted to do, rather than as something the team members needed". It is suggested that the learning outcomes be clearly stated before the activity begins for future interventions.

6.4.6 Reflection and Mindfulness

The use of journaling was once again emphasised throughout the intervention. Based on recommendations from the previous implementation of the intervention, the time allocated to journaling and reflection was preserved in order to affirm the importance of reflection in the learning process. Creating greater emotional awareness and self-reflective abilities was one of the main objectives of the intervention and it was therefore important that participants were given the opportunity to put their reflection into practice. It is clear from the in-service reflections handed in from previous participants that practice is the main determinant for improving their reflective abilities and it was therefore necessary to encourage participants to continue this practice after the training.

During the journal reflection sessions, participants were also given an opportunity to ask for help and clarification of what was required of them. Previously, participants were left to journal alone with facilitators working under the generally false assumption that they understood what to do. Giving participants an opportunity to ask questions one-on-one instead

of the general ‘Does everyone understand?’ posed to the group, gave us a better understanding of how little some participants really did understand. A number of the participants called the facilitators over to clarify what they were meant to write as well as to seek affirmation that they were doing the ‘right’ thing. There were however participants who were already practicing journal reflection and used this as an opportunity to reignite or deepen their reflective abilities. One participant noted that while journaling was a habit she had cultivated previously, “though recently I have not been faithful with it. So, the training helped to remind me of the importance of reflection. It helps me to be more deliberate about my life and keep track of the happenings in my life.” This demonstrates the power of the training to achieve the goal of developing self-reflective abilities.

6.5 Reflection

6.5.1 Content

In comparison to the other phases of the intervention, the content was most aligned to the goals of the training while at the same time not restricting opportunity for transformative learning by being too overloaded. The inclusion of the more in-depth discussion on countertransference filled a gap that previous trainings failed to achieve. This inclusion was supported by the overwhelmingly positive response from the participants. Previous research found a lack of understanding or recognition of countertransference reactions with little opportunity provided to discuss these within a safe environment. These unresolved countertransference reactions have led to numerous intrapersonal and interpersonal issues within the organisation. There is already a positive effect throughout the organisation as a result of this understanding and reflective practice from incoming volunteers.

6.5.2 Logistics

The effects of the size of the group was the most valuable finding from this phase of the intervention. Previous interventions were either too small to facilitate dynamic and stimulating discussions necessary for transformative learning or too big to allow for each participant to become personally engaged in the process and create the necessary connection needed between participants and facilitators. The size of this group promoted the best of each of the previous interventions while limiting the negative aspects. It is therefore necessary that all future trainings be limited to fifteen to twenty participants in order to retain the quality of the training.

6.5.3 Andragogic Strategies

The recommendations made in terms of the refinement of the andragogic strategies used in the previous cycle were implemented here with excellent results. The careful selection of each activity was evaluated based on effectiveness and replicability. Using transformative learning, critical pedagogy and andragogic strategies as the theoretical foundation for this training, we were able to achieve the overall objectives of the training. In order to initiate the ideological shift, we provided participants with opportunities to reflect on their existing understanding and assumptions of IPV. Through the small group discussions in Session 1, trainees were not only presented with factual knowledge but led through a process where they engaged their existing knowledge to create a more inclusive understanding of IPV. This was enhanced through the next session where trainees were forced to recognise they held certain assumptions and challenged to transform those that were considered harmful. The second main objective is therefore enmeshed with the first, as the trainee is only able to undergo this ideological shift through critical reflection and emotional awareness. The emphasis placed in this training on the process of recognising an emotional reaction, identifying the trigger and acknowledging the consequences of acting on that emotional reaction was important. This objective was accomplished throughout the training both in the discussions regarding their response to the audio-visual clips and role plays but also through the use of journaling after each session. The final two objectives were understood as elements of the second objective, but important enough to be considered on their own. The objective regarding the ability to recognise and monitor countertransference reactions, was enriched in this training through the inclusion of the session dedicated to countertransference. Normalising countertransference reactions and opening up a forum to discuss these also contributed to a shift in the organisational culture. The final objective was necessary in ensuring that trainees were better prepared to sustain their work at the organisation through instilling self-care practices. Through a discussion in which participants were able to identify their existing strategies as well as lead them through effective practices such as journaling and meditation, trainees left better equipped to deal with the negative vicarious effects.

The second factor determining the inclusion of activities was the replicability of the programme. The facilitators were confident that each session could be easily run by anyone as long as they had a clear understanding of the key concepts and had committed to the philosophical approach of the RICH model. These were included in the introduction to the facilitators manual to provide an overview of training approach.

6.6 Facilitators Manual

A key outcome of this intervention is the production and dissemination of the Facilitators Manual. This is presented within this chapter as a direct result of the analysis and discussion of this cycle of the intervention. Please see next page for full manual.

6.7 Conclusion

This chapter has described and analysed the second cycle of the full field experimental tests. The improvement in terms of intervention effectiveness, alignment to research objectives and participant response has clearly demonstrated the strength of this intervention. The facilitators manual, a key outcome of the dissemination process provides a clear and practical presentation of the process and discussion of this intervention.

Facilitators Manual

[Organisation Name]

Introduction

This training intervention is intended for the development and training of potential volunteer CIs at [the organisation]. The overall goal of this training is to prepare volunteers for this work, prevent negative countertransference reactions, and make them aware of the risks of vicarious traumatisation. This intervention moves away from the purely cognitive or behavioural skills training to an emphasis on emotional skills. Experience has shown that in emotionally triggering environments, the 'learned' behaviour is often discarded and a reversion to previously held assumptions and strategies occurs. The problem with this is that it often leads to negative countertransference reactions taking on the role of rescuer, victim or perpetrator.

Goal of this Facilitators Manual

The purpose of this manual is to guide facilitators through the successful implementation of the training intervention. This is not meant to be a step-by-step, how-to guide but instead relies heavily on the facilitators understanding of the training goals and their faithfulness to the theory behind the andragogic strategies.

Goal of this training intervention

The task of this training is fourfold. The first is to initiate a fundamental ideological shift in the trainee's beliefs and assumptions about IPV. The trainees come to the organisation with pre-existing ideas regarding Intimate Partner Violence and the role of the CI in the process of recovery. Schemas are difficult to alter but counsellors will resort to previous assumptions and victim blaming if they do not undergo a fundamental shift in the way they understand the IPV victim.

The second task was to create greater emotional awareness and self-reflective abilities in the trainees. Reflection has been identified in the literature as a key factor in mediating the learning process and in helping learners to piece together the new knowledge with their existing knowledge and experience. While this was important to the training, the value of reflection in creating emotional awareness and insight was of greater importance. Hearing the intimate details of traumatic experiences from multiple clients will inevitably have an effect on the counsellor. While schemas are difficult to alter, counsellors will develop VT if they are unable to integrate the client's traumatic material into their existing framework for understanding the world. (McCann and Pearlman 1990). Trainees must therefore be taught to reflect and self-monitor effectively in order to manage this integration. The third and fourth tasks of the intervention are derivatives of this task.

The third task was to teach trainees to manage countertransference. The ability to identify their emotional state and recognise the underlying causes being triggered by the client is a skill that needs to be taught and cultivated in trainees from the beginning. The two dominant reactions to a client lie on a continuum of emotional distance to overwhelming emotional investment which have damaging effects on both the client and volunteer. Instead of denying their feelings, an approach adopted by many volunteers, they are called to instead be aware of their emotional response to a client and from whence it comes, while at the same time using this knowledge to filter their response to the client to avoid victim blaming.

The fourth aspect of this intervention involved encouraging trainees to recognise the need for and to engage in self-care strategies. Techniques such as journaling, mindfulness and meditation are important tools that can be used by volunteers to prevent vicarious trauma and burnout. While it was important to teach trainees these new skills, it was also important to highlight participants existing self-care strategies and encourage them to continue this practice

How to use this manual

This training is comprised of 5 sessions, each with a unique goal. Take note of the primary and secondary objectives clearly stated in the box at the beginning of each session to ensure that the training is aligned to the overall goal of the training.

Ensure that you have read and understood the goals stated in this introduction as well as the theory underlying the training techniques in the following section.

The Programme runs over one day, the following times can be used as a guide:

09:00-09:45	**Session 1- Welcome and Introductions**
9:45-10:30	**Session 2- Head knowledge**
10:30-10:45	**Journal Reflection Time**
10:45-11:00	**Tea Break**
11:00-11:50	**Session 3- Myths**
11:50-12:00	**Journal Reflection Time**
12:00-12:45	**Lunch**
12:45-13:30	**Session 4- Scenarios and Role Plays**
13:30-13:40	**Journal Reflection Time**
13:40-14:00	**Tea Break**
14:00-14:40	**Session 5- Countertransference and Vicarious Trauma**
14:50-15:0	**Meditation Exercise**

Key Concepts and Theoretical Foundation

Intimate Partner Violence

Intimate Partner Violence is the use of physical, psychological and sexual abuse inflicted on another by their intimate partner in order to gain power and control. The cyclic nature of abuse is key to our understanding of the 'captive' nature of IPV. It is important to recognise how prolonged exposure to the control and psychological domination of the perpetrator, creates a unique relationship in which the perpetrator ultimately shapes the victim's cognition, personality and behaviour

Vicarious Traumatisation

The unique role that trauma workers play in the recovery process of victims of IPV exposes them to the debilitating effects that trauma has on a person's mental health. You may be more familiar with terms such as burnout or compassion fatigue which describe the negative effects that trauma work can have on the support worker. Vicarious trauma is defined as the cumulative transformation of the counsellor's frame of reference and assumptions about the world as a result of empathetic engagement with trauma victims. The cumulative nature is important as many who suffer from vicarious traumatisation do not realise they are being affected and therefore do not connect emotional and behavioural disturbances they are experiencing to their trauma work as they are still able to function relatively well in their daily life.

Countertransference

Countertransference refers to all of the therapist's feelings and emotion-related behaviour toward the client. This includes the entire range of emotional and behavioural responses to the client themselves as well as the material they bring. While not all countertransference reactions are negative, they do have the potential to harm both the client and the volunteer themselves. There are two dominant negative responses that often occur in response to the client, either to keep a professional distance, or to become emotionally invested to the point of becoming overwhelmed. The first way to cope is to distance oneself from the clients and her trauma in order to maintain a safe space. Trauma workers find themselves saying things like, "I won't focus on me, I'm going to focus on the client, follow the guidelines I was taught". It is important to recognise that this results in the volunteer disconnecting emotionally from the victim which has very serious limitations especially in the case of IPV where a victim needs to feel recognised and properly understood. It is not enough to just know the correct procedures or have the correct factual knowledge, the client must have a sense of being understood and emotionally supported. However, if one chooses to be empathic and tune into the victim's experience, the risk for vicarious traumatisation and burnout is increased. The trauma worker starts to feel the victim's grief and fear which in turn begins to shape their own experience. This often leads to volunteers reacting to their own emotions rather than the needs of their clients.

Transformative Learning

The final concept central to this intervention is transformative learning. This approach to education recognises that learning and transformation require more than gaining a new skill or changing behaviour, but rather a critical examination and recognition of the assumptions that shape our personal frame of reference. Transformative learning is about effecting change in the trainee's frame of reference so that they can become more inclusive, emotionally aware and reflective. It is necessary to first identify and become aware of our current habits of mind in order for learning to take place as the trainee is guided through the process of transforming their frames of reference through critical reflection.

RICH Model

The RICH model adapted from the *Risking Connection* training model provides the underlying philosophy which guides this intervention. Each letter represents a particular aspect- Respect, Information, Connection and Hope. Below are some examples that will help foster a RICH environment.

Respect

Trainers should endeavour to:

- Keep to the time frame promised
- Assume there are survivors and consumers among the training participants
- Acknowledge the expertise of the participants
- Ask the group to agree to observe confidentiality

Information

Trainers should endeavour to:

- Provide resource lists to participants
- Give examples of the more abstract principles
- Not be afraid to say when they do not know something
- Be genuinely collaborative, using the expertise of participants

Connection

Trainers should endeavour to:

- Be real, let the participants get to know them
- Listen to audience feedback and be willing to make changes
- Have participants introduce themselves and build relationships
- Have a sense of humour and willingness to laugh at themselves.

Hope

Trainers should endeavour to:

- Convey the belief that survivors can heal and the belief that people and systems can change.
- Listen for the participants' success stories
- Include exercises to address vicarious traumatisation.

Session 1 - Welcome and Introductions

Primary Objective

- To foster meaningful connection between the participants

Secondary Objectives

- Set the tone for the rest of the day
- To introduce the facilitators and bridge the gap between them and the trainees
- To introduce the concept of reflection

What you need

- Projector with PPT of introduction questions (if available)

Tasks

1. *Introduce Facilitators*

a) Make it personal
b) Foster a sense of connection between you and the participants

2. *Introduce Trainees*

In order to eliminate, as much as possible, the awkwardness of individual introductions, this training uses "1-2-All" approach to introductions. Introduce this aspect of the training along these lines,

a) We will put up some guiding questions on the screen to first think about
b) Then we will give you an opportunity to pair up with someone in the group- preferably someone you don't know very well
c) We will then give you 5 minutes to speak to that person, telling them as much information about yourself as you can and listening to their input
d) When we come back into the large group, your partner that will then introduce you to the group and vice versa

Before participants get up make sure they understand the task and assure them that you will be available if they have any questions.

Questions for the screen

a) Demographics: What is your name? Where are you from?
b) Personal: What's your favourite thing to do in your spare time? How many people are in your family?

c) Motivation: Why are you here today? How did you hear about [the organisation]?

Once the allotted time is over and you can see that most people have finished invite people to start introducing their partner. Some pointers to guide this discussion

a) Make sure that the speakers can be seen and heard
b) Ensure that facilitators thank each person by name after their introductions

3. *Journal Reflection Introduction*

At this stage it is important to introduce the process and benefits of reflection. Explain that at the end of every session, they will be given ten minutes to journal. Emphasise the following points

1. This is private and will not be used or seen by anyone else
2. You will be given paper to write on or you can use your own book
3. It is an open format sharing, so there is no right or wrong way to do it
4. Reflect on the previous session perhaps starting with a recall about what happened
5. Suggest that they include some discussion about their emotional response, thoughts and physical reaction.
6. This will be explained again before the first journal session

Evaluation

Has this session:

- Fostered meaningful connection between participants ☐
- Built a connection between the facilitators and participants ☐
- Created an open and friendly atmosphere ☐
- Shown respect and value to participants ☐
- Clearly explained the process and value of reflection ☐

Session 2- Head Knowledge

Primary Objective

- Participants gain a clear idea about what IPV is.

Secondary Objectives

- Stimulate interest and creativity
- Recognise the expertise of the participants
- Build community between the participants

What you need

- A2 page with head drawing- one per group
- Marker pens for each group
- White board marker pens for facilitator
- Blank paper and pens for journal reflection

Tasks

1. *Allocate groups*

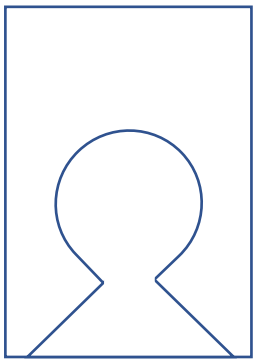
The ideal group size is 5 participants so try and split the group as close to that number as possible. There are a variety of ways to split people and this is up to your discretion.

a) Giving each person a number (1,2,3) and getting all the 1's together etc
b) Grouping 5 people next to each other
c) Allowing them to choose their own groups

2. *Small Group Discussion*

Gather your groups into small circles around the room and hand them each an A2 size paper with the outline of a head and shoulders drawn (This can be done by hand. See image below). Give the following instructions

a) Working together as a group, we want you to write down, on the paper we have provided, everything you know about Intimate Partner Violence.
b) The focus of this session is on all the 'head knowledge' we have, hence the drawing of the head.
c) You can write around the head, inside the head, using different colours, decorate the head- anyway you want.
d) Select a scribe from your group who will write and make sure everyone has a turn to contribute.



e) We will give you 10 minutes to do this and then ask you to feedback your information to the bigger group afterwards.

Give participants an opportunity to ask any questions or clarify the instructions. At this point it is important to make yourself available to the groups and keep an eye on their interactions to ensure that everyone is getting an opportunity to contribute.

3. Large Group Discussion

This aspect of the session is about collating all the participants information, highlighting contributions of importance and adding anything that participants may have left out. This will must all be visually presented in the front of the room for participants to see.

Some pointers for visual presentation

a) Set up a white board or large paper in the front of the room
b) Use different coloured pens to help distinguish themes
c) Use of pictures to emphasise a point is helpful
d) Underline words or themes of importance

Some pointers to guide discussion:

a) Let each group feedback one point at a time to give all groups an opportunity to contribute
b) Ask the participant for clarification or elaboration if necessary
c) Encourage and affirm participants and their ideas as they present
d) Summarise all the important points, visually pointing them out on the board.
e) Ask for feedback from the participants e.g. if there was anything they learnt or did not have on their paper

4. Journal Reflection

Begin this session by reintroducing the concept of journal reflection as outlined in session 1. Ensure that participants know the

a) Purpose: What they should achieve
b) How to do it: Open writing – just write.
c) What to include: The process, What stood out to you, How you felt during the session
d) How long they have: 10 minutes.

It is important to emphases their emotional responses as opposed to only focusing on what they thought. Make sure everyone has a piece of paper and a pen. And encourage them to be silent as we reflect on the session.

Evaluation

Has this session:

- Covered all the important aspects of IPV ☐
- Fostered a greater sense of community ☐
- Emphasised collaborative learning ☐
- Shown respect and value to participants ☐
- Clearly explained and provided opportunity for journaling ☐

Session 3- Myths

Primary Objective

- Deconstruct Societal myths regarding IPV

Secondary Objectives

- Challenge any myths and beliefs that the participants held
- Emphasise emotional awareness and reflection
- Build connection and respect between participants

What you need

- Projector, laptop and sound
- Audio-visual clips

Tasks

1. Introduce session

This session will be something different from what they may be used to, we are going to watch a few clips from different movies. Each of these video clips speaks to different myths that permeate our understanding of IPV. Explain to participants:

a) This session requires openness, honesty and respect.
b) The clips are very emotionally triggering and are intended to cause an emotional reaction as you watch them
c) While you watch, we want you to be conscious of your feelings and physical reactions. If you can, take note of what exactly triggered this response
d) We will pause for a minute after each clip before asking you to share your reaction allowing you all to articulate your response.

2. Audio-visual clips

Play the clips in the following order. These are all listed here to show the flow but please note that large group discussion must occur after each clip. A synopsis of the clip and the dominant myth (in brackets) is also stated.

1. Once were Warriors (1994): A violent physical attack by Jake towards his wife, Beth. (She deserves it/she provoked him):
2. Tyrannosaur (2011): Hannah has fallen asleep on the couch when her husband, James, comes home and after calling for her proceeds to urinate on her (Psychological abuse is not as bad as physical abuse)

3. #ViolenceIsViolence: Domestic Abuse Film (2015): a hidden camera scene depicting the different reactions of a male victim to a female victim (Women are the only victims of abuse)
4. TED Talk Leslie Morgan Steiner: Why domestic violence victims don't leave (2012): a TED talk by Leslie Morgan Steiner, author of Crazy Love, sharing her personal story of surviving IPV. (It is easy for victims to leave)

3. Group discussions

This aspect of the training cannot be prescribed or follow a step-by-step guide. It is important that the facilitator understands the objectives of this session and uses this to guide the discussion. Some important pointers include:

a) Give the participants time after each clip to collect their thoughts
b) Ask open ended questions: How did that clip make you feel? Where in your body could you sense a reaction? Can you pinpoint what it was in the clip that made you feel that?
c) Guide participants away from focusing on what they thought to how they felt
d) Allow different people to contribute and encourage quieter people to take part
e) Ensure respect is always given to every person so that participants know that this is a safe space
f) Guide the participants to recognise the destructive quality that these myths have on victims
g) Safely challenge anyone who presents a victim blaming response and ask the rest of the group to reflect on how that response made them feel

4. Journal Reflections

The same procedure from the previous session should be followed. State that this session might be easier for them to emotionally reflect on. Give participants 10 minutes to write.

Evaluation

Has this session:

- Maintained a respectful and safe space ☐
- Allowed participants to critically reflect on their own myth acceptance and assumptions ☐
- Deconstructed the myths commonly accepted in society ☐
- Provoked and managed the emotional response of participants ☐
- Allowed participants to reflect on their emotional responses through journaling ☐

Session 4- Role Play and Scenario

Primary Objective

- Give participants an opportunity to deal with myths in practice

Secondary Objectives

- Create a space to hear and reflect on different perspectives and meanings
- Allow for stimulating discussions and reflections
- Give participants a more active exercise to keep them engaged

What you need

- Printed copy of the scenario to read out
- Two chairs arranged at the front of the room

Tasks

1. *Introduce session*

During a full day training, this session generally comes after lunch and therefore requires more active participation to keep trainees engaged. Explain to participants:

a) This is a rotating role play so participants can 'tap in' or 'out' at any point of the role play
b) At certain points, the facilitators will stop to ask the role players questions and allow for the 'audience' to give alternate suggestions or responses
c) There could also be the addition of other characters to provide interesting dynamics
d) Role players must attempt to remain in character at all times

2. *Select volunteers*

Role players must be selected on a voluntary basis only. While participants may be reluctant to begin, the facilitator should not in any way force participants to take part. Allow participants to swap

3. *Role play*

Introduce the role play by allocating one volunteer as the teacher and the other as the female student. Read out the scenario:

> A girl and a boy, both aged 15, go in to a school toilet together. When the girl comes out twenty minutes later she is crying, and she tells her teacher that she has been raped. The

boy claims she was willing. This scene depicts the initial meeting between the teacher and the female student immediately after the incident.

Again, this aspect of the training cannot be scripted and so the facilitator should be guided by the student's responses. A few pointers

a) Monitor the flow of the role play and add in other characters such as the boy or the boy's mother if the role play becomes tedious
b) Stop the role play at critical points to allow the audience to comment or provide alternate responses. This however should not be used to embarrass or single out the victim blaming tendencies of the volunteers who are role playing.
c) Ask the role players to take their role seriously and enter into the character as much as possible

4. Large Group Discussion

Once the role play has fulfilled its purpose and you can sense that volunteers are tired, open Up a large group discussion where participants will have an opportunity to openly reflect on their experience. Some questions to guide the discussion,

a) How did it feel taking on the role of the teacher/girl student?
b) How did it feel to listen to some of the responses in the role play?
c) What made you feel most uncomfortable?
d) Did you ever feel overwhelmed, helpless, confused, angry, judgemental, judged?

5. Journal reflection

As before, allow the participants an opportunity to reflect on their emotional reaction and the way they were feeling during the exercise or large group discussion. Allot ten minutes to this session.

Evaluation

Has this session:

- Given participants an opportunity to deal with myths in a practical example ☐
- Created a space to hear different perspectives ☐
- Started stimulating discussions and kept participants engaged ☐
- Encouraged critical self-reflection and emotional awareness ☐

Session 5- Hands and Feet

Primary Objective

- Understand how what we know (head) and believe (heart) affects what we do (hands)

Secondary Objectives

- Be aware of the negative effects of trauma work
- Connect the different aspects of the training and why each element is important
- Contain the emotional state of the participants before ending

What you need

- Projector, laptop and sound
- Audio-visual clip
- Crisis Interventionist handbook

Tasks

1. Introduce Session

Start this session by summarising what the participants have done so far. Ask for the participants input so that you can ascertain their level of engagement and understanding.

2. Audio Visual clip

Play the clip and give participants a minute to reflect on their emotional response. The same process as Session 3 applies.

- Open the discussion with the question “how does that clip make you feel?”.
- Remember to focus on the way that they are feeling as opposed to what the clip makes them think
- Help participants by asking them to identify what they are feeling in their body e.g. hollow stomach or tense shoulders and explain how this can help to identify the emotion behind it

3. Lecture Input

The input should include the following points

- Two types of countertransference responses
- The dangers of unmanaged countertransference response
- The importance of emotional awareness and critical self-reflection
- Connection to the discussion regarding the audio-visual clip.

4. Meditation

Once the discussion is complete, explain that one of the most effective tools in becoming more self-aware and mindful is through the practice of meditation. Use the script provided to guide participants. Explain to participants that simply by following the breathing exercises, they can achieve the same effect and therefore can be practiced at the end of a shift or even in between sessions with clients.

5. Ending Remarks

Emphasise the amazing progress participants made by the participants during the training and explain how they will continue their reflective practice during their in-service training.

Evaluation

Has this session:

- Given the participants a clear understanding of countertransference ☐
- Provided participants with an awareness of burnout, secondary trauma and vicarious trauma ☐
- Emotionally contained the participants sufficiently before leaving ☐
- Empowered and equipped participants in continued self-care strategies ☐
- Enhanced participants insight into their emotional strain ☐

Chapter 7 Conclusion

7.1 Introduction

This purpose of this study was to design and develop an intervention which would adequately prepare volunteers for their work at an organisation providing crisis support to victims of Intimate Partner Violence (IPV). Using the guidelines outlined by Thomas and Rothman's (1994) Intervention Research process, this project aimed to combine both research and practice to develop an effective programme. This chapter outlines the reasons for this intervention, the goals of the training, and a reflection on if and how these were achieved. The researcher played an integral part in the collaborative development of the intervention and therefore provides a summary of her personal reflection of this work. Finally, recommendations for the continuation of this intervention are made

7.2 Reason for Intervention

The organisation at the centre of this project plays an important role in the intervention of the cycle of violence. Victims' appeals for help, coming forward and either attempting to change their situation or leave their abusive partner, are complicated and challenging processes. If they are met with apathy, victim blaming or a lack of empathy, it is less likely that they will have the emotional resources to continue the process. The organisation provides immediate crisis intervention, acting as a buffer between the victim and the often impatient and unsympathetic justice system.

The problem, however, was that the organisation was struggling, operating in a high-stress, high chaos environment which was compounded by (a) lack of financial support and funding; (b) a shortage of volunteers; and (c) limited support for volunteers. This was clearly demonstrated at the organisation, where reports of volunteers directing clients, victim blaming, infighting and insubordination were commonplace. While the financial aspect of the organisation was deemed outside the scope of this project, it was our tentative assumption that the root of the chaotic organisational culture is a consequence of the negative psychological effects of this work. It is known that working with trauma will have a ripple effect on the volunteer's psychological wellbeing, which if not properly managed has negative effects on the self, interpersonal relationships, and countertransference management (Dalenberg 2000; Galek, Flannelly, Green & Kudler 2011; Janoff- Bulman 1995; McCann & Pearlman, 1990; Neumann & Gamble, 1995). The consequences of this problem were threefold, effecting both

the psychological state of the volunteers and the clients, as well as threatening the sustainability of the organisation.

7.3 Goals of the Research

The goal of this research was to design and develop an intervention that would help volunteers manage the overwhelming negative effects of trauma work, reduce the incidence of harmful victim blaming reactions to clients, and manage and improve the organisational culture. The initial design process identified the training programme as the point at which to instigate this change strategy. The difficulties in recruitment and retention of new volunteers indicated limitations with the existing approach to the training in terms of content, focus and andragogic strategies. The specific objectives of the new intervention are explored below.

7.3.1 Initiate an ideological shift in understanding IPV

This was an important task of the training in order to prevent victim blaming. Once a volunteer understands the deep psychological effects of IPV, it is easier to understand the victim's behaviour and emotional state. In order to achieve this, this project recognised that understanding IPV required more than a factual knowledge or rote memorisation of support procedures. It required a fundamental shift in not only their individual ideas but also in the dominant patriarchal ideology. This was most effectively achieved through transformative learning strategies. The patriarchal ideology supports the dominant system of power by not only excusing the perpetrator but also blaming the victim, and this needs to be urgently transformed. This social change which the project attempted to initiate was fundamental to the critical pedagogy proposed by Freire (1980), and it was also necessary in order to facilitate and maintain personal shifts in thinking about and relating to intimate partner violence. The personal psychological defences used by trauma workers which can lead to victim blaming, are supported and maintained by elements of patriarchal ideology embedded at the level of common sense and functioning as everyday interpretative frameworks. It was therefore necessary to produce an ideological shift at both social and personal levels. The andragogic techniques were refined throughout the phases of the intervention allowing greater opportunity for this ideological shift to occur. There were numerous examples during the intervention where trainees shared this transformation, recognising how their thought processes and the way they viewed IPV victims had shifted. While we did not claim to achieve a complete and lasting ideological shift in a one-day training, this intervention sought to initiate this process giving trainees a solid foundation from which to begin their in-service training.

7.3.2 Create greater emotional awareness and capacity for self-reflection

The second task, linked to this personal transformation, was to facilitate greater emotional awareness and self-reflective capacity in the trainees. Hearing the intimate details of traumatic experiences from multiple clients is likely to have a significant effect on the counsellor. The volunteers needed to be able to integrate the client's traumatic material into their existing framework for understanding the world in order to avoid developing VT (McCann and Pearlman 1990). This is predominantly done through reflective practice, which needed more emphasis in the new training model. Reflection was therefore integral to the new process and each phase of intervention provided insight into how best to instil this practice. This was achieved by giving trainees a simple method to use, fostering the practice of journaling and putting systems in place to encourage the ongoing maintenance of reflective practice. The process of becoming aware of an emotional response, identifying where that response comes from, and acknowledging the transformative challenge, was also linked to the goal of the ideological shift. The analysis of the intervention showed how continued practice, and a reiteration of the method and importance of reflection, had an impact of the trainee's capacity for critical insight and emotional awareness.

7.3.3 Train volunteers to manage and monitor countertransference reactions

Monitoring countertransference reactions was understood as an important aspect of the trainees' reflective capacity discussed above but specified separately due to the importance of managing the volunteer's response in order to avoid victim blaming. There was little discussion about, and opportunity to explore, the CI's countertransference reactions prior to this intervention. This resulted in an organisational culture of needing to appear competent and where competency measured by the CIs capacity to remain unaffected by the client and her trauma. This intervention sought to change this organisational culture by speaking openly and honestly about countertransference reactions, and how these can be useful tools in the intervention process if volunteers are able to recognise and manage them. The inclusion of the more in-depth session on countertransference in the final phase of the intervention was received positively by the group, especially by those already exposed to the work of the organisation, revealing the need that this intervention filled.

7.3.4 Implement self-care practices

The final goal was to emphasise the need for volunteers to continuously engage in self-care strategies in order to maintain this work. Helping participants become aware of how

vicarious trauma develops gradually and the effect that it has on their clients, was essential for persuading them to engage in sustained self-care. This objective was achieved by firstly helping trainees to recognise their existing strategies such as engaging in exercise or spending time with loved ones, and secondly by teaching techniques such as journaling, mindfulness and meditation. These were not only discussed but experienced in practice by the participants to encourage retention.

7.4 Usefulness

The aim of intervention research is to bring about an intentional change strategy, using theoretical insight and critical evaluation to inform practice. This research has developed a 'fit for purpose', research-based training intervention model which identifies the complex needs of volunteers in order to help them to do their work effectively. This work is critical for the sustainability of this particular organisation and for the protection of all future volunteers and clients.

As the training model continues to develop beyond this research, it is believed that the problems identified at the beginning of the project will continue to be resolved as the organisational culture changes and more volunteers become involved. It is also our belief that through this the high-stress, high-chaos nature of the organisation will begin to dissipate. This intervention also has the potential to be adapted and used for other organisations dealing with crisis support. The fundamental shift and reflective elements of this training are applicable and necessary for all who work with trauma.

7.5 The Researcher

The researcher in an Intervention Research paradigm is central to the design and development of the intervention. It is therefore important to understand the experience and motivations behind the researcher's interest in this project. This research was especially important and relevant to me personally for three reasons: my active involvement with the organisation, my personal experience as a vicariously traumatised volunteer at another NGO, and as a means to put recommendations from my own previous research into practice.

The organisation has an extremely important role to play in the support of victims of IPV as volunteers provide victims with a safe and empathetic support system. My own experiences in the different courts where this organisation is based highlighted the overwhelming fear and anxiety that victims of IPV face as they come forward hoping to receive

some type of support and protection. I personally experienced the impatience and unfriendliness of overworked court officials, and so understood the importance of creating a space for victims to be treated with respect and warmth if there is any chance of intervening in the cycle of violence. The organisation however was struggling with a lack of financial and human resources, while operating in a high-stress, high-chaos environment. This resulted in repeated hostile interpersonal interactions between volunteers, a lack of new recruits, and incidences of direct victim blaming and mistreatment of clients at the hands of volunteers. Previous interventions aimed at correcting behaviour had not been entirely successful, and issues continued to re-emerge. My personal involvement as a member of the Board and having insight into the underlying cause of many of the organisation's problems put me in a good position to initiate a meaningful change in the training and support activities of the organisation.

I was volunteering at a trauma-based NGO a few years before the commencement of this research and left that NGO soon after joining this organisation. It was only through this research and an understanding of vicarious traumatisation, that I was able to realise the underlying reason for leaving the previous organisation. After responding to a traumatic event near to my own home, I gradually found it more difficult to walk outside of my home alone at night, became hyperaware when driving, and began feeling generally drained. On reflection, I was able to identify how my assumptions about the world and the meaningfulness of events had been altered through my ongoing interaction with traumatic material. I strongly believe that it is unethical for NGOs to expose their volunteers to trauma without giving them the knowledge and skills to deal with their own reactions. This project was therefore important to find a way to prevent others from leaving NGOs worse off than when they came.

Finally, I felt that undertaking this project was an ethical duty on my part to implement the findings and recommendations of my previous research. Often academic research has very little impact on the day-to-day practical aspects of trauma work, especially in South Africa where there seems to be a growing gap between research completed in higher education institutes and the hands on practical application of grass roots NGOs. This research then hopes to use knowledge for what it is meant for: to produce some form of social change.

7.6 Recommendations

This research does not claim to be complete, and the chosen paradigm reaffirms this as intervention research is typically an ongoing process. There are a few recommendations that

can and should be taken up at this stage of the intervention process. A participant manual that outlines not only the elements of this training but important aspects of their in-service training, should be compiled to guide new volunteers through their training. It is also recommended that the model be implemented in different contexts in order to verify the applicability and replicability of the training.

7.7 Conclusion

The incidence of IPV in South Africa is one of the highest in the world and has ripple effects that are intergenerational. Intervening in the cycle of violence by providing supportive and empowering crisis intervention is an essential element of the struggle against IPV. The important but overstretched role of NGOs in helping victims does not, however, justify lack of support and protection for their own volunteers. This intervention recognises the needs of the future volunteers providing a training that includes emotional skills that will sustain through the rest of their in-service training and beyond. The fundamental ideological shift this intervention initiates, as well as the reflective training that assists trainees in deeper emotional insight and countertransference awareness, is an essential step in the continuing task of eradicating all forms of intimate partner violence.

Appendix 1
Consent Form

Dear Participant,

Thank you for participating in this research study. I am currently completing my PhD at the University of Rhodes and for purpose of my degree I am conducting a research study.

The title of this research is "Training and support interventions for volunteer crisis support workers in a community organisation serving survivors of intimate-partner violence."

This research aims to design and develop training and support interventions for the organisation in order to create an environment that protects volunteers from vicarious traumatisation.

TERMS OF AGREEMENT

- Your participation is completely voluntary.
- Your responses will be confidential, and your identity will not be revealed. Pseudonyms will be used, and any individual information that may uniquely identify you will not be included in the final project.
- Should you agree to participate in this study, I would like your collaboration in the design of the intervention through a focus group and/or to conduct an interview with you which should last approximately 45minutes.
- Should you agree, you will be asked to consent to voice recordings of the interview and focus group and to complete the questionnaire which will be kept by the researcher.
- Should you agree, you are free to withdraw from the study at any time.
- Should the research process raise any emotionally difficult issues for you we will provide adequate counselling and support.

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

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

Your participation is greatly appreciated.
If you require additional information, please feel free to contact either of the following:

Mrs. Sam Thomas (Researcher)
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Prof. Anthony Collins (Supervisor)
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_____ Signature of Participant

_____ Signature of Researcher

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