**Kempie van Rooyen's Application for Emerging Engagement Excellence Award 2014**

June 2014

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**Introduction**

This application wishes to give a brief account of my (emerging) engagement activities for the period 1 January to 31 December 2013. It primarily involves the engagement of external stakeholders in the area of assistance to rape survivors.

I would also like to acknowledge from the outset that although I use 'I' many times in this account of activities, I was often tempted to use 'we' as the functioning of the Department of Psychology is integrated and collaborative. While I acknowledge my own contribution in this regard, I could not have done any of the below without the direct assistance of my colleagues and the encouragement and freedom to pursue these kinds of activities that has been afforded me by my HOD.

**Engagement with organisations that provide assistance to rape survivors**

This area of engagement is largely the result of my interest and developing expertise in the area of traumatic stress. My assistance to organisations that deal with victims of traumatic experiences and especially with rape victims stretches back to approximately 2007. Whilst different roleplayers have been a part of collaborative efforts over this period, currently my main relationships in this regard are with the Thuthuzela Care Centre (TCC) and the Rape Crisis Centre (RCC). The TCC is run by the National Prosecuting Authority (NPA) and aims to minimise secondary traumatisation due to legal procedures and the RCC specifically focuses on providing counselling services to rape victims. The two organisations often overlap and collaborate and RCC has historically provided the crisis counselling and follow-up counselling on behalf of the NPA at the TCC.

My engagement with these roleplayers in the past has consisted of providing training and consultative support for the staff of the TCC and RCC. These activities in themselves are informed by ongoing research in traumatic stress in general and also specifically with regard to rape victims. A major activity during 2013 was the supervision of Registered Counsellors (RCs) in training at the relevant sites. These RCs provided counselling services to the survivors and victims of rape and psychoeducational training to the community. Community in this sense includes both the community at large as well as relevant organisations that may deal with survivors of rape.

To a very large extent the three core activities of NMMU (research, engagement and training) are fully integrated and collaboratively supportive. This integration will be demonstrated in this document.

<u>Focus for 2013: Parenting to assist victims of CSA.</u>

*Assistance to parents and caregivers*

Assistance for survivors of childhood sexual abuse (CSA) is always challenging and often the valuable services that do exist are simply too overtaxed to deal effectively with the numbers of individuals that need services. Often this means that the most vulnerable survivors are neglected. The ideal solution would be the systemic elimination of CSA or at least an increase in the number of trained professionals that can work with children in this regard.

The above situation was not new to 2013 and in the past the training for the counsellors at RCC was mainly focused on the provision of services to adults. Children were often referred to Uviwe (previously PE Childline), but with approximately 40 new cases a month, the resources in the NMB area is simply insufficient. During 2011 and 2012 respectively workshops (via supervised students)

were delivered to the staff of relevant organisations to assist the parents of CSA survivors. This was done after ongoing needs analyses with the RCC. The idea was to train the trainers and it was envisioned that staff of these organisations would continue to deliver the interventions to parents. However, this strategy did not take off and workshops were never presented. My impression was that the organisation (RCC) was too overtaxed to add additional services to those that were already offered.

It was therefore decided not to follow the same route as the previous two years and to start delivering these services ourselves (i.e. through the Department of Psychology's placements). The focus for 2013 year was to present workshops to parents and caregivers on how to help their wards after CSA.

Initially our focus was on training parents specifically, but we found that sessions that were organised were often not well attended. Reasons for this could include transport and other logistical difficulties (this is a common theme with regard to assistance to victims of sexual and related assault). This meant that sessions planned for June, July, August and September was either cancelled or not attended at all. During the latter part of the year the focus was shifted to 'professional caregivers' (housemothers, social workers and other staff from children's homes and places of safety) that may come into contact with survivors of CSA. Parents that presented at the TCC were often helped by exposing them to the workshop material in an individualised manner. In this manner 19 parents and 91 professional caregivers were reached (see Table 1).

**Table 1: Parenting for CSA Workshops**

| Date | Location/Organisation | Parents | Professional Caregivers |
|---|---|---|---|
| 2 April | Missionvale Community Psychology Centre | 4 | |
| 7 May | Missionvale Community Psychology Centre | 4 | |
| 29 October | SOS Children's Village | | 20 |
| 5 November | Erica House Place of Safety | | 29 |
| 12 November | Maranatha Children's Home | | 16 |
| 26 November | Protea Place of Safety | | 17 |
| 26 November | MTR Smit Children's Home | | 9 |
| Throughout | Individual parents at TCC/RCC | 11 | |
| **Subtotals** | | **19** | **91** |
| **TOTAL** | | | **110** |

In the beginning of the year it was anticipated that these psychoeducational workshops would be followed up by support groups for parents where there was a need. These were going to be offered by intern psychologists (the actual workshops themselves were run inter alia by intern psychologists and/or registered counsellors in training), but because of low uptake, this never got off the ground. Parents that were exposed to the workshop were followed up with on an individual referral basis. Additional support for parents was identified as an important area of focus during an end of year review of the activities in this regard. Looking after the emotional needs of parents (via a support group) and continued psychoeducational support for parents in how to deal with their children were highlighted as important areas to focus on.

*Student involvement and training activities*

The original content for the workshop was based on workshops that were designed by M1 students as part of their community psychology module. Because of the department's involvement over the last few years with TCC and RCC a number of students were able to analyse needs and design psychoeducational workshops based on these needs. The workshop format used this year was based on these programmes, but modified to be completed in a single sitting of not more than 3 hours. As the year went by the workshop was adjusted due to feedback from parents and the experience of the presenters during workshops.

Students were therefore exposed in all phases of programme design and delivery and gained valuable practical experience with regard to a skill that is essential in the training of registered counsellors and psychologists. Where appropriate, postgraduate research students were also involved with programme planning and execution (especially where their research was related to parenting involvement and CSA). Table 2 gives a breakdown of students involved in this area of focus.

**Table 2: Student involvement in CSA parenting training**

| Student level | Number |
|---|---|
| Registered Counsellors in Training | 3 |
| M1 Masters | 1 |
| M2 Interns | 3 |
| Masters by dissertation | 2 |

*Research activities*

The following completed and on-going projects relate to the above area of focus:

**Table 3: Research on CSA and parenting**

| Student | Level | Title | Completed |
|---|---|---|---|
| M. Swart | BPsych Couns | Parent's and Primary Caregiver's Perceptions of Parenting Skills Positively Influencing Adjustment in Sexually Abused Children | 2013 |
| N. Thorpe | MA | The Perceived Usefulness of Trauma Specific Parental Praise and its Influence on the Posttraumatic Stress Severity of Childhood Sexual Abuse Survivors | Anticipated 2014 |

Ms Swart's research confirmed the usefulness of a number of anticipated parenting skills, but information gathered during the research process has been invaluable in understanding parental experiences and difficulties in applying these skills. Her findings will be used to feed back into the content that will be delivered during 2014.

Ms Thorpe's study is nearing its data collection completion (n=30) and preliminary findings suggest that her analysis will also yield very useful results regarding the impact of parental praise and its application in assisting CSA victims.

Future research will continue to examine a variety of parental skills and their usefulness in assisting CSA victims. Specific attention is being paid in understanding how to make the application of such skills practical in the CSA situation and how to incorporate very concrete and demonstrable skills for parents in assisting their children. Some findings suggest that although parents sometimes

understand at a conceptual level that something like (e.g.) discipline is important; it is the application of discipline appropriate to CSA situations that becomes tricky.

A supportive area of potential research is about the engagement of NGOs and other entities in the active training and involvement of parents of CSA survivors. Although it is quite clear that the need for such assistance exists, the very low attendance of workshops by parents points to the importance of research regarding how to engage parents, local government, academia and relevant organisations in being able to assist parents to assist victims. Such research could use an action research methodology from a systemic perspective and provide valuable information on how to engage this particular population and phenomenon.

Individual counselling sessions

*Direct client counselling*

A major function of my involvement with organisations that support rape survivors is the provision of early intervention counselling that is concerned with the prevention of posttraumatic stress disorder and long term dysfunction. The focus is therefore generally short term and preventative. The numbers given below are from the second half of the year when RCs in training are formally placed as part of their required internships. During the first half of the year the RCs in training are encouraged (on a purely voluntary basis) to volunteer via the RCC to gain experience. During this period they are supervised on a weekly group basis and the experiences used to reflect on the training that they are receiving (in a module called SP424) in traumatic stress intervention. This exposure also assists RCs in training when they need to present choices for preferred placement sites.

**Table 4: Individual counselling sessions**

| **Age** | |
|---|---|
| Pre School (0-6 years) | **6** |
| Primary School (7-12 years) | **18** |
| High School (13-17) years | **16** |
| Early Adult 18-40 | **56** |
| Later Adult 41 + | **9** |
| **Total** | **105** |
| | |
| **Gender** | |
| Male | **9** |
| Female | **96** |
| | |
| **Race** | |
| Black | **71** |
| Coloured | **22** |
| Indian | **5** |
| White | **7** |
| | |
| **Language used** | |
| English | **56** |
| Afrikaans | **7** |
| Xhosa/English | **42** |
| | |
| **Occupation** | |
| Unemployed | **36** |
| Employed | **21** |
| Student | **4** |
| Scholar | **38** |
| No information | **6** |
| | |
| **Referrals** | |
| Referred | **15** |
| | |
| **Sessions** | |
| One | **74** |
| Two | **34** |
| Three | **9** |
| Four | **20** |
| Five | **20** |
| Six | **6** |
| Seven | **7** |
| **Total** | **170** |

As can be seen in Table 4, the majority of individuals seen are adult. This is partly due to the fact that intervention with children is generally considered specialised and RCs generally have been trained in the prevention of PTSD with adults. The interventions with children reflected here would mainly be with the parents and/or caregivers of children (following the psychoeducational information workshop discussed in the previous section). It must also be noted that these numbers do not reflect the numbers of victims attending the centre. Sometimes up to a third of victims monthly are below the age of 16 (estimated) and there therefore still exists a strong need to expand services to children – hence the focus on assisting parents and caregivers.

As expected most victims are female. Often male victims present after having been raped in a prison context.
The racial and language distributions highlight the fact that services are mostly provided to individuals that would be isiXhosa speaking. In 2013 counselling could only be provided in English and Afrikaans as first languages and a second language (mostly English) was used where possible.

Occupational information indicates that only about 1 fifth of individuals were employed. The individuals served in these contexts are often those that have no other recourse for psychotherapeutic assistance after rape. A large percentage of people served were scholars and students.

The number of sessions per person and referral information highlights the nature of intervention that is provided. Because of the short term and preventative nature of sessions, one session may often be enough to complete an initial risk assessment and psychoeducation on responses and how to deal with traumatic stress symptoms. According to international best practice self-monitoring after such a session can be an appropriate intervention strategy. The largest bulk of individuals (70%) were therefore seen for a single session. Quite a number were followed through for a normal monitoring and assistance period (4-5 sessions) and a minority were seen for more than 5 sessions. Of the individuals treated only 14% needed referral for longer term treatment. Although this is a very crude measure of effectiveness, usually the figure for people that need this kind of intervention after rape would be closer to 50%.

*Student involvement in counselling activities*

All of the data in Table 4 relate to services that were provided by 3 RCs in training under my supervision. Before they are placed at the centre they get specific training on crisis intervention (SP317), the prevention of traumatic stress syndromes, domestic violence issues, and CSA (SP424). During their training period (1st half of the year) they are encouraged to volunteer at the RCC and TCC in order to contextualise their learning and to decide whether this kind of placement would be a preference for them when it comes to their placements in the second half. 8 of the 4th year RCs in training opted to volunteer with RCC during the first half of 2013.

Students in 2013 reported that they experienced their placements at the RCC as invaluable. While working with victims of rape is of course initially very daunting, they indicated that they came out with the confidence to intervene with any kind of traumatic event. They indicated that their training and supervision were adequate and helpful in assisting their clients and they generally felt high levels of efficacy in counselling victims of rape. It is my opinion that their training with regard to traumatic stress prevention and related issues are of a very high standard and corresponds to international best practice within the field.

*Related research*

A number of relevant projects were completed in 2013 and follow-ups are in a variety of phases. Studies here include those that had/will have findings directly related to rape experiences and/or early intervention strategies.

**Table 5: Research related to rape experiences**

| Student | Level | Title | Completed |
|---|---|---|---|
| D. de Villiers | MA | Cultural Interpretations of Traumatic Events and Posttraumatic Stress Disorder (PTSD) Symptoms of Isixhosa-speaking Adults. | 2013 |
| T. Dutton | MA ClinPsych | Shame, Cognitive Vulnerabilities and Traumatic Stress in Adult Rape Survivors | 2013 |
| R. van Wyk | MA ClinPsych | Identifying and Evaluating Risk Factors that Predict Traumatic Stress Severity in South Africa | 2013 |
| K. van Rooyen | NA | Interrater Reliability and Precitive Validity of A Brief Risk Assessment Instrument for Predicting Posttraumatic Stress Disorder (PTSD) | Ongoing |
| Y. Strydom | MA ClinPsych | Does an HIV Diagnosis Change PTSD Profiles in Adult Rape Survivors? | Ongoing |

Findings from the above research are of course routinely integrated into the training of RCs in training in the relevant modules (SP317 and SP424).

The De Villiers and Dutton studies above has highlighted some of the uniqueness of South African rape survivors and has led to nuanced and highly targeted knowledge that is helpful in understanding rape experiences. The Strydom study endeavours to further this goal by generating data on the influence of the HIV/AIDS testing that is part of the treatment protocol when rape is reported.

Currently a major focus is on the early identification of victims that may develop longer term problems (the van Wyk and van Rooyen studies above). This strategy is imperative in the SA (and our own local context) as not all victims are routinely referred for counselling. The 105 people

assisted above constitutes approximately only about 15% of reported cases at the centre. And while other organisations and referral strategies are also utilised, the actual professional resources available is simply not enough to reach every victim. The van Wyk and van Rooyen studies are developing an instrument that can be used by non-professional counsellors in order to accountably refer individuals for professional counselling. Whilst a great deal of effort has gone into the initial development (it was developed from international risk factors, reviewed by 30 national PTSD experts for its validity, and evaluated by a panel of intended users for its utility) it still needs to be tested. Ethical approval has been granted for the testing phase which will take place during 2014.

Additional activities

*Protective behaviour workshops and talks*

While the above sections highlight the major self-initiated foci and activities the students supervised by myself were also involved in some other activities. The first highlighted is the presentation of protective behaviours workshops at schools that were done by the 3 RCs placed at RCC. These workshops are intended to educate children on issues such as their right not to be invasively touched and how to go about telling a trustworthy adult if they feel uncomfortable with touch or other inappropriate advances. Details are presented in Table 6.

**Table 6: Protective Behaviours Workshops**

| Month | School | Number of children present |
|---|---|---|
| July | Astra Primary School | 1041 |
| October | Dr. Viljoen Primary | 350 |
| **Total** | | **1391** |

While the focus historically has been on secondary and tertiary prevention, it was felt at the end of year discussions that these primary preventative workshops are a useful and important activity that should be expanded in 2014.

*Peer training*

This was the first year where our RCs on behalf of the RCC were asked to present training on trauma counselling to other organisations. Training of this kind forms a part of their scope of practice, but in general counselling training is reserved for more experienced counsellors and clinicians. The content and nature of these sessions were therefore closely monitored, but the requests in themselves are a testimony to the perception that others have regarding the quality of training that the RCs receive in terms of trauma intervention.

**Table 7: Peer trauma counselling training**

| Month | Target Group/Organisation | Number |
|---|---|---|
| August | Rape Crisis Centre: Social Work Interns | 9 |
| October | Alternatives Community Centre | 8 |
| **Total** | | **17** |

While this was an activity that was considered useful, requests of such a nature is not a normal part of the activities of the RCC and TCC collaboration. In future, such requests will be dealt with on an

ad hoc basis considering the relative professional development of the RCs and their workload. In terms of the request from the Social Development Professions Interns (also from NMMU) it may be much more prudent to facilitate training via interdepartmental staff collaboration.

*Victim support groups*

The RCC as organisation has a support group for survivors that run and fell under the purview of the RCs placed at the organisation. Details are presented in Table 8 below.

**Table 8: Support Groups**

| Month | Attendance |
|---|---|
| August | 2 |
| September | 3 |
| October | 1 |
| November | 0 |

As can be seen these support groups were not well attended. While they form part of the services of the organisation where the RCs are placed, they are not actively pursued due to the paucity of literature that suggest that these kinds of groups are useful.

Summary

During 2013 these engagement activities resulted in counselling over a total of 170 sessions. Additionally 1523[1] people were assisted with 14 group based activities. These include victims of rape and sexual abuse or their direct caregivers, as well as other professionals and professional caregivers.

9 students were involved with the various activities and gained valuable expertise in line with their professional categories and training requirements.

4 research projects came to fruition in 2013 and 4 more are ongoing in this area of focus.

Recommendations and challenges for 2014

Some of these have been alluded to above and the details can be examined in the various sections. Others were highlighted during a reportback session of the team at RCC with the HOD of Psychology. In addition to the normal processes of integration of engagement, teaching and research, the following were highlighted as important:

1. The expansion of student involvement by getting 3rd year RC students involved as part of their psychoeducational and research training. This would build additional expertise and exposure before placement at the relevant centres.
2. The continued expansion and refocusing of the parenting training workshops.
3. The expansion of the protective behaviour workshops to happen more regularly.

[1] This number is inflated due to the delivery of the protective behaviours workshops to large numbers of primary school learners.

4. The streamlining of the involvement of the School of Behavioural Sciences with the RCC and TCC (currently two departments place students and for this year there wasn't a great deal of communication interdepartmentally).

Additional personal activities

In addition to the above student implemented activities, I regularly attended TCC implementation meetings. These meetings involve all the roleplayers that are involved with assistance to rape survivors at the TCC.

Finally during the latter part of 2013 I was appointed as the Chairperson of the Board of the RCC and have become more intimately involved in the administration and management of the organisation during 2014.