A RAPE CRISIS CAPE TOWN TRUST COUNSELLING SKILLS COURSE: A QUALITATIVE EVALUATION

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Abstract

South Africa is faced with an alarming rate of rape, leaving women violated, traumatised and having to face medical and legal battles. Rape Crisis Cape Town Trust is an organisation that trains and supervises a team of women counsellors who provide a counselling service to women rape survivors. The aim of the present study is to explore, qualitatively, the experiences of the counsellors and the counselling co-ordinator regarding their perceptions on whether the training provided by the personal growth and counselling skills course is adequate in dealing with rape and its complexities. Rape Crisis Cape Town Trust has taken the plight to help counsel women who have been raped as well as the create awareness and lobby against the patriarchal influence and gender inequalities and stereotypes that perpetuate this form of violence against women. A feminist standpoint theory provides the theoretical framework for this study as the woman of rape crisis centred viewpoint suggests that their voices be heard as the training provided by their Rape Crisis branch has been very valuable, however insufficient to deal with the complexities of rape. The trauma of rape impacts severely on the lives of rape survivors and the counsellors are faced with more that just the rape in counselling sessions. Many women experience divorce, serious psychiatric conditions, suicidal attempts, loss of a child as a consequence to rape and counsellors do not have the necessary sills to deal with these effects. The study used qualitative methods to obtain the data, drawing namely from Guba and Lincoln’s Fourth Generation Evaluation approach as it views political and cultural constituents as enhancing the evaluative process. Consistent with this method, the major stakeholders selected were a team of counsellors which includes the counselling co-ordinator along with six lay counsellors. Semi-structured interviewees were used and the results analysed using thematic analysis. Results of their experiences show that the course appears to be a good starting point for counselling rape survivors with the course having definite strengths in the theory and medical and legal aspects. However interviewees report that the structure of the course should be revisited as well as add a more in depth practical component of practicing skills with possible follow sessions.
Declaration

I, the undersigned, hereby declare that this study is my own original work, that it has not been submitted for any degree or examination at any other university, and that all the sources I have used have been indicated and acknowledged.

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Chapter One

Motivation and Relevance of Study

1.1 Overview

Violence against women remains a reality in many parts of the world, including Africa. South Africa is a country filled with domestic abuse, violence, fragmented families and communities, as well as poverty. What has drawn more attention to this country is the amount of sexual violence against its women with the highest incidence of reported rape that has risen over recent years. Currently in South Africa a woman is raped every 26 seconds (Milner & Callie, 2002). In 1995, the Human Rights Watch’s report on violence against women dubbed South Africa as the rape capital of the world, with reportedly one of the highest rates of violence against women in the world. In the 1997 South African Government Report, rape and sexual abuse of children were found to be increasing rapidly and of grave concern. Furthermore, from 1996 to 1998, girls aged 17 years old and under constituted approximately 40% of reported rape and attempted rape victims nationally (Naylor, 2002). Research findings show that the numbers of rapes reported to the police are few in comparison to those experienced by South African women. Rape one of the most serious violations of human rights and has been the most pressing issue on South Africa’s national agenda. The violent society within which South Africans find themselves on a daily basis needs to be contextualized within the history of the country and the violence attributed to apartheid. South Africa’s political, social and economic conditions have all been shaped and devastated by apartheid. Rape is a form of oppression experienced by women in South Africa as well as worldwide. It is fueled by patriarchy and power struggles whereby men try to dominate and control women. However, rape is a repugnant crime and the trauma it causes shows no boundaries with regard to race or class. Rape is one of the more devastating of personal traumas due to its sexual violation, the stigma and the shame, as well as the secondary victimization the rape survivor endures by the criminal justice service. Research findings indicate that rape reported to the police only represent the tip of the iceberg (Medical Research Council, 2000). A South African adolescent is raped every 24 minutes where as statistics show that one in every four women will be raped in their lifetime (Milner & Callie, 2002). Research shows that over 200 children were admitted to a hospital in the Western
Province over a period of 9 years (Van As, Withers, Du Toit, Millar & Rode, 2001). The World Summit held in August 2002 was given centre stage in global debates on poverty, peace and development. There was a general consensus by researchers in addressing crucial issues for the prevention of rape (Jewkes, 2002).

The most recently available statistics from the South African Police Services (SAPS) indicate that in 1998, there were 35,105 reported rapes and attempted rapes in South Africa. In 2001, the SAPS released rape statistics and Rape Crisis Cape Town, who suggested that the actual figures were much higher due to the large percentage of women who fail to report rape, challenged these figures of the SAPS (SAPS, 1999). Rape Crisis Cape Town Trust has said that more reports would be received if the definition of rape was not so limiting. The definition of rape is currently being reworked by the South African Law Commission. According to Rape Crisis Cape Town Trust’s statistics for the last three years, around 50% of its clients had reported the rape to the police. Of note here is that, because they have come to speak with Rape Crisis counsellors, clients are likelier to have reported the rape than not. Rape Crisis has therefore confidently stated that the actual rape figures are at least twice as high as the reported figures. The figure of one rape every 26 seconds is based on a reporting rate of around one in 20, and not the one in 36 claimed by the South African Police Services in 1997. Rape Crisis Cape Town has preferred to take a more conservative view on the issue and generally use the one in 20 extrapolation. According to a Rape Crisis spokesperson, if there were 54,310 reported rapes, indecent assaults and incest cases in 1998, and only one in 20 is reported, then the actual figure is 1,086,200, which is 2,976 rapes per day, or more than two a minute (South African Police Service, 1999). In 1994, when South Africa became a democracy, 18,801 cases of rape were reported (Orkin, 2000). The foregoing debate highlights the problems in relation to statistics and the reliability thereof. However, the writer endorses Rape Crisis, Cape Town's view that statistics should not be used as a tool to detract from the realities surrounding violence against women in South Africa. Irrespective of whether one in 20 or one in 36 women report rape, the reality is that rape has reached endemic proportions in the country and many women do not report it (Van As et al, 2001).
1.2 Defining Rape

Rape has been defined in various ways, which include sociological, subjective, psychological and legal definitions. First and foremost, rape is any kind of sexual activity committed against the will of an individual (Simon & Schuster, 2002). However South African laws do not recognise this definition yet. Defining rape is imperative because the way people in communities perceive rape affects the impact rape has on rape survivors and at times the recovery process. For the purpose of this present study two definitions will be used in that it identifies with the experiences of counsellors within the South African context (Simon & Schuster, 1992). According to the United Nations, rape is defined as any act that results in or could result in sexual, physical or psychosocial harm to women. This includes coercion, threats of such an act, arbitrary deprivation of liberty, whether occurring in private or public life. According to the South African law, rape ‘consists in a man having unlawful, intentional sexual intercourse with a woman without her consent’ (South Africa Law Commission, 1999, p.69). Sexual intercourse here refers to the penetration of the male's penis into the vagina of a woman. The definition of the existing legislation at present appears gender specific, in that rape can only be committed by a man. The definition is currently being revised in the Sexual Offences Bill of the constitution.

Rape can also be viewed as an act of coercion that forces women into sexual acts against her own will. The perpetrator intrudes on the woman’s personal domain in a harmful way without her consent; therefore it is an act of violation of the women's privacy. Rape can take on various forms, namely gang rape, incest and date rape, which highlight the complexities of the nature of the act. While the law appears to have clear definitions of rape, the discourse of the general public on what constitutes rape is not as clear. A given incident of non-consensual sex will be interpreted differently depending on the relationship between the rape survivor to the perpetrator, the circumstances in which the rape occurred, whether the woman has deemed compliant, the ages of those who are involved and prevalent social gender roles in decision making regarding sexual matters. However, discourses in most communities are dominated by the notion that rape is a violent crime. Many informants in research indicate the term rape to be the description of violent acts by
gangsters and strangers (Woods & Jewkes, 2001). The difference between the popular notion of rape and the legal definition has important implications for women who have experienced particular sexual experiences, how they perceive themselves and how others experience them. Many women will only report the incident to the police if it falls within the popular notions of rape, in fear of not being believed (Stanton, 1993). Rapes being reported also depend on the physical accessibility of police stations, fear of retaliation by the perpetrator and the fear of the legal process, which could include the poor treatment and rudeness of the police (CIET Africa, 1998). The narrow definition of rape within South African law excludes rape of men and male rape, oral rape and rape with objects. This often gives perpetrators the message that these forms of sexual violence are not seen as seriously as the legal definition of rape and this indirectly increases the prevalence of these forms of rape. Women also then feel silenced in reporting these acts because they fear the law will not take their allegations seriously.

1.3 Rationale of Study

Many rape survivors are often dealing with much more than rape. The spectrum of presenting problems is broad and there is hardly a clear cut case of just the rape being presented in the counselling session. Women tend to experience marital difficulties, the possibility of HIV/AIDS, sexual dysfunction, depression, panic attacks, substance abuse and suicidal ideation (Goliath, 2001). There have been cases reported where rape survivors struggle to cope with the trauma and have dissociated themselves from the event or experience psychotic symptoms of hallucinations or delusions. In the cases that exhibit severe pathology or drug related problems, counsellors are encouraged to refer the rape survivor to the appropriate service. Many counsellors often report feeling anxious at the task awaiting them when counselling rape survivors. Some counsellors have felt less equipped than others in dealing with rape survivors and have often related this to their peers and their supervisor in supervision sessions. Counsellors have reported not knowing how to handle cases at times and feel they do not have the necessary knowledge in dealing with the complexities of rape. This has inspired me to do an evaluative study on the existing counselling training offered by a particular Rape Crisis branch to see whether the training offered to volunteers equips them to deal with the complexities of rape.
1.4 Aim of Study

With this in mind, the main aim of this thesis is to evaluate Rape Crisis’ counselling course from the perspective of the counsellors and counselling co-ordinator. The objectives of this study are to determine whether the Personal Growth course prepares counsellors to deal with their own issues as they arise in relation to the counselling course. It also aims to determine whether the Personal Growth course prepares counsellors to deal with the issues of a rape survivor as well as explore the perceptions of counsellors on the Person Centred Therapy skills provided by the course. It investigates the counsellors’ views, concerns and issues in relation to the counselling course.

Therefore, in light of the above, the rest of the thesis will be structured as follows: In Chapter Two, the literature provides readers with a broader understanding of rape and its impact on women, Rape Crisis’ role and the content of the personal growth and counselling skills course. It also looks at the person centered therapy approach that the counselling skills course utilises and its impact in counselling rape survivors. It ends off with a reflection of Feminist Standpoint theory’s perspective. Chapter Three outlines the methodology used to collect and analyse the data, describing the instruments, data collection procedure and analyses as well as the ethical considerations of the study. The data is then discussed and analysed within a Feminist Standpoint framework in Chapter Four and Chapter Five conclude with a summary of the results of the data, together with recommendations of the study.
Chapter 2

Literature Review

2.1 Introduction

The chapter begins with an overview of the non-governmental organisation Rape Crisis Cape Town Trust and the services it provides to the rape survivor and the community at large. This is followed by giving the reader a broader understanding of the impact rape has on the rape survivor, which the counsellor is faced with in counselling sessions. Thereafter the personal growth and counselling skills course of Rape Crisis is reviewed in light of the training the counselling team received. This is followed by Person Centred Therapy counselling skills as well as a comparison of this and other approaches to counselling rape. This chapter is then concluded by this mainstream perspective within a feminist standpoint theoretical framework.

2.2 A Service for Rape Survivors

More professionals are being exposed to people who have experienced rape. Counsellors are placed under tremendous strain with the increasing demand for the need for counselling services. South Africa in the context of poverty faces a challenge in the prevention of rape. Currently many non-governmental organizations face this challenge, as government does not have the funding to keep up with the demand and the majority of South African’s do not have the luxury of affording a private psychologist. Rape Crisis Cape Town Trust, or better known to the community as Rape Crisis, has responded to this challenge in providing many women the opportunity to gain access to free confidential counselling. Rape Crisis is a non-governmental organization that has three branches within Cape Town, namely Heideveld, Observatory and Khayelitsha. The branch chosen for this study will be referred to as Branch X throughout for the sake of confidentiality. Each branch has Training and Public Awareness (TPA) as well as a counselling sector. TPA trains volunteers to do workshops and talks to increase the awareness of rape at various organizations and schools in the communities. The counselling sector offers free and confidential counselling to rape survivors from the community. Its broader aim is to address the power inequalities on which Rape Crisis maintains
rape is based upon. Rape Crisis’ approach is integrative, holistic, feminist, developmental and empowering. Before examining what Rape Crisis offers, it is important to contextualize the term “rape survivor”. Because Rape Crisis aims to empower women, it does not refer to the individual being raped as the “victim”, instead uses the term “rape survivor”. It believes that how society sees the individual been raped affects how she views herself and the healing process. It also gives the message of empowerment to the perpetrators, that he did not take away her power like he intended to. This terminology is partly based on the feminist approach and will be utilized throughout this study.

The service offered by Rape Crisis includes face-to-face counselling as well as telephonic counselling via an emergency telephone line available after working hours. Furthermore, it involves advocacy work and talking to various officials with whom the rape survivor comes into contact with, for example, liaising with the police inspector or the prosecutor. It is to be noted that the mentioning of Rape Crisis from here on out is in reference to one specific branch in Cape Town and not a generalized statement to all three branches. In previous years Rape Crisis did not have trained counsellors but through growth and funding, the counselling co-ordinator was able to establish a volunteer counselling team in 2002. Thus far Rape Crisis has also trained another two sets of counselling volunteers through its counselling training course. The goal of counselling work at Rape Crisis involves creating a space in which a rape survivor can find her way back to life, given that women often experience themselves as powerless or “stuck”. Counselling involves a primary commitment to validating a women’s right to her feelings, decisions and intelligence. Women’s courage and inner strength rarely get valued in systematic ways and thus counselling aims to value a woman’s self worth through listening to her expression of her thoughts and feelings, at the same time revealing her inner resources to her and the counsellor. It is a way of empowering a rape survivor into recovery, which is about regaining the “self” that sexual violence attempted to destroy (Goliath, 2002). Rape Survivors certainly want to be listened to, for someone to understand and not judge, to be allowed to unpack the jumble in their head, to feel strong again and to feel that life has meaning, purpose and direction. Counselling in itself needs to be a means to an end, not the end itself (Bourne & Oliver 1998).
2.3 The Impact of Rape

Rape is a devastating form of sexual abuse and traumas whether it happened recently or a while back. Many victims feel as if their lives have been shattered and that their psychological and physical privacy have been invaded. No two rapes are the same and the impact is never the same for two people. The differences in culture, age and personalities influence how rape survivors respond to rape and its trauma. For example, a rape survivor whose religion prides a woman being a virgin before entering marriage often struggles more to deal with the trauma than women whose religion does not put emphasis on it (Simon & Schuster, 1992). An initial response to rape ranges from numbness and disbelief to extreme anxiety and disorganization. The emotional scars can take months and sometimes years to heal. Typical reactions following a rape which forms part of Rape Trauma Syndrome include feelings of shock, disbelief, numbness, fear, anger, guilt, self-blame, embarrassment, helplessness, intense emotional pain and sometimes elation. These symptoms are similar to what psychologists and psychiatrists label Post Traumatic Stress Disorder (DSM-IV-TR, 2000).

The traumatic experience of rape often affects a woman’s perception of herself, her sexual functioning and her ability to trust again. She fears the rape will occur again and is distrustful of people, especially men. She becomes fearful of being around men and is often angry at them. There is also the fear of being alone. Changes in behaviour are common such as withdrawal from friends and activities; sleep disturbances, hypervigilance, poor concentration, lifestyle changes and avoidance. Some survivors will change the way they dress and even cut their hair so as not to be recognized or because in their minds it links them to the rape. Physical changes such as bleeding or bladder infections, headaches, lower back pain, sleep disturbances and vaginal discharge are also common (See Appendix A). Rape survivors often experience sexual problems that may continue for a very long time, since the sexual act has now been associated with strong negative feelings. There are some women who become overtly sexualized because of the rape. These rape trauma reactions are similar to post traumatic stress reactions but symptoms such as avoiding men, sexual difficulties, feeling ashamed and dirty, are specific to the nature of the crime (Ortlepp & Friedmann, 2002).
Triggers also haunt the survivor. A trigger is a smell, touch or sound that reminds the survivor of the rape (Vetten, 1997). For example, a woman may hear the sound of a bus driving by, which may remind her of the place where the rape took place. However there is more that accompanies the trigger. With it often comes a physiological and psychological reaction such as a startled response, palpitations, hot flushes, fearfulness, panic attacks, tears, anger, nightmares or intense sadness. When a woman is raped, the perpetrator takes control of her body forcing sex on her against her will. He has almost complete power and control over her at that moment. She learns that not having power and control can mean danger and hurt, it does not feel safe too her. Often after the rape any situation does not feel safe if she is not able to have complete control and power. Therefore, she may avoid these situations or try to gain complete control wherever she can. As a result, rape survivors often become good at controlling people and situations around them. This behaviour impacts on their relationships with family, friends and colleagues (Lee, 1995).

Contrary to popular belief, the majority of rapists are known to the victim. In these situations, the rape survivor may blame herself for somehow encouraging the assault. Frequently, the survivor’s own sense of shame and stigma is exacerbated by the judgmental reactions of others. It is ironic that at the time when support is most needed, many rape survivors feel alone and let down by loved ones, friends and institutions that are there to protect and support them. Caregivers need to offer the victim support and reassurance and to educate and support the family to help facilitate the recovery of the survivor (Seedat, Swart, Gilchrist & Martin, 2000).

Another issue a rape survivor may face is that of culture. The cultural values surrounding a woman could have an enormous influence on what happens to her after the rape. It could affect her options for medical care, family support, and what is expected of her. Many professionals (social workers, psychologists, doctors, priests) are also faced with suicidal ideations on the part of the rape survivor. This is treated very seriously. Some rape survivors feel severely traumatized, depressed, and helpless and experience intense emotional pain often leading them to feel suicidal. However not all rape survivors experience the same
effects after a rape and are able to handle and deal with the emotions (Goliath, 2002). What is to be noted is that through counselling, the survivor can work through the experience of the trauma and begin to view herself as a survivor who can still lead a happy and independent life (Vetten, 1997).

2.3.1 Secondary Victimization

Sensitive and empathic management by caregivers is said to help the rape survivor feel validated, understood and cared for. Unfortunately, some rape survivors are subjected to "secondary traumatisation" when caregivers, police and others to whom the trauma survivor turns for emotional, legal, financial, medical or other assistance respond in a negative or insensitive manner. Many rape survivors perceive this secondary trauma as worse than the rape itself as it leaves them feeling betrayed by those that are designated "caregivers" in society. This insensitivity may be due a lack of training and awareness. In addition many of the police, medical personnel and court officials are overworked, burnt out and emotionally depleted which makes it difficult to respond with empathy to the rape survivor. The caregiver may see the survivor as just another complainant or patient (Goliath 2002). This appears evident in a study done by CIET Africa in the southern parts of Johannesburg on sexual abuse amongst youth. It stipulates that by the time they turn 18 years of age, 20% of teenage girls and 13% of teenage boys living in the southern parts of Johannesburg have experienced sexual abuse. These youth over time were forced to choose between survival and humiliation, and in the process developed positive attitudes of being survivors. However the study shows that more effective police and legal action in registering rape cases and in prosecuting and convicting perpetrators could contribute to reversing this culture (Andersson & Mhatre, 2003).

However, for the rape survivor, this period may be the most devastating and crucial moment in her life. It is essential that caregivers remain sensitive to the needs of the rape survivor and are aware of their own beliefs and attitudes that may impact on the management of the rape. This will reduce the level of secondary traumatisation and will help to ease the suffering of the numerous South African women who have lived through the horror of rape. This is where lay counselling plays a crucial role in that it offers support, care
and a space for the rape survivor to talk. Here she is allowed to experience her pain and talk about her symptoms with the scaffolding of a counsellor and the counselling process (Lewis, 1994).

2.4 Rape Crisis Training Courses

2.4.1 Personal Growth

For the purpose of this study, I will be focusing on the counselling course that volunteers have been trained in at Branch X. This branch is fairly new in counselling rape survivors and has been in operation officially for the past three years. The first counselling training course was offered in 2001. Prior to that, volunteers who were trained by another Rape Crisis branch, counselled the rape survivors that sought help at the Branch X.

Counsellors are required to complete the personal growth course before being considered for the counselling skills course. For the purpose of this study, I will outline the topics covered in the personal growth course and the counselling course as well as the rationale behind each section. The personal growth was developed by the counselling co-ordinator of Rape Crisis at Branch X. It was developed to equip the new counselling team that the office would have, with skills. The course was derived from the counselling model of Lifeline. Lifeline is an organisation that offers telephonic counselling to people who face various difficulties in life. The personal growth course was designed to encourage a process of growth by inviting the trainees to explore themselves and their relationships. It is aimed at gaining a greater understanding of oneself and creates a space where trainees feel comfortable and become aware of their feelings, attitudes, beliefs, their spirituality and how they manage stress in their lives. The course ran over nine weeks, requiring trainees to attend one session per week. The reason for this is that participants are given a week in between each session for processing of the topic and the issue that may have touched upon in the session (Goliath, 2002). This took place every Tuesday evening at the Rape Crisis office. The personal growth course is mainly facilitated by the counselling co-ordinator, with three co-facilitators in the small groups to facilitate and oversee the
process. In Session One, the trainees are introduced to Rape Crisis and the work carried out by the organization. It also tries to initiate the process of working in a group. The group is then told to pair up and discuss “Who am I?” and “Why am I here?” This is done to get trainees to think about themselves more deeply and their reasons for wanting to do the course. The notion of introspection is deepened in the second session when trainees are required to share the collage they were required to complete for homework. Trainees are asked to make a collage using pictures, shapes, symbols, words, colours and any form of art. Part of the instructions were to add dislikes, hopes, dreams, fears, hurts, aspirations, uncertainties, things that add to stress, conflicts, values, beliefs as well as what defines each trainee as a woman in society. Once this is done, trainees are then required to share their expressions of themselves and their feelings with their small group. This is done to heighten awareness of the self, their passions and emotions (Goliath, 2002).

Session Three explores relationships with others, reflecting on the roles trainees assume in relationships and the masks that are often used that may influence these relationships. This process is achieved through visualization, drawings and sharing with the group, personal relationships and the roles they play in each of them. Trainees are required to reflect on the “games” people play in relationships. For example, being a victim or an indecisive person, or a clown, or a competitor etc. It also looks at how these games may help or hinder people and perhaps reinforce certain beliefs people have of themselves. In session four, attitudes, beliefs and values and their origins were explored. In this session trainees were given the opportunity to evaluate how their values impact on their behaviour and their decisions. It also aimed at creating awareness into how beliefs and values may differ amongst people. Topics such as HIV/AIDS, teenage pregnancy, premarital sex and mentally handicapped adolescents were raised in which trainees either needed to agree or disagree upon statements made (Goliath, 2002).

In addressing conflict in Session Five, a carefully chosen scenario of conflict is orchestrated in front of the group. Trainees are lead to believe that the situation is real and are allowed to voice their opinions of the situation if need be. This exercise is meant to elicit an awareness of people’s styles of handling conflict. The
exercise is then very sensitively explained to the group and the group is then emotionally contained. Trainees’ feelings, methods of handling conflict and responding to people in authority are then explored in discussion format. The tension is then reduced when trainees participate in session six, which addresses spirituality and how it is different, yet special for each individual. It is based on the premise that spirituality does not necessarily only mean religion but a deeper sense of connection to a higher power: a power that brings inner peace to that individual. Session Seven focuses on sexuality, being comfortable with one’s own sexuality as well as other peoples. It explores comfortability with touch through an exercise, perceptions, biases and feelings of sexuality. Session Eight explores life changing events, how people manage change and it acknowledges and strengthens the participants’ coping skills. Trainees are expected to share chosen moments when they experienced huge changes in their lives, what helped them cope and what did not. It also exposed what these changes taught them about themselves. In session nine, the personal growth course is reflected upon and the journey of growth revisited. It is a session where trainees give feedback on their experiences, set goals for areas of growth and to say farewell to each member of the group. It is in this session that the facilitator gets a sense of who experiences insight and awareness of themselves, who had difficulty doing so and who appeared unaffected by the course (Goliath, 2002).

Once the personal growth course has been completed, candidates are reassessed to see whether they are ready to take on the challenge of training to become a counselling volunteer. There are many reasons for someone to choose to counsel rape survivors: to make a specific contribution, or perhaps towards dealing with the damage caused by their own experience of sexual abuse or because of an explicit commitment to feminism. The reasoning is usually something personal but it is questioned because of the fact that counselling demands a lot of responsibility to the individual herself as well as to the rape survivor. Also, counsellors need to be able to balance the “need for their self” and “suspending herself” when listening to a rape survivor during a counselling session.
2.4.2 Counselling Skills Course

After the selection process, the selected women attend a nine-week counselling skills course one session a week. The course aims to train the participants as counsellors to join a counselling team at Rape Crisis. It introduces the legal, medical and psychological aspects that is addressed during the counselling process, as well as impart the skills required of being a counsellor. In the first session the participants are required to get to know the member of their counselling team a bit better through chosen exercises. The main focus of this session is a basic introduction to counselling survivors of rape and sexual violence, touching on the guidelines to counselling and its criteria, the importance of trust and feminist counselling, which will be discussed in greater detail much later. After each session the participants are given self reflective questions to answer as homework in their journals. In session two and three, professionals from outside the organisation are brought in to facilitate the legal and medical aspects respectively. The legal session introduces participants to the justice system, the process of reporting rape and sexual violence to the police and the pathways through the criminal justice system. The aim is to equip counsellors with knowledge so as to empower the client of her rights, should she require information regarding the law or should she want to lay a charge against the perpetrator. The session also aims at creating an awareness of the changes in the laws so that rape survivors and their families are informed of their rights and limitations. Participants are then drawn into a discussion regarding grey areas within the justice system of South Africa. There are women who approach Rape Crisis with the hope that they will be helped in terms of the law, reporting to the police and information regarding medical issues surrounding rape (Goliath, 2002).

Rape from a medical perspective focuses on the medical procedure a rape survivor needs to follow after being raped. The session gives the volunteers information with regard to forensics, medical evidence and going to court. It also addresses secondary traumatisation where rape survivors are sometimes exposed to the verbal abuse of police or medical practitioners after the rape and how rape counsellors need to be sensitive to it. The medical aspect assists the counsellor to inform the client about having her tested for infections, AIDS and issues around abortions or pregnancy (Goliath, 2002).
Rape from a psychological perspective in session four includes learning about Rape Trauma Syndrome, or more commonly known as Post Traumatic Stress Disorder (PTSD). This includes educating rape counsellors about the physical, behavioural and psychological symptoms that constitute Rape Trauma Syndrome (See Appendix A). Counsellors are taught these symptoms so as to be aware during the first session where an “intake form” is completed with the rape survivor. The intake form (See Appendix B) includes having to write down the biographical details of the client, a brief description of the rape event, whether the client has been to the police station and the Day Hospital. This would inform the counsellor whether the client was adequately seen to at the police station and not exposed to secondary victimization. Whether the correct forms were completed and whether the rape survivor has a comfortable room to sit in while her statement was taken. Counsellors are also required to keep record of the session (See Appendix C). The section on Rape Trauma Syndrome addresses factors that may impact on the psychological healing of the client such as coping styles, pre-trauma personality, and religion, social support systems of the rape survivor, cultural differences, societal attitudes and any additional stressors. Other areas focused on are checking for symptoms of depression, suicidal tendencies, the different ways in which rape survivors cope with trauma (Goliath, 2002).

The counselling course also highlights the journey through grief by defining trauma, bereavement, grief and mourning. It is said that when a woman is raped she may experience the trauma as a loss of something significant; not having what was once there. Thus counsellors are exposed to expressions of grief and how particular cultures view loss. This is illustrated by identifying the stages of grief by Dr. Elizabeth Kübler Ross, who stated that grief has five stages, namely denial, anger, bargaining, depression and acceptance. The stage of denial involves a common feeling of shock or disbelief, sometimes the person is numbed by the experience. The individual may experience disbelief: "That is not possible … there must be some mistake … you must have the wrong person, the wrong medical records … that can't be true or happening to me!" The mind-body has incredible defense mechanisms. If we pretend that something isn’t true, then somehow the blow is softened. Time seems to briefly suspend itself, at least until the cruel reality of the truth or trauma sets in. In the anger phase, the rape survivor may get angry at the policeman, the doctor or just the thought of
the perpetrator makes her furious and her fury is directed at anyone whom she can hold responsible for her grief, even at God. There is a need to know why this happened and whether the loss could have been prevented. “Who is at fault?” is a common question. Somehow pointing the finger allows the rape survivor to divert the pain from the core of her being where it rises up and threatens to overwhelm her. Others may turn their anger inwards and blame themselves for what happened (Kübler-Ross, 1969).

In bargaining rape survivors may try to negotiate the situation, either with another person involved, or with God: "Please give me one more chance and I promise things will be better … I will change … If you will reverse this, then I will ___ in return." This kind of magical thinking where we believe our actions will meet with the desired outcome. Some people attempt to strike a deal with their Higher Power: to stop smoking, to find more time to spend with family, to offer an apology that’s long overdue should the higher power take the pain away or change the circumstances. No matter what is said or done, the truth is that things will not go back to the way they were before. And that’s when the next stage of depression sets in. When the rape survivor realizes the loss is real and unchanging, she may sink into a deep sorrow. Though Dr. Kübler-Ross dubbed this phase ‘depression,’ it is more accurate to describe it as more a combination of loss and loneliness and perhaps hopelessness. She may feel remorse or regret, rehearsing over and over what we could have done differently. Or perhaps she feels guilty and blames herself. It is common to find people in this phase sobbing over the smallest little thing or crying for days on end. Some may consider or attempt ending their lives (Bertmen, Sumpter & Greene, 1996). The rape survivor may miss being able to be the person she was, no matter how long it’s been since the trauma occurred. If she can come to terms with the reality of the situation, recognize it as trauma that was beyond her control, and gradually lets go of the struggle against the tide of emotions that she experiences, she can move beyond her suffering and into the stage of acceptance (Kubler-Ross, 1969).

Mourning is said to not follow these stages in that order all the time, as some people jump around in these stages before being able to finally accept the loss they experience and adjust to a new environment. There is
no time limit to completing the stages. The journey through grief also identifies cyclic precipitants such as anniversary reactions, seasonal reactions, and holiday reactions as well as linear precipitants such as crisis-evoked situations and developmental factors. Other precipitants that evoke emotion are memory based, or elicited by music or even a smell of a scent smelled at the scene of the rape is also common. These precipitants often remind rape survivors of the rape and elicit emotional reactions which are often the focus in counselling sessions (Kubler-Ross, 1975).

The participants are also alerted to signs that may help in assessing if someone has not dealt with the rape. Session five of the training course introduces the participants to the dynamics of developing the counselling and therapeutic relationship. It looks at the similarities and differences of counselling to that of a friendship and the dynamics or “games” that tend to emerge between a counsellor and client. The session is ended off with an exercise that illustrates the connection with another person. This session forms the basis for session six where the crisis counselling model is explored and discussed in detail. The crisis counselling model is aimed at restoring the rape survivor to optimal levels of functioning similar to how she was before the rape, to shield the survivor from any further harm or stress as well as assist the survivor to access and mobilize all possible resources including her own inner resources. The crisis counselling model refers to the roles and tasks that the counsellor and survivor perform together in the counselling relationship particularly in the acute phase of the Rape Trauma Model from which the crisis counselling draws from. The “active crisis period” is limited to no more than six weeks, but the coping responses developed during that time period can have long term effects on the client and may need to be dealt with through counselling over a longer period of time. Feminist counselling regards this as an alliance, a collaborative commitment to work together to resolve the crisis (Cochrane & Carroll, 1993). Crisis counselling is a short term approach to counselling that involves the ventilation of feelings on the part of the rape survivor, assisting the survivor to get a sense of control over the situation, to problem solve and to use this opportunity to develop coping skills. At Rape Crisis, crisis counselling draws upon the Rape Trauma Model’s stages, in that crisis counselling is done within the first phase of the model: the acute phase (up to six weeks after the rape has happened). Counselling in this phase is rare at Rape Crisis as many rape survivors do not readily open up just after the
rape has occurred (Raine, 1998). Rape Survivors are mostly ready to speak bout their experience much later on. Participants on the counselling course are introduced to very little about the concepts of crisis counselling. The focus is mainly on the importance of seeing to the rape survivor’s basic needs such as getting her to a place of safety, obtaining medical care and getting to the police station (Goliath, 2002)

The Rape Trauma model is outlined in great detail within the course, and will be discussed here too. The model consists of four phases namely, the acute phase, the outward adjustment phase, the integration phase and the renewal phase. When a rape survivor is in the acute phase she experiences shock, dismay and is often numbed by the experience or “dazed”. Rape survivors’ emotional difficulties often present in a variety of ways. A survivor would either express feelings by crying, being restless or joke about it or present in a controlled manner where feelings are masked or hidden behind a calm composed, subdued effect. This usually occurs within the first few hours or days or two weeks just after the rape has happened. It is said that these symptoms resolve naturally (Raine, 1998).

In the outward adjustment phase the client comes across as coping, and is not open to the idea of help. The survivor carries on with her life as normal either by denying the rape, suppressing it or rationalizing the incident. These defenses are psychologically healthy and part of the effects of trauma. The survivor does not speak openly about the rape and often lacks engagement with her support system. She may feel the need to change her lifestyle by moving house or changing her job. It is often in the integration phase that the rape survivor seeks help and contacts Rape Crisis for counselling. They have this pressing need to talk and often need reassurance and support. It is in this phase that the survivor thinks more and more about the perpetrator and often experiences depression or anxiety and their daily functioning is affected. Once the client is able to make sense of the trauma, she finds herself in the renewal phase. It is here where the symptoms start to abate or disappear, where she is able to control or master the memories and feel good about the world again. It is said that the process of recovery could take many years, keeping in mind that each individual follows his or her own journey (Raine, 1998).
It is said that by outlining these stages of trauma for a rape survivor is often very useful, as it gives meaning to her experiences, symptoms and stories. It also serves as a framework, in that it guides the counsellor alongside the journey of the rape survivor as to what aspects of herself needs healing and what has been dealt with. The participants are exposed to simple guidelines of counselling rape survivors in each of the mentioned phases. The training thus far seems to cover the theoretical aspects, and adequately so, however the relationship or connection between the Crisis Counselling model and the stages of grief is not clearly illustrated to the counsellors or stated in the course material, in implementing the models and stages (Russell, 1999).

The training in session seven introduces counsellors’ to the basics of Feminist counselling and Carl Rogers' Person Centered Therapy (PCT) skills of listening, empathic understanding, summarizing and reflecting the feelings of the rape survivor as she tell her story (Rogers, 1957). The session gives participants a very basic background to these skills, the importance thereof, what body language to “listen” to and the do’s and don’ts of each of the skills. Thereafter, the counsellors are given a chance in one session to practice these skills with a partner. Session eight addresses assessment and what to look out for in the first session of counselling. It touches on observations made, the information given to the counsellor, collateral information and the counsellor’s impressions of the client. The participants are also informed about various background identifiers to be aware. This refers to the client’s occupation, the home environment, stressors and important relationships and coping abilities. The assessment includes the counsellor duties such as checking whether the client has received medical attention, achieving her aim to lay a charge and whether she fits the criteria for any phases of the rape trauma model or rape trauma syndrome. The information in the course is extensive and at times could be overwhelming for new counsellors. Participants are then given a more detailed description of symptoms of suicide, depression and psychosis. The steps in how to interview clients is also explored. Session nine covers self care, maintaining boundaries with the client and what to expect in supervision by the counselling co-ordinator. Once the training is complete, the counsellors are expected to complete a six month internship whereby they are allowed to see clients but not get paid. The internship allows them to get supervision by allocated experienced counsellors twice a month. The supervisors meet
regularly with the counselling co-ordinator to give an update on the counsellor’s progress. Once the six month internship has been completed, the supervisors then meet with the counselling co-ordinator to decide upon which counselling volunteers are ready to graduate (Goliath, 2002).

2.4.2.1 Person Centered Therapy Skills

For the purpose of this study, I will give a broader understanding of Person Centered therapy (PCT) as well as explain what these concepts are. PCT has been used by thousands of therapists worldwide and is said to form the foundation of therapeutic work. PCT is an existential and humanistic approach to psychotherapy which emphasises the ability of human beings to reason, make choices and act freely. It focuses on the capacity of people to gain the personal power to control their lives and change ideas governing how they live. Psychodynamic and behavioural theory emphasises how the past has an important influence on the present. Humanist and Existential approaches emphasize that it is our interpretation of the past that is important. Consequently, people are able, through their personal freedom, to create or define themselves and reinterpret their past in an empowering manner, giving it new meaning and freeing them to act towards a more fulfilling future. PCT’s primary aim is the personal empowerment of the client, a goal that Rape Crisis prides itself on (White & Epston, 1990).

PCT was first developed by Carl Rogers and colleagues in the 1940s. One of the key initial assumptions, that set it apart from psychodynamic therapy of the time, was that clients should not be viewed as having illnesses to be cured. Rather therapy was to be seen as a process of exploring a client’s potential in a collaborative way. Helping clients towards the fulfillment of potential and wholeness (actualisation) is the core motivational construct. Rogers thought there were two selves in many of us: the self-concept and the ideal or true self. The self-concept is the way a person sees themselves. The ideal self is the true self or who one would like to be. Congruence is the amount of agreement between the self-concept and the ideal self. Greater congruence leads to greater psychological health. If a person’s idea of who they are bears a great similarity to what they want to be, that person will be relatively self-accepting and psychologically healthy.
The aim of PCT is to increase the client’s congruence. The client-therapist relationship is central to PCT. Rogers’ greatest contribution to psychotherapy practice was the ‘necessary and sufficient conditions for therapeutic personality change: not dwell too much on past or future. One of the primary aims is personal empowerment. Clients are helped to accept their freedom to define their own lives (self-definition or self-creation) and also their own freedom to change their lives. This poses challenges as well as creates opportunities. The client must accept personal responsibility for both the positive and negative aspects of their own character and situation. With freedom to act also comes responsibility for our actions. We are free to act, but we are not free from responsibility to our environment and the consequences of our actions. The therapist attempts to gain an empathic understanding of the client’s view of the world and to communicate that understanding. The therapist maintains unconditional positive regard for the client, that is, a positive, non-judgmental and accepting attitude. Therapists must be congruent or genuine within the relationship, that is, what they do and say reflects their personality and attitude and is not put on to influence clients. PCT is largely non-directive. The therapist does not set specific goals for the client or suggest focusing on specific experiences. The therapist also refrains from making specific interpretations of a client’s experience. The healing effects are predicted to occur through the client experiencing an empathic, non-judgmental, positive and accepting relationship that frees them to achieve greater self acceptance and congruence (White & Epston, 1990).

Many psychological practitioners have used PCT with clients who experience trauma related symptoms. However, PCT is seldom used alone in therapeutic work. Often Cognitive Behavioural techniques such as imagery, problem solving, Rapid Eye Movement Therapy or psychotherapy are also used in the healing process of trauma. Carl Rogers states however that if PCT is administered correctly, the client often does not need to be told how to solve problems, rather that with reflection and empathy, she is able to reach these insights on her own. The counselling course does not however, inform the participants of the psychological
rationale behind the skills nor the history of PCT skills or its effectiveness if used properly. Instead participants are given a definition of each skill and a chance to practice it once with a partner (Zimring, 1992).

As noted earlier on, Rape Crisis’ counselling skills course drew on Carl Rogers work in conjunction with the organisations ethos to establish a counselling training programme. However, PCT in its entirety was not taught in the counselling skills course. Many concepts such as congruence, self concept and the need to use all the skills correctly for effectiveness were not outlined. However the following skills were addressed in the counselling skills training, namely reflective listening, empathy and summarizing and will be viewed here. Reflective listening has its roots in the fields of counselling and psychotherapy, but more so in Carl Rogers’s client-centered therapy. Reflective listening is a process that includes hearing what the person is telling you, attending to the individual, perceiving, and interpreting or making sense of what was said, assessing and responding. In reflection, the listener tries to clarify and restate what the other person is saying as well as summarizing what the individual has said so as to gain clarity on both the side of the counselor as well as the rape survivor. It is used in situations where you are trying to help the speaker deal with something (White & Epston, 1990). The therapeutic skills of PCT is said to take a lot of time to perfect, in order that the counsellor identify the underlying feeling and reflect it back to the rape survivor. If it is used appropriately, reflective listening may provide three very positive results:

- The listener gains information, which helps with following the process of the counselling, and guides the session.
- Reflective listening encourages the speaker to talk about more things in greater depth than he or she would be likely to do in simply responding to directive questions or suggestions. Such depth of discussion often exposes underlying problems, including ones the speaker had not recognized previously.
- The speaker gains more insight into the speaker’s situation, his or her strengths and progress made in counselling, which aids the healing process.
It is said to be an approach that empowers the speaker to make decisions, which is the case of rape, aids a survivor to claim her space back (Zimring, 1992).

Empathy, the other important terminology in PCT, is the listener’s desire and effort to have compassion and to understand the recipient of help from the recipient's internal frame of reference rather than from some external point of view, such as a theory; a set of standards, or the listener's preferences. The empathic listener tries to get inside the other's thoughts and feelings without losing you’re his or her boundaries or sense of self. Empathy is often expressed verbally and non-verbally though messages such as "I follow you,” “I’m with you” or "I understand,” Empathy is the listener's effort to hear the other person deeply, accurately, and non-judgmentally. A person who sees that a listener is really trying to understand his or her meanings will be willing to explore his or her problems and self more deeply. Empathy is surprisingly difficult to achieve. We all have a strong tendency to advise, tell, agree, or disagree from our own point of view (Zimring, 1992).

There has been questions as to whether PCT works. Carl Rogers was one of the first people to systematically study the therapeutic process, and his hypotheses about the necessary and sufficient conditions for therapeutic personality change were firmly grounded in the empirical data (Rogers, 1957). Today, there is compelling evidence that PCT is effective with a whole host of psychological difficulties (Bozarth, 2002; King, 2000) and that relational factors – such as empathy, unconditional positive regard and congruence – are central to the process of therapeutic change (Hubble, 1999; Norcross, 2002). Rape Crisis drew upon the work of Carl Rogers in its counseling of Rape survivors. Rape Crisis shares Roger’s sentiments that counselling a rape survivor in an environment of respect and passionate attention often makes it possible for rape survivors to return to their bodies and hearts more fully. The basic principle of the organisation’s counselling is that every story about what has happened in the life of someone who has endured sexual violence is unique, important and empowering to the teller as well as a privilege to the listener. Therefore the work of counsellors involves creating a space in which a rape survivor can find her way back into her own life. This is based on the view that women often experience themselves as powerless (not having the
educational training to change jobs or not enough money to send the children to childcare). Thus counselling is seen as validating women’s rights to her decisions, intelligence and most of all her feelings. Women’s immense strength, courage, intelligence and strategic know-how rarely get valued in systematic ways. According to Rape Crisis, counselling is able to reveal the survivor’s inner resources, her own way of thinking, of being in the world and her emotions to the listener. And that it is exactly her resources that can empower her into recovery, which is regaining her “self” the rape attempted to destroy. Counselling at Rape Crisis assumes women’s right to self-definition and control over their own lives (Goliath 2002).

2.5 Feminist Standpoint Theory and Rape Counselling

From a feminist standpoint theory perspective, the main contributory factor to the notion of rape and the experiences of lay counsellors in counselling rape survivors is the political and social history of South Africa’s past. South Africa’s apartheid era in conjunction with its patriarchal system was filled with racial and gender inequalities which led to the ongoing power struggle between men and women. Thus creating gender stereotypes as to how men and women conduct themselves in society. Feminist Standpoint theory assumes that women and others who have been marginalized, are ultimate sources of knowledge in so far as they are impartial and objective, and do not defend any vested interests (Eagleton, 2003). Feminist standpoint theory also emphasizes the fact that our society tolerates interpersonal violence, and this together with the negative attitudes towards women, result in what is described as a ‘rape culture’. What they want is someone to listen to them and to talk to in their own words. Feminist counselling regards the therapeutic relationship as an alliance. This means a collaborative commitment wherein the client and counsellor work together to bring about change to resolve the crisis (Cochrane & Carroll, 1993).

Feminist standpoint theorists maintain that political activism is the answer for social change. Feminist counselling, and specifically Rape Crisis, believes that men and women need to take collective responsibility to curb violence against women and it is through this partnership that real change will take place in our society. Rape Crisis maintains a feminist understanding of how violence against women is produced and
perpetuated and to what the effects are. Rape is one form of gender based violence that is produced in part by the social attitudes that we carry toward the relationships between men and women (Harding, 1991). Rape Crisis also believes that there must be a change in the behaviour of men in their treatment of women in their personal and social relationships as well as in what they perceive the role of women to be in society in general. Similarly, Rape Crisis believes that there must be a change in the behaviour of women, in the way that they protect themselves and insist on their rights in their personal and social relationships with men.

Rape Crisis Cape Town Trust has been built on a foundation of feminist principles and theory. It is feminist in its commitment to complete social equality as well as recognising the right to gain knowledge about the way that both the privileged and those discriminated against in society have distorted the shape of lives. It recognises the need to learn everything possible about the way both discrimination and privilege has shaped and distorted our ideas and lives and takes the slogan "personal is political" very seriously. This implies that the personal impact of sexual violence is political in its effects. Thus the political commitment to valuing women's lives that demand the personal feelings, thoughts and individual contexts are to be heard and respected (Rape Crisis Cape Town, 2002). Every rape survivor that comes to Rape Crisis contributes towards the struggle to end violence against women. The information about her case is recorded and used as evidence for lobbying for women’s rights and policies that take women’s experience into consideration when laws regarding sexual violence are drafted. It operates on the basic principles of empowering the rape survivor, listening to her, and seeing each woman as unique and important. The feminist approach stresses the systematic oppression of women by men, assuming that it is a conscious or unconscious weapon that men use to keep women dependent on their protection. Many feminists see rape as an act of violence and tend to emphasize the aggressive component of the offence and see it in its cultural context (Eagleton, 2003).

Feminist counselling regards the rape survivor as being in charge of her own feelings, that the counsellor is not the expert but merely there to offer support and information. Rape Crisis counselling asserts that it is every woman's right to be an active participant in her own healing, where she makes her own decisions and
her strengths rather than her inadequacies are the main focus of attention. Expressing the feelings associated with rape can only happen in an environment of support rather than blame and in a situation where there is a sense of equality. She exercises the choices that lead her towards her own growth and change and a greater sense of her empowerment, which is knowledge that the survivor may not previously have had access to. An important principal of this type of counselling is that the counsellor is accompanying her on her journey of self-discovery and the counsellor cannot know the way in advance, there is no map to guide the counsellor. It is about following the pace of the survivor, respecting her beliefs, focusing on what is important to her without conscientising her. Counsellors are reminded not to take responsibility for the life problems of the survivor, rather to see her as being responsible for her life and that she will find a way to recover from the rape. The counsellor needs to keep in mind that the rape survivor will make sense of what has happened to her in time, and that they are merely giving her a space to speak about what she wants to in order to cope with the crisis. Counsellors are also allowed to express their emotions in the session should the story they heard affect them, as they are building an honest relationship with the client (Eagleton, 2003).

The counselling process draws from the Crisis Counselling model that stipulates the phases the rape survivor experiences after the trauma. It explores the rape survivor's feelings of initial shock, of overcoming her feelings of guilt and anger, to her getting back to 'normal' day to day living. Feminist counselling explores with rape survivors the inner contradictions in prescribed social roles; emphasize a socio-cultural and systems approach to psychological growth and change, acknowledging that counselling, per se, is not a cure-all. Counsellors encourage rape survivors to consider other avenues for growth and support instead of, or in addition to, the therapist’s support (Herlihy & Corey, 2001).

When feminist perspectives are applied to the Crisis Counselling model, it is assumed that the complete support of the counsellor, the counselling team and the organisation is most valuable to the rape survivor. What is vital is the explicit sharing of power in the therapeutic relationship and the differential experience of power in society. It involves establishing a mutual, respectful and non-authoritarian relationship
acknowledging that counselling is never separate from our own gender and family experiences (Woolf & Dreyden, 1996).

2.6 Current Research

Current research shows that no evaluation has been done thus far on the counselling skills course within either Branch X or the other two branches in Cape Town but rather on the organisation itself. In March 2003, C.A.S.E was commissioned to conduct a programmatic evaluation of Rape Crisis, Cape Town. The evaluation addressed the core programmes of counselling, advocacy and training and public awareness at each of the three Rape Crisis’ offices in Cape Town, as well as at operational issues as far as they affected service provision. The study found that the core programmes, within the training and public awareness and counselling sector of Rape Crisis, are functioning effectively and have largely achieved the goals specified in 1999 (Budlender, 1999).

The evaluation also found that the offices in the three different areas had shown a great deal of flexibility in adapting a “Western” model of counselling to the unique socio-economic circumstances of the communities in which they work. However, the demand for the service in two of the Rape Crisis branches suggests that the concept of counselling is still relatively unfamiliar to many communities, or that a culture of silence around rape continues to exist. There was a need for staff to be involved in training and public awareness, to raise the profile of the counselling service and to tackle the issues that may prevent rape survivors in the community from utilizing the service. An overall finding of the study related to the tensions and capacity problems that exist between the different offices in a context of limited resources. One of the recommendations of the study was that to avoid individual offices overextending themselves trying to meet the needs of the communities to which they provide services, Rape Crisis should perhaps consider developing a model in which local organisations or organised community groups are targeted for capacity building, so that they are also able to work with Rape Crisis to deliver some of the services the organisation
currently provides. This could be done within neighbouring communities so that the organisations can continue to call on the support and expertise of staff at the existing Rape Crisis offices. In this way, the benefits of the services that Rape Crisis provides can be extended to other communities without overextending Rape Crisis as an organisation (Budlender, 1999). Another study conducted by Rape Crisis show that people exposed to violence or sexual violence want effective policing protection and emotional support or counseling, however, they tend to first turn to family and friends after a crime, and then to the police. Current and past trends indicate extensive research on the different kinds of counselling available to rape survivors (Calnourn, 1993; Mackay, 1989; Resick, 1992 & Xenarios, 1993).

The trends show cognitive-behavioural therapy (CBT) to be especially helpful to clients suffering from depression, anxiety and panic disorders and obsessive-compulsive disorders. Cognitive therapy stipulates that there is an integral connection between thoughts, emotions and behaviour and that any change in the one has a direct effect on the others. This approach uses practical exercises such as imagery, systematic desensitization and challenging of cognitions to bring about desired change in the rape survivor’s life (Resick, 1994). People who are comfortable with introspection, who readily adopt the scientific method for exploring their own psychology, and who place credence in the basic theoretical approach of cognitive therapy, may find this approach a good match. Clients who are less comfortable with any of these, or whose distress is of a more general interpersonal nature - such that it cannot easily be framed in terms of the interplay between thoughts, emotions and behaviours within a given environment, may be less well served by cognitive therapy. Survivors of war, terrorism, abuse, rape, or natural disasters are treated through stress management, which help the survivors to adopt new coping strategies by means of cognitive therapy, reframing, relaxation, assertive training programmes and anxiety management programmes. Anxiety management training aims to provide individuals with coping skills to assist them to gain a sense of mastery over their fear, to reduce arousal levels, and to assist the individual when engaging in exposure to the traumatic memories. Anxiety management approaches often include stress inoculation training that follows Meichenbaum’s (1975) program of psychoeducation, relaxation skills, thought stopping, and self-talk. However, it should be noted that the use of thought stopping has been challenged (Rassin, Merckelbach, &
Muris, 2000) because there is evidence that attempting to stop or suppress thoughts relating to a trauma may actually fuel these thoughts (Harvey & Bryant, 1998).

Research (Emm, 1988) also indicates that when a trauma such as rape occurs, it is of utmost importance that the rape survivor seeks counselling as soon as possible. When this is done, the counsellor or professional uses a trauma debriefing model to contain and aid dissipation of trauma related symptoms. Trauma debriefing is a very effective method to help survivors cope with trauma. It is said to decrease the likelihood of the rape survivor developing complicated emotional difficulties further down the line. When a whole community is exposed to a stressful event or disaster, group debriefing sessions typically take place to help its members regain control and it has proven to be successful (Meichenbaum, 1994; Wolfolk & Lehrer, 1993). In debriefing, participants are guided to express their personal experience, thoughts, emotions, and behavior concerning a shared stressful recent event. Meichenbaum (2001) summarized the phases of the debriefing model, which has received much attention, as follows: (a) Introductory phase: ground rules are laid, (b) Fact phase: the facilitator and the participants are encouraged to establish what happened, (c) Thought (Cognition) phase: thoughts about what happened are discussed, (d) Reaction (Feeling) phase: emotions associated with the event are discussed, (e) Symptom phase: the participants describe signs and symptoms of distress, (f) Teaching (Educational) phase: “normality” of the reactions is emphasized along with information about useful coping strategies, and (g) Re-entry (Wind-down) phase: discussion of outstanding issues; summary statements and additional advice are offered (Meichenbaum, 2001). Expression of thoughts and emotions is central in debriefing work. This expression may be verbal through conversation, or sensory or metaphorical through the medium of creative activity. When the stressor is human, such as a rapist, a terrorist, or an enemy, survivors typically experience anger, rage, and a desire to take revenge on the abuser (Thorman, 1983). Debriefing therefore typically encourages the clients to express and deal with the anger and hatred in order to regain control of the situation and the integrity of the self.

Another type of counselling that is increasing in popularity and success rate is Eye Movement
Desensitization and Reprocessing (EMDR). It integrates elements of much effective psychotherapy in structured protocols that are designed to maximize treatment effects. EMDR is an information processing therapy and uses an eight phase approach. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. (Shapiro, 1991).

The Eighth Sessions include taking a history of the client, checking the ability of the rape survivor to cope with stress and if the she is in a generally stable state. Thereafter the rape survivor is asked to target situations identified and processed using EMDR procedures. These involve the client identifying the most vivid visual image related to the memory (if available), a negative belief about self, related emotions and body sensations. The rape survivor also identifies a preferred positive belief. The validity of the positive belief is rated, as is the intensity of the negative emotions. After this, the rape survivor is instructed to focus on the image, negative thought, and body sensations while simultaneously moving her eyes back and forth following the therapist's fingers as they move across her field of vision for 20-30 seconds or more, depending upon her need (Shapiro, 2002).

Although eye movements are the most commonly used external stimulus, therapists often use auditory tones, tapping, or other types of tactile stimulation. The kind of dual attention and the length of each set are customized to the need of the client. The rape survivor is instructed to just notice whatever happens. Thereafter, the clinician instructs the rape survivor to let her mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind. Depending upon her report the clinician will facilitate the next focus of attention. In most cases a client-directed association process is encouraged. This is repeated numerous times throughout the session. If the rape survivor becomes distressed or has difficulty with the process, the therapist follows established procedures to help her resume processing. When she reports no distress related to the targeted memory, the clinician asks her to think of the preferred positive belief that was identified at the beginning of the session, or a better one if it has emerged, and to focus on the incident, while simultaneously engaging in the eye movements. After several sets, clients generally report increased
confidence in this positive belief. The therapist checks with the rape survivor regarding body sensations. If there are negative sensations, these are processed as above. If there are positive sensations, they are further enhanced (Shapiro, 2002). After EMDR processing, clients generally report that the emotional distress related to the memory has been eliminated, or greatly decreased, and that they have gained important cognitive insights. Importantly, these emotional and cognitive changes usually result in spontaneous behavioral and personal change, which are further enhanced with standard EMDR procedures. It is therefore evident that person centered therapy (PCT) is one of many therapies available to rape survivors. However for rape survivors to experience the full intensity of these types of therapies, it is only done by a registered psychologist. Many rape survivors cannot afford the luxury of this type of therapy and often seek lay counselling in community at various organisations, which in turn places a huge strain on Rape Crisis to provide efficient counselling services to the community (Shapiro, 2002).

**In Conclusion**

Having had a view into the contextual literature of rape and its impact on rape survivors, the course material of the personal growth and counselling skills course and feminist standpoint theory, the following chapter aims to look at the method in which the data was collected.
Chapter Three

Methodology and Research Design

3.1 Introduction

This chapter delves into the methodological framework that informs this study. It explores the motivation behind the use of a qualitative standpoint epistemology as well as a model from the study it was drawn from, namely a description of Fourth Generation Evaluation. It outlines the method in which the data was collected and analysis and provides the reader with a description of the participants of the study. The chapter ends off with a reflective account of the research process and ethical considerations of the study.

3.2 Methodological Framework

Since an evaluative approach into the subjective experiences was prioritised for this current study, a qualitative research paradigm has been employed. It is not guided by hypothesis but is a move toward exploring a particular phenomenon. It is naturalistic and does not try to manipulate the research setting. Qualitative research offers a debate and insight, not a fixed truth. It is concerned with how the social world is interpreted, understood, experienced or produced and employs methods which are flexible and sensitive to the social context. Qualitative research is designed to bring the researcher closer to the social interaction and reality. The researcher is expected to become a part of the environment she interacts with (Banister et al, 2003). In this respect it is fundamentally understood that my own representations, as the researcher, pertaining to the counselling course will be mediated by my own personal beliefs, experiences and expectations. Therefore this research does not claim to be neutral and objective in nature. Rather, it recognises the impact the researcher has upon the process of exploration and actively integrates it within the study.
3.3 Feminist Qualitative Research

In light of giving women equal voices within this research process and to facilitate the exploration of the skills of counsellors, this study was placed within a feminist standpoint epistemology. It was undertaken in direct response to the need of Rape Crisis counsellors during the time when counselling survivors of rape, and explores their perceptions of the personal growth course and counselling skills training they received. Feminist theory’s primary aim is to put women’s issues on the agenda and is concerned with the lack of research directed specifically towards the understanding of women’s experiences and is committed to complete social equality. (Terre Blanche & Durrheim, 1999). This emerges from the realization of the need to study women in relation to their own experiences, and doing this, it empowers them to speak out (Reinharz in Pilcher & Coffey, 1996).

Feminist research aims to build upon and from women’s experiences, which emphasizes the role of the researcher alters from being the observer to that of the participant within the research. This attempt is to redress power imbalances between the researcher and participants and allows the participant to participate fully in the research process. It allows the participant to be heard and be able to speak in her own voice by someone who understands and can represent her voice fully (Pilcher & Coffey, 1996). This research is exploratory in nature and as feminist standpoint theory suggests, is to improve the understanding of a problem in order to contribute to possible solutions (Hendick, Bickam & Rog, 1993). The focus of this study is to understand how women counsellors construct their reality of counselling rape survivors.

3.4 Fourth Generation Evaluation

The design type that has been utilized for this study is a specialised design known as Fourth Generation Evaluation (Guba & Lincoln, 1989). It is an evaluation that is consistent with a qualitative feminist standpoint position and views political and cultural factors as enhancing the evaluative process, as the values themselves become an element of what is investigated. It recognises that realities are socially constructed
and influenced by context, developing out of the deficiencies of previous generations of evaluation, emphasizing description, measurement and judgment. Evaluation is seen as a collaborative process and stipulates that the claims, concerns and the issues of the stakeholders be taken into account to determine what information is needed within the organization with regard to training counsellors in counselling rape survivors (Guba & Lincoln, 1989).

Fourth Generation Evaluation holds compelling arguments. Firstly, that the stakeholders, that is the counselling co-ordinator or counselling team from which interviews were obtained, are groups at risk as they set some sort of standard and may lose their stakes should the result of the evaluation (in their view) produce negative findings. Thus the stakeholders deserve to have input into the process. Secondly, because these stakeholders share their experiences they are open to disempowerment, exploitation and disfranchisement. The evaluation or inquiry in this approach regards information and evaluation as power. Power to create a difference or power that could be used against the group from which it was solicited. The findings may be withheld from the selected stakeholder group or be blamed for it. Therefore stakeholders are entitled to some control over the process in the interest of their self-defense. Thirdly, the stakeholders are users of evaluation information and therefore contribute to a positive outcome. Fourthly, that the stakeholders are placed in a position to broaden the evaluative enquiry and to benefit the dialectic process and lastly that stakeholders are mutually educated by Fourth Generation Evaluation (Guba & Lincoln, 1989).

Considering these points the stakeholders were fully informed as to the process and her right to disclose what they thought feasible. Therefore, the researcher drew from this model for the selection of the participants, whereby stakeholders of Rape Crisis participated. The data was collected, analysed and portrayed within the Fourth Generation Evaluation framework. The presentation of the data involves concentrating on the claims (stating what is positive and constructive), the concerns (what is unfavourable) and the issues (what is debatable) with each stakeholder (Guba & Lincoln, 1989).
3.5 Participants

3.5.1 Selection of Participants

Stakeholder, according to Fourth Generation Evaluation is defined as individuals who are stakeholders in the project and who produce, use and implement the project. In this study the stakeholders are the counselling co-ordinator and the counselling team members of Rape Crisis, Branch X (Guba & Lincoln, 1989). The research sample consists of female counselling volunteers and one counselling co-ordinator. There were no age limitations and the criteria for inclusion were any counselling volunteers registered as lay counsellors of Rape Crisis Cape Town Trust, specifically Branch X, and have completed the two-part training required by the organisation, i.e. the personal growth course and the counselling course. Another reason for the choice of sample was because the counselling co-ordinator had trained and developed the counselling course, and had trained counselling volunteers with the course. Permission was granted by Rape Crisis Cape Town Trust Board members to conduct the research as well as interview members of Branch X. The selection of participants was derived via an announcement made in their monthly counselling meeting. The counselling co-ordinator granted permission for the researcher to make an announcement in the meeting, requesting these volunteers to share their knowledge in an interview. Counsellors were informed that the interview was optional and they had a choice not to partake in the research process and that the aim of the study was to obtain an in-depth understanding of the participants’ experiences.

3.5.2 Description of participants

The study included the six counsellors who volunteered for the research and the counselling co-ordinator who had developed the training programmes, since she had trained the counsellors who had been applying the knowledge to their counselling sessions with rape survivors. Due to the small number of participants and for confidentiality reasons, the demographics of each counsellor have not been revealed.
The Rape Crisis counselling team is very close knit and their identities would be easily distinguishable. It is important to note that six of women share their experiences from a “coloured” perspective, namely a racial label that has been constructed by the previous dispensation within South Africa. The women were predominantly from a working class background and resided in the communities surrounding the organisation. Although all participants were fluent in the English language, it is important to know that it was not everyone’s mother tongue.

### 3.6 Data Collection Tool

An interview framework of open ended questions was designed, including the topic and possible questions for discussion. Whatever interviewees discussed, was explored further in the interview. This allowed the interviewee to express anything related to the personal growth and counselling skills course. Brief notes were taken during the session where necessary, however, the individual interviews have been audio recorded.
with the permission of the volunteers. The audio recording allows all the information, as well as verbal expression of interviewees to be captured and transcribed for the process of data analysis. The interviews have been conducted face-to-face in English as this was the language that the interviewees requested, and it took place at one of the Rape Crisis Cape Town Trust offices. However where it was not possible, alternative arrangements were made to meet participants at their homes (Sarantakos, 1998).

A single semi-structured interview lasting approximately an hour was conducted with each participant. Feminist perspectives view all meaning created in the interview being 'co-constructed’ as the researcher and the participants are products of a larger system (Smith et al, 1995). The purpose of the instrument is to obtain qualitative information from a sample of the population and gain a range of insights on specific issues. The advantage of this choice of instrument is that the questions can be tailored to the position and comments of the interviewee. It is conducted with a fairly open framework that allow for focused, conversational, two-way communication. The relevant topic is initially identified but the majority of questions are created during the interview, allowing both the interviewer and interviewee the flexibility to probe for details or discuss issues. The semi-structured interview is the most adequate tool to capture how a person thinks of a particular domain. It is also less intrusive to those being interviewed. The semi-structured interview often confirms what is already known but also provides the opportunity for learning. Often the information received from semi-structured interviews will provide not only answers, but reasons for the answers given. It also offers a versatile way of collecting data across any age group (Huysamen, 1994). This also allows the participant the freedom to respond openly and to allow the interviewee to follow up on responses made. However this method of data collection can be time consuming, as it requires more time to collect and analyse the data.

3.7 Procedure

As stated earlier on, the board of Rape Crisis Cape Town Trust gave the researcher permission to conduct the research. The information was then conveyed to the counselling co-ordinator who also welcomingly
agreed to assist me in the process of recruiting volunteers for the research. The interviews were conducted scheduled to the availability of the counsellors. The first three interviews were scheduled for a Wednesday afternoon after the counsellors had left their place of work. I had arranged time slots with three counsellors ranging from 5pm till 8pm. These interviews were conducted at a Rape Crisis Cape Town office. A difficulty I experienced was finding a suitable room that was quiet and conducive to interviewing, due the fact that there was a crisis client that needed attention and the room I planned to utilize was in use. Many Rape Crisis volunteers work in the evenings so other rooms were taken. However, I was later able to find a suitable room in the building. Thus the interviews did not occur on the time agreed. Apologies were given and the counsellors were very understanding with regard to the situation. Three of the interviews were conducted on a Sunday afternoon at the counsellors’ homes. The reason for this was mere convenience, as the counsellors did not have transport to meet me at the organisation. This could have added to the depth of sharing of their experiences as they were in a very comfortable venue. The interview with the counselling co-ordinator took place during working hours at Rape Crisis. We had scheduled a time when she was not busy with clients or meetings. The co-ordinator was very keen to do the interview and expressed her gratitude for the study. The remaining two interviews were challenging in that it was difficult to get the two counsellors to commit to a time with me. One counsellor had rescheduled twice, yet assured me she did want to be part of the research. However after much time has passed, I was able to conduct the interview with one of the two counsellors.

3.8 Data Analysis

The data has been transcribed and analysed using a thematic analysis approach where common themes were identified where present. These themes form a basis for discussion and aid in drawing a conclusion based on the aims. It has allowed me to empathically understand the experiences of women and to help establish common themes that the participants’ expressed. Quotations from the interviews are also included in the discussion in order to illustrate the themes that do emerge. Thematic analysis shares many of the same principles and procedures as Content analysis, however it is more exploratory in that it aims to “understand”
rather than “know” the data (Donavan-Hall, 2004). Each transcript has been read several times, using the margin to note anything interesting or significant. Potential themes that arose which captured the intuitive essence of the text were noted. Connections between themes were also sought. The researcher’s aim is to end up with key themes that describe the essence of the data with great depth (Donavan-Hall, 2004). The advantage of thematic analysis is that it provides meaningful and organisational structure. It is rich, insightful, and complex and is the basis for theory generation. However it is time consuming and the reliability may be difficult to demonstrate. The data may also be too little or too superficial to allow full thematic analysis (Marks & Yardly, 2004).

3.9 Reflexivity

Reflexivity involves introspection on my part as the researcher to continuously reflect upon my role and impact on the research. I had to be aware of my perceptions as well as think about my own experience during the research process. I had to be aware and monitor the way in which my own subjectivity structured in the physical research and thematic analysis of the study. The reasons for this follows.

I was aware of my subjectivity and possible influence on the process because of my own experiences with counselling rape survivors. I have been a counselling volunteer at Rape Crisis Cape Town Trust and have also been trained in a personal growth and counselling skills course. My interaction with counsellors of the various branches of Rape Crisis has inspired me to do this study, as I was motivated by the knowledge they openly shared about their experiences in the training. I was however, not a part of the development process, nor did I have any influence in the structuring of the personal growth and counselling skills course at Branch X. Furthermore, the concept reflects the way in which I carefully read and listened to the conversation so as to understand and outline the various themes as they emerged. There also was awareness on my part of power relations and the effects of social class.
Feminist research is characterized by the concern for reflexivity which is a mutual collaboration involving asking the participant to reflect on the experiences of the research process. The stakeholders play a crucial role in the research process which is participatory and collaborative, aiming to overcome the power imbalances between the researcher and the participants (Sarantakos, 1998). Research material generated in this study that was taken into consideration to be characterised by a good thematic analysis is the concepts by Fourth Generation Evaluation, namely dependability and credibility (Guba & Lincoln, 1989).

Overall I felt my position added value to the research. I had not set out to prove a particular perspective but rather I was guided by the concepts of credibility and dependability as stated by Fourth Generation Evaluation. Dependability, in qualitative studies is not the same as being able to the duplicate another study, instead that different researchers produce equally valid work. In terms of this study, the raw data was dependably achieved in the thorough way the data was collected and recorded (Guba & Lincoln, 1989). Similarly with credibility, the researcher checked with participants where possible to read through the initial analysis. This was done to see whether the data collected and analysed by participants were recorded correctly (Donavan-Hall, 2004).

3.10 Ethical Considerations

According to the Health Professions Council of South Africa’s (HPCSA) there were ethical guidelines I needed to adhere to in my research. I approached a member of the Board of Trustees to obtain permission for my study. I was requested to submit a formal letter of application, which served at one of their meetings. The letter outlined the nature of my research, the participants I would like to include as well as some of the ethics I considered in the study. I also assured the members of the Board that my research would not expose the organisation to any harm or exploitation. The Board of directors of the organization thus granted permission to conduct the study on condition that I conduct my interviews with only the one Rape Crisis office. The reason for this was that the counselling training course of the chosen office differs to that of the other two branches. Arrangements were then made with the counselling co-ordinator at Rape Crisis to be
able to interview her and the counselling volunteers.

I provided information to the volunteers with regard to their participation in the study as well as provided them with the opportunity to ask questions and receive answers regarding the study. Volunteers were made aware that their participation was voluntarily and that they would not be coerced to do so. The counsellors present agreed and gave their verbal consent. The participants were informed that their identity will be kept anonymous (Terre Blanche & Durheim, 2002).

It was agreed upon that a copy of the research study would be given to Rape Crisis Cape Town Trust, so that it could be made available to staff members as well as the counselling volunteers. It was emphasised that the information gathered will be kept confidential and no names will be mentioned in the study, and that their dignity will not be injured. The volunteers were informed that the recorded tapes would be at their disposal should they want to have it once the analysis has been completed. Participants were also informed that the interviews were to be conducted in a language that was understandable to them. The language medium agreed upon was English (De Vos, 1998).

### 3.11 Significance of Study

Current research tends to focus more on the statistics of rape and the impact it has on the South African society. A gap which is noticeable is the lack of studies done on the process of counselling rape as a trauma is a huge part of South African’s lives, especially rape. There are huge demands on the non governmental sector to counsel rape survivors, due to the high rate of poverty. It is important to assess whether the actual counselling accessible to rape survivors are effective, reliable and ‘enough’ to aid the rape survivor through her journey of recovery. Therefore my study aims is to do just that by evaluating the counselling course of a particular branch Rape Crisis. The experiences of counsellors and their training do not affect the counselling they offer to rape survivors. A study of this nature would increase the knowledge within the social world as
well as assist the counselling co-ordinator in the growth and development of the counselling team and nature of the counselling service it provides to rape survivors.

3.12 Conclusion

This study is qualitative in nature with a feminist standpoint theory framework. A description of the study’s aims, procedure and methods of collecting and analysing data was outlined here. The next chapter presents and discusses the resulted which emerged from the study.
Chapter Four

Results and Discussion

4.1 Introduction

This chapter provides an analysis of the data collected for the study. The perceptions of Rape Crisis counselors and the counseling co-ordinator have been explored and the main themes have been outlined. The data is presented in terms of the claims, concerns and issues of each stakeholder, as stipulated by Fourth Generation Evaluation (Guba & Lincoln, 1989). ‘Claims’ refer to the strengths of the training course, an affirmation that is positive to the participant. The ‘concerns’ refer to assertions made by the participant that is perceived to be a problem or unfavourable. The ‘issues’ are defined as the areas of contention or aspects of the training programme that require further negotiation. There are times when it is difficult to make distinctions between the three concepts (Guba & Lincoln, 1989).

The five counseling volunteers have been numbered to ensure anonymity and confidentiality. The counselling co-ordinator, however, is not numbered as there is only one. The experiences of the participants have been presented verbatim and themes are discussed thereafter. The coding for the transcriptions is as follows: CN - counselor and CC - counselling co-ordinator.

The results section is divided into three main headings: counselling programme as whole, the personal growth course and counselling skills course. The claims, concerns and issues of the various themes are outlined under each of these headings. The course as whole will be included under the personal growth

4.2 Claims of the Counselling Programme

This section describes the claims or perceptions of the participants in relation to the Rape Crisis counselling
training course as a whole. Themes that emerged were ‘making an impact’, ‘means to an end’, ‘looking for inner healing’, ‘learning a new skill’, ‘prior training in counselling’ and ‘working within Rape Crisis’. This will be outlined and discussed here. There appears to be no concerns or issues raised about the training as a whole.

### 4.2.1 Making an Impact

The data shows that the interviewees had been looking to get involved with community work, specifically counselling, and had not found a way of doing this sufficiently. Rape Crisis Cape Town Trust had advertised the need for new counsellors and thus people responded to the need.

“I decided to do something different and then I changed umm, and in the Plainsmen they said that they were looking for umm volunteers at Rape Crisis [coughs] but at that time I didn’t know what Rape Crisis was about umm I thought it was umm okay people that got raped and then you had to help them.” (CN 1)

“I was kind-of in the organization since 2000 did the training course. I’ve always been wanting to get involved and I just hadn’t ever found a way. And so, and then when they advertised for the counselling course, I thought why not try and extend my status.” (CN 3)

“I have been in training and public awareness…umm…I actually realized that I want to do counselling also. Umm so I actually applied thinking okay I am going to help out.” (CN 5)

The interviews reflect participants who were driven by their passion to make a difference and to help and therefore chose Rape Crisis because it is an organization that has taken on the challenge of empowering
women in the communities through awareness and counselling (Goliath, 2000). As noted in the literature, in South Africa a woman is raped every 26 seconds with statistics showing the prevalence to be in the thousands annually, it proves to be a national crisis. What is surprising is that these statistics are shocking and would not be grounds to make a difference in the country. It should not be ruled out that it is possible that many counsellors could have been touched by these statistics but failed to mention it in the interview (Orkin, 2000).

4.2.2 A Means to an End

Rape Crisis offers many volunteers the opportunity to further their career goals by volunteering at the organisation, as seen by two of the volunteers. Participants reflect that by volunteering at Rape Crisis it gives them experience in counselling skills in their field of work while another says the training helped further her career path.

“I am a volunteer for Metro and we used to pick up a lot of rape survivors and I just felt inadequate you don’t know how to treat them emotionally umm I could treat them physically all physical injuries but not the emotional ones.” (CN 1)

“I started out as TPA and that was giving talks at different schools mostly around sexuality, what is rape, relationships and that and then I decided to umm to put my focus on counselling to get more experience.” (CN 2)

“And so, and then when they advertised for the counselling course, I thought why not try and extend my status.” (CN 3)
“Umm, being a psychology student, obviously we needed to do some volunteer work, and then umm, I saw the ad in the newspaper that they were looking for, to train people, personal growth course I think.” (CN 4)

“I had just started in the organization, which was fairly new, and we didn’t have a counselling team. So as part of being the counselling co-ordinator was for me to develop a new counselling skills course which would train the new volunteers.” (CC)

One of the volunteers is currently a student on a part time basis and as a requirement to enter into further studies; she requires life experience and thus chose to gain the experience by learning and enhancing her counselling skills at Rape Crisis. She relates having applied to Rape Crisis for the training once the closing date had elapsed but was lucky to still be accepted. What is evident is that the counsellors who sought the training of Rape Crisis wanted to learn new skills. They were also willing and open to the requirement to undergo the process of completing the personal growth course in order to discover more about themselves before being trained in counselling skills. The reason for this is that it indicates that the hearts of the volunteers were invested in the process and therefore rules out any resistance to the training which could impact on the validity of their related experiences. It also seems that volunteers have joined Rape Crisis in order to benefit in developing their counselling skills for their current careers rather than for the benefit of the organization or the rape survivor. The counselling co-ordinator got involved in developing the course because it was a prerequisite to accepting her position as the co-ordinator but also to develop her counselling team. The course was designed and implemented to expand and develop the particular branch and equip the new counsellors in order to counsel rape survivors (Goliath, 2002).

4.2.3 Looking for Inner Healing

One of the volunteers felt she needed to deal with emotional issues that she was shying away from. She thought that she would find growth in areas such as relationships, her values and beliefs by applying for the personal growth and counselling skills course.
“I had to deal with issues that maybe I was shying away from and that I was doing that it gets you to maybe identify ….relationships with people….your own values and beliefs and those kinds of things. I thought by doing this I would deal with it.” (CN 7)

The counselling skills course was designed in such a manner to allow counsellors to deal with their own emotional issues through the personal growth course before counselling rape survivors (Goliath, 2000). This is also the view shared by the counselling co-ordinator.

“The course is structured in two part, personal growth and counselling skills course. The aim of the personal growth course is to bring the emotional issues for counsellors to the fore. So that they are able to explore within themselves and deal with whatever needs healing. In this way I am able to see who is ready to progress to the counselling skills course and who is not.” (CC)

4.2.4 Prior Exposure in Counselling

Two interviewees as noted here have had previous training:

“I did counselling through university so I’ve got that skill I’m just doing it for a refresher because I last used it on campus so it was good so I use it as…. “ (CN 4)

“I have had previous training at Lifeline, doing their personal growth course and I had the opportunity to counsel. However here at Rape Crisis, it has given me the opportunity to develop a course that would enable me to train volunteers as well as give me experience specific to rape survivors.” (CC)

It appears that interviewees have had previous training or exposure in the field of psychology and counselling but are new to counselling rape survivors, therefore sought the skills and experiences the course
had to offer as noted here:

### 4.3 Claims of the Personal Growth Course

This section presents and discusses the claims made by participants with regard to the personal growth section of the training. Themes that emerged were ‘purpose of the course’, ‘spurts of growth’, ‘excellent topics’, counseling rape survivors’ and ‘good quality’. This is outlined below.

#### 4.3.1 Purpose of Course

The counselling co-ordinator’s rationale for developing the course appears to be the same sentiments shared by the counsellors. She stipulates the reason what the course has a personal growth component (Goliath, 2000) here:

“It’s about gaining insight into who the potential counsellors would be, get an idea of who you working with, also indirectly get the reasons behind why they actually. Sometimes there are applicants who have been rape and now seek to help other. It would tell me that if they hadn’t shifted, and if they haven’t grown, they haven’t experienced personal growth. Also I will be responsible for them, supervising them so need to know.” (CC)

There appears to be a general consensus on the part of the other interviewees that the aim behind the course is to gain insight into and explore the self as expressed by these words:

“It is the foundation for counselling skills because it gives you the opportunity to really look at yourself and see if you are equipped to deal with a survivor. It also gives you the opportunity to face your demons that you’ve been hiding or not wanting to face and it also gives you a better insight of what you can look, no look at is not a good word [reflection], it gives you the insight of how to deal with different personalities within a
framework.” (CN 1)

“To me it’s about awareness”, “you gaining insight into yourself so at the end of the day you don’t get into that (counselling) session with things that may hinder the growth, growth of the client.” (CN 4)

“It’s about the weakness, your strength. Creating this awareness of how you deal with certain things and actually there is a better way of dealing with issues that cloud your judgement or whatever. It was more on how you would deal with your own trauma, how you see yourself, how you think other people see you, how you deal with issues like conflict umm relationships things like that yeah.” (CN 5)

Counsellors are also given the opportunity to explore themselves, to be able to focus on themselves rather than the rape survivor first. This is crucial to the process because the rational behind PCT is to not let the counsellor’s issues influence the decision making process of the rape survivor (White & Epston, 1990). The rape survivor is empowered at Rape Crisis to make choices and deal with her trauma in the manner that is best for her. Thus the course gives counsellors the space to do so PCT is non-directive in its approach empowers the speaker to make decisions; aids a survivor to claim her space back (White & Epston, 1990)).

4.3.2 Spurts of Growth

It is evident that all of the counsellors found the course to be a good experience as well as contribute to their personal growth:

“Go in there with an open mind, it changes you. It just gave me a bit of a deeper insight of who I really could become who had become umm gave me some coping skills, gave me the capacity to just come out and
be out there [pause] like men [laughs]. I was quite scared throughout my life to say something, to do something, to be something and it gave me the courage just to just to go out and do something and if it’s a failure that’s also okay.” (CN 1)

“You could actually by distinguishing, you know this is a feeling that is an emotion, it helped me grow also a lot umm and dealing with survivors in a way not umm differently. I can have a view and the survivor will have a totally different view over the same issue we are struggling with. Umm people deal differently with issues umm trauma, daily trauma whether it happened in the past or a survivor walking in and just telling you her story.” (CN 5)

“It has helped in the sense that it can help you sort of identify certain things and its like if you can see certain things more clear about yourself ..... It makes it easier to deal with [laughs].” (CN 7)

One interviewee found the experience of the personal growth course very overwhelming in that she had learned a great deal herself and was eager to share it:

“Overwhelming, [laughs], umm... There were things in that personal growth course that I learnt about myself, which I actually didn’t know about myself, And the one thing that I have learnt am a bit more self-confident than what I was a couple of years ago. I know that I am always, well always too scared to take, well to be challenged, or to challenge something, now, when I see that something is wrong, maybe I was totally blown away by the personal growth course as I said earlier I discovered a lot about myself and I’m actually glad that I went on it even though.” (CN 4)

The personal growth course seems to have achieved its outcomes, as mentioned by the counselling co-ordinator earlier on. It was put in place to help counsellors grow emotionally before venturing on the journey
along side rape survivors. It has brought about tremendous shifts in the counsellors, some more than others. The counsellors appear to have gained so much insight into themselves as well as realise that their issues could have impacted on their sessions with rape survivors (Goliath, 2000). It has also allowed the counselling coordinator to get to know the counsellors better:

“The course is very beneficial. It’s for new counsellors coming in to the organization….to counsel rape and trauma. It allows them to grow spiritually and emotionally as well as creating an understanding for the rape survivor in her own right.” (CC)

4.3.3 Excellent Topics

There were seven major topics within the personal growth course; however there were some topics that impacted on some counsellors more than others and for each person the experience was different (Goliath, 2002). For one interviewee it was the topic on values:

“I mean like values and spirituality and things like that, I think those are the major points that stood out for me.” (CN 4)

The topic on conflict in session five (Goliath, 2002) appears to have made the most impact on two counsellors:

“If I can just stop at conflict, I always thought that we have to resolve each and every conflict in our lives and one of the things that personal growth taught me was that you can’t resolve anything. It taught me that you can manage it in a sense where there is always no answers to conflict. Conflict would, you would have
conflict everyday in your life. There’s always, there’s not always going to be a positive answer or a right answer.” (CN 1)

“Umm the one that really stood out for me was the confrontation we had once, where, umm the group kind of, the supervisors that were supervising the group and running the course, they basically umm had an act were they were in the laundry so to speak, in front of the group and for me I would have been pissed if it was me being the facilitator. I benefited from that evening.” (CN 4)

For another counsellor it was the last session of the personal growth course that impacted on her:

“We did something where we all gave feedback to each other. On how, what we thought each other’s strengths and weaknesses were, and how, what people thought about us. And I found that quite useful because it was nice to hear what other people thought were my strengths as opposed to what I thought my strengths were. And what other people thought my weaknesses were, what I could work on.” (CN 3)

For the counselling co-ordinator aspects that stood out for her was a combination of all the counsellors experiences which peaked in the session on ‘conflict’:

“For me it was the “aha” moments each week. I was fortunate to see their expressions on their face when they reflect upon the topic and when they learned something new about themselves or that certain shifts had just happened. Especially in the session on conflict, it was like they finally understood it all. They realized at the end what the session hoped to achieve.” (CC)

The topic that appears to have made the biggest impact is the session on conflict. Participants were not
aware that the topic was conflict but rather the scenario elicited the participants’ reactions to conflict. According to the counselling skills course, the chosen exercise helps the participants become aware of their ways in dealing with conflicting situations as well as explore whether their method of dealing with it is appropriate and helpful to their lives (Goliath, 2002). The session does however elicit a lot of anger as many feel they were deceived in the process. This is the very reason why the session on conflict is touched upon much later in the course, so that the group has established rapport and that the feelings can be contained. The results show that this was done effectively as the participants had only good feedback to give in this regard as noted by three of the interviewees. They report that they are able to understand conflict better and manage it effectively. The counselling co-ordinator reported that for her, the conflict session was definitely profound as well as she could see on the faces of the participants that expression of “aha” moment. This is not to say the other topics were not as profound. Each topic appears to elicit different reactions and awareness.

It appears though that the rationale behind the personal growth course was not entirely outlined in the manual to the participants as noted by the words of the counselling co-ordinator. The results do not state anything with regard to the counsellors being informed that the course would be used as a sifting tool. The counselling co-ordinator stated that the course indirectly recognises the motives of participants for joining the counselling team. The results neither confirm nor disconfirm that the counsellors are aware of the personal growth course being used to sift through the participants to see who will be the committed ones chosen for the counselling skills course. It also is aimed at creating awareness of the issues of the participants so that the counselling co-ordinator is aware of the new counsellors’ internal dynamics when supervising the counsellor (Goliath, 2002).

Also very interesting, was the views by two of the counsellors about the structure and basis of the personal growth and counselling course. They compared the training and structure of the courses to that of another Rape Crisis Cape Town Trust branch.
“At the other office what we did mostly was also role plays like put yourself in the survivors shoes. We did actually a lot of practical on that yeah because I think sometimes when you you put yourself in the survivor’s footsteps or ah you can also feel what she is feeling.” (CN 2)

“It was different to the one at the other office, umm I use to belong that office and counsel there. They structured the training different, more roleplays and hands on thingy mijigs. Here I enjoyed it but it wasn’t the same.” (CN 5)

These two counsellors had previously volunteered for the other branch and was exposed to their counselling course structure many years ago. The counselling co-ordinator had previous training at Lifeline, thus the counselling skills and personal growth course was developed from the counselling model of Lifeline. What is interesting is that Rape Crisis Cape Town Trust does not have a standardized training course that is utilized across all three branches. Thus these two counsellors decided to enhance their skills at the particular branch and found the training to be a good experience (Goliath, 2002).

4.3.4 Counselling Rape Survivors

Four of the interviewees share the view that the personal growth course has helped them in counselling and understanding the rape survivor:

“It actually taught me to teach the survivor that something as big and negative as rape happened [pause] but further down the line umm something positive can come from the experience and it also taught me to assist the survivor how to cope, teaching them their capacity, taking them step by step and even if she regresses, yes, we need step back.” (CN 1)
“I suppose in that sense it kind of puts you in a better space to know what your issues are in order to deal, or in order to relate with other people better. And when you are talking to survivors or you are counselling to ... try and separate what’s your stuff and what’s them.” (CN 3)

“For me, for me it was gaining insight into my self, yeah gaining insight into my psyche yeah, , so at the end of the day you didn’t get into that session with things that might hinder the growth the growth of a client, thing that you can deal with then and right now. And if she is not ready to talk, then she is not ready.” (CN 4)

“I have learnt that survivor is different; the way they choose to live their life is their thing. I have no right to judge.” (CN 5)

White & Epston, (1990) share their view that a rape survivor is said to heal from the trauma through her experiencing an emphatic, non-judgmental, positive and accepting relationship that frees them to achieve greater self acceptance and congruence. According to Rape Crisis, counselling assists the rape survivor’s to become aware of her inner strength, her own way of thinking, and of being in the world and her emotions. Counselling rape survivors within Rape Crisis is a process whereby the counsellor walks along the journey side by side with the rape survivor through her trauma (Goliath, 2002).

According to the literature, rape impacts the survivor in various forms such as depression, low self worth, anxiety disorders such as rape trauma syndrome, physical symptoms such as back pain, headaches and then there is the change in life style. Rape survivors may avoid the place where the rape occurred because their interaction at that place often serves as a reminder the traumatic experience of the rape (Simon & Schuster, 1992). These effects cause great distress which may continue for months on end, possibly even years. The counsellors realized that they cannot judge the healing process or put a time frame on it. The rape survivor is
empowered to make her own decisions. What the personal growth course does is that it helps the counsellor understand that each individual heals in her own way and at her own pace without getting frustrated at the rape survivor or having her own expectations of when the rape survivor needs to deal with the trauma. It also assists the counsellor to understand that when the rape survivor regresses or has a minor set back in her healing process that its is normal and that the counsellor is there to be a support along side the journey the rape survivor pursues (Goliath, 2002). The course has also brought about profound moments of insight for one of the counsellors who come from a very religious background. She relates how she learned not to bring in her religious ideas and beliefs into the counselling session if the client does not want to talk about religion as well as to be open-minded and non-judgmental (Orlepp & Friedman, 2002).

The counselling co-ordinator shared a similar view, that the personal growth course does benefit the counsellor in counselling rape survivors. This is exactly what the counselling training wanted the topics of the course to address:

“Personal growth deals with issues similar to that of the rape survivor, such as AIDS, sexuality and gender related issues. If the rape survivor experiences something similar, the counsellor will be aware of it, and be able to put the pieces together.” (CC)

4.3.5 Good Quality

These interviewees view the Personal Growth course as of good quality:

“It’s a good course. It’s an excellent course and I would recommend it to anybody that is open to wanting to do it.” (CN 1)

“The personal growth course umm was nice. Very good. It was not about the participants only but it was
also about us umm in a sense of working together and also you work with these people but you actually
don’t know where they are coming from. People will just come in ..... To come counsel and then they go
home again so you don’t actually sit with them and talk to them but if personal growth than yeah I think I
did.” (CN 2)

The personal growth course appears to be of good quality in that it met its objectives. It helped normalise
certain issues they had, helped them understand the way people act as well as give clarity on whom they are
as individuals (Goliath, 2002). This is evident from the above quotes as well as those earlier on by
counsellors relating their experiences and mental shifts. They also relate how it has helped them to
understand the rape survivor and where she is coming from.

4.4 Concerns and Issues of the Personal Growth Course

There were also concerns and issues noted by the interviewees with regard to the personal growth course.
Both are discussed here because as the interviewees raised their concerns, they immediately spoke about
issues that need consideration. Thus repetition of the quotations was avoided.

4.4.1.1 A Crevice in the Course

Out of the seven interviewees, three said they had a concern with the structure of the personal growth
course. They said that the course needs to be improved or upgraded. Two said the entire structure of the
personal growth course needs addressing as the topics only touched on the surface:

“I think we can modify the personal growth course a bit more [drawn out], we need more time when we
work with conflict and assault especially also a little bit we need to look a bit more at sexuality umm ...... so
that those are the key things that comes up when we when we counsel.” (CN 1)
“The course needs to accommodate more sessions and spend a bit more time on the sessions. We did stuff on biases but I think we could have spent little more time, we just kind of just touched the surface, and I believe it’s a personal growth course, you actually just don’t want to touch the surface you want to go deeper yeah. I don’t know if it lacks, but it tries to squash a lot of things into a short amount of time.” (CN 3)

“My experience... not not a very good one [giggle] I mean for me it taught me the basics and stuff neh. Umm, but for me it was still too [pause] theoretical and too intellectualised and it wasn’t really sort of, I wasn’t able to really internalise it and to really sort of .... into the issues of either survivor or a counsellor during the training course.” (CN 7)

In session four, attitudes, beliefs and values were explored which gave participants the opportunity to evaluate how their values impact on their behaviour and their decisions. It also aimed at creating awareness into how beliefs and values may differ amongst people. Topics were flagged and participants had to say whether they agree or not, and no in-depth discussion followed. The above mentioned are a concern, as it appears that these counsellors expected more from the course. Once again this ties in with the counselling co-ordinator’s rationale that the course was designed to raise awareness of issues and not serve as in-depth counselling for the participants. Therefore the expectations and outcomes for the course need to be addressed with participants in the beginning. What also could be looked at is the amount of discussion that each topic could explore. There is the suggestion that the course be updated because according to the participant, times have changes and so do certain social norms and values (Goliath, 2002).

One counsellor stipulated that the course needs to be more specific to Rape Crisis as it was very general while others thought the personal growth course did not link up with the rape survivor:
“To link it to survivors specifically. Because to me it wasn’t a hundred percent obvious, I could have been doing that personal growth course anywhere, I didn’t necessarily have to be doing the personal growth part at Rape Crisis I could have been doing it at Lifeline or at wherever. I mean personal growth course, but maybe even in the last session or at the end you could start making the links to rape crisis a little bit more clearly.” (CN 2)

“I think maybe there needs to be a bit more of a link somewhere, because that was my understanding it is about me, and how I do… And I understand that it’s meant to be helping me link it up again. But I think maybe even within that personal growth approach you even could have some more obvious links to survival and to being rape survivors.” (CN 3)

“Bringing in a bit also of the rape survivor even if they say it’s a personal growth but then also umm again to realise umm each one deals differently so to keep it more of a bit of the survivors coming through.” (CN 5)

The above mentioned experiences suggest that the personal growth and counselling skills course needs to be revisited in terms of the course representing Rape Crisis and linking the course material to the rape survivor, as no mention is made about it in the training manual (Goliath, 2002). On the other hand, two interviewees report the personal growth course to be too long, leaving them feeling exhausted on many nights:

“To me it has yes it was but I think it was too long also. It was it was mostly dragging man in is like one week then you have to wait for the next week and then you have to wait for uhh uhh for the week after that.” (CN 2)

“It was at night, so you feel exhausted after a whole day of work or campus. And nine weeks was a bit must,
so I don’t know if there is a way of maybe shortening it. But nine weeks was quite long, so maybe next time doing it over a period of days, maybe like running it over a week each day or something, maybe that’s not enough, I am not sure umm but yeah." (CN 4)

The course ran over nine weeks, requiring trainees to attend one session per week. The reason for this is that participants are given a week in between each session for processing of the topic and the issues it may have touched upon in the session (Goliath, 2002). However the suggestion of running the course over a weekend should be considered. The onus is up to the participant to make sense of their new found awareness and either seek counselling or process it in their own way. This is also illustrated by the counselling co-ordinator who states that:

“The personal growth course is not aimed at giving therapy or counselling to the volunteers. It’s merely a starting point for them, to create awareness of issues that need dealing with. For example, they may have been raped and may have thought they dealt with it but didn’t. This course would then elicit these feelings so that they can seek help or be aware they need help. The counsellors were told at the beginning of the personal growth course that should any issue arise, they could come and speak to me after the session.” (CC)

A counsellor reiterates this well about the personal growth course. This interviewee said that the personal growth course is a course designed to start the journey of inner healing for counsellors:

“I am not so sure if that course on its own helped me do that (grow emotionally). I think that course was a starting point and things that have happened since then, have made a difference.” (CN 3)

4.4.1.2 Different Opinion

The counselling co-ordinator however appears to lack this information as she is under the notion that the
counselors are satisfied with the personal growth course.

“I feel the course is sufficient and that it reached the outcomes especially the topics on sexuality, the medical aspects and the law. This I saw in the feedback forms I received from the counsellors after each session where they wrote down what they have learned and benefited from the training.” (CC)

This is contradictory to the reports of the interviewees as noted above. At the end of each session the evaluation form was issued to the participants on which they could voice their concerns. The possibility remains that the participants were either not honest or comfortable enough to voice the concerns as the feedback form requires them to put their name on it thus making them identifiable. The counselling co-ordinator goes on to say that the growth of the participants depends on the exercise and how it affects them:

“The course is very experiential. It’s not a course that you come and take notes. The people in it actually improve. The exercise determines the growth. And whether this growth happens depends on whether they are open to this course and what it has to offer them.” (CC)

4.4.2 Planning

Two of the interviewees requested that more time and planning be spent on the counselling skills course as they thought that too much emphasis was placed on the Personal Growth course:

“The fact that there was only one person co-ordinating for me is already an issue. The people who facilitated should have been part of the planning because that would have meant that everybody would have felt more comfortable with the material that they were dealing with and then they must have had new ideas or fresh ideas of dealing with it or structuring the course itself.” (CN 7)
“I would say that the planning. There is something wrong there, we are spending a lot of time on personal growth where I would say cut down on that personal growth, and rather take that time and put it into a counselling course. That’s what we need a lot of. Coz we need to learn to counsel.” (CN 5)

It appears that these two counsellors have knowledge of how the facilitators feel about their involvement in the training over the nine weeks. Speculation, however it my be, it needs to be noted that these feelings could be true, therefore the implementation of the entire course needs to be explored. These two interviewees mentioned that they would prefer that the other facilitators be given the coursework material in advance, and not on the same evening they were presenting. This would enable the co-facilitators to be more comfortable with the material and it would ensure that the process run more smoothly.

4.4.3 Containment

One interviewee said that the topics in the course were sufficient but recommended that the course co-ordinator take into account that the participants of the course have issues that emerge during the sessions and this needs to be contained in a better manner.

“Another thing that stands out for me was when people’s stuff isn’t contained well. A lot of participants have these outbursts in the sessions and I think the facilitator needs to do a better job of it. It’s not nice to be in a course and the people can just do what they want.” (CN 7)

It seems the outbursts of people in the personal growth course have left this participant feeling uneasy. This suggests that the facilitator is not being firm enough in creating boundaries in the course or that she needs to develop the structure. The counselling co-ordinator did however mention earlier that the participants were informed that should they experience any emotional difficulties, they should approach her after the session.
This was probably the working style of the facilitator which is in line with the ethos of Rape Crises of empowering women to make their own decisions (Goliath, 2002).

4.4.4 Pitching of Course

One of the interviewees said the personal growth course was pitched at a very high level. She mentions that the facilitator assumed that all people have studied and did not realize that these are people from the disadvantaged communities, something that needs to be considered.

“Just thinking that terminology they using, it’s high. Its just because then you must remember you get the people walking in they are from the communities and this is not terms that they know or they want to know. It’s just like be on their level, communicate to them.” (CN 5)

The counselling co-ordinator, had a different view. She says the content of the personal growth and counselling skills course was carefully developed to accommodate people of all walks of life:

“When I developed this course, I had to be aware of who the people were that were going to partake in the process. The applicants are usually women from surrounding areas, women that haven’t studies or haven’t been exposed to what rape or trauma is about. So when I chose the exercises I had to find balances of accommodating the women as well get the message across.” (CC)

However, the fact that this counsellor mentioned her feelings with regard to the pitching of the course raises a concern, because as much as the rape survivor is of importance, the counsellor is too. Her level of integration of the course material is crucial to meeting the outcomes of the course. Also if she is not able to grasp the material, then her experience of growth is limited and the personal growth course thus failed to assist her.
4.5 Claims of the Counselling Skills Course

4.5.1 Quality of the Course

Six of the seven interviewees’ including the counselling co-ordinator seems to think that the counselling skills course is of good quality and beneficial as it equips the counsellors with knowledge on how to counsel rape survivors, However, many of them concur that the course does not need to be re-looked at as it lacked certain aspects. Their views are as follows:

“The counselling course good. It is about teaching the counsellor how to [pause] teaches how to listen to somebody, teaches you how to [pause] ask appropriate questions, to probe the client to speak about her feelings or his feelings about the incident, the impact on the person’s life, how it impacted on the person’s life, it also gives you the opportunity to listen to see if the people are coping.” (CN 1)

“I thought that counselling course was very good on content and stuff, in giving information, but I felt definitely that there wasn’t enough practical stuff happening in that course.” (CN 3)

“Counselling [pause] with one or two parts sticking out for me….if I think back on the course [pause] it was a very useful course .... I liked the course.” (CN 4)

“The personal growth course bridges the gap to the counselling skills course. It stops the participants from losing themselves in the counselling course as it can become very overwhelming. They are learning valuable skills which would guide them in the counselling process. It seems to have done just that.” (CC)
Other than the reservation held by one participant, it appears the course met its objectives generally in trying to equip counsellors with what they need to counsel rape survivors. It helped them understand that the symptoms the rape survivor experiences are normal and that it is she who decided when the healing will occur. The counselling co-ordinator appears pleased with the outcome of the counselling skills course too (Rogers, 1957).

4.5.2 Unpleasant Experience

Contrary to the above, one of the interviewees had a concern about the counselling skills course. One interviewee seems to have not benefited from the course, as she was unable to grasp the material. Her view about her experience is as follows:

“Umm not not a very good one [giggle] I mean for me it taught me the basics and stuff neh umm but for me it was still too [pause] theoretical and too intellectualised and it wasn’t really sort of, I wasn’t able to really internalise it and to really sort of …. Into the issues of either survivor or a counsellor during the training course.” (CN 7)

The fact that this interviewee did not benefit raises a concern about the implementation of the counselling skills course and the need to utilise the PCT skills efficiently to bring about change in the trauma symptoms experienced by the rape survivor (Zimring, 1992). It is hoped that this counsellor was able to raise her concerns and difficulties with regard to her problem.

4.5.3 Topics that Made an Impact

As with the personal growth course, each individual is at a different point in their personal and counselling skills development when entering the counselling skills course. Therefore certain aspects of the sessions
discussed, impacts the counsellors in different ways. Their experiences are shared here:

“What was useful was, when the course talked about things on trauma and how we experience that so for me that was useful because when you talk, when you talking to a client or with a survivor you can start relating their trauma to some kind of trauma that you had so that you can maybe start, that could help you with emphasising around what their going through if you haven’t been through something like that, so that helped me with counselling.” (CN 1)

“I don’t know if there was any real major highlights, that sounds terrible but let me see [laughs]. I think, I think for me it was just the slow gradual kind of learning a bit more about counselling, learning a bit more about the skills needed and then kind of [pause]... I think maybe, maybe it was the whole thing we did around the full month that sort of stood out for me.” (CN 3)

“What stood out for me was. [pause] I think it was quite helpful to have two well-facilitated things, where counsellors could tell of their own experiences and kind of give yourself insight, cause I was coming as somebody who had never done counselling before so. So its quite nice to hear how people dealt with certain situations, and just kind of getting some feel around what they had experienced as counsellors, so that was nice it was helpful.” (CN 7)

The first counsellor (CN 1) stated that she had learned the skills but after the course was done she did not feel completely skilled yet. She did not say, why this was so. One counsellor found the actual roleplay exercise where counsellors practiced the PCT skills of listening, reflecting and summarising very useful. Counsellors had one session in which to practise these skills. The skills are very intricate and require a lot of practice for counsellors to perfect (White & Epston, 1990). Another counsellor had prior exposure to this skill at university and found the practice helped her recap:
“Doing the role play and just sitting there and reflecting back and yeah that for me was the basically as counsellors that are you know that is what we are supposed to be doing reflecting back it was actually good just doing it again because you lose touch with it if you don’t do it for a while, that for me was good and also gave me you know that self confidence.” (CN 4)

According to her, even though she had prior skills training she found the session very useful as it helped her build on her skills, through practice.

4.5.4 Medically Satisfied

Three of the seven interviewees’ stated that the session that informed participants of the medical aspects of rape were extremely useful and good and that the knowledge they learnt was very valuable in their counselling sessions:

“And that medical perspective and what happened after rape is so totally different and I, I mean I didn’t realise it was that different. So for me that was [pause] it was amazing that intro that I got there.” (CN 4)

“Where medical is concerned umm again having to explain to a survivor you know being clued up what is happening when a survivor goes into the District Surgeon umm from the moment that actually she has been raped what is supposed to happen. Umm to me that is valuable knowledge.” (CN 5)

The counselling co-ordinator thought that the session dealing with the medical aspects would be overwhelming for the counselors, as suggested here:
“The session on the medical procedure is also quite a lot for the counsellors to grasp. There are so many medical terms which could be overwhelming for them. It gets very technical and people need to follow. However they are given notes so that they can look through it at home.” (CC)

This counsellor is referring to course material on the medical aspects of the course that’s need following on the part of the rape survivor. It appears the counsellors are happy with this aspect of the course. The medical procedure is outlined very specifically and counsellors learn to contain and equip the rape survivor with the procedure should she have HIV/AIDS or discover pregnancy. This is done to empower the rape survivor to make the necessary decisions (Goliath, 2002).

4.5.5 Session on Legal Procedures

Five of the seven interviewees reported that learning about the process that needs to be followed when laying a charge, the justice system and the laws, has helped them tremendously in their counselling. It appears they are satisfied with the course material:

“Umm the legal the legal was quite cool…informative, that’s what I wanted to say, informative. There are so many loopholes in the system and the people get away on so many technicalities [pause] I was sitting there and I was like actually fuming.” (CN 4)

“That was quite a good thing for us because we could deal with investigating officers on one to one basis with the prosecutors. It also taught us the power of you know communicating with prosecutors, asking them how far the case is, is the perpetrator on bail, if the perpetrator was harassing the client we could pick up the phone and speak to the prosecutor have him rearrested.” (CN 5)
“When the rape survivor comes and she needs court reparations umm [pause] we would actually take her physically down the journey where do we go when she goes to the court what she can expect, the type of questions she will be asked, she will see the perpetrator again and she and she doesn’t need to feel afraid that there is somebody with her.” (CN 7)

The legal part of the course also appears to be satisfactory and useful for the counsellors in empowering the rape survivor about her legal rights and the procedure that needs to be followed. It has assisted the counsellors in walking the journey with the rape survivor in not just the trauma but the steps ahead, should the court case take place (Goliath, 2002). One counsellor did suggest that follow up sessions are done on a regular basis with regard to the laws and procedures:

“Umm also with the laws changing, the Constitution changing things like that [pause]. As lay people can understand but not like people in the legal profession. For me at this present time still, I still struggle with a lot of the legal issues. I am not sure what is the right protocol or the procedure that I must follow all the time. I would ask the other counsellors. So just a refresher on that.” (CN 4)

4.5.6 Counselling Skills

All of the interviewees’, including the counselling co-ordinator, view the skills as useful and valuable to the counselling process as stated by the following results which is reflected in terms of each skill. The skill appears to be useful, however counsellors did suggest it be built upon.

A counsellor succinctly stated what the counselling course had to offer in terms of counselling skills:
“Teaches you how to listen to somebody, teaches you how to [pause] ask appropriate questions, to probe the client to speak about her feelings or his feelings about the incident, the impact on the person’s life, how it impacted on the person’s life, it also gives you the opportunity to listen to see if the people are coping or not and yeah a little if possible how you can remedy it in the sense.” (CN 1)

The counselling co-ordinator shares a similar view about the aim of the counselling skills of the course:

“The course is aimed at equipping the counsellors with the necessary skill to really listen to the rape survivor, without judgment or preconceived ideas. They learn about lay counselling, like listening, reflecting, summarising. What I wanted them to understand was that the survivor is the most important person and whatever she wants, the counsellor should allow her do that. It’s not about directing her journey, but rather about accompanying her on hers.” (CC)

4.5.6.1 Really Listening

These counsellors share their experience of how this skill helped them in counselling rape survivors. It appears it has impacted on them a great deal:

“It has, it has, it has. Ah that is the one skill that I think that was quite, quite useful. It just needs practice. Ah sometimes we listen but we’re not not hearing what the client is saying.” (CN 1)

“Learning how to listen, really really listen has been very interesting. As people we listen but not fully to what the person is saying. This has been very valuable.” (CN 3)
“I think for me it helps because umm we need those skills to counsel ... If you’re just there with them in the room and ... you are listening to them. Its important, because that is what they want, they want somebody that can that can listen and not judge them.” (CN 7)

4.5.6.2 Skill of Summarising

Summarising was important for this interviewee:

“Umm after you listen to the survivor, you summarise all the point and reflect it back to them....summarising to just telling them what they said and if that is what they said is right.” (CN 7)

4.5.6.3 Skill of Reflecting

Four of the seven interviewees’ said that the skill of reflection was useful in that when it makes the situation feel more real to the rape survivor.

“The reflection that’s a powerful thing, that is a powerful but it can also be detrimental if you do not use it properly. Umm especially with with a survivor when she comes and you need to take her back into the journey and if she is not ready to go there it can be quite a bad place for her to be umm.” (CN 3)

One of the counsellors appears to understand “reflection” differently to what the skill intends:

“Reflection also, in a good way is when we could, one of the exercise we ask the clients to do is to keep a feelings diary whether it is anger or happy diary or sad diary and so when the clients do bring the diary in and we go through it and they reflect on how they felt at a point and how they’re feeling now it’s quite a high moment for them.” (CN 1)
According to Carl Rogers, reflecting the emotion to the rape survivor is done when the counsellor is able to sift through the story of the survivor and reflect back to her the emotion that is evident verbal or non-verbally (Zimring, 1992). This counsellor views reflection as reflecting back on ones life and has applied it to the rape survivor. This was her answer, even after the interviewer clarified the skill. This raises a concern, because counsellors are not knowledgeable about the skill, the effects will show in the counselling sessions. This may impact on the experience of counselling on the part of the rape survivor (Rogers, 1957). These counsellors concur that skills of listening, summarising and reflecting the content and feeling back to the client helps the client see things more clearly and shift in moving forward. It also allows the client to tell the counsellor whether what the counsellor heard is correct or not. It gives clarity to the survivor as well as the counsellor (Zimring, 1992).

4.5.6.4 Skill of Empathy

One interviewee found the concept of empathy very hard to grasp and said that they did not know how to adequately show empathy with clients.

“The concept of putting yourself in another’s shoes was hard to grasp hey. It took a while to do that. But once you understand it, it makes the counselling so much easier.” (CN 1)

“That threw me a bit in the beginning, it really did [laughs] because we was not allowed to get to emotionally involved with a client and there were times when I personally wanted to sob with a client but there was something that kept me back from. Sometimes you just feel so sorry for them.” (CN 7)

Empathy is an abstract concept, especially since it was based on the individual’s own personal style and
ability to put oneself in the other person’s shoes. Empathy is not the same as sympathy and this is what the counselors needed to understand (Zimring, 1992).

4.6 Concerns of the Counselling Skills Course

4.6.1 Lack of Practice

In addition to the above statements, some of the counsellors had reservations with regard to the skills. There is mention of the skills being too theoretically based and would have liked to have more hands on experience.

“We need some maybe role play. Yes we definitely need more roleplays where we learn the skills more. We didn’t get enough of that. I just think it needed, the course that I did, needed to be more kind of hands on experience, give people a chance to practise their skills and know that their actually doing it right.” (CN 1)

“For instance role play and cause its all good and well telling somebody, telling somebody what listening skills are, or what, how you have to run a counselling, how you have to, you know what the steps are in a counselling session, practising in front of people, getting feed back from people so all get more of an idea if we’ve got the skills or not.” (CN 3)

“The skill is very important. So getting a lot of experience. Did you know when you talk about reflection, umm, feelings, emotion, umm it is a actually plays a big part in counselling umm. [pause] Summarising umm that was also very important you know and how to assess also. It’s actually the bulk of what counselling is. So we should have practiced more.” (CN 5)
It is suggested that the roleplays be done more intensively with feedback given to indicate to the counsellors what they are doing right and were they need to improve. However, there were no comments with regard to the counselling skills and roleplay on the part of the counselling co ordinator. What is also noted is the need for dealing with specific situations with regard to counselling a rape survivor. This needs to be explored and possibly supervision session could address it.

A counsellor goes on to compare the course to that of any other with regard to practicing skills in order to master it and suggests more practice is needed:

“Like when you go on a computer course- you do get a bit about... you get like notes, but most of the time you spend on the computer practising and that’s kind of the same analogy here, you get the notes, for a little bit, but for most of the time you should be actually practising and of course when I did it was the other way round. A lot of theory, a lot of notes and discussion on the theory but not that much time actually doing the practising.” (CN 3)

4.6.2 Feeling Unskilled or Unequipped

These interviewees felt that because they lacked in the practical exposure to the skills, they felt like they were thrown in the deep end and had to find their own way. Two interviewees said that this has led them to hone in on the other counsellors in search for guidance and learned from their experience:

“The skills were good, don’t get me wrong, but I still fell I failed my clients in the beginning, because I didn’t have the skills yet. I mean I felt like I was inadequate because I could not do the counselling justice.” (CN 1)
“What was lacking also, I mean that was good to cover that skill, but again also a plus would have been to maybe just put into role play. You know by putting participants across one another just practising. Because afterwards when I had to counsel, I felt in the dark. Like I didn’t know where to turn, sometimes it’s frustrating.” (CN 2)

"It was like being thrown in at the deep end and sort of just .... but also for me as I was sitting there I was thinking about things that I had heard from other counsellors that was other people’s experiences of counselling and that sort of guided me through because I wasn’t prepared at all for even the... I didn’t have the slightest idea what to expect on my own. You know.” (CN 7)

It appears the majority of the counsellors are left feeling unequipped as a result of the lack of practice of the skills in addition to their own anxiety of getting the counselling right. This raises a concern as to the depth and nature of the counselling of rape survivors. Its poses questions such as: Are counsellors not feeling comfortable enough to voice their concerns? What kind of counselling is the rape survivor receiving if counsellors are not skilled? Is the section on counselling skills doing justice to the course, and are the outcomes of the course being met? And lastly, how is this going to be measured?

4.6.3 Trauma Debriefing

Two interviewees said that the counselling skills course lacked the debriefing skills that counsellors needed to assist “walk-ins” or rape survivors in the first six weeks of the traumas mentioned here:

“ I felt I failed my client because I did not have the trauma information to brief her while she was in the traumatic state and in that sense yeah I felt that I had really failed her because I did not know how to contain her. I think we need to have that added to this course. More about trauma clients.” (CN 1)
“What was also worrying is that we don’t know how to handle “walk ins”. When these women are raped and immediately come to us, I don’t know what o do. That was not covered in the course. We did look at the theory on trauma but not what to actually do.” (CN 3)

According to the Rape Trauma Model, the client is in the initial stage of trauma in the first six weeks after the rape. This is the most devastating time for the rape survivor as she experiences a range of emotions such as anger, fear, hysteria, shock and numbness (Goliath, 2002). It appears these counsellors do not know how to deal with rape survivors in the initial stage. This is something that needs addressing as the trauma work is mainly what Rape Crisis is about despite many of the clients only accessing the organization in the integration phase of trauma.

4.6.4 Too Intellectual and Theoretical

This interviewee found the counselling skills course was pitched at a level high level, making it difficult to grasp.

“It was too intellectualized. The way the concepts were pitched was high. I got lost in this course too. Especially the legal jargon, we don’t know that stuff. It’s hectic. Many times I would have to go home and try and make sense of the material. No….not lekker hey.” (CN 7)

According to this counsellor the counselling skills course was very intellectualised, and complex terminology was used that lay people could not understand. The counselling co-ordinator did not share the same view. She felt that the course was sufficient as it is because it reached all of its objectives, as mentioned earlier. A point of importance is that of the connection between concepts and the counselling process. If counsellors do not understand the concepts then the implementation of the counselling would be
difficult. It appears the link was not made clearly enough for the participants and should be looked into as the rape survivor and her healing is the focal point of the course and Rape Crisis.

4.7 Issues of the Counselling Skills Course

4.7.1 Ongoing Training

There is a recommendation for the course material from the counselling skills course to be updated, suggesting that refresher courses be given to the counsellors to upgrade and improve their knowledge about the issues affecting rape as well as upgrade their counselling skills.

“A refresher, I think that is so important because things change, times change people change, what might have worked three years back might not be working now. Especially your your clients or your clients now I mean fifteen year olds three years back and fifteen year olds now they are so different the levels of maturity have changed so.” (CN 4)

One of the three interviewees suggested that the follow up training be done every four or five months to keep counsellors abreast of what is happening in the world of counselling. She says that in this way the counsellors are also empowered as women through training and receiving information. Another interviewee suggested that just as the legal aspect has follow up training for volunteers, so too should the medical and counselling skills aspect have as well.

4.7.2 Different Age groups

Rape Crisis does not counsel rape survivors younger than 14 years old, but on the odd occasion it deems necessary. However according to the statistics, teenage girls are a larger proportion of the women being
rased and thus seek counselling at Rape Crisis (CIET Africa, 1998). So it stands to reason that skills for counselling teenagers would be needed. Three of the interviewees mentioned that they would like the counselling skills course to have a component on how to counsel adolescence specifically in various age groups.

“We need some, maybe an approach. A way to deal with survivor umm when we deal differently with adolescents and adults we deal with them differently. But the question is how... umm we need to have more case scenarios and possibly ways to do this... umm to prepare us a bit.” (CN 1)

“We now going to... We used to counsel sixteen years and older now we are going for fourteen years and maybe one of these days we’ll go maybe to twelve old. So I think we actually need more counselling like how to deal with children and that.” (CN 3)

“You know just having a refresher course on dealing with people who are different age groups that would be good umm. Because with teenagers is difficult sometimes, one doesn’t know how to handle them.” (CN 4)

Having viewed their concerns, it’s important for the possibility of further training session with regard to adolescents to be explored.

**4.7.3 Broadening of the Course**

One interviewee previously mentioned that the course lacked in dealing effectively with initial stages of trauma and thus requested that a trauma module be added to the course which gives the counselling volunteers skills to contain and counsel rape survivors in the early stages of rape. She goes on to say that the
entire counselling skills course needs to be broadened and reworked.

“No I think we can more definitely we can do more [pause] if we add all these modules, extra training, more information sessions we can do a much better job. I think we need to broaden the topics a bit. I hope that we can do that, revisit the course modify it and yeah present out there so yeah we can reach more survivors.” (CN 1)

This is a suggestion that is well worth exploring for further growth and development of counsellors. This needs to be fleshed out in terms of what specific area needs reworking. This counsellor did no elaborate any further when asked.

4.7.4 A Call for Regular Supervision

Two of the interviewees mentioned that they found supervision very useful and as they have been a part of the organisation for a while, they felt that they still required ongoing supervision for their counselling sessions. They said that they had not received supervision often and it was very rushed. Thus they recommend that supervision be a regular occurrence for them.

“Supervision use to help alot, we would get together once a month and talk about our cases. We don’t do that much…. I miss it actually. Because how do I know if I’m doing the right thing though.” (CN 1)

“We don’t get supervision much. And if we do then it’s very rushed. And supervision is the only thing that helps me though. I would like to say that we need to have more supervision. Are u getting that?” (CN 7)
4.8 In Conclusion

The results showed claims, concerns and issues on behalf of the counsellors and counselling co-ordinator with regard to the personal growth and counselling skills course. The two part course appears to have very valuable information for rape counselling and personal development. However views were shared as the way forward for improvement in their skills and knowledge. These are taken forward in the following chapter.
Chapter Five

Conclusion: Discussion and Recommendations

5.1 Introduction

The following chapter attempts to summarize salient points found in the results and make recommendations based on these findings. The recommendations is aimed at assisting Rape Crisis in their aim to quip counsellors with sufficient knowledge an skills in order o deliver an effective counselling service to rape survivors. The chapter ends with a look at the limitations of the study.

5.2 Summary of Key Findings

With the main aim of this thesis being to evaluate the efficacy of Rape Crisis’ counselling course from the perspective of the counsellors and counselling co-ordinator, the study set out to determine whether the personal growth course prepares counsellors to deal with their own issues as they arise and to deal with the issues of a rape survivor. It also explores the perceptions of counsellors on the Counselling Skills course, person centered therapy skills by investigating the counsellors’ views, concerns and issues in relation to the counselling course. To explore whether rape survivors feel the counselling provided by counsellors are adequate in dealing with rape. Themes that emerged from this study were divided into three sections, namely the course as a whole, the personal growth course and the counselling skills course.

Themes that emerge from the course as a whole show that overall the training proves to be a very valuable and rewarding experience. Many counsellors needed a way to get involved in community work and saw Rape Crisis training programme as the answer. Some saw this as a way to help out and make a difference while others were looking for inner healing. There were counsellors who had prior experience in counselling or counselling rape survivors specifically, however sought the training to better their skills. According to the results, the counsellors thought the personal growth course was very good for the training of new volunteers
in that it created an awareness of the differences between people. The counselling co-ordinator feels secure in her view that the course has met its aims. The course has assisted volunteers to look inside themselves and see more clearly and work on areas that needed growth. Counsellors shared their experiences of topics that had an impact on them, such as the session dealing with conflict, which was outlined in detail by one counsellor. Another said getting feedback about herself was very valuable.

According to the findings there seems to be an overall consensus that the skills have been valuable and useful for counselling rape survivors although for each counsellor the skill that is useful varies. For the majority of counsellors the skills of how to listen effectively and reflecting seems most popular, while the minority felt the skills of summarizing and empathy to be useful. They all agree that summarising and reflecting the content and feeling back to the client helps the client see things more clearly and shift in moving forward. What was interesting to note was that even after the counselling skills course had elapsed, one of the counsellors still appeared not to know what the skill of reflection was about. Counsellors, however did relate their experiences of how powerful the skill of reflection was to them said that the skill of reflection taught to them was useful in that it makes the situation feel more real to the rape survivor.

This brings me to the limitations of the counselling skills course as stated by the counsellors. The first limitation noted in the results is that of one interviewees who said that she found the legal material very intricate and thus struggled to make sense of the jargon. The majority of the interviewees appeared happy with the skills they received but were dissatisfied that they were not allowed much practice opportunities to sharpen their ability. One interviewee stated that the lack of practice runs added to the lack of depth of the course with the balance towards the theoretical side. One interviewee mentioned that her prior experience and training had helped her more than the counselling skills course had. Another interviewee said that the course dragged and didn’t flow into each other. These comments are alarming, in that it creates the impression that the counselling skills course is full of holes and not adequate enough to these counsellors, and this needs to be addressed. Thus the lack of efficient skills raises questions such as: Is the counselling
that rape survivors receive adequate in helping them deal with the trauma? Is the client left feeling empowered? What are the dynamics between the counsellor and rape survivor like in the counselling session? Is the supervision that counsellors receive sufficient in assisting them in counselling? These are just some of the questions that the results raises and that could possibly be explored further in research as it is transparent that the method in which the skill are imparted in not adequate but rather a starting point for new counselors, as it did not equip counsellors enough to go out and counsel anywhere without supervision.

However, there were volunteers who thought that the bridging between the personal growth course and the counselling course was not sufficiently done and that more depth was needed and suggested that the personal growth course include more about the rape survivor in relation to growth. There were two concerns: the personal growth course, according to the counsellor lacks depth in each session and the level at which it was pitched was too high. Planning was also a factor that posed concerns for the counsellors. These include the manner in which the course was facilitated. Counsellors suggest that the facilitation be conducted in a better manner when it comes to planning. The results also show that the participants were very impressed with the nature of the counselling skills course and saw it as a good starting point. There were participants however that did not share the same view. Some felt that the manner in which the skills were taught was too theoretical and that more roleplay and practice was needed in the training. Some expressed concern for the high terminology used in the course as many lay people do not always understand what is being said and thus had difficulty following. Others shared their view on the planning and facilitation method. What was helpful was that many participants had recommendations which they thought could improve the counselling skills course. These include addressing the overall structure and depth of the course as well as having follow up sessions to keep volunteers informed and help them brush up their counselling skills.

The findings also suggest that an in-depth trauma debriefing module be added to the course as counsellors felt inadequate in dealing with rape survivors who have very recently experienced the trauma. Counsellors related that they did not have the skills to handle “fresh” trauma and this left them feeling disappointed
because they had failed the rape survivor. Rape Crisis as seen by its name, is an organisation that sees rape as a national and international crisis. The name also suggests that women who are raped are in a state of emotional and physical crisis and thus the organisation is there to assist women in any state they find themselves.

The consequences of feeling unskilled have left many counsellors thrown in the deep end, often finding it difficult to find their way and constantly in search of guidance from each other and from their own experiences. Others are left feeling very frustrated because of their perceived inadequacy. This could lead to a further demotivation on the part of counsellors and it is a clear pathway to losing potential counsellors as well as many rape survivors who aren’t satisfied with the counselling they received. What was interesting is that even though the counsellors who have prior experience and training in counselling skills, these interviewees still felt unequipped. This raises the issue of the reason for this being inner self turmoil in the counsellors rather than the lack of adequate counselling skills. One of the interviewees said that she felt nervous and fearful of counselling even though she had been exposed to these skills before. In fact she found the training overwhelming. Could it be that these counsellors lack self confidence? On the contrary, two of the counsellors had mentioned that the personal growth course had increased their self-confidence. What this demonstrates is that each individual or counsellor has unique internal dynamics and growth areas. It also demonstrates that the personal growth course impacts on each individual in a different way and at various levels.

The fact that counsellors had concerns with regard to the skills and did not take it up with the counselling co-ordinator raises questions. Do counsellors feel uncomfortable and therefore do not voice their concerns? What kind of counselling is the rape survivor receiving if counsellors are not skilled? Is the section on counselling skills doing justice to the course, and are the outcomes of the course being met? And lastly, how is this going to be measured? These are possible questions for future research. It indicates gaps within the organization and a need to explore experiences of rape survivors in relation to the counselling service they
5.3 Recommendations

The interviews do not only show the positives and shortcomings of the personal growth and counselling skills course but the interviewees shared some of their suggestions for a way forward. Here they highlight some areas that they thought needed improvements or follow up sessions. The recommendations made will be discussed here. The key recommendations that emerged from the study are as follows:

Some counsellors state that there is not a bridge between the counselling course and personal growth course, this should be examined. The personal growth course manual does indicate that the personal growth course is specific to the topics it has chosen, but there is no evidence of the link being made to the rape survivor or the counselling process. One interviewee indicated that she could be doing the personal growth course anywhere but chose to do it at Rape Crisis, thus expected it to be specific to counselling the rape survivor. She suggested that the last session be dedicated to this. Should this be done, the time factor would have to be taken into account and sessions are approximately over two hours long and this would need to be incorporated into the planning and structure of the course. There were also concerns noted as to the planning of the personal growth. Interviewees said that it appeared as if more time was spent on planning the personal growth course than the counselling skills course and thus required more emphasis to be put on the skills of the counselling course. Another suggestion related to the structure of the course is that of the depth at which the topics were explored. The findings show that each individual had different requests as to which topics needed depth. There was a very valid request by a few of the counsellors who said that more time should be accommodated to allow the participants to process their own issues as it arises in the personal growth course rather than just touching the surface and leaving it at that. One of the interviewees said that the topics in the course were sufficient but recommended that the course co-ordinator be made aware that the participants of the course have issues that emerge during the sessions and this need to be contained in a better manner.

What is important to note is that the aim of the course therefore has been met. However, the counselling co-
ordinator did report that the participants were informed about being able to approach her should they have any emotional need to do so. Perhaps they did not feel comfortable enough to do this after the session. A suggestion is if the participants of the personal growth course do have intense emotional reactions to the course content, and they do not feel comfortable with the counselling co-ordinator, that the contact number be provided by the counselling co-ordinator or the other facilitators of another counselling service to contain people when needed.

There were recommendations made, that the planning be done more effectively in future. This is important if the course is to run smoothly, as it directly affects the quality of counselling the rape survivors. There was a suggestion made that the counselling co-ordinator discuss the structure and planning with other people as well to get more ideas and a different perspective on the course material. With regard to the actual counselling skills in the course, one participant suggested that the counselling course have follow up sessions on a regular basis which consists of a practical component of about two months. This she says will give the counselling volunteers an opportunity to practice their new acquired PCT skills under supervision whereby the counselling co-ordinator gives each person feedback on how they are progressing. This is similar to the idea of supervision sessions, however in the allocated supervision session the counsellors are required to bring their cases to the session and bounce it off the supervisor as to the way forward, where they are going wrong and to ensure that their client is being cared for appropriately.

One interviewee made reference to dealing with teenagers which is a common age group accessing the counselling service at Rape Crisis. Teenagers are becoming more mature and the interviewee said that it is a difficult age to counsel. Thus they are suggesting that there be refresher courses for the counsellors to improve their knowledge about the issues affecting rape of teenagers. This recommendation appears to be in line with the organisation’s feminist ethos of empowering women, be it the rape survivor or any other women in its organisation. One interviewee said that they received follow up sessions with regard to the law, so too should this be for the counselling skills and the medical aspect of the course.
The level of language pitched in the courses were said to be very high. Interviewees suggested that straightforward language be used in the course in order for lay people to understand. The majority of the interviewees agree that the counselling skills course is too theoretically based, and thus recommended that a larger practical component be added and less time be spent on paper case scenarios. Three of the interviewees also suggested that the counselling skills course have a component on how to counsel adolescence specifically in various age groups as one interviewee found it difficult to counsel young rape survivors in their teenage years and that she felt she lacked techniques on how to handle them. There was also a specific request for training in counselling rape survivors in the very early stages of rape or trauma and for regular supervisions session supervision. The counsellors found supervision extremely useful and though they have been volunteering for the organisation for a long time now, they said that they had not received supervision often and it was very rushed. Thus they recommend that supervision be a regular occurrence for them.

This study explored the perceptions of the counselling co-ordinator and counselling team with regard to the counselling skills training course. It highlighted some of the core strengths as well as areas that need developing. A recommendation for future research is to explore the perceptions of rape survivors with regard to the counselling they received from Rape Crisis. That is whether the skills of the counsellors were sufficient to bring about emotional change in their traumatic experiences and ability to cope better. Another possible study can be done to explore the perceptions of the community at large as to whether Rape Crisis counselling has made an impact in society and if people are aware of the services the organization offers.

5.4 Limitations of the study

One limitation is that of the lack of response by all the counsellors to partake in the study. Research from a standpoint theory perspective values women’s’ experience and sees their perceptions as valuable, leading to more complete and accurate knowledge (Terre Blanche & Durrheim, 1999). A second limitation is that the
study was conducted in English, as many participants were not interviewed in their first language. This may have compromised their description of their feedback. Furthermore, the interviewees knew that I am an academic researcher affiliated with Rape Crisis and this may have impacted on the quality of the information received.

5.5 In Conclusion

Having said this, the views of the counsellors and the counselling co-ordinator appear to add valuable insight and knowledge about the personal growth and counselling skills course and its development. Their experiences need to be seriously taken into consideration for future planning and ongoing training at Rape Crisis, particularly the chosen branch. Hopefully these shared experiences will aid the organisation to move forward in a positive direction in addressing the needs of its counsellors, as well as serving its most precious client, the rape survivor.
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