

**An Interpretative Phenomenological Analysis of the Volunteer Crisis
Centre Counsellor's Experience of Working with Victims of Crime**

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**Dissertation submitted in partial fulfilment of the requirements for
the degree of Masters of Social Science (Clinical Psychology)
School of Applied Human Sciences (Psychology)
College of Humanities
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November 2016

**COLLEGE OF HUMANITIES
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ABSTRACT

Objective: It has been argued that vicarious trauma, secondary traumatic stress (compassion fatigue), burnout and countertransference reactions represent normal responses in helping-individuals who work with traumatised individuals. In the literature these phenomena have been broadly termed ‘the cost of caring’ (McCann & Pearlmann, 1990). In addition to the cost of caring, the positive effects of working with traumatised individuals have been explored, largely through the use of the concepts of vicarious resilience and compassion satisfaction (Hunter, 2012). The present study aimed to understand the relevance of these phenomena to volunteers of a community-based crisis intervention initiative by exploring their lived experiences, describing the impact (both positive and negative) that their trauma work has on them, and identifying the coping strategies and resources that are used in order to prevent, and/or mitigate, any possible negative effects, and to enhance any possible positive effects.

Method: A qualitative methodological orientation was used for the present study in the form of Interpretative Phenomenological Analysis (IPA). Qualitative data were collected from six participants through the use of focused interviews and analysed using thematic analysis, in line with the IPA approach.

Results: Six superordinate themes emerged: 1) Reasons for joining, 2) Previous training and experience, 3) Personal history of trauma, 4) The costs of volunteering in the field of trauma work, 5) The rewards of volunteering in the field of trauma work, and 6) Coping strategies.

Conclusions: The results of the present study provide support for the pathogenic/salutogenic paradox that has been identified in the research literature. It has been suggested that these two perspectives are not at odds, but that they are instead complementary, and illustrate the idiosyncrasies that are involved in the field of trauma work.

Keywords: vicarious trauma; secondary traumatic stress; burnout; vicarious resilience; compassion satisfaction; debriefing; qualitative; interpretative phenomenological analysis; lay counsellors

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CHAPTER ONE: INTRODUCTION

1.1 Motivation for the present study

South Africa is a country characterised by prolific levels of crime and violence. This increases the chances that many individuals living in South Africa will at some point in their lives be affected by violence, whether directly or indirectly. In addition, high levels of violent crime in the country have a large impact on the psychological, emotional, and physical well-being of many of the country's population, with risk of mental health problems related to traumatic exposure being high (Van Dyk & Van Dyk, 2010). As a result there is a strong need for mental health and trauma workers, both professional and non-professional, to provide support to victims of crime and violence in order to prevent the immediate emotional and behavioural reactions to the trauma from developing into long-term psychopathology.

The occurrence of negative psychological consequences following a traumatic experience is normal. Common psychological reactions include feelings of fear, shock, and anxiety. In addition, exposure to crime and violence frequently shatters the victim's sense of safety and may result in feelings of insecurity, vulnerability, powerlessness, anger, and helplessness (Frieze, Greenberg, & Hymer, 1987). In addition to these feelings, traumatised individuals often experience nightmares, flashbacks, difficulties sleeping, hypervigilance, an increased startle response, avoidance of reminders of the crime, and anhedonia. Psychological complications in the form of post-traumatic stress disorder and depression develop when the normal and expected reactions to crime extend beyond a few weeks without decreasing in intensity (Frieze, Greenberg, & Hymer, 1987). This in turn has a negative effect on physical health and may lead to the development of somatic and behavioural symptoms.

Research has found that the undesirable psychological consequences of traumatic exposure are not restricted to those who are victimised but are also evidenced by family and friends, as well as by mental health professionals and trauma workers who come into contact with the victim. According to McCann and Pearlman (1990, p. 133), individuals who *“work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized*

persons”. This phenomenon has broadly been termed ‘the cost of caring’; with the cost of caring having been described and explored within the context of four broad conceptual frameworks relating to: vicarious trauma, secondary traumatic stress (also known as compassion fatigue), burnout, and countertransference. Although vicarious trauma and its related counterparts have been well explored within the international research literature, very little research has focused specifically on these concepts within the South African context (Howlett & Collins, 2014).

1.2 Purpose of the present study

It has been suggested that the occurrence of vicarious trauma, secondary traumatic stress, burnout and countertransference in professional mental health care and trauma workers represents a normal response for those who work with traumatised individuals (McCann & Pearlman, 1990). The present study aimed to determine the relevance of these phenomena to volunteers who work with victims of crime and violence in the South African context with the goal of providing insights into both the personal and professional impact that such work has.

Specifically, the present study focused on the relevance of these phenomena to volunteer members of a local community-based crisis intervention initiative (hereafter referred to as the *crisis team*). The crisis team is a registered Non-Profit Organisation (NPO), based in the Durban North and Umhlanga areas (KwaZulu-Natal, South Africa), that works closely with the local police station. The primary aim of the crisis team is to provide victim support and basic debriefing services to individuals within their areas of service following the occurrence of any traumatic crime-related incident. These services are most frequently conducted at the scene where the crime occurred.

The crisis team is run by members of the community who volunteer their time to serve as ‘victim support officers’. These individuals have undergone a basic counselling skills workshop run by Lifeline. Members of the crisis team work shifts, ensuring that there is always someone on duty, including evenings, weekends, and holidays. Although the crisis team does not follow a particular model of debriefing their debriefing process involves moving from an “*introduction through a fact-phase, a thought-phase, a reactions- and a*

symptom-phase, before a normalisation and a re-entry phase” (Dyregrov, 1997, p. 591). A psychological element is involved as the debriefing process attempts to prevent the development of future psychological problems.

The main aim of the victim support and debriefing services carried out by the crisis team members is to provide individuals with immediate practical support, as well as psycho-education regarding what can be expected in the subsequent days and weeks. Advice on coping strategies is provided to individuals who are assisted, including suggestions involving exercise, healthy eating, and relying on family members and friends for support (Van Wyk & Edwards, 2005). Crisis team members also attempt to create or to re-establish an immediate sense of safety for the traumatised individual by serving as mediators between the individual and the police. The team members are also responsible for more practical, hands-on, support including contacting family members or friends who are able to assist and cancelling credit cards that may have been stolen.

Based on the goals of the present study a qualitative research approach was considered to be the most suitable. Qualitative research recognises that several different interpretations and constructions of reality exist and that these realities are dynamic (Merriam, 2002). It was recognised that the experiences of the participants, and the different ways in which they make sense of these experiences, are unique and are determined by their individual contexts. A qualitative approach ensured that the phenomena under investigation would be able to be described and understood from the perspective of participants. Further, given that research involving volunteers who work with victims of crime and violence in South Africa is scarce, an exploratory qualitative framework allowed for a greater in-depth understanding of participants experiences and understandings.

1.3 Aims of the present study

The present study aimed to:

- 1) Explore the lived experience of volunteer trauma workers

- 2) Describe the impact (positive and negative) that trauma work has on volunteer trauma workers
- 3) Identify coping strategies and resources utilised by volunteer trauma workers to prevent and/or mitigate any possible negative effects of trauma work and to enhance any possible positive effects
- 4) Highlight any potential issues of concern to volunteer trauma workers

1.4 Importance of the present study

The high rates of crime and violence in the country, coupled with a high reliance on volunteers providing trauma related services makes it essential to understand the effects that trauma work may have on helping-individuals. For the majority of people in South Africa, access to professional mental health related services is less than optimal and as a result the assistance of non-professional lay counsellors is crucial (Howlett & Collins, 2014).

It is widely recognised that the negative consequences of working with traumatised individuals can be mediated or prevented through organisational support, experience, self-care, and an increased awareness of, and training in, the effects of secondary traumatisation (Bell, Kulkarni, & Dalton, 2003). However, in addition to these factors, it is important to understand the impact of the ‘cost of caring’ on volunteer trauma workers.

1.5 Structure of the thesis

In order to address the aims and objectives of the study, this dissertation is presented in several chapters, with the content of these chapters being summarised below:

Chapter 1

Chapter 1 describes the rationale for the study and provides an indication of the aims and value of the research.

Chapter 2

Chapter 2 contextualises the present study and attempts to provide insight into: the effects of crime on individuals within the South African context, the importance of support for

individuals who have been through traumatic incidents, and the costs and benefits of trauma counselling for those who provide it.

Chapter 3

The purpose of Chapter 3 is to outline and discuss the research methodology that was used in the study and to situate the study within the relevant research paradigm. Interpretative Phenomenological Analysis (IPA), an approach to qualitative research, is outlined, and issues relating to research design, data analysis, procedural rigor, and research ethics are discussed.

Chapter 4

Chapter 4 presents and discusses the results of the study. The superordinate themes and related subordinate themes that were identified through the process of thematic analysis are discussed and interpreted. This analysis is then linked to relevant literature within the field.

Chapter 5

The purpose of Chapter 5 is to draw together and summarise the conclusions of the present study. In addition, the limitations of the study and implications for practice are discussed and recommendations for future research are made.

CHAPTER TWO: LITERATURE REVIEW

2.1 Crime and its effects within the South African context

Crime, particularly violent crime, is one of South Africa's most serious social problems, with the country having one of the highest murder rates in the world (Louw, 2007). Violent crime is defined as any offence in which force is threatened or used upon a victim. Such crimes are of particular concern as they have a strong potential for being associated with posttraumatic outcomes including psychological stress and trauma. In South Africa, violent crimes such as armed robbery, hijacking, rape and assault are common and difficult to prevent, with most people having experienced at least one incidence of such crime (Dirsuweit, 2002).

As a result, South Africa has been described as a country with a culture of violence; one in which crime and violent behaviour are regarded as being acceptable in order to achieve goals and solve problems (Dirsuweit, 2002). Crime is no longer viewed as something unusual or unexpected and has instead become the norm (Hamber & Lewis, 1997). The high levels of crime in South Africa and the fear that comes with it has facilitated the development of a deeply traumatised society. In order to better understand the effects that crime has on individuals it is important to consider the concepts of stress, crisis, and trauma.

2.1.1 Defining stress, crisis and trauma

Stress is defined as an internal state linked to psychological and physiological reactions that develop following the occurrence of a specific event, or events, in which an individual is faced with a real, or perceived, stressor or threat that challenges his or her ability to cope (Yeager & Roberts, 2003). Responses to stress are idiosyncratic, determined by factors such as the individual's temperament, personality, and character. What may be a simple stressor for one person may lead to the development of a crisis reaction, or a trauma, for someone else.

Different individuals have different coping skills, resources, and protective factors, and some individuals may be better equipped to deal with adapting to change in comparison to others. Three stages of stress have been proposed – the alarm reaction stage, the adaption stage, and

the exhaustion stage. These stages are known as the General Adaptation Syndrome (Selye, 1980). During the first stage of stress, defence mechanisms involving the nervous system are triggered. The second stage of stress occurs when the individual's body begins to fight back. The final stage occurs when the individual is no longer able to cope, leading to illness and possibly death. When an individual experiences a stressful event there is a chance that it will develop into a crisis.

A *crisis* represents “*an acute disruption of psychological homeostasis in which one's usual coping mechanisms fail and there exists evidence of distress and functional impairment*” (Yeager & Roberts, 2003, p. 6). This disruption of equilibrium impairs the individual's ability to cope and generally arises after he or she has experienced an event that is perceived to be stressful. As such, it can be understood that a critical incident precedes the onset of a crisis reaction, with a critical incident referring to any stressful event that has the ability to generate a crisis reaction within an individual. Critical incidents include events that threaten death or serious injury to an individual or to someone they know.

In order for an event to precipitate the development of a crisis reaction it has been argued that the event needs to lead to a great disruption within the individual and must overwhelm his or her usual coping strategies and resources (Caplan, 1964). A crisis therefore represents an individual's reaction to a stressful event that is perceived by that individual as being unmanageable – something that overwhelms his or her coping abilities and threatens or challenges the individual by producing some form of functional impairment (Flannery & Everly, 2000). Whether or not a stressful event becomes a crisis is dependent upon an individual's perception of that event and the distress that it has created (Mason, 2007). In this way, a crisis represents an individual's understanding of an event as opposed to the actual event that has occurred.

Crisis situations may result in the development of psychological distress, or trauma. Trauma involves any event or experience that overwhelms an individual and leaves them unable to cope, rendering them powerless. When an individual is confronted with the possibility of serious injury or actual or threatened death to themselves or others, it is defined as being a *traumatic* experience (American Psychological Association, 2013). Common traumatic experiences in South Africa include situations in which physical assault occurs or is

threatened, examples of which include muggings, hijackings, armed robberies, housebreakings, physical attacks, and serious motor vehicle accidents.

Traumatic events have the potential to impact the normal course of an individual's personality development in an adverse way and these consequences often persist in the long-term (Collins & Collins, 2005). A traumatic reaction may occur immediately following exposure to a crisis situation, or it may be delayed, occurring several weeks or months following exposure. According to Mason (2007, p. 40) "*a traumatic event is a particular kind of crisis: so extreme, sudden and powerful that it can overwhelm a person's sense of safety and security*". Criminal victimisation represents one such traumatic event.

It is important to understand the impact of the trauma that comes with criminal victimisation as it is something that most South Africans are likely to experience during their lifetimes, with research indicating that more than 70% of South African individuals will go through a traumatic event related to a violent crime (Matzopoulos et al., 2006). In addition, exposure to such events most frequently result in the victim experiencing numerous adverse consequences (MacCrichtie, 2006).

According to Seedat, van Niekerk, Suffla, and Ratele (2014), the number of South Africans who seek assistance for injuries related to criminal victimisation is believed to be 1.75 million per annum. Violence in South Africa "*undermines individual mental and physical well-being, family welfare, community cohesion, and the country's overall social, political, and economic development*" (Seedat et al., 2014, p. 137).

The reactions that occur as a result of the stress of being victimised have been explained in several different ways. It has been argued that criminal victimisation is a direct violation of an individual's *self*. When a victim has an unstable sense of self it is more likely that they will experience self-fragmentation. Victimisation has also been linked to a loss of a sense of safety and to the view of oneself as vulnerable (Frieze, Hymer, & Greenberg, 1987).

Most people do not believe that they will become victims of crime and when they do, they are required to deal with the direct effects of the victimisation as well as the effects of having their belief that the world is a safe place shattered (Frieze, Hymer, & Greenberg, 1987). It has

also been suggested that following a traumatic experience, the individual may experience strong emotions regarding not only what has happened to them, but also regarding what may happen to them again in the future.

2.2 The importance of support for victims of trauma

During times of extreme stress we are predisposed to seek emotional and physical support from social interaction with others. Social support from significant others as well as from the wider community plays an important role in determining whether an individual who has experienced a traumatic incident will recover in an adaptive manner, and weak social support systems have been shown to negatively impact an individual's ability to recover from a crisis (Van Dyk & Van Dyk, 2010). According to Frieze, Hymer, and Greenberg (1987, p. 306), *“regardless of its form, aid from others appears to be an essential component of victims’ ability to cope with the victimisation”*. Unfortunately the availability of, and access to, counselling and mental health resources in South Africa are limited and the need for non-professional volunteer trauma counsellors is high.

Ever increasing levels of criminal victimisation in the country make this need for volunteer personnel even more necessary (Ortlepp & Friedman, 2002). One response to the shortfall of professional counselling and mental health resources has been the development of community-based crisis intervention initiatives, offering victim support and debriefing services. The aim of such initiatives is to fill the gaps in the social support services that are available to members of communities following exposure to crime and traumatic events. These initiatives are usually run by lay counsellors who have undergone basic training in crisis intervention and trauma counselling (Howlett & Collins, 2014).

2.2.1 Crisis intervention and debriefing

Following a traumatic experience or a crisis, an individual may experience physiological and psychological symptoms similar to those experienced during a post-traumatic stress reaction, including disturbances in sleep, hypervigilance, flashbacks, and withdrawal from friends, family, and other social support (Flannery & Everly, 2000). Should these reactions be left untreated, it is possible that the impact of the traumatic event will persist, and eventually become debilitating. Individuals who are assisted by crisis intervention initiatives frequently

experience extreme crises that have the potential to result in severe psychological trauma (Howlett & Collins, 2014).

Crisis intervention is a short-term approach that aims to reduce an individual's acute trauma-related symptoms through the provision of emergency psychological care in the form of psychological debriefing. Devilly, Gist, and Cotton (2006) define psychological debriefing as an immediate intervention that attempts to restore equilibrium and promote an optimal level of functioning. This is achieved through the processes of ventilation and catharsis, normalisation of symptoms, and the provision of psycho-education regarding trauma and its natural course. The goal is to prevent or mitigate any potential negative consequences related to psychological trauma and to return the individual to their previous level of functioning. Psychological debriefing is most effective if it is provided within 3 days of the trauma.

According to Flannery and Everly (2000, p. 120), the “*hallmarks of these first interventions are: 1) immediacy, 2) proximity, 3) expectancy, and, 4) brevity*”. Although crisis support volunteers may not necessarily ascribe to any particular model of debriefing, they tend to follow the basic principles of debriefing including immediate intervention; stabilization; the facilitation of understanding; a focus on problem-solving, and the encouragement of self-reliance (Flannery & Everly, 2000). Individuals exposed to debriefing are also generally offered follow-up sessions, with high-risk individuals being identified and referred on to relevant helping professionals.

Community-based crisis intervention initiatives also aim to encourage individuals who have been through a traumatic experience to rely on the existing social support systems that they have around them. By being able to share their experience, as well as the negative emotions that came with it, the individual is able to take a positive step towards recovery by being allowed the space to understand and process what happened to them whilst being able to rely on their networks of social support for assistance. Adaptive coping refers to the acquisition of new cognitive and behavioural coping skills that facilitate the individual's return to their previous, or more adaptive, level of functioning (Flannery & Everly, 2000).

2.2.2 The impact of working with traumatised populations (the hidden victims)

Over the past decade research has begun to focus on the impact of working with traumatised populations, with this phenomenon becoming known as the cost of caring. The cost of caring is primarily based on the secondary, or indirect, trauma of helping-individuals and the negative impact it has on counsellors' efficacy. Various factors have been found to influence whether or not a helping-individual will be adversely affected by working with those who have been traumatised.

These factors include the training that the helping-individual has undergone and the amount of experience that they have had in the field. It has been suggested that those who have had more training and experience are less likely to be affected by secondary traumatisation (Baird & Jenkins, 2003). As many trauma and crisis support organisations have a high reliance on volunteers who do not necessarily possess professional training or experience it is important to understand and identify the risks of working with traumatised populations, and how this work may affect volunteers (Hargrave, Scott, & McDowall, 2006).

As secondary traumatisation occurs specifically in those who engage empathically with the traumatic material of others, it has the potential to have serious implications with regards to the well-being of those who work with victims of trauma as well as on the effectiveness of the services that are provided by trauma support organizations (Hargrave, Scott, & McDowall, 2006). According to Hargrave, Scott, and McDowall (2006, p. 39), secondary traumatisation *“may be particularly devastating in voluntary organizations which experience a relatively high volunteer turnover and may have fewer resources to support their workers”*.

Despite this risk of secondary traumatisation, there have been very few studies that have investigated the cost of caring on volunteer trauma workers (Ortlepp & Friedman, 2002). This is particularly true in terms of the South African context and in terms of volunteers who work specifically with victims of crime and violence. Available studies that have focused on volunteer trauma workers in the South African context have found that the support needs of these individuals are frequently overlooked. It has also been found that there is a strong need for volunteers to be seen as being competent and as a result many may downplay, or deny, any adverse effects that may occur when working with victims of crime and violence (Howlett & Collins, 2014).

A lack of training in self-care techniques as well as a lack of emphasis on what secondary traumatisation is, how it can be dealt with, and how it could be avoided, has also been demonstrated. This further highlights the need for more research in the area, and suggests that it is *“imperative that we do everything possible to protect these support workers from the emotional risks of their work, and to enhance the positive aspects of their contribution to the most vulnerable in our society”* (Howlett & Collins, 2014, p. 189).

2.3 The cost of caring

Traditionally the impact of working with traumatised populations, including those who have been victims of crime and violence, has been explored from a pathogenic perspective with the use of four main constructs. These constructs include burnout, traumatic countertransference, secondary traumatic stress, and vicarious trauma (Howlett & Collins, 2014).

2.3.1 Burnout

Burnout has been defined as *“a psychological syndrome that develops in response to chronic emotional and interpersonal stress and is characterised by three features: emotional exhaustion; depersonalisation (a defence mechanism for caregivers and service providers to gain emotional distance from clients); and feelings of ineffectiveness or lack of personal accomplishment”* (Thompson, Amatea, & Thompson, 2014, p. 58). Work on burnout first developed through the study of human services and the emotional difficulties involved when working closely with others and fulfilling the role of a caretaker (Maslach & Goldberg, 1998). As a concept, burnout is often used to refer to the psychological burden of working with difficult populations. Difficult populations include those where individuals are suffering from severe psychiatric and social problems, severely ill individuals, and victims of poverty – i.e., generally those who are in particularly stressful and vulnerable circumstances (Newell & MacNeil, 2010).

Alternatively, burnout has been conceptualized as a product of staff demoralization, affecting those who are most committed to their work (Pines, 1994). By its very nature burnout is something that threatens, and undermines, an individual’s ability to participate effectively within their chosen vocation (Gorski & Chen, 2015). Burnout results in a variety of different

reactions, which occur cumulatively over a period of time (Newell & MacNeil, 2010). These reactions often include a loss of compassion, discouragement, boredom, and cynicism (Chouliara, Hutchison, & Karatzias, 2009).

Although burnout affects people working in many different fields, it has been suggested that the potentially harmful effects of working specifically with victims of trauma are distinct from the potentially harmful effects of working with other populations (McCann & Pearlmann, 1990). This is due to the constant exposure to emotionally shocking material that is frequently associated with serious trauma as well as the emotional labour that goes into the work (Gorski & Chen, 2015).

Burnout has been linked to several different mental health related problems as well as to several different occupational problems (Lee, Lim, Yang, & Lee, 2011). Due to the nature of their work counsellors and psychotherapists are particularly vulnerable to the development of burnout. Burnout influences the relationship a counsellor has with his or her clients and often results in adverse consequences that continue to negatively affect the quality of this relationship. In terms of job performance, individuals suffering from burnout are more likely to be absent, demonstrate less productivity, and demonstrate more intention to resign. Individuals experiencing burnout are also more likely to have lower levels of job satisfaction.

Research indicates that burnout can be “*contagious and perpetuate itself through informal interactions on the job*” (Maslach, Schaufeli, & Leiter, 2001, p. 406). The serious consequences of burnout have resulted in it becoming a well-researched concept. The three-dimension model of burnout that has been proposed - exhaustion, depersonalisation/detachment, and feelings of ineffectiveness/lack of accomplishment - highlights the individual and his or her interpersonal and professional development areas that are most directly affected by burnout (Maslach, 1982).

Individuals suffering from burnout often experience overwhelming exhaustion and frequently feel as though they are overextended in terms of their physical resources and depleted in terms of their emotional resources (Maslach & Goldberg, 1998). Interpersonally, counsellors may find themselves becoming detached from their clients, or alternatively they may find themselves reacting negatively or callously towards them. A reduction in effectiveness is

frequently felt by those with burnout and goes along with feelings of being incompetent and a loss of a sense of achievement.

Various models have been proposed to explain burnout. These models differ with regards to the order in which the different identified dimensions occur, however they are consistent in that each proposed dimension of burnout is represented. It has been argued that exhaustion is the most important dimension due to its debilitating nature with the other two dimensions being seen as largely superfluous. However, according to Maslach, Schaufeli and Leiter (2001, p. 403), *“if one were to look at burnout out of context, and simply focus on the individual exhaustion component, one would lose sight of the phenomenon entirely”*.

This illustrates the importance of each of the three dimensions and conceptualizes burnout as a holistic and multifaceted syndrome. Although the dimension of exhaustion involves the individual aspect of burnout, it fails to account for the relationship that the individual has with his or her work, which is problematic as burnout does not occur in isolation (Newell & MacNeil, 2010). Research highlights several individual and situational factors that have been found to increase susceptibility to developing burnout.

In terms of individual factors, research has linked job attitudes, personality characteristics, and demographic characteristics to burnout. According to Maslach, Schaufeli, and Leiter (2001, p. 409), while these factors may be correlated with burnout the *“relationships are not as great in size as those for burnout and situational factors, which suggests that burnout is more of a social phenomenon than an individual one”*. Each individual will have particular beliefs and expectations regarding their job and these beliefs and expectations, related to the nature of their job and whether or not they will be successful in their chosen vocation, may be high or low.

The literature suggests that when an individual holds high expectations of themselves and of their career, it is more likely that they will experience burnout due to either working too hard or working too much in pursuit of fulfilling these high expectations (Thompson, Amatea, & Thompson, 2014). In terms of situational factors, occupational factors including time-pressure, role conflicts, and caseload have all been found to correlate with the increased possibility of the development of burnout.

In addition, emotional stress related to the challenge of working closely with people has been found to be an additional factor leading to burnout. As a result, different occupations have been found to be more at risk for the development of burnout than others. In terms of job characteristics, particular elements related to particular jobs have been researched in relation to burnout and its development. Workload, time pressure, exhaustion, role ambiguity, role conflict, and a lack of job resources (including an absence of social support) have all been correlated with burnout (Maslach, Schaufeli, & Leiter, 2001).

2.3.2 Traumatic countertransference

Traditionally countertransference has been understood as representing the impulses, desires, and wishes that are induced in the therapist through his or her interactions with a client. These impulses, desires, and wishes are largely unconscious in nature and are a direct reaction to the intrapsychic life of the client (Berzoff & Kita, 2010). Initially countertransference was viewed as something that hindered the therapeutic process, however over the years it has been recognised as a valuable instrument that benefits the therapeutic process by providing additional insight into the client's inner world and by laying the foundation for empathic understanding and engagement (Racker, 1988). When a client is unable to verbalize his or her experience, countertransference may allow for a therapist to "*feel in one's bones that which the client cannot convey through language alone*" (Berzoff & Kita, 2010, p. 342).

The term *traumatic countertransference* is used to refer to the painful images, thoughts, and feelings that can result from working with victims of trauma (McCann & Pearlmann, 1990). Work with such individuals often requires therapists to come face-to-face with the "*darkest side of humanity and forever be transformed by it*" (McCann & Pearlmann, 1990, p. 135). Feelings of horror, rage, grief, vulnerability, aggression, and a loss of control may be evoked within the therapist along with over-identification with either the victim or the perpetrator. Intrusive images, nightmares, and irritability have also been found to occur (Berzoff & Kita, 2010).

The countertransference evoked by clients who have experienced traumatic events is particularly important as it provides a space in which the client's trauma can be reflected on

and transformed. Despite the value of countertransference, countertransference responses to traumatised clients are frequently unbearable and difficult to resist. Training, the setting of the organisation, and individual differences have all been found to play a role in determining how a therapist may react to, and experience the countertransference evoked through working with traumatised individuals (Berzoff & Kita, 2010).

Various personal characteristics have been identified as mediators of countertransference when working with traumatised individuals (Hayes, Gelso, Van Wagoner, & Diemer, 1991). One of the most important characteristics involves the self-insight and self-integration of the therapist. This self-insight and self-integration is linked to personal conflict that may be unresolved. It is important for a therapist to be able to manage the countertransference they experience in reaction to their clients. This is aided by a strong character structure, the ability to regulate anxiety, and the ability to be empathic while at the same time maintaining some distance from the client's problems and preventing over involvement (Salston & Figley, 2003).

2.3.3 Secondary traumatic stress (compassion fatigue)

Secondary traumatic stress (STS), also known as compassion fatigue, refers to "*the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other – i.e., the stress resulting from helping or wanting to help a traumatised or suffering person*" (Figley, 2002, p. 1435). The occurrence of STS may lead to PTSD-like symptoms in individuals who work with victims of trauma. Although the counsellor does not directly experience the traumatic event, they experience it indirectly through exposure to the client's traumatic material (Hargrave, Scott, & McDowall, 2006).

Often reported symptoms of secondary traumatic stress include hyperarousal, intrusive thoughts and images, distressing emotions, avoidance behaviours, and decreases in functioning (Bride, 2004). STS differs from PTSD in that it occurs following exposure to secondary traumatic material as opposed to direct exposure to a traumatic event. In order to protect themselves therapists experiencing secondary traumatic stress may dissociate from what they are experiencing. They may begin to withdraw from family and friends and may find themselves preoccupied with feelings of helplessness (MacCritchie, 2006). This in turn affects the therapist's ability to empathise and work effectively with his or her clients.

In order to better understand STS and its causes, Figley (2002) has suggested a trauma transmission model that explains 11 different variables that have all been found to influence the development of STS in those who work with traumatised individuals. These variables include empathic ability, empathic concern, exposure to the client, empathic response, compassion stress, sense of achievement, disengagement, prolonged exposure, traumatic recollections, and life disruption. According to this model, the first variable (empathic ability) involves the counsellor's ability to be able to empathise with their clients. A counsellor who has a greater aptitude for sharing in the pain of others is more likely to experience STS (MacCritchie, 2006).

The second variable, empathic concern, refers to the desire of a counsellor to help others who are in need. A counsellor who possesses a high level of empathic concern will be more likely to invest more of him or herself when working with their clients (Salston & Figley, 2003). Exposure to the client involves the amount of direct contact spent with that client and exposure to the emotional energy that comes with it (Figley, 2002).

A counsellor's empathic response involves their attempt to alleviate some of the suffering of their client by attempting to better understand their thoughts, feelings, and behaviours in order to better understand what they are going through and to provide them with support. This may in turn result in the counsellor taking on some of the emotions and feelings that their client is experiencing.

According to the model, compassion stress occurs as a result of the attempt to get rid of the client's suffering (Ortlepp & Friedman, 2002). Life disruption involves sudden and unplanned for changes in the counsellor's lifestyle. Under normal circumstances the counsellor would easily be able to manage these sudden changes but when these changes occur along with the other factors discussed in the model, it is more likely that STS will result.

In addition, a personal history of trauma and unresolved trauma has been found to influence the risk for STS. When trauma workers who have a personal history of trauma interact with

clients who have gone through a similar trauma, there is a chance that the work may trigger emotions within the volunteer trauma worker that may be unresolved (MacCrichtie, 2006).

Figley's (2002) model proposes two variables that reduce the likelihood of a counsellor developing STS. These include a sense of achievement and disengagement. When a counsellor is able to help his or her clients and make a positive change in their lives, there is more of a chance that the counsellor will feel satisfied with the work that they have done and have a greater sense of achievement. This in turn reduces their vulnerability to the development of STS (Salston & Figley, 2003). Disengagement refers to the ability of counsellors to separate themselves from their clients in order to not become overinvolved. The more able a counsellor is to disengage themselves from their clients, the lower their risk for developing STS.

It has been suggested that counsellors should take periodic breaks from their work with traumatised clients in order to allow themselves a respite. Prolonged exposure to the traumatic material of clients is likely to increase a counsellor's risk for STS and result in traumatic recollections; with traumatic recollections involving memories that are linked to particular clients whose stories or situations have acutely affected the counsellor and result in an acute emotional response (Figley, 2002).

2.3.4 Vicarious trauma

Similar to burnout, traumatic countertransference, and secondary traumatic stress, vicarious trauma recognises that individuals who work with traumatised populations are vulnerable to being traumatised themselves as a result of their exposure to traumatic material (Dunkley & Whelan, 2006). McCann and Pearlman (1990) first introduced the phenomenon of vicarious trauma in order to understand and describe the negative reaction of therapists in response to their clients' traumatic material. Their development of a theoretical framework was aimed at understanding these often complicated and upsetting effects that trauma work can have on therapists (Chouliara, Hutchison, & Karatzias, 2009).

According to Pearlman and Saakvitne (1995, p. 152), vicarious trauma involves "*profound changes in the core aspects of the therapist's self*". This can occur as either a short-term or a long-term reaction. The concept of vicarious trauma focuses on meaning and adaption, which

differentiates it from its related counterparts, which focus more on symptomatology (MacCritchie, 2006). The term vicarious trauma refers specifically to negative changes in an individual's cognitive schemas as a result of working directly with those who have been traumatised.

Schemas represent cognitive manifestations of psychological needs and include beliefs, assumptions and expectations about the world (Dunkley & Whelan, 2006). It has been suggested that all individuals who work with victims of trauma will experience permanent changes to their cognitive schemas. These changes in turn have a significant impact on the relationships, feelings, and life of the trauma worker (McCann & Pearlman, 1990).

These disruptions may result in changes in terms of how the counsellor views him or herself, others, and the world and often have severe personal and professional repercussions for the counsellor. These repercussions are often painful and serve to disrupt the functioning of the person who is experiencing them. The effects of vicarious trauma may continue for months or even years. As vicarious trauma reactions occur as a result of the interaction between an individual, the traumatic event involved, and the specific work context, each vicarious trauma reaction is unique (Dunkley & Whelan, 2006).

2.3.4.1 Vicarious trauma and constructivist self-development theory

The concept of vicarious trauma is based upon constructivist self-development theory (CSDT). CSDT provides a useful mechanism with which to better understand vicarious trauma. It has been suggested that vicarious trauma evolves through a specific series of steps (Trippany, Kress, & Wilcoxon, 2004). CSDT is a valuable theory that aids in the understanding of this evolution. The underlying premise of CSDT is that *“human beings construct their own personal realities through the development of complex cognitive structures which are used to interpret events”* (McCann & Pearlman, 1990, p. 137).

These complex cognitive structures, known as cognitive schemas, enable an individual to understand and interpret their experiences. According to CSDT, changes in counsellors' cognitive schemas occur as a direct result of the interaction between their personal characteristics and the stories they are told by the clients they work with. Disruptions to cognitive schemas may be subtle or more severe depending on the degree of discrepancy

between the trauma worker's existing schemas and the traumatised individual's traumatic experience (McCann & Pearlman, 1990). The counsellor plays an active role in constructing his or her individual reality (MacCritchie, 2006). Vicarious trauma is viewed as being a normal and adaptive response to the repeated exposure to the traumatic material of clients.

CSDT proposes five elements of the self – frame of reference, self-capacities, ego resources, psychological needs, and cognitive schemas, including perception and memory (McCann & Pearlmann, 1990). When a counsellor experiences a vicarious trauma reaction, irrational perceptions and distortions in their beliefs occur within these five elements. An individual's frame of reference provides them with a context and a foundation from which to view and understand both the self and the world. As the frame of reference allows for causation and attribution to be processed, when the frame of reference is disrupted disorientation occurs and may cause difficulties between the counsellor and their client (Trippany, Kress, & Wilcoxon, 2004).

Self-capacities enable the maintenance of a positive self-esteem and a coherent, consistent sense of identity. Self-capacities centre on an individual's emotions in terms of both themselves and their relationships with other people. Vicarious trauma reactions may interfere with a counsellor's self-capacities. This in turn may lead to interpersonal disruptions and challenges in relation to the counsellor's sense of identity. The counsellor may struggle to cope with their emotions, particularly their negative emotions (MacCritchie, 2006).

The third element of the self involves ego-resources. Ego-resources enable individuals to be able to set boundaries, understand consequences, and protect the self. In this way, psychological needs are met. Vicarious trauma disrupts the functioning of a counsellor's ego-resources and may impair their ability to express empathy towards their clients (McCann & Pearlmann, 1990). The element that represents psychological needs and cognitive schemas involves the basic needs of all human beings, and how information is processed in relation to these needs, as well as the subsequent self and other understandings that develop as a result.

The five central psychological needs of individuals are safety, trust/dependency, esteem, power and intimacy. CSDT argues that it is important to recognize these psychological needs as they play a key role in both preventing vicarious trauma and understanding it (Trippany,

Kress, & Wilcoxon, 2004). Human beings have an innate need to feel a connection with others and when this intimacy need is disrupted, through something like vicarious trauma, it is likely that they will either withdraw from the significant others in their life or alternatively, become increasingly dependent upon them.

Individuals' trust needs refer to trust in themselves as well as trust in other people. This trust allows for a healthy dependency to be formed with others by enabling the ability to understand that others are able to meet their physical, emotional, and psychological needs. Repeated exposure to traumatic material serves to disrupt the inherent trust present in the counsellor. As a result CSDT views this trust as being a risk factor for the development of vicarious trauma (MacCrichtie, 2006). Vicarious trauma serves to increase self-doubt and inhibit trust in others and in oneself. This in turn leads to decreases in efficiency when working with clients.

An individual's need for control relates to their psychological need for self-management. Vicarious trauma disrupts cognitive schemas related to an individual's sense of control and has the resultant effect of either making the counsellor feel helpless, or alternatively drives a need for over-control in other areas of their lives (Trippany, Kress, & Wilcoxon, 2004). A sense of a loss of control may lead to counsellors questioning their ability in terms of being able to be in charge of their lives as well as their abilities to determine where they are going in life and what they are feeling and how they are acting.

One of the most important psychological needs of human beings is the need to feel safe and secure. When vicarious trauma is experienced it may lead to disruptions in the belief that the world is a safe and secure place, threatening the counsellor's sense of personal safety (MacCrichtie, 2006). Counsellors' may become overwhelmed and experience fear, vulnerability, and concern in response to real or perceived threats, which may lead to hypervigilance and unnecessary alertness. According to Dunkley and Whelan (2006, p. 111) the *“specific areas of disruption will differ for different individuals depending on which area is more or less salient for them as a reflection of their unique life experiences”*.

Various factors including client age, the nature of the trauma, the impact of the trauma, and personal counsellor factors play a role in influencing how vulnerable a counsellor is to

developing a vicarious trauma reaction. Specific risk factors that have been identified for the development of vicarious trauma are similar to those identified for burnout, traumatic countertransference, and secondary traumatic stress, and include a personal history of trauma, high stress levels in the trauma counsellor's life, social support, education, and the type of strategies relied on in order to cope (Lerias & Byrne, 2003).

Various organisational supports have been identified as effective in preventing, or decreasing, the chance that vicarious trauma will be experienced (Bell, Kulkarni, & Dalton, 2003). The organisation that an individual works for can be instrumental in determining whether or not he or she will be adversely affected by trauma work through the propagation of particular sets of expectations and the particular culture of the organisation involved.

It is important that organisations acknowledge the negative effects that trauma work can have on helping-individuals as this fosters the development of a supportive working environment in which individuals are able to address these consequences without fear of being stigmatized (Bell, Kulkarni, & Dalton, 2003). Specific factors that have been found to influence the development of vicarious trauma include workload, the availability of supervision, the specific work environment, the availability of group support, self-care resources and education around trauma work, and the possible negative effects of trauma work.

2.4 Salutogenesis vs. pathogenesis

Traditionally people's reactions to crises have been explored from a pathogenic perspective, with the salutogenic perspective largely being ignored (Mason, 2007). Pathogenesis involves a focus on the psychopathological, negative, and abnormal reactions to crisis situations and traumatic events. This approach fails to recognise the potential for growth and the positive change that may arise following exposure to a crisis or a traumatic event (Engstrom, Hernandez, & Gangsei, 2008). As an alternative to the pathogenic perspective, a salutogenic perspective has been proposed.

The salutogenic perspective advocates a move away from a one-dimensional focus on the abnormal and negative and instead proposes that other factors should be focused on, including factors that allow for individuals' to maintain psychological well-being and achieve

positive growth despite the fact that they may have experienced, or may be experiencing, stress (Antonovsky, 1979). With respect to crisis situations, the salutogenic perspective focuses on the ability of human beings to be resilient and the ways in which this resilience is acquired and maintained throughout their lives even though various different stressors may be experienced (Hernandez, Gansei, & Engstrom, 2007).

2.5 The rewards of caring

The negative effects of working with victims of trauma have been well documented in the literature in the form of burnout, traumatic countertransference, secondary traumatic stress, and vicarious trauma (Puvimanasinghe, Denson, Augoustinos, & Somasundaram, 2015). In contrast, much less attention has been paid to the positive effects of working with victims of trauma and the benefits that come from being a trauma counsellor. The rewards of working with individuals who have been through trauma have been explored through the use of two main concepts: *vicarious resilience* and *compassion satisfaction*.

2.5.1 Vicarious resilience

According to Hernandez, Gansei, and Engstrom (2007), vicarious resilience is a concept that is specific to those who work in the field of trauma and illustrates the positive changes that arise from working with people who have been victims of trauma. Specifically, vicarious resilience involves the positive transformation of the trauma counsellor as a direct result of witnessing the resilience of the people with whom they work.

In the context of trauma counselling, some counsellors are able to work with human beings who have gone through horrific experiences and survived, often coming out stronger than they were before (Engstrom, Hernandez, & Gangsei, 2008). Witnessing the ability of human beings to cope during and after adverse events may lead to a trauma worker experiencing their own personal growth and transformation as a result, and may strengthen his or her ability to generate a positive understanding of what the person they are working with has gone through (Hernandez, Gangsei, & Engstrom, 2007).

Research has indicated that the process of observing someone overcoming hardship and misfortune results in alterations in the observer's own emotions, behaviours, and attitudes

including “(1) reflecting on human being’s capacity to heal; (2) reaffirming the value of therapy; (3) regaining hope; (4) reassessing the dimensions of one’s own problems; (5) understanding and valuing spiritual dimensions of healing; (6) discovering the power of community healing; and (7) making the professional and lay public aware of the impact and multiple dimensions of violence by writing and participating in public speaking forums” (Hernandez, Engstrom, & Gangsei, 2010, p. 73).

Vicarious resilience has been compared to posttraumatic growth, a term that has been used to explain the transformation that occurs within individuals who have been through a traumatic experience and who have come out of that experience transformed. This transformation often represents the changes that an individual feels in terms of their sense of inner strength compared to how they experienced this strength before their traumatic experience. Posttraumatic growth results in alterations to an individual’s established cognitive schemas subsequent to the experience of a traumatic event (Tedeschi & Calhoun, 2004). These cognitive schemas are rebuilt through the process of cognitive restructuring, and often become more robust as a result.

When an individual reports a positive experience following a traumatic life event this experience is likely to involve a positive change in terms of the individual’s sense of self, their spirituality, or their relationships with significant others (Frazier, Conlon, & Glaser 2001). Previous research investigating posttraumatic growth has found that positive experiences have been reported “*as soon as 1 week after the trauma*” by a large majority of individuals who have gone through a traumatic event (Frazier, Conlon, & Glaser, 2001, p. 1048). Although the two constructs share similarities, the concept of posttraumatic growth is specific to individuals who have directly experienced a traumatic incident whereas vicarious resilience pertains to those who work with individuals who have been exposed to trauma.

2.5.2 Compassion satisfaction

Radey and Figley (2007) first used the term compassion satisfaction to explain the positive effects and benefits that trauma counsellors experience as a result of their work. In order to explain these positive outcomes, a conceptual model has been proposed in terms of which compassion fatigue is regarded as being necessary and essential in the development of compassion satisfaction. In this way, the negative effects of working with traumatised

populations are not downplayed or dismissed but are, rather, acknowledged. Central to the concept of compassion satisfaction is the process whereby trauma counsellors are able to witness the transformations of their clients from victims to survivors (Conrad & Kellar-Guenther, 2006).

Being able to observe positive change in those who have been through difficult experiences, combined with the opportunity to observe the effectiveness of trauma counselling and the positive impact that it has on the individual involved, characterises the experience of compassion satisfaction (Alkema, Linton, & Davies, 2008). By being a part of this process trauma counsellors achieve a sense of fulfilment, both in terms of themselves and in terms of the work that they are doing, and allows the trauma counsellor to flourish in his or her professional capacity (Radey & Figley, 2007).

According to Radey and Figley (2007, p. 208), “*flourishing is providing care within an optimal range that connotes goodness, flexibility, learning, growth, and resilience in the face of work demands*”. Central to the experience of compassion satisfaction is optimism, positivity, and self-care. In addition it is important for trauma counsellors to be able to find a balance between their personal and professional lives and to place emphasis on maintaining both their mental and physical wellbeing (Alkema, Linton, & Davies, 2008).

Self-care has been suggested as the most important factor in terms of strengthening the likelihood that a trauma counsellor will experience compassion satisfaction. In particular it has been argued that a healthy diet, sufficient sleep, relying on and developing interpersonal connections and social support, and participating in activities allows counsellors to work constructively on their cognitive, physical, spiritual, and emotional attributes. The experience of compassion satisfaction is also determined by the real and perceived support that a trauma counsellor receives from his or her colleagues (Conrad & Kellar-Guenther, 2006).

2.6 Conclusion

Due to the high rates of crime and violence in South Africa many individuals experience victimisation and require mental health and trauma-related services following their experience in order to regain their equilibrium and return to their baseline level of

functioning. Although the effects of exposure to crime and violence are wide-ranging, research has indicated that social support is important in determining whether an individual will recover in an adaptive, non-pathological manner (Van Dyk & Van Dyk, 2010). The limited access to and availability of professional mental health services in the country means that reliance on volunteer non-professional lay counsellors following the experience of a traumatic incident is essential in order to assist those in need and to prevent the development of trauma related psychopathology.

In addition to the numerous unfavourable psychological consequences of crime and violence, research also demonstrates that it is not only individuals who have directly experienced the victimisation who are at risk but rather that helping-individuals exposed to the traumatic material of the people with whom they work frequently become secondary victims (McCann & Pearlman, 1990). This secondary traumatisation occurs specifically in those who engage empathetically with the traumatic material of other people and is known in the literature as ‘the cost of caring’ (Hargrave, Scott, & McDowall, 2006). The cost of caring has been explored with the help of four main concepts – burnout, traumatic countertransference, secondary traumatic stress, and vicarious trauma.

Research in the field of trauma work has had a tendency to take a pathogenic perspective and has predominantly focused on the negative effects of working with victims of crime and violence, with the salutogenic perspective having largely been ignored. The concepts of vicarious resilience and compassion satisfaction have been used to explore the rewards of caring and represent the positive consequences that result from working with victims of crime and violence. The salutogenic perspective focuses on the different ways in which human beings are resilient as well as the different ways in which this resilience is acquired and maintained despite exposure to stress and crises (Hernandez, Gansei, & Engstrom, 2007).

According to McCann and Pearlman (1990), burnout, traumatic countertransference, secondary traumatic stress, and vicarious trauma represent normal and expected responses in helping-individuals who work with traumatised individuals. It is also recognised that these phenomena “*may be particularly devastating in voluntary organizations which experience a relatively high volunteer turnover and may have fewer resources to support their workers*” (Hargrave, Scott, & McDowall, 2006, p. 39).

According to Macritchie (2006, p. 19), “*inappropriate training or skills can open the trauma worker to a range of psychological and emotional problems*”, with research indicating that professional training in trauma work decreases susceptibility to the development of these adverse effects. The limited availability and access to professional mental health related resources in the country coupled with the high rates of crime and violence means that reliance on volunteer non-professional lay counsellors working in the field of trauma is high and volunteer trauma workers are essential in ensuring that the majority of the country’s population are assisted during their times of need.

As these volunteer trauma workers are non-professionals in the mental health field they have frequently only undergone basic, short-term training programmes in trauma counselling and debriefing. As a result of this they may be more vulnerable to the development of the negative effects that have been associated with working with traumatised individuals. Due to the high reliance on these volunteer trauma workers in order to both ensure and increase adequate service delivery in terms of mental health and counselling services following trauma, it is important to explore the relevance of the abovementioned phenomena to volunteers working within the field of trauma in the South African context, in order to gain insight into the personal and professional impact that such work has on them and in order to identify ways in which positive effects are able to be strengthened.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The aim of this chapter is to outline the research methodology that was used for the present study and to situate the study within the relevant research paradigm. A qualitative methodological orientation was used for the present study in the form of Interpretative Phenomenological Analysis (IPA), which represents an approach to qualitative research. This chapter will highlight and discuss the IPA approach as well as the research design, data analysis, procedural rigor, and ethical considerations of the study.

3.2 Theoretical orientation - Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is an approach to qualitative research that draws upon the theoretical orientations of phenomenology, hermeneutics and idiography in order to explore how individuals make sense of their personal and social worlds (Smith & Osborn, 2007). IPA assumes that individuals are constantly engaging in a process of meaning making in terms of their lived experiences and that they are “*actively engaged in interpreting the events, objects, and people in their lives*” (Pietkiewicz & Smith, 2012, p. 362).

Central to IPA is the exploration and description of the lived realities of different people and the meaning that they make of their experiences (Smith, 2004). IPA is phenomenological, in that it aims to understand the subjective experiences of the participants, and interpretative in that it is recognised that the researcher plays an important role in this understanding and interpretation of the participants’ subjective experiences. In addition, IPA is characterised by a process that involves a dual interpretation, known as a double hermeneutic. This dual interpretation occurs as a result of the researcher’s attempt to make sense of the experiences of the participants while the participants themselves are attempting to make sense of their experiences.

3.2.1 Phenomenology

Phenomenology is concerned with the exploration and understanding of individual experience. IPA is a phenomenological approach as it involves the detailed exploration of the

participants' subjective experiences with the ultimate aim of generating rich and detailed accounts that relate to how the participants experience and perceive the event in question (Pietkiewicz & Smith, 2012). One of the most important objectives of an IPA study is the achievement of an understanding regarding the meaning that particular experiences, or phenomena, hold for those involved (Smith & Osborn, 2007).

The present study aimed to respect the unique lived experience of each participant. Each of the participants was encouraged to talk about their personal experience of volunteering with a community based crisis intervention initiative that works with victims of crime and violence, as well as the impact/s that this work has had on them, in their own words. In line with IPA, the researcher was able to demonstrate flexibility during the data collection process and the participants were given freedom to introduce new and unplanned topics of conversation during their interviews.

3.2.2 Hermeneutics

Hermeneutics refers to the process whereby meaning is interpreted (Rennie, 1999). It was recognised that the researcher played an active role in the research process and both the participants' and the researcher's interpretations were taken into account during the process of analysis. This resulted in a double hermeneutic/dual interpretation process (Pietkiewicz & Smith, 2012). It is recognised that the analysis of the research data reveals something about the researcher. According to Pietkiewicz and Smith (2012, p. 362), "*IPA researchers attempt to understand what it is like to stand in the shoes of the subject (although recognising this is never completely possible) and, through interpretative activity make meaning comprehensible by translating it*".

It was understood that the findings of the present study would not completely reveal the phenomenon under investigation and as such any interpretation involved the understanding of what had already been partially revealed. Phenomenology and hermeneutics are closely linked, with phenomenology providing the material for interpretation while the hermeneutics ensures that the phenomenon under question is revealed (Smith, Flowers, & Larkin, 2009).

3.2.3 Idiography

Idiography involves the exploration of individual experience with the recognition that every subjective experience will be unique and will relate to the particular context in which it has occurred. IPA is idiographic as it relies on the detailed analysis of one or more case studies. The detailed analysis of a single case takes place until some degree of closure is obtained, following which the detailed analysis of a second case takes place (Smith, 2004). Such detailed analyses occur for a series of cases, culminating in a final cross-case analysis.

This enables the researcher to identify important themes, build upon them using individual narratives, and highlight convergences and divergences across a set of different cases (Pietkiewicz & Smith, 2012). These themes can then be compared and contrasted. Although IPA relies on small sample sizes, “*delving deeper into the particular also takes us closer to the universal*” and individual cases often contain an essence that represents a single important shared reality (Smith, 2004, p. 42).

IPA is an inductive research method that utilises flexible data collection techniques that allow for the researcher to engage in unplanned topics of conversation with the participants (Smith, 2004). This facilitates the collection of data in order to generate theories and hypotheses, as opposed to the more deductive approach, whereby theories and hypotheses are tested (Merriam, 2002). Although IPA includes both inductive and deductive stances, the inductive stance takes preference. With its theoretical underpinnings linked to the orientations of phenomenology, hermeneutics and idiography, IPA is a method that can be viewed as being both descriptive and interpretative.

3.3 Research Design

3.3.1 Setting

The participants involved in the present study were recruited from a community based crisis intervention organisation. The organisation is run by volunteers from the community. The aim of the organisation is to provide immediate on-scene trauma debriefing and victim support services to victims of crime and violence. The organisation is situated in the North Durban area.

3.3.2 Participants

Six (6) participants were recruited for the present study. These six participants were selected as they were the first individuals who volunteered to participate. The participants were all members of a community-based crisis intervention organisation, referred to as the *crisis team* for the purposes of the present study. The crisis team aims to provide immediate on-scene crisis intervention in the form of victim support and psychological debriefing to individuals who have been victims of crime and violence. According to Turpin et al., (1997), six to eight participants represent an appropriate sample size for an IPA study in order to gain an in-depth account of the participants' experiences. The participants were all female ($n = 6$) and were from the White ($n = 5$) and Black ($n = 1$) race groups. The sample was made up of individuals who are team leaders ($n = 4$) as well as those who are not team leaders ($n = 2$). Team leaders represent the individuals who have had more experience in working with the organisation and who are responsible for managing a duty team.

3.3.2.1 Sampling

A purposive sampling strategy was used as this was in line with the theoretical underpinnings of IPA (Pietkiewicz & Smith, 2012). Purposive sampling enabled the researcher to link the research problem in question with a specific group of individuals for whom it was relevant and personally significant. The sample was selected based on the researcher's judgement with the purpose of the research being held in mind. Participants were selected for their specific experience related to the phenomenon under investigation. A small sample size ensured that each case was given a detailed and in-depth analysis. This ensured that the principles of idiographic enquiry were upheld.

3.3.3 Data collection procedures

The present study made use of focused (semi-structured) interviews as the primary method of data collection. Focused interviews make use of a broad initial question that is followed by several secondary and tertiary level questions that have the aim of probing the participants' experiences further. The aim of the present study was the generation of rich and detailed subjective accounts regarding the lived experiences of individuals who volunteer their time with a community based crisis intervention initiative and an exploration as to the impact that

working with victims of crime and violence has on them. In order to facilitate this, a flexible instrument for data collection was required (Pietkiewicz & Smith, 2012).

Focused interviews allowed for a dialogue to occur between the researcher and the participants, and provided the opportunity for a dynamic data collection process whereby the initial broad and non-specific question was able to be adapted according to the participants' responses. This enabled the exploration of unanticipated yet important information that arose during the data collection process (Smith & Osborn, 2007). The secondary questions that were used were designed to further explore issues that were mentioned by the participants, and the tertiary questions were designed to explore issues that were not mentioned by the participants but were deemed to be important for the research, based upon a thorough review of the literature (Smith & Osborn, 2007).

The interviews were audio-recorded and then transcribed as accurately as possible. Each interview took between 30 and 60 minutes. The use of focused interviews allowed for rapport and empathy to be developed with the participants (Smith & Osborn, 2007). The order of the questions on the interview schedule was not strictly adhered to, which granted the researcher the freedom to probe other areas of interest that came up, and allowed the researcher to explore areas of interest that were important to the participants, as opposed to only exploring those areas that were important to the researcher.

The nature of the focused interview is in line with the central concerns of IPA, namely the principles of phenomenology and idiography, and as such the use of focused interviews was selected as the appropriate method of data collection. Although focused interviews represented a useful method of data collection for the present study there are some limitations in their use. The researcher's control over the research process is reduced, the participants determine the length of the interviews, and the research findings are more difficult to analyse as a result.

3.3.3.1 Constructing the interview schedule

The use of an interview schedule was important for the present research study, as it necessitated the researcher's engagement with the phenomenon under investigation prior to beginning the data collection process. In addition, developing an interview schedule required

personal reflection regarding the sort of information that the focused interviews may uncover. The researcher was able to engage thoroughly in the process and, in doing so, predict any difficulties that may have arisen as well as engaging in understanding how such difficulties would be dealt with (Smith & Osborn, 2007). Having gone through this process of engagement the researcher was able to concentrate more fully on the interview process and what the participants were saying.

3.3.4 Data Analysis

Analysis in IPA is based on the technique of thematic analysis. Thematic analysis is a flexible approach that aims to identify, analyse, and describe various patterns that emerge within a set of research data (Braun & Clarke, 2006). IPA assumes that the researcher is interested in discovering something about the psychological world of the participant (Smith & Osborn, 2007).

This requires the researcher to engage in an interpretative relationship with the interview transcript, with attempts to understand the content and complexity of meaning being central to the analysis (Smith, 2004). The current study made use of a set of flexible guidelines, based on thematic analysis, that were proposed by Smith and Osborn (2007) for analysing qualitative material. The researcher was guided by an open attitude and a willingness to immerse herself in the research data.

The first stage of the data analysis involved an attempt to identify themes in the initial interview transcription. During this stage the researcher was concerned with what was being discussed by the participant, the context of what was being said, and the researcher's initial interpretations of the participant's reported experiences (Pietkiewicz & Smith, 2012). Significant responses were noted and comments were made in terms of the researcher's reflexivity. Each interview recording was listened to several times and each interview transcript was read several times. This enabled the researcher to become familiar with the research data. Important themes that emerged from this data were noted down. This stage was repeated for each transcribed interview.

The second part of the data analysis occurred when the researcher began looking for, and connecting, the relevant themes that had emerged for each transcript. These themes were first

listed in the order in which they were identified, following which the researcher attempted to order the themes analytically based on the connections between them (Pietkiewicz & Smith, 2012). Similar subordinate themes were clustered together and served to form superordinate themes. The researcher was responsible for interpreting these themes and for ensuring that interpretations of themes were consistent with what the participants had said.

The third stage of data analysis involved the continuation of the analysis with the other transcriptions. Similarities and differences that were identified in the research data were acknowledged and respected. The process of identifying themes and combining these themes together based on their similarities was repeated for each interview transcription. The final stage of the data analysis for the present study involved the writing up of the research findings (Smith & Osborn, 2007). Each of the superordinate themes and related subordinate themes were transformed into a narrative account that illustrated what participants were saying about their subjective experiences.

Each of the superordinate themes and the related subordinate themes that were identified were described and illustrated using excerpts in the form of direct quotations from the transcribed interviews. This enables the reader to judge the validity of the researcher's interpretation as to what the participants were saying, and allows for the participants' voices to be represented in the final product (Smith & Osborn, 2007).

3.4 Procedural rigor

The validity of the study was determined through the use of the concept of *trustworthiness*, which was assessed using the criteria of credibility, transferability, dependability and confirmability (Shenton, 2004). According to Anney (2014), these four criteria are frequently used to establish trustworthiness and are well established in the qualitative research literature. In qualitative research, "*the concept of internal validity should be replaced by that of credibility, external validity by transferability, reliability by dependability, and objectivity by confirmability*" (Lincoln & Guba, 1982, p. 3-4).

3.4.1 Credibility

Credibility was established in preference to internal validity. While the principle of internal validity relates to whether or not a study is measuring what it is supposed to measure, credibility refers to the degree of correspondence that exists between the findings of a study and reality (Shenton, 2004). When a researcher has interpreted the views of the research participants correctly, and when the research findings reflect accurate representations of the participants' original opinions, the research can be said to have established high credibility (Lincoln & Guba, 1982). According to Lincoln and Guba (1982), the establishment of credibility is one of the most critical elements in order to ensure the trustworthiness of a qualitative research study.

In order to achieve credibility, several strategies were employed by the researcher. These strategies included: (a) the use of a well-established research method in the form of IPA, (b) the use of questioning that was iterative in nature in order to return to information that had been previously raised by the participants during the interviews in order to check for discrepancies, (c) peer scrutiny in order to work through ideas and examine interpretations in collaboration, (d) member checks carried out by providing participants with their transcripts to read through and check identified themes and subordinate themes for accuracy, and (e) examination of previous research, carried out through a thorough literature review that examined and discussed previous research within the same field, in order to ensure congruence of the current findings (Anney, 2014).

Provisions were also made to ensure that participants responded as honestly as possible during the interview process by providing them with the opportunity to decline participation in the present study, while encouraging those who were willing to participate to be as open as possible. Participants were informed of their right to withdraw from the study at any stage and rapport was established early, which aided the researcher in achieving responses that were honest.

3.4.2 Transferability

In contrast to external validity, which aims to ensure that the results of a particular study can be generalised to different situations, and in particular, to a wider population, transferability involves the possibility whereby the research findings are able to be transferred to a different

context with different participants (Shenton, 2004). In order to aid in the establishment of the principle of transferability purposive sampling and thick descriptions were utilised.

Purposive sampling was used in order to ensure that the participants selected for the study were experts in the phenomenon under investigated. The use of this sampling method allowed for richer and more detailed information to be achieved due to the participants' knowledge of the concepts being investigated.

3.4.3 Dependability

The principle of reliability refers to the possibility for similar results to be achieved if a study were to be replicated using the identical method; participants and context, while the concept of dependability is determined by how stable the results of a study are over time (Shenton, 2004). Dependability for the current study was achieved through the use of peer examination, through a detailed description of the research process, and through maintaining an audit trail. According to Shenton (2004), if a study demonstrates good credibility it is likely to demonstrate good dependability as well. This is due to the close link between the two criteria.

Peer examination allowed for the researcher to discuss the research process with uninvolved peers with the intention of keeping the research process honest and enabling an analysis that was deeper and more reflexive (Anney, 2014). In order to ensure that future researchers would be able to replicate the current study an audit trail strategy was employed. The research design, the implementation of the study, the data gathering process, and the methods of data analysis are all described in-depth, step-by-step. This ensures that the research process is examined and the data validated (Shenton, 2004). The audio files for each interview, as well as all observational notes, have been retained in a secure location.

3.4.4 Confirmability

Objectivity refers to the aim of the researcher to remain as uninvolved as possible with regards to the research process, while confirmability aims to demonstrate that the findings of the research study resulted from the ideas and experiences of the research participants, as opposed to researcher bias (Anney, 2014). Confirmability is demonstrated when other researchers are able to confirm the results of a particular study. Confirmability for the present

study was achieved through the strategy of thorough methodological description and the maintenance of an audit trail.

3.5 Ethical Considerations

Ethical clearance was applied for and granted by the University of KwaZulu-Natal's Humanities and Social Sciences Ethics Committee. Permission for the study and access to participants was sought from the management level of the community based crisis intervention initiative involved in the present study. According to Orb, Eisenhauer and Wynaden (2000, p. 93), the "*nature of ethical problems in qualitative research studies is subtle and different compared to problems in quantitative research*". Qualitative research relies on the exploration and examination of participants' individual subjective experiences, while willingness to participate is dependent upon the desire of the participants to share their experiences with the researcher.

In qualitative research, data are often collected through interviews with participants and access to information is reliant on the strength of the relationship that is built up between the researcher and the participants. Ethical problems may arise as a result of the relationship between the researcher and the participants, the subjective interpretations made about the data by the researcher, or as a result of the research design (Orb, Eisenhauer, & Wynaden, 2000). In order to counteract any potential ethical issues that may have arisen during the research process an attempt was made to uphold the ethical principles of non-maleficence, beneficence, autonomy and self-determination, and justice at all times (Hewitt, 2007).

3.5.1 Non-maleficence

Non-maleficence refers to the ethical principle of ensuring that no harm comes to participants. The welfare of the participants was considered at all times throughout the research process and the benefits of participation were believed to outweigh any possible risks of participation (Jelsma & Clow, 2005). The main aim of the study was to explore participants' experiences of working with a community based crisis intervention initiative that assists individuals who have been victims of crime and violence. As such, it was recognised that the interview questions may lead to the participants' experiencing some distress and measures were put in place in order to mitigate any potential harm. The

researcher was responsible for continually monitoring how the interview process was affecting the participants. Participants were offered access to counselling should it have been required, and debriefing sessions were offered to all participants with the coordinator of the organisation. All attempts were made to ensure that any harm to participants during the research process was avoided.

3.5.2 Beneficence

Beneficence refers to the ethical aim of ensuring that the research being conducted has some benefit to participants that is positive and observable. The ethical principle of beneficence has the goal of ensuring that harm is prevented while at the same time ensuring that some good is being done (Orb, Eisenhauer, & Wynaden, 2000). In order to uphold the principle of beneficence the participants' identities were protected at all times (Jelsma & Clow, 2005). The researcher made every attempt to ensure that all quotations used did not reveal the identity of any of the participants.

3.5.3 Autonomy/self-determination

Autonomy/self-determination involves respecting the decisions, rights, and values of each research participant (Hewitt, 2007). In order to ensure that the ethical principles of autonomy and self-determination were upheld participants signed an informed consent form prior to their participation. The informed consent form provided the participants with information about the research process (including the study aims and objectives), the benefits of the research study, what would be required from participants, contact details for the researcher and the researcher's supervisor, and information regarding confidentiality.

Participants were made aware that their participation was voluntary and that they were free to withdraw from the study at any stage without penalty. The use of an informed consent form allowed for the participants to assert their right to autonomy by being able to voluntarily agree to, or refuse, participation (Orb, Eisenhauer, & Wynaden, 2000).

3.5.4 Justice

Justice refers to the ethical principle of treating all individuals equally (Hewitt, 2007). The current study made every attempt to ensure that this principle was upheld by preventing the exploitation and abuse of research participants (Orb, Eisenhauer, & Wynaden, 2000). The

contribution of each participant was recognised as being an integral part of the research process and each contribution was acknowledged as such. In order to ensure that justice was done to the participants during the data analysis process they were provided with copies of their transcribed interviews in order to ensure accuracy.

3.6 Conclusion

This chapter has outlined the research methodology that was used for the present study. The theoretical orientation used, Interpretative Phenomenological Analysis (IPA) was discussed in order to situate the study within the relevant research paradigm. IPA represents an approach to qualitative research that draws upon the theoretical orientations of phenomenology, hermeneutics, and idiography in order to explore how individuals make sense of their personal and social worlds (Smith & Osborn, 2007). Participants were selected using a purposive sampling strategy, in line with the theoretical underpinnings of IPA. Focused interviews were used as the primary method of data collection and the data was analysed using thematic analysis. Procedural rigor in the present study was determined through the use of the concept of *trustworthiness* and assessed using the criteria of credibility, transferability, dependability and confirmability (Shenton, 2004). The ethical principles of non-maleficence, beneficence, autonomy and self-determination, and justice were upheld at all times in order to counteract any potential ethical issues that may have arisen during the research process.

CHAPTER FOUR: RESULTS AND DISCUSSION

This chapter describes participants' experiences of volunteering with a community based crisis intervention organisation and their understandings of both the positive and negative aspects that are involved in this type of work. Following on from this, self-care and preventative techniques that are used by the participants in order to prevent, or mitigate, the development of any possible negative effects, and to promote positive effects, were explored in order to obtain an indication of the efficacy of such techniques. This chapter discusses the themes that were identified through the process of thematic analysis and links these themes to findings from previous literature in the field. The technique of thematic analysis was utilised in order to give meaning to the rich qualitative data that was collected (Smith & Osborn, 2007). Six primary themes were identified in the present study (see Table 1), with each of these superordinate themes having several subordinate themes.

The identified themes were selected based on the prominence with which they recurred throughout the collected research data. Each theme has been translated into a narrative account that represents what the research participants were articulating in terms of their individual, subjective experiences. Every attempt was made to capture the true personal experiences of the participants, as well as their unique beliefs and perceptions (Smith & Osborn, 2007). Each of the identified themes and the related subordinate themes are introduced using a direct quote from one of the participants. Following this, the data pertaining to each superordinate theme and subordinate theme are summarised and interpreted, with additional quotations being used in order to further illustrate meanings. The interpretations made represent the researcher's subjective attempt to provide a true and accurate understanding as to the meaning of the participants' experiences.

Table 1. Superordinate themes and subordinate themes

Index	Superordinate Themes	Subordinate themes	Example Quote
4.1	Reasons for joining		"I really enjoy helping other people" (participant 3)
4.2	Previous training and experience	4.2.1 Previous training 4.2.2 Intial lack of confidence and self-doubt	"I've done the Lifeline course, I've also done complementary therapies, reflexology, <i>reiki</i> , body alignment" (participant 1)
4.3	Personal history of trauma		"It makes it easier to put myself in their shoes" (participant 4)
4.4	The costs of volunteering in the field of trauma work	4.4.1 Difficult cases 4.4.2 High caseload 4.4.3 Physical and emotional effects 4.4.4 Feelings evoked in response to hearing traumatic material 4.4.5 Disruptions to belief systems	"It's draining" (participant 5)
4.5	The rewards of volunteering in the field of trauma work	4.5.1 Helping others 4.5.2 Personal growth and development 4.5.3 Witnessing the resilience of clients 4.5.4 Involvement with the community	"To know that I've been with someone and worked with someone and they have moved forward is the reward" (participant 2)
4.6	Coping strategies	4.6.1 Debriefing 4.6.2 Social support 4.6.3 Organisational support 4.6.4 Idiosyncratic coping strategies	"I think with the crisis team we've all become like a big happy family. At the moment we've got a very nice team together and we all happy, we all chat to each other, we're always on groups together talking and whatever" (participant 6)

4.1 Superordinate theme 1: Reasons for joining

I started out cos I wanted to give back to society, to the community. (Participant 1)

I think for me the main thing is helping the people that need help. (Participant 6)

Each one of the participants expressed reasons for joining the crisis team that were related to a desire to give back to, and serve, their community. It appeared as though the participants were driven by the need to contribute to society through helping others who were less fortunate than them. None of the participants reported that they had specifically looked for volunteer work in the field of trauma, or work that entailed crisis intervention and debriefing. Instead, the opportunity seemed to present itself by chance for each of the participants, either through their stumbling across an advertisement in the local newspaper or through meeting someone who was in some way connected to the organisation.

Several of the participants reported that they were initially unsure if they would be able to handle the work and what it demanded, however they all seemed to have held the initial opinion that they would get involved and then make a final decision as to whether or not it would be something that they would excel at and something that they would be able to cope with. These beliefs appeared to be linked to uncertainty on the part of the participants regarding their inner strength, with several of them expressing sentiments that seemed to indicate insecurity, or doubt, in their ability to engage in this type of work. However, despite their reservations, they went ahead and started volunteering with the crisis team. This points to an underlying resilient nature within them.

Took 8 months to decide whether or not I was going to join and then with the prerequisites I would see how I go and now it's 6 years that I've been there...didn't know if I would actually handle it emotionally, so said...I'll see, and understand if I'm not handling it because I'm taking all those emotions home, then I'll leave.

(Participant 1)

It was apparent that before becoming involved with the crisis team several of the participants' had some awareness of the difficulties that may be involved in this type of volunteer work, particularly in terms of the emotional impact and other potentially adverse effects. This suggested some awareness regarding the 'cost of caring' and the negative consequences that have been associated with working with traumatised individuals. This was despite the fact that the majority of the participants had not had prior training or experience in this specific field.

I investigated and once I came to terms with it and prepared myself to...to be open to it.
(Participant 5)

One of the participants explained that being a member of the crisis team had given her life a focus and that it has decreased the achievement anxiety that she had in terms of where she currently was in her life and what she had accomplished.

It gave me a sort of, I don't, like a, a middle space where I was stressed about what I was doing in my life and what I was not doing with my life and being on the crisis team meant that when I did those sorts of cases and stuff I don't have to, I wasn't thinking about it, obsessing what I was gonna do with my life and worrying about it and stuff. It took that thought away. (Participant 3)

The literature reveals various different reasons as to why individuals become involved in volunteer work. Clary et al. (1998) elucidate some of these reasons, as well as the different functions that this work serves for those who engage in it. These functions relate to various elements including values, understanding, social, career, and self-enhancement (MacNeela, 2008).

I wanted to get back into community service. (Participant 2)

I've always been helping Round Table...and that's also very charity driven.
(Participant 6)

The function of *values* enables individuals to act on their concern for others, and in doing so they are able to express an altruistic stance. *Understanding* as a function enables volunteers to develop their abilities and skills and facilitates the attainment of knowledge (Clary et al., 1998). In such a way, volunteerism serves as a learning experience and, if relevant, volunteers are also able to gain career-related experience and skills. Additionally, volunteering may provide the opportunity to prepare individuals for a move into a different career.

It has been a bit of an interesting experience. (Participant 4)

In terms of the *social* function, the act of volunteering allows individuals to connect with others and provides an opportunity to strengthen and develop social relationships (MacNeela, 2008). It has also been argued that volunteerism provides a way for individuals to work through personal problems and, resultantly, may serve a protective function. Finally, it has been suggested that individuals who engage in volunteer work do so for personal growth and development (Willems et al., 2012).

I really enjoy helping other people...I can't tell you why I feel like that um, but I need to do it. Helping other people, it just makes you feel good. (Participant 3)

The responses from the participants in the present study reflect the various different functions of volunteerism that have been outlined by Clary et al. (1998), with the majority of the participants expressing motivations to join the crisis team that appear to be related to the functions of values, understanding, social relatedness, and self-enhancement. The predominant function of volunteering for study participants appeared to be linked to the *values* of the participants. They all expressed a need and a desire to help other people and a desire to be involved with, and to serve, their community.

I've always wanted to give back to the community. (Participant 4)

Previous research that has focused on the motivations of individuals who choose to volunteer their time specifically within the field of trauma work has identified three predominant reasons for them doing so. These include religious orientation, extension of vocation, and personal problems (Mason, 2007).

It's given me a bit of a purpose in life. It basically kicks my butt to get out of bed.
(Participant 1)

The majority of participants appear to have begun their volunteer work with the crisis team as a result of a desire to give back to their community through helping others. In addition, it emerged that half of the participants joined the crisis team as a result of motivations that

could be classified into several of the categories identified by Mason (2007). One participant linked her motivation for joining to her religious orientation and believed that she had been called to give back to the community.

Through church I just felt like I was called to do something..I thought well, if I feel like I'm being called to do something and give back, I'll see where this takes me.

(Participant 5)

Another participant expressed the belief that volunteering with the crisis team would enable her to branch out and strengthen particular relevant skill sets, in terms of her current career in the field of social work.

Because of being with the crisis team, with the crisis team it's, it's more one on one cases as well, so it made it easier for me to apply myself more in the clinical and make a difference because of my experience with the crisis team. (Participant 4)

The responses from the participants reflect the functions outlined by Clary et al. (1998) and Mason (2007), with the majority of them expressing motivations to join the crisis team that appear to be related to the functions of values, understanding, social relatedness, self-enhancement, religious orientation and extension of vocation. The predominant function of volunteering with the crisis team for the participants in the present study appeared to be linked to their values, in the form of their desire to give back to, and serve, their community. In addition, work with the crisis team appeared important for several of the participants as a result of the social function that it serves – being able to help others and developing and strengthening relationships with people in their community as well as personal growth and development and the learning experience that it represents.

4.2 Superordinate theme 2: Previous training and experience

I definitely think it plays a huge role..I think a big turning point in my life came doing the whole course with Lifeline and the exposure prepared me for crisis team...it was a good foundation for me. (Participant 2)

A common theme that emerged from the interview process related to the participants' previous training and experience, or lack thereof, within the field of trauma work. Regardless of whether or not the participants had previous training and experience it was apparent that they all recognised the importance of the practical experience that they have had with the crisis team and how this experience has played an important role in terms of the confidence they now feel compared to when they first began their volunteer work with the team.

4.2.1 Previous training

I've done the Lifeline course, I've also done complementary therapies, reflexology, reiki, body alignment. In that you're dealing with people's emotions a lot as well.

(Participant 1)

Half of the participants reported to having had some form of previous training and experience within the general counselling field. Each of the participants who reported to having had previous training and experience appeared to believe that this experience had played a big role in enabling them to perform better in their role as trauma workers with the crisis team. It was apparent that the biggest advantage to having had previous training and experience was an increased ability to work with people's emotions and to know how to navigate the counselling process without becoming overinvolved.

I had already learnt how to detach from their stories. (Participant 1)

I also believe that my pre-training, I learnt not to take things on as my own and I don't.

(Participant 2)

One of the participants, a trained social worker, explained that her professional experience had assisted her with her volunteer work within the crisis team, while at the same time she believed that her volunteer work had in turn assisted her with her social work practice:

The skills of social work helped before to, to revive that, but then with the, the more exposure with the crisis team helped me in terms of also with this other job, because it

wasn't like, ok for the first time I'm like getting experience of doing clinical [work]. It was like, I have basic clinical [skills] because of the crisis team. (Participant 4)

The professional skills and training of this participant appeared to assist her to work with people's emotions while at the same time being able to retain a degree of professional detachment in order to prevent over involvement. When working through trauma it is important for the individual to feel as though he or she is able to experience their emotions in the present (Dyregrov, 1997). In order for these emotions to be processed it is essential that the therapist or helping-individual is able to contain strong emotions, as opposed to becoming overwhelmed.

In addition, it is important that the helping-individual is able to convey genuineness and true empathy. Should the helping-individual not possess these abilities, the possibility exists that the individuals with whom they work will deteriorate (Dyregrov, 1997). Previous training and experience within the field of counselling may have served to strengthen these characteristics in the participants, making it easier for them to engage in their work with the crisis team.

One of the participants, who reported that she had no previous training or experience within the field of counselling, explained that despite having not been trained to work in the field, she believes that her work as an *au-pair* had assisted her in being able to adapt to working with different people:

Having that experience of being an au-pair, because it means that now I am equipped to walk into different homes and adjust myself to their situation. (Participant 3)

This perceived advantage appeared to be related to the participant's ability to be comfortable in working directly with different people and the recognition that people are different and may handle things differently – an ability that requires flexibility and confidence on the part of the individual.

4.2.2 Initial lack of confidence and self-doubt

In the beginning you're so nervous and feel so inadequate no matter what your training is. (Participant 1)

What became evident from the interview process was that the majority of the participants appeared to have had feelings of self-doubt and a lack of confidence in themselves on initially beginning their volunteer work with the crisis team. These feelings of self-doubt and lack of confidence appeared to be linked to the specific nature of the work and what it requires. Although several of the participants had some form of prior training and/or experience in the field of counselling prior to beginning their volunteer work, they still acknowledged feelings of self-doubt and lack of confidence.

When you first start you feel like you're drowning and you're terrified. (Participant 1)

These initial feelings of self-doubt and lack of confidence also appeared to be linked to the participants' recognition that in order to work effectively with traumatised populations they require specific skills and knowledge.

I'm thinking self-doubt, am I the right person, is it gonna, you know, can I make a difference, my contribution, what am I going to say when I get there. (Participant 2)

In order to overcome these feelings several participants appeared to seek reassurance in terms of the adequacy of the specific training that they had undergone with the crisis team before they began their active duty. This training appears to provide them with a sense of security – structured stages of the debriefing process that they are able to progress through in a systematic manner and rely on in order to overcome any feelings of insecurity that they may experience when faced with intimidating or difficult cases.

When you're feeling really intimidated, literally go back to step-by-step, how do you actually conduct this debriefing, and you follow the steps. (Participant 1)

In this way the training appeared to provide the participants with a safety net, something that they were able to fall back on when they experienced insecurity or if they were unsure of what to do. It has been argued that crisis debriefing requires a clear structure in order to maximise efficacy (Dyregrov, 1997). As the success of the debriefing rests largely on the shoulders of the helping-individual, the implementation of structured steps may serve to lessen the anxiety experienced by both the helping-individual and the traumatised individual. In addition, a structured approach may serve to facilitate the regulation of the debriefing process and “*will enable the leaders to establish the trust and authority necessary for the participants to ‘invest’ in the process*” (Dyregrov, 1997, p. 594).

Given the specific nature of the work, it can be understood that the participants’ insecurity may be linked to the fact that all trauma situations are unique, and that the reactions of one individual may be very different to the reactions of another. This unpredictability may explain why participants appeared to appreciate the structured step-by-step debriefing process that they were trained in, as it seemed to lessen the anxiety that comes with unpredictability. It was apparent that the participants’ recognised that different people may have different responses to trauma and that the debriefing process will be affected as a result of this, with some traumatised individuals being more likely to disclose the feelings and emotions associated with their experience than others who may be more apprehensive and less amenable to the process.

You then go back to your training, asking the questions and try and guide them into ‘yes its ok’ they will talk to you. (Participant 1)

Participants’ comments suggested a positive association between self-confidence and the extent of their counselling experience. What was noticeable was that the majority of the participants reported that their initial lack of confidence in themselves and their feelings of self-doubt disappeared as their amount of time volunteering with the crisis team increased.

In the beginning I think you’re inclined to get, initially they warn you not to get emotionally involved in the situation. But I think its human nature, you do, and it’s very, over time, a, a couple of cases where you suddenly realise how draining that can

be on you. You learn to step back and you learn to tackle the situation at hand and not get emotionally involved with the victims. (Participant 5)

The more experience you've got, you're a lot more at ease because you kind of know what needs to happen in the situation. (Participant 1)

It has been argued that therapists “gain comfort from knowing of the importance of their work and, as they become more experienced, learn how to cope” (Hunter, 2012, p. 181). This was evident in the beliefs expressed by the participants during the interview process.

The first case I went to was a motor vehicle accident and it wasn't a very nice motor vehicle accident, but um, ya I got through it and I thought, if I can get through that, I think I can get through anything..I've got better at it. (Participant 6)

Not too sure if I'm doing the right thing or not so, which is made different, looking back now there has been so much development. (Participant 4)

A few of the participants reported that there would always be cases that overwhelm them regardless of the amount of previous training and experience they have had. This appeared to be linked to the specific nature of their work with the crisis team – that trauma is overwhelming and frequently results in feelings of helplessness for those who are both directly and indirectly affected by it (Iliffe & Steed, 2000). Working with traumatised individuals may induce similar feelings of helplessness in the participants, which may in turn result in the feeling of being overwhelmed.

In terms of knowing what to do on every single case I think it's almost impossible. (Participant 3)

I often walk into cases feeling like what the hell do I know about this and who the hell am I to be the person that they're talking to. (Participant 1)

Trauma is multi-layered and its effects are often complex, influencing various different aspects of an individual. Dealing with trauma and traumatised individuals can be an

insurmountable task, and it may take time before positive change can be observed in the traumatised individual (Iliffe & Steed, 2000). The challenging nature of trauma work and the skill it requires appears to have played a role in terms of how the participants think and feel about their work and the burden of helplessness that this work often imposes on counsellors.

I think each time I come across a case that I've never dealt with before there's that element of, of trepidation...the unknown and I, I just think it's, it's such a responsibility that you take on to yourself because you can either make it go one, or you can assist someone or you can actually cause more damage and I think that's, that's a weight that sits on your shoulders. (Participant 5)

Furthermore, working with those who have been traumatised, particularly on a regular basis, may serve to overwhelm the coping abilities of the helping-individual and may explain the feelings of uncertainty and insecurity that several of the participants mentioned. Feelings of helplessness and powerlessness have been associated with the experience of compassion fatigue in trauma workers (Figley, 2002). Compassion fatigue is more likely to occur when trauma workers have prolonged exposure to the traumatic material of others.

4.3 Superordinate theme 3: Personal history of trauma

If you've had a life experience and you're in trauma, and you've managed to work through it, you are more equipped to help someone else because you understand the emotions involved. (Participant 2)

According to Baird and Jenkins (2003), those with a personal history of trauma may frequently find themselves drawn to volunteer work within this field. Individuals who have a personal history of trauma are often better equipped to deal with trauma work as a result of their personal experience and may experience fewer adverse effects as a result – as such, a personal history of trauma has been identified as serving a protective function for those who work within this field. This protective function has largely been attributed to the belief that if an individual has successfully negotiated a traumatic experience, they are likely to be better equipped to cope with the demands of trauma work (Howgrave, Scott, & McDowell, 2006).

It has also been suggested that a personal history of trauma coupled with experience of working in the field is doubly protective, with such individuals being more likely to experience fewer adverse effects when working with individuals who have been traumatised (Pearlman & MacIan, 1995).

An important theme that emerged from the present study involved the participants' personal experiences of a traumatic event. The majority of the participants who had themselves been through a traumatic event, or who had experienced difficulties within their own lives, reported that this personal experience assisted them in their volunteer work with the crisis team. This appeared to be related to an increased ability to identify with and to empathise with clients. A personal history of trauma appeared to be recognised by the majority of the participants as being something that was almost essential in order to be able to do the job properly, with one participant explaining:

Everybody on the crisis team has been through something. (Participant 1)

In this way it was understood that a personal history of trauma serves almost as an unofficial requirement for working with the crisis team. According to Mason (2007, p. 47), "*effective crisis counsellors have learned and grown from their life experiences*". The responses of several of the participants echoed this statement and various explanations for these beliefs were expressed. Generally the participants appeared to believe that having gone through a traumatic experience themselves allows them to empathise more fully with their clients, facilitates a true and authentic understanding of what he or she has gone through, and assists them in knowing what helps during this time.

You can meet that person where they're at, having already gone through it, so you've pretty much, with whatever it is that you've dealt with, so you're a lot further along on the healing journey, which enables you to help somebody else who's not as far on that journey. (Participant 1)

This participant attributed her perceived increased ability to work effectively with her clients to having a personal history of trauma, explaining:

You can genuinely connect. (Participant 1)

Taken together, these findings provide support for previous research that has argued that individuals who have personally been through trauma and who have successfully resolved their trauma are better prepared to work within the field of trauma counselling (Howgrave, Scott, & McDowell, 2006). In addition, a previous history of trauma has been linked to the ability to employ more effective coping mechanisms in order to deal with the emotional impact of the work and engage more empathically with victims of crime.

It makes it easier to put myself in their shoes...speaking from experience it's like you're giving a piece of you to those people...you are already walking in their shoes...it makes it easier for me to connect with them. (Participant 4)

However, when trauma workers with a personal history of trauma have not successfully resolved their own trauma experiences, there is a chance that working with clients who have been through similar traumatic experiences may trigger feelings and emotions that are unresolved. This in turn may hinder the ability of the trauma worker to perform their role effectively (Howgrave, Scott, & McDowell, 2006). It has also been suggested that trauma workers may be more vulnerable to developing negative reactions should they work with individuals who have been through a traumatic experience that is similar to something that the counsellor has been through him- or herself (Lerias & Byrne, 2003).

All of the participants who reported a personal history of trauma appeared to believe that their personal trauma experiences served to strengthen their ability to engage in their volunteer work, with none of the participants reporting any adverse experiences linked to personal trauma experiences.

4.4 Superordinate theme 4: The costs of volunteering in the field of trauma work

Coming home after a case, especially at night, I couldn't just get into bed and go to sleep. (Participant 1)

The participants all highlighted several negative consequences that they believe can be attributed to their volunteer work with the crisis team. All of the participants reported similar reactions that were understood as having been evoked as a direct response to exposure to the traumatic material of the people with whom they work. The negative consequences identified by the participants extended to several different areas of their day-to-day functioning and appear to be consistent with those that have been identified in the literature.

The difficult ones, they go through my mind and they'll go round and round.

(Participant 2)

The majority of the participants recounted experiences that indicate that they have in some way been negatively affected by working with individuals who have been traumatised. Each of these participants indicated that at one point or another they had experienced physical, cognitive, and emotional consequences as a result of working on difficult cases and bearing witness to the suffering of others.

Some of them are very traumatic and some of them, they have been staying, you know, they stay in your mind for some time. (Participant 4)

It has been argued that “*inappropriate training or skills can open the trauma worker to a range of psychological and emotional problems*” (Macritchie, 2006, p. 19). Specialised training in the field of trauma work has been found to decrease susceptibility to the potential negative effects of trauma work. As the participants are non-professional trauma workers it is important to acknowledge and understand the costs that their volunteer work has on them as they have only engaged in a short-term training programme run by the crisis team. As a result of this they may be more vulnerable to the development of negative effects.

4.4.1 Difficult cases

I've had another case where it was a rape case where they asked me to be in with her because she was so traumatised because of the examination and it felt like, at one point I had to hold her down to stop her from getting hurt, from hurting herself, and I felt like I was raping her all over again... because of my trauma with that case I was very

nervous to go to the next rape case because I didn't know how I was going to react and I definitely was more detached. (Participant 1)

Although the negative effects mentioned by participants appeared to be specific to the general nature of trauma work, they also appeared to be specific to particular types of cases. The participants seemed to recognise this, as is indicated by their description of some cases as “difficult”. According to participants, difficult cases include rape cases, suicide cases, homicide cases, and cases involving children.

I had to go home after this little girl had just told me the biggest secret of her whole life, that she'd never told anyone else, that I felt really helpless that I couldn't take her out of that house immediately. (Participant 3)

Visual imagery relating to the traumatic material of their clients seemed to be experienced by several of the participants who had engaged in one or more of these difficult cases. Although none of the participants reported suffering any ongoing or long-term reactions to any of their cases, several of them did mention that they had worked on one or two difficult cases that will remain with them forever as a result of their particular nature.

I think it's uh, that will etch, be, be forever etched on your mind. (Participant 5)

Specific occupations have been identified as being at higher risk for the development of adverse symptomatology, specifically those professions in which individuals are responsible for caring for others (Maslach, Schaufeli, & Leiter, 2001). This is largely related to the emotional challenges that are involved in this type of work. Individuals who work in such professions are required to display high levels of empathy and, in addition, may be required to control their own emotions while engaging in this work.

Another case I've mentioned now and that was also very difficult and heart-sore was uh I was called to one of the schools where an eight-year-old girl little girl was raped.
(Participant 2)

The cases that were categorised by the participants' as being difficult all appeared to be cases that would require strong control over their own emotions in order for them to be able to do their job effectively. The intensity of these cases and the requirement for the participants to retain some level of emotional distance in order to protect themselves from being overwhelmed was understood as a contributing factor to what makes these cases particularly emotionally draining.

It just depends on a case. I mean like the case where we had the dad that reversed over his child's head um, we were obviously had to wash down the driveway and the wheel of the tire and stuff like that, and then when the dad put the baby down with me there was all the brain matter on the dad's shoulder and all of that. And those will flash back. (Participant 2)

Several of the participants spoke specifically about suicide cases:

Emotionally that was quite scary and for a couple of weeks afterwards I battled, I thought about it a lot, I even dreamt about it, um and I still think about it every now and then. (Participant 3)

Suicide, I mean that's a big one for me. (Participant 6)

I remember my first suicide case that I went to. I was absolutely um, uh I didn't know what to expect um, you don't know what to say, you don't know. (Participant 5)

Several participants highlighted suicide cases as being among those that are the most difficult to work on. Generally suicide is viewed as taboo, an act that society deems unacceptable, and something that is viewed as a form of giving up (Ting, Jacobson, & Sanders, 2011). It is an act that is frequently misunderstood. According to Ting, Jacobson, and Sanders (2011, p. 327), suicidal behaviour in clients has been “*noted as one of the most stressful experiences in the career of a mental health professional*”.

The bulk of the work that the participants undertake with the crisis team puts them into contact with people who have been victimised in some way by other people, and exposes

them to the devastating effects of this victimisation. Suicide is often viewed as a crime against the self and as such it may challenge the participants as a result of this self-inflicted nature. Part of the debriefing process involves strengthening the victim's sense of self-preservation and the participants are frequently able to witness the strength of individuals who refuse to give up, even though they have been through something terrible. Suicide violates this self-preservation and was understood as something that challenges the participants' ability to empathise and to understand.

I think that for me, I was mad at him. Mad cos I'd spent so much time and energy on him, and I know he had had a big fallout with his mom. But if he had just phoned me and we'd just, could have made him sit down and had a chat about what had happened, um, it would have been a different story...that was horrible for me...I was mad at him because he just didn't come back to me. (Participant 6)

4.4.2 High caseload

Several participants appeared to recognise that the negative effects that they had experienced were related to the number of cases that they had been working on at that particular time. Consistent with the findings of previous research, participants seemed to perceive a higher caseload as being related to an increased susceptibility to adverse consequences (Howgrave, Scott, & McDowell, 2006).

If I'm on duty from a Thursday right through a weekend to a Monday and I'll crash and burn after that. (Participant 2)

It is well recognised that when trauma cases are clustered together there is a greater chance of the helping-individual experiencing negative effects as a result (Arvay & Uhlemann, 1995; Chrestman, 1995; Brady et al., 1999).

There are those nights where you go from one case to another and there's no pause...you find that when you get to the next case you're not ready mentally for that case because you haven't, you know, been really prepared yourself. So with that you

cannot really apply yourself fully as much as you can when you, when its not a busy night. (Participant 4)

This recognition was understood as being related to the intensity of the work. The more time spent working with clients may result in an accumulative effect of negative consequences. Being required to work on several different cases within a short space of time may demand too much of the participants and may drain their capacities to cope. In addition, a higher caseload within a short space of time may decrease the number of opportunities that participants have to engage in self-care and coping strategies. As such, the emotional needs of the participants may be overlooked.

According to Howgrave, Scott, and McDowell (2006, p. 41), “*experience may interact with personal trauma history*” with increased exposure to traumatised individuals, combined with a personal history of trauma, having been linked to a greater susceptibility to the development of the negative effects that have been associated with working with traumatised populations. As several of the participants reported to having personal histories of trauma it is important to acknowledge this risk, and for strategies to be implemented in order to mediate, or decrease, this risk. This remains important despite none of the participants having reported that their personal histories of trauma have resulted in any adverse consequences.

4.4.3 Physical and emotional effects

It's draining. (Participant 5)

Most of the participants identified difficult physical and emotional reactions that they appear to attribute to their work with the crisis team. These physical reactions include decreases in sleep and headaches in addition to both emotional and physical exhaustion. Linked to the previous subordinate theme (high caseload), several participants recognised that being called out to several cases over a short period of time seems to result in them experiencing more negative physical and emotional symptoms. As such, participants appeared to acknowledge that a high caseload plays a contributing role to the development of negative physical and emotional symptomatology, consistent with previous research (Illiffe & Steed, 2000).

It can be very, very emotional and draining. (Participant 2)

The physical and emotional symptoms highlighted by the participants can be identified as indicators of the exhaustion dimension of a possible burnout reaction. According to Salston and Figley (2003), physical exhaustion, headaches, and emotional exhaustion represent a few of the most common signs of a burnout reaction. Burnout has been defined as “*the end result of a process in which idealistic and highly committed people lose their spirit*” (Pines, 1994, p. 381). According to Goodwin and Pfaff (2001), individuals who are committed to a social cause are particularly vulnerable to the development of burnout symptomatology as a result of the emotional labour that is a prerequisite for such work.

The nature of the work carried out by participants through their volunteerism with the crisis team may increase the risk of them experiencing the symptoms of burnout. Although several participants reported symptoms that they appeared to recognise as being related to the exhaustion dimension of burnout, most did not characterise them as such, with only two of the participants demonstrating direct recognition of the concept:

I went through a stage where I had a couple of cases where it was one case, one heavy case after another and there were very late evenings and then you do feel the effects of burnout. (Participant 5)

I always have to keep in check to make sure that I don't get burnout. (Participant 4)

It was apparent that the majority of the participants were more attuned to their physical symptoms, with physical exhaustion being noticed first followed by emotional exhaustion. Physical exhaustion is likely to have a direct negative effect on the everyday functioning of the participants and is thus more likely to have an effect on the ability of participants to perform their work effectively.

Its just tiredness um, because of and it is draining you know, especially, especially when you have one case a day you can deal with it, but when you suddenly on duty on a weekend and you have seven cases in a weekend I'm like a zombie the next morning so that does have, it does have a physical effect on you. (Participant 5)

The literature has demonstrated a consistent link between situational factors, such as the demands of particular jobs, and an increased susceptibility to burnout symptomatology (Maslach, Schaufeli, & Leiter, 2001). It has also been suggested that burnout symptomatology is a direct result of being overloaded, with a large caseload being linked to increased exhaustion. Although the majority of the participants did not link their physical and emotional exhaustion to burnout, their awareness regarding the effects of an increased workload, as discussed previously, was noticeable.

When you have a spate, which does happen in spates, where you have a lot of cases that are big cases and they're back to back, it can be very, very emotional and draining. (Participant 2)

One of the proposed reasons for the relationship between a higher caseload and the development of burnout symptomatology involves the fact that spending an increased amount of time with people who have been traumatised increases the likelihood that the intensity of the work will catch up with those involved and overextend their coping resources (Howgrave, Scott, & McDowell, 2008). As a result, it has been argued that taking breaks between cases is essential in order to decrease vulnerability to negative effects (Figly, 2002).

4.4.4 Feelings evoked in response to hearing traumatic material

Sometimes it's hard to come home, especially after you've dealt with a, a hard case.
(Participant 5)

The majority of the participants reported that their vicarious exposure to the traumatic experiences of others had a negative personal impact on them. These participants appeared to report fairly similar reactions in response to such exposure, all of which seemed to relate to the inability to get particular cases out of their minds and the inability to switch off after getting home from particular cases. A few participants mentioned that they had experienced visual representations of what their clients had told them, including flashbacks and dreams.

The term compassion fatigue was first proposed in order to conceptualise the costs of being empathic and compassionate towards others. Compassion fatigue has been defined as “*a state of tension and preoccupation with the traumatised patient by re-experiencing the traumatic events, avoidance/numbing of reminders, persistent arousal (e.g., anxiety) associated with the patient*” (Figley, 2002, p. 1435). When compassion fatigue is experienced, it is likely to decrease the efficacy of the helping-individual, and reduce their capacity to empathise and feel compassionate towards the individuals with whom they work.

The aftermath. Coming home and your mind is reeling about what these people have just been through. (Participant 1)

According to Illiffe and Steed (2000), certain events that have served to impact trauma workers in some meaningful way are unlikely to be forgotten and will in some cases stay with that individual forever, regardless of whether or not the event has resulted in the trauma worker experiencing flashbacks or other negative secondary effects. As members of the crisis team, the participants are required to assist others in processing and working through the traumatic experiences that they have gone through. This exposes the participants to the vivid imagery that almost always accompanies traumatic events (Bride, 2004). Despite reporting to having processed what they have heard from their clients, it appears as though particular cases that the participants have worked on will always remain with them as a result of their horrifying nature.

I have cases that will go through my mind and flashbacks. (Participant 2)

It was noticeable that the traumatic material that appeared to most affect the participants in a negative way related to what the participants termed “difficult cases”. As discussed above, the participants consider difficult cases to be those involving homicide, suicide, rape, and cases that involve children. The particularly difficult nature of these cases, and the related vivid imagery that accompanies them, is likely to increase the impact that they have on the participants and may explain why these cases stay with them for a longer period of time. In addition, the distressing and possibly overwhelming emotional responses that these cases evoke challenge their natural coping resources (Howgrave, Scott, & McDowell, 2008).

I'd never done stuff like this before, I'd never seen a dead child um, so that was quite a, at the time it was quite rough. (Participant 3)

4.4.5 Disruptions to belief systems

I'm probably a lot more cynical about a lot of cases and people we deal with now. (Participant 1)

According to McCann and Pearlman (1990) even those who have had extensive training in working with individuals who have been traumatised are not exempt from experiencing the changes to personal belief systems that frequently occur as a result of exposure to the traumatic material of others. Consistent with this, participants appeared to demonstrate some recognition that their volunteer work as trauma workers with the crisis team had led to particular changes within themselves. These changes were understood as predominantly being related to their feelings of safety and security in the world and their abilities to trust other people. Such changes to their belief systems may represent vicarious trauma reactions.

You can get very cynical. (Participant 5)

The effects of vicarious trauma come about as a direct result of engaging empathically with the traumatic material of others and often result in permanent disruptions to an individual's cognitive schemas (McCann & Pearlman, 1990). As a result, a single one-hour interview may not have been sufficient in order to examine the permanency of such changes within the participants. Despite this, their responses appear to indicate that they have observed the beginnings of such changes within themselves and that they have noticed a difference in comparison to how they felt prior to beginning their work with the crisis team. Vicarious trauma is often both painful and damaging to the affected individual and its effects may endure even once work with those who have been traumatised has been discontinued (Dunkley & Whelan, 2006).

The beliefs that were reported by participants appear to represent short-term responses that may develop into permanent long-term changes, whereby their cognitive schemas about themselves, the world, and other people are disrupted and altered through their volunteer

work as trauma workers. Schemas are complex cognitive structures that develop over time. These schemas provide a framework through which human beings interpret and make sense of their lived realities (McCann & Pearlman, 1990). Cognitive schemas comprise expectations, beliefs, and assumptions about the individual, as well as beliefs about other people and the world. Schemas change and develop over time and may be altered through an individual's interaction with his or her environment (Macritchie, 2006).

I think the whole caring profession forces you somehow to look at life differently.

(Participant 4)

McCann, Sakheim and Abrahamson (1988) have identified five psychological needs that are fundamental to the wellbeing of human beings. These include “*safety, dependency/trust, power, esteem, and intimacy*” (McCann & Pearlman, 1990, p. 137). These psychological needs manifest themselves as cognitive schemas. It has been suggested that working directly with individuals who have been through a traumatic experience has the possibility to disrupt the helping-individual's cognitive schemas.

Different individuals may experience vicarious trauma differently based on their individual cognitive schemas and on which particular schemas are most prominent for that individual. Four of the psychological needs identified by McCann, Sakheim, and Abrahamson (1988) appeared to be particularly salient to participants based on the changes they reported to having noticed within themselves and the experiences that they described. These include *safety, dependency/trust, esteem* and *intimacy*, each of which will be explained, and illustrated using quotations, below.

a) Safety

It really shattered my foundation. (Participant 1)

The psychological need of safety appeared to be the psychological need that has been most affected through the participants' volunteer work. As the crisis team works predominantly with victims of crime and violence the participants' are constantly exposed to situations in which others have been victimised and preyed upon.

We realise how much stuff is going on, on the doorstep that maybe one hadn't known about before. Ya, there's certainly an awareness and a bit of an eye-opener um, to the reality of what's going on very, very close to home. (Participant 2)

Each of the participants spoke about how their work with the crisis team has resulted in an increased awareness of what's going on around them and how close to home some of the cases that they have dealt with are. As the participants work within the community in which they reside, the effects of what they are exposed to may be more overwhelming as they are not able to reassure themselves that what they are seeing is something that only happens to 'other people'.

Working with the crisis team has also opened my eyes...it has enabled me to stay vigilant. (Participant 4)

It was noticeable that the majority of the participants expressed beliefs that indicate that their work with the crisis team has had the effect of making them feel less safe in their community, and in the world in general, compared to how they felt before they began their volunteer work.

Its quite shocking to realise how much is going on out there. (Participant 2)

I definitely think it uh, makes you more cautious. (Participant 3)

The beliefs expressed by participants are consistent with the findings of previous research (Hunter, 2012). Several of the participants mentioned that they had become a lot more aware of how little control they had over particular negative situations that they may be exposed to at some point or another. It was also apparent that a few of the participants had become more protective over their own family members as a direct result of cases that they had worked on and the things that they had witnessed.

I've actually upped my level of strictness now...after seeing what I'm seeing.
(Participant 5)

Other participants made comments that indicated that prior to their volunteer work with the crisis team they were relatively unaware of, or unaffected by, the darker side of human nature.

Seeing what and how disturbing the things are around us. (Participant 2)

I've lived in a very loving environment, a very caring environment so I've never been exposed to the harsh realities of, of life really before. So for, for me this has been a good wake up call. (Participant 5)

Before becoming involved with the crisis team it seems as though the majority of the participants had considered themselves to have been relatively sheltered, possibly holding the belief that they were invulnerable and that the world was a safe and secure place. Being exposed to direct evidence to the contrary, in the form of the traumatic experiences of others, appears to have forced the participants to confront and challenge these previously held beliefs. It has been suggested that “*clinicians who work with victims of random violence or accidents may experience a heightened sense of vulnerability and an enhanced awareness of the fragility of life*” (McCann & Pearlman, 1990, p. 139). Those participants who had previously had very little, or no, exposure to the trauma of others, or those who disclosed no personal history of trauma, generally reported that they had been more affected by what they had experienced, and had developed a greater awareness of the dangerousness of the world around them.

I think when you walk around never having been touched by crime or violence you, you walk around in a very um secure little bubble. And suddenly when you see what, what does happen out there you become, um... more appreciative of what, the fact that I have never actually personally been touched by violence and, and secondly that um, ya you, you just become more vigilant so that you, you've got eyes in the back of your head and you learn to assess situations where before you would blunder in blindly not even thinking about the consequences, whereas now I weigh options up and try realise that there is a potential for things to go south. (Participant 5)

This particular participant appears to have strongly identified with several clients who were from the same community as she was, which appeared to increase the effect that exposure to traumatic material had on her. In addition, this participant reported that her work with the crisis team has prompted her to experience more of a need to be able to prepare for, and plan, what she would do should she ever find herself faced with a situation involving similar violations.

Such increased vigilance suggests that some participants had experienced changes in their feelings of safety in their community and in the world as a result of their volunteer work with the crisis team. Consistent with previous research the majority of participants reported an increased awareness regarding their vulnerability in the world as well as a greater appreciation of all the goodness in their lives.

b) Trust

Less trusting...I've seen what people are capable of. (Participant 3)

Several participants made comments that were understood as representing indicators of change in terms of their cognitive schemas relating to trust, with a few participants describing that they were no longer as trusting of other people as they were prior to beginning their work with the crisis team. Working with people who have been victimised by others provides direct evidence as to how cruel people can be and the various different ways in which people deliberately violate and betray the trust of those whom they victimise (Iliffe & Steed, 2000). Through their work with the crisis team the participants have all been exposed to cases involving crimes such as house robberies, rape, and homicide, all of which have forced them to confront the darker side of human nature and the terrible things that come with it.

Sometimes I must say it does push you to a position where you look at men differently.
(Participant 4)

The participants' exposure to cases that often involve senseless and frequently random violence appears to have resulted in the majority of participants becoming more suspicious and distrustful of others. Several participants mentioned that they had found themselves

becoming more cynical as a result of their work and expressed beliefs that indicated that they now find it difficult to believe in and trust the motives of others.

It takes me a long time to trust somebody. Um, I will never ever go on face value. Never ever never. (Participant 6)

The participants with the most experience in working with the crisis team appeared to be the ones who have been most affected in terms of their beliefs, assumptions, and expectations of trust. These participants had worked on a greater number of cases and have been exposed to a wider variety of different types of cases, which appears to have made them more vulnerable to alterations in their cognitive schemas relating to trust. This loss of trust in more experienced counsellors suggests that changes to cognitive schemas may be more marked among those with greater accumulated exposure to the traumatic material of others (McCann & Pearlman, 1990).

c) Esteem

One of the downfalls of this, is that when you see uh, how, how sad the world actually is, you can get very jaded and, and some of the characters that you're dealing with...you can get very cynical. (Participant 5)

People often have a desire to see the best in people, to endow respect upon them, and to view others as being altruistic and kind (McCann & Pearlman, 1990). Working with victims of crime who have often been severely violated at the hands of others frequently has the consequence of decreasing this esteem that was previously held for other people as it forces the helping-individual to confront their beliefs about others in the world and exposes them to a side of people that cannot be respected. This in turn engenders alterations in the individual's beliefs about others.

The people who are consciously choosing to be disrespectful to others, to behave badly, to be inconsiderate and to intentionally hurt other people, those I find very difficult to respect. (Participant 1)

Several participants indicated that they had become “jaded” and more “cynical” as a result of their exposure to trauma. In order to understand the experiences of their clients, as well as their own experiences of working with these clients, it appears as though some participants had been forced to change the schemas that they previously held, in order to bring them more in line with what they are directly observing on a day to day basis.

That starts to sort of question how you feel about everyone else in the world.

(Participant 3)

Once you have witnessed the atrocities that people inflict on others, it becomes more difficult to hold the belief that people are kind and that they are worthy of being respected (Iliffe & Steed, 2000). Instead, it becomes safer for people to be viewed as being inherently bad and untrustworthy, until proven otherwise.

d) Intimacy

You do sign a confidentiality clause so um its, its uh my husband and I talk all the time so its quite hard when you'll say well you know what happened and uh I try give him the bare details because, I am, you know he is my husband...it's not up to me to share the, the nitty gritty with him...sometimes I have to be a bit cryptic. (Participant 5)

The final psychological need that appeared to be relevant to participants in the present study involved that of intimacy. Intimacy refers to the relationships that we have with other people and our sense of connection both to other people, and to the world (McCann & Pearlmann, 1990).

Working with individuals who have been traumatised represents a particular type of work characterised by a strong need for confidentiality. This limits the details that can be shared with loved ones and frequently serves to alienate the individual who is offering the service. On the other hand the often shocking nature of the work frequently requires disclosure of what has been heard in order for the helping-individual to be able to process the information and move forward constructively without allowing themselves to take their clients feelings and emotions on as their own.

People outside tend to just, again be sympathetic, or try to fix it, which you're not looking to fix it, or not looking for that person to fix it, you just need to get it out...I think within friends in the crisis team, I think they're better to talk to. And you can get more specific. Because what we do is confidential, to talk to somebody outside the team, you can't get that specific about it. (Participant 1)

This dichotomy of needing to share, but being unable to, may serve to separate the helping-individual from his or her family members, as they are not able to discuss the cases that they have worked on, yet these cases may have a direct impact on their day-to-day functioning and their lived reality. In addition, people frequently do not understand why others would want to engage in this type of work, which further separates them from others (Iliffe & Steed, 2000). Although the majority of the participants reported that their families and friends were supportive of the work that they do with the crisis team, one of the participants revealed that her family does not support her volunteer work, explaining that they cannot understand why she would want to engage with, and assist, those who have been traumatised.

My family are not supportive at all. They keep telling me to quit...they don't see and they don't feel the rewarding side of it...in their minds, that's horrific, oh my god type of thing. (Participant 3)

The manner in which the participants handle potential feelings of alienation from their loved ones, and the ways in which they deal with this identified dichotomy, will be discussed under the superordinate theme of 'coping strategies'.

4.5 Superordinate theme 5: The rewards of volunteering in the field of trauma work

It's definitely made me stronger. (Participant 3)

There has been a tendency for research to take a pathogenic perspective when exploring the impact of working with individuals who have been traumatised, with the focus resting largely on the negative effects that occur as a result of this type of work. Despite the fact that the

participants did appear to recognise the potentially adverse effects that their volunteer work with the crisis team has had on them, or may possibly have on them, their reactions to their volunteer work seemed to be primarily positive. As a result of this, the rewards of volunteering in the field of trauma work emerged as a superordinate theme in the present study.

It has made me grow. (Participant 4)

Compared to research that investigates the consequences of trauma work from a pathogenic perspective, research exploring the positive consequences has only recently become more common (Puvimanasinghe et al., 2015). All of the participants in the present study appeared to make sense of, and describe their experience of, working with the crisis team from a predominantly positive point of view. Although the results of the present study are not innovative within this research field, the salutogenic perspective remains one that is underreported and underexplored, particularly within the South African context.

Various positive consequences of being involved in trauma work have been highlighted in the literature. These positive consequences include improved self-esteem, the recognition of the resilience of human beings, personal growth, increased awareness with regards to what is happening in the world, and personal satisfaction in terms of being able to help and make a difference (Ortlepp & Friedman, 2002). Two main concepts have been identified in the literature as being central to the exploration of the positive, salutogenic effects of working with those who have been traumatised - compassion satisfaction and vicarious resilience.

It's not only taught me about myself but it's sort of, as clichéd as it sounds, it sort of opens your eyes to the rest of the world as well. (Participant 3)

This section describes and explores the superordinate theme of the rewards of volunteering in the field of trauma work and its related subordinate themes. The subordinate themes identified include personal growth and development, vicarious resilience, social development and community involvement. These subordinate themes illustrate how the participants' volunteer work with the crisis team has influenced their behaviour, attitudes and emotions in a positive way.

4.5.1 Helping others

I'm there to help people. (Participant 6)

Being able to help others emerged as one of the most significant rewards arising from participants' volunteer work with the crisis team. This subordinate theme was interpreted as representing both a primary motivation for participants joining the crisis team as well as something that assisted them in sustaining their involvement despite the apparent downsides that the work entails. All participants expressed several similar values and ways of being in the world, which included a desire to give back to the community and a passion for helping those in need.

It gives me a sense of accomplishment knowing that I've actually facilitated that healing process. (Participant 5)

Figley (2002) conceptualised the gratification and fulfilment that occurs as a result of helping others as compassion satisfaction. It has been suggested that compassion satisfaction may serve as a protective mechanism against the negative consequences of working with those who have been traumatised as it provides those who experience it with a sense of purpose and sustains their involvement in their work (Hunter, 2012). What appeared to be important to the participants' was whether or not they perceived themselves as making a difference.

The feedback she gave at the end of the session was, was so positive that it just, it's very encouraging and it, it, it makes you feel, there's that fulfilment that you get within you about, you know, making the difference in someone's life. (Participant 4)

It was noticeable that the majority of the participants identified the support that they received from other members of the crisis team as being crucial to their happiness and their effectiveness within the team, which signifies an additional aspect of compassion satisfaction. Although compassion satisfaction occurs as a result of helping those who have been through difficult experiences, it is mediated through the responses of other members within the helping organisation (including senior members who serve supervisory roles), as well as by

the individual's subjective beliefs regarding his or her effectiveness within the organisation (Nuttman-Shwartz, 2015). The significance of this support was interpreted as being notably important to participants and as a result it will be discussed as a separate subordinate theme.

I've seen the difference that I have been able to make. (Participant 5)

4.5.2 Personal growth and development

I think I've grown up a lot..I think I've matured quite a bit..I'm definitely more patient. (Participant 3)

Participants all expressed thoughts that seem to indicate a need and a desire for them to grow as individuals, and their volunteer work with the crisis team appears to have provided the opportunity for the majority of them to do so. It was noticeable that the biggest rewards that participants gained through their volunteer work involved personal growth and the associated opportunity to develop increased self-confidence. Each of the participants expressed sentiments that appear to suggest that this growth and development has been one of the most rewarding aspects of their volunteer work with the crisis team.

I have grown a hell of a lot in confidence..I've learnt a hell of a lot. (Participant 1)

Every experience is knowledge gained. (Participant 2)

It's just made me a stronger person. (Participant 6)

With respect to personal growth and development, participants appeared to most value increases in self-maturation and in self-assurance:

I think I've grown up, I've matured, I've become an adult. (Participant 1)

It has just opened my mind and it also made me believe that I can do it. (Participant 4)

Participants' personal growth and development was also understood as something that has facilitated increased self-awareness – i.e., assisting counsellors to identify personal strengths within themselves that they may have previously overlooked or underestimated.

I've realised in myself that I have, um always known I was a good listener but I never took the time to really sit and listen and I think I've, I've in myself I've realised that I actually am a very good listener and I'm a very good support person, um that's where my strength lies and for me it, it um, ya I, I'm, I know that I've grown. (Participant 5)

In addition, it was apparent that several participants identified their volunteer work with the crisis team as being responsible for strengthening particular personal characteristics that they had previously identified within themselves, as well as encouraging further development in areas of experience that the participants had prior to beginning their volunteer work.

I've become more of a patient person. I'm not quick to jump and judge as I was before I started. (Participant 3)

One of the participants who had had experience in the field of counselling before beginning her work with the crisis team expressed the following sentiment:

It has even motivated me to being involved more with the counselling ministry in my church...in a way motivated me to just develop even more in terms of this skill of counselling. (Participant 4)

Similarly, another participant explained that although she had had no previous experience prior to joining the crisis team, she has since gone on to engage in further personal and professional development through her enrolment in a formal counselling training course through her church:

Leading up to the crisis team I had absolutely no training what so ever. I never, if you had have asked me four years ago, five years ago if this is something I'd be doing I would have laughed at you. I would never have imagined that this is what I would be doing um but since, once I did the crisis team training um I've since gone on to do um a

proper counselling course through Grace Church, a 12 week counselling course.

(Participant 5)

Participants appear to have had some appreciation of the difficulties associated with working with traumatised populations prior to beginning their volunteer work with the crisis team. Upon beginning their volunteer work they appear to have recognised the need to possess certain skills and knowledge in order to be able to work effectively in the field. This awareness was understood as contributing to their ongoing need to grow and develop, both personally and professionally, and seems to be something that they understand as necessary for their ongoing involvement with the crisis team, both for protective reasons and for efficacy.

I've started uh in my church to be involved in the counselling ministry, there few courses that one needs to attend, I did one, I finished on Monday which was very moving for me, the wholeness course which is more about me as a person also getting to know who I am. (Participant 4)

4.5.3 Witnessing the resilience of clients

When you see someone going from a victim to a survivor that is phenomenal.

(Participant 1)

Hernandez, Gangsei, and Engstrom (2007) first introduced the concept of vicarious resilience in order to explain how working with those who have been traumatised has the power to transform the therapist in a positive way by exposing them to the post-traumatic growth that frequently occurs in those who have been through a trauma, as well as to the resilience of human beings.

It has been argued that vicarious resilience is something that occurs specifically in response to trauma work and that the positive effects that vicarious resilience results in can be reinforced by enabling its identification and recognition amongst helping-individuals (Engstrom, Hernandez, & Gangsei, 2008). Vicarious resilience is a “*common and natural*

phenomenon illuminating further the complex potential of therapeutic work both to fatigue and to heal” (Hernandez, Gangsei, & Engstrom, 2007, p. 237).

It’s been a dual thing with society and the world. On the one hand there’s a potentially negative society’s screwed. People are, there’s no hope, we’re all screwed one way or another and we’re all self-destructive to one degree or another. But I think more dominant is the human spirit leaves me gobsmacked on a regular basis and that has, that I think is far more dominant than the world is screwed and we might as well all get off now. (Participant 1)

Several participants described experiences and reactions to their work with the crisis team that were interpreted as being vicarious resilience responses. However, none of the participants demonstrated any recognition or acknowledgement of the concept itself. As one participant explained:

I went to a rape case once and, um, it was a young girl who had been raped...and she had never spoken of it...when I started talking to her and she was this um, this, this closed um tense, she was, she was curled up on herself, she wouldn’t make eye contact, she was just this small rolled up ball. And by the time we had finished with her she was sitting up straight, she was talking, she was looking you in the eye...that’s an immediate, that was, it was a long case. I mean we landed up spending about three hours with her but by the end of it, she got up and she walked out of that room and she was a confident young woman knowing that she had done nothing wrong and um, so to be able to see someone change, the mind shift in someone, that’s why I’m doing this, this is amazing. (Participant 5)

The above comments illustrate the participants’ recognition of their clients’ ability to survive despite having been through a traumatic experience. Several of the participants appeared to demonstrate a general recognition of a person’s ability to go through something horrific and emerge from the experience sometimes stronger than they were before – with such resilient outcomes tending to strengthen counsellor’s beliefs that individuals can go through something terrible and yet survive.

This recognition of the resilience of their clients was additionally interpreted as serving as a motivating factor for the participants, something that encourages them to continue with their volunteer work in the field and something that strengthens their commitment to the crisis team. Being able to directly witness the effectiveness of victim support and debriefing services that they provide in their roles as trauma workers appears to strengthen the participants' belief in both themselves and in the crisis team as an organisation. In a similar manner, Hernandez, Engstrom, and Gangsei (2010) found that witnessing the resilience of clients serves to strengthen therapists' belief in the power of therapy and reaffirms the value of what they are doing.

To know that I've been with someone and worked with someone and they have moved forward is the reward. (Participant 2)

Another way in which vicarious resilience was demonstrated by participants was through altered perspectives regarding their own lives. Based on the experiences described by participants it appeared that working with those who have been through significant traumatic events resulted in several of them re-evaluating their own experiences and opening their eyes to what they may have been taking for granted within their own lives.

Dealing with so many people now, and seeing the things we do, worrying about your studies or whatever it is, there are people who are a million times worse off than I am. (Participant 3)

It would appear that working with the crisis team had provided participants with a new perspective regarding problems in their own lives and facilitated an increase in their ability to deal with these problems in a more positive and rational way than they may have dealt with them before their work with the crisis team.

It makes you realise that something that you might think's an issue is just so minor and can be dealt with so easily without having to you know, think it's the end of the world. (Participant 2)

According to Hernandez, Engstrom, and Gansei (2010, p. 72), the experience of vicarious resilience frequently results in the therapist “*reassessing the dimensions of one’s own problems*” and represents just one of the facets of his or her life that is positively affected by witnessing of the resiliency of their clients.

What might have been bad three years ago to me is now not nearly half as bad.

(Participant 3)

In addition, the concept of vicarious resilience can be linked to the previous subordinate theme that was discussed (i.e., personal growth and development). Although discussed separately, this subordinate theme encompasses similarities to the present subordinate theme; i.e., a recognition of how the majority of participants believed that they had become emotionally stronger in response to their work with the crisis team. This again reflects the acknowledgement that working with individuals who have been through trauma results in the helping-individual experiencing positive effects as a result of their work.

You can see on the other side of the fence, where I've been very lucky, I've had everything, got everything, and there are people out there who do not have everything and they do need help so it's nice to have a crisis team around to help. (Participant 6)

Although not all participants described experiences that could be interpreted as clear-cut vicarious resilience reactions, they did all describe experiences that appear to illustrate how their volunteer work had enabled them to learn or achieve something positive through their interactions with the people that they assisted. These experiences can all be recognised as relating to the concept of vicarious resilience, although they may be less specific and more subtle.

It has made me look at life differently. (Participant 4)

It changes the way you deal with your life in general. (Participant 3)

Through being able to reflect on their work with individuals who have been traumatised, participants were able to express how their work with the crisis team had enabled them to

successfully cope with difficulties within their own lives and had assisted them in putting their own challenges into perspective. Engstrom, Hernandez, and Gangsei (2008) argue that vicarious resilience may have the additional impact of lessening trauma counsellors' vulnerability to syndromes such as burnout.

4.5.4 Involvement with the community

It's being more part of the community and interacting with people. (Participant 4)

Several of participants described experiences that were suggestive of the fact that their work with the crisis team had the positive effect of making them feel more connected to other people, as well as more connected to their community. Similar to the subordinate theme that discussed personal growth and development this subordinate theme emphasizes participants' social development. This subordinate theme touched on a duality in terms of the psychological need of esteem.

It was recognised that working with people who have been traumatised had the potential to result in the helping-individual experiencing reduced esteem for others as a consequence of exposure to the cruel side of human nature. However, it also became apparent that participants believed that their work with the crisis team had enabled them to form strong bonds with the people with whom they worked and appears to have strengthened their belief that there are good people who want to help others in the world.

It restores my faith in people sometimes because you see complete strangers going out of their way to do something that's completely um, selfless. (Participant 5)

Although the participants' work with the crisis team challenged their esteem for perpetrators, this was counterbalanced by the rewarding aspect of being part of a team and by being surrounded by others who had the goal of helping other people and being there for those in need.

It's a good way to connect with people, to connect within the community and also just to get to know what's going on in the community. (Participant 4)

This subordinate theme possesses similarities to the previous subordinate theme in that the participants' recognition regarding the strength of their team can be understood as representing an additional vicarious resilience reaction, whereby the participants' work with the team enabled them to appreciate the significance of community healing (Hernandez, Engstrom, & Gangsei, 2010).

4.6 Superordinate theme 6: Coping strategies

Self-care helps that it doesn't consume you. (Participant 4)

It has been suggested that the negative consequences of working with individuals who have been traumatised occur as a result of the helping-individual's empathic engagement with their client and the clients' traumatic experiences (Sabin-Farrell & Turpin, 2003). As a result of continuous empathy and compassion it has been suggested that helping-individuals' "*hearts can give out from fatigue*" (Radey & Figley, 2007, p. 207). True empathy and compassion for someone who has been through a traumatising incident frequently leads to the helping-individual experiencing feelings akin to those that are experienced by the traumatised individual. This in turn opens up the possibility for the helping individual to be indirectly traumatised.

You need to be pretty emotionally balanced yourself because otherwise you're gonna have triggers and red flags. (Participant 2)

Various coping strategies that serve to prevent the occurrence, or lessen the effects, of negative consequences have been identified in the literature. These coping strategies fall under the umbrella term of self-care. As vicarious trauma, secondary traumatic stress, traumatic countertransference, and burnout have all been found to result in disruptive and potentially adverse short- and long-term consequences in terms of the helping-individual's efficacy in working with traumatised individuals it is particularly important for such a population to engage in strategies and approaches that protect them (Radey & Figley, 2007; Thompson, 2015). When helping-individuals do not engage in sufficient self-care, they are

more vulnerable to the development of the negative effects that have been linked to working with traumatised individuals.

Despite the risk of developing negative effects, working with those who have been traumatised has also been linked to the development of compassion satisfaction. Compassion satisfaction has been defined as “*the pleasure [derived] from being able to do your work well*” (Alkema, Linton, & Davies, 2008, p. 104). Compassion satisfaction has been linked to the construct of vicarious resilience – i.e., being able to witness positive change in the people with whom the helping-individual has worked, and being able to recognise the usefulness of the service that the helping-individual offers. It has been argued that in addition to decreasing the risk of developing negative effects, the promotion of self-care increases the likelihood that compassion satisfaction will be experienced.

I don't take on as my own and I will not, I will do everything that is needed to do to assist that person but I will never bring them into my home or keep in constant contact with them and all of that. (Participant 2)

Participants all described various coping and self-care strategies that they engaged in, either on a regular basis, or after they had worked on a case that they had found to be particularly difficult. The superordinate theme of coping strategies was subdivided into several subordinate themes, each representing a specific area of self-care. The subordinate themes include debriefing, social support, organisational support, and idiosyncratic coping strategies.

You've got to be able to carry on with your own life. You can't, you know, you've got to have that switch where you're on a case but once you've left you've got to be able to go back to what you're doing, so whether it's your job or your family or stuff like that. (Participant 3)

From the experiences reported by the participants it would appear that productive coping mechanisms were utilised, and played a large role in assisting them to manage and mitigate any possible negative effects that may be associated with their volunteer work. As a whole, the self-care strategies employed by the participants appear to represent the need for their

volunteer work to be balanced with sufficient time spent resting and engaging in leisure activities.

It's important for you to take care of yourself before you can take care of the next person. So I always try to make sure that I check if I am coping emotionally, spiritually, and physically at all times. Make sure that there is, that there's that balance. So I try to do activities in my life that creates that balance that creates that stability, so that I can be able to, to perform. (Participant 4)

What was noticeable was that each of the participants demonstrated an awareness regarding the importance of taking care of themselves. This was expressed through their descriptions of the various self-care techniques that they engage in, as well as through the recognition of self-care as a concept that is important for people who engage in the sort of work that they do. This was understood as being linked to the support that the participants' receive from the other members of the crisis team, from the crisis team as a whole, and from the training that the participants' received before they begin their volunteer work.

In addition, participants' understandings regarding the importance of self-care for those who work within the field of trauma was understood as being connected to their experiences of vicarious resilience. It has been demonstrated that a trauma worker who has experienced vicarious resilience is more likely to take care of him or herself and is more likely to discover new ways in which they can do this (Hernandez, Engstrom, & Gangsei, 2010). The majority of participants reported positive experiences that were interpreted as being linked to the concept of vicarious resilience. As a result of this, it is likely that the participants' were more attuned to their emotional, physical, and spiritual well-being.

4.6.1 Debriefing

The next rape cases were more difficult than what they had been before um, but then it settles down. Like any trauma you work through it, to debrief, to talk about it, and you get back to normality.. not necessarily the normality you had before, but a normality. (Participant 1)

Caring for helping-individuals has long been recognised as important (Dyregov, 1989). Just as participants assist those who have been through difficult, and frequently traumatising, events with the use of debriefing techniques, it was apparent that participants themselves benefited from debriefing as well. This debriefing appears necessary in order to help the participants to cope with their volunteer work and to mitigate any potential negative consequences. It has been argued that those who help others are frequently unaware of how their work may negatively impact on them (Dyregov, 1989). This did not seem to be the case for participants in the current study, with all of them seemingly recognising the importance of debriefing, and reporting that they had utilised debriefing services.

Debriefing is extremely important...the more you do this the more you understand that having a chat after a case, whether it's immediately after or a couple of days, whatever, is what actually keeps you stable and that's what allows you to continue doing this work. The lifespan of a crisis team member is usually about two years. And one of the reasons, I think, one of the reasons is because they don't debrief enough. (Participant 1)

Debriefing facilitates the trauma worker's return to his or her normal, baseline level of functioning and ensures the efficacy of helping organisations as a whole. Formal debriefing sessions generally follow a standard format in which the helping-individual is able to outline the facts of what happened, their thoughts and decisions, sensory impressions, emotional reactions, normalisation of these reactions, and practical suggestions for future coping (Dyregov, 1989). This format is similar to that utilised by participants' as they performed their duties as trauma workers with the crisis team.

It's very important to be able to actually just chat about those emotions that you're feeling, the fact that this made me sad or it made me angry and the minute I've actually said, I've given voice to what I'm feeling, it's like I'm ok then, it's when I don't give voice to how I'm feeling that those feelings sit inside and churn and, and weigh on my mind. (Participant 5)

Participants all seemed to recognise the importance of debriefing as it was mentioned by the majority of them as being something that they rely on in order to cope with the impact of hearing the traumatic material of those who have been victimised. The majority of

participants reported that they had found themselves relying on informal debriefing sessions conducted with members of their duty team or with other members of the crisis team who they consider to be friends.

We do debrief quite a bit. (Participant 2)

What was apparent from the experiences that were reported by participants was that the majority of them had never engaged in a formal organisational debriefing, with only one participant reporting to having utilised this service. In explaining how she dealt with a particularly difficult case this participant reported:

I did do a formal debriefing because I was broken but usually it's just a chat about the case, any frustrations and that's where I do the ranting and raving...it's just a venting thing, getting it out of you. (Participant 1)

The formal debriefings offered by the organisation do not appear to be something that is frequently engaged in. Although debriefing was recognised as being important, there appeared to be a distinction made between formal and informal debriefing, with the majority of the participants appearing to prefer, or having relied more on, informal debriefing methods.

I can honestly say I've never done a formal debriefing. (Participant 3)

These informal debriefing methods involved participants speaking to other members of the crisis team. These debriefings do not appear to be as organised or as structured as would be expected from a formal debriefing, but rather occur whenever they are necessary and wherever is convenient at the time. The *ad-hoc* nature of these informal debriefings may account for why they are utilised more frequently than the formal organisational debriefings.

At the end of the day you've gotta, the good thing is there is debriefing sessions that are available here because one of the very important things especially that I've learnt in social work, that you have to really care for yourself. (Participant 4)

4.6.2 Social support

I've got close friends who, if I needed to, I've got them as well. (Participant 2)

The majority of participants reported that they relied on their immediate family members and friends for additional support. Seeking social support from friends and loved ones appeared to be one of the most used self-care strategies amongst the participants aside from informal debriefing sessions conducted with members of the crisis team. Social support has been identified as an important factor to consider when treating those who are suffering from secondary traumatic stress, traumatic countertransference, burnout, and vicarious trauma (Figly, 2002). In addition, social support has been recognised as being important in the prevention of the development of such symptomatology (Schauben & Frazier, 1995).

My family has been the best...they're very supportive. (Participant 4)

The assistance provided by family and friends was understood as being important to the participants as a source of emotional and physical support. Husbands and friends were reported to be those who were most frequently relied on for support. Several of the participants explained that after particularly difficult cases they were able to seek out this support, which appeared to facilitate their ability to process what they had heard on a case, even if they were unable to go into specifics regarding the details of particular cases that they had worked on. Previous research has found that talking to colleagues and friends are two of the most frequently used forms of self-care (Arvay & Uhlemann, 1996; Dunkley & Whelan, 2006).

I would probably talk to my best friend. (Participant 3)

4.6.3 Organisational support

I think with the crisis team we've all become like a big happy family. At the moment we've got a very nice team together and we all happy, we all chat to each other, we're always on groups together talking and whatever. (Participant 6)

It was noticeable that the majority of participants had found the crisis team and its members to be a strong source of support. This links to the importance that they placed on informal debriefing involving fellow members of the team. The strong bonds that participants appear to have developed with their teammates seemed to facilitate this debriefing process and the trust that had developed between them may make it easier for them to confide in others, and allow themselves to show their vulnerability when needed.

I think within friends in the crisis team I think they're probably better to talk to. And you can get more specific. Because what we do is confidential, to talk to somebody outside the team, you cant get that specific about it which means you're only debriefing to a certain extent. Not completely. (Participant 1)

The requirement for confidentiality in this field of work means that the participants are often unable to confide completely in family members and friends. Certain details regarding the cases that they have worked on cannot be shared or disclosed with other individuals unless they themselves are members of the crisis team. This has been found to challenge individuals' need for intimacy, as being unable to completely disclose events to loved ones often serves to alienate the individual from those who care most about them (McCann & Pearlmann, 1990).

That's where the strength of the crisis team is. We have each other to offload onto and to talk about that. (Participant 2)

Although the majority of the participants explained that their family members and friends were supportive of their volunteer work and that they were able to rely on them for support after working on a difficult case, they are not able to go into detail about their specific cases which limits the communication that occurs between them.

If you need to talk to someone about it, talk to someone else in the crisis team because they can understand...when it does come to having, dealing with difficult cases, then you feel you can comfortably speak to anyone on the team. (Participant 6)

In order to deal with this difficulty, participants appear to have embraced the support offered by their fellow crisis team members. Without being limited by the same confidentiality restrictions, participants seemed able to honestly explore their thoughts, feelings, and emotions around difficult cases with other members of the team. This support was noticeable as an essential form of self-care for most of the participants.

4.6.4 Idiosyncratic coping strategies

I find that I need downtime afterwards where I uh, people laugh at me but I play CandyCrush cos its mindless and I kind of just ignore everyone but while I'm looking at the changing colour dots and whatever my mind is actually processing everything, everything, everything that's going through and through and through.
(Participant 2)

Idiosyncratic coping strategies that were highlighted by the participants included engaging in leisure activities, taking time out for themselves, and mindfulness. Although there are some similarities between them, these coping strategies tended to be unique to different participants and represent activities that they find themselves engaging in on a regular basis as an alternative to the more traditional forms of self-care such as debriefing and general social support.

I smoke, first off I smoke. That's for any, I've noticed that every person on the team who's a smoker, that will always be the first thing you do...it's silly stuff. It's nothing in particular, like a big thing that I do it's, I'll, if I'm feeling like that generally I'm quite fidgety. So I'll do washing, watch TV um, get up and down, do stuff. (Participant 3)

These idiosyncratic coping strategies appear to enable the participants to take care of themselves by providing them with a space where they are able to process and work through what they have heard. Being able to express emotion was also highlighted as being an important self-care strategy, as was engaging in personal, self-administered debriefing.

I think giving myself time to actually process what I've gone through um, if I get home from a case I can't just climb into bed and go to sleep. I, I actually need a little bit of

time. I'll make myself a cup of tea and I'll sit and I'll read a book or I need time to just, in the back of my mind, process it and come to peace with it. (Participant 5)

Time out. Time out to just think about things and to process things um, for me works the best ya. Um kind of you know, leave me alone...when I've been on a case and I come home don't question me. I just want to sit and got through it and process it and file it and that. So I don't come back from a case terribly chatty and you know, I like to then zone out a bit. (Participant 2)

It has been suggested that helping-individuals need to develop the skill of being able to identify the various indications that they may be experiencing distress in relation to their work (Thompson, 2015). The use of idiosyncratic coping strategies may provide participants with the space in which to reflect on any distress that they may be experiencing and may provide the opportunity for them to express their inner feelings and their experiences. In such a way, idiosyncratic coping strategies allow participants to “*allocate time to self-reflection and self-awareness*” (Thompson, 2015, p. 15).

When you find that you, you're not applying yourself to a case you just need to find out what it is that is making me be like that, do I need to excuse myself and get a glass of water and just relax and then come back to them, or what is it that I need to do. (Participant 4)

There are times when I, I come home and I have a good cry but I've learnt to do that, not to bottle it up inside..I think it's actually ok that I have a good cry when someone is really traumatised. (Participant 5)

Several of the participants appeared to place importance on being able to recognise, and enforce their personal limitations. This was interpreted as representing another idiosyncratic coping strategy as it is connected to the notion of paying attention to their bodies and understanding when they have had enough and knowing when they are most effective.

I did tell them both that I was quite rattled by that..I can't deal with the smell of blood. (Participant 3)

I can't let it overtake my, my life. (Participant 5)

Linked to this, boundary setting seemed to be important in terms of the participants' ability to maintain a protective distance between themselves and their clients, and was interpreted as representing another way in which participants attempted to recognise and pay attention to their personal limitations.

You've just gotta um carry on and if you can't help everyone that's ok. (Participant 3)

The ability of a helping-individual to recognise when she or he has had enough and being able to set realistic limits for themselves is imperative (Thompson, 2015). This boundary setting provides the necessary space for the helping-individual to recognise the impact that their work has on them, and facilitates the processing of traumatic material.

I tell myself that I'm changing hats. I'm wearing a hat of being a therapist now and I'm taking that one off as I get into my car. (Participant 4)

At the end of the day you've gotta walk away from it, you've actually gotta go home and close the book and tomorrow's another day. (Participant 6)

4.7 Summary

Participants all expressed reasons for joining the crisis team that related to a desire to give back to, and serve, their communities. This represents the first superordinate theme. Although none of the participants reported that they had been specifically looking to volunteer in the field of trauma work, several of them had some form of relevant previous training and experience prior to joining the crisis team, which serves as the second superordinate theme. This superordinate theme is further represented by the subordinate themes of 'previous training' and the participants' 'initial lack of confidence and self-doubt'.

Although not all of the participants had benefitted from previous training or experience, each of them recognised the value of the practical 'in-service' experience that they had with the

team. This appeared to be most important in terms of the confidence that this in-service experience had given them. Those participants who had previous training and experience believed that it had benefited them the most in terms of their ability to separate themselves from the traumatic material that they heard from the people with whom they worked, and in not taking on the emotions of their clients as their own, something that has been well identified in the literature (Hargrave, Scott, & McDowall, 2006).

A 'personal history of trauma' represents the third superordinate theme. It has been suggested that individuals who have themselves been through a traumatic event will often find themselves drawn to work within this field (Baird & Jenkins, 2003). One of the reasons for this is that such individuals frequently have an increased ability to deal with traumatised others based on their personal histories, and are resultantly more equipped to cope with the impact that such work may have. In line with this, participants who did identify a personal history of trauma believed that this experience assisted them in the work that they did with the crisis team as it enabled them to more easily put themselves in the shoes of their clients, and facilitated a true and genuine understanding of what that person had been through, and what they need from a helping-individual at that particular time.

The fourth superordinate theme, 'the costs of volunteering in the field of trauma work' is subdivided into several subordinate themes – 'difficult cases', 'high caseload', physical and emotional effects', 'feelings evoked in response to hearing traumatic material', and 'disruptions to belief systems'. According to the participants, difficult cases include rape cases, suicide cases, homicide cases, and cases involving children. Similar to previous research the participants linked a higher caseload with an increased susceptibility to negative effects (Howgrave, Scott, & McDowell, 2006). Negative effects reported by the participants included decreases in their sleep, headaches, both physical and emotional exhaustion, an inability to get particular cases out of their minds, an inability to switch off after coming home from cases, as well as flashbacks and bad dreams. In addition, participants reported experiencing disruptions to their belief systems related to safety, dependency/trust, esteem, and intimacy.

Previous research exploring the impact of trauma work on helping-individuals has tended to take a pathogenic perspective (Puvimanasinghe et al., 2015). In contrast to this, the fifth

superordinate theme, 'the rewards of volunteering in the field of trauma work' focuses on the positive effects that were identified by the participants as having resulted from their work with the crisis team and includes the subordinate themes of 'helping others', 'personal growth and development', 'witnessing the resilience of clients', and 'involvement with the community'. Although the participants acknowledged the risks involved in their volunteer work with the crisis team they all expressed reactions to their work that were largely positive. One of the most important rewards identified by the participants pertained to their ability to help other people. In addition to this, several of the participants believe that their work has facilitated an increase in their self-confidence and self-maturation. Working within the field of trauma has also encouraged several of the participants to pursue further training and knowledge acquisition opportunities in the counselling field. Witnessing the ability of the people with whom they work to go through difficult and traumatising experiences and survive has served to both strengthen the commitment of the participants and encourage their further development.

Each of the participants identified coping strategies and techniques that they engaged in, or that were available for them to use, should they experience any adverse effects associated with their work with the crisis team. These coping strategies represent the sixth superordinate theme and encompasses the subordinate themes of 'debriefing', 'social support', 'organisational support' and 'idiosyncratic coping strategies'. It was noticeable that the concept of self-care, particularly in the field of trauma work, was recognised by the participants as something essential in order for them to cope with their volunteer work, and something that increases their efficacy with the team. The majority of the participants appear to rely predominantly on informal debriefing sessions conducted with other members of the crisis team in order to cope, with social support from family members and friends being highlighted as an additional commonly used method of coping.

Support from other members of the crisis team as well as from the crisis team as a whole facilitated the informal debriefing process and represented another important form of self-care for the participants. The final subordinate theme, 'idiosyncratic coping strategies' represented the unique activities that the participants find themselves engaging in on a regular basis in order to cope with the stresses involved in their work with the crisis team. These

techniques included engaging in leisure activities, taking time out for themselves, and mindfulness.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Crime is a social concern that features predominantly in many conversations about South Africa (Louw, 2007; Glaser, 2008). In particular, the South African context is characterised by high levels of violent crime, with South Africa having one of the highest murder rates in the world (Louw, 2007). These high rates of violent crime translate into an increased risk of exposure for people who live in the country, and as a result there is a strong likelihood that the majority will at some point or another be affected by crime (Seedat et al., 2014). The effects of criminal victimisation are widespread, and include adverse social, economic, and psychological consequences. Exposure to violent crime is of particular concern as a result of the stress, crisis and trauma reactions that it brings with it. These high levels of exposure to crime place a heavy burden on the professional counselling and mental health related services within the country and access to these resources is frequently dependent on socioeconomic factors, leaving many individuals unaided during their time of need.

5.2 Purpose and research aims

Community-based crisis intervention initiatives aim to address this resource shortfall and are generally run by volunteer lay counsellors who have been trained in crisis intervention and trauma counselling. In addition to the negative psychological effects of crime on the victim, the literature has also documented the adverse consequences that secondary, or indirect, exposure to the traumatic material of others can have on helping-individuals (Howlett & Collins, 2014). The literature has broadly termed these consequences ‘the cost of caring’, and includes the concepts of vicarious trauma, secondary traumatic stress (compassion fatigue), burnout, and traumatic countertransference (McCann & Pearlmann, 1990). It is also recognised that working with individuals who have been traumatised has the potential to result in positive consequences for the helping-individual. These positive consequences have been explored using the concepts of compassion satisfaction and vicarious resilience (Hunter, 2012).

The present study aimed to understand the relevance of these concepts to volunteers of a community-based crisis intervention initiative by exploring their lived experience. The goals were to understand the impact (both positive and negative) that trauma work has on them, and to identify the coping strategies and resources used in order to prevent, and/or mitigate any possible negative effects, and to enhance any possible positive effects that are involved in their volunteer work. This chapter aims to draw together and summarise the conclusions of the present study. In addition, limitations of the present study are discussed and recommendations are made for future research within this area.

5.3 Conclusions

The results of the present study provide support for the pathogenic/salutogenic paradox that has been identified in the literature with regards to the consequences of working with traumatised individuals. It has been argued that these two perspectives are not at odds, but rather, that they are complementary, and represent the idiosyncrasies that are involved in this field of work. According to Ling, Hunter, and Maple (2014, p. 298), “*the literature indicates that negative and positive effects of indirect trauma experiences can coexist*”. The argument has also been made that the positive effects of trauma work may in fact outweigh the negative effects (Hunter, 2012). The positive and negative consequences identified by the participants in the present study as having resulted from their volunteer work appear to intersect with one another, with this intersection serving to influence how they react to their work and how they manage to cope with the potentially harmful effects involved.

Various models have been proposed in order to account for the development of burnout, traumatic countertransference, secondary traumatic stress (compassion fatigue), and vicarious trauma in helping-individuals. Although the participants in the present study appeared to recognise and acknowledge the downsides of volunteering in this particular field, as well as the negative personal impact that this work has had on them, it was noticeable that they all appeared to regard their volunteer work with the crisis team as having resulted in more positive effects, including being able to help others, personal growth and development, an increased involvement with the community, an increased awareness of their value and the importance of what the crisis team does, and the ability to witness the resilience of human beings.

According to Hernandez, Gangsei, and Engstrom (2007, p. 230), “*work with trauma survivors has the potential to affect and transform therapists in a unique and positive manner*”. Vicarious resilience can be understood using a resilience framework and is hypothesised to manifest as a result of various elements including “(1) *reflecting on human beings’ capacity to heal*; (2) *reaffirming the value of therapy*; (3) *regaining hope*; (4) *reassessing the dimensions of one’s own problems*; (5) *understanding and valuing spiritual dimensions of healing*; (6) *discovering the power of community healing*; and (7) *making the professional and lay public aware of the impact and multiple dimensions of violence by writing and participating in public speaking forums*” (Hernandez, Engstrom & Gangsei, 2010, p. 72-73).

These factors, and their intersection with one another, are all believed to play a role in facilitating the experience of a vicarious resilience reaction, as well as increased compassion satisfaction. The experiencing of several of these different elements appeared relevant to the participants in the present study. The combination of the support received from fellow members of the crisis team, the support received from family members and friends, and the greater organisational support, appears to have assisted in strengthening the resilience of the participants and continues to assist them in responding positively to the challenges of their work with the crisis team. It was noticeable that the concept of self-care was recognised by the participants as essential in order for them to do what they do and may have been, and continually be, enhanced through their experience of vicarious resilience and compassion satisfaction.

The cost of caring, vicarious resilience and compassion satisfaction are recognised as normal reactions that commonly occur in those who work closely with individuals who have been through traumatic experiences. These processes represent “*common and natural phenomenon illuminating further the complex potential of therapeutic work both to fatigue and to heal*” (Engstrom, Hernandez, & Gangsei, 2008, p. 13). Although the literature has been dominated by research outlining the pathogenic effects of trauma work, there is an increasing recognition of the pathogenic/salutogenic paradox involved in working in the field of trauma (Mason, 2007). The results of the present study support this and serve to illustrate the complexities and idiosyncrasies that are involved in this type of work.

5.4 Limitations of the present study

The sample size of the present study was small, which may result in a lack of generalizability of the research findings. However, generalizability of the results was not the intention of the present study, and a sample size of six (6) is considered to be acceptable for an IPA study (Turpin et al., 1997). The method of sampling utilised in the present study may be considered a limitation, as the use of purposive sampling may serve to make replication difficult. However, due to the specific aims and intentions of the present study, purposive sampling was considered to be appropriate and in line with the use of IPA as the methodological framework. The use of focused interviews as the exclusive method of data collection may be an additional limitation as the data collection process was largely dependent on the skill of the researcher. Furthermore, the non-standardised nature of the focused interviews may make it difficult for the results to be replicated.

An additional limitation involves the researcher's role and influence regarding the interpretation and analysis of the research data. The present study utilised a qualitative research approach and as a result the final analysis was subjective, informed by the researcher's understanding. In order to avoid bias, member checks were carried out to establish credibility and ensure that the research findings reflected an accurate representation of what the participants were saying. Finally, as a previous volunteer crisis counsellor with the crisis team, the researcher had established professional relationships with several of the participants as well as with other members of the crisis team. As a result of this familiarity participants may have felt more at ease discussing their experiences. Alternatively, this familiarity may have resulted in the participants being guarded in their responses. In order to mitigate this, confidentiality was emphasised at all times.

5.5 Recommendations for future research

The present study provides an understanding of the lived experience of volunteer trauma workers in the South African context and serves to contribute to the body of qualitative research in this area. Very little research focusing on the risks and rewards facing volunteer trauma workers has been conducted within the South African context, and as the present study focused on a single volunteer organisation operating within the North Durban area it is recommended that additional research focusing on similar organisations within the South

African context be conducted in order to increase the understanding of volunteers working in this field. Given the important role that such organisations play, particularly in the face of limited professional counselling and mental health related resources in the country, it is essential that further research be conducted. This will assist in ensuring that volunteer trauma workers are appreciated for the vital work that they do, and hopefully lead to a better understanding of the risks and rewards involved in such work. Such understandings will better equip volunteer counselling organisations to utilise their available resources to counteract negative effects and strengthen positive effects in order to enhance efficacy. In addition, it is important to understand how the negative and positive effects of trauma work intersect in order to enhance the empowerment of volunteer trauma workers and strengthen personal and professional growth in those who work within this field.

5.6 Implications for practice

As increased knowledge regarding the concepts of vicarious trauma, secondary traumatic stress, traumatic countertransference and burnout has been linked to a decreased risk of their development. It would therefore appear to be important that volunteer counselling organisations train and educate their volunteer trauma workers in ‘the cost of caring’ (Baird & Jenkins, 2003). Such training will enable volunteers to engage in self-reflection and self-monitoring regarding possible adverse effects, will ensure that they possess the knowledge and skills required to protect themselves, and, in doing so, will increase the efficacy of the organisations for which they work (Thompson, 2015). The cost of caring represents an “*occupational hazard*” for helping-individuals and as such, volunteer organisations have a “*duty to inform*” their members in order to ensure that they are adequately prepared (Salston & Figley, 2003, p. 173).

In addition to increasing volunteer trauma workers’ understanding and recognition of the aforementioned phenomena, it is also important for volunteer organisations to ensure that volunteer trauma workers are trained in how to prevent the occurrence of these adverse effects (Hargrave, Scott, & McDowall, 2006). Training programmes for volunteer trauma workers should include a focus on self-care, including the importance of social support, positive coping and self-awareness, and the role that these self-care strategies play in

preventing or mitigating the development of negative effects following exposure to the traumatic material of others (Thompson, 2015).

One of the most important coping strategies highlighted by participants in the present study involved their engagement in debriefing sessions with fellow members of the crisis team. It is recommended that volunteer counselling organisations encourage the use of regular debriefing sessions for their members. These sessions will provide volunteers with the opportunity to talk about the various challenges that they have faced in their trauma work, what they are struggling to deal with and, if relevant, how they have managed to cope with difficulties that they have faced. Such a space will allow volunteers to both give and receive support.

Debriefing sessions can be conducted in individual or group form. Both organisational and social support have been recognised as important forms of self-care and as such, these debriefing sessions may facilitate and maintain continued support and well-being in volunteers (Figley, 2002). It has been argued that the *“use of stories in supervision can facilitate meaning making and self-reflection in trauma counsellors”* (Sommer, 2008, p. 65). As a result, it is recommended that senior members of volunteer organisations facilitate these suggested debriefing sessions, serving as supervisors to junior members who may benefit from their experience in the field (Sommer, 2008).

Finally, although it is important for volunteer trauma workers to be trained in the recognition of the adverse consequences of engaging in trauma work, it is also important for them to be trained in the rewards of this type of work, as well as how these rewards often outweigh the costs (Salston & Figley, 2003). This can be done by educating volunteer trauma workers in the concepts of vicarious resilience and compassion satisfaction. This is essential in order to encourage new membership to volunteer organisations, ensure ongoing commitment from current volunteers, and promote healthy and balanced self-care practices.

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APPENDIX A

INFORMED CONSENT INFORMATION SHEET/FORM

Research title: An interpretative phenomenological analysis of the volunteer crisis centre counsellor's experience of working with victims of crime

Researcher's name: Caitlin Attwood

Supervisor's name: Professor Steve Collings (collings@ukzn.ac.za)

Good day,

You are being invited to participate voluntarily in the research project described below. Before agreeing to take part in this research study please ensure that you have read through this informed consent document. Should you have any questions please do not hesitate to ask to ask the researcher.

This research study aims to explore and understand volunteer crisis centre counsellors' experiences of working with victims of crime. You have been selected because of your current involvement with the Durban North Umhlanga Crisis Team (DNUCT). The purpose of this research is to explore the experiences you have had while volunteering for the DNUCT and to understand the impact/s that this work has on you.

The study is expected to enroll six participants in total. It will involve your participation in a single individual focused interview. If you decide to enroll in the study the duration of your participation is expected to be between 30 minutes and 1 hour. The study provides no direct benefit to participants but it is hoped that it will contribute to the body of research in the area. No risks in participating are expected.

The research is being undertaken for the fulfillment of my Masters Degree in Clinical Psychology at the University of KwaZulu-Natal. This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (HSS/1427/015M).

In the event of any problems or concerns/questions you may contact the researcher at 072 725 7367 or cait.attwood@gmail.com or the UKZN Humanities and Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus, Govan Mbeki Building

Private Bag X 54001, Durban, 4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Please note that participation in the study is voluntary and your participation may be withdrawn at any stage. There are no penalties involved should you decide not to participate in the study or if you choose to withdraw from the study at a later stage.

In order to protect your confidentiality your name will not be used during your interview. Your name will also not be recorded on the transcription of your interview. Participants will be referred to as “participant one, participant two” etc. during the write up of the dissertation in order to ensure anonymity. The researcher will be the only people to hear the audio recording of the interview. All audio files will be stored in a password-protected folder on the researcher’s personal computer. Once the data is no longer required it will be deleted.

Informed consent form:

I _____ have been informed about the study entitled ‘An interpretative phenomenological analysis of the volunteer crisis centre counsellor’s experience of working with victims of crime’.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have been given answers that are to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw my participation at any time without any repercussions.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher on the number and/or email address listed above.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researcher then I may contact the UKZN Humanities and Social Sciences Research Ethics administration.

I hereby provide consent to:

Participate in the research study described in the information sheet provided	YES/NO
Audio-record my interview	YES/NO

Signature of participant: _____

Date: _____

APPENDIX B

INTERVIEW SCHEDULE

1. Can you please tell me about your experience of volunteering with the Crisis Team?
2. What impact/s do you think that your volunteer work has had on you?
3. Do you think that working with victims of crime has had any [positive/negative] effects on you? (Ask if the participant has only mentioned positive impacts or if they have only mentioned negative impacts in response to the previous question.)
4. What coping strategies do you find yourself using in order to cope with and manage any possible adverse effects of working with victims of crime? (Ask if negative effects have been mentioned.)
5. Do you have any particular issues of concern with or around your volunteer work?
6. Is there anything else that you would like to share?

APPENDIX C

PERMISSION TO ACCESS STUDY PARTICIPANTS



01 April 2015

Dear Caitlin,

INTERVIEWING DNUCT MEMBERS

I confirm that you have permission to interview Durban North Umhlanga Crisis Team members regarding their experiences during the course of their duties.

We wish you everything of the best in your endeavours.

Yours sincerely



Lindsay Garside
DNUCT Co-ordinator
074 026 5828
lindsay@crisisteam.co.za

CVT/ DNUCT

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DNUCT EXCO COMMITTEE MEMBERS

Chairman/Founder Carol Van Tonder 0848104469 (Police Representative & CPF Representative)

Vice chairman/Co-ordinator Lindsay Garside, 0740265828

Secretary: Joy Chiang (Solo's Founder/Suicide Support Group Coordinator) 083 2565993

Finance- Carol Van Tonder/ Joy Chiang / Lindsay Garside

Special Events/Sponsorship- Debi Pender / Heath Potgieter 0727732349

Marketing Carol Van Tonder 0848104469

Functions Coordinator: Debi Pender 0825721136 / Lindsay Thompson 0835628613 / Bizz Forum (GOCOC): Lindsay Garside 0740265828

Team Leaders: Debi Pender / Kim Shea / Lindsay Thompson 0835628613 / Sharon Adendorff / Shanaaz Govender/ Lindsay Garside / Karen Cunningham / Carol van Tonder

APPENDIX D

ETHICAL CLEARANCE LETTER



12 November 2015

Mrs Caitlin Alexandra Attwood (215068707)
School of Applied Human Sciences – Psychology
Howard College Campus

Dear Mrs Attwood,

Protocol reference number: HSS/1427/015M

Project title: An interpretative phenomenological analysis of the volunteer crisis centre counsellor's experience of working with victims of crime

Full Approval – Expedited Application

In response to your application received on 30 September 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shenuka Singh (Chair)

/ms

Supervisor: Professor Steve Collings
Academic Leader Research: Dr Jean Steyn
School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

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Website: www.ukzn.ac.za



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville