

COMMUNITY COUNSELLORS' EXPERIENCES OF TRAUMA AND RESILIENCE IN A LOW-INCOME COMMUNITY

by

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ABSTRACT

Violence is considered a global mental health problem. The rate of violence in South Africa is amongst the highest in the world and much of this violence is disproportionately skewed towards the poorer and historically disadvantaged communities. Low-income communities continue to bear the brunt of historical legacies of violence which are perpetuated through current ongoing cycles of interpersonal and community violence. While much has been documented about trauma and resilience in environments where the violence or traumatic event has ceased, there is a dearth of literature conceptualising trauma and resilience in contexts where the violence persists. Furthermore, even fewer studies have captured how trauma and resilience are conceptualised from the perspectives of the voices who experience this violence daily.

The social constructionist framework of this study aims to contribute to the knowledge of how trauma and resilience is constructed by those who experience ongoing violence, and whether resilience and healing does occur in an environment of continuous traumatic stress. The voices of the participants of the study provide an additional perspective from that of community-based counsellors. Their dual experience of living and working in a violent community gives a rich insight into the relationship between trauma and resilience.

The study is located in Hanover Park, a low-income community, notorious for its high levels of community violence. The participants are community-based counsellors who volunteer at Organisation X, a community-based ecological intervention that has been developed in response to addressing the cyclical impacts of ongoing violence and continuous trauma.

The research design is a purposive in-depth case study of eighteen counsellors, investigating the narratives of their lives within its real-life context. Follow-up focus groups held with the counsellors were guided by ideas and practices of narrative theory. The narratives were analysed using thematic content and experience-centred form analysis.

Multi-level themes related to trauma and resilience were constructed by the participants. It was revealed that the trauma effects related to systemic ongoing violence are viewed as maladaptive features of negative resilience. At the same time positive resilience which promotes healing, empowerment and transformation is possible despite negative and violent environments.

The perspectives of community counsellors which offer critically important insight into their experience of the context of violence, and the complex interconnecting of individual, interpersonal and social aspects of trauma and healing in disadvantaged communities, could also inform future evidence-based interventions, provide alternate paradigms within which mental health professionals could position themselves to engage in issues of social justice and psychosocial health.

OPSOMMING

Geweld word wêreldwyd as 'n geestesgesondheidsprobleem beskou. Die voorkoms van geweld in Suid-Afrika, is tans een van die hoogstes in die wêreld en die meeste van hierdie geweld neig om veral die armer en histories benadeelde gemeenskappe negatief te raak. Gemeenskappe in die laer inkomstegroepe is dus die mense wat die spit afbyt, omdat hierdie historiese nalatenskap van geweld deur die huidige voortdurende kringloop van interpersoonlike en gemeenskapsgeweld voortleef. Alhoewel daar alreeds baie dokumentêre bewyse bestaan oor trauma en veerkrachtigheid in omgewings waar geweld of traumatische gebeure beëindig is, is daar 'n gebrek aan literatuur wat trauma en veerkrachtigheid vasvang waar geweld die orde van die dag is. Daar is verder nog minder studies wat vaslê hoe trauma en veerkrachtigheid uit die oogpunt van die betrokkenes wat geweld daagliks ervaar, gekonseptualiseer word.

Die sosiale konstruksionisme raamwerk van hierdie studie beoog om 'n bydrae te lewer oor hoe , indien wel, trauma en genesing beleef word deur diegene wat voortdurende geweld ervaar in 'n omgewing waar aanhoudende traumatische stres voorkom. Die deelnemers aan hierdie studie verskaf 'n addisionele perspektief van die van gemeenskapsberaders. Hul tweeledige ervaring van leef en werk in 'n gewelddadige gemeenskap verskaf 'n dieper insig in die verhouding tussen trauma en veerkrachtigheid.

Die buurt waar die studie gedoen is, is Hanover-park - 'n lae inkomste gemeenskap wat berug is vir hoe vlakke van gemeenskapsgeweld. Die deelnemers is beraders uit die gemeenskap wat vrywillige werk doen by Organisasie X - 'n gemeenskapsgebaseerde ekologiese intervensie wat ontwikkel is om die sikliese impak van voortdurende geweld en trauma te verminder. Die navorsingstudie is 'n doelgerigte diepgaande gevallenstudie van agtien beraders wat hul lewensverhale binne die werklike konteks ondersoek. Die beraders het die opvolg fokus-groepe geleei deur idees en die narratiewe teorie in die praktyk toe te pas. Die vertellings is geanaliseer deur gebruik te maak van die tematiese inhoud en 'n ervarings-gesentreerde analitiese formaat.

Veelvlakkige temas wat verband hou met trauma en veerkrachtigheid is deur die deelnemers saamgestel. Dit het aan die lig gebring dat die effek van trauma wat verband hou met voortdurende sistemiese geweld geag word as wanaangepaste kenmerke van negatiewe veerkrachtigheid. Terselfdertyd is die positiewe veerkrachtigheid wat genesing, bemagtiging en verandering evorder moontlik, ten spyte van negatiewe en gewelddadige omgewings.

Die vooruitsigte van die gemeenskapsberaders wat belangrike en kritiese insig in hul ervarings binne geweldsverband bied, die ingewikkelde verbondenheid van die individuele, interpersoonlike en sosiale aspekte van trauma en genesing in benadeelde gemeenskappe kan insiggewend wees vir toekomstige ingryping. Dit kan alternatiewe modelle voorsien waarvolgens beroepslei in die geestesgesondheidsveld hulself kan inrig om kwessies van sosiale geregtigheid en psigo-sosiale gesondheids-toestande aan te spreek.

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Dougie, for showing me that in God's eyes we're all equal and for teaching me to dream.

All my family and friends who have supported me through times of exhaustion, frustration, panic and self-doubt and consistently believed in this work and in me.

My Creator for blessing me with people who enrich my life, and with a heart for social justice.

DEDICATION

To the participants of this study, the community counsellors:

"As I walked out the door toward my freedom, I knew that if I did not leave all the anger, hatred and bitterness behind, that I would still be in prison." Nelson Mandela

While the evidence of anger, hatred and bitterness continues to trap people and endanger you and your own fellow community-members, you have chosen to heal, to face your hurt and to break the cycles of violence in your own lives. You have found ways to feel free despite living in an unjust and violent environment which does not reflect the democracy and freedom that our country should be embracing.

Your courage to heal, your capacity to love and empathise and embrace even those who have hurt you, and your amazing resourcefulness, energy and commitment to creating healthy families and healthy communities, has always and continues to give me hope for our country.

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Chapter One

INTRODUCTION

1.1 BACKGROUND AND RATIONALE OF RESEARCH - BEING, THINKING AND DOING

The research was motivated by three very personal viewpoints (my being, thinking and doing) which relate to my identity as a Clinical Community Psychologist in South Africa.

These three components of being, thinking and doing respectively reflect:

- i) my personal journey as a coloured woman psychologist, part of whose identity has been shaped by growing up in Apartheid South Africa
- ii) the struggles I had in integrating the academic and theoretical perspectives of clinical psychology with how I made meaning of the political and psychological challenges in South Africa and
- iii) my journey of trying to bridge the gap between theory and praxis in a way that enables me to continue in my pursuit for social justice.

My long-standing ambivalence and fluctuating disillusionment with psychology as a useful profession in an oppressed society, was challenged by the emerging thinking of scholars arising out of the movement of Community psychology (Lazarus, 1988; Daniels & D'Andrea, 1996; Petty et al., 2006; Seedat & Lazarus, 2011) and later Critical Community Psychology (Hook, 2001; Painter & Terre Blanche, 2004; Nelson & Prilleltensky, 2005; Davidson et al., 2006; Duran, Firehammer & Gonzales, 2008; Kagan, Burton, Duckett, Lawthom & Siddiquee, 2011; Moane, 2008).

While the theoretical perspectives were shifting from the individual to the collective, from the privileged to the marginalised, from western to indigenous knowledge, in practice, issues of social justice and equity were still not being adequately addressed.

In my own personal, political and professional attempt to straddle these gaps, I founded Organisation X. The underlying tenets of this organisation are similar to the values of community psychology but the organisation has developed through gathering experience and learning from the ground through implementing some of these core values in its community-based initiatives. Through the work of the organisation over the years, it confirmed the questions and challenges with which I grappled,

regarding our understanding of the contextual issues and our conceptualisations of models of trauma and resilience that have shaped and influenced our thinking and consequent interventions.

While the private sector and more affluent middle-class population continue to benefit from the services of the majority of psychologists in South Africa, the predominant low-income populations still have little access to psychological and emotional support services (Ahmed & Pillay, 2004).

As psychologists who aim to facilitate healing and uncover the voices of the marginalised, our starting point should be informed by those who are directly affected by the issues rather than continuing to regard ourselves as the only experts and authorities in psychological and social processes. As an emerging democracy, South Africa has a unique opportunity to empower its citizens to develop our own ways of thinking, understanding and developing solutions for our own context.

The high prevalence of violence in South Africa, the Western Cape and particularly low-income communities, therefore, plays a pivotal role in how I position myself as a psychologist in this country.

My continued desire for social justice, not just broadly within society but within the profession of psychology in South Africa, motivates me to pursue the fight for integrating that which I believe is valuable in psychology with action that will inform our goal towards social transformation and equality. In our post-Apartheid era all South Africans, particularly the oppressed majority, have the right to live in safe families and communities that are not destroyed by violence. It is my exposure and witness to the extent of violence and trauma throughout my life that has really compelled me to try and understand the relationship between violence, the traumatic effects and the dimensions of resilience that exist at the intersection of oppression.

The struggle in bridging the gap between theory and praxis exists for me in the conceptualisations of trauma, which have been constructed in more privileged contexts, which do not consider how trauma and resilience coexist in low-income environments. Furthermore the skills and expertise, with which psychologists are equipped, are appropriate for post-trauma contexts and environments. However, it has been noted that some global contexts as is the case of this study, present environments where the conflict and violence is a daily ongoing occurrence. Given that trauma interventions have largely been grounded in theory stemming from post-traumatic stress responses, very little research has been established in exploring the consequences and interventions for consistent trauma experienced where there is still a lack of safety. Consequently applying these post-trauma understandings and interventions can be likened to trying to fit a square peg into a round hole, without understanding what makes the hole round in the first place.

The work of Straker and the Sanctuaries team (1987) which originally developed the concept of continuous traumatic stress resonated with my understanding of the context in which many Cape

Town low-income communities find themselves. Their work described the impacts of living in environments where political violence and threat was ongoing rather than past and finite. Straker (1987) and her team's position in comparison with the incongruence of post-trauma theory, therefore served as a significant launchpad for my own further investigation into this concept.

It is with this compulsion that I aim to explore how trauma and resilience have been conceptualised and how these conceptualisations relate to the experiences of those who live in unsafe communities.

Much psychological work in violent contexts has focused on exploring experiences of trauma and resilience from the perspective of those receiving counselling services, and less often focusing on experiences of service providers too (Rath, 2008; Perold, Mohamed & Carapinha, 2006). Service provision in psychology has had a Western individualistic professional focus, highlighting negative effects of caregiving such as burnout, stress and fatigue among caregivers (Devilly, Wright & Varker, 2009).

Recently services and interventions that acknowledge indigenous populations and community members' perspectives of interventions across different continents, have complemented Western perspectives (Duran et al., 2008). In South Africa much literature on experiences of community health workers in relation to HIV/AIDS (Haber, Roby & High-George, 2011; Mall, Sorsdahl, Swartz & Joska, 2012) and community interventions related to Intimate Partner Violence, exist (Hellman & House, 2006). There are a number of studies on micro-and mesolevel interventions, focusing on experiences of clients (Appelt, 2006; Davis, Ressler, Schwartz, Stephens & Bradley, 2008) who have had counselling, community education or psycho-education (Lewis, Lewis, Daniels & D'Andrea, 2003). These studies provide insight into experiences of clients and provide recommendations for evidence-based interventions. Furthermore, current research focuses on the effects of counselling in relation to the well-being of family caregivers rather than the effects on formal caregivers (Uren & Graham, 2012).

While some South African studies have explored the trauma experiences of individuals within specific communities (Ahmed, Seedat, Van Niekerk & Bulbulia, 2004; Appelt, 2006; Dinan, McCall & Gibson, 2004; Edross, 2008), there is still a dearth of local and international research, exploring context-specific trauma related to environments of ongoing violence and questioning the appropriateness of psychological interventions for these contexts. Mpande et al. (2013), Higson-Smith (2013), Murray, Cohen and Mannarino (2013) and Diamond, Lipsitz and Hoffman (2013) have authored some of the few articles that have been published exploring ongoing violent contexts in the last five years.

Very little research exploring the work of community-based counsellors in relation to broad-based violence prevention community initiatives exists (Hassim, 2009). This side of the counselling relationship is equally important to explore as it may provide insight into evidence-based interventions from a different point of view than that of clients. In addition counsellors' experiences of healing and resilience could provide insight into the relationship between individual experience and political and structural processes (Boonzaier & De La Rey, 2004b). Community counsellors provide significant information that could contribute to our understanding of what resilience is and ultimately towards facilitating a more accessible, relevant and sustainable mental health process in partnership with communities (Dillenburger, Akhonzada & Fargas, 2008).

Their understanding of trauma and resilience is complex, multi-layered, and generational and bound with their intersectional identities and adversity. Few conceptualisations of trauma have come from the voices of the people who actually live and work with it daily. In the media it is the negative responses and violent scenarios of these communities that receive the attention and which may perpetuate further discrimination of marginalised groups (Fast & Collin-Vezina, 2010).

In the historic trauma literature there are two dichotomies of research that are often present i.e. either the pervasive negative traumatic effects of oppression or the positive psychology presentation of the resilience of oppressed people (Fast & Collin-Vezina, 2010; Brave Heart, Chase, Elkins & Altschul, 2011). Mental health professionals have also become cautious about pathologising the responses to trauma of oppressed groups, therefore, the trend within resilience literature has been to reject notions of dysfunction or deficit (Repper & Perkins, 2003) but rather to emphasise the strengths and resources of oppressed individuals and populations.

However I would propose that a more appropriate understanding of resilience is required which does not negate the adaptive responses that are required for survival, but also does not discount the longer-term effects of these responses, and the role they play in perpetuating cycles of violence and trauma. I would suggest that these kinds of perspectives have allowed mental health professionals to distance themselves from the issues of violence and trauma because of their complexity in the context of oppression and ongoing violence. This research, therefore, also aims to bridge the gap between these two viewpoints in an effort to explain the complex relationship between trauma and resilience.

The literature informing interventions, recommends principles which counter oppression in that they embody a non-pathologising and ecological approach which builds constructive individual and collective identities and focuses on how meaning is made from the trauma (Swartz, 1998; Kaminer & Eagle, 2010). This contextual knowledge would be essential in providing insight into culturally-appropriate interventions which would be accessible, effective and efficient in addressing trauma and promoting resilience on multiple levels.

Current approaches and interventions to trauma only address the problems on the surface and the adaptive responses to trauma, which I would argue represent "a symptomatic solution to a much deeper issue" (Brokenleg, 2012, p. 10). Therefore, what is required is a deeper approach addressing the underlying issues that perpetuate trauma across the generations. These issues exist at the interface with oppression and racism within South Africa.

1.2 RESEARCH QUESTION

The research question explores:

How do community counsellors conceptualise context-specific trauma and resilience while living and working in a low-income community, experiencing ongoing violence?

1.3 PROBLEM STATEMENT

The research question suggests that community counsellors are able to offer a unique perspective in understanding trauma and resilience within their own context. As low-income women and community members they experience the same forms of violence and trauma that other community members are exposed to, yet due to their identities as counsellors, may be able to provide insight into the interpretation and meaning-making of trauma in the different ecological environments. Their experiences would also provide insight into whether it is possible for resilience to occur while the violence is ongoing, and where safety is a priority. As community-based counsellors their personal experiences would provide some insight as to whether resilience exists and how resilience is understood in the context of ongoing violence. Their experience as counsellors also places them in the position to provide an understanding of their perspectives of trauma and resilience through their work with their clients.

1.4 RESEARCH AIMS AND OBJECTIVES

In order to achieve this goal, the research aims to obtain the following objectives:

- i) To present a brief theoretical synopsis of violence from interdisciplinary perspectives and an overview of conceptualisations of trauma and resilience from psychological perspectives.
- ii) To describe the ecological context from the perspectives of low-income women who are also community-based counsellors.
- iii) To formulate a conceptualisation of ecological trauma from their perspectives.

- iv) To explore dimensions of resilience within the context of ongoing violence from the perspectives of these women.
- v) To explore their experiences of trauma and resilience at the interface with their intersectional identities.

1.5 SIGNIFICANCE OF THE RESEARCH

There is little reported on conceptualisations of trauma and resilience in contexts where there is still a lack of safety with very little hope of the situation changing. This research will hopefully contribute to understanding the challenges of restoring individuals, families and communities that are being torn apart by systemic violence all around the world.

Conceptualisations of trauma have also largely been developed from the voices of professionals. The approach of the study also aims to address key debates in the political arena of trauma. PTSD has long been criticised for its limited contextual significance, yet has continued to shape the way in which research has been conducted and knowledge has been produced and disseminated globally. PTSD as the dominant discourse in trauma has also influenced praxis in a variety of different contexts throughout the world, and has remained largely within the field of psychology and psychiatry.

The first and very recent journal publication discussing continuous traumatic stress stems from the perspectives of a range of professionals within the field of psychology (Kaminer, Eagle, Stevens & Higson-Smith, 2013). However, the perspectives of the voices of people who live in these environments every day is significant to contribute to how they experience trauma and resilience in this environment.

The participants in this study have historically not had the opportunity to be heard, and for many members of low-income communities such as this, their experiences are often silenced. Taking cognisance of their experiences provides insight into their context and history which has shaped how they come to understand trauma and how they cope and heal in this environment. These women have a unique perspective because of their multiple intersecting identities which provide a rich, contextual depth to the study.

Integrating their understanding and interpretation of their environment and the consequences of living with historic and current violence may mean shifting out of our professional comfort zones and adapting intervention modalities to ones which stem from their ecological viewpoints. The discussion of resilience and how healing occurs within an unsafe environment provides could, therefore, have implications for planning and implementing future interventions.

Despite the important function of community lay counsellors in caring, they remain a marginalised group within the mental health sector (Daniels, 2012). Although they are at the frontline interfacing with trauma and violence directly on a daily basis, and provide psychosocial, spiritual and physical support to community members, their exclusion in knowledge production is an enormous oversight.

This research is therefore significant in the current South African climate where lay community volunteers perform a range of tasks in addressing the primary mental health needs of underserved communities. Community development frameworks posit that participation and empowerment of community members are key components in uplifting communities (Duncan, Bowman, Naidoo, Pillay & Roos, 2007; Landau, 2010; Kagan et al., 2011). Therefore, the roles of the community counsellors in facilitating healing and breaking cycles of violence also provides an important perspective on the work of community volunteers in addressing violence and trauma.

Out of the analysis, the research provides a discussion of the implications of future interventions within the trauma counselling contexts and within community development in areas of ongoing violence.

Finally, it is hoped that this research will provide important connections between theory and practice which will contribute towards promoting humanity, justice and peace in oppressed communities.

1.6 SCOPE OF THE RESEARCH

While there are limitations to the study which will be discussed in more detail in Chapter 9, it does feel important to briefly delineate the scope of the research at the outset.

This study does not aim to provide a conclusive discussion on the diagnostic taxonomy of trauma. In exploring the lived experiences of the limited sample of participants, the study aims to contribute to emerging discussions and knowledge within the field of trauma and continuous traumatic stress.

Research in violence and trauma exist within diverse disciplines. While there is merit in reading a broad base of literature, an in-depth review of all the literature across the disciplines was beyond the scope of this study, and is therefore limited. The scope of the literature reviewed, therefore is largely restricted to research related to trauma and resilience in adults, violent families and communities and low-income contexts.

In the relatively new domain of continuous traumatic stress, the availability of research is limited and has been applied to contexts which are not necessarily similar to the one in this study.

The foundation of the research is based on the principles of Ecological theory and Critical Community Psychology. Therefore, while I do acknowledge that the issues of trauma and resilience are

interdependent and interact across multiple systems and diverse frameworks, models and contexts, for purposes of this research I have drawn on literature which is directly relevant to the context of this study.

The homogeneity of the sample group of women who are all coloured limits the scope of interpretation of the research to their specific intersectional identities. However, as community-based counsellors they are representative of the poor non-White women who constitute the majority of volunteers in South Africa (Perold et al., 2006), and therefore give voice to issues from within the community.

As a South African group of women, their experiences and insight highlight the limitations of PTSD for their context. However, South African identity is diverse across class, race and socio-economic status. While the research is specifically focused on contributing to the understanding of the mental health sequelae across the ecological systems that are the consequence of enduring trauma, it cannot necessarily be generalised to communities that experience relative safety.

In seeking an understanding of the presentation and conceptualisations of trauma and resilience, the scope of the research on this group of women and their experiences falls within the realm of fulfilling its social justice agenda (Bloom & Sawin, 2009).

1.7 DEFINITIONS OF KEY TERMS

The definition of trauma is very broad. For purposes of this research violence is the term used to describe the event/s which cause traumatic impact, and trauma is defined as the psychosocial impacts of violence. The trauma response to an event or events, real or perceived, violent or threatening, may not be discreet but a whole life experience. Trauma is, therefore attributed to the subjective perspective of the person experiencing it, and while I have attempted to limit the term to the effects of violence and threat, participants' definitions of trauma could also include for example a complex bereavement or extreme stress related to poverty.

1.8 ASSUMPTIONS

Critical Community Psychology and Intersectional theory frame the background to the research. These theoretical strands will be discussed in Chapter 2.

1.9 BRIEF CHAPTER OVERVIEW

This thesis consists of nine chapters. Chapter 2 focuses on the theoretical framework informing this study. Critical Community Psychology and Ecological theory are the theoretical foundations of this

research. In Chapter 3 the literature is presented focusing on an overview of the concepts of violence, trauma and resilience. The chapter also provides an overview of ecological approaches which employ the use of community-based volunteers in addressing violence and trauma. Chapter 4 explains the qualitative methodology of the research, which is informed by social constructionist and Intersectional theory. A detailed analysis and discussion of the results of the study are presented in chapters 5, 6, 7 and 8. Chapters 5, 6 and 7 provide a cross-case study content analysis of the 18 in-depth interviews and two focus groups. Chapter 5 focuses on the participants' perceptions of the context in which they live, Chapter 6 focuses on conceptualizing trauma and Chapter 7 focuses on conceptualizing Resilience, Survival and Healing. Chapter 8 presents a discussion of the experience-centred form analysis of two selected individual cases, weaving together the themes of discussion in Chapters 5, 6 and 7. Finally Chapter 9 presents the Summary, implications and conclusions of the study.

Chapter Two

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter discusses my theoretical positioning as a practitioner and as a researcher. I will outline the principles and development of critical community psychology and the ecological model of understanding human behavior within the context of trauma and resilience.

2.2 CRITICAL COMMUNITY PSYCHOLOGY

Given the tensions I have experienced as a coloured South African clinical psychologist with mainstream psychology (further discussed in Chapter 4 in the section on Reflexivity), it is not surprising that I can identify with many of the principles and values of critical community psychology. Critical community psychology positions itself outside of the margins of mainstream psychology (Viljoen, Pistorius & Eskell-Blokland, 2007). The critiques levied at psychology have been vast and diverse, and presenting all of these debates is beyond the scope of this research (Summerfield, 2008).

However, as global mental health has been foregrounded in an effort to address the large scale mental health needs of distressed low- and middle-income communities, critical community psychological approaches appear best suited to facilitate integrated interventions in these communities. An important focus of critical community psychology is its concern with the distribution of power in society, therefore, a brief overview of the critiques of mainstream psychology and its relation to power, is presented below.

Mainstream psychology is critiqued for its relationship to power in three particular related areas relevant to this research: 1) Pathologising the individual rather than focusing on ecological systems 2) Power and structural inequality and 3) Power and knowledge production.

2.2.1 Pathologising the individual rather than focusing on ecological systems

Most traditional psychological theory has focused on the individual. Explanations of behaviour and interventions have largely stemmed from individualistic analyses, which are Eurocentric approaches (Nelson & Prilleltensky, 2005).

Psychology has long been criticised for colluding with oppressive regimes through its focus on individualistic conceptualisations and interventions. Psychological interventions aimed at individuals tended to ignore the broader political and structural conditions in society, and therefore was seen to be inappropriate and inaccessible for the marginalized majority in oppressed societies (Naidoo, 2000; Dawes, 1985; Lazarus, 1988).

The paradigm of pathologising individuals has also been problematic, and the limitations of mainstream psychology have been evident in its inability to appropriately conceptualise mental health concerns, and intervene in disadvantaged and developing countries within its narrow biomedical theoretical paradigms (Wilkinson, 1986; Summerfield, 2008; Burgess, 2012).

As Community Psychology has shifted the focus from the individual to the collective, it therefore, reduces the tendency to blame the individual for their maladaptive behaviours or apply deviant labels to the individual. Although the field of community psychology is not very clearly defined (Levine, Perkins & Perkins, 2005), there are key values and principles which exist within the scope of the work. Community Psychology encourages mental health practitioners to view people within their contexts and apply a more holistic, ecological and culturally appropriate analysis of the individual and the interaction between individuals and their environments in order to respond in more contextually relevant and accountable ways (Daniels & D'Andrea, 1996).

In a progressive, ground-breaking study Lazarus (1988) identified four key objectives of Community psychology within the South African context:

- 1) Service delivery for mental health needed to be made more accessible to populations who would previously not have had access due to the inequities of racial oppression.
- 2) Psychological and social problems needed to be reconceptualised and new ways of understanding the links between these problems needed to be developed.
- 3) Service delivery strategies needed to understand the impact of contextual social issues and needed to be transformed to include more preventative and strengths-based approaches which enable people to develop their skills, empower individuals and build their capacity despite living in adverse environments.
- 4) Psychologists needed to expand their scope of practice and their roles to include a more public health orientation.

These objectives are largely compatible with Ecological Theory in that psychologists began to understand individuals within their contexts.

2.2.1.1 *The ecological model*

The Ecological model provides an in-context way for community psychologists to understand human behaviour. Lewin (1951 cited in Nelson and Prilleltensky, 2005) developed the famous equation $B=f(P, E)$ demonstrating that behaviour (B) is a Function (f) of the Person (P) and the Environment (E). This equation helped to develop new ways of understanding and conceptualizing problems, behaviours, social issues and the relationships between these processes. Critical psychology, therefore, prioritized the socio-political and historical context rather than limiting their understanding of human behavior to just the individual. This also had implications for the way in which research was undertaken as critical psychologists considered themselves as part of the context in which they were professionally engaged.

Darwin's philosophies about how species adapt to survive in their environment, was responsible for the original development of the model. However, it was Bronfenbrenner's (1979) work that popularized the understanding of nested multiple ecologies or systems and relationships that influence the individual's development (Lerner, Lewin-Bizan & Warren, 2011).

The individual or ontogenetic system comprises genetic and biological factors which are inherent in the person. These biophysical factors underpin all human experiences (Siegel, 2010). The relationship between automatic physiological reactions to stress and trauma are well-documented. This study does refer to these biological responses. However, the intricate and complex details of the neurobiology of trauma will not be explored in detail in this research.

While the biological factors are important, ecological theory acknowledges that the individual exists within a microsystem comprising the direct family and friendship relationships. How individuals interact with each other, in particular with a developing child, has a significant impact on the way the child's beliefs about himself/herself and the immediate environment are shaped. The family dynamic is often recognized as having the most significant influence within the microsystem, particularly in high-risk environments (Srinivasa, 2007; Hoffman & Kruczak, 2011).

The mesosystem involves the interactions between people across the systems and how these interactions can have a positive or negative influence on the individual and on other systems. Hoffman and Kruczak (2011) describe that very few studies have been conducted on the mesosystem. One example was that of how teacher's trauma responses adversely affected classroom behavior, following a mass trauma (Stuber, Nader & Pynoos, 1997). Notions of social cohesion and social connection also relate to the dynamics within the mesosystem. These are relevant concepts in understanding the bi-directional influences of trauma on the mesosystem.

The exosystem includes the broader community resources e.g. government service, work opportunities etc. with which the child may not necessarily have direct contact. However, the individual's development would be affected as a result of the influence of these community systems. In the case of a child, his/her development would be shaped by the way in which the adults around the child interact with these resources (Berk, 2009).

Micro-, meso- and exosystems exist within a macrosystem. The broader societal components such as culture, values, ideologies etc. constitute the macrosystem. The child's development would be influenced by the attitudes and beliefs of the people surrounding him/her for example in a culture of poverty, where belief systems may be characterized by a sense of helplessness, dependence or an inability to delay gratification (Mullainathan, 2010). These cultural and societal contexts influence class, race, gender and socioeconomic status. These classifications can often thwart or promote responses to trauma, and therefore, influence the potential for resilience.

Finally individuals and communities also function within a chronosystem which adds the dimension of time as influencing human development. The developmental stage of the individual would also influence how a traumatic event is experienced. The person's transitions in his/her life also occur in the context of a broader social history which have exerted an influence over the environments in their present state. As Fanon states, "Every human problem must be considered from the standpoint of time" (1967, p. 14-15).

The ecological approach, although useful for my conceptualization, can also be problematic for some due to its evolutionary, positivist foundations (Kagan & Burton, 2001), and interventions and approaches focusing purely on ecological approaches could possibly also miss the mark in terms of addressing psychological issues.

In support of this argument, in the shift away from individualistic to ecological approaches, Gibson and Swartz (2008) raise concerns with the neglect of emotional processes within the field of community psychology. They suggest that the individualistic principles of psychodynamic theory can still make a useful contribution to the understanding of emotional processes, power dynamics, group processes, all of which the community psychologist needs to be aware of and need not be ignored.

Burgess (2012) also postulates that perhaps there may be ways to bring these ideologically contrasting approaches together. Where mainstream psychology, derived from its medicalised roots, draws attention to the individual, and critical community psychology emphasizes context, both factors have an interdependent and equivalent relationship to psychosocial distress. Addressing power relationships and giving voice to the oppressed is essential in hearing and supporting individuals and communities in what they need.

2.2.2 Power and structural inequality

There have been several criticisms about the morality of mainstream psychology. Historically psychology has been described as a political tool maintaining the status quo of oppression, discrimination and inequity (Hook, 2001; Bulhan, 1985).

In South Africa mental health services have colluded with oppressive political systems, and continued to remain limited in access to the vast majority and have been consistent with the racial and class inequities that have characterized the country since Apartheid (Naidoo, 2000, Lazarus, 1988; Painter & Terre Blanche, 2004). However, South Africa is not unique in its need to acknowledge and address the unequal relationships of power when trying to develop intervention approaches (Wouters, 1993).

With the influence of ecological thinking, Kagan et al. (2011) suggest an interdisciplinary understanding and multi-systemic analysis of relationships of power in order to develop interventions to address it.

Foucault's conceptualisation of power is neutral and suggests that power relations can be good or bad. However, power exercised over others which has a deleterious effect on them is considered an abuse of power. Abuses of power, in particular, are manifested in South Africa's high rates of violence. Many of the psycho-social and economic problems experienced by individuals and communities also occur as a result of power dynamics. If issues of power are not addressed, the continued imbalance and abuse thereof can easily be perpetuated by mental health professionals despite their best intentions.

Critical community psychology is characterized by its belief in the need to radically transform society (Sandler, 2007) in order to ameliorate the conditions that perpetuate suffering (Nelson & Prilleltensky, 2005), to change to a society that is just and equitable (Kagan et al., 2011) and ultimately where violence is significantly reduced. This emancipatory or liberatory goal of critical community psychology is one that, therefore, cannot be positioned solely within the discipline of psychology. Given the ecological nature of social phenomena, interdisciplinary critical thinking from multiple perspectives, which straddles the disciplines of politics, sociology, education, economics and so on, is required to holistically transform society (Sandler, 2007). However, critical community psychology often finds itself paradoxically trying to transform society in one of two ways: firstly, from a community psychology point of departure which tends to be practical and action-oriented but falls largely within the personal and interpersonal systemic levels, and is, therefore unable to challenge institutionalised power, or secondly, through a critical psychology approach which has managed to challenge institutionalized power and the status quo in theory but not in praxis (Davidson et al., 2006).

Both approaches seem to be missing practical action and transformation at the macro-levels, which require interdisciplinary engagement.

2.2.3 Power and knowledge production

Foucault (1982) has written widely around the relationship between power and its relationship to knowledge ownership. These kinds of power relations have significant implications for the ways in which the perceived expert mental health professional engages with communities and how communities engage with mental health services.

In order to bring about real change, we need to understand how people make sense of their own lives and their world (Kagan et al., 2011). When mental health practitioners impose their own knowledge, understandings and beliefs in developing intervention paradigms, if they are not aligned with the culture, beliefs and values of the community, these practices could serve to further oppress already disenfranchised and disempowered groups (Duran et al., 2008). For this reason, mental health practitioners need to begin their work from a point of humility. This requires being present, living with, learning from and spending time with people in their context (Kagan & Burton, 2001). As practitioners we also need to be fully aware of our own positions of power in relation to the people with whom we are engaging.

Traditionally the transfer of knowledge or skills has been viewed as empowerment and has often been associated with a transfer of information from the expert to those "less knowledgeable". However, within the critical psychological perspective, this conceptualization of empowerment is yet another form of oppression and disempowerment in that the expert holds knowledge power over the individual or community.

In developing the ecological model, Lewin demonstrated that knowledge actually exists across the systems, and that expert knowledge and community knowledge need to be given equal credibility and legitimacy. This integrated form of knowledge creation can be a catalyst of significant change (Greenwood & Levin, 2000). This opinion is shared by the feminist movement (Gatenby & Humphries, 2000; Reinhartz, 1992) and those working in the field of disability (Watermeyer, 2012; Mji, Gcaza, Swartz, MacLachlan & Hutton, 2011). Therefore, community psychologists engaging in these issues need to prioritise true empowerment as a process which contributes to optimal well-being, and ultimately promotes social justice (Nelson & Prilleltensky, 2005).

Freire's (1970) concept of emancipatory learning is one in which knowledge creation exists in relationship with others. Language, both verbal and non-verbal, becomes the tool for knowledge construction, and this implies that personal values and subjectivity become inherent in the knowledge

production process. This ideological shift means that one's own subjectivity does have validity and credibility within psychology.

Kagan and Burton (2001) describe academic knowledge as being incomplete without the lived experiences of people, particularly those who have been oppressed. "It lacks that firm footing in raw reality that turns knowledge into a mobilising force capable of leading to action" (Wresinski, 1980 in ATD Fourth World, 1999, p. 3 cited in Kagan & Burton, 2001).

Prior to conducting this research, negotiating my own feelings of power and powerlessness in relation to knowledge production, has also ultimately had a significant influence on my embarking on this doctoral journey. Despite the fact that I have obtained degrees and lectured tertiary students, growing up in a racially discriminatory macrosystem, has ingrained and embedded inferior coloured identity in me, which still often leaves me feeling that my professional experiences and insights have little value, or that my expression thereof has little place in academic scripts.

Some of the participants in this study, for example, were enrolled for an auxiliary social work¹ course some time after the interviews were completed. Although most had not completed their schooling, they were accomplished in life and counselling experiences, which should have left them feeling positive about this new academic venture. However, again, as a consequence of their internalized low self-worth, they felt as if they would never succeed in this course, nor did they feel that their experiences were worthwhile enough to entitle them to this opportunity.

Language has also often been a tool for maintaining the status quo and holding dominion over the experiences of oppressed community members. An example of this is how academic language within academic texts can be extremely intimidating for those who have little formal education. Engaging with the academic material was enormously frightening and intimidating for the participants in the auxiliary social work course, as they initially did not understand the language and academic jargon used in the texts. After explaining to them what the questions meant in simple terms e.g. instead of "Discuss the code of ethics in engaging with your clients", I could reframe the question by asking them, "As a counsellor, what kinds of things do you need to do or be aware of every day in your counselling, to protect yourself and your client?" Immediately they could engage and have lively discussion about confidentiality, boundaries, reporting procedures etc. This simple example serves to demonstrate how mainstream academia can restrict the potential for engaging with community experience and knowledge, and how the wealth of praxis can inform theoretical knowledge and not always the other way around.

¹ Auxiliary Social Work was a field designed to address the overburdened Social Development sector particular in the under-resourced communities. Auxiliary social Workers complement and support Social Workers in the delivery of social services. Organisation X sourced funding to pay for the tuition for ten of the counsellors to do the course.

Although I do strongly identify with the underlying tenets of critical psychology, its implications for practical multi-level interventions are yet to be understood. Despite the fact that ideologically, critical community psychology is seen as more progressive, emancipatory and transformative, it has made minimal impact on the state of South Africa's broader socio-political and health landscape. As a researcher I find myself in the ironic position of arguing for the tenets that underpin critical community psychology i.e. the knowledge base of community members being of equal importance. Yet the only way to make them heard and legitimize this knowledge is through rigorous, scientific spheres written in the formal language of academics.

Chapter Three

LITERATURE REVIEW

3.1 INTRODUCTION

The following chapter reviews the expansive body of literature related to this study. As the research seeks to conceptualise trauma and resilience in the context of ongoing violence, it is important to first understand what constitutes violence. The first section of the literature review aims to provide a context of violence internationally and in South Africa. An overview of some of the relevant schools of thought is presented, describing different viewpoints of the nature and causes of violence. The enduring nature of violence is the context of this study, and therefore emphasis is laid on the cyclical nature of violence within a community context. Although very little research has been done in an effort to understand ongoing contexts of violence within the literature, there have been a few studies done on exposure to violence and polyvictimisation in low-income communities.

There are even fewer studies on the effects of polyvictimisation or the effects of living in environments of ongoing violence. The second section presents a review on studies in trauma. Trauma is defined as a response to violence and different theoretical perspectives are presented, describing the systemic effects of trauma.

Within the context of ongoing violence, a discussion of trauma is incomplete without exploring the ways in which people cope with adversity. Therefore, the third section is an overview of the literature exploring resilience and a few of the comparatively similar related concepts.

Because of the dearth of literature, investigating the extent of trauma and resilience in persistently unsafe environments, the literature on how to address these issues and develop interventions appropriate for these contexts, is, therefore, also under-developed. The final section of this chapter presents some of the community-based interventions addressing community violence that exist within the ecological theoretical framework of community psychology. Particular focus is given to interventions that engage in capacity-building of community volunteers and counsellors, which is pertinent to this study.

3.2 VIOLENCE

"For the forgotten and the marginalised, violence is a way of ensuring that society does not ignore the pain and loss they have endured." (Unknown).

Violence has been given much attention in research for many years. To date, however, the research focuses largely on individual risk factors and very little literature is available exploring the family, school and community factors related to violence (Aisenberg & Herrenkohl, 2008). Much of the individualistic research explores developmental and social-learning theories in particular around youth (e.g. Wodarski, 2010; Lambert et al., 2011). Studies have also tried to identify risk factors for violent behaviour through analysis of data sourced from perpetrators (e.g. Rhodes & Iwashyna; 2009; Lisak & Besztercze, 2007).

There has been a substantial amount of research from an ecological perspective, informed by systems theory, on interpersonal violence within psychology (Lazarus et al., 2009; Overstreet & Mazza, 2003). Although many studies indicate the need to explore factors at all systemic levels, very few studies actually explore the integrated relationships of these factors across the different systems.

Community violence which is also defined as interpersonal violence in public places (Overstreet & Mazza, 2003) has been explored in the context of the socio-economic structures of neighbourhoods. Much less is available about the family, school and broader macro factors related to community violence (Aisenberg & Herrenkohl, 2008). This includes an acknowledgement of the role of intergenerational transfer of cycles of violence.

Recommendations in the literature call for multicontextual, multivariate analyses of violence (Overstreet & Mazza, 2003). However, still very little integrated exploration of these dynamics and their relationships with social, historical and psychological elements exists.

3.2.1 What is violence?

Although violence is defined in many different ways, the World Health Organisation (WHO) defines it as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Dahlberg & Krug, 2002, p. 5).

In terms of how violence is defined, the WHO provides an understanding that violence does not necessarily only result in injury or death, but that the effects of all forms of violence have an adverse biopsychosocial impact on individuals, families, communities and health care systems all over the world. The definition also focuses on impacts that extend beyond individual consequences thus

acknowledging an understanding of the full impact of violence on individuals, communities and society.

This is a valuable definition in understanding the effect of violence in communities where violence takes place in different forms and has a wide range of effects on people and systems which exist within the community.

3.2.2 Nature of violence

The WHO Report (Dahlberg & Krug, 2002) divides violence into three broad categories. These include self-directed violence, interpersonal violence and collective violence. Self-directed violence which includes suicide and self-mutilation is violence directed at oneself. Interpersonal violence includes family and interpersonal violence which takes place within the home i.e. between partners or within families, and community violence which takes place between people apparently unrelated to each other and which occurs outside of the home. Collective violence describes violence committed by larger groups of people motivated by social, political and/or economic agenda e.g. war, terrorist acts and hate crimes.

This typology provides a useful framework for categorizing violence on a personal, interpersonal and structural level. It also explains that the nature of violence can include the physical, sexual and psychological acts as well as that of deprivation and neglect.

The WHO (Dahlberg & Krug, 2002) defines violence on the basis of intentionality yet does seem to cover a broader range of outcomes. By definition this leaves scope for the understanding that violence affects those who are not seemingly directly physically injured by the act of violence but that it still creates a substantial burden on the various systems beyond the individual i.e: such as members of families and communities who may witness or hear secondary accounts of violent acts.

3.2.3 The state of violence in South Africa

Crime and violence impact every life in South Africa. The rate of violence in South Africa is amongst the highest in the world. The South African Stress and Health survey ([SASH], Williams, Williams, Stein, Seedat, Jackson & Moomal, 2007) is one of the most comprehensive epidemiological studies done in SA. The research found that 75 % of participants had experienced at least one violent event in their lifetime while 56.1% had experienced multiple incidences of violence. Despite the fact that research shows high rates of violence exposure amongst South Africans and that the topic of crime comes up in many discussions and is reported on daily in the media, there is very little in-depth systematic research determining why South Africa experiences such high rates of violence (Glaser, 2008). Dixon (2001, cited in Breetzke, 2012) describes local research as being inadequate and unable

to account for the country's high levels of violence due to poor attempts at trying to provide quick solutions to what remain deep-seated systemic problems.

Over the past ten years approximately 2 million serious crimes were recorded each year (Holtman, 2008). Nearly a third of all serious crime in South Africa is classified as "contact crime" which involves physical contact between victim and perpetrator and includes murder, assaults and sexual offences and is likely to have a more serious psychological impact than property crime for example (SAPS, 2011). Although South Africa's murder rate of 43 a day is seemingly comparable with countries like the United States and China, these countries have populations six and thirty times greater than South Africa respectively (Breetzke, 2012).

Alarming statistics have compared South Africa's rate of murder with deaths which have occurred as a result of war. Global Security (2010) reports that between 2003-2009, there were 4282 American soldiers killed in Iraq compared to more than 120 000 people who have been killed in South Africa.

According to South African Police Services statistics, the Western Cape has by far one of the nation's highest rate of murder: 44.2 murders per 100,000 citizens in 2010/11. By comparison, Gauteng had 29.1 murders per 100,000, and the national average was 31.9 (SAPS, 2011). The Western Cape was recorded as having the second-highest murder rate and the highest sexual offences rate during the period 2010-2011 with the Northern Cape having a significantly high attempted murder rate and follows the Western Cape closely in terms of sexual offences. (SAPS, 2011). Much of this violence seems to take place in geographical areas which are historically and currently poorer and disadvantaged socio-economically. These statistics, therefore, arguably indicate whether there are significant correlations between specific cultural, racial and identity issues with regards to violence.

The culture of violence has been cultivated largely through the presence of organised gangs in the Western Cape (Appelt, 2006, Kinnes, 2000). Violence related to gangsterism on the Cape Flats have been referred to as parallel with "intermediate armed conflict" situations where at least 25 people die a year and more than 1000 have died during the life of the conflict (Standing, 2003). At least 64 people were reportedly killed in 6 months during 2011 due to gang-related violence. Of these, 28 people were killed in Hanover Park in October alone (Bezuidenhout & Lewis, 2011). It is not surprising that authors such as Altbeker have described South Africa as a "country at war with itself" (2007, p. 38).

A Western Cape situational analysis conducted by Dawes, Long, Alexander & Ward (2006) found that violence is the leading cause of death among adolescents and that children in the province are exposed to high levels of violence in their homes, in their schools and in their communities.

A more localized study on polyvictimsation done by Kaminer, Du Plessis, Hardy and Benjamin (2013) which was undertaken in Hanover Park, found in a sample of 617 Grade 7 learners, that almost

all (98.9%) reported witnessing violence in their community. 40% had experienced direct threat or assault in the community, 76.9% reported witnessing domestic violence while 58.6% had been directly victimized at home. 75.8% reported direct or indirect exposure to school violence. Polyvictimisation provides another perspective of experiences of enduring violence which have implications for interventions.

3.2.4 Perspectives of violence in SA

Criminologists struggle to explain the reasons for the high rates of violence in South Africa, and in particular in the Western Cape, as they tend to view poverty as a causal factor for crime. However, other perspectives have disregarded poverty as a direct cause as there are many poverty-stricken societies with relatively low levels of violence (Glaser, 2008). Incidentally, for one of the most violent provinces, the Western Cape is also South Africa's best developed and better resourced province and has the lowest unemployment levels in the country. This is important in considering what the root causes of violence and crime are - not just in South Africa, but particularly in the Western Cape where the current study is located.

Therefore the disparities between the wealthy and the poor have led to inequality being a more credible argument for violence (Legget, 2004; Glaser, 2008). Fanon (1968) argues that structural violence, stemming from colonialism, racism and oppression have created many forms of interpersonal and collective violence.

The aftermath of structurally engineered racial inequality, known as Apartheid, has contributed significantly to the high rates of current violence in South Africa (Amtaika, 2010). Marks and Andersson (1990) provided a clear argument, drawing on perspectives from historical and anthropological research, which described how Apartheid developed a psycho-social and economic environment which promoted violence.

However, others argue that not all countries who have experienced oppressive, political regimes such as Chile and Indonesia, have resulted in legacies of violence and high murder rates (Glaser, 2008). It is, therefore, important to acknowledge the legacy of Apartheid in trying to understand violence in South Africa but include other perspectives as well.

The National Crime Prevention Strategy ([NCPS] Department of Safety and Security, [DoSS], 1996) made an important attempt at providing an holistic explanation to the contributors of crime and violence in South Africa. It highlights our rapid transition to democracy which inherited from the Apartheid regime, a public service system that was not designed to provide services to the majority of South Africans. With the transition the vast majority had raised expectations for more material wealth which were unrealistic given the inadequate capacity of the government.

The lines between legitimate conflicts, political violence and criminal acts were blurred and the country's past inculcated a culture of violence as the norm for resolving conflicts. The context of poverty and unemployment provides a flourishing environment for crime and violence to develop, particularly for at-risk and marginalised youth. Gender oppression contributes to staggeringly high levels of violence against women. Fire-arms remain easily accessible and are used in a range of criminal acts. Important acknowledgements made in the document are the paucity of services which exist for victims of crime which raised awareness about recidivism, retributive violence, retaliation and violence which spills into other systems.

The NCPS (DoSS, 1996) manages to identify a number of significant issues and although well-respected as a document, still seems to lack depth in its analysis of violence (Glaser, 2008).

Bruce (2006) suggests that there are other factors which are not mentioned that contribute to our violent society. He highlights the fact that the NCPS (DoSS, 1996) does not acknowledge the innately racist ideology of Apartheid and its effect on violence.

Many studies have found that race and class appear to be positively correlated with violence exposure and again is disproportionately higher in areas inhabited by the poorer "people of color" (Garbarino, Hammond, Mercy & Yung, 2004; Aisenberg & Herrenkohl, 2008).

Leggett (2004) argues that among other factors, a possible reason why the rate of violence may be so high in the Western Cape and in the Northern Cape is related to the dominant "coloured" population in these provinces. This population group appears to be more likely to be both victims and perpetrators of crime. Leggett (2004) reports that "coloured" people have experienced higher murder rates since the earlier parts of the last century. A thorough explanation of the violence in this community would have to include extensive historical investigation, which is beyond the scope of this research. Kaplan (2005) suggests that the history of South Africa's political violence is largely responsible for the generational transfer of widespread fear, hatred and despair. This is supported by Leggett (2004) in that some aspects of the role of the history of violence in the coloured community are viewed as a causal factor in perpetuating the cycle of violence. However, focusing strictly on present social conditions he identifies "pressured idleness" (unemployment and lack of motivation for education), "claustrophobia" (high population density), gangsterism and substance abuse as key factors that can be linked to long-term violent trends.

Another argument presented in the literature for the high rates of violence, particularly amongst youth, exists in understanding the motivations for aggressive behavior. A distinction is made between appetitive aggression and reactive aggression (Weierstall et al., 2013). Appetitive aggression occurs when the perpetrator experiences a sense of gratification from inflicting harm on another person,

while reactive aggression is a volatile response to threat and danger. Both forms of aggression appear to be evident in environments of ongoing community violence.

In their situation analysis of children's exposure to violence, Dawes et al. (2006) also raise questions as to why "coloured" children are exposed to much higher rates of victimisation than other race groups in the Western Cape. A possible explanation could be that the South African Police Service (SAPS) stations in these neighbourhoods are more capacitated to capture information than in the "black" police stations. It may also just be that there is a higher proportion of coloured people in the Western Cape - 48,8% compared to black people - 32,8% in the province (Cronje, M., StatsSA, personal communication, 21 May 2013).

Bruce (2006) suggests that low self-esteem is another area that is not considered in the NCPS (DoSS, 1996), despite several studies revealing the relationship between low self-esteem and violence (Walker & Bright, 2009). Bruce (2006) asserts that issues of "coloured" identity during and post-Apartheid have led to status insecurity and low self-esteem which could explain the particularly high levels of violence in this population. It is, however, important to note that violence in South Africa does not only exist among the impoverished or with people of colour.

Authors, such as Crenshaw (1993), caution that we should also not view violence against black women as a direct consequence of oppressive racism. Although it is highly likely that racism contributes to women abuse, the cycles of violence are more complex than this.

Gender-based violence is a commonly researched theme and issues of masculinity across racial barriers are also connected with violence. These are based on the gender hierarchy of power and control. Dominance over women and children have been seen as a right and part of the socialisation of men for years. Toughness, machismo, defending one's honour, pride and risk-taking are some of the attributes ascribed to the ideals of masculinity (Seedat, van Niekerk, Jewkes, Suffla & Ratele, 2009). In a wide range of contexts that exist across class, this competition for power and authority between men, often involves the use of force, resulting in both perpetrators and victims of violence being predominantly male (Seedat et al., 2009).

According to the National Injury Mortality Surveillance System (NIMSS), men are more likely to be victims of homicide than women in South Africa (Donson, 2008) while the WHO found that internationally men are more than three times more likely to be victims of homicide than females (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002).

Soudien (2011) draws on two discourses to develop his argument around masculinity and violence in South Africa: 1) the ideology that structural factors within society reinforce the notion that men are

inherently violent and 2) that the powerful effects of a violent history and oppression are difficult to avoid.

In many developing countries historical legacies of violence have meant that men have been engaged in political wars which reinforce aggressive, protective aspects of masculinity with no space for expression of emotion (Cabrera, 2002). So often these men have then found themselves in a position where they not only experience the effects of the violence but are consequently devalued and unable to provide for their families.

For many men, fathering children provides affirmation for their identity as men. In South Africa research has shown that boys growing up in absent father homes are more likely to display aggressive behaviour while girls are likely to develop low self-esteem and display risky behaviour (Holburn & Eddy, 2011; Mackey & Mackey, 2003; Jakupcak, Lisak & Roemer, 2002). Youth living in violent communities are also exposed to fewer positive male role models and become drawn to models of men who emulate power and relative wealth within their community, hence the idealization of some young boys of gang members. Gangs have long been associated with providing the security and space for belonging which young people seek in impoverished, violent environments (Covey, 2003). Gang membership also facilitates a perceived higher social standing within the socio-economic ranks of the community.

3.2.5 Conclusion

Whichever viewpoint one takes to understand violence, it feels clear that it is an integration of multiple factors including the individual, interpersonal, community, cultural and historic factors. Similarly the impacts of violence affect multiple systemic levels.

The functionality of the systemic environments in which individuals exist influences the decisions those individuals make. Much research does not seem to explore how the interplay between these environments influences people's choices when they are faced with daily adversity, violence and trauma (Daniels & Adams, 2010). These authors suggest that current research is uncritical in its engagement with how individuals are shaped by their community culture and history in the context of young people's decisions to enter a life of crime and violence. To explore only violence without relating it to the context of a life history of trauma, is to simplify a contextual health issue which is extremely complex historically, socially and culturally.

3.3 THE RELATIONSHIP BETWEEN TRAUMA AND VIOLENCE

This section aims to address some of the key debates that surround the concept of trauma. One of the most significant conceptual controversies around impacts of violence at an individual level has been the notion of post-traumatic stress disorder (PTSD). The aetiology, symptoms and treatment of PTSD have largely been driven by western, biomedical models as a consequence of its diagnostic inclusion in the DSMIII (APA, 1980) and DSMIV (APA, 1994). The narrowness of the PTSD lens has very likely limited its diagnostic application to a range of cultures and contexts that are divergent from the traditional trauma research (Kaminer, Eagle, Stevens & Higson-Smith, 2013). However the DSMV (APA, website, 2013) has aimed to address some of these limitations.

The two major factors which create problems related to the PTSD concept is firstly, the notion that the trauma is in the past. However, in many areas it is clear that trauma is continuous. Many children and youth have no experience other than living in unsafe environments where they witness and are victims of violence and death on an almost daily basis (Jouriles et al., 2008; Slep & O'Leary, 2005; Margolin et al., 2009). This is the reality for many people living in South Africa and is not unique to living in areas of political conflict. Secondly, within environments of ongoing violence, there is an absence of safety in which recovery and healing is expected to occur.

In the recent special journal edition of *Peace and Conflict*, Kaminer et al. (2013) discuss the notion of Continuous traumatic stress. This broad concept includes presenting alternative contexts of trauma relevant to the context of this study. The purpose of the edition is to explore the consequences of living in environments of ongoing violence.

Psychological trauma is defined as an "emotional wound or shock" and is widely regarded as having a significant impact on the psychological development of individuals (Ray, 2008; Krug et al., 2002). War, violence, sexual abuse and natural disasters are some of the most common causes of traumatic responses (Pomeroy, 1995).

Psychological trauma is likely to touch all our lives to some extent. As discussed in the previous section, in South Africa current traumatic experiences of criminal and community violence follow a lifetime of systemic and structural political violence where people were forcibly moved from one neighbourhood to another, oppressed by prejudice and civil unrest. With this historical background, many adults living in disadvantaged communities still experience oppression and are living in environments characterised by psychosocial problems such as crime, violence, unemployment, poverty, alcohol and substance abuse.

The issues in working with trauma in South Africa, therefore, are indeed complex and multi-layered. Ubiquitous trauma and the variety of related disorders and symptoms need to be understood within the

context of cycles of violence in South Africa. The relationship between trauma and violence can be conceptualised at individual, interpersonal and community levels.

The literature review will therefore examine individual, interpersonal and community impacts of violence from the perspective of the debates and controversies surrounding the notion of PTSD.

3.3.1 The relationships of trauma and violence at the individual level

Research on the diagnosis of Post-traumatic Stress Disorder (PTSD) has been well-documented and many researchers today stress the limitation of the diagnosis of PTSD and acknowledge that other similar syndromes should be recognized (Cloitre, et al., 2009; Herman, 1992; Spitzer, First & Wakefield, 2007; Van Der Kolk, 2009). Although the inclusion of the PTSD diagnosis in the DSM III (APA, 1980) was an important first step in acknowledging the overwhelming impacts of trauma as stemming from the experiences of Vietnam veterans, the diagnostic criteria were developed on fairly limited empirical research (Van der Kolk & Courtois, 2005).

Other syndromes proposed at the time were Rape Trauma syndrome (Burgess & Hollstrom, 1974) and Battered Women's syndrome (Walker, 1984). Van der Kolk, Roth, Pelcovitz, Sunday and Spinazzola (2005) criticize the research informing the PTSD diagnosis because the population studied was men. The aforementioned syndromes which were excluded in conceptualizing PTSD, highlighted victimized women's ability to feel safe, experience trust and the impact on their self-esteem and self-concept.

Posttraumatic stress disorder manifests in clusters of symptoms described as a chronic emotional response as seen in hyperarousal, avoidance and intrusive symptomatology (APA, 2005). Many clinicians and researchers accept that individuals who are exposed to ongoing or multiple traumata, as opposed to those who have experienced a single or discrete traumatic event, especially in childhood and in the context of the family, often display symptoms that extend broadly beyond the range of difficulties that one finds in an individual diagnosed with PTSD (Courtois & Gold, 2009).

The SASH survey (Williams et al., 2007) found that out of a representative sample of 4351 adults, 56.1% percent of South Africans had experienced more than one traumatic event and a quarter of the population had experienced four or more traumatic events during their lifetimes. However, only 2.3% of South Africans had a lifetime experience of PTSD symptoms despite the levels of trauma exposure (Stein et al., 2008).

In contrast to this national data, in a Xhosa-speaking sample of patients at a primary health clinic, researchers found that over 90% of participants had experienced a traumatic event and that 37% met the diagnostic criteria for depression, 20% for PTSD and 18% for somatization (Carey, Stein, Zungu-

Dirwayi & Seedat, 2003). In a rural primary health care setting in South Africa amongst 250 consecutively reporting patients 12.4% were diagnosed with current PTSD and had a mean trauma exposure level of 3.5 lifetime events (Peltzer et al., 2007).

In an urban violent low-income community in Cape Town, Dinan et al. (2004) found that two thirds of their sample of 90 help-seeking women had experienced a violent incident within the past twelve months, with an annual median of 23 traumatic events. Only 55% of the sample could be diagnosed with PTSD which raises concerns about the quality of life of those who received only a partial diagnosis within the study.

Exposure to multiple incidents of violence or polyvictimisation has been explored in the literature but has been confined to high income countries (Finkelhor, Ormrod & Turner, 2007). Multiple traumata is extremely prevalent in disadvantaged communities in South Africa (Benjamin & Crawford-Browne, 2001). However, under-diagnosis of PTSD and non-treatment of trauma-related disorders is widespread in these communities (Zanville & Cattaneo, 2009). The relevance for the PTSD diagnosis in South Africa is therefore increasingly questioned given the multiple exposures to violence across many of these studies.

In some cross-sectional studies in South Africa, high rates of violence exposure amongst youth existed, ranging between 67% to 95% of the children. The percentages of children meeting the diagnostic criteria of PTSD within these studies are 5.8% (Ward et al., 2001), 19% (Suliman, Kaminer, Seedat & Stein, 2005) and 22% (Ensink, Robertson, Zisis & Leger, 1997).

One study found that adolescents in the Western Cape are more likely to have multiple exposures to violence rather than single exposure, which then increases the levels of PTSD and comorbid depression symptomatology (Suliman et al., 2009). The threat of violence was also noted as being of greater significant impact than actual experiences of violence (Suliman et al., 2009).

Although a large body of trauma research exists, these studies rarely focus on the implications of the PTSD diagnosis for *communities* that experience ongoing violence. Many studies, however, have explored community violence, particularly in relation to violence exposure and identifying risk and protective factors of violence. However, many of these studies may not adequately capture the complexity of the extreme levels of multiple and continuous traumatic stress experienced by many marginalised populations on a daily basis (Milroy, 2005). Milroy (2005) suggests that the PTSD diagnosis is inadequate in terms of conceptualizing trauma but also at the intervention level as often individuals in ongoing violent contexts 1) are unable to identify a specific or single source of stress, 2) survive in a context of cumulative stressors, and (3) are often living in close proximity with those who perpetrate these violent acts.

In addition to this, the individualistic diagnosis of PTSD also assumes that victims of violence are homogenous (Ray, 2008), and therefore, does not acknowledge the differences in the way individuals and communities may attach meaning to their experiences of violence, influencing how it ultimately manifests in complex emotions and behaviours (Benjamin, 2011; Ehrenreich, 2003; Ozer & Weiss, 2004; McHugh & Treisman, 2007). This emphasis on individual responses are also interpreted as pathological indicators of illness (Kaminer et al., 2013) rather than adaptive responses to the adverse contextual realities with which many people are faced (Summerfield, 2008).

Edross (2008) tracked the comparative recovery of 10 women from violent communities on the Cape Flats that had experienced non-sexual or sexual assault. After one month, six of the ten women met the criteria for PTSD, but after three months only one woman met the criteria for PTSD. The researcher noted that, although a number of the PTSD symptoms were no longer present, most of the women continued to experience a range of psychological difficulties that affected their relationships, perceptions of self and perceptions of the world. This therefore undermines the importance of acknowledging the differences between individual histories and people's current life situations. In addition collective experience of trauma also need to consider the broader cultural meanings and values attached to these large scale traumata.

In South Africa two extensive and noteworthy literary discussions on psychological trauma in the South African context are 1) a special issue of the "Journal of Psychology in Africa" (Edwards, 2005) and 2) a book called "Traumatic Stress in South Africa" (Kaminer & Eagle, 2010). In the former literature, Edwards (2005) raises the experience of cumulative trauma within South Africa and the competing perspectives between the individualist-collectivist schools of thought in psychology. However, the research all draw on the construct of PTSD which forms the framework for the discussions on: epidemiological research regarding PTSD (Edwards, 2005), therapeutic responses to acute trauma (Van Wyk & Edwards, 2005), and a range of case studies and treatment approaches which draw on PTSD or complex trauma. This issue also highlights the issues of power, trust and safety particularly within the complexity of phenomenology, therapeutic practice and supervision (Eagle, 2005).

Kaminer and Eagle (2010) provide a more recent, comprehensive account of traumatic stress in South Africa. It explores the scope of the problem in South Africa, looks at issues of conceptualizations of trauma, the impact of trauma, systemic interventions, addresses issues related to children and violence and finally offers conclusions and thoughts for future research. Of particular interest is the authors' discussion around the impact of trauma focusing on how trauma survivors make meaning of the traumatic event. It highlights meaning making as a significant psychological consequence of trauma as the survivor struggles to adapt to a traumatic experience.

These different understandings of trauma have led to ongoing debates about reconceptualising the sequelae of trauma (Bracken, Giller & Summerfield, 1995; De Jong, 2003; Kagee & Naidoo, 2004). There has, therefore been an increased interest in wanting to learn more about the interplay between different forms of trauma across the ecological systems in the context of specific cultures (Kaplan, 2005). Some of the key arguments for wider conceptualisations of trauma which acknowledge the diverse, broader impacts of psychological trauma will be discussed below.

3.3.1.1 *Complex trauma*

In recognizing the limitations of PTSD as a diagnosis, the APA (1994) included Complex trauma or DESNOS (Disorders of Extreme Stress, Not otherwise Specified) as a spectrum of symptoms labeled "Associated and Descriptive Features of PTSD".

Complex trauma refers to exposure to prolonged and repeated trauma where a relationship exists between victim and abuser (Cloitre et al., 2009). Complex trauma involves interpersonal violent situations such as domestic violence, hostage situations and concentration camps where the victim is to a large extent controlled by the perpetrator and is unable to escape.

The symptoms included seven categories: 1) Alteration in regulation of affect and impulses; 2) Alterations in attention or consciousness; 3) Somatization; 4) Alterations in self-perception; 5) Alterations in perceptions of the perpetrator; 6) Alterations in relations with others and 7) Alterations in systems of meaning (Herman, 1992; Van der Kolk et al., 2005).

Van der Hart, Nijenhuis and Steel (2005) highlight the dissociative features of trauma as being central. They make an important distinction between the structural dissociation of personality and alterations of consciousness. In the literature there seems to be a lot of controversy surrounding the issue of dissociation largely due to disagreements about what constitutes dissociation (Kihlstrom, 2005; Van der Hart et al., 2005) but there appears to be consensus around the need for further research to understand its relative importance in trauma.

Van der Hart et al. (2005) interestingly propose that in fact all DESNOS clusters of symptoms involve some degree of dissociation. Further research shows that the phenomenology of trauma has many more dissociative elements than is indicated in DSM-IV (Dell, 2002).

Dissociative experiences are characterised by a compartmentalisation of consciousness, that is, certain mental events that would ordinarily be expected to be processed together (e.g. thoughts, emotions, motor activity, sensations, memories and sense of identity) are functionally isolated from one another and, in some cases, rendered inaccessible to consciousness and/or voluntary recall (Steinberg, 1994 cited in webpage of International

Society for the Study of Trauma and Dissociation, <http://www.isst-d.org/education/faq-dissociation.htm>, 2004).

Dissociation can, therefore, be defined more simplistically as a person's disconnection or lack of holding connection between things usually associated with each other. Van der Hart et al. (2005) describe dissociation as existing almost on a continuum and that one or more parts of the personality avoids traumatic memories and continues to function in daily life, while other parts remain arrested in traumatic memories and defences. As a result, these symptom groups involve significant and enduring changes in the personality structure. Therefore, the relationship between the dissociative nature of complex PTSD and the underlying structural dissociative effects on the personality are important to consider.

3.3.1.2 *Developmental trauma*

Developmental Trauma Disorder (DTD) pertains to children who have experienced complex trauma through multiple traumatic events such as repeated sexual abuse or neglect. Van der Kolk (2005) published his rationale for the diagnosis of DTD, as an adaptation to the PTSD diagnosis.

Adversity and trauma experienced in childhood are very common and are seen as a global mental health concern. Several studies show that the impacts of childhood trauma are highly correlated with depression, alcohol and substance abuse, sexual promiscuity and other high-risk behaviours (Van der Kolk, 2005). In fact the Adverse Childhood Experiences Study [(ACE) Felliti et al., 1998] found that multiple adverse experiences in childhood also led to physical conditions such as heart problems, cancer and diabetes in later life.

Van der Kolk (2005) argued that childhood trauma such as betrayal, physical or sexual assaults or witnessing domestic violence affect many areas of functioning. These traumatic experiences resulted in the child's inability to experience a sense of safety and trust. It also affected their self-esteem and increased their levels of emotional distress, leading to further disrupted relationships and more destructive behaviour patterns.

Even though the notion of DTD conceptually extends the notion of PTSD, it does not adequately capture the experiences of individuals who continue to live in unsafe environments. Both Complex Trauma and DTD refer to trauma that occurs in the context of intimate or long-standing relationships. Therefore they do not include conceptualisations of trauma as a result of exposure to ubiquitous violence, which affects personality, identity and social functioning. Nor do they include treatment modalities which involve individuals having to remain and attempt to heal in these unsafe environments.

3.3.1.3 *Continuous traumatic stress*

The concept of continuous trauma was introduced by Straker and the Sancturies team (1987). It contextualized their work with South African youth during the anti-Apartheid struggle where the ongoing fears of detention, torture and death existed. This term is also cited in international literature (Desjairsais et al., 1995; Murphy & Stewart, 2006; Murphy, 2004; Wessels, 2006; Wessels & Monterio, 2008). Other terms used to express environments of ongoing danger and the mental health sequelae are ongoing traumatic stress (Diamond, Lipsitz, Fajerman & Rosenblat, 2010), ongoing trauma (Cohen, Mannarino & Murray, 2011) and continuous threat (Dekel & Nuttman-Shwartz, 2009).

Over the last few years more South African authors have identified with and explored the conceptualization of continuous trauma (Benjamin & Crawford-Browne, 2001 & 2011; Bowman, Bhamjee, Eagle, Crafford, 2009; Swartz, 1998; Hajiyannis & Robertson, 1999; Kaminer & Eagle, 2010; Kaminer, Eagle, Stevens & Higson-Smith, 2013). Little rigorous research has thus far been done on the concept of continuous trauma. However the special edition of the Peace and Conflict Journal focuses on papers discussing the concept of continuous traumatic stress (Kaminer, Eagle, Stevens & Higson-Smith, 2013) in an attempt to conceptualise and explore possible intervention strategies for context-specific ongoing violence.

Recently the psychological impact of intense and periodic exposure to violence has been researched internationally (Bleich, Gelkopf, Melamed & Solomon, 2006; Hobfoll et al., 2008). However, despite the length of some of the exposure, there has still been a clear end whether permanent or temporary, which, therefore, still leaves questions as to the impact of ongoing violence (Besser & Neria, 2009). The closest examples to the context of this study have been environments of chronic violence in countries such as Mexico (Etter, 2011) and Brazil (Arias & Davis Rodrigues, 2006).

Lahad and Leykin (2010) compared the impacts of ongoing exposure to violence in two geographic areas in Israel. Results from residents from the north revealed that their experiences of periodic shelling and anticipation of peace and relief, allowed them to cope more adaptively than their fellow citizens in Sderot. Residents from Sderot were exposed to ongoing violent attacks and experienced ongoing physiological reactions of fight/flight and avoidance symptoms in order to cope. Current findings suggest that avoidance is significant in groups exposed to ongoing and unpredictable violence (Lahad & Leykin, 2010; Besser & Neria, 2009; Marshall et al., 2007; Palmieri, Canetti-Nisim, Galea, Johnson & Hobfoll, 2008). Lahad and Leykin (2010) further posit that once removed from the site of violence, individuals who previously presented with trauma may exhibit a remission of symptoms. This theory suggests that consequences of trauma are contextual.

Academic discussions and presentations have explored the idea of continuous trauma in South Africa as relating to the experiences of 1) having witnessed or experienced violence repeatedly from an early age, 2) remaining in an unsafe environment where they are at risk of encountering life-threatening violence on a daily basis and 3) never feeling safe and needing to recover while still unsafe (Benjamin & Crawford-Browne, 2011). The arguments around the term have sought to understand the boundaries between socio-economic adversity and psychological trauma in terms of defining the concept and developing appropriate interventions.

Similarly to international research naming avoidance as a significant feature in the face of ongoing violence exposure, Benjamin and Crawford-Browne (2011) identified disconnection i.e. cutting off or avoidance of feelings, memories and thoughts of traumatic events. This disconnection appeared to characterize many of the behaviours observed in clients who were experiencing continuous traumatic stress.

As the research suggests, it may be useful to understand dissociation existing on a continuum, where experiences of disconnection may range from more severe unconscious dissociation to an ecologically adaptive and impermanent cutting off of conscious memory, feeling or thought.

Benjamin and Crawford-Browne (2011) observed a pattern of behaviours in clients over a number of years. Clients had an inability to regulate emotion as seen in heightened or flattened affect in response to threat or even when no actual threat was present. High levels of aggression, fearlessness and vengeful behaviour were exacerbated by inability to regulate impulsivity. They also found clients to have a heightened sense of awareness and loss of control (Martin-Baro, 1989) and a reduced capacity for empathy. Many clients experienced disruptions in intra- and interpersonal relationships. There was also the tendency to minimise the impact of trauma as partly explained by multi-dimensional levels of resilience.

3.3.1.4 The neurological impact of trauma

Extensive research on the impact of trauma on the brain has been done in the last few decades (Ford, 2009; Perry, 2006a; Maclean, 1990).

The plasticity of the brain allows for the development of connections and neurons in the brain. In infancy the brainstem, responsible for basic survival, and midbrain have developed. In the early months the infant's limbic system which regulates emotion and attachment begins to develop. Later as the baby becomes a toddler, the areas related to higher thinking of the neo-cortex start to develop. Like any other muscle the more an area of the brain is activated and stimulated the more it develops and influences the individuals' responses to external stimuli.

Trauma adversely influences the development of the brain particularly when children are exposed to pervasive and consistent violence. This hierarchical structure of the brain enables us to understand the mechanics of our response to threat, and the activation of the stress response system i.e. fight/flight/freeze response. When a baby experiences threat, neglect or violence the brainstem and midbrain become overwhelmed, leading to more development of this area and an increased state of arousal manifesting in hypervigilance, anxiety and impulsive behaviour.

This activation can lead to adaptive changes in emotional, behavioural and cognitive functioning in order to enable the survival of the person. However, for individuals living in a persistent state of fear, this adaptive response can become maladaptive, leading to chronic activation of the stress response and threat-related behaviours such as aggression, anxiety, hyperarousal and impulsive reactivity, and a failure to thrive in young children.

Pat-Horenczyk et al. (2013) also describe this instinctive survival response as Allostatic Load. A cumulative exposure to trauma and persistent activation thwarts the body's ability to restore balance both psychologically and physiologically (McEwen, 1998). Therefore, even when the immediate threat is over, this response becomes a way of functioning in environments of ongoing or anticipated threat and violence. The chronicity of high levels of anxiety and the difficulty in returning to their baseline after experiencing threat is likely linked to the increase in cortisol (Perry, 1997). For example Lahad and Leykin (2010) who researched sample groups exposed to continuous attacks in Israel, suggest that the continuous exposure to threat meant that the fear did not subside within the limbic system, thereby preventing people from functioning adaptively.

The effects of exposure to trauma in adults have also been identified in changes to brain structures such as the hippocampus, and consequent functioning. The hippocampus is responsible for memory and more specifically for integrating cognitive and emotional experiences of memory (Ford, 2009). This in turn has led to further problems such as learning problems, attentional and hyperactivity problems, and difficulty in regulating their affect. Another area affected by persistent trauma is the Broca's area, responsible for speech and language development. It is interesting that hypervigilant children exposed to ongoing trauma often have remarkably well-developed non-verbal skills but may seem verbally inarticulate (Benjamin, 2010). Research has found that Broca's area was consistently inactive, with reduced electrical activity in individuals who experienced trauma. This may explain why it is often difficult for people to verbally describe their trauma-related experiences and emotions.

Due to the plasticity of the brain, in the same way that negative experiences effect changes in the structure of the brain, so too do positive experiences. New brain connections are able to be stimulated through creating optimal experiences that create more adaptive neuronal pathways replacing the old unhealthy connections (Perry, 2006a).

Research about traumatic neuropsychological changes (Stein, Harvey, Uys & Daniels, 2005) and treatment protocols drawing on pharmacological and psychotherapeutic strategies for adolescents and adults, exists (Traut, Kaminer, Boshoff, Seedat, Hawkridge & Stein, 2002; Connor & Stein, 2005; Stein et al., 2003). Again this work uses PTSD as its diagnostic lens and although there are some references made to ongoing trauma (Connor & Stein, 2005) the impact is not explored.

3.3.1.5 Impacts of witnessing violence

Another perspective of the effects of trauma is documented in a seminal work by Kaethe Weingarten called "Common Shock" (2003). She describes the effects of witnessing violence and violations to varying degrees every day and how these shocks to our system affects us psychologically and biologically. She employs an ecological model to explain how witnessing traumatic events, have consequences which affect our families and communities as well. Often we are not even conscious of the effect of witnessing these events, and the repercussions of not being aware of these effects, can be harmful to us. In reading the book I could particularly relate to feelings of common shock I have experienced countless times as I drive to work in the morning. En route to work I would often read the day's headlines from the newspapers on lampposts, and as I approached the Cape Flats and the township where I work, the headlines would start to take the form of base, tabloid statements designed to shock and sensationalise. I consciously started to avert my eyes so that I would not intentionally read these headlines which caused "jolts" to my psyche and left me feeling a little more traumatised by the time I had even started my day at work. Weingarten (2003) suggests that we are exposed to these kinds of traumatic shocks every day and unintentionally bear witness to ubiquitous and widespread experiences of violence. Weingarten (2003) presents ways in which we can cope with these common shocks and be compassionate and empathic witnesses in everyday situations to minimize the chronic effects of this kind of trauma.

Although there is a wealth of research on the effects of exposure to violence, in particular domestic violence and community violence, the impact of witnessing violence compared with being victimized has not received much attention in the literature. One of the first studies of its kind was done amongst youth from low income neighbourhoods in Cape Town and compared the effects of witnessing violence with being victimized in the school and in the neighbourhood (Shields, Nadaseen & Pierce, 2009). Shields et al. (2009) found that being a victim of violence at school was more distressing than being a victim of violence in the community. They also found that being a witness rather than a victim of violence in the community resulted in more traumatic stress responses.

3.3.1.6 *Impacts of professionals witnessing violence*

Weingarten (2003) describes a form of professional witnessing which occurs as a result of certain occupations or professions in which one has to bear witness to violence or violation as part of the job. The traumatic impact of this kind of professional witnessing is often referred to as vicarious trauma, compassion fatigue, secondary trauma or empathic stress reactions. The spectrum of these "empathic stress reactions" (Weingarten, 2003) develop as a result of attunement to the suffering of others over time and describe the impact on professionals of working with traumatised individuals.

Mental health professionals especially working in the field of violence and trauma may experience changes to their psychological, spiritual and physical state due to prolonged, indirect exposure to trauma. The literature categorises these stress reactions into experiences of burnout, vicarious trauma and secondary trauma. Burnout, however, generally refers to the process over time where the professional starts to feel exhausted and depleted due to chronic stressors related to the work (Weingarten, 2003; Devilly et al., 2009) and it is not exclusively experienced within the health profession.

However, vicarious and secondary trauma relate to the work that professionals do in the field of trauma. Police, paramedics, fire-fighters, and teachers, for example, are also vulnerable to the effects of vicarious and secondary traumatic responses. Vicarious trauma refers to the cumulative exposure to traumatic material which alters the emotional state, values, world view and beliefs of the professional. Secondary traumatic stress responses are likened to the effects of PTSD i.e. intrusion, avoidance and re-experiencing (Newell & MacNeil, 2010). One of the common features of the empathic stress responses is the reduced capacity for empathy, which is significant in the work of a healthcare professional.

Community volunteers working in the field of violence are, therefore in the vulnerable position where they suffer the direct and indirect effects of trauma (Primo, 2007). Similarly to the women in this study, Crenshaw (1993) suggests that the intersectional oppression that Black women experience, could also help to explain the elevated rates of burnout in counsellors. Institutions or organisations which facilitate updated training and refresher courses, provide supervision, encourage self-reliance and autonomy were able to minimize the experience of burnout and secondary trauma (Moultrie, 2004; Hassim, 2009).

3.3.2 *Interpersonal and community impacts*

Trauma theories have most often focused on individualistic and interpersonal conceptualisations, However, the effects of trauma do not only affect individuals but also influence those around individuals, as well as the communities in which individuals live (Kasiram & Khosa, 2008). The

cyclical and reciprocal effect of trauma in these communities disables human connection and develops a destructive cycle where the impact of violence is pervasive and extends across different systems. "Traumatic events breach the attachments of family, friendship, love and community" and "undermine the belief systems that give meaning to human experience" (Herman, 1992, p. 51).

There is extensive literature regarding the impact of political violence and community violence on children and adolescents within South Africa (Dawes et al., 2006; Suliman et al., 2005; Fincham, Altes, Stein & Seedat, 2009; Peltzer, 1999). Most of these studies have sampled communities where there are high levels of violence, and there has tended to be a focus on the individual drawing on PTSD as its key reference point. Concern is raised about the impact of ongoing violence and cumulative trauma in the broader context (Williams et al., 2007; Edwards, 2005; Dinan et al., 2004). This adds a broader dimension to trauma theory which moves beyond individualistic conceptualizations of trauma and explores the wider influence of other systems on the individual as well.

Both local and international research suggests that PTSD as defined by the DSM-IV (APA, 1994) is an inadequate diagnosis when describing the symptoms of those who experience ongoing, urban community violence (Kaminer et al., 2013). Although there have been studies exploring the impacts of violence exposure in children, not much has been written about the impact of living in contexts of continuous or chronic community violence on adults (Osofsky, Wewers, Hann & Fick, 1993; Pynoos et al., 1987). A number of authors have proposed other models which conceptualise trauma in terms of its broader ecological and historical impact. These concepts are discussed below.

3.3.2.1 *Collective/Mass/Cultural trauma*

Criticisms have been made about the utility of PTSD as describing the traumatic effects experienced by victims of collective or mass violence. Some authors suggest that little has been written in exploring some themes of collective trauma from a global perspective (Ray, 2008). Collective trauma occurs when a traumatic event is experienced as shared and leaves scars on the collective cultural consciousness of the group which affects their future identities in fundamental ways (Alexander, 2004). This systemic impact of experiencing collective trauma can emanate from experiences such as the following examples: Colonisation and oppression (Brave Heart et al., 2011), the Nazi Holocaust (Danieli, 1998; Lazar et al., 2009), 9/11 (Seery et al., 2008), Indian Ocean Tsunami (Wahlstrom et al., 2008) and Genocide in Rwanda (Petersen-Coleman & Swaroop, 2011). Although the trauma is experienced collectively, the effects are also experienced on an individual level.

Bloom (1996) describes how collectives may develop "social defense systems" in order to cope with the extreme responses to trauma. These social defences may also be quite similar to individual

defence mechanisms such as denial, detachment, depersonalization and avoidance. Bloom (1996) suggests that when collective trauma remains unaddressed, community members may collude around these defences and they become reinforced through becoming the norm and thereby part of the cultural reality within which new members are born. The trauma becomes part of the collective identity which inevitably includes victimization. This becomes reenacted in the present and leads to repetitive acts of victimization as members, driven by fear and impotence, struggle to find ways to gain a sense of self-control. Social cohesion, trust and efficacy are broken down in families, groups and communities where collective trauma is experienced as a result of violence and conflict.

3.3.2.2 *Insidious trauma and micro-aggressions*

Linked to certain forms of collective trauma is "Insidious trauma", a term coined by Root (1992), also referred to as "micro-aggressions" (Sue, Bucceri, Lin, Nadal & Totino, 2007). From their perspective, conceptualizing trauma only in response to violence is insufficient as it does not take into account the daily experiences of the oppressed. Marginalised groups experience persistent, cumulative stress as a result of their oppressed position in society. The relationship between trauma and oppression is complex, and one in which humanity is destroyed (Freire, 1970). Oppressed individuals and communities are faced with daily obstacles which prevent them from reaching their full potential and hamper their optimal development. Insidious trauma encompasses the range of experiences of marginalised groups, from the adverse effects of harassment to the more subtle consequences of being exposed to jokes which stereotype one's ethnic or social group.

In 2011 the President of the American Psychological Association initiated a review to explore the effects of one of the proposed forms of insidious trauma i.e. discriminatory public discourse. This particular review focused on the discourse around immigrants and how these discriminatory public attitudes affect their mental health. The threat of violence underlie so many of these everyday prejudices and can result in coping strategies which may be maladaptive (Essed, 1991).

Sue (2003) and Root (1992) describe the effects of insidious trauma as the daily experiences that, gradually but steadily over time erode the self and create further feelings of alienation, disconnection, and ultimately increase risk and reduce resiliency. Root (1992) argues that each drop of psychic acid has a cumulative effect, rendering the person more vulnerable to the more serious effects of traumatic stress in the long-term. The concept of insidious trauma is able to integrate the influence of history and culture of a society on the experience of trauma in the present.

3.3.2.3 *Historical-Transgenerational trauma*

Brave Heart (2003) defines Historical Trauma (HT) as cumulative emotional and psychological wounding which occurs across generations and has its roots in experiencing massive group or

collective trauma. Historical trauma was first conceptualized to describe the experiences of the American Indians in 1995 (Brave Heart, 1998).

As cultural knowledge, values and beliefs are passed down from one generation to the next and become normal within that culture, so does historical trauma become embedded in cultural memory and passed on across generations of that particular culture (Atkinson, Nelson & Atkinson, 2010). In South Africa Frankish and Bradbury (2012) explore how meanings of living in Apartheid are constructed and transferred from one generation to the next within the family. Abrams (2011) asserts that South Africa's 350-year history has been characterized by a repetition of violence, brutality, oppression and injustice. He describes the effects of this intergenerational transmission of trauma as having damaged individual identities, broken connections between people and destroyed the fabric of communities. The unprocessed trauma is carried from one generation to the next and is communicated through silence, avoidance and repetitive trauma (Jansen, 2009).

The systemic effects of trans-generational trauma can be seen significantly in the negative effects it has on the attachment relationship (Van der Kolk, 2007; Scarpa, 2001). Parents are less able to provide care and nurture their children when parents themselves experience high levels of distress and trauma. Although children may not have had direct exposure to the original trauma, they live in an environment where they experience the ongoing negative effects of the trauma through the actions and attitudes of their parents and other adults around them. Children can become victims of and witnesses to intense experiences of violence in the form of child abuse, rape, intimate partner violence, suicide, assaults and murder (Memmott et al., 2001). Children who grow up in these families characterised by poor attachment relationships and violent behaviour, accept violence as the normal way to resolving conflict and internalize the use of violence as an acceptable form of interacting.

Both Atkinson (2002) and Blanco (cited in Levine & Kline, 2007) documented Aboriginal generational accounts of trauma to illustrate the progression from unresolved historical trauma to the later symptomatic "dysfunctional community". Memmott et al. (2001) coined the term 'dysfunctional community syndrome' (DCS) which described his findings of Aboriginal communities as having multiple experiences of violence which were both increasing in number of incidents of violence but also in intensity in the types of violence being experienced. The two concepts historical trans-generational trauma and dysfunctional community syndrome seem to be intrinsically linked (Robertson, 2006; Whitbeck et al., 2004a).

Both accounts span six and five generations respectively and emanate from the traumata of colonisation of the Aboriginal people. Men were victimized, killed or enslaved in the first generations. Subsequent generations, already suffering from low self-esteem and unhealthy identity formation,

then began to abuse alcohol and drugs, which then exacerbated the effects of the trauma. An additional development in the next generations was the increase in domestic violence and increasing family dysfunction. Poor government support and interventions served to reinforce people's negative sense of self-worth and further breakdown in community functioning. Violence within the home starts to occur more frequently with increased rates of child abuse and domestic violence. Finally the cycle of violence becomes compounded and cumulative as victims become perpetrators, and trauma is repeated and reinforced through systemic patterns of violent behaviour and unresolved distress and trauma.

Much research supports the adage that violence begets violence. The literature focuses largely on child abuse victims and their later predisposition to violence in adult life (Gomez, 2011; Lisak & Besterczey, 2007; Moretti, Obsuth, Odgers & Reebye, 2006). Craig and Sprang (2007) argue that although transgenerational trauma has value, it does not adequately explore the way in which being a victim of violence at the hands of an unknown group or stranger, would lead to becoming a perpetrator in adult life.

In order to explain this limitation in the theory, Craig and Sprang (2007) developed the concept of mimetic theory. The core of the theory is based on human beings' need to feel powerful, especially where a victim of trauma asserts control over another in order to gain power over his/her life. In an effort to feel more powerful, the victim becomes a perpetrator with the result that he/she mimicks the violent behaviour he/she experienced. The violent behaviour is modelled by other perpetrators in the family and the community, and as social learning theory posits, victims learn this behaviour from people around them and mimic those who seem to have power, whether they are proximal or distal relationships to the victim.

3.3.2.4 *Cumulative trauma*

The experience of historic trauma and its transgenerational impact, therefore, leads to individuals and collectives experiencing cumulative incidents of trauma.

As highlighted in the generational progression of historic and collective trauma, an increasing number of traumata would also result in symptom complexity (Briere, Kaltman & Green, 2008; Van der Kolk et al., 2005). Cloitre et al. (2009) found a significant relationship between cumulative trauma and symptom complexity. The study suggests that cumulative childhood trauma can lead to multiple and severe affective and behavioural sequelae. Their findings support the supposition of my research, suggesting that trauma in environments of ongoing violence may manifest in ways that are markedly different and much more severe than the effects of discrete incidents of trauma (Cloitre et al., 2009).

Martha Cabrera (2002) describes the traumatic events in Nicaragua as cumulative effects of unprocessed trauma: the "inventory of wounds" (p. 2). The consequences of these traumata have had devastating consequences manifesting in a culture of marginalization, apathy, aggression and a minimizing of the trauma. Cabrera (2002) highlights the loss of trust as the biggest loss that stems from cumulative experiences of trauma. Repeated trauma leaves little space for an individual to rebuild trust, and often in these environments trust has not been learned in the first place due to parents' reduced capacity to provide nurturing environments for healthy attachment.

Many authors have highlighted the way in which unprocessed, cumulative traumata can result in chronic somatic illnesses (Benjamin & Crawford-Browne, 2011; Cabrera, 2002; Van der Kolk et al., 2005). The state of physical health of many populations is reflected in the high rates of diabetes, hypertension, headaches, gastro-intestinal problems and other ailments which seem to be connected to ongoing and unprocessed trauma.

3.3.3 Conclusion

This section has aimed to question the central position of the PTSD diagnosis within the context of the wide-range of features associated with different forms of trauma. The presentation of trauma is more complex, depending on the context. An essential element in understanding the effects of trauma, lies in making sense of the ways in which people interpret and make meaning of the violence that they experience. History, culture, societal beliefs, present day challenges may all shape how individuals, families and community attach meanings to these experiences and adapt in order to cope. Through the use of PTSD as a definitive diagnosis, we may end up silencing those who experience a wider range of trauma responses that do not fit the diagnostic criteria and thereby minimize the complex effects and adaptations of the trauma survivor, as well as reduce the potential for developing effective interventions (Summerfield, 2008). It is also important to acknowledge that although vast numbers of people are affected by violence and trauma, many individuals, families and communities display some elements of resilience. The next section will therefore bring together some of the debates about resilience and the situations required in order to promote resilience.

3.4 CONCEPTUALISATION OF RESILIENCE

3.4.1 Introduction

Trauma and violence cannot be considered without considering the concept of resilience. The discussion around resilience has implications for South African epidemiological evidence such as the relatively low prevalence of PTSD. Given the high rates of violence, one would expect high prevalence of PTSD but as previously discussed, research has shown that relatively few people

present with PTSD in South Africa (Stein et al., 2008; Friedman & Higson-Smith, 2003). Therefore, it is important to reflect on whether this small presentation reflects resilience, or rather a larger group of people whose symptoms manifest in a range of more complex behaviours, cognitions and emotions, or whether these are people who do not present for treatment because they do not have the resources to engage with their distress.

The literature on resilience is also borne out of western constructs and definitions of this term. This again has created challenges in the appropriate conceptualisation of resilience for a range of different contexts.

Similarly to trauma, earlier studies on resilience focused on individual factors that promoted resilience. To date, research has primarily focused on individual-level risk and protective factors as targets of violence prevention. The work of Rutter (1987) and later Lerner (2006) facilitated important developments in understanding resilience, shifting the perspective from the individual to the ecological and social factors of resilience. However, only limited attention has been directed to family, school, and community factors (Aisenberg & Herrenkohl, 2008; Fleming & Ledogar, 2008).

Ungar (2006, 2008) called for further studies that took into account the contexts and environments of marginalised populations and the role that these social ecological factors played in promoting resilience. Ungar (2012) later suggests that it is possible that environments may even play a more significant role than individual factors in the development of resilient individuals, families and communities. Therefore, understanding the context from the perspectives of the people who live in it is critical in understanding how they interpret trauma and resilience.

Although there has been a shift from focusing on the pathogenic effects of trauma to the more positivist paradigm of exploring strengths, the definition of resilience still remains elusive and ambiguous (Schetter & Dolber, 2011; Hobfoll et al., 2012). Similarly to violence, resilience research has been explored in various fields e.g. psychology, medicine, sociology and neuroscience (Herrman et al., 2011). These multidisciplinary studies have contributed to the lack of consensus about its definition although many would agree that it is a multidimensional construct.

Resilience research also seems to have focused on very specific areas related to resilience:

- i) Child and Youth resilience which tries to identify the outcomes in mental health, scholastic ability, social and cognitive development related to adversity (e.g. Rutter, 2006; Choe, Zimmerman & Devnarian, 2012; Zolkoski & Bullock, 2012).
- ii) Individuals with HIV/AIDS or other terminal illnesses such as cancer which focus on outcomes related to their quality of life and coping with the disease (e.g. Wild, Flisher & Robertson, 2013; Ruini, Vescovelli & Albieri, 2013).

- iii) Discrete isolated traumatic events such as terrorist attacks and natural disasters e.g. 9-11, Hurricane Katrina (e.g. Bonanno & Diminich, 2012; Kilmer, Tedeschi & Calhoun, 2010; Laufer & Solomon, 2006). These studies explore outcomes related to acute responses to the traumatic event.
- iv) Areas of armed conflict and the protective factors associated with children, women and community (e.g. Panter-Brick, Goodman, Tol & Eggerman, 2011; Vindevogel et al., 2012).
- v) Biological studies have become a focus in recent years looking at neurological features that promote resilience (e.g. Bower et al., 2008; Wu et al., 2013).

The above five main areas of exploration in resilience literature include quite specific, discrete experiences of trauma and adversity. For marginalised populations who may experience ongoing adversity, the features of resilience may be quite different to the groups mentioned above. However, one of the difficulties with reviewing the literature through a critical psychology lens is that there also seems to be a disconnect between authors who focus on the psycho-social and economic generational impacts of oppression (Brave Heart, 1998; Whitbeck et al., 2004a; Evans-Campbell, 2008) and those who try to highlight the elements of resilience that exist in low-income and indigenous populations (e.g. Vizenor, 2008; Fast & Collin-Vezena, 2010; Brokenleg, 2012). The challenge it seems is to find the balance between highlighting important social issues and explaining the negative effects of oppression while still being able to acknowledge the strengths and resilience that exists in these individuals and communities. Finding ways to understand the co-existence of trauma and resilience in contexts of ongoing adversity, may provide a more integrated understanding of the nuances of these concepts across individual, family and community levels.

This section aims to review the conceptualisation of resilience and its related terms. As this research study is related to low-income women and their experience, the focus of this section will be primarily on reviewing literature related to adults, and their experiences of resilience on individual, interpersonal and community levels. In the context of this study, it is important to understand how women withstand adversity and trauma within an environment where they experience ongoing threat. Although there is an awareness that ongoing stressful life events or stressors are associated with adverse developmental outcomes (Cowen, Wyman, Work & Iker, 1995), the literature is limited in its exploration of resilience in the context of ongoing threat and adversity.

3.4.2 Definitions of resilience

An early and simplistic definition by Rutter (1985) described resilience as the absence of psychopathology. A later definition of resilience is "the ability to thrive, mature and increase competence in the face of adverse circumstances. ... further the adverse circumstances may be chronic

and consistent or severe and infrequent. To thrive, mature and increase competence, a person must be able to draw upon all of his or her resources: biological, psychological or environmental" (Gordon Rouse, Longo & Trickett, 1995). Therefore, individuals deemed to be resilient would be able to maintain healthy self-esteem in the face of adversity, stress and trauma, and be able to "bounce back" to the pre-trauma state (Westphal & Bonanno, 2007). However, the sense of returning to normal or a pre-existing state is not necessarily an appropriate way of understanding resilience in contexts of ongoing adversity. For example in Aboriginal populations, Kirmayer et al. (2009) suggest that resilience is more appropriately understood as the change or transformation into something new rather than returning to a previous state.

Zautra et al. (2010) provide a definition of resilience comprising three distinct but intersecting elements: i) a return to the pre-equilibrium state following a major stressor, ii) capacity to function competently despite current stress and iii) enhanced growth that exceeds the original pre-trauma functioning (Masten, Best & Garmezy, 1998; Schetter & Dolbier, 2011). This kind of definition is useful as it describes a range of experiences and outcomes. Universal definitions of resilience are inappropriate given that the definition changes depending on the paradigmatic perspective and individual or system being explored. However, these differences appear to be less significant as they generally describe similar protective features in support of their conceptualisation of resilience (Herrman et al., 2011).

Brokenleg's (2012) definition of resilience feels even more apt for the context in which this study occurs: "Resiliency is being strong on the inside, having a courageous spirit" (p. 12). He claims that it is not a position that is attained through knowledge and teaching but rather through transformative experiences. These experiences create a Circle of Courage which contributes to resilience. The themes Brokenleg (2012) identifies parallel that of Coopersmith (1967) in his innovative studies on self-worth i.e. Belonging, Mastery, Independence, and Generosity (Brokenleg, 2012) compared with Significance, Competence, Power and Virtue (Coopersmith, 1967).

3.4.3 Terms related to resilience

It may be useful then to describe a few terms that are often used interchangeably with resilience but by definition may help to provide insight into the different forms of resilient functioning. Foster (1997) provides distinct definitions of coping, adaptation and resilience. *Coping* is defined as a complex response to stress that is often defensive in character. *Adaptation* is used to explain the ways beyond defensive responses in which individuals improve or develop to fit their environment. *Salutogenesis* is used in contrast to pathogenesis and refers to healing and recovery (Antonovsky, 1987). *Hardiness* aids in creating a resistance to stress and trauma (Kobasa, 1979). Kagee (2003)

identified three components of hardiness which he attributes to our ability to i) commit to a specific belief and agenda, ii) to be in control and iii) to view change in life as a challenge.

Fortigenesis describes a broader framework in which to understand where individual and collective strength originates (Strumpfer, 1995), and *Fortitude* (Pretorius & Heyns, 1998) and *Survivance* (Vizenor, 2008) refer to individual and collective strengths to persist and continue to survive in the face of ongoing adversity. More recently within the positive psychology paradigm, research has observed individuals' capacities to not only "bounce back" after trauma but to move beyond their pre-trauma state, and develop enhanced wellness after trauma. These views are explained in the terms *thriving* (Strumpfer, 2005) and *Post-traumatic growth* ([PTG], Tedeschi & Calhoun, 1995). PTG is viewed as components representing an increase in overall quality of life (Herrman et al., 2011).

Calhoun and Tedeschi (2006) highlighted features such as the ability to recognize new opportunities, forge stronger relationship, feel more compassion and experience more meaningful spirituality as evidence of PTG. Most of the research, therefore, emphasises the relationship between PTG and how people make meaning of their trauma, especially in three key areas i.e. how they perceive themselves, how they make meaning of their relationships to others and how they make meaning of life (Tedeschi, Park & Calhoun, 1998).

However, Hobfoll et al. (2007) adds that PTG can really only exist if these meanings and philosophies are translated into action. In his study he found that in Israelis in Gaza, who were motivated by their beliefs to oppose their settlements being destroyed rather than flee, had significantly higher levels of PTG and reduced PTSD symptoms.

Another related area of research is that of altruism. Hobfoll et al.'s (2007) argument that PTG can only exist when acted upon, supports the notion of altruism as resilience in action. While post-traumatic-growth focuses on the internal processes of the self, *altruism* is a prosocial behaviour demonstrated through the care shown towards others. Staub and Vollhardt (2008) coined the term *Altruism beyond suffering (ABS)*, describing individuals who have experienced trauma yet through their victimisation are able to remain positive about humanity, and have enough ego strength to focus their attention from themselves to others who are in need. The components that give rise to ABS are, therefore, very relevant to this study given that all the participants have also experienced their own trauma and continue to live and counsel in an environment of threat. There is very little research on ABS as a concept. Consequently, understanding what has enabled these community counsellors to move past their own trauma and what motivates their desire to help others in similar situations, would provide very important understandings of the multidimensional aspect of resilience.

Studies on ABS have shifted the emphasis from the individual factors to explore the relationality of resilience and the influence of social elements on resilience. The area of resilience still remains complex and research findings particularly around PTG have been inconsistent (Westphal & Bonanno, 2007). However, there does seem to be a synergistic interplay between the different elements of these terms. Although many of these terms have developed out of the need to understand personal characteristics and elements of resilience within the individual, it is helpful to view resilience as a multidimensional construct (Harvey, 2007). The discussion of more specific determinants of resilience will follow, exploring the different ecological layers of the individual, interpersonal and community.

3.4.4 Individual determinants of resilience

There have been a number of attitudes, values, traits and other factors which have been found to contribute to the resilience of the individual.

Having an optimistic attitude (Galatzer-Levy & Bonanno, 2012), the capacity for openness, an internal locus of control (Herrman et al., 2011), good self-esteem, sense of self-efficacy and the ability to interpret and integrate adverse events positively into one's life (Frankl, 2006; McRae, Ciesielski & Gross, 2012) are all attributed to fostering resilience in individuals. In addition intellect, cognitive flexibility, healthy attachment (Harvey, 2007), positive self-concepts, emotional regulation, positive emotions, spirituality, active coping (Herrman et al., 2011), resourcefulness and adaptability have also been positively associated with resilient individuals.

It is important to note that developing coping skills is often used as a strategy for intervention to reduce the stress and trauma responses. However, a distinction does need to be drawn between different styles of coping as it will be further discussed later. Active coping are healthy psychological or behavioural strategies employed to reduce the effects of the stressors. Humour is often included as a positive way of coping as it reduces physical tension and can potentially facilitate the process for supportive relationships to form (Wu et al., 2013). However, another style of coping is avoidant coping, which can be described as a way of detaching oneself from the stressor in ways that can be detrimental to one's health e.g. numbing, substance abuse, withdrawing etc. (Lawler, Ouimette & Dahlstedt, 2005).

The biological factors that influence an individual's capacity for resilience have been more recently researched. There is awareness that early unhealthy environments can affect the stress response system and therefore, the neurological development of the child (Wu et al., 2013). These would then reduce the capacity for resilience in some individuals as these biological factors could lead to vulnerability for affect dysregulation and other features attributed to resilient individuals. Therefore

the inverse is evident that early healthy attachment relationships and supportive, nurturing environments can aid in increasing resilience. Due to the physiological effects of stress and trauma, physical exercise has also been shown to reduce tension and to improve mood, therefore, increasing resilience.

Finally, Southwick, Vythilingam and Charney (2005) suggest that resilience is linked to the individual's own moral compass. This may or may not be related to religion or spirituality for people but refers to an innate set of values and beliefs which influences moral attitudes and behaviour, guiding that individual's sense of purpose in life.

3.4.5 Interpersonal determinants of resilience

From a social constructivist argument, resilience is constructed in relation with others and the environment, therefore context is essential in understanding factors of resilience rather than a focus on individual attributes.

Resilience cannot therefore be viewed as an individual attribute and it is important to identify the factors which influence negatively or positively an individual's ability to bounce back from adverse circumstances. How resourceful or resilient a person is, is very much determined by their social circumstances and environment, and is influenced by the broader systems within which the individual exists. Cultural factors also need to be considered as different people's interpretations of traumatic events and effects may hold different cultural meanings for them (Harvey, 2007).

Having and seeking social support are both factors contributing to resilience (Ozbay et al., 2008; Wagner, 2009). Having social support begins with the family environment. Therefore, having a stable and supportive family, the experience of good parenting with consistent discipline and monitoring (Christiansen & Evans, 2005), and a secure relationship with a parent all build resilience (Herrman et al., 2011). Healthy friendships, positive school environments and healthy relationships with adults beyond the family can also be spaces for support, enhancing resilience potential. Spirituality and family or community support are also highlighted as elements of resilience in research with low-income communities (Utsey, Bolden, Williams, Lee & Lanier, 2007).

Altruistic prosocial behaviour is also positively associated with resilience (Staub & Vollhardt, 2008). This suggests that the giving of support is not only a consequence of some people's healing from trauma but may also serve to sustain them in the face of future trauma and adversity. Having a sense of purpose, being in relationship with others are important by-products of altruistic behaviour, resulting in resilience.

3.4.6 Community determinants of resilience

Existing beyond the individual and the interpersonal is the notion of community resilience. There has been much research into the area of individual resilience (Luthar, 2006) but very little in terms of understanding the features of community resilience. 'Community resilience' emphasizes "how people overcome stress, trauma and other life challenges by drawing from the social and cultural networks and practices that constitute communities" (Kirmayer, Sehdev, Whitley, Dandaneau & Isaac, 2009, p. 62). Exploring community resilience means acknowledging social, political and historical context.

Access and exposure to key community resources such as good schools, recreational activities, and basic services, cultural and faith-based practices all improve the resilience of communities. Communities that are not exposed to ongoing violence are likely to be more resilient. However, arguably as Kulig, Edge and Guernsey (2005) suggest, trauma and adversity have the potential to increase or decrease the community's level of resilience. If resilience is viewed multi-dimensionally, there could be some ecological elements that are strengthened while others are weakened.

The Linking Human Systems Community Resilience (LINC) model for example, through strengthening individuals' resilience, spurs them into action to create change (Landau & Saul, 2004). According to Landau and Saul (2004) to build community resilience requires four processes. Firstly, social connectedness enables the strengthening of social support which is a protective factor. In developing social networks in order to identify their own resources and community assets, helps to reconnect them with their community and fellow community-members. This also allows for community members to play a pivotal role in their own healing without depending on the external professional expert. Secondly, community members share their stories of the trauma in a process which serves to validate their experience and responses. Thirdly, establishing routines and rituals which engage the collective can bring about a sense of predictability and control. Fourthly, ultimately experiencing a sense of hope and vision for the future develops an optimistic outlook for the future.

Similarly Buikstra, Ross, King, Baker and McLachlan (2010) found in their study that in addition to the ones discussed above, the community infrastructure and support services, the existence of a diverse and innovative economy, embracing differences and good leadership also played a role in enhancing resilience in the community.

Kulig et al. (2005) argue that these factors also interact with members' sense of community, and that the sense of belonging and pride in the community, and the role of the outside influences may serve to strengthen or weaken community resilience. Similarly in South Africa and research abroad, community resilience has been associated with cohesion and social support networks that promote

respect for humanity and empathy, and enable communities to mobilise their own resources (Ahmed et al., 2004; Moscardino et al., 2007; Kruger, Lifschitz & Lesiba, 2007; Hegney et al., 2007).

A large body of literature also relates community resilience to the concept of social capital. Again this construct is too diverse and broad to explore in detail but essentially it refers to the social connection and cohesion that builds communities through shared networks, relationships, common values and trust (Kirmayer et al., 2009). Although a controversial construct, increased social capital has also been correlated with increased community health and resilience (Wilkinson & Pickett, 2009).

Despite the wealth of information and research data that is available with regard to enhancing resilience, particularly in South Africa it seems as if very little has in fact been applied in the development of governmental policies, particularly relating to low-income and violent communities.

3.4.7 Resilience in the face of ongoing trauma

Much of the discussions in the literature explore the concept of resilience in very specific situations, and are not readily applicable to environments which experience ongoing chronic stress and trauma. The effects of ubiquitous trauma are particularly detrimental to one's mental health, and it feels necessary to understand more about how people exposed to chronic stress and trauma, cope and function in this context. An observation in the research is highlighted by Schetter and Dolbier (2011), that resilience has been largely conceptualized as a response or an outcome post-trauma or after the experience of significant stress. Therefore, exploring resilience from the perspective of an interplay of processes, may be more appropriate in the context of ongoing trauma.

Schetter and Dolbier (2011) define resilience in the context of chronic stress as "the process involving an ability to withstand and cope with ongoing or repeated demands and maintain healthy functioning in different domains of life such as work and family" (p. 637). Although they focus on mainly the individual processes of resilience, the authors do acknowledge that multiple ecological layers of resilience do interact with each other. Therefore the results of their study may not have captured the whole experience of individuals who live in contexts where the effects of historical marginalization have had negative repercussions for generations. Ungar (2008) proposed that particularly within low-income groups, an ecological model which includes spirituality and social support, would be a more appropriate way of conceptualising and promoting resilience.

Similar to the context of my research, the prime example of a community experiencing chronic stress is one which is characterized by poverty and exceeds the resources of the individuals in terms of their roles as partners, parents, leaders and influences their access to work, adequate housing and stretches their limited financial resources. While studies have shown that creating supportive environments can

mitigate the mental health effects of socioeconomic adversity (Ebersohn & Ferriera, 2011), these environments become significantly more stressful in the face of violence.

As with conceptualisations of trauma, it is noted that conceptualisations of resilience have also excluded the understanding of resilience in these cultures and contexts because once again they have been shaped largely through western individualistic paradigms (Tummala-Narra, 2001). Therefore they may not have reflected the processes of resilience in environments of disadvantage, chronic violence and trauma adequately.

The WHO Report on Mental Health, Resilience and Inequalities (Friedli, 2009) also emphasizes a move away from individual understanding of resilience to exploring it in relation to injustice and poverty which has deleterious effects on physical, emotional, spiritual and cognitive well-being. Friedli (2009) suggests in the report that healing, therefore, needs to be directed by social transformation that enhances resilience on individual, interpersonal and community levels.

One important study done by Teti et al. (2012) amongst black men in low-income environments highlights how the research tends to explore adversities and risk factors in low-income contexts particular with men, but rarely explore men's resilience. Although the participants in my study are women, there may be some valuable comparisons drawn, given that the contexts of the study are similar. The authors categorised the men's conceptualisation of resilience into five categories: "(1) perseverance; (2) a commitment to learning and growing from hardship; (3) reflecting and refocusing to address difficulties; (4) creating their own supportive environment; and (5) drawing support from religion/spirituality" (Teti et al., 2012 p. 524).

Similar findings were reflected in Hobfoll et al. (2012) who aimed to identify risk and protective factors in the context of ongoing political violence in the west Bank and Gaza. They suggest that communities have the capacity to show strength when confronted with painful experiences, through demonstrating vigour and engagement. Vigour relates to energy and engagement in all life tasks. Engagement, which enables individuals to persist and persevere, maintain and develop social support networks, is aided by being religious and being more educated.

In a study on children, Aisenberg and Herrenkohl (2008) suggest that most children living in a day-to-day environment of community violence, seem to be "resilient" in some way and are able to function better than one would expect, given their vulnerability.

A number of researchers would concur, suggesting that very few people actually develop severe and long-term symptoms and responses to trauma (Harvey, 2007; Ballenger et al., 2004). Yehuda (2004), states that "the normal path is recovery, which is facilitated by a supportive environment" (p. 35). However, given that some research suggests that very little has been explored in contexts of ongoing

violence and that the perspectives of the research do not necessarily include multilevel analysis, this research would argue that perhaps most people are in fact adversely affected in some way or another through living in environments of ongoing stress and trauma which generally have inadequate forms of support.

For example in Aisenberg and Herrenkohl's (2008) study, the children's resilience could be explained by their capacity to develop coping styles to manage threats to their personal safety, intimidation and loss of control. However, we know from the growing scientific evidence that biochemical and neurological changes occur in children who experience early and repeated trauma (Karr-Morse & Wiley, 1997). These neurological changes can cause the brain to adapt and have been shown to negatively affect the child's brain development. The effects on the brain can result in attentional problems, impulsivity, poor school performance, inadequate processing of information, restlessness, agitation, difficulty processing social cues, which are all characteristics commonly associated with criminal behaviour (Karr-Morse & Wiley, 1997).

As mental health practitioners, when faced with an individual who seems to be coping well and is relatively high functioning in the face of adversity, it is assumed that they are resilient. However, high functioning capacity and resilience are not intrinsically the same.

Harvey (2007) suggests that due to the multidimensionality of resilience, people can present with responses of trauma and resilience in a situation where they seem to be coping during the day at work but may for example struggle with nightmares and insomnia at night. Peddle (2007) in her work with war refugees also suggests that resilience and distress can exist at the same time. Therefore, people living in adverse environments may seem to find a level of resilience in order to survive (Bonanno, 2004; Bonanno et al., 2007). They may seem to be stoically moving on - but at the same time some literature would argue that this may just mask their experiences, and does not necessarily exclude the existence of unresolved pain and grief or other underlying maladaptive responses (Friedman & Higson-Smith, 2003).

If one considers Maslow's Hierarchy of Needs (Maslow, 1943), and Max-Neef, Elizalde and Hoppenhayn's later Human Scale Development (1989), it can be argued that individuals living in communities characterised by poverty, unemployment, violence, substance abuse, gangsterism and other social ills, need to prioritise survival. Neurological studies and Neef and Maslow's theories, all agree that survival or subsistence and the need to stay alive is our priority as human beings. Environments where there is ubiquitous trauma may expose a child to violence in the home, on the street and at school, thereby reducing the capacity for finding spaces of safety and permanently activating the need for survival in these environments.

Therefore in these contexts, survival and seeking their basic needs such as access to food and water, shelter, employment and access to resources takes priority over fulfilling other needs such as sense of family and friendships, morality and achievement. Ebersohn (2007) suggests that creating safe spaces which connect people e.g. a supportive environment within a school plays a role in promoting some level of resilience.

Maslow also suggests that education enables people to move towards self-actualisation. However, considering the low level of education in disadvantaged communities, it would not be surprising if self-actualisation and the fulfillment of one's full potential is seldom realised in these environments.

These views contribute to a more complex, layered picture of resilience. Friedman and Higson-Smith (2003) describe the idea of negative resilience amongst South African Police which reflects some of these responses found in community members experiencing ongoing violence. The negative resilience displayed was characterised by a pervasive numbing, denial and dissociative pattern which often resulted in substance abuse, aggression, corruption, burnout and ultimately PTSD. Disconnection can lead to lack of empathy and an inability to connect with other people. Therefore, a reduced ability to care about others can, in turn, result in the perpetration of aggressive, high risk and violent behaviour. This "resilience" can impact an individual's ability to function as a human being with feelings, reduce capacity to work and learn as well as parent children. Individuals who have developed these kinds of strategies to cope can also have an adverse effect on their communities. Although this negative resilience occurs at an individual level, high violence exposure occurs on multiple levels including family, community and society. Similarly these negative kinds of responses are costly both for the individual and their family, but also for the society as a whole. An example is that parents who are negatively resilient are likely to have a negative effect on how their children are nurtured and raised. The resilience of communities is then compromised, not only in mental health terms, but in terms of their economic well-being and their susceptibility to violence, substance abuse and many other social ills (Ungar, 2012).

All things considered, each individual and each community employs a way of ensuring their own survival and uses strategies which may be helpful or harmful in the longer term. It is important to acknowledge these strategies and not to pathologise these adaptive behaviours and processes, as we risk marginalizing individuals and groups if we attach psychological and medical labels to them. Resilience is embedded in social contexts and within the culture of communities and societies. Understanding these cultural contexts and the dynamics within different relationships would increase our ability to understand the different ways in which meanings of trauma are made, and therefore, improve our understanding of the forms and shapes in which resilience can be found (Harvey, 2007; Herrman et al., 2011).

3.4.8 Conclusion

In summary, resilience is multidimensional and is embedded in individual, interpersonal and community contexts. Elements of resilience may manifest to varying degree simultaneously with severe traumatic responses. Contributing towards creating ideal and healthy environments is essential to enhance resilience in individuals and communities.

Further research would be crucial in order to understand how individuals live with the dichotomy of traumatic psychic pain and the ability to thrive while living in a context of ongoing violence and adversity. This scenario is typical of many communities in South Africa, and the need for discourse within the field of psychology that promotes resilience across the ecological systems where social transformation, is required.

The next section of the chapter discusses the applications of critical community psychology principles to promote resilience in community level interventions, and with respect to counselling initiatives in the context of violence and trauma.

3.5 ECOLOGICAL APPROACHES TO ADDRESSING TRAUMA

3.5.1 Introduction

The outline of this section follows on from the previous discussions, linking the underlying principles of critical community psychology in developing approaches to addressing trauma, and promoting resilience. Two key strategies in particular will be explored, that of 1) *Prevention* and 2) *Health promotion*. Although these two concepts are interrelated and could be viewed as two sides of the same coin, they will be discussed separately. Empowerment is an important component of these two strategies and this will be further explored with the specific focus on interventions where community members are trained as community volunteers. The functioning and efficacy of *community counsellors* in particular in relation to violence prevention initiatives and health promotion will be discussed.

3.5.2 A brief overview of individual and group trauma interventions

A relevant and critical point of departure for working with individuals of any developmental stage is to firstly establish safety (Herman, 1992). Herman and others have emphasised that in order for any processing or integration of trauma to occur, the individual needs to feel safe. Given the contexts of ongoing violence that many people, not just in South Africa but in other pockets of the world, experience, this raises challenges as to how safety is attained and what safety means for the people engaging in a therapeutic process. Herman also suggests that in addition to safety and integration of

the trauma, their needs to be a facilitation of reconnecting the person to their community. Mainstream psychology has used a range of therapeutic and counselling approaches to address individual trauma. These include short and medium term counselling approaches such as Cognitive-behavioural therapy (Foa & Rothbaum, 1998; Ehlers & Clark, 2000), Eye-Movement Desensitisation and Reprocessing therapy (Shapiro, 1989a), Narrative therapy (Appelt, 2006), Brief term psychodynamic therapy (Eagle, 1998) Wits Trauma Model (Hajiyannis & Robertson, 1999) and more recently a range of kinesiological and neurogenic treatments such as tremoring or a combination of integrated methods (Edwards, 2009). Within the contexts of ongoing threat and experiences of violence, the Eurocentric models of individual therapy, could create more anxiety due to the interference with psychological defence systems, aimed at helping them to survive (Benjamin & Crawford-Browne, 2011; Kaminer & Eagle, 2010).

Probably the most useful aspect of individual practice, arising out of the literature, is the relationship that develops between practitioner and client. The context or environment in which any kind of therapeutic work takes place, has the potential to be beneficial when there has been the establishment of a trusting, containing and positive relationship. This "therapeutic" relationship aspect of intervention is critical in group and community work as well.

Critical Incident Stress Debriefing (Mitchell, 1983) and Psychological Debriefing (Dyregov, 1997) were developed as group interventions to be implemented soon after a traumatic incident. Although their success remains contentious, both methods directly or indirectly facilitate the telling of the trauma, emotion and thought processing, psychoeducation and future coping. The group processing allows for peer support and can serve to prevent alienation and isolation as members feel they can relate to each other's experiences. Group psychotherapy and psychodynamic therapy are also forms of intervention and ultimately all have as the common goal, the facilitation of helping the trauma survivor get back control over the trauma responses (Kaminer & Eagle, 2010). However, within the South African context achieving authority over the trauma is challenging as safety cannot be guaranteed given the high levels of interpersonal violence in the country.

Other group processes that have risen in popularity are interventions that move beyond the therapy or counselling room. Wilderness therapy has been used to facilitate group processes of physical and emotional healing within nature, using rituals and activities (Bettman et al., 2011).

Besides play therapy with children, creative expression of trauma has also become more popular with adults, participating in activities such as drama, art and music therapies to make sense of their trauma. The physicality as well as the emotional processing of these interventions, informed by the understanding of the neurophysiological effects of trauma, also help people heal from trauma (Talwar, 2007; Baker, 2006).

Within certain environments, these intervention approaches are effective. However, most of them do not necessarily incorporate a broader understanding of the contextual and ecological nature of trauma and the complex picture of the related effects. A widely debated much-publicised example of this disconnect was the process of the Truth and Reconciliation Commission (TRC). Ross (2003) critiques the TRC as a westernised approach to dealing with trauma in South Africa. One of the limitations of the process she highlights is the way in which Eurocentric intervention models presume homogenous experiences of trauma, and debates whether the TRC process was in fact more damaging to people due to its presumption that publicly speaking about trauma is therapeutic. The perceived healing aspect of the TRC is called into question on many grounds but particularly in that its focus on the "facts" contrasts with the narrative notion that truth is subjective. The context of how, where and with whom the narrative is shared is important in determining the potential for healing. It is argued that the TRC's decontextualized framework for telling the story, limited the capacity for healing through not acknowledging the ecological nature of trauma, and therefore, the diversity and heterogeneity of people's experience as a result of structural, racial and social oppression that the majority faced (Ross, 2003).

With regards to at-risk individuals and perpetrators, the broader literature generally identifies two approaches to dealing with and understanding crime and violence. The first stems from this individualistic understanding of violent behavior discussed above, which calls for tougher punitive measures, improved and increased policing and security. The second approach, generated largely out of the work of the community development practitioners, is through social crime prevention and community development interventions (Wortley, 2008). Interestingly, Pharoah (2008) in a national survey investigating victims of crime found that in South Africa it was largely the White population (52%) advocating for harsher and more punitive action to be taken while Coloured (37%) and Black (32%) groups tended to prefer opportunities for social development as an intervention for violence reduction. These community development interventions and social crime prevention initiatives are informed by the ecological understanding of human behavior.

3.5.3 Ecological and public health approaches

Due to the multi-faceted nature of violence (i.e. psychological, neurological, biological, environmental, spiritual) and the heterogeneity of trauma due to our subjective experiences, psychological trauma needs to be addressed within an ecological perspective (Dahlberg & Krug, 2002). Trauma is situated within multiple layers i.e. the individual, family and community. At each level exist risk factors which provide important entry points for possible intervention. Because a core experience of trauma is disconnection from others which adversely affects the interaction between people over time, interventions, have to include the individual system but also extend beyond this to

the social and physical environment of the individual (Aisenberg & Herrenkohl, 2008; Herman, 1992; Visser, 2007).

An ecological approach would for example involve addressing individual risk factors; facilitating interventions towards creating healthy families and relationships; identifying and addressing risk factors within school, workplace and community environments that may be detrimental to mental health or predispose the person to violence; addressing socio-cultural norms, values and practices stemming from prejudiced attitudes in an effort to actively work towards equality and justice for all (Dahlberg & Krug, 2002).

One of Kelly's four principles for Ecological Interventions is that of *Interdependence*. *Interdependence* suggests that all the ecological levels (i.e. the individual, micro-, meso- and macro-systems) interact with one another and if change is brought about in one system, it will effect changes in another (1966 cited in Nelson & Prilleltensky, 2005). Therefore, when designing interventions one has to take cognizance of the potential for positive or negative effects on other systems, and also anticipate unintended consequences.

The most influential systems using the ecological approach have been the Public health systems, aimed at developing interventions, policy and legislation at a larger level. Primm et al (2010) take the view that the Public Health approach is relevant for addressing inequality to healthcare in society through its aim to provide access to whole populations. More recently the World Health Organisation (WHO) has acknowledged the need for Public Mental Health programmes in Africa given the increased rates of violence. The Centre for Public Mental Health (CPMH website) was developed in response to this need and is the first centre of its kind in Africa. The initiative is a partnership between the University of Stellenbosch Department of Psychology and University of Cape Town Department of Psychiatry and Mental Health. It aims to provide quality mental health care on a much larger scale in Africa

Public health approaches are inherently interdisciplinary, integrating knowledge systems and praxis from various schools of thought such as psychology, medicine, epidemiology, sociology and so on. Although it has its roots in science and medicine, its primary aim is to prevent illness through developing a better understanding of ecological influences on health and to inform, educate and empower the public to live healthier lives.

Nelson and Prilleltensky (2005) highlight Prevention and Health Promotion as two important principles in the ecological approach to complement pro-active interventions on a community level and which move the focus beyond individuals to whole populations:

- 1) Prevention in the field of public health has focused on reducing environmental stressors or risk factors at primary, secondary or tertiary levels.
- 2) Health promotion can be seen as complementary, ongoing, pro-active as it involves enhancing health and well-being.

3.5.3.1 *Prevention*

Stagner and Lansing (2009) suggests that in order to develop successful and effective preventative policies and interventions, there needs to be a very good understanding of the risk and protective factors that influence the behavior and functioning. Prevention becomes more complex when there are multiple systemic causes to a problem. Too often prevention programmes are implemented without a comprehensive conceptual understanding of the complexity of violence. In addition, as intimated earlier, these understandings have also often excluded important local knowledge systems, which would suggest why many violence prevention programmes are not as effective in impact and longevity as they could be.

The public health ecological approach is firstly about generating and providing information and knowledge about health issues, and then using this knowledge and acting on it (Dahlberg & Krug, 2002). Within the area of violence and trauma, prevention usually occurs on three levels, depending on when they take place:

- i) Primary prevention - interventions that aim to stop violence before it occurs
- ii) Secondary prevention - interventions that aim to identify effects of violence early and treat the problems as soon as possible
- iii) Tertiary prevention - aims to prevent the long-term effects of violence and use strategies such as rehabilitation or reintegration of victims or offenders.

Internationally, preventative efforts have largely existed at the secondary and tertiary levels and include both victims and perpetrators as the target population (Dahlberg & Krug, 2002). Given the high rates and historical nature of violence globally, it is logical that most preventative strategies aim to address the immediate effects of violence through support of the victim and strive to ensure that justice is served. A study done in South Africa amongst palliative home-based carers, found that community members most often sought help when they had no other recourse for action given their low socio-economic status, thus resulting in the carers intervening at a tertiary level rather than a primary level (Demmer, 2007).

The World Health Report on Violence (Dahlberg & Krug, 2002) has made recommendations on preventing violence, particularly amongst youth. On an individual level the most common approach is to increase the protective factors of the person. Identifying and targeting risk and protective factors is

effective in reducing crime, violence and other social ills. However, there seems to be a gap in the literature in identifying the protective factors that occur in social settings such as the family, school and community (Aisenberg & Herrenkohl, 2008). The research again has focused more on the individual's risk and protective factors. This has also seemingly slowed the development of strengths-based community violence-prevention programs.

Recommended prevention and promotion efforts by the WHO need to consider relationship factors which can include parenting skills training and mentoring programmes and which can aid healthy relationship development. A range of community-based activities are recommended such as community policing, developing extra-curricular activities, creating safe spaces in communities for children and youth. On a societal level, little has been done to address the norm of violence within specific cultures.

Programmes should be culturally specific. Research within Africa concerning trauma treatment models is also extremely limited. Much of the research that has taken place in Africa has been concentrated in post-conflict situations but none in environments of continuous trauma (Kaplan, 2005). In a developing nation like South Africa, prevention programmes are likely to be more cost-effective than reactive solutions to violence.

There have also been some shifts in approaches to community-based violence prevention as a result of research and policy development.

In some sectors it is accepted that addressing community violence is not only the responsibility of the police and law enforcement but governments, communities and civil society all need to be actively engaged. Community safety and security as a civic responsibility need to be more of a focus and extend to enhancing the well-being of and engaging with community members rather than a narrow focus on crime control.

A critique of prevention as a strategy to dealing with violence is that, although it is generally much more cost-effective than treatment and casts a wider net for reaching those in need, it does not in fact address the underlying root causes of violence. Kagan et al. (2011) suggest that prevention efforts cannot be realized without liberation. In other words, prevention strategies are not as effective as they aim to be because they tend to avoid addressing the socio-economic injustices that maintain the status quo.

Community psychologists call into question the impact of many of these prevention programmes as so few have been subject to rigorous, scientific evaluations (Kagee & Lund, 2012; Wortley, 2008). However, the WHO also emphasises that as practitioners and policy-makers we cannot just wait for

absolute scientific theories as it is imperative that we expedite interventions that address the violence pandemic (Dahlberg & Krug, 2002).

3.5.3.2 *Health promotion*

There are very strong links between the concepts of prevention and promotion. As seen in their definitions, the main distinction between the two ideas exists in their direct outcomes (Saxena, Jane-Llopis & Hosman, 2006). Health and wellness are used interchangeably but for purposes of this research refer not merely to the absence of illness or disease but to what Corbin and Pangrazi (2001) refer to as the "multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being" (p. 1).

Much has been written about health promotion both internationally (Skybo & Polivka, 2007; Wandersman & Florin, 2003) and locally (Petersen, 2010; Mosavel, Ahmed & Simon, 2012). Again much of the focus has been on the individual and interpersonal dynamics and characteristics that influence our capacity for wellness and predispose the individual to illness. Broader factors, as ecological theory demonstrates, also have an influence on our potential for wellness, and are often alluded to but not integrated in the thinking or discussion of these dynamics (Fox & Prilleltensky, 1997; Miller, 1999).

Consequently, more recently there has been a notably overt emphasis in the literature on health promotion, wellness and its relationship to justice. Nelson and Prilleltensky (2005) state that a complete enhancement of health and promotion of wellness, requires dealing with issues of power and social justice. They argue that wellness is not possible while injustice exists because wellness intersects with justice, equality and power at each ecological level (Sen, 2009; Prilleltensky, 2012). This notion is supported in the literature, media and common knowledge that poor health and serious social problems are much worse in countries where there is the largest economic disparity (Daniels, 2012; Wilkinson & Pickett, 2009; Pinto-Meza et al., 2013). Despite the fact that some of the literature does contest this point, the dominant discourse suggests that lower socioeconomic status and not just poverty, is associated with poorer health. An example is the research of Wilkinson and Pickett (2009) who found in their analyses of 23 countries that countries with higher rates of inequality also had higher rates of social problems e.g. mental illness, homicides, teenage pregnancies, incarceration and substance abuse and reduced rates of social benefits e.g. higher life expectancy, educational performance, social cohesion and women's status. Ataguba and Alaba (2012) concur with these views that in South Africa the social class differences lead to the poorer population suffering more ill health than the rich.

When conditions exist in the individual, interpersonal relationships and in the community that promote safety, equality and fairness, then this will promote multidimensional wellness. At the individual level Cowen (1994 cited in Harvey, 2007) identifies five pathways to wellness which include i) developing wholesome attachments ii) acquiring age and ability appropriate competency iii) exposure to settings that favour wellness, belonging, relatedness and self esteem iv) sense of being in control of one's fate and v) coping effectively with stress.

Although these pathways to wellness are seemingly individual attributes, it is important to acknowledge that they are also connected to a number of social and political factors such as the individuals' support network, access to education and opportunities for employment, type of housing and so on. These broader environmental conditions are critical features in contexts of poverty as the stressors related to these variables will certainly influence an individual's mental health.

As a result, moving to the interpersonal and community levels, Kelly's second principle of *Cycling of Resources* refers to how resources within the different ecological systems are used. An attribute that may be viewed as being expendable or wasteful in one context, may prove to be extremely valuable in another.

Maton (2000 cited in Harvey, 2007) highlights an additional four principles which complement Kelly's *Cycling of Resources*, and which need to be considered when identifying and empowering community resources in the context of working towards social justice and transformation. These include:

- i) Capacity building through developing healthy leadership and problem-solving skills in an aim to reform the influential aspects of the social environment.
- ii) Group empowerment to address unequal power relationships and ensure equal distribution of and access to resources between groups.
- iii) Relational community building to redefine relationships and create more opportunities for community members.
- iv) Culture challenge to address aspects of culture and societal norms and values that may be perpetuating the existence of social oppression, inequality and consequent social problems.

In order to incorporate these principles into transforming society towards more egalitarian and just environments, it requires working intersectorally and in participation with communities (Duncan et al., 2007; Maton, 2000; Harvey, 2007). Only in partnership with communities, can interventions become more sensitive to the subtle power dynamics that exist in the relationships between individuals and groups. A good understanding of the context, sensitivity to these issues and integration of this knowledge would aid in sustaining interventions as community members feel

empowered and equally invested in the intervention (Harvey, 2007). Interventions therefore need to seek to be just and fair in all aspects of the process i.e. assessment, consultation, planning, implementation and evaluation, and should allow individuals and communities to experience trust, respect, a sense of control and a sense of justice (Kagan et al., 2011; Maton & Brodsky, 2011).

If the intervention processes and outcomes model justice then Kelly's third and fourth principles for ecological interventions suggest that change is possible. *Adaptation* refers to how individuals adapt to cope in their environment. Depending on the level of justice and equality of access to resources in a system, the individual will either thrive or deteriorate in a specific environment. However, as the environmental conditions become more equitable, the individual's capacity for positive adaptation can be improved, resulting in feelings of competence and enhanced wellness. Finally *Succession* refers to the change that takes place in an environment over the long-term. Ultimately as environments become optimal and allow individuals and families to thrive and grow, eventually a more functional, healthy population will replace a dysfunctional one. Succession takes into account the generational nature of the consequences of trauma and violence and works towards longer-term future outcomes.

Within community psychology the potential for using non-professional people as resources to achieve these goals, has been regarded widely especially in South Africa, given its high rates of volunteerism (Daniels, 2012). Community members within a network, organisation or institution serve as a very important resource for other members of the community.

3.5.4 Capacity-building through community volunteers

The Special Issue on Civic Service (Patel & Mupedziswa, 2007) paints the picture of volunteerism in Africa. Community and volunteer services have been part of Africa's history and culture for generations. Due to the increased levels of economic inequality, societal ills such as HIV/AIDS and violence, more and more volunteer opportunities have been initiated in the formal and informal civil service sector to address these deteriorating conditions (Patel & Mupedziswa, 2007; Daniels, 2012).

The idea of volunteer service is one that is culturally embedded in many African contexts although different languages are used to define and conceptualise the idea of service. Patel and Mupedziswa (2007) refer to a few examples such as "tirelo" used in Botswana meaning "something done for others"; in Zimbabwe "vabatsiri" and "hunhu" meaning "to be a responsible human being"; in South Africa "Ubuntu" referring to our connectedness to others "being open and available to others", in Malawi "uMuntu" similarly refers to living together as one family and in Uganda "ubuntu olama" meaning "being humane and showing kindness" to others.

Ohmer (2008) found that community members engaged in serving their community were an enormous asset in that they increased the problem-solving resources and capacities within the community. A

wide search in the literature, required exploring a range of terms often associated with volunteers i.e. lay counselors, outreach workers, community volunteer counsellors (CVCs), community mental health workers, lay health workers, community-based volunteers, paraprofessionals, home-based carers, primary healthcare volunteers etc. Although the search yielded very little literature on nonprofessionally trained counsellors, particularly in relation to trauma and violence in the last ten years, it is well-known that the roles of these volunteers are broad and very valuable (Schneider, Hlophe & van Rensburg, 2008). In their training of community members as paraprofessionals Calzada et al. (2005) reported that community members serve an invaluable role in community-based programs, particularly in disadvantaged and underserved communities. Community members may be more easily able to engage community members than outside professionals as they are familiar with their environment and already have access to key role players. Their research shows that paraprofessionals can be as or more effective than professionals in achieving desired clinical outcomes.

Community-based services can provide a range of interventions provided by community members including church members, school principals, counselors, and nurses, reformed members of violent gangs and other community role players. Community members have often been willing and able to assume leadership roles in supporting survivors of trauma in their communities. According to Macy et al. (2004) these community members often act as the "gatekeepers" of their communities in that they can identify and relate to the community perceptions of trauma, understand the cultural, racial and language context, as well as facilitate processes for community members to receive help.

Conversely, Dillenburger et al. (2008) suggest that there is little known of the services offered by community members for people affected by violence and trauma. Their argument is that while these groups may be able to help their members experience less psychological distress and improve social functioning, it is also possible that they can also result in unhelpful effects such as members' feeling overwhelmed or inadequate, suffer burnout, and power struggles which can result in tension. Therefore, it is highlighted that the boundaries of community volunteers need to be carefully considered, and that organisations who work with volunteers need to have clear expectations of them so-as to avoid exploitation of the volunteer (Lorschiedter, 2007).

In Northern Ireland, community-based services are considered an important support for community members and are considered to be less stigmatizing and more empowering than state services (Smyth & Thomson, 2001). However, again, those who offer community-based services need to be well trained and supervised in order for their work to be effective and sustainable.

In South Africa in recent years there has been a move to engage more community members to volunteer in community-based programmes to address some of the challenges impoverished communities face. Since the new dispensation in 1994, South Africa has had a steady growth in

community volunteers. A review done by Volunteer and Service Enquiry South Africa (Perold, Carapinha & Mohamed, 2006) shows that the highest incidence of volunteering in South Africa occurs among women, Indian and African people and particularly within poorer communities. Poorer women tend to dominate in volunteering programmes especially in the fields of home and community-based care. According to the review, within the challenges of poverty and unemployment there seems to exist the perception amongst men, that volunteering is for women. This places an added burden of care on low-income women who volunteer to care for others (Daniels, 2012).

3.5.5 Community counsellors

For purposes of this research I choose to refer to the women participants as community counsellors which is the term with which they identify themselves. This term refers to the fact that at the time of the research, they had received no professionally accredited counselling training leading to formal registration as a counsellor. However, under professional supervision they engage in psychosocial counselling activities, receiving a minimal stipend as compensation for their services (Hassim, 2009).

Although there has been much documented about volunteerism in South Africa, the current literature review found little research exploring the experiences and perceptions of community counsellors working in disadvantaged communities. Some of the international and local research is highlighted below.

Dahlberg and Krug (2002) describe outreach workers in the context of intimate partner violence as functioning as peer educators. These volunteers are usually people who have experienced intimate partner violence themselves and who emotionally support and provide legal information to other victims of violence.

Some research has been conducted internationally on volunteer counsellors for Rape Crisis but these studies are not necessarily community-based (Hellman & House, 2006; Rath, 2008). In the UK the training of Rape Crisis counsellors highlights the importance of personal development and self-awareness in the training process. This is common in most feminist approaches as it encourages women to be more conscious and aware of their own experiences and emotions as women in society with the objective that women would provide more effective support for each other (Rath, 2008). The connection with like-minded women was seen as a significant influence in sustaining volunteers in the programmes.

Given that it is this very connection to others and our ability to see each other as human that so often becomes eroded in the wake of generational and ongoing trauma, it would be interesting to understand more about this connection between volunteers. Hellman and House (2006) suggest that developing a

greater understanding of these social networks could serve to become an important strategy in increasing and retaining volunteer commitment.

This research accentuated the liberatory or emancipatory process of learning that takes place in counselling training of this nature. This is indicative of the process of empowerment that occurs when working with community members in a socially transformative way. Empowering communities means working with people and not for people. The aim should always be to allow people to find the solutions to the problems they are faced with, themselves. Sustainable development is only possible through empowering people (Abrams & Fine, 2003). Partnerships are also crucial to empowering communities and working across systems. The transfer of skills, sharing of ideas and mobilizing already existing resources is paramount to effective community development.

There does exist some South African research exploring the experiences of community health workers in relation to HIV/AIDS (Rohleder & Swartz, 2005; Haber et al., 2011; Mall et al., 2012) and palliative care (Uren & Graham, 2012). Studies on micro- and mesolevel interventions, focusing on experiences of clients (Appelt, 2006; Davis et al., 2008) who have counselling, community education or psycho-education (Lewis et al., 2003) abound. These studies provide insight into experiences of clients and provide guidelines for evidence-based interventions. Within the South African context non-professional lay counsellors are most often recruited and trained by the non-governmental sector and are supervised by professionals in the health sector (Rohleder & Swartz, 2005).

In South Africa the government's Victim Empowerment strategy is seen as the network of services that are involved in rendering multisectoral services to victims. Within this strategy volunteers play a critical role in service delivery although again there is very little literature to substantiate the specific aspects of the programme e.g. efficacy of training methods. (Dalgety, 2006).

3.5.5.1 Motivation to becoming a counsellor

In light of the discussion on resilience and post-traumatic growth, it is interesting to be aware of what motivates people from poor socio-economic backgrounds, with a notable range of stressors, to be willing to become volunteer counsellors eager to serve their communities. Staub and Vollhardt (2008) explore the motivations of people in a study of "Altruism Born of Suffering". They contrast the negative effects of those who have suffered trauma with an alternative response where some people achieve meaning in the wake of trauma, through becoming compassionate and helpful towards others. This is characterized by a deeper motivation which compels survivors to actively prevent the future suffering of others (Staub & Vollhardt, 2008). Bloom and Reichert (1998) further suggests that when the trauma results in altruism, it becomes not just an individual or personal asset but also a catalyst for

developing an asset that is beneficial for the community as a whole. This is evidenced in almost forty research studies (Lewin et al., 2006).

The notion of the *wounded healer* has also been viewed as a psychodynamic motivation for becoming a counsellor (Hassim, 2009). In my experience of facilitating a number of training courses over the years, this theme of wounded healer is one that repeatedly needs to be made conscious for community members and needs to be revisited regularly as they engage in the counselling process. Again the literature explores the idea of wounded healer within the context of high-income countries and mental health professionals (Richard, 2012). No literature is available describing the experiences of counsellors who are wounded healers and who live in high-risk environments, suffering ongoing exposure to trauma. However, the postmodern feminist paradigm of this research, would parallel many of the conclusions in the literature suggesting that being wounded creates a more equal relationship with our clients, and serves to make us more human and compassionate if we are conscious of its effects on our clients and us. Hence an exploration of the community counsellors' journey from victim to survivor to wounded healer could make them highly experienced empathic counsellors if they are able to use their life experiences as learning experiences. In the African context the wounded healer is revered in some cultures e.g. sangomas or witchdoctors etc. Part of the process by which one receives such important cultural status is through experiencing and acknowledging your own pain (Ramphele, 2008). Ramphele also asserts that psychology is still foreign for many indigenous populations as poor mental health is something that is dealt with in the privacy of a familiar community and not in the public domain. Consequently community-based counsellors would be seen as more understanding, empathic and trustworthy. As a supervisor of wounded healers, however, one needs to be additionally wary of the way in which past trauma affects the counsellors and their work with clients (Wheeler, 2007).

For some volunteers the prospect of receiving some form of skill and a small stipend are motivation enough in the context of poverty and limited access to employment and skills development. Further exploration into the motivations of community volunteer counsellors is needed, particularly as their roles as community members and counsellors are so inextricably linked. They, therefore, view their "volunteerism" as a job and it becomes a means for providing some form of economic upliftment for themselves and their families (Swart, Seedat & Sader, 2004).

3.5.5.2 *Community counselling approaches*

The broad range of emotion that is experienced as a result of trauma is central to healing individuals and communities and defending against the perpetuation of aggression, fear and mistrust (Hutchison & Bleiker, 2008). Although cognitive-behavioural approaches have proven to be useful from various cultural perspectives (McDonald & Gonzalez, 2006) many counselling interventions implemented on

a community level are contested by some authors and deemed to be inappropriate as they require expertise and expectations of resources (Duran et al., 2008; Phipps & Byrne, 2003). Culture and context are significant factors in determining whether a counselling approach would actually be successful. As with all counselling techniques, when training community members working contextually, no counselling strategies should be applied in a perfunctory way without adapting it to the cultural context in which it is being used.

Intersectionality for example, emphasizes that Black women's experience of the world is different to other groups and if these differences are not considered in developing interventions, then black women are less likely to benefit from them (Crenshaw, 1993). Rape Crisis services for example found that the counsellors needed to spend more time addressing socio-economic problems and not just the rape. Similarly Benjamin and Crawford-Browne (2001) also found that many of their clients referred for trauma counselling, wanted to address a range of other issues related to their socio-economic struggles. This highlights the fact that people's needs differ depending on their priorities given their socio-economic status and their primary need for survival. Western individualistic counselling strategies therefore often hinder the need for the counsellor to focus on reallocating some of their resources to basic needs. However, community members who have had similar experiences in terms of trauma, environment and socio-economic status may be better equipped to support their fellow community members in light of their understanding of the context and what issues need to be prioritized.

Systemic interventions require a reconceptualization of psychosocial issues and integrate the knowledge of community members in defining and resolving these issues. This would involve a multi-systemic engagement with the issues as they relate to the person-in-context. Therefore, counselling activities would require changing relationships intra- and interpersonally (Lazarus, Baptiste & Seedat, 2009; Breckenridge & James, 2010). In doing so volunteer counsellors would have the opportunity to intervene at an early stage and reduce the impact of the broad traumatic stress responses (Phipps, Byrne & Deane, 2007).

3.5.5.3 *Challenges to community counseling*

One of the biggest challenges to community counselling would naturally be the effect of living and working in an environment of high stress and trauma. However, very little has been written about how this impacts on non-professional community counsellors (Hellman & House, 2006; Rath, 2008; Perold, Mohamed & Carapinha, 2006).

There is a large body of research on issues of burnout, vicarious trauma and occupational stress with regards to professional health and mental health professionals. However, most of these studies are

based in high-income countries where the health professional has better socio-economic status compared to the typical lay community counsellor from a low-income neighbourhood. Even fewer studies have explored the experiences of community counsellors who work and live in disadvantaged communities that experience high levels of violence (Hassim, 2009). This situation places counsellors in the dual role of having to support others' through their struggles while they often endure similar difficulties in their own families. Uren and Graham's (2012) exploration of caregivers providing palliative care shows how their personal and working lives are not mutually exclusive and their traumatic experiences become cumulative, affecting their physical and emotional health. Within South Africa's healthcare system there is limited access to debriefing or other forms of emotional support within or beyond their work for these caregivers. Uren and Graham (2012) highlight the need to develop more peer support, to focus on psycho-education and provide information on coping and stress-management to counter some of these negative effects. Without appropriate psychological support and other resources, our already burdened healthcare system could negatively impact those community volunteers who are trying to provide important and valuable services in their community.

To add insult to injury, despite these community counsellors' large contribution to healthcare in South Africa, they are still afforded little status in the healthcare system (Rohleeder & Swartz, 2005; Daniels, 2012). Little credible acknowledgement is given to these counsellors and their position in the hierarchy of healthcare is still inferior. In this study all the participants are women, are "coloured" and come from a low-income community. These intersectional factors bear significance in that yet again these women are in a position where their experience is not formally acknowledged and they exist in a healthcare system which reinforces their inferior status.

There is also very little literature exploring the community counsellors' perceptions of their relationships to the organisations through which they provide services. These counsellors are at a multiple interface and experience dynamics related to their peers, their community, their clients, the organisation or institution to which they are affiliated as well as the governmental healthcare systems. These relationships are also important to explore further as they affect the community counsellors' engagement with the counselling process.

Violence, trauma and contexts of poverty would suggest that there would be strong emotional responses and reactions to be dealt with by the community counsellors. However, there is very little written about the emotional processes within the framework of critical community psychology (Gibson & Swartz, 2008). Although issues of power and lack of justice dominate the discourse within this field, the powerful emotional component related to these terms seem to have been given less of a focus (Leon & Montenegro, 1998). However, one cannot work as a community psychologist with individuals in an ecological framework without acknowledging and addressing psychodynamic emotional processes. There is much evidence that supports the view that the most effective violence

prevention strategies involve creating healthier, stronger children families, schools and communities, and in order to do this requires an understanding of healing and coping with trauma (Resiliency Institute website, 2003). This could then empower community members to help themselves and others.

The shifts from marginalisation to social connection, powerlessness to empowerment, learned helplessness to self-reliance all require emotional processing within the structural, political context. The challenge is in balancing the emotional components with resources and physical needs of the community members. For example for a community member to feel empowered is a significant intrapersonal emotional shift but at the same time may also require receiving better access to opportunities for employment.

3.5.6 Conclusion

In summary broad intervention programmes need to be integrated and multi-systemic. They need to be able to conceptualise and facilitate healing process at different levels. It seems that the common understanding is that these intervention approaches emphasize the importance of developing community-based partnerships and equal collaborations in the prevention of violence. The role of psychology in the context of injustice is also debated. Although there has been a resurgence in the debates around intersectoral thinking, social transformation and critical psychology praxis (Martin-Baro, 1994; Montero 2008), these ideas are not necessarily new as they have been articulated by psychologists challenging mainstream psychology in South Africa in the past (Dawes, 1986; Lazarus, 1988; Seedat, 1993). The mental health professional becomes a partner in social transformation, and has some expertise to offer but is not necessarily the sole expert in developing and implementing interventions. From the literature it would seem that a combination of indigenous knowledge and western knowledge could be effective in developing strength-based interventions that are transformative and empowering.

The question arising from the literature is whether it is possible for communities to heal themselves and move from a dysfunctional state to a state of wellness. More specifically, one needs to consider whether groups of people such as these counsellors, are even able to change the trajectories of their lives in an environment of ongoing violence and disorder. Finally, one also needs to understand how individuals and groups are able to move themselves from being victims of their adverse social ecologies and become powerful agents of change who can influence and help others.

Chapter Four

METHODOLOGY

4.1 INTRODUCTION

The purpose of this chapter is to provide the underlying philosophical frameworks of social constructionism and participatory methodology within which the study is conceptualised. The women's experiences of gender, race and other simultaneous interdependent multiple identities are best understood within the framework of feminist and intersectional theories. The qualitative method allows for the women in the study to express their own lived experience in relation to trauma and resilience in their own voices and in their own context. The chapter outlines the methodology employed in the study: research design, data collection and analysis as well as discussing the ethical issues, validation and reflexivity related to this research and the researcher.

4.2 THEORETICAL APPROACH TO METHODOLOGY

The theoretical positioning of this study is informed by a number of compatible paradigms: social constructionism, participatory, feminist and intersectional worldviews.

4.2.1 Social constructionism

Two similar terms: *social constructionism* and *social constructivism* are often referred to within the literature critiquing traditional psychology. There are many similarities between the two. However, the difference between the terms exists in its focus of attention: social constructionism is more concerned with social processes in creating "reality" while social constructivists emphasise the individual's cognitive construction of identity (Carolissen, 2008). The work of Burr (1998) and Gergen (2001) have influenced and informed my understanding of social constructionism as being relevant for my study. They provide a critique of the individualistic notions of truth and reality which have emerged out of traditional psychology, arguing that all knowledge is context-bound i.e. it is historically and culturally specific (Burr, 1998).

Traditional psychology, for example, has tended to locate violent behaviour within the pathology existing in the individual while social constructionism would argue that violent behaviour may emerge out of interactions and relationships of the individual with his/her environments and other people.

Consequently social constructionism is underpinned by the idea that no singular true version of reality exists (Gergen, 2001; Ekdawi et al., 2000). The idea of "reality" is an active experience that "is constructed between people through their interactions with each other in particular contexts" (Ekdawi et al., 2000, p. 5). The way reality is constructed is influenced by one's culture, gender, personality, experiences, identities and so on, therefore, our view of reality is not separated from our changing experience of it through these different lenses. The meanings are, therefore, subjective and are developed in relationship with other people, thus constructed socially. Although social constructionism straddles many disciplines, they all seek to understand the complexities of our world, rather than reducing the meanings to a few quantifiable categories (Creswell, 2007).

Language is of key significance to social constructionists as these realities are given meaning through verbal and non-verbal communication between people within their social and historical context (Burr, 1998). This focus on language has been an area of contention in that social constructionists have been criticised for not giving significance to other forms of interacting with people and the world (Young & Collin, 2004). The role of power and the influence it has in shaping realities, has not been given enough significance within social constructionism (Burr, 1998). This is relevant for the context of this study as participants have historically existed in a position of socio-political inferiority, and are considered to be of low socio-economic status. Despite these critiques, social constructionism provides a useful framework for the construction of multiple identities and providing insight into alternative ways of conceptualising the role of psychology in the context of historical and ongoing violence and adversity. On the agenda of social constructionism is that of social change and Burr (1998) questions the possibilities of creating social change within this framework, and whether social change can be facilitated by the individual or whether structural change is required to bring about transformation in society.

The importance of focusing the research on participants within this context, involves inductively discovering patterns of meaning and identities and is, therefore reliant on the participants' understanding of their situation i.e. their experiences of trauma and resilience within their living and working context. The interrogative process is more open and general with broad questions providing opportunities for constructing meanings and shaping identities in interaction with others (Creswell, 2007). This may also contribute to an understanding of what is required in order for social transformation to occur.

An important feature of this framework is the conscious awareness of the researcher's own positioning in their research. As meanings of the participants are constructed relationally and contextually, so does the interpretation of these meanings develop from the researcher's own relational and contextual experiences. This requires the researcher to acknowledge how they interpret and make meaning of other people's experiences.

4.2.2 Participatory approach

A compatible philosophy with social constructionism is that of the participatory approach. In the historical and political context of South Africa, debates about the purpose of research have proliferated. While some hold the view that research should be done for the sake of research, others argue that research should be relevant and contribute to understanding and intervening in complex social problems (Stringer, 1999; Painter & Terre Blanche, 2004; Pillay, 2005). Cohen and Uphoff (2011) suggest that an important question to ask is whether the purpose for the research is compatible with how the participants themselves view their purpose of participating in the research.

Participatory approaches further suggest that research becomes a vehicle for advocating for change in the lives of marginalised individuals' or groups' lives (Creswell, 2007). Given the description of violence in disadvantaged populations in South Africa, research agenda calls for urgent and important investigation into these issues which interface with oppression, colonisation, marginalisation and hegemony. Research can, therefore expose the experiences and meanings attached to the experiences of marginalised groups, and provide a voice for these individuals and groups, so-as to create awareness and develop ways of enhancing their own lives. Enhancing one's own life is a tenet of participatory research, developing out of the liberatory teachings of Friere who believed that development only occurs when humans are free from oppression and have the ability to make their own decisions (Leal, 2011).

The term participation has, therefore, been aptly equated with power (Arnstein, 2011). Although quite simplistic, Arnstein provides a very useful graded ladder depicting the eight rungs of citizen participation and how this is paralleled with degrees of power. The ladder depicts manipulation of participants and the process of therapy as some of the lowest forms of participation on the ladder. In fact she describes these as non-participatory practices because she perceives them as being illusory, as issues of power are not addressed. In these situations professionals or experts in positions of power still hold authority over powerless groups and the pathology and cure thereof remains the focus of engagement. Conversely partnership, delegated power and citizen control are seen as addressing real citizen power and are ideal types of participation (Arnstein, 2011).

Kemmis and McTaggart (2007) highlight the three main features of participatory research which makes it distinct from traditional research methods and which I have strived to incorporate in this research process. Firstly, there needs to be shared ownership of the research where participants share power in the process and in the production of knowledge. In this way the research ultimately also belongs to the participants being studied (Borda, 2011). Secondly Kemmis and McTaggart (2007) suggest that participatory research stems from and produces a community-based analysis of the social

problems. Finally the research should be a catalyst for social action and change and becomes, therefore, both practical and emancipatory.

The combination of these constructivist and participatory epistemological views is empowering as it engages the research participants to be active partners in giving voice to their lived experiences, creating awareness and effecting change in their own lives (Kemmis & Wilkinson, 1998).

4.2.3 Feminist and intersectional interpretive framework

That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place! And ain't I a woman? (Sojourner Truth, "Ain't I a Woman?", 1851 Women's Convention in Akron, Ohio).

Categories like gender, ethnicity and class co-construct each other, and they do so in myriad ways, dependent on social, historical and symbolic factors.

Qualitative research is often also called interpretative research and this study is interpreted through Feminist (Lather, 1991) and Intersectional theoretical perspectives (Crenshaw, 1993).

Feminism has done much to advance the issues around gender and sexuality within marginalised groups. Feminist research sought to critique the classic methodologies and to establish research that is more participatory and contextual, and does not exploit the participants involved (Gilligan, 1982; Maguire, 1987; Lather, 1991; Gergen, 2001; Allen, 2011; Cornwall, 2011). These values of feminism have formed the foundations for my theoretical understanding and practical working in the field of community psychology and trauma (Appelt; 2006; Allen, 2011; Dickerson, 2011).

As the participants in this study are all women, how these women position themselves in their context, how they make life choices and survive in an oppressive environment, is related to how they understand and negotiate the power dynamics constructed within the issue of gender (Stewart, 1994; Seedat, Duncan & Lazarus, 2001). In the past feminism allowed for women's personal narratives to become the "essential primary documents for feminist research" (Personal Narratives Group, 1989, p. 4, cited in Denzin & Lincoln, 2008) and these voices became the catalyst for challenging traditional research methodologies and a knowledge base that was generated from these methodologies.

Feminist research highlights women's voices and subjectivities but also emphasises the significance of the researcher's position. There is less of a focus on the method and design of the research but more emphasis on the collaborative, transparent and respectful way in which data is gathered and interpreted from the perspective of women (Olesen, 2005). The power dynamics between researcher and participants is also viewed through a critical lens and the reflexive process of the researcher is

integral to how interpretations are made (Creswell, 2007; Allen, 2011). Seedat et al. (2001) describe the process of "bracketing" whereby the researcher strives to be relatively objective through consistently reflecting on, self-analysing and self-examining their own thoughts, feelings and attitudes throughout the research process. These reflexivity issues are discussed in a separate section later in the chapter.

Feminist research also calls for action that can transform society but has most often had the plight of women as the key context for how experiences are interpreted and how meanings are constructed.

From the researcher's perspective the women's stories generated in this research provide rich narratives in the women's own language, voice and context of their own life experiences, conditions and subjective meanings. Although feminist research has largely highlighted gender, this is seen as a limitation in the context of this study.

Developing a richer understanding of these low-income women's experiences, requires a broader, more complex understanding of how identities are formed, experiences are understood and meanings are created. The influence of working class feminists and critical race theorists have highlighted the importance of understanding multiple positionings which women hold in society (Hill Collins, 1998, 2000; Naples, 2003; Fine, Weis, Weseen & Wong, 2003; Palmary, 2003). In the context of South African communities issues such as race, socio-economic status, ethnicity, religion and so on also have significant influence on how meanings are constructed. For this reason the theoretical perspective of Intersectionality provides an important lens for interpretation of the study.

Intersectionality is a term coined by Kimberly Crenshaw in the 1990s to include the experiences of Black women in research agenda. Feminist research agenda were often dominated by the experiences of white women while discourses about race were dominated by the experiences of black men (1993), leaving a noticeable gap of Black women's experiences in the literature.

Intersectionality is a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism) (Bowleg, 2012, p. 1267).

As in much qualitative, interpretive research, participants tend to consist of groups who have experienced some form of oppression, inequity and exclusion be it in the form of gender, race, class, religion, sexuality or geography (Ladson-Billings & Donnor, 2005).

These categories cannot be understood as separate entities (Cole, 2009). They are not mutually exclusive and when particular identities are understood such as "woman" without how it intersects

with being a "coloured" woman, the experience of that woman is undermined and the complexity of her identity is devalued. Bowleg (2012) emphasises the need for narratives from people of colour as women's experiences have been expressed largely through the voices of White women. In particular within the discourse of violence, women's experiences of violence in disadvantaged communities need to be viewed within the context of race, socio-economic status, culture, patriarchy and gender (Crenshaw, 1993; West, 2004; Bent-Goodley, 2005; Campbell et al., 2008; Allen, 2011; Dickerson, 2011).

Within the context of this study these multiple categories of disadvantage are interlinked by virtue of the historical and political context of South Africa in which the participants live. Neglecting to view their lives and their experiences within this framework would be inappropriate and would not do justice to their stories (Hulko, 2009; Mehrotra, 2010). Therefore, the intersectional framework is also underpinned by a transformative agenda.

Cole (2009) provides three questions for psychologists aiming to undertake research in an intersectional framework of understanding. These three questions help to broaden the conceptual focus beyond gender to include the influences of multiple marginalised social categories and identities which are experienced simultaneously.

The three questions which will be expanded upon in the section under Research Design include:

- 1) Who is included within this category?
- 2) What role does inequality play?
- 3) Where are the similarities?

Although there are ambiguities in the way intersectionality is actually applied (Bowleg, 2008; Davis et al., 2008; McCall, 2005; Nash 2008) these paradigmatic shifts parallel the move away from decontextualised, traditional ways of understanding to an intersectional and inclusive reconceptualization of social meanings in psychology (Cole, 2009; Helms, Jernigan & Mascher, 2005; Smedley & Smedley, 2005) and other social sciences (e.g., Hancock, 2007b; McCall, 2005).

4.3 AIMS OF STUDY

The goal of the proposed research is to explore community counsellors' experiences and understandings of trauma and resilience in a low income community characterised by violence. The research aims to find out what we can learn about trauma and resilience in disadvantaged South African communities by examining the experiences of violence, trauma and resilience among community counsellors. Firstly, they would provide insight into how community counsellors

experience violence and understand the effects of trauma in their own lives and in the broader community. Secondly, their experiences would also provide insight into an understanding of whether resilience is possible and what the elements of resilience are in a context of ongoing violence:

Therefore, the broader underlying research questions are:

- i) What experiences of violence are community counsellors exposed to while living and working in this low-income community?
- ii) How do the community counsellors conceptualise and understand the effects of trauma in this context?
- iii) How do community counsellors cope with the effects of ongoing trauma in their daily lives?
- iv) How do they cope with the effects of vicarious trauma in their work as counsellors?

4.4 RESEARCH DESIGN

4.4.1 Qualitative case study design

Qualitative research methods are ideally suited to address the complex feminist and intersectional multiple dimensions within this study (Cuadraz & Uttal, 1999; Bowleg, 2008). The experiences of trauma and resilience of community counsellors who live and work in a low-income, violent community cannot be easily measured with quantitative approaches (Kagee, 2004a; Bowleg, 2008, Bloom & Sawin, 2009). How participants conceptualise their own lived experiences of trauma and resilience can most suitably be explored within a qualitative case study in-depth approach (Merriam, 1998). As discussed in the literature review Chapter 3, "Conceptualisations of trauma", how people attach meaning to trauma in their lives may influence how they are impacted by traumatic events.

Qualitative methods can include a range of information gathering techniques such as incorporating media and visual approaches such as Photovoice research initiatives (Mitchell et al., 2005), implementing transformative training interventions (Rath, 2008) or analysing data extracted from the internet (Evans, Elford & Wiggins, 2008), archival and institutional records (Gergen, 1992). However, most often data gathering requires talking directly with people in their homes or places of work (Creswell, 2007). Participants need to be able to share their experiences in as much detail as they want to and without the influence of the researchers preconceived ideas, theories and assumptions. Qualitative research is by nature, an empowering approach, eliciting a detailed understanding of the issues and rich narrative from the participant in his or her own voice.

Conducting quantitative research would have systematically provided a general idea of associations and relationships but qualitative research allows for a deeper analysis of participants' responses and

experiences as well contextualising their responses within multiple ecologies. Statistical analysis would not necessarily provide the sensitivity with which to capture intersectional issues such as race, gender, socio-economic status and individual characteristics (Elliot, 2005).

The description of qualitative researchers by Holloway and Biley (2011) is appropriate for this study. They suggest that qualitative researchers need to be scientists as well as artists. They need to be able to gather the data and interpret and analyse it systematically. However, the data also needs to be transformed into something that is recognisable and coherent (Smart, 2010). This raises the issue again of whose voice is actually heard at the end of the research process. Some authors have expressed the irony of giving voice to the silenced (Lather, 2009) and how by virtue of the fact that the researcher speaks for the participants through their scholarship, this in itself reinforces powerlessness (Mazzei & Jackson, 2009). However, through this process I have understood my role to be as a participant, who contributes knowledge and experience alongside the other participants in this study (Greenwood & Levin, 2000). The importance of Cole's three guiding questions prioritises consideration of who is involved in the research, who it is for and addressing the power differentials and issues of inequality transparently (Cole, 2009; Madriz, 2000).

4.5 CONTEXT OF STUDY

Cole (2009) asks researchers to consider "What role inequality plays" in conducting psychological research within an Intersectional framework. A description of the setting and context of the research and the participants living and working environment, provides a better understanding of the structural, social and historical context of the participants' lives.

4.5.1 Hanover Park

4.5.1.1 *History*

Due to the Apartheid Government's notorious Group Areas Act in 1966, non-white² residents were displaced and relocated from the city centre of Cape Town to the areas now known as the Cape Flats. Hanover Park was one of the communities established around 1969, and was named for the famous Hanover Street in the iconic District Six (Rive, 1990).

"Coloured" people who were relocated to Hanover Park suffered the trauma of losing their homes, their communities and some lost family members. This violation has had repercussions for generations and has meant that families have carried the bitterness, anger and loss of identity for many

² The Population Registration Act of 1950 classified all South Africans into one of three categories: white, black (African), or coloured (of mixed decent, including Indians and Asians). Non-white refers to the race categories, Black and Coloured.

years (Soudien, 1990). Both forgetting the trauma and remembering what was lost, became a constant source of tension for many of those who suffered at the hands of the Apartheid government. Many members of Hanover Park seem to have lost touch with the memory of District Six. Young people I have engaged over the years, do not make the connection between District Six and their own family's past. This "shutting out" as described by a previous resident of District Six is seen as a denial of one's own identity (Abrahams, 2001 cited in Field, Meyer & Swanson, 2007).

4.5.1.2 *Current status*

According to the official Census data, Hanover Park has an unemployment rate of 41.4 %. This shows an increase in employment of 20% in the last ten years (Cronje, M., StatsSA, personal communication, 21 May 2013). However, on closer inspection of the figures, given the controversy around the Census data, and from my own observations, a more realistic statistic would be an unemployment rate of 69%.

The majority of Hanover Parks population is Coloured (97%), and the overall population stands at 34 625 (Cronje, M., StatsSA, personal communication, 21 May 2013). The majority of the population is between the ages 0-4 and 15-19 years.

At least 45% of the population receive no income. 64% of the population receives a monthly income of R1600 or less. Many community volunteers like the counsellors view their work as full-time jobs although they receive a small stipend only.

Only 19% of adults in Hanover Park have completed Grade 12 or higher. There are very few people who further their education level after high school. Only 12 people out of the population of 34 625 have completed a Bachelor's degree.

4.5.1.3 *Violence in Hanover Park*

Hanover Park is notorious for the high rates of gang violence which have plagued this area for decades. South African Police statistics calculate that in this community and its surrounds since April 2003-March 2012, there have been 258 murders, 434 Attempted Murders and 5360 Physical Assaults carried out (SAPS Philippi, Personal Communication, October 2012).

Over the years several interventions have attempted to address the scourge of gangsterism and the ripple effects it has on the members of the community. However, the multisystemic nature of the gang culture has made it difficult to create an integrated and effective plan of action. As a result the violence to date continues to take the lives of members of the community.

Memmott et al. (2001) describes a situation where violence takes many different forms and occurs increasingly over generations and at increased intensity. He defines this as dysfunctional community syndrome (DCS). Considering the extent of the sexual and physical violence that occurs on the street, in the family and at school in Hanover Park, it would not be surprising if Memmott et al's definition is an apt description of the situation in Hanover Park.

4.5.2 Organisation X

It is in this context that a community-based organisation, Organisation X, was established to address the impacts of ongoing, pervasive violence and the systemic impacts of continuous and collective trauma.

Organisation X has been functioning in Hanover Park since 2001, with formal NPO (Non-Profit Organisation) registration in 2005 (See Appendix 1 for a brief outline of Organisation X structure and activities). Organisation X has its roots deep in the community and its developing theoretical understandings and all its activities, incorporate input from the community.

Organisation X is based on the ideology that historical and continuous trauma is the root cause of and also perpetuates the ongoing cycle of violence and dysfunction that exists in the community. This has systematically impacted the identity formation of the individual, parents' capacity to nurture and care for their children, the presence of positive adult male role models, conflictual relationships with authority figures such as police and teachers, engagement in the abuse of drugs and alcohol and the criminal involvement in gangs.

In identifying these key root causes, Organisation X has developed an ecological approach (as referred to in Chapter 2) of working which recognizes that when individuals are given the opportunity and tools to process the traumata of their past in a safe space, counter the ongoing effects of trauma and provided with important skills, they will become empowered to make a difference, not only in their lives but within their community as well.

The intervention was designed to recruit, train and develop individuals from within the community into community leaders, volunteer trauma counsellors, mentors, facilitators and community project managers.

Organisation X seeks to achieve its mission through three related programmes. The first is the Training and Personal Development Programme, the second is the Community Development Programme and the third is the Research and Advocacy Programme (See Appendix 1).

i. Training and Personal Development

Community members are recruited and capacitated with skills and training so that they can develop and have the self-esteem to function effectively within their community and their own lives. In this programme community members participate in personal development training in order to begin the process of self-awareness and healing and to develop healthier lifeskills and social skills. Out of these trainings, individuals are selected to be further trained in specific skills such as counselling skills, facilitating literacy classes, mentoring young boys and running after-school programmes for children. Youth are trained as leaders and given personal development and life skills training. The Organisation X model touches upon each and every facet of the development of a human being. For Organisation X to effect real change in the community, its approach has to incorporate the physical, spiritual, emotional and cognitive development of a child as well as the parent, the teacher and other community role players who are involved in the child's life. An important element of this programme includes regular, ongoing mentoring, supervision, psychosocial support and ongoing training as well as refresher courses for the organisation's community workers (Benjamin, 2011).

ii. Community Development programme

The second programme is the Community Development Projects. Adults and youth who have participated in the Training and Personal Development Programme are expected to become involved in the Community Development Programme. Here the strategic objective of Organisation X is to break the cycle of violence by establishing and sustaining community projects that enhance the human and social capital of people in Hanover Park. The counsellors deliver psychosocial support services to children, youth and adults in schools and the police station. Trained men are equipped with skills to mentor other men, older youth and young boys and girls within specific project activities. Youth facilitate afterschool activities for their peers and for young children through the aftercare projects and holiday club activities. Afterschool activities are supervised by trained adult childcare workers. The Literacy facilitators provide daily literacy session as part of the school curriculum to foundation phase (Grade 1-3) learners. These projects are implemented and managed by trained community members to service their community and must occur regularly over an extended period of time. The projects are multi-systemic and include a number of different holistic activities run by these trained groups (Benjamin, 2011). Organisation X incorporates important principles of community psychology across the management of the organisation, all its programmes and community projects.

iii. Research and Advocacy Programme

The Research and Advocacy Programme was developed more recently to develop research related to the validation and understanding of Organisation X theory and model. The programme is also aimed

at raising awareness of and expanding the reach of Organisation X's trauma and community intervention experience, while building on knowledge and developing materials. Finally it aims to position itself to participate in and influence policy-making in order to create change at the macro-level.

4.5.2.1 *Impact*

Succession is an important concept in understanding the long-term approach that Organisation X adopts in community development. Although its interventions have brought about significant change in the individuals and groups it has worked with, the vision is for longer term change where a whole environment is transformed. This will mean that a healthier population will replace a maladaptive one. As the Organisation X programmes seek to train and mentor more people, the interdependent nature of the ecological model demonstrates how more families are likely to be influenced and thus produce positive cycles within the next generation.

Organisation X has several researched documents providing evidence of the positive impact of its projects (e.g. Moultrie, 2004; Beckwith, 2010; Butler-Jones et al., 2012). Organisation X has also been acknowledged in the media and through individual and group awards. One example in the 2007 campaign of 16 Days of Activism, the counsellors were winners of the White Ribbon Award, a national award given to groups of people working to prevent violence.

The Organisation X understanding of how healing individuals and communities are interdependent, and the integration of approaches has enabled Organisation X to share its experiences across a range of sectors: organisations, academic institutions and government departments both locally and internationally (Wagner, 2009).

4.5.2.2 *Challenges*

The history and the perpetuation of the problems are multi-systemic, layered and complex. However, the biggest challenge Organisation X faces is the inability of government to integrate their approaches interdepartmentally and to work actively in partnership with communities to counter the growing gang culture. The ongoing current violence as a result of drug and gang activity continues to thrive in an environment where young people are vulnerable to becoming victims and perpetrators of violence within their homes, their schools and on the street due to a failed criminal justice system, serious unemployment, problems in education and inadequate social development.

4.6 PROCEDURE

4.6.1 Site selection and community entry

As I had already established a good relationship with Hanover Park, selection of the site and entry into the community had already been achieved. Being an insider, certainly helped with gaining access into the research site as there was already a level of credibility and trust established within Organisation X. Having worked in the community and in the organisation for over ten years, had also placed me in a position to reflect on the work more evaluatively and objectively. The research was conceived at a time which was critical to the organisation in developing a deeper understanding of the processes in which it was engaging, as well as trying to make sense of the context and impacts of the environment in which it is situated.

However, permission to do the study and access to the participants still involved several ethical processes. The idea of the research was proposed to the participants directly, and was refined with their input as to what would be beneficial to them and to the organisation they were involved in. There was a fair amount of discussion between the management of the organisation and the researcher in developing a clear focus for the research topic. This contributed to ensuring that there was equal participation in and benefit for all the parties involved in the research. Once the research topic had been finalised, permission was then officially sought from the university research committee, the management committee of the organisation, the participants of the study and the research ethics committee.

Goffman (1959) likens the relationship of the researcher to the research context to the idea of having access to frontstage and backstage (Miller, 2004). The concept of backstage refers to the way in which behaviours, thoughts and emotions may be withheld or obscured due to the expectations of needing to perform in the research context. However, the backstage is the space outside of the research relationship in which participants can be themselves because there is the expectation that the relationship will not encroach upon them in the backstage. As an insider researcher I have been privileged to see and be involved in the backstage of the research context.

As an insider-research in many senses I belong to the community in which the research was done due to my involvement in establishing Organisation X, and through the training and supervision I provided to the participants in the study. There are challenges to being an insider researcher, and being known to the participants. While I observed a consistency of behaviours, attitudes and emotions between the backstage and the frontstage, the benefits and limitations of this insider status has been much discussed in the literature (Brannick & Coghlan, 2007; Asselin, 2003 Kanuha, 2000; Angrosino, 2005; Corbin Dwyer & Buckle, 2009) and will be further discussed in more detail later in this chapter.

4.6.2 Participants

Cole (2009) discussed three questions which have implications for applying intersectional theory to psychological research. The first question is: Who is included within this category?

The case study participants are a purposive sample of eighteen women who have been working in the Organisation X counselling programme, delivering services as counsellors since their training in 2001, 2002, 2007 and 2010. There have been other men and women trained as counsellors over the last few years. However, these are the women who committed to Organisation X and are currently contracted as counsellors in the organisation. Besides one counsellor of 23 years of age, the rest of the counsellors' ages range from 37 to 62 years. The particular information and experience these women would have, makes them ideally selected participants for an in-depth study of this nature (Patton, 1990). In 2011 the counsellors assessed and/or saw almost 1000 individual clients for individual counselling and close to an additional 4000 clients through group work, lifeskills sessions and awareness-raising workshops (Organisation X Annual Report, 2011-2012).

Since their training, they have been exposed to a series of additional training courses to broaden their skills and knowledge base. On joining the organisation each counsellor receives clinical supervision and psycho-social support from the organisation. The counsellors have been delivering services in 13 schools (10 primary and 3 high schools), and in one police station and in the community, counselling children, youth and their parents.

Intersectionality provides the researcher with an integrated understanding of the participants in terms of their multiple identities. Although one cannot include all variations of these categories, it is important to be aware of similarities pointed out by Cole's third question: Where are the similarities? In a purposive sample the participants are selected because there is a commonality in their work (Merriam, 1998). However, Cole (2009) also encourages the importance of diversity within the group so as to explore differences within the sample. Tables 4.1 and 4.2 present some of the demographic details of the participants. Participants chose their own pseudonyms.

Table 4.1: Demographic details of participants as of 2013

CASE	NAME	AGE	RELIGION	MARITAL STATUS	CHILDREN AGES	GRAND-CHILDREN	HOUSEHOLD PEOPLE
1	Amy	50	Christian	Divorced	4 - adults	2 - preschool age	Lives with youngest son
2	Angel	40	Christian	Married	4 - 2 adults, 2 minors	1- infant	Lives with husband and three younger children
3	Angela	44	Christian	Divorced	1 - adult	1 preschool age	Lives with mother, daughter and grandchild
4	Barbara	51	Christian	Divorced	3 - adults	2 - preschool	Lives with son and daughter
5	Beulah	40	Christian	Married	2 - minors	-	Lives with husband and children
6	Dee	56	Christian	Married	3 - 2 adults, 1 minor	-	Lives with husband, children and grandchildren
7	Faith	42	Christian	Married	3 - 2 adults, 1 minor	1-infant	Lives with husband and children
8	Tara	39	Muslim	Married	3 - minors	-	Lives with husband and children
9	Fay	42	Muslim	Married	3 - 2 adults, 1 minor	-	Lives with family and mother
10	Kathleen	62	Christian	Married	2 - minors	2 - 20 and 14 yrs	Lives with husband and grandchildren
11	Lydia	62	Christian	Married	4 - adults (1 adopted, 1 fostered)	2 - 1 primary school, 1 preschool	Lives with husband and son
12	Mercia	47	Muslim	Divorced	2 - minors	-	Lives with sons
13	Olive	54	Christian	Single	1 - adults	2 - primary school	Lives with grandchildren
14	Rachel	23	Muslim	Single	-	-	Lives with father and sister
15	Roseline	56	Christian	Widowed	4 - 1 died, 1 schizophrenic son	7	Lives with children and grandchildren
16	Ruth	37	Christian	Married	3 - 1 died, 1 primary school, 1 preschool	-	Lives with husband and children
17	Valencia	Late 30s	Christian	Widowed	2 - 1 cerebral palsy, 1 adult	-	Lives with youngest son
18	Wardah	54	Muslim	Divorced	1 - adults	2 preschool	Lives with daughter and grandchildren

Table 4.2: Participants' involvement at Organisation X and level of education

CASE	NAME	WHEN JOINED ORG. X	CONSELLING PLACEMENT	SPECIAL INTEREST	LEVEL OF EDUCATION BEFORE ORG. X
1	Amy	2001	High School	Group work, offenders and high risk youth	Grade 6
2	Angel	2007	High School	Gangsters, high risk youth	Grade 10
3	Angela	2010	Primary School	-	Grade 10
4	Barbara	2002	High School	-	Grade 8
5	Beulah	2010	High School	-	Grade 12
6	Dee	2010	Primary School	Young girls	Grade 12
7	Faith	2007	Primary School	-	Grade 12
8	Tara	2007	High School	-	Grade 12
9	Fay	2007	SAPS	-	Grade 8
10	Kathleen	2007	Women's group and court work	Domestic violence and court assistance	Grade 12
11	Lydia	2002	Co-ordinator	Parents	Grade 8
12	Mercia	2010	High School	-	Grade 12
13	Olive	2002	Primary School	Bereavement groups	Grade 8
14	Rachel	2010	Primary School	-	Grade 12
15	Roseline	2007	Primary School	-	Grade 9
16	Ruth	2007	Primary School	-	Grade 10
17	Valencia	2007	Primary School	-	Grade 10
18	Wardah	2001	Primary School	-	Grade 10

4.7 DATA COLLECTION

4.7.1 Multi-case study individual interviews

In-depth interviews guided by ideas and practices of life story narrative theory (Clandinin & Connelly, 2000; Hiles & Čermák, 2008) were used to gather data about the counsellors' lives and their experiences of trauma, resilience and healing in this community. In-depth individual interviews took place, focusing on a multi-part question: "What are your experiences of living and working as a counsellor in this community?"

The aim was to suggest a chronological format and to ask open-ended questions which formed an interview guide. Broad areas of questioning included: life history, quality of life prior to becoming involved in Organisation X, their understanding of their community and its problems, how they came to be involved in Organisation X, effect of the training course, the process of becoming a counsellor, quality of life and experiences since being involved in Organisation X, how this affects those around them, challenges of the work as a counsellor and what motivates them to do this work. This in-depth

open-ended approach allowed for the rich telling of their life stories in their own words without the researcher influencing the information through having preconceived outcomes (Sosulski et al., 2010).

It was necessary to be flexible and adaptable during the interview process as each participant is an individual (Maple & Edwards, 2009). Some participants required more structured questions or more probing, while others only needed an opening question. Being able to read the personality of the participant and how to adapt my style of interviewing was made easier by the fact that I had already developed relationships with them, and could use this to build on the rapport in the interview. Employing an empathetic interviewing strategy felt natural due to my background as a therapist and counsellor. Fontana and Frey (2008) describe this style of interviewing as placing the researcher in the position of an advocate or partner, seeking amelioration of the social issues with the participants.

The physical location of the interviews was optional: either at the schools where they were based or at the Organisation X offices. The participants decided it would be more convenient to have the interviews at the organisation's offices. The offices are housed in adapted shipping containers which are based at one of the high schools.

The interviews lasted between one-and-a-half to two hours. The participants could speak in the language they felt comfortable i.e. English or Afrikaans but most participants switched between the two languages as is typical of the mixed Afrikaans dialect associated with low-income coloured people from the Cape Flats.

The interviews were audio-recorded which allows the researcher to give the participants their full attention given the length of the interviews. Initial anxiety was expressed by everyone with regard to the recording device and lapel microphone. However, within a few minutes of framing the research and the empathetic style of interviewing, the participants were able to ease into the interviews. The recordings also allowed for rich data to be captured which would otherwise have been lost in note-taking e.g. laughter, pauses and crying (Elliot, 2005).

The recorded data was then transcribed verbatim and pseudonyms, chosen by the participants, were allocated to the transcripts. The data was then initially analysed using thematic analysis.

4.7.2 Focus groups

Phase two of the study involved two follow-up focus groups with the counsellors to clarify any assumptions made during the data collection and initial analysis process, and to allow them to reflect on the interview process, confirm demographic details and receive feedback on the preliminary findings. Creswell (2007) suggests including this process of asking participants to review the initial findings and interpretations or seek clarity around some of the issues raised, in order to validate the

research process and to reduce hierarchical researcher and researched power relations (Kitzinger & Barbour, 1999; Krueger & Casey, 2000). The counsellors were very keen to collectively reflect on the experience of the interviews. This activity mirrored the group processing that regularly takes place as part of their work.

Although the focus groups were voluntary, all participants were willing to participate.

Two focus groups of eleven and six participants, respectively, were facilitated. One participant was unable to attend due to a crisis at a school. Multiple data collection techniques also improve data quality (Creswell, 2007).

Two questions guided the focus groups: 1) How did you experience the process of the research? 2) What does being a counselor at Organisation X mean for you?

Kitzinger (1994) suggests using an external resource for facilitating focus group discussions, such as a card game or a story to which participants could relate. For the focus groups in this study, I provided paper, khokis, pens and crayons, and participants were given the option of drawing a picture or symbols depicting their experiences if they wanted to. Each group lasted one-and-a-half hours, and were guided by a semi-structured format. The groups were also audio-recorded and transcribed verbatim.

4.8 DATA ANALYSIS

4.8.1 Narrative case study method

Data analysis is described as the "interplay" or interaction between the researcher and the data collected (Strauss & Corbin, 1998). The vast narrative data is analysed to discover patterns and themes which are integrated into a meaningful and coherent whole (Polkinghorne, 1995). The researcher moves from the analysis of individual stories to an integrated picture of the common themes which describe shared experiences and meanings of the participants (Allen, 2011).

The narrative analysis methodology was appropriate for this study. Unlike positivist approaches, the narrative approach does not depersonalize nor decontextualize the data from the participant. It was important to locate the stories within their context and to be aware of what is shared and withheld as well as how the stories are told, as all this information provides rich insight into the individual and collective interpretations of experience (Maple & Edwards, 2009).

Narratives are typically stories which express not just experiences but emotions, thought processes and interpretive meanings (Esterberg, 2001; Chase, 2008). These stories are rich text data and are analysed in terms of language, content, plots, chronology, causal links and meanings (Clandinin &

Connelly, 2000). What is unique about narrative inquiry is the emphasis on chronological sequencing and "restorying" the data into a chronological structured format such as stages related to childhood, schooling, marriage, experiences before counselling training at Organisation X and experiences after joining Organisation X (Ollerenshaw & Creswell, 2002; Cortazzi, 1993).

Within the field of psychology, the analysis of narratives explores the relationships between the individual's life story and their psychosocial development, as is relevant for this research (Chase, 2008). Sociological narrative research often explores meaning related to how people construct their identity within a given context such as an institution or organisation (Gubrium & Holstein, 2001; De Fina & Georgakopoulou, 2008). Given that all, except one of the participants in this study live in the same community and all work in the same organisation, their unique standpoints are significant in revealing how they have constructed these aspects of their identity. The meanings they have attached to being women in Hanover Park, counsellors in Hanover Park and community workers of Organisation X all bear significance in how they interpret multiple categories of identity.

From a feminist perspective the way in which women constructed their stories also need to be analysed in terms of their intersectionality (Personal Narratives group, 1989 cited in Denzin & Lincoln, 2008). It was important to understand the way in which the participants frame individually and collectively, their psychosocial developments, successes and achievements despite the ongoing experiences of adversity, violence and inequity in terms of power, gender, race and socio-economic status (Sosulski et al., 2010; Chase, 2008). These life stories also provide rich information about how these adversities and trauma have shaped the participants' lives at various developmental stages and what form resilience takes in this context because the way in which these traumatic experiences are perceived, influences how women cope with trauma.

4.8.2 Process of analysis

Narrative analysis looks for meanings in the stories and as has been explained, there are many different interpretations of reality and not just one truth. As a result the process of analysing narrative data is not as clear and structured as is evident in more positivist methods.

Hyvärinen (2009) suggests that there is no really clear distinction between narrative form and narrative content analysis. The two types of analysis cannot be separated because the thematic content cannot be presented without the structure and form of narrative. However, my approach to the analysis was to look at the case studies from these two perspectives, which are not necessarily distinct from each other. The first approach was to focus on the content that arose out of a cross-case analysis of all 18 narratives and the two focus groups. This approach is to analyse narratives for themes and to explain the narrative through going back and forth between the interviews, themes and literature.

The second approach in analysing the data was to use more experience-centred narrative form analysis (Crossley, 2000a; Riessman, 1993; Squire, 2008). Although the approach has been critiqued for not focusing enough on the significance of structure and language (Riessman, 1993), language and culture are integrated with personal experiences and identities. I have tried to use the participant's own words to describe much of the analysis, as it is through their own contextual telling of their stories that they are able to define past, present and future identities, which facilitates the process towards a more coherent sense of self (Crossley, 2000a). Experience-centred narrative analysis focuses on the progression of themes and the sequence of the narrative which is interconnected with the person's identity. Six representative case studies were chosen out of the eighteen narratives, and these were examined according to experience-centred form analysis.

I, therefore chose to present the analysis on three levels:

- 1) A brief biographical, reduced summary of the chronological account of the 18 participants' lives (See Appendix 2).
- 2) A thematic content analysis of all 18 participants' in-depth interviews and two focus groups, exploring what common or contrasting elements and experiences they offer.
- 3) A general form analysis shifting the emphasis more but not exclusively to the way in which 6 of the participants' tell their story. Only two case studies were finally included in the body of the thesis. The first narrative represents a typical story of the counsellors and the second an atypical narrative. The remaining four case studies have been added as an appendix for further optional reading (See Appendix 4).

In order to do the analysis I adopted the generalised, integrated steps which Creswell describes as a "spiral" format. This narrative analytic process requires "a back and forthing quality" throughout the phases of research (Clandinin & Connelly, 2000, p.167). The researcher needs to repeatedly listen and re-read notes in order to allow patterns to emerge, and moves back and forth between the phases of data collection, analysis and writing. These are not distinct phases of analysis but are the phases are interconnected throughout the research process. The analysis is not only interested in themes for content only, but also in the strategies that people use to construct meaning (and identities) from the stories of their lives. These stories always occur in a cultural and social context, hence the importance of understanding this context (Hiles & Čermák, 2008).

Although analysing the narratives and the writing up of the analysis was an interwoven process (Hunter, 2010), the process I followed was a combination of Creswell's spiral, the process for experience-centred analysis described by Crossley (2000a), Squire (2008) and Riesmann (1993), and followed the steps by Taylor-Powell and Renner (2003) as outlined below:

- 1) During and immediately after each individual interview I made notes which described my impressions, thoughts, questions and possible codes which stood out for me as I listened to the participants' stories. I noted down my own reflections as the researcher which I refer to in the section on Validation and Reflexivity. The process is similar to that of constructing a reflective journal which would provide a transparent account of the researcher's thought process throughout the study (Cho & Trent, 2006).
- 2) Taylor-Powell and Renner (2003) and Crossley (2000a) suggest reading and re-reading the data to become familiar with the transcript. I listened to the recordings and read the transcripts a few times while making initial notes, impressions and suggestions for possible codes and themes. Creswell (2007) encourages the researcher to get an holistic impression of the interview first before analysing it in parts. Listening to the audio recordings a few times helped me to capture the tone and expressions as well as the pauses, movements and pace of the story-teller. This gave me more insight into the changes in mood and the emotions of the storyteller at various stages in the story, which were not always as apparent in the transcripts.
- 3) I needed to constantly review my research questions so-as to focus my analysis. Crossley (2000a) recommends looking for narrative tone, imagery as well as the themes in the life-story narratives. Using Atlas ti software as my qualitative data analysis software, I was able to categorise the information into groups of codes called code families, general themes and patterns, experiences and concepts. Some of the themes were formed from my reading of the literature. However, many categories emerged from reading and re-reading the transcripts, and refining the code families out of which would emerge new themes. At this stage the analysis involved recreating a reduced life history for each participant from their narratives (Flick, von Kardorff & Steinke, 2004). Each story was also analysed to arrange a stage-by-stage framework of the narrative.
- 4) The analyses also involved exploring themes within cases as well as across cases, developing possible interpretations from my own views, or that which emerged in the literature. Lincoln and Guba's (1985) verification strategies were also employed to ensure that the analysis was accurate and authentic. These strategies are further discussed in the validation section of the chapter.
- 5) A process of "analytic scaffolding" takes place where I needed to constantly "loop" back and forth between the initial codes, broader themes and the transcripts to layer the latent and overt meanings gleaned from the data to develop my interpretations (Charmaz, 2005; Bowen, 2008). These categories then needed to be organised into coherent themes or families (See Table 4.3). Atlas enabled me to store codes, create memos and notes related to the data. Atlas

provides a very useful way of visually creating networks of codes and themes which helped me to build links and connections between themes and individual stories.

- 6) The biggest challenge was to bring all the analysed data together to form coherent interpretations in written format.

Table 4.3: Example of coding

Narrative	Initial Code	Code Family
<p>"They <u>see us walking around and they greet us</u>, most of them open up. I think it is an <u>advantage because they can't tell me that you don't live here, you don't know what</u> ... because we do live here, we do and it is a beautiful advantage for us staying in a community that knows what's going on, we can identify with these children. For me it's one of the great advantages to know.</p> <p><u>Sometimes we also feel about getting shot, you know sometimes we're walking, where are they,</u> are they going to shoot now, are they not going to shoot, are they going to shoot tonight or in the morning."</p>	<p>Visibility Respect shown Advantage to being able to understand what clients go through</p> <p>Experience same fears, anxiety Unpredictability of shootings</p>	<p>Benefits to being a community counsellor Identifying with clients</p> <p>Effects of violence Gang violence in community</p>

4.8.3 Focus group analysis

The focus groups provided the space for participants to reflect on the process of the research as well as to allow interaction between the researcher and participants to verify or nullify information that was provided in the individual interviews. I was able to give the participants some feedback about my initial analyses and preliminary codes and to check in with them around the accuracy and authenticity of my findings so far. It was also valuable to have the space for me to reflect some of the issues related to my reflexivity but also for the participants to give feedback and share their experiences, perceptions and thoughts of the individual interviews (Krueger & Casey, 2000). They also discussed what it meant for them to be counsellors.

There are debates in the literature about what the priority of analysis should be in focus group research (Onwuegbuzie et al., 2009). Theorists question whether the individual or groups should be the focus (Kidd & Parshall, 2000) or whether it is the interaction between the group members that should be the focus (Kitzinger, 1994; Wilkinson, 2004). In presenting an analysis of the thematic

content, these theorists believe that we lose the richness of information in understanding the group's social interactions (Kitzinger & Barbour, 1999; Litossoleti, 2003; Morgan, 1988; Heritage, 2004).

Focus groups are also useful in helping to understand how individuals make sense of their collective identity (Munday, 2006; Bryman, 2001). As a group of women who share a community and are connected through their work, the common values and how they understand themselves in relation to others, was an important part of the focus group analysis. Because the counsellors formed an already established group, there were already established patterns, values and ways of interacting within the group. This was not seen as an impediment to the analysis as this also formed an important part of the reasons for the study in an effort to understand the individual and collective experiences of the counsellors in their context.

In a review of more than 200 research studies, Wilkinson (1999) found that none of the analyses had focused on the relationships and interactions between the group participants. Yet the very nature of focus groups is its social environment which encourages relationality so appropriate to feminist theory (Kitzinger & Barbour, 1999; Onwuegbuzie et al., 2009; Wilkinson, 2004). Moloney (2010) suggests that the focus group can become a "sacred container" because of the potential for cohesiveness, connectedness (Burkhardt & Nagai-Jacobson, 2002) and the sharing and support within a safe space (Vaughn, Schumm & Sinagub, 1996; Duggleby, 2005). While focus group spaces may not always be safe, the fact that the participants knew each other and work well together, made the focus group experience a positive, supportive space for sharing.

Although there was a sense of collective identity, this in itself also provided space for difference and diversity. The safety people felt to challenge each other was also evident in the group and also helped to verify content information that emerged.

A similar coding process to that described above in the section on narrative analysis was used to identify emerging themes in terms of content and interaction from the texts.

Through the analysis of the individual interviews, the focus groups and research notes, a triangulated final analysis of the participants' experiences and life-stories could be constructed.

4.9 ETHICAL CONSIDERATIONS

Although feminist narrative research seeks to be collaborative, unexploitative and transparent, as an insider researcher I needed to be very conscious of the potential for breaches of ethics within the research. There were a number of ethical considerations to be aware of so-as to protect the participants and the organisation with which they are affiliated.

4.9.1 Recruitment and informed consent

Participation in this study was voluntary and all participants were asked to give their written consent (See Appendix 4). Participants were also made aware that they could withdraw at any time without consequences of any kind.

4.9.2 Confidentiality and anonymity

Due to the participants and researcher knowing each other great care had to be taken in maintaining confidentiality and anonymity. Participants chose their own pseudonym which was then only known to the researcher. Participant information was coded so that no identifiable data could be directly related to participants. The interviews and focus group were audio-taped and I transcribed the first 6 interviews. The remaining interviews and groups were transcribed by a professional transcriber and checked by me. This process too remained confidential.

Many participants had already shared their stories with others and were in fact, not that concerned about their identities being revealed.

4.9.3 Protection from harm

The narratives of the counselors did elicit some painful memories for them of traumatic experiences in their own lives. Emotional support and counselling was, therefore, provided by the Organization X to all the counselors who wished to make use of this service. The emotional support and counselling was provided by the Wellness Co-ordinator and an affiliated but external sessional clinical psychologist. Many of them felt that the process was healing for them and found both the individual interviews and the focus groups, very supportive.

4.9.4 Interpretation and ownership

The research aims to interpret and provide insight into the experiences of trauma counsellors who live and work in disadvantaged communities. This is important for future interventions which address trauma in the South African context and the counsellors' voices could contribute to the theoretical discussion about trauma as well as influence how counselling interventions are planned in contexts of ongoing violence.

While there were no direct and immediate benefits for participants, I committed to providing feedback to the counsellors as part of an organisational structure to report on how they experience individual, interpersonal and community risk and protective factors related to trauma. This would be useful for the counsellors personally and the research results could potentially enhance the organisation's understanding and effective, empathic management of community counselors. Specific dissemination

of the research to research participants and to the organisation site involved will include a summary written report and presentation.

4.10 VALIDATION AND REFLEXIVITY

During the course of my research, I have been very aware of my role as an insider, and the extent of the influence that this may have on this study. As a result of the intertwining of the reflective process I have engaged in, as well as the need to provide adequate validation of my study, it has been a challenge to discuss the notions of validation and reflexivity as separate concepts. I discovered in the literature that one author, Newton (2009) rejected the notion that these two concepts are dichotomous but wrote about them in a more integrated way. Although they are clearly separate concepts, the relationship between the two and how they influence and interact with each other may be more complex in everyday experience. Discussing the concepts together has been a more valuable way for me to understand the process of my research.

Reflexivity is defined as an attitude of systematic awareness of the researcher of his/her "effect on the process and outcomes of research based on the premise that 'knowledge cannot be separated from the knower'" (Steedman, 1991, p. 53) and that it is influenced by structural power and relationships (D'Cruz, Gillingham & Melendez, 2007).

Validity generally refers to the accuracy, trustworthiness and credibility of the research (Creswell, 2007). Within the context of this study, and the position of the researcher, these two concepts are inextricably linked as my process and understanding of reflexivity also speaks to the validity and reliability of this study. Lincoln and Guba (1985) propose that in order for a study to be seen as credible, authentic, reliable and transferable, there needs to be an extended period of engagement in the research setting, which an insider researcher certainly would have. They also suggest that various sources of data should be used to determine the credibility of the information. The triangulation method should provide consistent information from different sources. Although alternative data sources are not formally introduced into the scope of this study, there has been much supporting evidence of the data collected in this study with data observed through organisational records, funding reports (Valentine, 2012), media resources, external evaluation reports (Nel, 2010) and research reports (Moutrie, 2004).

Many social constructivists have tended to reject the idea of validity because of the notion that there is no one truth and that multiple truths exist (Newton, 2009). The problem of validity has also been contentious within the field of feminist research which supports the idea of insider and participatory research because the researcher may be viewed by positivists as being unable to be "objective" and, therefore produce inaccurate and unreliable results within the study (Kvale 1995). The literature does

also, however, discuss many advantages of insider research. Creswell (2007) suggests eight strategies that the insider researcher can engage in to ensure that the study remains valid. Employing some Creswell's strategies allowed me to demarcate my opinions, perceptions and experiences from those of the participants through:

- 1) A lengthy engagement or observation which creates opportunity to establish trusting relationships in the field (Lincoln & Guba, 1985).
- 2) The triangulation of various sources of data such as the individual interviews, focus groups and anecdotal evidence to support findings.
- 3) Employing peer review or debriefing as a way of ensuring that there is a constant external evaluation of the research process (Ely et al., 1991). Throughout the research I was regularly engaged in peer review with fellow doctoral students and professionals, which provided the space to be challenged and critiqued in terms of my analysis and observations of the research.
- 4) A refinement of working theories if case analysis disconfirms hypotheses (Lincoln & Guba, 1985).
- 5) Explaining the position of the researcher upfront so that biases that could affect the research are declared transparently (Merriam, 1988), which is what I have done as explicitly as possible.
- 6) Ensuring accuracy and credibility of data by getting the participant's views of the findings and interpretations such as arranging the two focus groups to reflect on preliminary findings and omissions of the study (Creswell, 2007).
- 7) Providing detailed and rich descriptions of participants and context so-as to allow for transferability of the information to other similar settings.
- 8) Making use of a process of externally auditing the research by an unbiased party with no relationship to the study to ensure the analyses is supported by the data. I did not formally engage in this particular strategy, however, the data was also discussed and reviewed with a peer who had no relationship to the study in order to increase the validity of the research.

Although Creswell (2007) recommends that a minimum of two of his eight suggested strategies are employed, in the discussion I show that I have engaged in most of these strategies through my research. I will be using an outline from Unluer (2012) as a guide to describe these strategies in more details to ensure validity as well as the conceptual relationship with reflexivity in my study.

4.10.1 My role as the researcher

My roles within Organisation X have been quite significant in that I was the founding director of the organisation since 2001. I also trained and supervised the community counsellors until 2010. Being an insider (a member of the group and the researcher) meant that I needed to be consistently aware of the potential challenges from the start and take a preventative approach to these challenges in my research. Creswell (2007) suggests that the familiarity between researcher and participants can also increase the validity and accuracy of the research.

I was initially very concerned with regard to these dual roles and the positioning of power I had within these roles. However, some of these concerns were alleviated, as due to my own personal reasons, and the strategic direction of the organisation I stepped aside as Director but have remained part of the management team. Due to the nature of the research and maternity leave at the time, Organisation X was able to temporarily relieve me of my supervisory role of the counsellors, and they were supervised by a team: a clinical social worker, registered counsellor and also engaged in regular peer supervision.

Bonner and Tolhurst (2002) acknowledge that insider researchers have a deeper understanding of the culture being studied. Being a coloured woman who spent some of my childhood in a similar Cape flats community, and in fact spent many of my days after school in this very community meant that over my lifetime, I have developed a greater understanding of the issues and dynamics involved (Smyth & Holian, 2008). Providing sufficient context also helps to establish the validity of the research (Stiles, 1993). However, having this pre-determined knowledge does not mean that it has developed from the same perspectives as that of the participants. Although I share the same race with my participants, there were key differences which I needed to address even before this research but in starting the organisation in the first place. These were issues of power related to the fact that I benefitted from going to a private school, and subsequently developed an accent, colloquially described as "white". I also have tertiary education and am a qualified clinical psychologist, giving me better socio-economic status. These fundamental class differences put me in a position of power over the adults I was to work with even though all of them were more than 10 years my senior.

Being aware of these power differences in founding the organisation and in my research meant that I consistently needed to seek clarification around what people or what certain situations meant and not assume that I already knew (Sikes & Potts, 2008). Although we shared many views in our work together, the assumptions that I already knew it all, also needed to be addressed from my side as researcher but also from that of the participants. Although my own knowledge, experience and relationships with the participants provide an additional perspective to the study, it is important not to develop biases and infer meanings which have yet to be supported (Hegelund, 2005; Holloway &

Biley, 2011). As a result I needed to question participants to ensure that they explained what they meant in their own words.

Being an insider researcher also meant that there was already an established relationship and level of intimacy with the participants. This inside knowledge facilitated a much easier and quicker transition into the role of researcher as this pre-determined information allows a better understanding of the politics and dynamics that may exist. It also gives a better insight as to how to approach certain people and situations in order to gain truthful information (Smyth & Holian, 2008).

4.10.2 Aim and research questions of the study

The decision to embark on this study, developing the aim and formulating the research questions was an organic process and was conceived in consultation with the counsellors and the management of the organisation. The experiences of the counsellors and the acknowledgement they were receiving for their work was yet to be understood from an academic perspective. It was also felt that their knowledge and insights would be important to document as it could make a significant contribution to understanding the context of violence, trauma and resilience within low-income communities in South Africa. As much as I was an insider researcher with an important amount of knowledge to contribute, there was also much more that I needed to understand around how they were conceptualising trauma and I sought clarity about what was effective and what was not working within the organisation to counter the effects of trauma. The point of departure for the research was also at a time where the organisation needed to move into its next developmental stage, and although I had a number of insights and impressions about the topic, a more systematic and analytic scientific approach needed to be taken to investigate whether these were accurate.

4.10.3 The collection and analysis of data

As Holloway and Biley (2011) suggests, one's self is always present in fieldwork and the methodology of the research was certainly shaped by my own personal and professional experiences, values and ideals. As a psychologist qualitative in-depth case studies and narrative inquiry seemed to be the most appropriate form of gathering the data from the counsellors. All the counsellors including the management team and board were eager and supportive of my research. They were willing to share their knowledge and experiences, and I gave them several opportunities to withdraw if they did not feel comfortable with the research process. The participants were willing to come during their time off (i.e. during school holiday) so-as to accommodate both my and their busy schedules.

Although familiarity with the participants in a research setting and access to backstage and frontstage presentations (Miller, 2004), seems to have both advantages and disadvantages (Mercer, 2007), in their reflection on the interviews, many of the participants expressed having felt free to open up, and

this can increase the validity of the data as the information is more honest and rich (Holloway & Biley, 2011). Being a psychologist and having counselling skills also stood me in good stead in order to be able to listen to quite traumatic stories with empathy and to contain the emotions that were elicited out of the telling of their stories (McLeod, 2003). The challenge about the potential for dual roles was great as I had to balance the role of researcher and counsellor in making sure the space was safe but not necessarily a space for therapy. Drawing on my counselling skills in the interviews and in facilitating the focus groups, very likely contributed to the richness of information disclosed by the participants. It did turn out in their reflections afterwards that all the participants found the research space to be cathartic and therapeutic as well, and I believe that my dual roles in fact were beneficial for my data collection.

Having participated in the training and supervision process, I am also consciously aware of the influence I could have had on the formulation of responses of the participants and how my prior knowledge could have shaped their understanding of their experiences. However, on reflecting over the years of engagement I feel very certain that the process of learning has occurred alongside me. Given that I had embarked on this professional journey armed only with the knowledge of and tools to address PTSD and many unanswered questions, the process of learning about the community, the dynamics and context all took place within the environment of the counsellors. Consequently they played an important role in teaching me about what they were experiencing themselves. In essence it has been a process of learning together where both participants and I, as well as other individuals, have influenced each others' learning and understanding of trauma and resilience.

Because the organisation is relatively small and community-based, I was concerned about anonymity and confidentiality. However, all the counsellors felt reassured that their information would remain confidential outside of the community but that it would be more difficult to conceal all issues of their identity within the group, due to the fact that they knew each other so well already. Most of them were not concerned about anonymity within the group as they felt they had shared most of the significant parts of their life stories, the challenges, the failures, the successes and so on with each other, and it would be difficult to conceal accurate demographic information so that they were unable to recognise each other. Most of them have shared their stories already in the public sphere but I encouraged them to reiterate if there were aspects of their interviews that they wanted withheld or completely anonymous, which I would honour in the reporting of the information. However none of them made this request. In fact the focus groups became a space where many of them summarised some of the critical information they shared in the interview and disclosed it in the group due to the level of trust that the group shared.

Being an insider and having easy access to the counsellors also meant that I regularly had the opportunity of checking in with them to ensure that information I was receiving was accurate, to get

clarity on questions or answers I was uncertain about and for them to question or clarify certain processes. These interactions did not always have to take place in a formal setting but often occurred in the garden or on the way to a meeting. These interactions may have enhanced the consistency and trustworthiness of the research relationships and the information collected. Although even qualitative researchers would argue that complete honesty can never be fully guaranteed, being transparent about these subjectivities is more important (Cohen, Gottlieb & Underwood, 2000). These kinds of interactions could be described as giving transactional validity to the study, whereby, there is a constant revisiting of information informally as described and more formally through the focus groups, which lends itself to authenticating the accuracy of the information (Cho & Trent, 2006). This also refers to data that capture the spirit in which information was shared. Omitting expressive gestures or non-verbal expressions which are important in understanding the information conveyed, could lead to inaccurate analysis of data. Maxwell's (1992) definition of descriptive validity and Glaser and Strauss's (1967) 'credibility' of research, refer to the same category of validity.

Cho and Trent (2006) also discuss the idea of transformational validity while Lincoln and Guba (2000) refer to this category of validity as catalytic and tactical authenticity. This emphasises that research should be aimed at social transformation, empowerment or emancipatory action. This fits with the framework of Feminist and Participatory Research. The research fits within the ethos and mission of Organisation X which aims to empower and facilitate personal and social transformation. The research was, therefore, an extension of this mission but in addition, reinforced and helped to refine that which the counsellors found empowering and supportive through their connection with each other and the organisation.

Besides my own invaluable supervision with my promoter, I also engaged in separate, regular peer supervision sessions with a Clinical Psychologist and a Clinical Social Worker respectively. These spaces were not only supportive but served to provide another way of validating the information and the whole research process. In our conversations my peers would challenge me or ask the questions I had not yet thought of, gave me space to think about my own reflexivity and help me separate out my roles of researcher, founder, counsellor and supervisor more clearly. This space has proven to be very valuable and has enriched my understanding of myself and the participants in relation to the study, broadening my view of the whole process (Creswell, 2007; Sikes & Potts, 2008; Smyth & Holian, 2008).

4.10.4 Reporting the data

Maxwell (1992) describes 'Interpretive validity' as the way in which the researcher reports meanings from the perspectives of the participants (Thomson, 2011).

In convening the two focus groups composed of the participants in my study, the interpretative validity of my preliminary findings could be tested. The participants were asked to reflect on the process of the interview and review some of the initial general findings (i.e. descriptions and themes e.g. Healing) from a different angle of questioning i.e. asking them to reflect on what being a counsellor means for them as opposed to hearing about their identity as a counsellor in the context of their whole life story.

I also wanted to represent all the counsellors fairly which meant I would have liked to give equal voice in the discussion and analysis to that of each of the counsellors. However, each woman is an individual in character so they varied in their degrees and richness of responses. Although I have strived to ensure that there is equal representation of all the counsellors, some participants may have provided richer accounts and understandings which would have then been used more frequently compared with others (Lincoln & Guba, 2000).

Qualitative research is often challenged on the basis of its inability to produce "conclusive evidence" and hence, 'generalizability' or 'transferability' of the resultant theory becomes problematic (Maxwell, 1992; Walsh, 2003). Qualitative research such as this is by nature contextual and, therefore generalising the findings to other contexts can be inappropriate. However, the social ills and structural problems that individuals confront in Hanover Park are similar to many other contexts within the Cape Flats. The findings from this study could certainly be a starting point for understanding and conceptualising other communities who experience ongoing violence. However, I am not attempting to generalise the findings as each context is still different. As with Wolcott (1990) I do not want to reject validation of this nature completely but I do think that it is more important to aim to understand rather than convince and justify others of your findings. In my case it is more important to really attempt to understand the nature of how the counsellors experience and understand their trauma as well as their experiences of resilience and healing, with the view to inform us about these concepts and to develop appropriate contextual interventions.

4.10.5 Self-reflexivity

Being a critical psychologist is not a job it is a calling ... It is very hard to separate your personal self and professional self in critical psychology ... You have to live your theory. It should be seen as a journey ... Self-reflection is a continuous and natural process of situating the self within the community, within the research and within the profession (Nelson & Prilleltensky, 2005 cited in Duncan et al., 2007, p. 126-127).

Feminist research methodologies posit that all research is influenced by the relationship between the researcher, the research topic and the research participants, and these influences on the research need to be both transparent and explicit (Phoenix, 2001).

As an insider researcher I have already established strong connections with both the topic and the people involved in the study. My own background, experiences, values and positioning in society have all shaped where I find myself today and have all influenced me in pursuing this topic and methodological approach for my doctoral research.

The experiences that have shaped my path to developing Organisation X and the motivation to do my doctoral research have been varied but are connected. I grew up in the coloured township of Mitchells Plain, which contrasted vastly with the private education that I was blessed with. A white minister and family friend invested in my education, which opened the door to many opportunities in contrast to my extended family and community. The environment in which I lived and the school I attended were two dichotomies with different sets of values and existences: one of community, service, limited opportunity and poverty and one of privilege, wealth and entitlement respectively. Feeling like the "charity case" at school created so many conflicting feelings and was largely uncomfortable for me. However, I soon realised that this was an opportunity I could grab with both hands or throw away. A similar analogy described by one of the counsellors of Organisation X - the organization was a lifeline: one where you could either choose to hang onto the rope or tie it around your neck and hang from. I was privileged to be exposed to different things and became involved in so many different aspects of the school community. I used hard work as my escape from the struggle with identity that I was having. I took on several leadership roles within the school through academia, sport, community service and school leadership bodies. I was also given a scholarship to spend some months in the USA in my Standard Nine year. All of these school experiences led me to become very focused in spite of the constant upward battles and feeling consistently different or out of place. However, it eventually created in me a strong sense of identity and being true to who I am. I also feel better equipped to relate to people of various backgrounds, races and cultures and have also developed a better understanding that the basic needs of people are always so similar no matter where you come from. I felt like I had to fight hard to be who I am when I was clearly very different from other people in my school. I also started to see my role as needing to open up the minds of some of my friends at school and let them know what was actually happening on the other side of the railway line. I was amazed that so many of them had absolutely no idea about how Apartheid impacted us during the 1985 riots nor that it was dangerous for me and one or two others to be attending school at this time. This silencing of the violence and injustices that was happening right on my doorstep is something that has instilled in me a strong passion to ensure that everyone has a right to have their voice heard. I was frustrated and constantly challenged teachers and my peers about their ignorance about the reality of what was going on in our country. A wonderful English teacher was an amazing support to me in high school as she would often give me counsel and affirm my frustrations, allowing me to take what knowledge I could use and still be myself. One of the most important things I've learned and skills

I've acquired over the years which has stood me in good stead in terms of my capacity as a psychologist and a researcher, is to not lose myself and my own objectivity within any given situation.

My parents are both incredible role models to me. I've witnessed their attitudes towards people, being completely servant-minded and being able to make people they spend time with feel so important. They have both impressed upon me - purely through their actions - the importance of being involved in your community and treating people with dignity and respect no matter who they are. My father as a young high school principal in the 1980s led his school in boycotting the Government and his school became the catalyst for nation-wide boycotts. Both my parents have always taken up active leadership roles in their work places, churches and in their community. I have seen how they both lead from behind but in times of crises, have been able to keep cool heads and take complete charge. My mother, who was a matron for much of my life, also ran a children's home for 70 underprivileged boys for a few years. My two younger brothers and I were often at the children's home, and spent almost every day after school and often weekends with these boys, so we've always had a much enlarged, diverse family. Although I was young, I think I was already developing an understanding about angry young boys and the effects of broken families and broken communities on children. Although my parents tried to protect my younger brothers and me from exposure to the political and community violence from a young age, one could not grow up in the Cape flats and not witness political riots. Often my mother nursed and cared for those who had been injured in clashes with security police. This sowed seeds of hope for a peaceful nation, a vision to which I still remain committed. Both of them were activists who fought constructively for what they believed in.

Throughout school and university I was involved in various community projects and organizations and was exposed to different forms of outreach to prisons, abuse survivors, intellectual disability and so on. The first project I started as a student was as a result of teaching Sunday School in Khayelitsha for many years. While I was finishing high school, I started tutoring some of the older children and we ran study groups in Khayelitsha for a few months. When I started university, I felt I wanted to teach art to the children. I managed to get donations of art supplies and taught a weekly arts class to about 120 children in Khayelitsha for about 18 months. This engagement showed me the importance of children in poor communities needing opportunities to express themselves constructively during leisure time. Having come from a school where I took full advantage of various extra-mural activities, sports etc, it saddened and angered me that so many other children were never going to be exposed to these kinds of activities and they may never discover their own potential. It could have happened to me as well!

I also did a short-term mission stint in the Philippines. I managed to arrange to go through an organization in Cape Town, and was on my own for much of the time in a village in a very rural part of the Philippines. This was important for me, as it was in Khayelitsha, to learn how to communicate

with other people without verbal language. It really attuned me to the non-verbal ways people interact and express themselves. Again it confirmed for me how basically people have similar needs: to be respected, to be loved and to love, to belong and to feel safe.

For the Masters Programme in Clinical Psychology, I had said to the selection panel that I did not want to be chosen as a token black person even though I grew up in a disadvantaged area but that I had had an excellent education and wanted to be chosen on merit. For whatever reasons, I got in but I had a battle studying the course as I was constantly challenged by theoretical and practical issues i.e. the disconnect between what we were learning and where I had come from and the enormous financial constraints I had. The relevance of long term therapy and the type of western approaches became an increasing concern for me as a potential South African psychologist. One lecturer jokingly (but truthfully) said to me when I graduated, that they had thought it would be easier to mould me, given my "white accent" into the kind of psychologist they wanted but they had not managed to do so. Although I appreciate the skills I was taught and the depth to which I had learned to understand people and their dynamics, I am glad not to be a stereotypical psychologist. However, perhaps I have become the stereotype. I have become a different stereotype: the black psychologist working in community with marginalized population groups. The greatest challenge which has continued within my career has been to feel heard, to find my own voice. Being a coloured voice in academic or professional communities where the voices who are heard and who are assertive enough to speak out are white or male, was intimidating, frustrating and at times overwhelming for me.

My first experience in using my psychological skills in a way that made sense to me and felt relevant, was working at the Trauma Centre. Here I was counselling people from disadvantaged communities with daily struggles and traumata, and it was during this time I feel that my clients taught me how to work with them, in a way that was relevant to their context. This was a very valuable experience and I continued to do work for the Trauma Centre at different intervals in my career. Another important work experience was dealing with victims at the Truth and Reconciliation Commission. I learnt so many things here but, as at the Trauma Centre, I was confronted with how deeply so many people in our country are hurting and that this pain and trauma does not disappear but seems never-ending. It also exposed me to the levels of cruelty and lack of humanity we are capable of as human beings across all racial barriers. I was amazed at how much violence was inflicted on black and coloured people by both black and white people. This was especially evident through gangsterism in the coloured community that was continuing and getting worse. I felt burdened with a need to find a different way of working and engaging community members with what I had, as inadequate as it felt. Through working in communities with different organisations and getting to know various community role-players, it became clearer how complicated the situations in our poorer communities are, and that there is an endless cycle of violence and dysfunction which is perpetuated. I had also become tired of

people in communities complaining about the way they had to live, and complaining about having so few resources. When I looked around at these communities I saw huge potential in its people - the community's biggest resource. Through doing counseling I was always amazed at people's capacity to survive. Even more so I really believed that the only people that can really understand their own community is the community members themselves, and they are the only ones that have the potential to effect real and lasting changes in their community. However, many of them, as we all do and as I certainly did, needed someone to believe in them, to help them not give up, and to listen to what they have to say, and to make them realise that their experience is important and worth sharing and learning from. This broadened my thinking to trying to develop a model of working in communities which incorporates various aspects of a community and its people in order to effect change and work towards bringing about real peace.

Working in this field of trauma and violence has been costly emotionally and financially. Hearing story upon story of cruelty and human depravity, I have had to overcome my own deep fears of violence, as well as the unsettling doubts about the goodness of life and God. When I chose to start Organisation X, I chose to not have a relatively well paid lifestyle of a psychologist serving middle to upper income earners but to tackle community violence in an impoverished community armed with few resources and at times no income. In the same way these community counsellors have chosen to work in their own communities, despite their own impoverished status, they face their own fears of violence which they have to confront daily, and still serve other members of their community. Getting to the point of registering for this degree and writing this doctorate, has been a journey of finding my own voice and creating a platform for community members to find theirs. Those silenced individuals like me who have been taught in the past "you are other", "you are not important", "you are different", also have something invaluable to say.

Knowing the participants in this study, being with them, growing with them has been one of the greatest privileges I have ever had.

4.11 CONCLUSION

This chapter has presented a number of theoretical and personal dichotomies. It is a common theme that has existed throughout history. However, there seems to be wealth in finding the space in the middle of two supposed opposing perspectives: western and indigenous knowledge, knowledge production of professional psychologist and lay community counsellors, qualitative and quantitative research methodologies, insider and outsider research, rich and poor. Corbin Dwyer and Buckle (2009) suggest we find ways to change this need to try and make sense and to accept and embrace the complexities of the space that exists between dichotomous perspectives. There may be richer truths and a wealth of information and perspectives from which we can learn, and which the qualitative

researcher is better equipped to discover. While trauma and resilience are often studied as conflicting features of individuals, families and communities, the following chapters 5-8 hope to reveal the ways in which trauma and resilience coexist in the lives of the participants in the study.

Chapter Five

ANALYSIS AND DISCUSSION

5.1 INTRODUCTION

The following chapters present the analysis and discussion of the narratives in the following sections:

- i) A brief introduction to each of the 18 participants is provided in Appendix 2. A summary restoried presentation of their relevant demographic details and experiences of adversity and trauma are provided for additional information in this appendix.
- ii) Chapter 5 begins with a thematic content analysis of the 18 cases, which is triangulated with the two focus groups and research observations. This section aims to present the themes through the participant's voices as much as possible. Although some of the expressions and intonations do get lost in translating the texts from Afrikaans to English, I also use their voices to introduce each theme. Additional quotes are used to illustrate and explain the themes being discussed with reference to related literature. The content analysis introduces three main areas with a number of related themes. The first area is the analysis of the participants' knowledge and experiences of the context of violence from the voices within the community being studied. This provides a rich ecological, contextual picture of how the participants live, which is important for locating the discussions to follow.
- iii) The second area of thematic analysis is that of the participant's experiences of trauma, past and present, as well as vicarious trauma related to their work (Chapter 6).
- iv) The third area of discussion is that of their experiences of survival, healing and resilience in this environment (Chapter 7).
- v) Finally, a more detailed experience-centred form analysis of six of the participants' narratives was undertaken. Only two of these case studies are presented in Chapter 8 while the remaining four case studies can be found in Appendix 4. The case studies provide an analysis into their interlocking intersectional identities, and how these individuals each construct their stories of trauma and resilience. This analysis provides more insight into the complex and multi-faceted relationship between trauma and resilience within this context of ongoing violence. The women tell stories of their experiences of cumulative trauma and multi-dimensional resilience. They describe transformational experiences when they became involved in Organisation X and how they gained better insight into their own and other

people's trauma and resilience. They also provide insight into how and to what extent they continue to cope while living in an unsafe environment.

Although form and content analysis often do overlap, and it is not easy to separate the types of analysis in this format, I have presented the form and content as distinct sections through placing more emphasis on each type separately.

Each narrative provided extensive data and in order to manage the overwhelming amount of information, I likened their telling of their stories to that of a train journey. In one of the workshops I facilitate, I often use the exercise where participants visualize themselves sitting on a train and embarking on a train journey which becomes a process of reflecting on their lives. In trying to re-story their narratives and make sense of the stories they have told, I have also compared each narrative to their train journey.

Each station represents stages of their lives and the memories that go with it. At times the participants chose not to stop at these stations but wanted to move ahead to the next point in their lives. Others would stop and stay for a while, sharing more detailed information about a specific time in their lives. Some of them would skip back to stations but each participant had power over where to stop and tell the story, what to omit or where to continue, although there were many stations to choose from.

Their journey is also never alone. There are always other people getting on the train or disembarking, and these people and environments have affected their lives in some way or another.

All of them reached a turning point or conversion point in their lives, where they start to take more control of their journey. They cannot always change the course of the train or the events that will intersect with their lives but they can choose when to move the train and when to stop.

The same train journey could be told in a different way to a different audience as other stops may be emphasised or left out, changing the composition and emphasis of the story.

Thinking of their stories in this way helped me to understand how they told their story. Sometimes if they felt vulnerable or exposed, perhaps they continued on to another station, and once they felt more secure could double back and come back to share that part of their lives. As an insider researcher, I have been on the train with them for some of the journey. I've seen them stop at some stations and overlook others. There were some I had been exposed to and didn't want them to leave out, as I found they were significant in the past. I had a dilemma as to whether I should announce the station, highlighting the event which perhaps they had left out but that I felt may be pertinent to the research. I needed to reflect on whether their omission of a station or life event was significant to me because it

was traumatic or insignificant to them because they had resolved it, or whether there was some other reason for their choices.

5.2 THEMATIC CONTENT ANALYSIS: SYSTEMIC CONTEXTS OF VIOLENCE

5.2.1 Introduction

The way in which participants describe their lives is important for creating a picture of the ecological environments in which they grew up and live. Their perspectives of their environments and how they make meanings within these environments bear direct significant on how they conceptualise and experience violence and therefore, trauma and resilience. This is the context of where they live and work through their eyes. For some of the participants their entry into Hanover Park marked the first point of significant trauma or adversity in their lives. Therefore I will discuss how they viewed Hanover Park in the past and how they view it in the present. I have structured their experiences to describe the different ecological systems with relevance to information they have provided in their narratives (See Figure 5.1). The Individual System presents a discussion of the intersectional identities as experienced by the counsellors. The chronosystem provides a brief but relevant context of the historical influences in their lives. The Micro- and mesosystems are discussed and combine their experiences of violence within families and relationships. The exosystem presents the nature of violence as a result of gangs and violence in and around schools. Finally the macrosystem describes the overall socio-economic context and the culture of the community and society within which the participants interact.

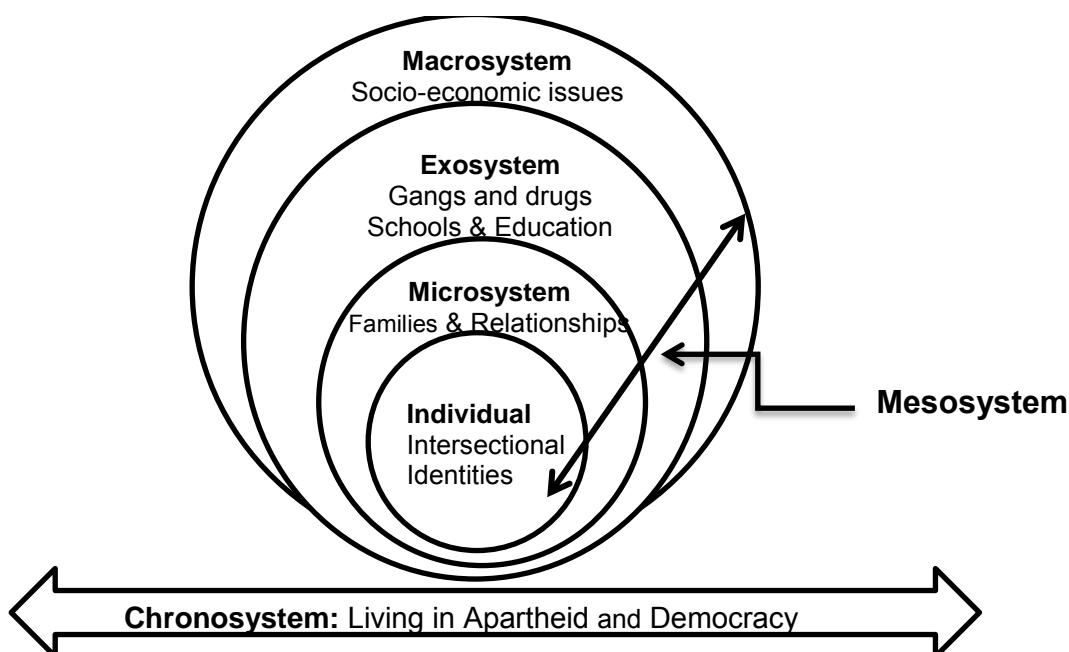


Figure 5.1: Ecological contexts of violence

5.2.2 The individual system: Intersectional identities of the counsellors

The participants describe in a number of different ways the multiple experiences they have of racial, class and gender oppression. Their accounts of these interacting identities have shaped the experience of violence and violation throughout their lives (Crenshaw, 1993). The intersectional identities of the women in this study are influenced by the power relationships at these different "sites of oppression" as described by Mahalingan (2007, p. 45).

5.2.2.1 *Race*

Given South Africa's historical notoriety, discussion of their identity of race seems to be significantly absent in the narratives of almost all the women. From an intersectional perspective race is interlocked with other sites of oppression such as socio-economic status (SES) which may be more significant for the counsellors. Another explanation for the absence of discussion of race is that the area in which they live is relatively homogenous in terms of race. Race is mentioned on two occasions in reference to xenophobia in the community and in reference to one participant's feelings about previously working under a white employer. Both of these references to race do highlight the feelings of animosity and hurt respectively, which still exist in the community to varying degrees.

Some of the teachers don't understand that and they look down on him, they make fun of him also of his stepfather who is not from South Africa. That is also what is happening, children also need to understand about others, they need to know we are all human irrespective of if you're black, or white, Indian, whatever colour you are.

(P3: Angela.doc - 3:49; 97:97³)

As counsellors they have had to confront their own racism and prejudices towards black people and foreign nationals. Through their work they have come to embrace diversity and find it a challenge that still exists in the community. Part of the mastermind of apartheid was entrenching the belief in coloured people that they were better than black people, and counsellors often through their work have seen how these racial stereotypes and prejudices still exist in this low-income community. One example occurred when community members set fire to a Somali-owned shop. Unfortunately Wardah became an unintended casualty of this xenophobic attack, as her shack next door burnt down too. She lost everything but she and her grandchild managed to escape alive. Living in Hanover Park in itself is a major site of oppression for its predominantly coloured residents.

³ Exemplary quotes are introduced by a reference generated by the Atlas ti programme. For e.g. P3 here refers to the number of the primary document or transcript. The name of the file follows. 3:49 indicates this is the 49th quote in transcript 3. 97:97 refers to the paragraph in which the quote begins and ends in the transcript.

“But I couldn't go anywhere. I had to live and stay in this place and live through it” (P16: Wardah.doc - 16:46; 53:53). The inability to choose where to live because of historical and socioeconomic factors places an enormous amount of pressure on many of the participants. They are forced to live through the violence and the adversity. Being coloured also meant for the participants that they had less access to important resources for health and justice. Faith describes how she acknowledged needing mental health help at a stage in her life but had no knowledge of what kind of help was accessible nor where to go. Angel shares her frustration at seeking justice for her rape and the struggle it was to access a police station because she had to walk a long distance to another community to report the rape.

In Kathleen's narrative she describes working on a wine farm in an effort to get to know her birth mother but described feeling exploited by the white farmer, and eventually made a choice to leave. This also meant leaving the mother she was just getting to know. Her mother had been working on the wine farms when pregnant with Kathleen and had become an alcoholic. Although it was not stated in the narrative, it is common knowledge that during Apartheid wine farmers adopted the *dop*⁴ system using wine as payment for farm workers. This legacy has continued since Apartheid with disastrous consequences as alcohol dependence remains high in the coloured and black race groups, as well as the generational effects of high incidences of babies being born with Foetal Alcohol Syndrome (FAS) (Schneider et al., 2007). This has kept many coloured and black people in a cycle of poverty and has contributed to violence in these communities.

5.2.2.2 Age

Although age was not directly stated in all the counsellors' narratives as a site of oppression, it was discussed by the youngest counsellor, Rachel. I thought it was relevant to mention as it is also very significant in terms of the oppression the children experience within the community particularly around being silenced and abused which is further discussed in a later section on Family and Relationships.

⁴ The Dop system was used largely in the Western Cape where predominantly coloured farm workers would be paid daily in cheap wine. This meant that farm workers created a captive and dependent labour force. The practice was banned officially with the Liquor Act of 2003 but has continued to have widespread, systemic consequences.

But knowing the person I am, I'm going to ask 'what did I do wrong?' If I did then I'm going to question myself, 'where did I go wrong?' If I find I am wrong then I'm going to ask ... you can be how old but if you're wrong, you're wrong. And just because you're older doesn't mean that the one who is younger must keep quiet.

(P15: Rachel.doc - 15:55; 70:70)

Because of Rachel's age, her recollections of being a child and a youth are more recent than the other participants. In her narrative she, therefore, reflectively interrogated how the adults in her life always told her that adults were right and children were wrong, even though she knew she was experiencing enormous injustice and abuse. Because of her age she was silenced although she felt incongruencies in terms of the age-ist and religious arguments cast at her.

5.2.2.3 *Gender*

Gender and Violence

Being a woman in this environment has a range of intersecting meanings for the participants. As women they mention being daughters, sisters, mothers and partners. More salient is the gendered nature of violence they have experienced in their lives and continue to bear witness to as counsellors. An overview of the extent to which the counsellors have been victims of or witnesses to gender violence can be seen in Appendix 5. Across the 18 narratives, the participants reported experiencing one attempted rape, eight isolated incidences of rape, one incident of continuous rape, four experiences of continuous child sexual abuse and 11 reports of growing up in an environment of domestic violence.

Well in our house there was abuse I'll say because father beat us and mother was swearing at us. In the community there was drinking. We grew up, even family members, seeing people drink on Fridays, fighting, men that disrespect women, having lots of relationships with different women, they don't know how to talk to a woman. All the years seeing men hitting, abusing women. And even when I was in a verbally abusive relationship, I always used to look at other women and think, 'No, at least it's not that'. It's not so bad -but not realising it starts there.

(P26: Faith.docx - 26:31; 22:22)

Faith's account of the violence she was exposed to within her family and in the community while growing up, is a typical example of the systemic gendered violence which occurs amongst many indigenous women (Kuokannen, 2012). Faith also raises the degrees of abuse that take place and how many women rationalise the abuse they suffer through comparing it with the abuses of other women

they know of. Combined with her childhood which degraded her self-esteem and sense of self-worth, and this kind of patriarchal mentality reinforced her own silence and acceptance of gender violence.

And then I found it didn't just happen to me alone, it happened to other girls that he also came into contact with and then you know Lane⁵ I called the police once and they came. These two African policemen came and I tell them this man did this to me and he's sitting there ... but he's sitting there as if nothing happened and the police had the cheek to tell me that I'm the one to be blamed. I can see he's a sick man. That moment I cried, I thought maybe I should report them. I felt ... now I'm lying, maybe this whole thing is just something I created in my mind, so you're telling me I'm the one to be blamed.

(P15: Rachel.doc - 15:44; 58:58)

Rachel expresses the continued injustice women face when attempting to interact with the justice system. Rachel's experience of these male authority figures reinforce her own feelings of self-blame and reinforced her mistrust of adults.

And I remember the year I got married when I was 21, this week I was 21, the next week was my wedding. It was for me like the sooner I can get out of the house the quicker because they were divorced but he still lived there, my mother is very softhearted and I couldn't understand that you know. For me my anger turned towards her later on because I thought that you are allowing this man to go on, you can just throw him out.

(P5: Beula.doc - 5:9; 31:31)

Beula's quote highlights two salient features of the interaction between gender and violence through her experience of witnessing domestic violence in her childhood. The first is the strategy of using marriage as an escape from the home. At least five of the counsellors married young in order to escape the violence or conflict in their home environment. Beula is fortunate in that she has a happy marriage now but for the others, the escape from one abusive paternal man often lead to a relationship with an abusive partner, rendering them trapped in the cycle of abuse all over again. The second feature is the anger directed at her mother for allowing the domestic violence to continue. This inaction of her mother is in direct conflict with her coping strategy of leaving, and she grappled with trying to understand why her mother did not just throw her father out, particularly as they were already divorced. The intersection between gender and SES may have impacted on her mother's ability to just throw her father out as financial resources were also limited. Women then and now still need to ensure that they have a roof over their heads, and sometimes this need for survival is prioritised over seeking protection from abuse.

⁵ "Lane" is a nickname and refers to the researcher, Arlene Benjamin.

Gender and burden of care

Caring seems to be widely undervalued whether it takes place in the home or in the community (Daniels, 2012).

Caring is defined as:

everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web (Fisher & Tronto, 1991, p.103).

Research shows that the majority of care work is undertaken by low-income women who carry the burden of caring for their own families and are often involved in caring for people in the broader community (Tronto, 1993; Razavi, 2011). The participants in this study are largely single mothers who are struggling financially. However, the burden of caring for their children within an environment of poverty has often meant that they sacrifice care for themselves.

This was just the life that I had to live, for my children, just for them to know they have a place because now I'm thinking if I leave here where do I go, I have to move back to my parents, I know how that's going to be, I don't think I want to do that. I think after a while it didn't even bother me if he's not at home as long as my children is with me.

(P17: Valencia.doc - 17:40; 18:18)

My father had children outside their marriage and she actually divorced him [00:09:55 - inaudible], but then the children that he had outside the marriage, they were still in the house with us, and she [mother] would see to it that they had food, until today. They even call her mommy.

(P8: Dee.doc - 8:16; 14:14)

Besides the burden of caring for their own children in the home, two counsellors describe how their mother took in and cared for their father's children from adulterous relationships with other women. Their comprehension of their mother's actions shifted between disapproval at her acceptance of these children to admiration at her selflessness in caring for these children. This selflessness is echoed in other examples of three participants rescuing their grandchildren from their drug addicted children and caring for them as parents.

In addition to their own personal challenges in caring for their own families, the participants have also have taken on the role of being counsellors and carers for the community. This added responsibility of care is also at times dangerous for them as they are confronting criminal elements in their work and are exposed to physical danger in their community. However, the counsellors are all motivated to continue their work as counsellors despite these challenges.

But then he was still on drugs, and I can remember, the night before the seventh, 6 August he came to tell me, my son, 'mummy tomorrow morning I want to go to the mosque'. I said to him, I started to challenge him, I said to him 'listen, that stuff must be out of your system 40 days before you can do this and that and that'. Like in a spiritual way. Next morning 7 August I got up at five o'clock, I even prepared his water, and I lived in a Wendy house then, my son was 22 years old, I wanted to wash him. And I didn't realise then when he allowed me to wash him; he was sitting in the bath, I started to wash him, and with each stroke, I said silently these words, 'I hope this will have an effect on you that you will stop with the drugs'. And I even dressed him.

He went to the mosque, I went with him, I stood outside. He came out, he was upset for me still being there because he didn't want the other men to see his mother wait for him. This old man approached us and he said to me my son is upset for me, I said to him no, I want him to be safe because there are shootings I used that excuse there are shootings outside so I just want him to be safe. And this man said that he told this guy inside that he wanted to stop what he is doing, and he feel he is hurting his mother. And I didn't want to cry in front of my son, no I am going to be strong for him, and you know it came to a point that was he was 22, he is turning 29 next month, he never went back to drugs.

(P16: Wardah.doc - 16:63; 77:79)

Wardah's tender description of a mother's care for her drug-dependent son demonstrates how women like her are able to manage her own identity and hold on to her own strength while still respecting her son's masculinity and their religious, patriarchal values.

5.2.2.4 SES and education

Related to the participants' role in caring, is that of education. Half of the participants were forced to drop out of school largely due to being an older sibling who needed to work and support the family. This ended their opportunities for formal education for many years and for most of them meant that they maintained their low income socio-economic status as they could not find well-paid jobs for unskilled labour. Being compelled to prioritise the care of siblings or a child, and not being able to

pursue schools and studies meant that their dreams and goals for their lives were unacknowledged and to a large extent shattered, as their sole purpose was now to care for the family.

And then I think, I also didn't get the attention in the family. You know, we are six together and all my sisters and brothers got an education and completed their education, but I just got into Grade 8 and then I had to go out and work and that's where my behaviour started and because the riots of 1976 started ... my mother said she's not going to work for children who carry on like this with this nonsense ... because I was big time involved in that riots, so she took me out of school. I hadn't even finished Grade 8. So she takes me out of school today, tomorrow I must go work.

(P6: Barbara.doc - 6:37; 66:66)

Barbara's resentment at being forced to leave school seems to have been compounded by the fact that her mother did not take her political stance seriously. Her fight against the Apartheid regime for a decent education was dissolved by her mother's need for a breadwinner in the family. Both Barbara and Angel credit their siblings with being more middle-class because they were able to complete their education and now have nice cars and houses in more affluent suburbs. The perceived difference in class across family leaves women like Angel and Barbara feeling that they are not up to standard in comparison with the rest of the family due to their lower status.

Although education is often linked with socio-economic class, Lydia is considered middle-class despite her Grade 8 education level. She lives in Lansdowne and has her own car and house. She also runs an after-care at one of the schools so has a dual income and is comparably of a higher socio-economic status than the other counsellors.

For the majority of counsellors who did not complete school contributing financially to the home was more pressing than completing one's education (See Table 4.2 in Chapter 4). The inability to complete school correlated with many of the participants describing how they were unable to achieve their dreams or ambitions for example most of them had had dreams of pursuing studies in social work. Therefore, the opportunities they later received to expand their knowledge through studying further became quite momentous events for them.

My work at school, that was also a challenge, the very first time when I had to go meet Mr X and Mr Y and the HODs. So it was scary, it was really. Because now I'm sitting there, and this is all people that's now having degrees and here I'm sitting with my Std 8, which is grade 10 now so ja it was scary but also a challenge in the same way.

(P17: Valencia.doc - 17:69; 30:30)

However, many of the counsellors are aware that they do sometimes feel inadequate as they are reminded of their lower education compared to the teachers with whom they work. When teachers overtly remind them of the difference in their classes, this makes them feel like giving up at times, particularly as they are delivering a free and much-needed service to the schools. However, all of them express their motivations to continue their work as being related to a greater sense of purpose and meaning in their lives.

These powerful narratives of intersecting identities illustrate the multiplicity of challenges that women in this low-income community face on a daily basis.

5.2.3 The chronosystem: Moving to Hanover Park/Living under Apartheid

“In Hanover Park there's too much history, too much stuff in the past” (P27: Fay.docx - 27:62; 55:55). Fay's statement captures the longevity of the challenges that exist in Hanover Park. The history of this community and its residents started with the Group Areas Act when coloured people were removed from their homes and forcibly relocated to Hanover Park from 1969.

Not all the participants shared their or their families' experiences of dislocation in their narratives. Ten of the participants were either born in or grew up in Hanover Park from an early age. Six of the participants spoke about the memory of being forced to move to Hanover Park either because they had been living in areas that were subsequently designated as white neighbourhoods or were told the reason they had to move was to care for a sick family member or a caregiver had died. One participant grew up and still lives in the neighbouring community which would be considered more middle-class, Lansdowne. One participant only came to Hanover Park as an adult, having been raised in a convent further upcountry. All the participants currently live in Hanover Park or the surrounds except for one, who recently moved to Grassy Park, another area formerly designated for coloured people.

That was the group areas [act] so we had to move, so we moved from Cape Town to Hanover Park, and when I moved to Hanover Park I was 10 years old. For me it was strange coming to a place like this, it was also no electricity, we had to burn candles every night, but I was scared of fire and we had sand roads you had to walk in the sand, and we had to walk quite a few kilometers to the station to go to school in town still because there was no school built in Hanover Park ... It was just a rough area that we came to live in. We saw how most of the houses were built even right in front of our eyes, we even helped the people building, carried bricks for them.

(P16: Wardah.doc - 16:76; 95:97)

Most of the counsellors recall moving to Hanover Park as an emotional and unpleasant experience whether it was directly as a result of the Group Areas Act or whether families had to reorganise their living arrangements so-as to cope with sickness or death. Two examples are that of Angel who was compelled to move to Hanover Park by her family to care for her dying granny while Amy and her siblings ended up in separate homes in Hanover Park when her mother died and her father could no longer care for them. Poverty and overcrowded housing were some of the socio-economic problems associated with forced removals. Although for all the participants who spoke of dislocation, they had experienced poverty prior to the move to Hanover Park. The biggest effects were the impact of the loss of family and community, and the feelings of insecurity that accompanied these unfamiliar surroundings.

The initial trauma of being forced to move from areas classified as White as a result of the Group Areas Act, also seems to be one that has had consequent cumulative trauma effects.

So we saw these young guys walking with guns and running with knives, and they were throwing stones, and we didn't know what was going on. My mother pushed all the furniture in front of the door, and we had to sleep on the floor for a whole month because we didn't know what gang fights were that time. And that's how we grew up.

(P11: Ruth.doc - 11:9; 4:4)

Ruth's family moving to Hanover Park suddenly exposed her to gangsterism. From her sheltered upbringing, she suddenly became vulnerable in this new environment. Ruth describes experiencing a sudden awareness of her lack of safety and threat.

I grew up in Woodstock in Gympie Street where drugs used to be "hot" as we used to call it, even my father was a merchant, but he used to live at the other side of Woodstock, where it's more Cape Town, where he was one of the biggest merchants, even though I didn't stay with him, he's Muslim and I'm a Christian. So I grew up with my mom, we struggled you know and so I know what it is like to go knock on people's doors and ask a little bit of sugar and this and that and there were times when my mommy used to use dagga as well.

(P3: Angela.doc - 3:3; 13:13)

Angela grew up in Gympie Street which was also notorious for gangs, drugs and prostitution. Roseline compares growing up feeling safe in another neighbouring township to living in the dangerous environment in Hanover Park.

I was angry at my family because they brought me back to Hanover Park. I used to attend Bridgetown High and I used to come past with the school bus and then I used to say this, 'Ooh I'll never stay in Hanover Park. Not ever!' Not knowing that a few years later my family would ask me to come live here in my granny's place. There where I am living now today ... So I'm now back in Hanover Park ... Oh and I cried - I said 'Lord, I don't want to be in this place.' because of what I heard ...

(P9: Angel.doc - 9:41; 33:33)

Angel was angry at her family for making her live in Hanover Park. However, she was willing to care for her sick grandmother, who helped her to adjust to the environment. She attributes her survival to her grandmother's advice which was to be polite and respectful towards the gangsters.

Olive expressed her fear of living in Hanover Park when she first moved in. At this stage gangs were already becoming very entrenched in the community which was one of the consequences of dislocation. Amy describes how gangs already existed in Hanover Park in the form of the Scorpions, the Laughing Boys and The Junky Funkies. The Scorpions were one of the major rival gangs in Cape Town defending their turf in the area.

When I was in Hanover Park it was more ... what we would've called the gangsters and that ... gentleman that time, because I can remember our house was like sort of a family house. Everybody ... if it was a gangster or whatever ... used to come in our house because there was always that respect. They were a gangster outside but once they stepped into our house, it was totally a different person. They protected the area that we used to live in. There where we lived, the other gangsters on the other side, they could never enter ... I can remember there was one incident ... I was still very young and I went out to ... visit to The Lounge ... ja, that was now my naughty days ... and when I got home I had to go over a field, and it's just like about five minutes walk from home ... and there was a couple of guys coming towards me on the field, and when you in that state, not really aware of what's going on around me, this guy grabbed me and these gangsters came over and they helped. Because they lived in our area, the guys that came over was not from our area, but those that know this ... I belong here, they protected me and they drove me home in front of my mother's house.

(P8: Dee. doc - 8:18; 16:16)

In comparison with the initial fear of being exposed to gangs in Olive and Ruth's narratives, Dee describes an incident of being attacked by gangsters from another turf, and how she was defended and rescued by the gangsters from her area. She describes them as "gentlemen" as did many coloured

people who were removed from District Six, and defines them as fulfilling their role as protectors in the community. There were mutual feelings of respect between gangsters and the community.

Thirty years ago we could still walk around at night. And what was so nice was then the youngsters in the corners, the gangsters, would see us walk past - those days I used to go to the discos - and then if we walked past them, we live on the other side, then they would actually take us home. They would walk us home ... And we felt safe to walk around at that time of night. Today we can't. There's a big difference between then and now.

(P13: Kathleen.doc - 13:70; 38:38)

Kathleen also maintains that Hanover Park felt safer twenty years ago than it does now. There are consistent narratives of stark contrasts as to how things were and how they are now. While some felt somewhat safer and freer in the past, they all now felt constantly unsafe and trapped in the present.

Reminiscences of the past always seem to be more nostalgic than traumatic (Trotter, 2009). However, the narratives of these women do seem to be more attuned to the traumatic events of their personal lives than with the collective political trauma that was experienced. For example, besides mentioning the riots of 1976, none of the participants raise the legacy of political violence as part of the chronosystem. It is assumed but not overtly mentioned in the narratives.

What is very significant is their perception of the worsening situation of violence and dysfunction in families and in the community, something which they feel was not that evident during the Apartheid era. They feel less free now than they did during the oppression of Apartheid. The fabric of community since the forced removals, through Apartheid and to post-democracy has been further stripped, and participants all fixated on the increased gang activity, drugs and the inadequacy of the criminal justice system. These feelings were supported by research on coloured removees who felt that their lives had deteriorated since 1994 (Trotter, 2009).

Trotter (2009) suggests that coloured people in particular seem to have historical amnesia. The fact that so few participants could relate stories directly related to their dislocation, the political and criminal violence and state of emergency in the 1980s, would suggest that they prioritised their own personal stories of interpersonal violence which continue into the present day. This historical amnesia may well be a consequence of the effect of being overwhelmed by one's current experiences which makes it harder to reflect on the trauma of the past.

5.2.4 Micro- and mesosystems: Families and relationships in Hanover Park

The plight of children in Hanover Park dominated the narratives of all of the counsellors. They describe in detail what it's like for a child to grow up in families in this community. The participants consistently state how much children are suffering in the community as a result of the ubiquitous violence they are exposed to on a daily basis, and attribute many of the problems children are facing as stemming from problems in the home. In many of the participants' experiences, family structure was not the nuclear model typical of how many people perceive families to be. In fact the nuclear family is a rarity in this community as children are observed as growing up with a range of different people and are passed from one caregiver to the next in the absence of a parent.

Thirteen of the participants had a comparatively positive attachment relationship with at least one caregiver during their formative years. This was not necessarily a parent. Ten of these participants described their childhood and youth as being tough as it brought with it loss, trauma, family discord and conflict.

5.2.4.1 *Physically and/or emotionally absent parents*

Faith goes on to describe children's desperate need for parental attention and affection. "Most of my clients are single-parent families. They don't have the father figure, some of them don't even know their father, so they could walk past them in the street and they wouldn't know ..." (P26: Faith.docx - 26:46; 44:44). The majority of children are raised in single-parent families due to parents abandoning them often as a result of imprisonment, death, drug addiction, divorce or separation.

And for me when I see children now I see the effect of an absent father because that is basically where most of our problems come of the children that you deal with at school in the communities it is because of absent parents. Maybe they are in the house but they are not involved in the children's lives. It is almost like I work for you I provide for you but that is enough and that is as far as it goes ... And yes so I see the effect that it has on children, really it is ... If parents can just know the damage that they are doing to the children.

(P5: Beula.doc - 5:32; 57:57)

From her perspective Beula states that in this environment of poverty, parents consider providing for their children materially is adequate. The counsellors, although they can empathise with the priority of trying to make ends meet, are concerned that parents are neglecting the emotional development of the

child as they don't understand the value of playing or spending time with the child. For the counsellors, absent parents is the most significant contributing causal factor to systemic violence.

I just think in terms of a lot of what is the problem nowadays is the parents themselves, there isn't enough being done for the children in terms of being there for your child. There are good parents, I can't say all of them but you have a huge percentage more of them that's addicts, that's alcoholic. That element of being a parent it's not there anymore. It's shifted, the responsibility shifted more on the children, the children's lives the fact that you go out and you go and look something for yourself to eat, it's not being provided or you see to the younger ones and you take the one to the crèche and you come back and you clean and the afternoon you cook.

(P10: Mercia.doc - 10:29; 22:22)

They have to live with absent fathers, absent mothers, parents that are using drugs. The children are neglected, abused, the children - there's no proper homes for the children to sleep in, every second house is a drug house, and children have to go sell their bodies to earn money. Children have to go sell drugs to get money. That is almost like a way forward for, how they can earn money. Those kinds of things are taking place. And it's sad to see children at this age six, seven, eight, nine years old wandering at night here on the streets here where they have to be in a warm bed already. They have to go beg for bread and stuff. And even when, when the parents are fighting - that domestic violence in the house - they have to run out of their house, that is supposed to be their safe home, run to another house, and even by that house they get abused, assaulted.

(P12: Olive.doc - 12:57; 51:51)

Parents are not parenting their children and children are expected to fend for themselves. Many children end up begging for food and wandering the streets at night which places them at further risk. Dee suggests that the parents are to blame for many of the problems in the community but insightfully acknowledges that parents are also repeating history and re-enacting what they were exposed to as a child. As a result children are no longer able to be children as they assume adult roles and responsibilities.

Some of the participants for example Amy, Angela and Faith have first-hand experience of having to take on adult roles in looking after younger siblings or being forced to work to bring an income into the home. Mercia was privileged to have come from a stable home where she experienced a happy childhood, and she has been determined to keep her own children free from taking on adult responsibilities so that they can enjoy their childhood.

5.2.4.2 *Exposure to violence, abuse and neglect in the family*

Children are deprived of being able to play because they have too much responsibility in the home and they do not have enough safe spaces where they can just be children. During times of major gang violence, it is not safe for children to play outside but often their homes too are not safe for them either due to domestic violence, abuse or neglect. “Then it comes down to abuse. Comes down to both physical abuse, they get attacked by their parents and coming out speaking to the parents, is also a history. Coming from a history” (P16: Wardah.doc - 16:116; 167:167).

The generational patterns of abuse in families are common. Children are exposed to all forms of abuse at the hands of the adults who are usually known to them. This observation is supported by a situational analysis of violence in the Western Cape that found perpetrators to be typically male and known to the child (Dawes et al., 2006).

Yes there's a lot of children that parents is also on drugs. There is nothing to eat for those children, some of them you can see when they come to school they didn't have something to eat last night before they went to bed. You can see how the children behave also, then you know there's a problem at home. And then you find out the Mommy or Daddy is on drugs. So it affects the children, it affects their school work. When Daddy haven't got money for drugs, Mommy also is on drugs sometimes or is an alcoholic, she haven't got money for wine. Then the two of them will argue, swear in front of the children, fight with one another and that also affects the child. So you can see that this child's problem come from home.

(P7: Roseline.doc - 7:28; 90:92)

Children are witnesses to domestic violence in the home, exposing them to unhealthy male-female relationships, and deleterious representations of power and conflict. Roseline also draws attention to children's exposure to drug and alcohol abuse in the home.

If I look at the children at school, then every second child is neglected ... every second child. Come on a Monday the collars are black ... black ... black ... and I'm thinking, they look like that, what is going on in your cupboards, do you have something to eat ... every second child ... and I just ask myself where is the parent in all of this.

(P8: Dee.doc - 8:40; 24:24)

Many children suffer neglect and their basic needs are not met. The counsellors are constantly aware of the poverty that the children are living in but do not equate poverty directly with violence and abuse.

Then there's domestic violence. The violence in the home, Children coming to school, have that fear. You can see on their faces, the fear they have. Don't want to be at home because mommy and daddy is forever fighting. What is the fighting all about? Mommy's maybe drinking, daddy is using drugs. They have to go beg for money because if they don't get any money, daddy will turn to them. Daddy will hit them. And coming to school with that feeling, and going back home, it's really sad because where's it going to end up?

(P12: Olive.doc - 12:51; 43:43)

Olive maintains that parents are responsible for a lot of the pain that children experience. Parents or adult care-givers are often the perpetrators of abuse. They also describe incidences of incest in a number of cases where fathers or stepfathers have impregnated their daughters.

A few of the counsellors also raise the verbal abuse that children experience. As a researcher who is familiar with the community, I can attest to the daily assault of cursing and vulgar language which has become almost like a normal way of communicating. The participants raise the generational patterns again as children are spoken to like this in the home, and become desensitised to the verbal abuse. "The swear words they are saying the swear words, they are so used to that, then they swear at other children and fighting starts" (P16: Wardah.doc - 16:50; 59:59).

I went to a neighbour of mine, because the grandchild just swear it me and I went to tell her, and she said to me, 'ag man, that's Hanover Park language why you get so cross'. I looked at the lady, and I said, my word, that's the language because he's cross. I said, haven't these people got brains ... that ... and I just walked in. Because now the child can swear anytime and you do nothing.

(P6: Barbara.doc - 6:27; 62:62)

The disrespectful foul language sometimes fuels further violence between children and youth. Fay states that one of the reasons she would consider leaving the area is to protect her preschool son from constantly hearing cursing of the neighbouring children. Cursing has become a normal form of language, and several participants talk about how sensitised they have become to that since being counsellors. Barbara expresses her frustration at her neighbour's apathy and acceptance of the grandchild's swearing. Having described herself as someone who used to swear a lot and "used to be very rude" but has changed a lot, she finds it unacceptable that parents are teaching their children that because they are from Hanover Park, nothing more is expected from them.

5.2.4.3 Poor role models

Because the parents ... if I look across the road from my house, they scold the children all the time, 'You must be in the house at this time' but they not in the house ... They're on drugs and they don't want the children [to do drugs]... the children don't want to go to school anymore because their parents sit in the sun on the corner the whole day. They don't work ... Now I think 'what else do you expect of these children?'

(P5: Beula.doc - 5:61; 86:86)

The participants observe that many parents in the community expect their children to do as they are told and live by a different set of ethical principles to which they apply to their children's behaviour. Parents seem to be ignorant of the fact that children actually learn through modelled behaviour. The children in the community see these double-standards which very likely leads to their own sense of justice being violated.

And then you go back into the family. 'Ja, but my husband used to smoke buttons'. They think to the child it's nothing. But it's not. That child can remember. 'Why don't my mommy do something about my daddy that used to smoke?'

(P27: Fay.docx - 27:60; 54:54)

Fay demonstrates in her example how adults assume children are not attuned to nor affected by the problems and tensions within the family. However, in her experience children are affected by these seemingly insignificant events.

5.2.4.4 Sex and teen pregnancy

South Africa continues to have high rates of unintended pregnancies amongst school-going learners (Panday et al., 2009). Sexual promiscuity and teen pregnancy is rife in the community according to the counsellors. Teen pregnancy is often associated with family discord and violence (Kissin et al., 2008) and can often expose young mothers to more economic vulnerability, dependence on a male partner, and higher risk for physical abuse, thereby reinforcing gender inequity (UNFPA, 2007). The intergenerational effects of teen pregnancy are more noteable in relation to violence as some studies, although not all, have found that teenaged mothers report higher rates of childhood sexual and physical abuse (Francisco et al., 2008; Lansford et al., 2007).

And teenage pregnancy. That's another big issue in Hanover Park. Teenage pregnancy. Because these young girls, if you coming from a family where there's no father, you weren't affirmed, you're going to go look for love outside the home. Most of the time the

girls get pregnant and the guys just leaves. It's a continuous thing going on and on, Lane. If you as a daughter have a good relationship with your father, you're not going to go look for a gangster or s druggie to give you the love that you need.

(P26: Faith.docx - 26:72; 80:80)

In an environment of abject poverty and violence, sexual relationships could be viewed as beneficial for young women in that they may provide improved self-esteem and material benefits which they would not have access to otherwise. At least twelve of the participants describe entering relationships with men where they were seeking love and an escape from a man as they did not necessarily receive that in their homes.

The counsellors' understanding that many teenage pregnancies are also symptomatic of drug-related behaviour is supported by research both locally (Rangiah, 2012) and internationally (Baskin-Sommers & Sommers, 2006). Often as a result of substance abuse in pregnant teenagers, the grandparents end up taking care of the children. Three of the counsellors are in this position themselves.

I always say a granny can't take the place of the mother, that granny can do her utmost but that child will -. It's like the identity. And this child said to me a few months ago his mother came out of jail but he doesn't see her much. They are still on drugs, and he tells me, 'I'm angry for her because she didn't look after us! She doesn't care about us! She's not worried about us!

(P5: Beula.doc - 5:77; 94:94)

Children need their parents and they are not experiencing the nurturing of loving parents. Grandmothers often step in to fill that void emotionally and materially but children still suffer the rejection and abandonment of their mothers, according to Beula. This affects children for years when they have not had an adequate substitute caregiver.

5.2.5 The Exosystem

5.2.5.1 *Gangs and drugs*

And gangsterism is very bad in our community. The fighting and the killing is really bad but you know you grow up seeing fighting, shootings, stabbings, and it becomes normal to you like it's an everyday thing. So even if someone lay dead, it's 'ag man, it's just another one'.

(P26: Faith.docx - 26:32; 23:23)

Gangsterism and related criminal activities have become synonymous with many low-income areas such as Hanover Park. The descriptions of execution-style shootings, drive-bys and random shootings are not unique to this area as they have reportedly occurred in many other low-income communities across South Africa and internationally in countries such as Brazil and USA. Currently the main rival gangs are that of the Mongrels and their allies and the Americans and their allies. Interestingly each fights under the banner of the British flag and the American flag, respectively.

And in 1995 if you will speak to many people in Hanover Park, that was the worst gang fight. Because I can remember the helicopters came in that one Sunday. That was like a mass grave that Sunday afternoon. That was where they just shot and just ... Now I stay facing the Battlefield, that they call the Nuntis. So I stay in the heart of the Americans. So that day it was the Backstreets with the State Boys, and every time you see a State boy coming over, then you hear more gun shots, somebody drops, and you see them drag the bodies off the field. And that time my children were very small.

(P9: Angel.doc - 9:37; 31:31)

When we moved into Hanover Park, it was a nice area, but now it's different ... and in those times there were gangsterism but it was not as violent as it is now. I could cope. But now at the moment I can't ... Because, I was standing by the stairs and you see, sjoe people running in front of me, and they said it's gunshots because they're just shooting at us ... But, anyway, we went on ... But to see children running and things like that. People calling their children and the babies out of the way, because there's some mothers sitting with their babies there, hanging washing with their babies in a pram, just to see that trauma of what's going on now, and I can't handle it at the moment now. So for me is it coming to work, going home, stay inside. If I must go to the shop, I go to the shop alone and come inside again. So, it's a big difference between that time and this time now ... I'm very much afraid, because I ... you don't know where that bullet is going to. You don't know [00:14:22 - inaudible] ... I was sitting once by F. and a bullet just came in straight through the window ... into the kitchen window right into the fridge.

(P6: Barbara.doc - 6:7; 18:18)

Barbara's home in the courts is constantly caught in cross-fire. Barbara feels that she cannot cope living like this anymore and sadly her fears about a stray bullet entering her neighbour's house were justified when a year later another woman in a different block of flats in the area, was cooking at her stove and a random bullet killed her through her window.

It is frightening. The only thing a person can do is to stay on your house. When was it again? February month, when we were on our way to have a prayer meeting at my house on a Saturday morning ... we would have had the prayer meeting at my house, and so they shot then. Earlier that morning around 7 o'clock there were no gangsters on this side but then when we walked down the road, they started shooting. They were shooting I don't know who they were shooting at but they shot the one church sister in her leg. There the bullet goes in her leg. Before they used to warn us about when they were going to shoot, they would say "we're going to shoot, get out the way" but now these youngsters, they just shoot. It looks to me as if they just shoot for the sake of shooting. That's what they do. So that's the situation in Hanover Park where innocent people get hurt.

(P13: Kathleen.doc - 13:69; 34:34)

Kathleen highlights randomness of the shootings and the vulnerability of everyone in the community as innocent people and often young children get hurt. Kathleen also refers to the change in the nature of the relationship between the community and the gangs. The previous code of respect between the gangs and the rest of the community has been eroded, and gangs no longer protect but harm the community. As part of this code of respect, gangsters used to and at times still do issue warnings to ensure that children are off the street before they start a battle. However, given that gangsters tend to be younger as Kathleen mentions, and often using drugs, it is likely that they have fewer inhibitions and less ability to manage their aggressive impulses.

With this gang ... a few weeks back I went to the private doctor to fetch my daddy's pills, but he was in the van and they started shooting in one of the roads by the [swimming] baths. I want to now see what's going on because it's in the same [road]. No man it looks like they're fighting in Palestine or Iraq because they're running across and they're taking the guns, you must see how the guns look and they're shooting, all so across and just like ten minutes before that children were playing outside.

(P15: Rachel.doc - 15:120; 129:129)

The random exposure to the shootings is compared with the shootings that take place in war-torn countries like Palestine or Iraq. The consequences of these shootings are comparable with that of countries experiencing intermediate armed conflict according to Standing (2003).

You could actually feel the atmosphere. It was so tense, you didn't want to walk on the terminus ... nothing. We walked ... myself and Beula, when we came from school one afternoon, we walked over that pitch, just in front by Shoprite, and as we came over, we

just heard shots, but right in our ... in that pitch that we were walking. And I just ran. I don't know how fast, I jumped over the stalls ... the vegetables and whatever ... I got over there and when I got around the corner by Shoprite I stood still and this one guy said, sjoet! That was fast.

(P8: Dee.doc - 8:27; 18:18)

And the older people ... we've got an old age home right on the corner there by us, I don't think it's fair, because ... I saw one lady at the terminus and the shooting started ... there's no ways she could run. She just had to walk, but then she just started shivering, and I don't ... sjoet ... I mean we are young so we can still run a little, but they can't do anything.

(P8: Dee.doc - 8:35; 22:22)

Because the majority of the people use public transport or walk from one place to the other in the community, this renders them even more vulnerable to the shootings. The counsellors experience this threat constantly as they are constantly on foot, walk to and from schools, shops and family members. They seem to be constantly running for cover. Although Dee appears to make light of her flight response in surviving a life-threatening situation in her first quote, she also recognises the challenge of the older people whose physical bodies may not be able to execute the physical fight/flight responses but become frozen, and unable to move as shots are fired around them. This picture of the anarchy and chaos created, and the inhumanity and indignity of young and old having to lie down on the ground or run for their lives in their very own community, are indisputable demonstrations of injustice. Even in times of relative peace, the anticipation of the next gang battle is traumatic.

After the shooting yesterday, um ... I had to go to the terminus and [my daughter] was so scared. Now if you stand on our landing you can see right on to the terminus. And she says, 'Mommy the terminus look extremely quiet,' and I said, 'Come let's go.' But as you walk past, all the gangsters was standing outside our court. They were having a meeting because one of the leaders stay around the corner by us. And when we came on the terminus, man immediately I just got fear, and she stood still by the fisheries. And she said, 'Mommy, come we turn around' because the atmosphere, you could sense something is not right. And then we came out of Shoprite, this is now past four, and we saw people packing up ... the brokers and I still said to the one guy, 'You packing up early.' And he said, 'Girl, can't you feel it man. There's something not right here, something's not right'.

(P9: Angel.doc - 9:65; 51:52)

The anticipation and the tension of waiting for something terrible to happen is exacerbated by the fact that no-one knows where the next shooting could take place.

Over the years the participants feel that the sites of the shootings have become more dispersed which heightens the perceptions that the shootings are taking place closer to home. In addition some of the victims are also more closely connected to the counsellors. In a memorial ceremony organised by Organisation X in 2012, counsellors observed the deaths of 37 people amongst them who, over the last few years, have died as a result of violence. This event also created a lot of tension and anxiety for family members for fear that further shootings would break out as rival gangs would be present in the same space. However, this event aimed as an intervention was well-attended and had a positive outcome.

On occasion interventions aimed at promoting safety and reducing violence, are hindered by the shootings. The sad irony is that people who are willing to take a stand against the violence are often prevented from carrying out these initiatives due to the fear created by the very things they are trying to prevent.

Drugs remain one of the biggest challenges in the community as this is the financial fuel that drives gangsterism. Where in the past gangs fought for physical territory, more recently the focus of gang wars have been on the drug trade and prostitution. Certain gangs lay claim to designated areas in the community, and these areas become unsafe not just for rival gangsters but also for individuals who are associated with rival gangsters by virtue of family members and where they live.

The burgeoning drug trade has lured much younger children into gangsterism.

And I'm scared also for my children and my grandchildren ... Because it's very young children running with guns. They will use the youngsters to run with guns. The older people don't run with guns anymore. It's here from 12 years older that run with the guns. And my grandson's age is 12 years old and I'm very scared.

(P7: Roseline.doc - 7:24; 78:78)

The age of gang initiates has been progressively become younger and younger, with children as young as 10 years old being used to rob, break into houses and to carry firearms and carry out executions.

Then you get these youngsters, and they're getting younger, much younger, and they are the ones running with the guns and so on. And they are more, like, how can I say ... determined? Ja, I think they are more determined and they don't care.

(P13: Kathleen.doc - 13:68; 34:34)

And it's children. That I can't understand ... It's children. You can think some children doesn't even know like how to handle a gun, but they shoot ... they shoot ... I just heard now ... last night they say the gun jammed otherwise they shoot that boy against his head. And the gun just jammed, and I think by myself, that's children talking like that.

(P6: Barbara.doc - 6:13; 25:25)

The younger children described by the participants are more blood-thirsty, indomitable and more determined. They display fewer inhibitions and self-control. At primary school counsellors have seen a developing trend in younger children forming their own little gangs and bullying other children.

Although the past idealised relationship between gangs and community no longer exists, gangs are very much part of the social fabric of many Cape Flats communities and although they no longer serve to protect the community, they do still serve to protect themselves. One participant describes the attitude of young gang members: "I belong here to this gang. We protect each other. We understand each other" (P5: Beula.doc - 5:77; 94:94).

Being a gang member or being affiliated to a gang buys one at least some form of protection in the community, which makes it extremely difficult for young people to choose to stay out of gangs or to leave that life behind.

And there were three little children in my road and this little chap, I asked him, how old he is. He's four years old, four or five. And the other two are also around there five or six years old. That age, and they rob the little three year olds who come to the house shops, and take their money from them. They say they must pay protection money. Yes because they see that's what the older gangsters do. I spoke to them and said they mustn't do that. But that's what they do: Protection money! And those children's parents are all over the show ... and they don't look after their children. When I look for the parents they're all over the place and the children are running around. But they watch those little children who come to buy their packet of chips or whatever, so they can take their money from them.

(P13: Kathleen.doc - 13:63; 30:30)

In this environment of systemic exposure to violence, children start to emulate the behaviours of adults and peers around them. The wealth, power and control that gangsters and many drug merchants have in the community, has elevated them to the position of role models in this environment of poverty and disempowerment.

5.2.5.2 Schools and education

Schools are seen as a microcosm of the community, and therefore, are faced with many of the same challenges that exist within the community.

You know how it's affecting young people, the youth sometimes need to move out of this area to live in another area ... And, I mean the only place where they can feel safe is coming to school. But sometimes that is also not OK because also at school, with the gangs, the stuff starts at school too.

(P12: Olive.doc - 12:62; 64:64)

In the counsellors' opinions they believe that many of the learners still perceive school as the safest place for them to be. However, the effects of violence in and around school are attributed not only to gangs but to some of the teachers' responses to these learners.

You know you get the children with their learning problems, they have these behaviour problems and the teachers themselves are dealing with their own issues. And I won't say they don't know always how to - If there's a group of children that does something, then they label and they badmouth that group of children. But there are some teachers, like this one who said "we're not only teachers, we're mothers to these children". But most of them don't know out of what situations these children are coming from. The problems are starting at home. So the children are coming to school with all that, there's maybe no food at home, they being sworn at, abused and the teachers don't know that. So they must come to school, and the same thing happens. So it's like a cycle, it just goes on and on.

(P26: Faith.docx - 26:53; 47:47)

Faith states that teachers are not always aware of the situations that many of the learners face at home. Their reactions to learners' behaviour perpetuate a negative cycle, and the counsellors express serious concerns about the abuse that learners suffer at the hands of some teachers.

One of the over-arching concerns about schools, emphasised by the counsellors is the number of children who are struggling to cope academically. Classes are big and it is a struggle for teachers to cope with the large numbers of children who have academic and emotional difficulties. There are too few resources to help them cope with the workload so many children's needs are not addressed. Counsellors feel that the emotional problems of learners are most often masked by the academic problems that learners face. The counsellors' scope of work renders them unable to address the academic needs especially when learners are already at high school and are still unable to read. The

participants often refer to the high drop out rates of learners in constructing the links between learners who can't cope at school and who end up involved in gangs and drugs.

The high school counsellors confirm the statistics that most of the dropouts at their schools occur in Grade 9 due to repeated failure in this Grade (WCED report, 2013). Gang members often wait for learners at their schools with the aim of selling drugs through the fences, or targeting specific rival gang members who are still at school, or to recruit new youth into the gangs.

Most of the counsellors suggest that ideally the need in the area is for special skills schools so that learners are able to learn a trade, which would prevent them from dropping out of school, and reduce unemployment. However, accessibility and referral to these institutions are not straightforward, so the counsellors still see many young people dropping out of school and find other ways to support themselves. Entering a gang or the drug trade provides a simple and accessible solution to address their complex needs.

Parents' attitudes to education is also reportedly varied, although most of the counsellors feel that parents are still not very invested in their children's education and some would prefer their children to be working and bringing in an income to the home. Seven of the eighteen participants completed their schooling while only 19% of adults in Hanover Park have completed their Grade 12 (Cronje, M., StatsSA, personal communication, 21 May 2013).

Learners also experience threat and adversity due to the infrastructure at school. Many schools are made of pre-fab which has left classrooms vulnerable to bullet holes which have entered some of the schools buildings. The counsellors also highlight the short-sightedness of drug dependent community members who constantly vandalise and burgle school property. The perpetrators steal almost anything from toys, books, stationery, light bulbs, copper wiring, taps and anything else they can sell to gain their next fix. These violations leave learners and teachers feeling more insecure in terms of their safety, already disadvantaged learners suffer even further inhumanity due to having no water, electricity no windows in winter or resources such as play therapy materials which the counsellors use in their work.

5.2.6 The Macrosystem: Socio-economic context

As described in Chapter 4 Hanover Park is a low-income community where the effect of poverty touches every facet of human life.

But every second house is a drug addict house, every second house ... This is what I always say, I stay in the courts. It's sixty houses but I say this, it's one big house with sixty rooms. Because I can say to Lane, "Hai did you hear what happened?" And by the

end of the day the sixtieth home will know what took place at number one. You know so, it's one big, massive mansion with sixty rooms. And in each house you have family members of 10-15 people. I think there's about 20 people living in this one home and that's a two-bedroom house. And then the other house there's plus minus 14, one bedroom. You know. They sleep right into the bathroom. And um ja ... if you love in Hanover Park and you conquer your way of living, then I say you're a survivor.

(P9: Angel.doc - 9:56; 40:40)

Angel describes the overcrowded conditions and the indignity of having so little personal and private space. The government set up rows of blocks of flats in which to house people during Apartheid. These over-crowded conditions make young children even more vulnerable to abuse when exposed to so many adults who use drugs or are violent in their homes.

This one child that I saw - she is now at high school ... They live in a shack - her mother and her dad is separated. Her mother took on a boyfriend. The boyfriend is not working but the mother is getting their [government grant] money. What the mother is doing, she's taking that money and she give it to him. He must make the lollies for the tik.⁶ He's doing that and he's selling that. The girl was upset about that. She was eleven years old ... She was upset about it and she said her mom can't use their money for him. And her mom said to them, "Then you will have food to eat" because he's providing food ... Now what's going to happen to this girl when it's sleeping time? When they sleeping. He can do anything then. It's a small shack like this, starts from here (demonstrates with her hands). Here is her bed and here is her mother's bed. She and her brother sleep on this bed and her mom and boyfriend sleep on this bed ... They couldn't sleep at night because of the way the mom and boyfriend is going on till four in the morning. If he wants money, she has to make a way for him to get the money or sometimes they had to get out of bed, go out and beg for some money before they can come in again. ... Many a time they will go hungry. She used to come hungry to school. And the only meal that was provided was when she comes to school.

(P12: Olive.doc - 12:52; 45:45)

In Olive's case above, children live with a drug dealer, and money that is required to be used for their development, is used as capital in the mother's boyfriend's drug business. Young children are often seen begging for money as they need to fend for themselves and often their families. Olive raises the

⁶ Tik is the slang name used in South Africa for the drug crystal methamphetamine.

additional risks of children living in poverty where they are physically living and sleeping in close proximity with adults who could pose a risk to them.

Many of the learners when you counsel, then you'll find out that they never had food for two days. Or you will find out they sleep in a one-bedroom house, they couldn't sleep because father and mother are having sex or the mother doesn't want the father to sleep with her so they hear that rape and abuse, you know. The one learner - this boy said to me, 'Miss, it's almost like I'm sleeping with my mother because I hear it! I hear how my father goes on with my mother. I hear how my mother says 'Stop! Stop! The children!' You know. How that learner says he must lay QUIET. He's too afraid to breathe ...

(P9: Angel.doc - 9:76; 59:59)

Angel identifies strongly with growing up in poverty and she also describes one girl, stealing her toilet paper in the counselling room, as she had none at home. She describes identifying with a lot of the struggles this girl has had to endure. Children are also witnesses to the sexual behaviours and sexual violations that occur in the home. In South Africa the Child Protection Act (2007) prohibits adults from compelling or causing a child to witness sexual acts even if it is unintentional. As in the case of the boy who hears his parents have sex in the next bed, regarding these acts as a criminal offence poses a serious quandary with regards to breaches of the rights of the child, the mother's rights in terms of gender violence and the human rights of the adults in terms of the poverty in which they live.

Although all the participants describe poverty and unemployment as significant and interlinked factors in contributing to the cycles of violence, they do not correlate poverty with violence directly. More emphasis is placed on the value-laden effects of growing up in a family environment of violence where parents are continuing patterns of abuse and violence because they have not dealt with their past, which is viewed as a greater causal factor for systemic violence.

5.3 CONCLUSION

The cumulative effects of apartheid have affected every facet of life for the participants, and the violence, adversity, social inequity and poverty continues to affect their lives in the present. The lack of safety for people in Hanover Park is particularly salient in respect to children. They are most vulnerable at all ecological levels. The endless revenge cycle of gang shootings seem to be spiralling towards a younger age group of gangsters who emulate the behaviours of adults they see in the community. Children and adults are constantly witnesses to or experience violence and death directly, and are seldom safe. The participants draw attention to the fact that, although people in Hanover Park should be considered survivors, they believe it is unlikely that people can remain unaffected by this environment as the situation seems to grow worse each year and they see families deteriorating

further. As Rachel highlights in her quote "*the thing is we must go back, right back to the core to begin again.*" She makes reference to the fact that she believes trauma lies at the heart of many of these problems, and without understanding and facing up to the past, we are doomed to continue recreating these cycles of violence and perpetuating trauma.

Chapter Six

CONCEPTUALISATIONS OF TRAUMA

“In Hanover Park is a lot, a lot of trauma, many bad situations, a lot of conflict, a lot of violence” (P11: Ruth.doc - 11:51; 4:4).

6.1 INTRODUCTION

The effects of violence affect every facet of life and in this context are intertwined with the consequences of living in environments of poverty and inequity. The consequences of trauma that participants describe are varied. The daily struggles and stressors of living in an environment of poverty compound the effects of trauma, creating a complex picture of the ecological effects of trauma and adversity.

In this section I aim to discuss the participants' conceptualisations and understanding of the effects of trauma. The narrative included three different perspectives on how they construct their experiences of trauma at each ecological level: firstly through past personal experiences which include accounts of their own direct experiences of violence, bereavement, hardship and suffering; secondly through their understandings and observations of their client's experiences of how violence and its systemic effects have affected individuals, families and the community in general; and thirdly through their current experiences of trauma as a counsellor in this environment of ongoing violence.

Many common categories emerged across the case interviews, although there were some variations identified around the themes of fear and anger in: the counsellors' experiences of trauma compared with experiences of the younger generation, of counsellors' experiences compared with other adults in the community, and the counsellors own experiences of relatively discrete trauma in the remote past and ongoing current experiences of trauma in the present.

There were a number of challenges in writing up this section of the analysis due to the vast amount of data collected. After several attempts at structuring the data into a coherent format, the most logical format was to present the data in the ecological systems (Bronfenbrenner, 1979). Although there is a cyclical interplay between the causes and effects of trauma, I have chosen to focus on the common psychosocial effects, which underpin a number of the symptoms of trauma. These psychological effects can be identified at every level of the ecological system although the way in which these psychological effects influence behaviour and functioning may differ slightly at each level due to the

power dynamics that exist within each system. Common threads, therefore, link each nested system but the participants have emphasised certain effects more than others, and these are what have been presented in the analysis and discussion.

Their narratives provided extensive quotes to illustrate the consequences of trauma, therefore, selected verbatim material is used throughout to maintain authenticity and connection to the participants' lived experiences. Each theme is introduced alongside an "in vivo" quote which describes the theme in the participants' own words (Willig, 2001).

As mentioned before, the effects of trauma are systemic and the themes arising from the study have been discussed in the different ecological categories, presenting the effects of trauma on the micro- and mesosystems, the exosystem and the macrosystem. The effects of trauma are also unique to the participants' experiences as counsellors, living and working in a violent environment and a discussion is presented on how vicarious trauma interacts with living in the same environment as one works.

The consequences of trauma discussed in this section do need to be understood as coping behaviours or adaptive responses to these dangerous environments in which the participants are striving to survive. The complex interaction between the consequences of trauma, these adaptive ways of coping and real resilience will become clearer later in the form analysis of the participants' stories.

None of the participants describe themselves as victims of trauma. The word "victim" is in fact only used once in all their stories, and refers to the dual identity of perpetrators also being victims. Their narratives are that of survivors and this is the way in which they tell their stories as they have made meaning from the negative ways that they coped with trauma in their past to the positive ways they cope in the present. A summary of the themes in this chapter, which outline the effects of trauma can be found in Table 6.1.

Table 6.1: Chapter Summary Effects of Trauma

ECOLOGICAL SYSTEM	EFFECT OF TRAUMA	DESCRIPTIVE QUOTE
Individual System	Effects on memory	“They just block it out”
	Disconnection	“I switched myself off”
	Attentional and learning problems	“They just can't focus”
	Denial and avoidance	“There is so much denial”
	Effects on emotions	“It was just too much”
	Depressed mood	“I was down, had no direction”
	Fear and fearlessness	“They will always be living in fear”
	Reduced capacity for empathy	“Does he think about how we must feel?”
	Anger	“I just felt hate”
	Numbness	“I felt nothing, I felt nothing”
	Hypervigilance	“You don't feel safe”
	Somatisation	“His body told me another story”
	Effects on behaviour	“He's out of control”
	Impulsivity/Lack of self-control	“They will hit somebody out of the blue”
	Aggression	“That aggression. You can just see it”
	Revenge	“I'm going to get him”
	Effects on cognition	“If I speak, they will say it was my fault”
	Low self-esteem, shame and self-blame	“I was one who didn't believe in myself”
	Foreshortened sense of future	“They don't even have dreams”
	Isolation	“I just wanted to be alone”
	Substance and alcohol abuse	“The easiest escape is to do drugs”
Micro- and Mesosystems	Breakdown in trust	“I can't trust easily”
	Lack of safety	“Even by their home they get abused and assaulted”
	Emotional absence, rejection, abandonment	“I never knew my mother existed”
	No sense of agency	“Parents don't own up, take responsibility”
	No sense of connection to others	“Our children are sad, there's no sense of belonging”
Exosystem	Abuses of power, control and authority	“Life isn't fair”
	School system	
	South African Police Services	
Macrosystem	A culture of seeking autonomy	“Why must I feel like a prisoner in my community?”
	Breakdown in community cohesion	“It's totally upside down in the community”
	Collective denial of generational trauma	“I don't think they see any trauma or crisis”
	The insidious effect of trauma in a culture of oppression	“I am nothing. I am just from Hanover Park”
	Patriarchy and the culture of masculinity	“You don't see yourself as a man, you see yourself as a failure”
Multiple burdens of care	The wounded healer	“Sometimes these cases can really get you down. You must just be strong”
	The community member	“To live here and work here you have to have courage”

6.2 EFFECTS OF TRAUMA ON THE INDIVIDUAL

“Nobody can live in this area and say they are not affected by all of this.”

6.2.1 Effects on memory – “They just block it out”

The brain regulates all human behaviour and functioning and is influenced by physiological and environmental factors (Perry, 1997). Memory too has both neurobiological and psychological features (Weingarten, 2003). Therefore the way in which we remember or recall experience is significantly affected as a result of trauma due to the physiological changes that occur due to increased levels of cortisol production in the body.

6.2.1.1 *Disconnection – “I switched myself off”*

In situations of extreme or chronic violence and threat, the brain's responses could lead to significant memory impairments due to difficulties in encoding memory effectively in the first place. This can result in an experience which could be understood as existing on a continuum of disconnection. Where individuals are completely overwhelmed by trauma, it could result in an extreme form of disconnection from the memory of the violent incident(s) i.e. dissociation.

L: You say you blocked out most of the memories of abuse. How do you think that affected you?

V: I think it was really just blocked off because I mean, if I had remembered and it affected me, I would have probably never got married, never had children and the strange thing is that even when I was married, it never like, you know, came back to me.

(P17: Valencia.doc - 17:30; 11:12)

Valencia related her experience of repressing her memories of ongoing child sexual abuse. These memories only resurfaced during counselling training where she started to recall what had happened to her as a child. Van der Hart et al. (2005) regard dissociation as being a dominant feature of trauma and suggest that, particularly in complex trauma, there is a level of dissociation across all the symptoms.

Dissociation has been extensively explored in situations of sexual abuse, although conceptualisation of dissociation is not conclusive (Van Der Kolk et al., 2005; Briere, Weathers & Runtz, 2005). However, chronic exposure to community violence whether direct or witnessing, has not been explored as much in relation to dissociation.

Fay observes that “most people like here in Hanover Park, these things affect them but they just block it out. You know 'he must just come right' (P27: Fay.docx - 27:60; 54:54).

You can see the expression on his face, man. It's almost like he see nothing in front of him. You can talk to him but it's almost as if he's not there. He's listening to you but he's not listening to you, then you have to wait till his calmer and then you can maybe talk to him. He's out of control, it's almost like he forgets where he is, forgets about himself in that moment.

(P12: Olive.doc - 12:53; 47:47)

I also felt that she, it was something that she was just cutting herself off from that, it wasn't actually something that she wanted to face and talk about; I felt that I could see it also in her eyes that it happened, I just want to forget it. I'm not going to talk about it, that kind of thing, I've dealt with it. And I also try to explain that sometimes you feel that you've dealt with things but sometimes it takes people a long time to actually confront pain and acknowledge it.

(P10: Mercia.doc - 10:54; 64:64)

The counsellors highlight how masked the effects of trauma can become in an environment where people have to survive. They appear to be coping and continuing with their daily lives. Olive, Fay and Mercia talk about the disconnection and derealisation they have observed in their clients. This degree of disconnection seems to enable people to continue to function on some level.

L: You know I am aware that your husband was shot as well. Is it something you feel uncomfortable talking about because I noticed you didn't mention him when I asked you about gangs and your family earlier? You don't have to talk about it if it feels too hard to do that.

F: Oh that. I forgot. Yes, no its' fine

L: There's no pressure. You only need to share what you feel comfortable with sharing.

F: No that's ... I just forgot (laughing).

So also my husband's incident, he was shot by his friend. But when I met him over 20 years ago he had already been involved with this group of guys. They sort of grew up together, were neighbours, were friends all the years. And this one guy knew my

husband, also a drug dealer, so this particular Saturday they were all together, and I didn't get the whole story but, my husband said something, and this guy pulled out a gun. He shot at my husband 6 times, emptied the gun and four of those bullets went into my husband's body. Luckily for him the bullets didn't stay in his body, it went right through."

(P26: Faith.docx - 26:36; 28:31)

This extract from Faith's narrative demonstrated so clearly what counsellors had described as their experience of people's disconnection as a response to trauma. Having had prior knowledge to her husband's attempted murder, I asked open questions on two prior occasions in the interview, expecting her to share this experience. However, she related other traumata, and only disclosed her husband's incident when asked more directly. Although I was concerned about whether her lack of disclosure was due to the trauma being too raw and that she may have felt uncomfortable about it, I felt I could trust our relationship enough to ask her more directly, and to leave enough opportunity for her to decline from answering if she felt too uncomfortable. Her response, therefore, supported the notion of disconnected memory in response to severe or chronic trauma. In addition, on recalling the incident she expressed very little emotion and her tone was comparable to that of someone recalling a very mundane incident. Although the incident happened a year before the interview, accessing this relatively remote memory appeared to be difficult as she was dealing with the threat of gang violence in the present.

For me it's fine, it's his life. But I just, he's not aware of what we went through. ... but I don't know how you, if your friend turns and shoots you, how do you just turn around like it's nothing, and carry on laughing and talking with him like ... it's nothing. I know you have to forgive him but ...

(P26: Faith.docx - 26:41;35:35)

Despite Faith's memory lapse in the interview, she goes on to identify the same disconnection in her husband's response to the attempt on his life.

A consequence of the high rates of death and violence that exist in this community is that violence seems to become minimised and is seen as a routine part of the day where young people are seemingly disaffected. As a result people living in the community do not have the space to fragment as they have to continue to cope with their daily struggles.

6.2.1.2 Attentional and learning problems – “They just can't focus”

Due to the heightened state of awareness of the brain in experiencing chronic trauma, the hippocampus, responsible for memory is also adversely affected. This hyperaroused state is not

conducive in order for the brain to encode, store, retrieve and recall information. These functions are critical for learning, and therefore, participants describe the dire state of education and learning problems experienced by their clients as a result of the systemic effects of trauma.

Most of the children that have severe behaviour problems, also have learning problems. They're in Grade 6 or 7 and they can't even write their own names. They can't read or write and they just drop out. There's a lot of Grade 6 dropouts and that is a big concern to me. In primary school, Lane, these children are dropping out. And it's a great concern.

(P26: Faith.docx - 26:75; 51:51)

Then a lot of the kids really have learning problems. Actually at high school, there's a lot ... The kids don't understand and the educator will just stand at the board and give the work to the learner. The learner looks lazy, doesn't want to do the work but they can't. Then the child starts bunking because they can't even write properly. I had one child when I asked her to write his name, he could hardly do that, and his body language I could see he was getting frustrated. And he said to me, 'Miss must write it.'

(P28: Tara.docx - 28:34; 43:43)

If I have maybe two in one grade but do you know what I struggle with,, some of the teachers send them down and they say they're maybe like ADHD and now because the teachers can't handle them and they only get tested when they're in grade two and they're Grade R so it means they're going to fail and there are some of them who I saw last year already but it's a grade back.

(P15: Rachel.doc - 15:104;109:109)

The participants' narratives repeatedly describe the trauma that learners face and how it manifests in their inability to function at school. Very often children are labelled as "hyperactive" by their teachers and diagnostic categories such as Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder may be misleading in this context. In contexts of chronic exposure to trauma, their behaviour is more likely explained by the state of hypervigilance which is discussed later in the section. This observation is supported by neuropsychological research (Perry, 2006a; Husain, Allwood & Bell, 2008; D'Andrea et al., 2012).

6.2.2 Denial and avoidance – “There is so much denial”

Denial as a defence is much more common compared with avoidance, a typical feature of PTSD. Avoidance cannot easily be identified as a response to trauma as there are two dimensions to understanding avoidance within this context.

I saw them one day but because I was late and there was nobody, I didn't walk my normal route. I went a little bit around but it's a longer way, I mean it's the quicker way just to go flat over it, over the field but I saw nobody around, I'm going to take the longer route. But because I came from that distance I could clearly see how they were sitting there flat ... and then they rob the people ... so I don't leave the school if I'm alone, I'll rather wait till the school comes out, just to be safe.

(P10: Mercia.doc - 10:63; 82:82)

The first dimension is avoidance because there is actual constant threat and danger within this environment. The threat of violence is also pervasive and it is not always possible to know where one is safe or at risk. Therefore, within this context avoidance is less of a psychological defence and more of a realistic survival strategy (Eagle & Kaminer, 2013; Diamond, Lipsitz & Hoffman, 2013). For example Mercia and other participants choose alternative routes to walk or avoid shopping or doing other daily activities in the area. This form of avoidance is adaptive and is most often in response to the need to protect oneself in the face of real rather than imagined threat, shootings and gang violence in the community.

I think if we could educate people ... But yet, Lane, their mindset is like, 'there's nothing wrong with me'. 'I am fine.' I think people need the willingness to accept that 'I am wrong and maybe I need help, actually I'm a disaster'. Willingness to accept that I need help.

(P11: Ruth.doc - 11:108; 49:49)

The second dimension is also adaptive and may serve to enable people to cope psychologically in the short-term. Ruth describes people's denial of problems that exist. Participants often refer to this in relation to abuse and domestic violence that occurs in the home. Parents' denial reinforces the silence around violence perpetrated in the home environment. Ruth feels that given information and education, parents would be able to shift their mindset and stop denying the problems that they experience.

And the people in the road they would never have said something is wrong because we would come out of the house everybody would smile and put that facade on ... and the people always admired us ... but what happens behind closed doors ...

(P15: Rachel.doc - 15:63; 75:76)

A strategy to avoid confronting the trauma is to deny that it exists. “I always pretended everything was okay” (P4: Amy.doc - 4:63; 8:8). Rachel and Amy both recall how as children, they put up a façade for the outside world and pretended that everything was fine in an effort to hide the fact that they were being abused. Because children and youth are often powerless within their homes, they also cannot easily avoid trauma in the home. Being confronted with trauma in their daily lives means they have to use other adaptive defences such as avoidance and denial to maintain some level of control of their lives. “To tell you the honest truth, most young people are not dealing with their trauma. And scared to say, as we see, something negative will come out of it ... They're not coping” (P9: Angel.doc - 9:101; 88:88).

Six participants describe in their own experiences of past trauma, how sleep was also a strategy of avoidance. Dee's earlier account of running away from gunfire and leaping over a grocery stall, was told with humour. Five of the counsellors related stories of life-threatening danger but reflected on the humour in the situation. This is often used as an important coping mechanism and could be a positive form of psychological development (Ungar, 2008; Tredrea, 2007). In her narrative Olive draws a distinction between her laughing as having been a defense in the past and how it was not real but now she acknowledges having gained a real sense of humour that is genuine and joyful.

6.2.3 Effects on emotions – “It was just too much”

When describing their own past trauma, participants express feeling overwhelmed with emotion where the pain either became too much to bear or they reached a point where they just shut down and ended up feeling nothing. There is also a difference in responses, possibly dependent on gender, age and type of violent exposure, where participants describe either an internalisation of emotional response or externalisation of emotions.

6.2.3.1 Depressed mood – “I was down, had no direction”

Fifteen of the participants reported experiencing depressed mood related to ongoing stress and interpersonal trauma in their past: “When I started at Organisation X I was broken, emotionally, physically, everything else, mentally” (P1: Focus group1. Angel.doc - 1:74; 5:5).

The time when I joined [Organisation X] I was really at my worst because at that point I just, I felt (starts to cry) like life wasn't worth it. I was just depressed. I just wanted to sleep. And for me it looked like no-one was there for me. No-one understands me. And when that opportunity came along for me I was really at my lowest. But with this opportunity, I felt I had some self-worth.

(P26: Faith.docx - 26:44; 41:42)

However, in describing the present trauma and the community violence, they experience less depressed mood except in relating fears for the safety of their own children or grandchildren. Their expression of sadness is exacerbated and complicated by feelings of helplessness, shame and guilt. They do not report low mood in the majority of their clients. While very young children have been reported to express sadness and grief on occasion, expressing sadness seems to be viewed as a weakness in the community, and is not a significant expressed feature of chronic trauma amongst the youth. More often the sadness is masked by anger which seems to make them appear less vulnerable.

6.2.3.2 *Fear and fearlessness – “They will always be living in fear”*

Fear is discussed in relation to the ongoing lack of safety within the different ecological environments.

There are contrasting perceptions about whether fear is a common feature of chronic trauma. Expression of fear on the one hand could be correlated with the generational differences between the participants and their clients, and to some extent, gender differences. In their opinion, participants observe boys as being more likely to express anger and aggression rather than fear, while older adults like themselves, were more likely to express fear and anxiety over aggression.

Now the children are told in the home, 'if you tell anyone, then -. The children can't talk. Now they sit with that trauma, they sit with that hurt. OK, maybe they will speak to someone at school or Organisation X but when they get home, then they back in the same situation, the same circumstances, and that makes them angry. That situation again where they get beaten, or there's no food again, or just smacked or kicked in the face. That kind of thing. So they are scared about what they have to face in the home.

(P13: Kathleen.doc - 13:78; 46:46)

The kind of cases that I saw when I was at primary school, the kind of cases that I saw then, was children mostly coming out of domestic violence homes. And also some of the cases of those whose brothers belong to gangs, where their lives are also at stake because they are also scared to come out because the other gang might shoot. But the most cases

that I see is because the children can't play outside they are being abused inside the house.

(P16: Wardah.doc - 16:92; 121:121)

It is more likely that fear is a dualistic experience, as described by Kathleen. On the one hand most people, young and old, are fearful of being shot in crossfires as they move around the community, while young children and women are also fearful of repetitive acts of abuse in the home. On the other hand these continuous experiences also supersede fear and manifest in feelings of anger and aggression. Some gang affiliates also express fears of dying, although the most common fears described by Wardah are those associated with the violence within the home than in the street.

Like sadness, fear was expressed by the counsellors about gang fights in the community and fear for the lives of their own family members, particularly male children. In contrast to the fear that the participants expressed, they also noted that some children and youth appear to be generally fearless. The participants identified and expressed concerns about the lack of fear and indifference that is evident in the children in the community. They contrast the change in children's responses to the gang warfare over the years: a few years ago children used to drop to the ground and lie flat when a shooting started but now they insist on running towards the shooting to see what is happening.

If I look back when I grew up ... sjoë ... I wouldn't have dared to go outside on that corner to go and watch. But the children ... the youngsters, they are running to see where that body is laying. They run ... I don't know if it's because they are curious and they are not aware of the dangers or if it's ... sometimes it looks like the youngsters get excited about the shooting and they run to the scene ... where that man is lying, where are they shooting ... It's sad ... it looks like they're getting used to it.

(P8: Dee.doc - 8:36; 22:22)

The participants consider various hypotheses for this behaviour in their narratives, ranging from explanations of children's curiosity, excitement, numbness and fearlessness. They do unanimously believe that children are adversely affected by the shootings despite their seemingly resilient nature.

This ominous and inexplicable intrigue and fascination that the children and youth have with death is highlighted by all the counsellors. In a study done on exposure to violence in Hanover Park, 48% of 617 adolescents aged 12-15 years had seen a dead body in the community excluding funerals and 69 % had witnessed someone being shot (Kaminer, Du Plessis, Hardy & Benjamin, 2013).

Factors such as the desensitisation of young people to shooting and killing, the lack of recreational activities for them in the environment of poverty and limited resources, lays the foundation for the growing gang membership and substance abuse problem in the community.

But I think a child maybe from that side, is not too familiar with this happening in their place every day, so that maybe evokes something else, your real fear. But it's not to say that the Hanover Park kid also will have no fear but I think it would be more controlled, like 'I'm more used to this kind of thing', something like that.

(P10: Mercia.doc - 10:70; 97:97)

In trying to make sense of the behaviour of children shootings, Mercia also compares children who live in the area and are exposed to the violence daily with children who live elsewhere and who are not used to witnessing this level of violence. She suggests that because of the constant chronic exposure to violence, children are less likely to show fear. It is likely that they do not have enough safe spaces where they are able to express their fear.

6.2.3.3 *Reduced capacity for empathy – “Does he think about how we must feel?”*

They don't think how it's going to affect the next person. And you know, I asked him, do you use drugs? He said ... he told me if you're a merchant you don't do it...you don't let your kids do it. But then I said to him, but you want to hurt other people. 'It's them' ... he said, I don't give it to them, they come buy it'.

(P6: Barbara.doc - 6:26; 58:58)

Our capacity for empathy is also determined by our early attachment relationships which influences our brain development. Children's attachment relationships in the view of the participants are significantly negatively affected due to poor parenting. Without healthy attachment experiences, children's capacity for empathy and remorse will be limited as they emulate the relationships around them. The lack of empathy is evident in the ways in which individuals regularly assert power over others with little perceived remorse, and where vengeance is rationalised as moral behaviour. The effect of chronic trauma on emotions and the disconnection described creates individuals who are unable to feel for themselves and, therefore are unable to feel for others. Roach (2013) explains this lack of understanding of the hurt in others as evidence of the regular, consistent exposure to violence. Not having an appreciation for the painful consequences of trauma becomes a useful coping strategy (Huesmann & Kirwil, 2007).

6.2.3.4 *Anger – “I just felt hate”*

Anger is a normal psychological response to violence. However, when anger becomes pervasive and persistent, it has maladaptive consequences and behaviours. All the participants raised anger as the main emotion which characterises many people in their community: "Hanover Park's youth are very angry, the children are very angry" (P13: Kathleen.doc - 13:76; 46:46) and "they're angry at themselves, angry at the world that made their lives so" (P4: Amy.doc - 4:127; 42:42).

Amy highlights that anger is directed at the self and at the world but often directed at others in the community. Anger directed at the self often manifests in self-mutilation and other self-destructive behaviours. It has become the emotion that replaces fear (Roach, 2013).

If you look at how people are trying to develop Hanover Park or to upgrade it, then the people here just break it down. Now that is people who are angry, they just destroy, they don't want to see how nice this place can be. The bus-stops, everything just gets broken down. That's why I see Hanover Park is very angry.

(P13: Kathleen.doc - 13:77; 46:46)

Kathleen draws attention to the way in which anger is also vented in the destruction of facilities and resources in the community. The destruction of public and private property in the community is a phenomenon possibly best explained by the self-sabotaging processes and self-defeating behaviours which occur as a result of low self-esteem.

6.2.3.5 *Numbness – “I felt nothing, I felt nothing”*

Linked to disconnection of memory, is the disconnection of emotion and feeling numb: “I don't know if people's emotions just die. They just have no emotions anymore. They can't think straight. They just think that everything is normal” (P25: Lydia.doc - 25:37; 58:58).

And then there was this boy also where his mom abused him and where he cut himself, also because it helps him to feel the pain. That is what I've learnt. He feels pain when he does that. And I had to tell him that he needs to work through pain.

P3: Angela.doc - 3:24; 31:31)

Feeling numb was a common response to interpersonal trauma and the effects of witnessing violence and death in the community. Once again the desensitisation to routine violence appears as cruelty and fearlessness (Roach, 2013). Angela describes the effects of numbness and self-mutilation. Her young client tried to overcome his feeling of numbness by inflicting harm on himself in order to feel the overwhelming pain his psyche defended against experiencing.

A significant feature of all the participants' accounts of the shootings in the community, is the absence of shock in their descriptions of the shootings. The tone is more aptly described by their desperation and exasperation in asking "*when will it end?*" and "*when does it get easier?*"

6.2.3.6 *Hypervigilance – “You don't feel safe”*

Hypervigilance is explained by psychological and physiological processes in response to threat. The state of hyperarousal described by the participants is not unfounded and is more often than not in response to a real threat, as opposed to the meaning ascribed to hyperarousal when used to diagnose PTSD.

Like if he [my son] just hear the shots, sometimes it's not even shots. Somebody would bang something outside. If he is at home, he will run to the door. Because he now thinks now that is shots, maybe he want to run out by the house and go down to my Mother because it's safe for him there ... So for me it's actually very traumatising. Like my grandchildren also, sometimes Kegan is playing outside, you must be scared when you hear the shots and it's not even by us. But I will run outside, and look where he is and if I

see him, I will call him in. I will tell him also you hear the gunshots but you don't come in. And he will tell me maybe he did not hear or something like that.

(P7: Roseline.doc - 7:23;74:76)

Roseline's story of the responses of her son and grandson to hearing gunshots illustrates the differences between her adult son's experience of hyperarousal and her young grandson's indifference to the sounds. This was typical of the many of the participants' experiences of young children who continue to play as if the sound of gunshots is beyond their awareness, almost like background noise.

Hypervigilance also manifests in sleep problems as reflected in the participants own personal experience and that of their clients: "And in the evening when we slept there were gangfights. Your mind just went continuously ... then you sleep for a bit, then you wake up again" (P11: Ruth.doc - 11:15; 4:4).

I have two brothers that I'm working with at school. Family also in gangs and parents on drugs ... the one boy is fifteen, the other sixteen. They run with guns. The one boy spoke to me, told me he's already killed two people and he can't sleep at night.

(P5: Beula.doc - 5:74; 94:94)

Trauma is not limited to victims of violence but to perpetrators as well. In this environment, given the descriptions of familial abuse and neglect, it is common to find that perpetrators have also been victims of violence themselves.

The fact that the participants continue to live in an unsafe environment, means that their state of hypervigilance becomes a constant physiological adaptive state. The long term effects of being in a permanent state of hyperarousal and predisposition to violence have been documented in a number of research articles (Perry, 1997; Karr-Morse & Wiley, 1997).

Participants describe clients as expressing a range of affect dysregulation. They can be hyperaroused one minute and withdrawn and display numbed affect in the next minute. The intensity of emotion can also be disproportionate in relation to the triggers.

6.2.4 Somatisation – “His body told me another story”

I'm actually more worried about the older generation, because I see what it does to specifically Beula's father-in-law ... I've watched him, and he never came to church anymore, and his stomach was forever running and as brave as he was, I could see how it affected him. And he would always say that, ja, in the last days ... but then the messages

I got from ... his body told me another story, that it really got to him, because ... they actually stayed right in the fire ... bullets went passed his window all the time ... all the time.

(P8: Dee.doc - 8:33; 22:22)

Psychosomatic symptoms have been linked to chronic trauma and stress (Van der Kolk, 2005; D'Andrea et al., 2011). While the counsellors are aware that somatisation does occur, they did not raise psychosomatic symptoms as significantly linked for them to their own trauma in the narratives. Only one counsellor reflected on her own psychosomatic symptoms: "There were times that it's like I, I would get this body aches. I was thinking where's it coming from" (P12: Olive.doc - 12:28; 17:17). However, in a self-reported wellness questionnaire, twelve of the counsellors have been diagnosed with a combination of chronic medical conditions including (arthritis, diabetes, hypertension, cancer, high cholesterol, hypothyroidism, migraines and heart problems). Individuals who have experienced childhood trauma have been found to develop somatoform disorders (Van der Kolk, 2005; Briere & Spinazzola, 2005). This is also supported by literature that found that adults who experience chronic trauma or unresolved trauma were also more predisposed to chronic somatoform disorders (Walsh, 2007; Cloitre et al., 2009). Cabrera (2002) and Burstow (2003) argue that unresolved trauma coupled with desperate socio-economic needs can keep heightened physiological states activated. This adaptive coping style also involves a disconnection from the emotional and cognitive elements of the trauma which becomes repressed and manifests as physical illness (D'Andrea et al., 2011).

6.2.5 Effects on behaviour – “He's out of control”

6.2.5.1 Impulsivity/Lack of self-control – “They will hit somebody out of the blue”

All counsellors highlight the vast behavioural problems that learners display. Most of their clients are referred for counselling due to behavioural difficulties in the classroom. The counsellors' view is that the problems with behaviour largely stem from the trauma at home and in the community. The trauma manifests in disruptive, impulsive and aggressive behaviour.

And there was a stabbing incident which involved his friend, so he heard the commotion and he went in there and he was also just in there and then he was stabbed. And he was filled with rage. He just wanted to get that boy back. And he brought his gun to school ... And it started with a packet of chips that his friend took off from another girl, and he said, he was just hungry so he took the chips that ... The way that he is, is trying to

protect the friend and trying to reason why his friend did it because he is hungry, I'll buy her another packet of chips, and it became a whole thing.

(P5:Beula.doc - 5:43; 71:73)

Van der Kolk (2005) found that childhood trauma predisposed individuals to behave impulsively and in ways that were destructive to others and to the self. This poor impulse control also results in small triggers escalating into life-threatening situations very quickly as is evident in the scenario described by Beula, which started over a packet of chips. Participants allude to conflicts in the community being triggered by seemingly insignificant events such as a misinterpreted look or passing comment, which is then interpreted as an enormous insult to the ego, and is then reacted to with aggression. Ford (2009) describes how children growing up in environments of ongoing violence, become programmed for survival and their brains become threat-oriented. Therefore an unthreatening situation would be perceived as threatening for a child who has been exposed to chronic violence, while a child growing up in a non-threatening home environment would be able to distinguish between real danger and neutral situations, and respond more appropriately (Mannes et al., 2011).

6.2.5.2 Aggression – “That aggression. You can just see it”

The emotion of anger can be understood, given the levels of injustice and violence that people are exposed to in the family and community. However, this anger often results in aggressive behaviour. Wilkinson and Carr (2008) posit that aggression is a way of ensuring survival in home and community environments which are threatening. This adaptive response usually has longer term maladaptive consequences.

Counsellors describe the progression of their own anger from childhood to adulthood until they learnt how to control these aggressive impulses.

Barbara describes how she used to react impulsively to any provocation: “Before I used to be in my house and if the children make me angry then I would jump out of my skin, shout, then swear as well. Luckily I'm not like that anymore” (P2: Focus Group 2.Barbara.doc - 2:65; 38:38). She highlighted several times in her narrative what a rude and aggressive person she used to be. Six of the participants, who all have histories of childhood abuse or neglect, expressed how they used to behave aggressively in parenting their children. They were able to make connections between their past trauma and their aggression directed at their children in adulthood.

Aggression does not always imply violence although participants describe many of their clients who do not seem to have the self-restraint to control these impulses of aggression, and therefore, act out these aggressive impulses using violence.

In their study of urban adolescents, Fagan and Wilkinson (1998b) stated that aggression in the form of "violence has become an important part of the discourse of social interactions, with both functional (status and identity), material, and symbolic meaning (power and control), as well as strategic importance in navigating everyday social dangers (p. 88).

I know this one learner also tried to overcome his trauma with a ball. He just kicks on the field. He's always on the field. But there was one session that he told me, 'Miss, if I kick the ball, then I see that child. So the harder I kick the ball, I see my victim.' Now that for me is a danger because if he gets that person that hurt him, then is he going to want to kick the person's head in?

It's amazing how they use things man. This learner use a ball. If somebody had angered him like his father, his brother or somebody in the court, he will take it out on the ball, He will go to the field and kick but he sees that face of that person that angered him. If it's the teacher that worked on his nerves that day, then he kicks that ball.

(P9: Angel.doc - 9:100; 87:87)

He's now eight years old ... His dad died in the shooting ... and he was very angry, very aggressive. He don't give in to the [security], he don't give in to the educators, not even to the principal. There's nothing they could do about him. And he used to cry for his dad. And working with him, he will be OK for now. But as soon as he goes out, then he starts with his fighting again ... There was a boy in his class, - they had to put him in the sick bay because he couldn't come out because he said to this boy, 'Today I'm going to kill you. I'm going to kill you today'.

(P12: Olive.doc - 12:53; 47:47)

Both Angel and Olive's descriptions of their client support the notion that youth often engage in aggressive violence in order to gain power in situations where they feel powerless (Fagan & Wilkinson, 1998b). Weierstall et al. (2013) distinguished between appetitive and reactive aggression as discussed in the literature review. Aggression and violence in the appetitive response occurs when the perpetrator experiences a sense of emotional gain from the violent act. Weierstall et al. (2013) explains that those who displayed appetitive aggressive responses also appeared to exhibit fewer psychosocial problems and were much less distressed by the expectation of future threats. Neurological research also ascribes the shift from internalised expression of emotion to aggressive externalised emotion to brain cues where fear responses become integrated into an appetitive aggression network, thereby reducing the experience of the fear response (Elbert et al., 2010).

And this boy that I'm seeing, he's in Grade 7. My arms were actually sore when I held the punching bag, and he boxed. And he just said that 'this is for daddy when he spit on mommy.' Yoh! ... 'And come at night I want to sleep by mommy, cause when he sleep by mommy she cry!'. You know. And he boxed, you know ... Later ... he actually told me, I love my daddy and I love my mommy, but sometimes I hate my daddy. I hate him! He said. And he actually went red and said because 'mommy also doesn't want to listen!'

(P11: Ruth.doc - 11:99; 39:39)

Ruth's clients' experiences of abuse and neglect in the home have fuelled their aggressive impulses. Ruth also shares another story of a six year old boy who has already been socialised into believing that violence is an acceptable response to conflict. His displaced anger towards his rejecting mother, is directed at his younger three-year-old sister over whom he has more power and control.

The one learner that I'm speaking about now. He has got a lot of anger. You will see him continuously with a pen. I think he wishes he could walk with a knife. He's always walking with a pen. And you know he would joke, joke around, 'I'll stab you!' You know. You will always find him with a pen or a stick but it's made sharp. Not a knife. But when he walks past the learners he will always make like he's stabbing them.

(P9: Angel.doc - 9:119; 87:87)

For young boys their social status as being in control and powerful are important in this environment and this status is often reinforced through bullying, intimidation and threats.

6.2.5.3 *Revenge – “I'm going to get him”*

Reactive aggression is often precipitated by the individual's immediate response to threat and need for seeking revenge. While acts of justice seek to promote fairness, revenge is more directed at harming those who wronged you.

The issues of my son being on drugs, my child being molested, and even with my own [abuse] ... I had revenge on my mind; I wanted to do something to this guy who destroyed my life. And during the training I discovered that revenge doesn't work.

(P16: Wardah.doc - 16:31; 35:35)

Wardah describes harbouring feelings of vengeance for many years, directed at her ex-husband who caused her and her family a lot of pain. However, she was able to work through her anger which diminished her need for revenge.

Ja one incident that happened lately now was this boy ... he actually wanted to shoot his daddy. And the family are asking 'what's wrong with this boy? His own father?' But that child was rejected. His daddy, he loved his daddy too ... for his daddy to just drop his mommy and his sister like that and went for this other lady. He felt that he never had a relationship with his daddy. He felt his daddy rejected him. It made me feel like, 'why must I grow up without a daddy? Today I'm big and I'm going to hunt you'.

(P11: Ruth.doc - 11:56; 4:4)

Ruth explains how her client's experience of the hurt of paternal rejection was transformed into anger and vengeful thoughts. The unresolved loss and trauma became channelled into the desire to seek revenge. He expresses being older and now being able to exercise some power and authority over his father.

The one young lady, she was 14 years old. She feels that her Mother's boyfriend - She stands and he stands there, and she feels she puts her hands on the knife and that she wants to stab him before he stabs her first. And then her mother is going to suffer because he will stab her Mother.

(P4: Amy.doc - 4:107; 24:24)

Ja, when I counsel children whose fathers have died in gang violence, and for me, especially this one girl that I've seen. She was close to her father. Her father was also a gangster and he got shot, and he died. And this girl went through that like it's a normal thing. Not only this girl but the other boys also that I've seen. The one said 'Ja, when I'm big, then I'll get them back for what they did to my father'. So this is a continuous thing. Killing each other is just like nothing, it's just a normal thing. And when you do counselling with the children, and their fathers died, sometimes you don't have words, I mean you just think, why?

(P26: Faith.docx - 26:42; 37:37)

Each of the above quotes demonstrate the ruminating thoughts of vengeance that exist in the minds of children and adults. The cycles of revenge tend to gain momentum fast as individuals seek violent ways to attain a form of "street justice" in an environment of injustice (Wilkinson & Carr, 2008). The shifting sense of morality promotes vengeance as rationalised and justified action.

6.2.6 Effects on cognition about the self – “If I speak, they will say it was my fault”

6.2.6.1 *Low self-esteem, shame and self-blame – “I was one who didn't believe in myself”*

A resoundingly common theme related to the counsellors was that of a low self-esteem and poor self-concept. Those who had experienced trauma and neglect expressed common thoughts of shame, blame and worthlessness as found by Briere and Spinazzola (2005).

And the one exercise we had to do was about giving compliments, and I thought 'OK that sounds nice'. We just had to be honest. And we started and I thought this is nice to say these things about people. And when it was my turn, I realised I actually couldn't receive it. It was difficult for me. I started crying non-stop. It was actually too much for me ... I couldn't receive it.

(P28: Tara.docx - 28:21; 25:25)

In addition to the mechanisms of the Apartheid government which conveyed the message that they were inferior, and not worthy of living in dignity, some of their families too treated them as inferior and made them feel unworthy and unimportant. For Olive her opinions and feelings were not valued nor affirmed by her family, while Tara for example was forced to eat outside in the yard while her step-brothers and family ate a separate meal inside the house.

Nobody actually knew about that night, only my mother and my two eldest sisters. And they said to me I must not worry they are going to keep it a secret. We only went once to the court and I didn't like to be at court so we didn't really, but I don't know what happened, they said we were supposed to go back to court but we didn't go. I was scared, I couldn't face people. And it was the first time when we went to court everyone looked at me and I felt dirty, because I did something wrong, why did I have my school clothes on still that night? Why didn't I listen to my mother to go earlier?

(P16: Wardah.doc - 16:82; 103:103)

Amy who describes feeling “as though I couldn't anymore and I'm dirty and I hated everyone. I thought that I was the problem that these things are happening to me” (P4: Amy.doc - 4:32; 3:3) and Wardah express the feelings of shame echoed by several other participants who experienced gender-based violence (Womersley & Maw, 2009). In the case of gender violence often the messages that society propagates, reinforces women's feelings of shame even though they are not to blame for sexual or physical violence perpetrated against them. Parents and caregivers played a significant role in reinforcing these messages through blaming the child, denying that the trauma existed or overtly expressing disbelief in the child or through their failure to act to pursue some form of justice for the

child. As Weingarten (2003) suggests, shame is a complex emotion which has a considerable and enduring effect on one's sense of self as it reflects on the person's whole being and not just on the traumatic act. This in effect silences them.

The learners must know they mustn't become what society says they are, they mustn't become what their parents say they are - I'm talking about negative. I'm not talking about the positive. The negative things - like that 'You'll amount to nothing. You're a [whore], you're a [slut]. You will rot from the drugs. You will blah, blah, blah!' They must show their parents otherwise.

(P9: Angel.doc - 9:87; 71:71)

Angel has very strong feelings about children not being labelled and not being believed as she experienced this first-hand. Her experiences of rape and abuse as with Amy were blatantly ignored and they were made to believe that they deserved what happened to them. Besides experiencing the trauma of the abuse, the compounding trauma of not being believed, they also experienced rejection and were ostracised by family members who silenced them about the abuse.

Participants like Amy and Angel identify with a number of clients whom they observed to be experiencing similar situations in their own lives, and as counsellors they seek to be the ones who do believe in them and give them a voice.

6.2.7 Foreshortened sense of future – “They don't even have dreams”

Individuals described by the participants are seen as being unable to plan for their future. Living in an unsafe environment may have distorted their cognitions about achieving relative hope and being able to fulfil their dreams and reach their full potential. They are also more likely more preoccupied with thoughts of maintaining their current safety and well-being rather than the future.

I've got one learner that said, 'I want to be a merchant one day', and I said, 'why's that', and he said, 'I want to be that, it's more money ... and you're sitting at home ... I think only for this year I'm going to school and then finish, because I want to be a merchant.'

(P6: Barbara.doc - 6:25; 56:56)

If you tell them, 'did you know you could actually be a doctor', they don't believe they can be doctors you know, or they can be a teacher, they can be on computers. No they don't actually, that is for the people outside Hanover Park. They don't see that here in

Hanover Park. They don't know of that child that went to do matric and finished. They don't believe ... some of them don't even believe in making their matric.

(P15: Rachel.doc - 15:137; 151:151)

Rachel describes a similar sense of hopelessness that young people have about their futures found by Myers and Jeon (2010) in their study of traumatised children. Barbara also express the lack of aspirations and dreams evident in many young people with whom they work. Besides the negative effects of trauma on their self-perceptions, young people are also bombarded with messages which reinforce deviant behaviours. Given how the community is portrayed in the media and the messages conveyed through their own family members, young people in Hanover Park have to work hard at creating their own identity that goes against who their own families and society says they will be. The insidious nature of trauma erodes their sense of self-belief and hopes for their own futures. They are also exposed to death on a regular basis where they also receive the message that life is worth very little. The predictably predetermined and easier alternatives that the impoverished community provides, therefore become more attractive as Barbara's client explains - crime does pay.

6.2.8 Isolation – “I just wanted to be alone”

Herman (1992) postulates that trauma isolates. Social isolation was a common theme amongst the participants who sought to withdraw from being stigmatised and ostracised by others. Their isolation, however, also placed them at risk for developing what they describe as depression.

I was carrying that hurt all the time because I was taking it *so* hard. Having a child, not married. And when I was alone, then I used to buy myself a half a bread and a cold drink, and I will eat that. And I will be away from everyone. I will just sit on the corner alone because no-one, nobody must see me. I didn't want people to see, to see that I'm pregnant ... I didn't have any support and my family didn't support me because it's almost like that was my choice. I made the decision, and I must stick it out. So I didn't have any support. There was only one friend that went maybe once to the police station, and that was the last because that time that policeman was so drunk. And instead of helping me, he just upset me.

(P12: Olive.doc - 12:32; 17:17)

Olive's experience of isolation stemmed from what she later learned to be trauma resulting from rape in her relationship. The turmoil of not understanding her own responses and feelings, the marginalisation and shame she experienced at being pregnant out of wedlock, and her thwarted attempt at seeking justice and protection for herself, compelled her to withdraw from people further.

The girls were sometimes very ugly, if you didn't have nice hair you can't play with them. If you didn't - like, I had scars on my face, and then I can't play with them because I look ugly. And then even that ... I was called ugly then, I was called the name ... 'Kentucky Fried Chicken', that is how I looked. My face was all crumbled up.

P16: Wardah.doc - 16:84 (105:105)

Isolation is described as a coping strategy in response to feeling shame, being stigmatised and not being understood. Wardah's isolation from her peers was initially a consequence of the humiliation and hurt she experienced as a result of the scars from a childhood burn accident. Her trauma, isolation and silence was compounded by an incident of rape when she was sixteen, where the rapist degraded her even further in making reference to her "ugly" appearance.

Wardah also reflects in her narrative how individuals continue to isolate themselves because "they don't feel safe". The lack of safety she describes refers to emotional safety where individuals can experience relationships where they feel understood and supported. However, the paucity of these safe relationships leaves little opportunity for individuals to meaningfully connect with others as: "I felt as if no one was there because they don't know that hurt that I was feeling" (P4: Amy.doc - 4:55; 3:3) and "Nobody understood me. Ja ... and so I just struggled on" (P9: Angel.doc - 9:27; 29:29).

6.2.9 Substance and alcohol abuse – “The easiest escape is to do drugs”

Although alcohol and substance abuse are arguably high-risk behaviours symptomatic of the effects of a traumatised environment, the participants regard substance abuse in particular as being a major factor in perpetuating the cycles of violence and trauma in this community: "I had this one boy he was 14, 15 yrs. His father passed away but since he's father passed away, he uses drugs. And he's got a baby now and ... but you can see he's traumatised" (P27: Fay.docx - 27:56; 40:40).

Alcohol and drugs play an integral role in trauma in that they are able to provide a temporary escape from trauma through their numbing effects but also induce aggressive behaviour which can often lead to violence and further trauma.

Three of the counsellors' experiences of seeing their own children being addicted to drugs, has also been significantly traumatic for them. Their narratives of being so intimately close to drug addiction are laden with feelings of anxiety, guilt, anger, hurt, tough love, loss, threat to their own lives at times and finally relinquishing the trauma and constant disappointment.

Although the individual effects have been discussed as distinct patterns of memory, emotions, cognitions and behaviour, it is imperative not to ignore the interconnection between these effects. Intrusive thoughts were noticeably omitted from all except two experiences of discrete trauma. This

strengthens the idea that in environments of ongoing trauma, emotions, memory and thoughts often become disconnected from each other, and are seemingly forgotten. This notion is supported by Diamond et al. (2010) who also suggest that individuals living in continuous trauma prioritise thoughts of safety rather than being preoccupied with past intrusive memories. These individual effects extend into social relationships which creates further challenges in broader social systems (Courtois & Gold, 2009).

6.3 EFFECTS OF TRAUMA ON MICROSYSTEM AND MESOSYSTEMS

Trauma does not only affect individuals. The social consequences of unresolved trauma can have pervasive and long-standing effects on families and communities as noted by Cabrera (2002) in her experience in Nicaragua. Similar to a study done by Edross (2008) amongst low-income women, the participants also reveal the enduring psychological difficulties that exist in social systems.

Although micro- and mesosystems consist of various relationships in different contexts e.g. family, school, peer groups and so on, the participants focused much of their narrative on the effects of trauma on relationships that exist within the family. Therefore, family dynamics and relationship is the focus for this ecological system and is considered a crucial system in regulating the effects of trauma (Srinivasa, 2007).

Families of low socio-economic status exposed to chronic violence often are thrust into chaos and disorder as they try to cope with the demands of family life. The structure of family is shifted as is evident in the narratives of the participants, who experienced changes in caregivers or inconsistent family membership: "There's no structure. There is no boundaries" (P11: Ruth.doc - 11:92; 35:35). Parents often struggle to meet their basic needs. The risks to children's safety are increased in environments of poverty, and opportunities and parents' capacity to ameliorate those risks, are often limited (Knitzer & Perry, 2009).

6.3.1 Breakdown in trust – “I can't trust easily”

The breakdown in trust characterises most families in the view of the participants. Attachment theories provide explanations for the inability for the establishment of trusting relationships in families exposed to chronic trauma (Bowlby, 1988; Osofsky, 1995). Attachment is central in organising a child's identity and relationship to himself/herself, others and the world, and therefore, fundamental in how children perceive and respond to threat (Kira, 2010). Children's core beliefs about trust, control and power relationships are influenced by these early developmental experiences in relation to significant attachment figures.

When parents are traumatised, they may be unable to provide adequate protection for their own children or they may be struggling to cope with their own trauma and pain. A family environment which does not facilitate the formation of healthy attachment relationships, leaves children without the opportunity to establish a sense of trust and safety, which later influences how they perceive themselves, others and the world.

6.3.2 Lack of safety – “Even by their home they get abused and assaulted”

Living in an environment of continuous trauma constitutes a major obstacle to attaining safety. This renders children and parents vulnerable to negative parent-child relationships, as parents are unable to provide the basic protection needed for their children's healthy development (Schechter & Willheim, 2009).

In many cases participants have found that parents are often the ones children need protection from. A number of cases and anecdotal evidence gathered from the research notes, describes situations where parents are the perpetrators of violence in the home, and children are direct victims or witnesses to this violence. All participants support this view: “I mean how many cases haven't we heard of drug abuse, sexual abuse and so on where their own fathers or step-fathers are the ones involved. And killings. So it's just getting worse” (P26: Faith.docx - 26:66; 69:70).

Some parents want you to sort out their children and fix them or whatever. So now this one father came with his child. He doesn't know what's wrong with the child. She's just very messed up he says ... but he doesn't come out and say what the issue is. But when I spoke to the girl, then it came out. She was sexually molested by her brother from the age of four, and they've known about it for two years already and they did nothing about it.

(P5: Beula.doc - 5:95; 117:117)

Parents are not necessarily always the perpetrators but sometimes their silence and inaction in addressing the child's trauma, makes them complicit in and perpetuates the trauma of the child.

All I can do is just be here for this child knowing that what he's going through at home. There's nothing I can do about it. Now I'm asking the mom now, 'if you get out of a relationship like that in the first place, why would you go into another one?' 'No stability, I need a roof over my head'.

(P17: Valencia.doc - 17:82 ; 30:30)

Valencia's question to her client reveals the dilemma which many low-income women in domestic violence situations describe: prioritising the need for financial and material security over the physical and emotional safety of themselves and their children.

6.3.3 Emotional absence, rejection, abandonment - "I never knew my mother existed"

And I had to walk out of that court telling my daughter that he walked out of the court as a free man. That was devastating but I couldn't control myself and not realising that I couldn't cope with my issue, now I had to cope with my daughter's issue also.

(P16: Wardah.doc - 16:15; 23:23)

Wardah's experience of being overwhelmed by her own unresolved traumata and then her experiences of her daughter's abuse by her own husband, highlights the difficulties parents have in supporting their children through trauma. In environments of ongoing violence, the cumulative experiences of trauma are often generational, and parents themselves may withdraw from relationships with their children as they are overwhelmed by or disconnected from their own emotions.

Basically all of my cases that I have it is because of parents. Either the father is not there, mother and father separated, or he is in the house but not involved. There is no relationship. It's almost like you know, 'I am the provider I give you food' and I just want to give you orders. You do this and you do that. But there is no 'how are you', 'what are you feeling?' There is nothing like that. That emotional connection. Interested in how was your day and what are you going through, who are your friends, what are your fears, what are your desires, you know there is none of that type of conversation between parent and child.

(P5: Beula.doc - 5:36; 65:65)

Even the relationship between parents and child- parents doesn't talk to their children. They think what they are doing is enough for their child, raising the child, seeing that his fed, dressed. But they don't know about spending time with the child, quality time with that child. Having fun. Playing with that child. Parents don't know what it is to have fun ... They don't know what it is really, they don't.

(P12: Olive.doc - 12:71; 69:69)

In environments of poverty, some parents prioritise providing materially where possible over nurturing their child's emotional development. Beula and Olive describe the emotional absences of parents and their inability to form healthy channels of communication with their children. If parents

feel they have met the responsibility of providing the basic material needs for the child, then they are not as interested in investing emotionally as well. Parents who are distressed by their own unresolved trauma and ongoing threat of violence, are also less able to see the developmental value in playing with their children or in engaging in activities which they may perceive as frivolous.

Lydia expresses her concern that children experience their parents as rejecting even when they are physically present: “Children suffer so much rejection. The parents sometimes don't realise that they are harming their children” (P25: Lydia.doc- 25:29; 43:43). This supports research which has found that parents who are traumatised display insensitivity towards their children, are unresponsive to their needs, tend to be more punitive, negative and are critical in parenting style (Collins et al., 2010).

The one's mom passed away last year just before he could go down to Joburg because mom works there and he didn't see her for 3 years. This was the first time he was going to see her. And before he could go down, mom passed away ... And he just was missing his mom and would just love to see her. So they didn't really tell him what was wrong with his mom but just that she was sick for a long time.

(P17: Valencia.doc - 17:77; 30:30)

Parents' numbing responses or active masking of emotion often leaves children feeling as if they have no permission to express their own feelings. Children are often treated as if they are not people with emotions. In situations where significant loss has occurred, for example a father has been killed or incarcerated, family members often skirt around the facts or actively avoid talking to the child about the event under the misperception that what the child does not know will not affect them. These omissions and exclusions often creates an enormous amount of turmoil, anxiety and confusion for the child.

6.3.4 No sense of agency – “Parents don't own up, take responsibility”

My biggest challenge as a counselor is the parents who don't own up, man. It's almost like you can speak to that parent - because seeing the child at school, it's OK you can help the child at school, but the child has to go back into that home environment. Now I get frustrated with the parents because you want to see the parents, speak to the parents, to *help* that parent. Because I think it starts with the parents. And that's my biggest challenge. They don't take responsibility. They want you to do everything for them.

(P12: Olive.doc - 12:72; 73:73)

In the analysis of the context of the family in the community, it was described how parents do not take on the responsibilities that are meant for parents. Parents model learned helplessness, apathy and no

sense of responsibility for their children. These behaviours not only leave vulnerable children feeling as if their parents are powerless with no sense of control but also serves to reinforce their identities as helpless victims. These behaviours and parenting practices have been modelled from one generation to the next.

Sometimes parents doesn't know about their feelings and the parents doesn't know what it is to really listen, parents don't know what it is to have empathy. That's what we bring, bring all that out. And it takes time to walk a road with the parent because that is about the way that parent was raised. Now because that parent was raised like that, 'I must raise my children also like that.' ... - it's like they are hearing something for the first time. Sometimes the parents doesn't realise that they doing the same thing that their parents was doing to them. You know - almost - it's Ok to do the positive things but it's mostly the negative things, man ... Like, like, say, like drinking, like drugs. 'My mother used to use drugs, so I can also use drugs', 'My mother had a baby before she got married, so I can also have a baby.' Now the parent will say, 'I was fifteen when I had my child. At least my daughter is sixteen.' Nothing wrong. That's their way of thinking. So to come to them and say to them, 'You don't have to go that route. You don't have to'.

(P12: Olive.doc - 12:68; 68:68)

Many parents don't realise that they are reinventing the cycles of abuse, neglect that they experienced as children. They have little insight into what being a parent means and continue to model the same patterns for their children. Other parents are aware that something is wrong and want to change but feel it is inevitable and don't have the capacity or the tools to how to make the change. They don't understand how the cycles of violence play out in the family, community and across generations. Olive suggests that giving parents insight into their behaviour and empowering them with alternatives would go a long way into breaking some of the generational patterns of abuse and neglect.

6.3.5 No sense of connection to others – “Our children are sad, there's no sense of belonging”

Children who experience their parents as rejecting or emotionally unavailable, feel as if they do not have any sense of belonging.

The boys especially, their trauma begins in the home but because their role models are outside the home, the gangsters, they get a different outlook. Because their view is that the gangsters don't put them down, they stand by them. They see that as building them

up, in the wrong way, you know. Trauma inside the house and you go out and become a gangster and that is making me a man.

(P11: Ruth.doc - 11:114; 55:55)

Gangs have long been known to fulfil the need for a space to belong and to feel protected, needed and powerful (Glaser, 2008). This is important in a community of disenfranchised youth.

6.4 EFFECTS OF TRAUMA ON EXOSYSTEM

In the analysis of the effects of trauma, the participants highlighted two main areas of focus within the exosystem that are significantly influenced by trauma: that of the school and police system. Within these community-based institutions, participants describe the recurring themes of control, power and authority in relationships as enactments of the cyclical effects of trauma.

6.4.1 Abuses of power, control and authority –“Life isn't fair”

6.4.1.1 *School system*

During outbreaks of gang warfare children come to school, having had to walk through shootings and often arrive at school traumatised and hypervigilant. Although these shootings generally take place outside of school on the streets, violence does spill into the school as a result of the repercussions of gangsterism. These kinds of threats are traumatic for both learners and school staff who are also exposed to the direct violence and the aftermath of behavioural problems displayed by learners after the trauma. The high level of hyperarousal in children means that classrooms and schools become heightened with aggression and impulsive behaviour, and manifest in a chaotic, disordered and sometimes ill-disciplined environment.

Children growing up in this environment, therefore, not only experience their parents as being impotent and unable to protect them but also within their schools find adults unable to fulfil their roles as protectors.

It's really tough. But at school from what I've seen, the teachers really need help. But if the kids come from home with that problem, it's difficult for the teacher to deal with it, Lane.

(P27: Fay.docx - 27:64; 57:57)

Our schools really need to understand where the kids are coming from. Not all principals and not all teachers understand that these kids are sitting with huge issues. And I find that

our teachers are coming from other affluent areas, and are really not aware of what's happening to our children here in the townships. So it's easy for them to say, 'he comes with his ugly behaviour from here'.

(P25: Lydia.doc - 25:30; 45:45)

Participants view some teachers in schools as prejudiced towards the children of Hanover Park. "For me I just wish the teachers can have more compassion. It's not just cos a child is naughty" (P9: Angel.doc - 9:76; 59:59). As described by Angel, teachers' lack of compassion and insight into what children are experiencing at home, aggravates the power struggles that exist between learners and teachers. Therefore, children who are already feeling physically unsafe also begin to feel emotionally unsafe. Children who are exposed to violence and violations in the home are likely to feel ambivalent or antagonistic towards authority figures. Within the school environment these issues with authority are enacted and negative behaviours become reinforced.

As discussed earlier trauma affects the child's ability to learn and the struggle to meet expectations and the appropriate academic standards reduces their self-esteem. Feelings of inadequacy, powerlessness and hopelessness are reinforced through their inability to learn, problem-solve and process information constructively.

The chronic effects of trauma on the child's capacity to learn also reduces their capacity to control aggressive impulses and to use non-violent means for problem-solving (Perry, 1997). This then leads to young people acting oppositionally, aggressively and impulsively in the classroom which then retraumatises their peers and their teachers.

If you want to talk to somebody, bring me one side, not in front of all the other children.
I don't think that's gonna help one bit, because you are shouting at me in front of my friends. So, I will figure out a way to get back to you.

(P8: Dee.doc - 8:47; 30:30)

Teachers also have experienced the individual effects of trauma over the years. At times their behaviour perpetuates cycles of conflict and aggression in the class. Dee's description of teachers using their power to shame children, can be a catalyst for vengeance as the child tries to regain some form of control and power.

Although the participants do mention that some teachers in each school are positive role models, have empathy for the children and get involved in their lives, many of the teachers, they find, perpetuate cycles of aggression, abuse and violence in the classroom.

Besides exposure to community violence, teachers are also overwhelmed with the stresses and demands of their occupation (Reckson & Becker, 2005). In a work environment where they also feel helpless and have little autonomy, due to the directives enforced on them by government, teachers may use their position of power to try and take control in ways that may be destructive to the child and the school environment.

These broad consequences of trauma in school have ultimately led to many young people truanting or dropping out of school. This further limits the opportunities for the child's future and many therefore, turn to gangs and drugs to provide for their financial and emotional needs.

Our class was broken in again. And I got the one classroom that I was gonna use for the girl power club so that they can ... and I let them paint it ... So we just had a fun day last week with the painting and that ... and in that same room they came in ... they came through the roof through my room, and it was just ... after the Education Department gave such a lot of money out this year to fix the school, it's unbelievable but there's no lights now ... no electricity ... they just ... so I don't know ... The teachers had to use my room because it was dark. Some mornings it was too dark for them to use their own classroom, and the children were busy with exams. So, they take it.one day this classroom, tomorrow the next.

(P8: Dee.doc - 8:58; 38:38)

Young people who drop out of school and abuse drugs are often suspected to be responsible for the burglaries and vandalism at schools. The already limited resources of schools are stolen and sold to support the drug habit of the perpetrator.

These acts of violence and exposure to violations perpetrated by teachers, creates even fewer opportunities for children and youth to experience a sense of safety without threat.

6.4.1.2 South African Police Services

There is no doubt that South African Police experience trauma as a result of the real threat and danger in the work they do. Police also endure substantial occupational stress, stemming from the hierarchical structure of the police system, which is characterised by relationship dynamics of power and sub-ordination. Historical political trauma inflicted by police have created generations of mistrust between police and community: "Oh there's a lot of corruption going on with the police" (P3: Angela.doc - 3:67; 140:140)

That's why my husband says, if they're shooting, close the door, then we first phone the police. But we don't give them our names so that no one knows it was us that phoned. Where before in the old days we could have openly said, we're going to phone the police now, and it's nothing. Then the police come and it's nothing. But today a person is too scared to do that.

(P13: Kathleen.doc - 13:75; 44:44)

Both Angela and Kathleen highlight the lack of trust in the police's ability to serve the community. This mistrust has continued to permeate interactions between members of the community and police, and have been reinforced through perceptions of injustice and lack of faith in the criminal justice system. Angela draws attention to the corruption that exists within the police, which suggests that community members are not safe even in the hands of the law. Kathleen emphasises the intensity of the fear of gangs which has enveloped members of the community who would rather be silent than be killed or threatened if perceived to be co-operating with the police. For many of the counsellors, their attempts at seeking justice in their own personal lives or for that of their clients, has failed. Consequently the participants and their clients have first-hand experience of living in close proximity to the people who perpetrated the abuse and violations against them. This contentious relationship has resulted in many members of the community being silenced by their fear, and unable to confront, acknowledge or address the trauma with which they live every day.

Both police and community members collude in the silence and disconnection from the daily traumatic events. Adopting a tough persona and the machismo of police officers has been documented in the research and is seen as a numbing response and adaptive coping strategy (Young, Koortzen & Oosthuizen, 2012).

The police are ten times worse. They don't know how to treat their partners ... They don't know how to speak to the public. They are rude. Their own kids-, abusing their own children. As soon as they finished at work, they still got on that uniform when they get home.

(P27: Fay.docx - 27:65; 59:59)

But they can't do that because they've got issues. And they scared. They very scared. And some of them will come to me and they cry in the office but there's no-one else they can speak to. But it's quick-quick because the others mustn't see. They so scared that

someone else will know how they feel or what's going on at their house. There again it's all behind closed doors. Pretending everything is fine.

(P27: Fay.docx - 27:68; 60:60)

Fay is able to provide an insider perspective on working with police in the community as she is based at a police station in the area throughout the week. She describes the stoicism that characterises the police. However, she suggests that this stoicism is a mask, behind which unresolved trauma and grief rears in its maladaptive form within their interpersonal relationships. Although police appear to be coping, the resilience which they demonstrate reflects the same negative resilience described by Friedman and Higson-Smith (2003). The disconnection and numbing of emotion results in a reduced capacity for empathy for their own family members and certainly for the community members over which they are expected to have some authority.

And that of screaming at each other. Also using every ugly language with each other. Even with the victims, sometimes they don't see that some of the perpetrators are also victims. So they'll smack them around. Not speak to them like, 'You a nice boy, what happened, why did you steal this?' They'll just forget to feed them. But these are still human beings.

(P27: Fay.docx - 27:66; 59:59)

Police have been regularly criticised for abusing that authority and for their inhumane treatment of members of the community at times.

Beula and Olive describe the cycle of abuse and violence that is consequently perpetuated: "That child is written off already ... and especially by authority figures. That child does not like anyone in authority" (P5: Beula.doc - 5:65; 86:86). This can often lead to misdirected anger and rage:

Like this one boy ... He's coming to school with this anger inside of him. And now he's in the playground, a boy can maybe just touch him or bump into him, then he grab the boy, hit the boy. Then the teacher will ask him, why's he fighting with this boy, or the teacher will just shout at him, "WHY are you fighting?!" And the teacher doesn't know why he is fighting. Then he will stand up against the teacher. Now the teacher will go to the principal ... He wants to walk out by the playground. Then he fights with them. Then they phone the police. The police come. But the police also can't handle him in the right way. Now they send him to me.

(P12: Olive.doc - 12:88; 101:102)

Young people's resistance to authority has often already been firmly established in childhood due to their relationships with their parents. The recurring pattern of abuse of authority and resistance to authority perpetuates cycles of violence and reinforces the alienating effects of trauma. Anyone in a position of authority, who may have some degree of control over the person, is perceived as a threat and a reminder of past violations and abuses.

6.5 EFFECTS OF TRAUMA ON MACROSYSTEM

The macrosystem has a rippling influence over the development of the individual as it is the broader context of cultural beliefs, norms and values in which all interactions between the systems take place. Participants attribute some of these systems of belief and culture that exist in Hanover Park to the consequences of generational trauma. These value systems also serve to perpetuate these cycles of violence and contribute to the far-reaching consequences of trauma.

6.5.1 A culture of seeking autonomy – “Why must I feel like a prisoner in my community?”

The struggle for autonomy is characterised in different forms of abuse of power. Individuals seeking autonomy in this environment often use violence and coercion to control those weaker than themselves. The effects of trauma reinforce a lack of control for the victim and this need to attain control is evident in the broad culture of the community. A significant obstacle to achieving a sense of control over one's own life, is having one's freedom taken away. The restriction on freedom is experienced by participants and others in the community. Freedom and movement are limited by the anticipation and occurrence of fatal shootings.

And it went on for years. But like I said the gang violence, it makes it worse in Hanover Park... but working through the years with children, children being born in the violence, children growing up in the violence, the day when they had to go to school their whole life they were deprived of freedom because of the gang violence.

(P16: Wardah.doc - 16:46 ;53:53)

Wardah describes how children's whole lives are deprived of freedom because of violence which affects them at home, on the street and at school. The random, systemic and pervasive nature of violence has lead to participants describing an overwhelming feeling of lack of freedom themselves, and a feeling of being held hostage in their own community.

In some ways Hanover Park is described by many of the counsellors as a nice area due to its convenient, local resources. It has a decent infrastructure and the key facilities such as shops, library, clinic, community centres, terminus are all very central in the community. The problem, as Rachel

states, is the fact that these resources are no longer accessible due to the threat of violence. One participant relates her frustration at having to find a lift to do her grocery shopping outside of the area, which costs more money because of transport, purely due to the shootings and muggings that take place in this central part of the community. The gangs control this territory and have been known to enter areas such as the day hospital to finish off an attempted killing. These brazen acts of the gangs have left children and adults feeling powerless to protect themselves, trapped in their own community, unable to leave their homes or move around freely in the street.

Participants feel that they are held captive in their community. Some may have considered leaving at some point but only Barbara, at the time of the interviews, was adamant about wanting to leave the area. For most of the participants, being constrained by financial resources, does not afford them the opportunity of moving to a relatively safer area. However, all the participants describe their motivation for staying in the area as being related to the meaning they have found in their work as counsellors, and that this sense of purpose far exceeds their desire to leave behind the children who need them, in the community. Having been given the choice, three of the participants declined offers of salaried employment elsewhere as they wished to continue their work as counsellors in Hanover Park.

Participants describe the apathy and learned helplessness of many adults. They express frustration at adults' incapability to take action and to do things for themselves. Parents struggle to take responsibility for their own lives let alone their children's, and participants find that parents often will not act independently unless with support. Fine (1992) argues that this culture of apathy or learned helplessness has meant that individuals who are limited by various oppressive identities are unable to take control of unjust societal systems of power within their environments. She suggests that psychologists have misinterpreted apathy and learned helplessness as surrendering control, whereas in fact, she posits that their lack of ownership, ignoring of advice or suggestions and rejection of empowering interventions, are ways of taking control in an unjust environment. Where trauma is unresolved, the need for achieving autonomy and coping with the cumulative loss of control, has very likely manifested in the dichotomy that exists in Hanover Park: that of taking control through apathy and rejecting any form of empowerment and self-sufficiency, or the opposite, where aggressive action is taken and violence is used to control others and recreate the effects of trauma.

The antithesis of oppression is having autonomy and feeling in control of your choices. In many ways the counsellors have found ways to create areas of control, independence and self-reliance, which directly impacts their well-being and restores their own sense of dignity, despite living in an unjust society.

6.5.2 Breakdown in community cohesion – “It's totally upside down in the community”

Isolated ... everybody is almost like ... It's only, if I can benefit out of this then I will do something ... If I can get something out then I will do it. It's more myself and not about others.

(P5: Beula.doc - 5:99; 137:137)

I'll say that if you living in Hanover Park, with all the shooting, you have this attitude that if my family is OK, then it doesn't matter. There's people all around you but it does matter because it could be your child being shot next.

(P26: Faith.docx - 26:35; 26:28)

The quotes above describe the participants' views that the sense of community and cohesion has broken down as a result of the violence. Cabrera (2002) in her experience of the breakdown in community cohesion attributes this to a pervasive lack of trust between community members. Social learning theorists suggest that the inability of communities' to address violence and trauma is a consequence of its lack of community cohesiveness, community attachment and a failure to establish common goals (Gomez, 2011).

Community members no longer look out for each other but have become isolated and think only of their own well-being and safety. People have become focused on their own survival and are only concerned with people close to them. Their self-interest could be driven by reduced empathy for others, fear of the gangs and lack of trust in an allegedly corrupt policing system or the feeling of entrapment which frustrates community members' ability to feel a sense of authority over their own lives (Eggerman & Panter-Brick, 2010).

This feeling of entrapment is aggravated by the responses and attitudes of people outside of Hanover Park as highlighted in Dee and Barbara's quotes: “My friends from Ravensmead or wherever, nobody comes and visits ... nobody comes and visits because of Hanover Park” (P8: Dee.doc - 8:26; 18:18).

And what also, your family don't want to come and visit you, because they just say, oh it's Hanover Park, no, that's a "kill-me-quick" area. Now you must go every time out to ... and you feel sometimes you want your family also to come and visit you, you also want to give them a nice time, but ... no, it's Hanover Park.

(P6: Barbara.doc - 6:14; 25:25)

Barbara and Dee's quotes highlight the stigma they experience as a result of living in Hanover Park. Besides the trauma of being confronted with violence, often their more upwardly mobile family members exacerbate the trauma by marginalising them further, as they do not want to come to the area. As an insider researcher I can attest to these responses as I receive similar reactions across class, race and gender, when I disclose that I work in Hanover Park.

People hear how it is, now they say oh they don't want to come to Hanover Park or so, but how must the people feel that is living in Hanover Park every day? That's the thing. Living every day, getting up and knowing you have to go to school tomorrow, but you know that they're shooting ... The thing is we must go back, right back to the core to begin again.

(P15: Rachel.doc - 15:130; 145:145)

For people like Rachel who have to live in Hanover Park, the attitudes arising out of the stigma of the area, functions as another form of insidious trauma that slowly erodes their sense of well-being. The continued marginalisation of family members reinforces their feelings of worthlessness and not being good enough all over again. Participants describe that as a result of these attitudes, some children's perception that coming from Hanover Park could never be associated with having a professional career or being successful academically.

6.5.3 Collective denial of generational trauma – “I don't think they see any trauma or crisis”

Rachel's assertion earlier that we need to go "*back to the core*" refers to her opinion that the root of the problem lies with individual and collective denial that trauma exists. Therefore the root of the problem remains unaddressed because violence and trauma are accepted as normal.

The culture of denial around trauma is supported by Bloom (1996) who suggests that collectives collude around these defences, thereby reinforcing the culture of violence and revictimisation. This culture becomes the norm in which children are reared and, as has been observed in the younger generation, human life becomes diminished and has little perceived value.

When they opened that scene again, took away those wires, that plastic and you can actually walk past there through the Day Hospital, there where they shot him and he fell and the blood, I walked past and I looked. They just throw sand over and I looked and I told my sister, just to think somebody died there a few days ago and the blood is still there, they just covered it and life goes on. Tomorrow it just happens again and it's just again covered. The body lies there for how many hours then tomorrow again you just

walk down the same road. How meaningless they take life to be. Even now I sit and think how grateful you must be just to be on earth.

(P15: Rachel.doc - 15:123; 131:131)

Then my son said, 'It's normal. We just go inside and we close the door. And then when we know everything is quiet, then we come out.' You know so um ... that is things that keeps me like, if I can survive this, I can do anything.

(P9: Angel.doc - 9:54; 39:39)

Rachel raises insight as to some of the deeper effects of living with this level of violence and exposure on a daily basis. It has become a way of life. Angel's son who was 11 years at the time, explains matter-of-factly how one is forced to adapt to survive in this environment.

The denial around trauma is fuelled by the desensitisation to violence as a result of the multi-systemic exposure to violence (McCart et al., 2007). As with Angel's young son, this desensitisation is an adaptive survival response but can result in increasing a young person's risk for perpetrating violent acts in the longer term. Studies have shown that the constant exposure as a witness to violence without being a direct victim can have more serious traumatic consequences than being exposed to a discrete traumatic incident (Hoffman & Kruczak, 2011).

The thing is this, I for one, I don't mind being robbed ... but sometimes they just kill the people as well, and you don't want to be killed over something that you don't even have. So you rather going to play it safe and I also do that, I play it safe.

(P10: Mercia.doc - 10:64; 84:84)

Mercia's comment describes in a very casual tone the choice between being robbed or murdered. In an environment where interpersonal violence is high, the option of being robbed instead is more acceptable and confirms the normality of behaviour that would be considered a violation and an invasion of privacy.

Many of the counsellors themselves described not realising that they were traumatised by violence until reaching a turning point in the training where they began to understand the effects of trauma in their own lives: "And like I said the word trauma it really didn't come to me what it really means. Not realising I was actually living through trauma" (P16: Wardah.doc - 16:42; 47:47).

The participants feel that they are now fully aware of the effects of trauma, and they view the culture of the normality of violence as being perpetuated by people who are unaware that they are traumatised. This culture is also being passed on from one generation to the next.

I think there's a lot of parents who just accept it. As they say in Afrikaans '*Ek is so gemaak, so gelaat staan*'. They accept whatever happened to them. That's just normal, that's how life is ... They just accept it.

(P9: Angel.doc - 9:96;78:82)

Angel uses a saying which is best expressed in Afrikaans but roughly translated means "I was created like this and this is how I'll stay." This expression so aptly describes what many of the counsellors view as the problem with many members of the community. There's an oblivion or denial to the magnitude of the problems in the community and an even greater denial of adults in claiming any responsibility in their perpetuation of these maladaptive cycles across the generations.

It seems sometimes the parents doesn't know really, they REALLY doesn't know. And they, they, so stuck in that, that they have learnt from their parents and grandparents, that they really doesn't know that they doing damage to their children. And their children is just passing it on.

(P12: Olive.doc - 12:69; 69:69)

Coming from that abused child a lot of other issues come out too. Even sometimes with the grandmother what happened in the grandmother's life when she was young. And most of the abused cases, coming from it is a history. It never stops because no one ever talks about it. It only stops when that person, the child comes out. The child gets help and so with that child the abuse starts to stop.

(P16: Wardah.doc - 16:96; 131:131)

Wardah again raises the issue of silence and the collective denial which is allowed to continue to exist through the mechanism of silence. Bowman, Duncan and Sonn (2010) argue that the dominant discourses of Apartheid may in effect have silenced those individuals and communities whose experiences were excluded in the narratives of history. Sonn (2012) describes that giving people and communities the opportunities to voice these silences and share their narratives, may help to recover some of these forgotten memories and be a catalyst for social transformation.

Families are the main site for communicating messages about how to cope with violence. According to Jansen (2009), the unspoken messages about silences are broadly reinforced in the family.

However, the collective memory also reinforces these messages and amasses feelings of prejudice, animosity and mistrust which are transmitted across generations (Naidoo & Adonis, 2007). Frankish and Bradbury (2012) suggest that silences of trauma may not necessarily be an unconscious defence but a conscious decision aimed at protecting the younger generations from the violations of Apartheid. However, the silences which reinforce a denial of trauma in the present generation seem to function as a mechanism for maintaining control and concealing guilt, shame, impotence and anger. The failure to engage with these deep-seated traumata results in a cycle of history repeating itself.

6.5.4 The insidious effects of trauma in a culture of oppression – “I am nothing. I am just from Hanover Park”

From the analysis of the narratives, the complex relationship between trauma and oppression is distinctive. The effects of insidious trauma as described by Sue (2003) and Root (1992) render the individual vulnerable to the continuous, cumulative experiences of micro-aggressions which erode their well-being. The quote above makes reference to how one participant observes how people in Hanover Park perceive themselves. The effects of poverty such as overcrowded housing, unemployment, little access to resources for health can also be considered a major form of trauma (Kira, 2001; Burstow, 2003). Living in poverty is associated with higher and multiple risks and exposure to trauma (Kiser & Black, 2005). The daily struggles of oppression of individuals in Hanover Park combined with the daily awareness of the risks of being shot, raped or assaulted, alienates people from each other and strips them of their humanity. The effects on the community become more pervasive and dysfunctional as traumatised and oppressed people become more divided. As they feel more powerless and impotent, they feel more threatened and displace these feelings into marginalising and "othering" sub-sections of the population. For example the anger directed at foreign nationals could be seen as displacement of trauma and anger of people who have been neglected and disempowered for years, and who are trying to gain some level of control through diminishing the worth of others. Another example is the classist attitudes of some teachers towards the counsellors which also brings about feelings that they are less than humane and reinforces their feelings of inequality.

You know it felt so- especially sometimes the attitude of some of the teachers sometimes, you feel like, 'what am I doing here' because they look at you like 'hey you from the community man'. So they have such an attitude towards you, and it, puts you off.

(P26: Faith.docx - 26:47; 44:44)

That is their problem. If they see me coming from Hanover Park and to work there in Lansdowne and what can I offer? That's their problem. I know I can offer, I can be there

for the children. I know there's something in me that can make this child smile by the end of the day.

(P11: Ruth.doc - 11:134; 69:69)

The insidious effect of some of the teachers' prejudice towards the community counsellors can have a negative impact on the counsellors in their work at school. Although most of the counsellors have very good working relationships with the teachers at their schools, there are a few teachers who sometimes remind them of their lower socioeconomic status and lower standard of education, which reinforces the earlier feelings of little self-worth. The participants also reflect on how this attitude is also conveyed to some of the community parents. They express concern that community parents do not always know how to express themselves assertively and can feel belittled and patronised in some of the interactions with teachers like this.

'You just a volunteer and you must do what volunteers are supposed to be doing'. I don't know what does that mean but you not supposed to put your nose where it doesn't belong, that kind of thing.

(P10: Mercia.doc - 10:56; 70:70)

Mercia recalls an incident where she followed legal procedure and reported a case of child abuse. However, school management felt she was interfering and according to her would have preferred for the incident to be brushed under the carpet. This also reflects how individuals at schools also collude with the silence around trauma because they fear their reputation will be tarnished. Schools have consistently requested their counsellors to stay on each year, as they see the role that the counsellors play in supporting the learners and the teachers. Some teachers still seem to feel threatened by counsellors because of the counsellors' determination in ensuring that the child's rights are not violated in any way.

But the frustration is sometimes when you refer say in a physical abuse case, where you know there's abuse and the child has dropped out of school, but nothing happens. You refer to the department to Social service, the police and no one does anything. You get so frustrated and you think what's the use of counselling and the child doesn't get the help they need from Social services or the police. And especially here in Hanover Park. It's like 'oh, the child is living on that side ...' so I get frustrated with that.

(P26: Faith.docx - 26:76; 77:77)

Faith alludes to the idea that classist attitudes are also partly responsible for the slow action of government departments in cases they refer. She suggests that the children in areas like Hanover Park

are given lower priority. Whether it is true or imagined, the frustration around referrals leave her feeling that she and her fellow community members are not worth the effort of government departments providing a professional and efficient service.

Levine and Kline (2007) discuss an account of the pervasive impact of trauma over five generations in Australia. Their account spans the beginnings of colonial oppression to the fifth generation where trauma begets violence and community dysfunction is evident in the increased rate and intensity of violence. This picture may be comparable with colonialism in South Africa over generations of Apartheid and into current society where crime and violence are ubiquitous in many oppressed communities in the country. Memmott et al's (2001) description of dysfunctional community syndrome is comparable with the example of victims of sexual violence being young boys who are also found to be perpetrators of these violent acts.

6.5.5 Patriarchy and the culture of masculinity – “You don't see yourself as a man, you see yourself as a failure”

Unprocessed traumata have already been noted to change our perceptions of ourselves, our relationships and the world. These perceptions shape our identity and continue to affect the systems of family, community and society in which we interact.

The meanings of masculinity and the patriarchal culture in which we function have had an enduring influence on the ways in which we conceptualise violence and trauma. For the participants trauma in their community is strongly associated with the culture of masculinity and patriarchal values.

Analysing the narratives of the participants, presents several accounts of the ways in which masculinity has been marred by violence and cruelty over generations. The identity of fatherhood in their stories has been equally tainted by men who have been absent, abusive or emasculated.

And you know, the men, if you think about our cases, it's always men. I think if the men can take their place in the families because most of these cases it's the father abusing or they running around with guns killing each other. And you see these kids grow up without a father because he's in jail, or he's dead or just absent. I think if the men take up their positions as husbands and as a father in the house, it would make such a big difference. But men don't.

(P26: Faith.docx - 26:63; 69:69)

In the view of these women, men have failed as fathers and partners but they have failed because men before them have failed in embracing their masculine identity as protectors, providers and partners in the family.

The phenomenon of "absent father" has had a long historical legacy since economic injustices and strategies such as forced migrant labour forced men to separate from their families. Abrams (2011) describes a "father hunger" observed in his work with men and boys. He ascribes the generational transference of unprocessed traumata being enacted in violent and antisocial ways, and the use of alcohol and drugs has become the means to fill the emotional void of absent fathers.

Then I ask [the mom] 'Where does her father fit in all of this?' Oh, then I hear there's no relationship, and then I see myself in that sometimes. So I said, 'OK. Fine. But I think maybe you should spend more time with [your daughter] '. Because you must remember, Lane, my mother, when my father left, she was traumatised. She was in a state. She couldn't handle us as well. And she was sad as well, you know. And she didn't have time for us for quite a while.

(P27: Fay.docx - 27:50; 34:34)

Fay's recommendation to a mother to spend quality time with her daughter to compensate in some way for the absent father is a reflection on her own life and her perspective on what losing a father figure means to her. The abandonment she experienced as her result of her dad leaving, was compounded by her mother's subsequent inability to care for them. She raises an important perspective that when the father leaves the mother also becomes emotionally absent sometimes and the child in effect ends up losing both parents to some extent.

Many arguments in the literature have been raised about how structural poverty and unemployment have contributed to violence in men (Abrams, 2011; Teti et al., 2012; Lazarus et al., 2009). The paradox of living in a patriarchal society where low-income men feel emasculated and unable to provide for their families economically, must have a significant impact on their self-esteem, as they are unable to attain the socialised ideal of masculine identity.

The frustration, anger and hopelessness that men express in relation to the prospect of employment is very disheartening. Sadly, young men witness these attitudes and it is not difficult to see why crime as a form of income becomes appealing to youth. Not only does it serve to provide them with a form of subsistence and relative independence but the violence and aggression brings with it a sense of restored power and control, inflating their self-esteem even if just temporarily.

In the plethora of cases the counsellors are referred, it is clear that the majority of violence is perpetrated by men as a result of objectifying and dehumanising women and children. Men and boys are also victims of these violent acts and are also dehumanised in brutal ways by other men, which perpetuates the cycle of trauma.

And that is where all this, also the gang violence comes from. The child grew up as 'I am an angry child. I will go out there and I will shoot my way out'. But not realising they are destroying their own lives. Not other people's lives it is destroying their own lives ... I even spoke to a lot of gangsters within our area, asked them why. It also come out of the situation inside the house, domestic violence. The father was a gangster when he was young then he acted out his gangsterism ways inside the house. Now you as a child can't say anything because 'I am the man here'. And then the child goes, 'I am not seen by my father so I will be seen as a gangster'.

(P16: Wardah.doc - 16:105; 157:157)

Because of the nature of trauma, the counsellors often have to engage with men in their counselling. Within the community their identity as women is often regarded as inferior in terms of cultural and religious beliefs. The power dynamics in the counselling relationship continuously need to be addressed for example when a Muslim woman counsellor needs to meet with a Muslim father. Men can become easily threatened by the women around them and use their conceptualisation of masculine power to keep the woman in her place. Three of the counsellors mentioned how becoming a counsellor caused tension in their relationships with their husbands due to the men being unemployed while the women advance towards their own personal goals and expand their knowledge and insight. This likely made the men feel more inadequate and resulted in the men trying to assert more control within the home.

6.6 MULTIPLE BURDENS OF CARE

6.6.1 Trauma of the wounded healer –“Sometimes these cases can really get you down, you must just be strong”

The participants in this study provide a range of rich perspectives on trauma and the experiences related to living in a violent low-income community. Their work experiences as counsellors in this community, also predisposes them to the indirect consequences of vicarious trauma. However the effect of the some of the clients' trauma on their own well-being is compounded by the fact that the counsellors directly experience the same community violence as their clients.

Living in the same community in which they work, according to the participants, has more advantages than disadvantages. However, the boundaries between work and life can easily become blurred and do contribute to the stressful and traumatic nature of this work.

6.6.1.1 Physical boundaries

Sometimes the people will come to your house also. Because they know you stay in the community, you are a counsellor, you're working at the school. Sometimes children are not even at the school where you work, but they will come to you also with problems. Most of the time, it's like the child support money they also come and ask 'What can they do now?'

(P7: Roseline.doc - 7:39; 196:198)

The participants are all familiar with community members visiting their homes and seeking advice or counsel more informally. The responses towards this physical boundary were mixed. Some counsellors feel it is an acceptable and expected part of life in the community while others have set limits to varying degrees in order to protect themselves and their families from being overwhelmed emotionally. Becoming a counsellor has meant that more people in the community are aware of who the counsellors are and seek them out in public spaces where they may choose to remain anonymous. This can add to the stress of the work in that individuals confront counsellors with personal problems in public spaces.

I mean I never used to mix with people, Lane. So it was tough for me. Come from work, go to Shoprite, and there 'Hi, how are you?' Because I never used to greet people. Why must I? I'm OK. I'm alone. I'm fine. I don't want to greet. But now I have to. I have to talk and mix with the people. And hugging and kissing, that was very difficult for me ... but you know where I started to notice the difference in myself, was in the kids. Like when the kids ask, 'Can aunty get a hug now?' And then they'll just grab me. 'What must I do now? Hug back?' OK. Then I feel this little bit of emotional feeling because I don't usually do that.

(P27: Fay.docx - 27:12 ; 9:9)

Fay became aware of her very rigid physical boundaries and really struggled with the social nature of being part of a counselling team as well as the interaction between her and her clients outside of the counselling room. She also raises the physical boundaries that counsellors have to be aware of when working with traumatised children. Although all the other participants believe that many of these traumatised children need physical affection, they are very cautious about crossing this boundary and allow the child to initiate contact first.

6.6.1.2 *Mental/Cognitive boundaries*

A lot of the counsellors because they live in the community and because they are stuck in this system of this township life, they also have a lot of their own issues. They have a lot to deal with on a daily basis. They are conducting this awesome task of dealing with people and they have to divorce their own issues from the issues they deal with at the schools. It's admirable. I mean they sort of have to block out their own lives to see to the needs of others.

(P25: Lydia.doc - 25:41; 64:64)

Lydia, who lives in the neighbouring community, reflects on her fellow-counsellors way of coping with being community-based counsellors where they work. She describes the mental boundaries they have to create between their own daily struggles and problems with the adversity and trauma they encounter in their work with their clients. The altruistic nature of their work means they sacrifice their own needs to serve others in the community.

You can feel heartbroken sometimes. There's times you go home, thinking 'Is that child eating tonight?' Or there's times that you feel you didn't do enough. Especially if you waiting on the Department ... Education or Social Services ... maybe waiting for a referral to a safe home for a child.

(P9: Angel.doc - 9:84; 69:69)

The complexity of many of the cases and the cumulative nature of the trauma, burdens the counsellors with a sense of urgency which is often frustrated by their dependence on external referral resources. Angela and Amy express the pressure all the counsellors feel in being front-line workers: "You try to make a difference and you also try to tell the learner that you can't wish everything away but in their minds they want the miracle now" (P4: Amy.doc - 4:138; 46:46).

The disappointment and anger that clients may feel as a result of government departments not functioning expediently and competently, is often directed at the counsellors, who have to contain their clients until the issue is resolved. The anxiety they have to bear about their clients' well-being sometimes leaves them wondering whether they have done enough.

Joh! I can remember one day I came home. I think I shared this with all of you already. I didn't want to eat that night and there I realized, I'm taking this very personally because I knew this child I was seeing never had food. And I was with the teacher at the child's home. That teacher became sick and I became sick because of the living conditions of this child. The floor that is sand and the child is sleeping on crates. There I realised I

needed to separate. You know you think you macho - you think you can handle anything sometimes.

(P9: Angel.doc - 9:106; 96:96)

Having first-hand experience of living in poverty, Angel is sensitive to the basic needs of the children she sees for counselling. Almost all the counsellors live on minimum wage and feel burdened to provide for the children materially at times, especially if they discover that money is being spent on drugs in the home. The counsellors often use home visits with teachers to educate teachers about the poverty learners are living in, and teachers are often in a better position to provide some material or financial support to learners.

The first year, oh my god I think I burned out ... But this year when I started, I could say, now I know where I start and where I finish ... It comes from me so I must stop it.

(P27: Fay.docx - 27:8; 8:8)

Fay experienced burnout in her first year of working as a counsellor. She realised she needed to set limits in the amount of work she was taking on. She was also able to see that setting a limit was something within her control and that she could ask for help when needed. The mental battle between feeling like one is not doing enough and also taking on too much, is a cycle that can become self-defeating if not carefully regulated through self-awareness and reflection but also through external support and supervision.

6.6.1.3 Emotional boundaries

What I can say ... is ... and I think I can speak for all of the counselors ... to live in Hanover Park and to counsel a learner, you can relate immediately. Whether it is hunger, a child that's hungry ... whether there is sexual abuse, emotional abuse, you CAN. Because you live here. You see it.

(P9: Angel.doc - 9:67; 52:52)

Angel's comment exemplifies the strong feelings participants convey of identifying with their clients. This identification as a result of the past trauma but also of their current exposure to violence in the community, can be extremely overwhelming at times.

But coming through this violence, this trauma in Hanover Park, really for me I became a strong person. There are days when I feel I am crumbling but I don't let the world see my crumbling. Because I am allowed to go in a quiet corner and crumble.

(P16: Wardah.doc - 16:68; 83:83)

There were times when I had to sit ... I had to swallow. Because the way she spoke about her four-year old child. I could identify how I sat with my child and spoke to her. And there were times when the mommy was crying and I had to catch my own tears. Because there was also a time in the session when I thought 'when is this going to end now because I can't contain myself anymore'. I want to cry. I want to burst out. 'Please Lord help me. I must now show this woman that I can help. I can work with her. I can encourage her. I can be here for her. I must be strong now.' ... I think that was one of the hardest moments for me. I had empathy and I had to really contain myself because I could see myself, then, how I cried ... because I can identify.

(P11: Ruth.doc - 11:83; 33:33)

Wardah, Angel and Ruth share how being a counsellor can become very overwhelming as they see their lives reflected in many of their clients' lives. However, they allow themselves the space to reflect on the feelings of being overwhelmed and crumbling and do not see this as negative but rather part of the work, requiring a continual process of self-evaluation and self-care. In Ruth's identification with a mother who also lost her young child, she describes the enormity of the struggle to be a safe container for other's emotions when they also feel vulnerable about certain aspects of their past.

You know Lane I went back to my room, it was interval. I was standing on the balcony lazing over the railing. I looked, but I didn't even see the children. My door was open and there was children on the balcony also. I go in my room and my tea was also there, but I didn't drink my tea. I went in for the slice of bread, then I eat the bread, then I go back, I was eating all 4 slices of my bread. I mean those are my day slices, without realising what I was doing. I couldn't think how to start with this report. I didn't know how to write a word. I said to myself afterwards "Why have I gotten like this?" because it's the first time in my life I got like that. Without thinking I eat the 4 slices of bread like that. The children were standing on the balcony and my mind was cut off. Really it was the first time I felt like that, even when I had problems in my marriage life, it was the first time I felt like that. And then I phoned and I said to her I need somebody to talk to. I think I just needed somebody to tell this story to, and I couldn't go to anybody. So I phoned Lydia, and I spoke to her. Then after that, gradually I felt better and then I can start writing this report.

(P7: Roseline.doc - 7:36; 174:174)

Roseline articulates her experience of becoming disconnected and numb after dealing with an eleven year old girl who had been repeatedly sexually assaulted by a married couple in the family. Roseline was clearly in shock after hearing the brutalities that this young girl had experienced and although she describes a state of derealisation and numbing, she was still able to access her support network in order to process these feelings.

She even asked me if I can't adopt her. It was heartbreakingly to say no to the poor child.

Now you feel for that. What does that child see in you that the child doesn't see in the mother? It's heart sore and it's not just one or two or three, it's most of the children.

(P15: Rachel.doc - 15:109; 111:111)

In a microsystem where family environments are so dysfunctional and chaotic, the relationships that counsellors develop with the clients are often one of the first healthy experiences that children have with an adult. As Rachel states children become very attached and it is very difficult to maintain those boundaries between work and home. Every participant, without probing, was able to recall at least one client whom they felt strongly compelled to take home with them. Herman (1992) posits that trauma breaches attachments at every level. These breaches in attachment are the very issue that make termination so challenging for these community-based counsellors. Both counsellors and clients often find termination a struggle because of the positive attachment relationships that form between client and counsellor often for the first time.

I'm still sad about one case. And that learner died last year. I spoke to them yesterday. [States his full name]. Ooh I used to speak to that child. Ooh I went ... I actually broke boundaries. I know we are told not to go their homes and things like that. I broke those boundaries. I know I got personally involved with this child. [States his full name again]. And then last year October he was stabbed dead. Stabbed to death. Olive is counseling his brother at Voorspoed, and I believe that child - because of the death of his brother - he wants to take revenge. That wasn't the only loss of that child, of that family ... He had a little brother who had cancer. Nine years old. GS died in October. That boy died a month later, because he mourned for his brother. You know ... They really struggled. That's why - that food and stuff we got yesterday. I got it in my bag. I'm taking it down to them after this - to that grandmother and his mother.

(P9: Angel.doc - 9:71; 54:54)

For the six high school counsellors in particular, the relationships they form with teenagers who really do want to change their lives and stay out of gangs or leave gangs and drugs, are extremely important. As counsellors they invest a lot of energy into these children's lives because they understand just how

difficult it is for a young person with no or little family support to choose to live a life that is free of the scourges that exist in the community. While Angel reflects consciously on the fact that she broke several boundaries in trying to do her best for this client, these boundaries can sometimes feel insignificant in the moment when a client, like hers, is ultimately killed. Despite the loss and momentary sense of hopelessness she experienced, she felt further compelled to do more and nurture the family in the only way she could afford to.

6.6.2 Trauma as a community member – “To live here and work here you have to have courage”

That guy that they shot at the Day Hospital, I know that guy, I know his mother. I know his stepson, I'm counselling his stepson, but it's people you know man. It's not people you don't know ... It's everyday people, people you walk past, people you greet. You don't know what to say. Now you come and you see the family, you sympathise, but that could have been your son also. They don't care who they shoot nowadays. They just go up to you and shoot.

(P15: Rachel.doc - 15:122; 131:131)

Rachel describes the connectedness of their work with their lives in that the people who become victims of violence are people they know and have interacted with in the community. It is not so easy to separate their emotions as it would be if they were counsellors working in an external environment. As members of the community they are, however, able to seamlessly participate in funerals and ceremonies which also serve to help bring closure and allow them to process some of these feelings as members of the community.

As has been described earlier, being members of the community places them at equal risk to the current violence as their clients.

Like last year ... joh ... I was traumatized ... when they shot my friend's son, cold-blooded in front of us. Actually both. They shot [D] and they shot [M]. It happened in October and they just came around the corner, and everyone was like normal in the court. And two gunmen just came and they opened fire and they shot the two you know in front of us. The children were still playing on that Saturday morning. And ... you know ... you see this two young men laying on top of each other. They were laying on top of each other because they fell on top of each other. It's like a memory that I struggled with. I had

nightmares because I saw [D] going up and I just saw him tumbling down. And I saw [M] tumbling on top of him, Now that played continuously in my mind, continuously, continuously.

(P9: Angel.doc - 9:68; 52:52)

Where [my son is] living now, the shooting is in between us and he has to come through that shooting and, the only thing I can do is, I really had to switch myself off because the only thing I do, I pray and I said Lord, please help my children that they can be safe. Whoever's outside, let them be safe.

(P4: Amy.doc - 4:92; 16:16)

As community members they are not immune to the dangers of living in Hanover Park. The fears they have for themselves and for their children are very real. Many of the participants expressed the fears they have for their children, grandchildren and clients' safety. The fact that they can relate to the experiences of many of their clients and identify problems that they have or also deal with, puts them in the position where they cannot be accused of not knowing nor understanding their reality and the intensity of their clients' pain. It does mean that they continue to be exposed to threat and violence themselves, and have to actively work at separating their own trauma from that of their clients. Western Psychology in practice is far removed from the daily experiences of adversity and trauma. Although empathy is practised in dealing with clients in western psychology, what is emphasised through the narratives of the counsellors is their capacity for empathy and compassionate witnessing (Weingarten, 2003) beyond their work but also in their daily living.

6.7 CONCLUSION

The analysis revealed a very complex picture of trauma that exists not only in intimate relationships but in relationships with broader ecologies. Due to the intersecting, cumulative experiences of trauma, the responses and mental health sequelae appear to straddle a range of conceptualisations of trauma such as complex trauma, continuous traumatic stress and generational cumulative trauma. Anger, aggression and oppositional behaviour seem to be the dominant features of continuous traumatic stress as opposed to the anxiety and fear which characterises PTSD.

Although it needs to be emphasised that the responses discussed should be regarded as adaptations to a continuously threatening environment, participants are also very clear that these adaptive responses do have longer term maladaptive consequences and do in fact become pathological if not addressed. It would be interesting to observe whether individuals who experience these responses in this environment would present differently if removed to an area relatively free of threat, as proposed by

Lahad and Leykin (2010). However, given the analysis and the perspectives of the participants, it would seem that due to the long-standing generational effects of trauma, the trauma responses seem to have become physiologically and psychologically integrated into the personality of some of these individuals. It has also been observed how enduring trauma has resulted in victims reinforcing trauma through becoming perpetrators. Therefore, I would argue that it would require more than just a change in environment for these responses to remit.

In order to develop a more comprehensive understanding of what is required in order for these trauma responses of individuals and communities to be resolved, the next section will discuss what is required for people to heal, thrive and build resilience in an environment of continuous trauma.

Chapter Seven

RESILIENCE, HEALING AND SURVIVAL

7.1 INTRODUCTION

The previous chapter's discussion on the conceptualisation of trauma revealed the multidimensionality of the effects of trauma. Similarly at each ecological level, there exists elements that may contribute to resilience. Within environments of ongoing violence, it is critical to establish which elements build resilience and how this is achieved in situations where there is no assurance of physical safety. Both Maslow (Cherry, 2011) and Max-Neef et al. (1989) suggest that physiological and safety needs override all other human needs. This would suggest that, whether these needs are categorised hierarchically (Cherry, 2011) or an interaction of processes (Max-Neef et al., 1989), the capacity for healing and developing resilience is highly questionable in an environment of poverty and threat if these basic needs are not satisfied. This is particularly noteworthy in this study, as resilience and healing requires psychological and social processes, alluding to the higher needs described by Maslow (1943). This chapter will present elements which contribute to resilience and argues that healing and resilience can be attained despite the constant threat of violence, lack of safety and conditions of poverty.

The results and analysis in this chapter are not presented in the systematic ecological layers as was done previously in Chapters 5 and 6. As Ungar (2008) points out, risk and resilience cannot be definitively divided into individual, family or community factors. The individual, interpersonal and community components of resilience exist across and influence interactions across the levels. Therefore, it felt more logical to present the discussion as themes of the elements of resilience because they intersect at each ecological level. The components of resilience at each level has the potential for increasing health and well-being of individuals, families and communities alike (Hegney et al., 2007)

In writing this chapter I had to grapple with a number of terms such as resilience, healing, coping, recovery and post-traumatic growth, which are conceptually inter-related but imply slightly different meanings. In order to present the elements of resilience I need to first discuss how I interpret resilience in the analysis of the narratives.

Resilience is usually defined in the context of a post-conflict or post-trauma situation. However it has been difficult to measure and conceptualise in individuals and communities which still confront daily trauma. While resilience has been defined in a range of different ways as discussed in the literature

review in Chapter 3 despite the inconsistency in terms of the definition, one can possibly conclude that elements which build emotional intelligence, promote health and well-being would, therefore, promote resilience (De Klerk & Le Roux, 2006; Nelson & Prilleltensky, 2005).

Recovery from trauma remains an individualistic medicalised term and implies that trauma adversely affects the individual for a while before he/she returns to their original pre-trauma state (Gutlove & Thompson, 2003; Repper, 2005). Post-traumatic growth is used to describe the positive transformation that occurs which surpasses resilience but again occurs post-trauma.

The participants' descriptions of their own processes of recovery, resilience and growth seem to be collectively encompassed in the term, healing. While experiencing continued exposure to threat and danger, their processes of healing enables them to use positive coping mechanisms to survive. This has promoted their capacity for resilience in the face of exposure to ongoing violence.

Healing in this context is actually perceived as a spiritual term rather than its possible derivations from biomedical models. Spiritual healing for the participants comprises the healing of the psychological, mental, physical and social elements of the individual and the collective.

Therefore, I have headed this chapter as Resilience, Healing and Survival as these three processes are interrelated and describe more aptly the elements required to promote health and positive growth in environments of threat.

7.2 NEGATIVE AND POSITIVE RESILIENCE

In analysing the narratives of the participants, I confronted the same challenge that exists within some of the more recent literature: that of creating a distinction between what constitutes resilience and what constitutes maladaptive coping behaviour in order to survive (Masten & Narayan, 2012). While the violence continues it is not easily apparent to distinguish between positive survival and resilience as one cannot assess the longer-term adaptations post-trauma as the violence has not ceased.

The participants, however, very clearly describe the systemic effects of generational trauma as consequences of survival in environments of threat. Although they view these consequences as negative and maladaptive, they acknowledge that they serve the purpose of survival and coping, and therefore, can be viewed as a form of resilience. This research would, therefore, suggest that there is the possibility that resilience exists in two forms: negative and positive.

Negative resilience is a term introduced by Friedman & Higson-Smith (2002) in reference to the maladaptive effects of occupational trauma in South African Police. Similarly the cumulative and

systemic effects of trauma described in Chapter 6, could also be construed as negative resilience in response to living in a violent environment.

This does not mean that all individuals and communities that have experienced generational trauma are not resilient. However in the context of this study the degradation of the social fabric has reduced the capacity for social support and connection, which have been shown to be key elements in promoting resilience and health. Research amongst some historical communities shows that they have been positively resilient (Denham, 2008). However, I would argue that this is in part attributed to the fact that these individuals have created spaces for sharing their narratives of trauma, have collectively engaged in memories and actively integrated these meanings into their families and communities. In contrast, the context of this study highlights the breakdown of community and family, which are characterised by silence, disconnection, denial and aggression.

The concern, raised within the context of this study is the emphasis in much of the literature on resilience in violent contexts which purports that because individuals appear to have relatively good psychosocial functioning, they must be resilient. This argument is supported by Dowdney (2006), for example, who suggests that perhaps as mental health practitioners our denial of trauma, particularly in the plight of children growing up in violent contexts, has possibly distanced us from the responsibility of addressing the multi-level, psychosocial effects of trauma in marginalised populations.

Weierstall et al. (2013) found that appetitive aggression in young people living in violent contexts, could be viewed as a form of resilience and self-preservation which resulted in better psychosocial functioning. However, this type of protective factor could, also be described as contributing to negative resilience as the longer-term adaptions and effects are likely to be negative and have further adverse systemic effects (Bonnanno & Diminich, 2012; Offidani & Ruini, 2012), despite the perception that these young people seem to be coping.

This chapter therefore suggests that true positive resilience is really only possible if people experience a sense of healing from the trauma of the past. This positive resilience is indeed possible in environments of ongoing violence and trauma according to participants in this study. Moreover, the mechanisms by which this healing and resilience takes place, goes far beyond the domain and expertise of mental health professionals.

People can heal. Because even in my own life if I think about all the abuse that I went through and even the things I'm facing right now, even in my own home, the difference is how you handle things. Because people go through the same stuff but the drinking the fighting, that's how they deal with the problems. They'll do whatever they can but not to actually approach the problem. And you that has come through these things, you know

what you can do, you say to yourself, 'Listen, now how am I going to deal with this?' Because most of the people deal with it with violence, or drinking or drugging, or doing something that they not supposed to do. And those things just make it worse. And you can, you can still heal in this community even while you still living here because you learn how to deal with issues, you understand what your issues are.

(P26: Faith.docx - 26:73; 82:84)

The elements that contribute to positive resilience, healing and survival in the participants are summarised and highlighted in Figure 7.1. The same elements of resilience are integrated and emphasised in the participants' work with the children, youth and parents with whom they work.

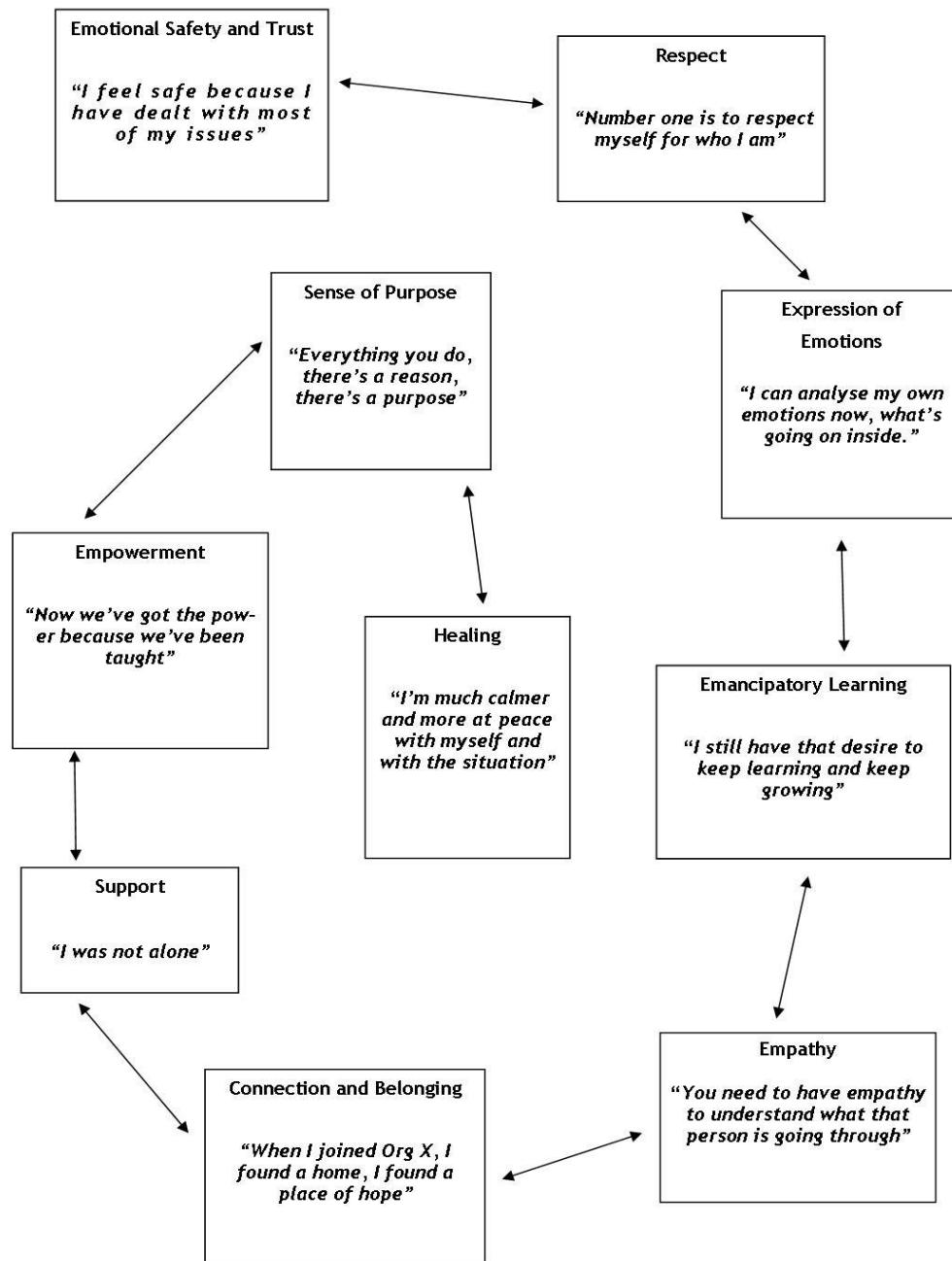


Figure 7.1: Chapter Summary of Elements of Resilience, Healing and Survival

Figure 7.1 outlines the analysis and discursive themes of this chapter. *Emotional safety* creates the space for *trust* to develop in relationships. This trust is also reinforced through *respect*. Within a respectful and trusting relationship, individuals are able to *express their emotions*. Through emotional

expression and learning, knowledge and insight are gained which facilitates transformational and *emancipatory learning*. The process of sharing and learning together develops insight and *empathy*, and creates a *sense of connection and belonging*. These new positive relationships provide and facilitate systems of *support*. In developing tools and skills, participants feel *empowered* and are given a *sense of purpose*. The changes that occur on an individual level through social processes, effects change in other systems, and serve to reinforce these protective factors across the systems. The *process of healing* co-occurs almost as a by-product of these elements, and is a circular, ongoing process throughout their life journey.

7.3 EMOTIONAL SAFETY AND TRUST – “I FEEL SAFE BECAUSE I HAVE DEALT WITH MOST OF MY ISSUES”

Safety generally refers to being physically and emotionally free from threat and harm. Emotional safety is dependent on consistent nurturing, and creates an environment in which trust can be established and where healing and growth can occur. Herman (1992) suggests that in addition to acknowledgement of the trauma and re-establishing social connections, a shift from danger to safety is central to healing from trauma. However, despite the persisting threat of and exposure to violence in her community, the participant's quote reflects the element of emotional safety which has been brought about through the process of her own healing: “I found security, love, stability, sharing, empathy with Organisation X, with the family and as I'm standing here, I'm free” (P1: Focus group1.Ruth.doc - 1:98; 9:9).

The participants' relationships to the organisation and to each other have provided safe spaces in which they are able to express their thoughts and feelings. The safety in these relationships allows them to develop positive and adaptive coping skills which can also be transferred into other contexts and relationships.

I said a person just has their ways of coping with things, especially if they know they can't trust anybody and go talk to anybody. And I think that's what happened to me because I couldn't really go talk to anybody for that matter or even a family member. Say 'listen here this is what's happening and this is what I'm going through'. So the disbelief, it plays a big role in a situation like that.

(P17: Valencia.doc - 17:31; 13:14)

Participants identified the significance of the effects of multi-level trauma on the early attachment relationships and subsequent ability to develop trust in an environment where trauma reinforces mistrust. Valencia describes her own experience of being unable to trust that those around her would

believe her and support her if she disclosed her abuse. The inability to trust those that should be protecting them, silences many children and women about the abuse they suffer. Therefore the participants emphasise the importance of building rapport and creating safety and trust within their counselling relationships.

Sometimes I'll just play a game with them, like snakes and ladders or something ... Or we do drawings or something, so we'll play games so they can feel more comfortable before they will open up to you ... You can't expect a child to just talk. It's difficult enough for an adult to speak about these things, so what about a child.

(P26: Faith.docx - 26:64; 68:68)

You must get down to their level man, talk to them, I know sometimes you have to break down the barrier and talk a bit how we talk in Hanover Park and get down there and say it like it is ... And the moment they see you relate to them in their way, then you get more out of them because then they don't think you don't know this or know about that. You can even tell them parts or pieces of how you grew up. Then they at least can relate, 'this person knows what I've been through'.

(P15: Rachel.doc - 15:133;149:149)

All the participants believe that being a counsellor from the area is a significant advantage because of their ability to relate to their client's experiences. Like Rachel, they feel that this enables their clients to open up and trust them more. This perspective is also widely debated as the familiarity of the situation and the resonance with trauma may carry the risk of over-identifying with the client.

I think it is all about how you talk to them, speak to them, how you interact with them. How you interact with the people. And I think that, the area where I'm living in - they know I'm working at school, they know I am a counsellor, and they will sometimes come to me and speak to me and ask me for help ... I always try to encourage them and they'll say they can trust me. Cos they know whatever we are talking is confidential. They can trust me. They see me as someone who can understand and that they can maybe look up to.

(P12: Olive.doc - 12:73; 77:77)

Establishing safe and trusting relationships takes time. Participants acknowledge that consistency over a long period of time has earned them the trust of community members who have watched them over the years, know who they are and what their role is.

7.4 RESPECT – “NUMBER ONE IS TO RESPECT MYSELF FOR WHO I AM”

In contrast to experiencing a history of multi-level oppression, feeling respected has a significant effect on the individual's self-esteem. Being respected has helped to restore the dignity of the participants and makes them feel that they are valuable citizens, able to help restore the dignity of others in their community.

By virtue of the role they play in the community, the participants are respected and trusted by their fellow community members. The participants also highlight the importance of giving respect, and the process of earning it, particularly in an environment where people's humanity is so often not appreciated. They highlight the experience of respect on a number of different levels: the respect they receive through being affiliated to a respected organisation, the respect they receive as a collective of counsellors, the respect they receive as individuals and the respect they give.

As counsellors the participants have felt that they have collectively been acknowledged and received recognition in their community but also beyond its boundaries. This recognition has been a sign of respect for them and the work they do, and has positively affected their self-esteem.

Because of their visibility in the schools and in the community, they receive many referrals beyond the scope of their work at school.

I would say we get respected a lot. Some of the people really, some of them have the courage to come ask you if they could come speak to you. Because of coming to a school meeting, parent meetings, then they'll say, 'I didn't know that she is doing that kind of work'. But it is not the work. It is the person. Understand? I lived in Hanover Park for 41 years, and the last 10 years I grew as a strong woman, amongst those other people in the community. And the community respect you for who you are, and what you are doing.

(P16: Wardah.doc - 16:119; 172:172)

Wardah emphasises the respect she has earned, not just through her identity as a counsellor but as a result of the changes she has made and the example she is in the community. Living and working in the community means that they are visible to the community. Their visibility is also consistent which enables people to trust them and over time has earned them respect.

Before I joined Organisation X, I did community work but there was never that great feeling of people looking up to you, like there is now. They know me and they know my situation at home but there's more respect from the community people ... even though

they know my son is an addict, they still come and want to know, 'what did you learn at Organisation X, give me what you got out at Organisation X'.

(P2: Focus Group 2.Kathleen.doc - 2:50; 22:22)

Some of the counsellors describe talking to people in the community or engaging with young people on the street, and often inevitably observe how these young people may, at times, stop drinking or smoking in their presence. These are important cultural signs of them showing respect towards the counsellors.

And it's not about giving [an ineffectual] service. It's about giving one hundred percent quality service, you know, and working with people's pain and just really going the extra mile to motivate and encourage them. That you know, that you can become survivors from whatever your situation is that you're in.

(P1: Focus group1.Tara.doc - 1:178; 15:15)

Tara's quote describes the self-respect and pride she takes in her work and for the people for whom she offers the service. This self-respect and determination to offer a quality service is characteristic of the participants' just and fair way of treating people.

And this one woman I saw -. Lane, when that woman came into my office, afterwards I had to spray airfreshener. I had to wipe the chair down the way that woman smelled. But when I saw that woman again and she said to me, 'Mrs -'. I said, 'No, please call me Ruth.' But she said, 'When Mrs told me how important it is for me to love myself and not to worry about what other people say about me, and that I must take care and work on myself -' And I gave that woman a hug. That she felt so touched by what I said, that's one of the things that makes me feel really good at the end of the day. And when I see her on the street, she always comes to give me a hug. One day Angel asked me, 'Who's that woman?' I said, 'No, that's someone I saw two years ago. The way that woman looks now, you'll say she's had a makeover. And sometimes she's got work, sometimes no work but at least she's working for herself.'

(P11: Ruth.doc - 11:151; 95:95)

Their own experiences of being treated with humanity and justice are echoed in their work: "I feel more of a person. I'm excited about my life" (P1: Focus group1.Rachel.doc - 1:134; 11:11). Therefore, they strive to redress some of the injustices and prejudices that their own community members face, through treating them with humanity, respect and compassion, whether they are victims or perpetrators. While these experiences of justice may seem minor in relation to the major structural

injustices that exist, the sense of being treated fairly is essential in promoting the participants' sense of psychological health and growth (Prilleltensky, 2012).

7.5 EXPRESSION OF EMOTIONS – “I CAN ANALYSE MY OWN EMOTIONS NOW, WHAT'S GOING ON INSIDE”

The participants drew a number of parallels between their involvement at Organisation X and the actual research interview. A significant comparison was the way in which they all felt able to trust and felt treated with respect and humanity, which provided a safe space for them to express their emotions and give voice to their experiences through the narratives. This sentiment was echoed about the counselling training process and the interview process (An overview of the training is provided in Appendix 3).

So I thought, Wow! Is that really me? And I was so honest. But what I realised in the interview is that I need to be more honest with myself. I need to stop undermining myself. I do that all the time. But there I realised again, I have a lot of good qualities.

(P2: Focus Group 2.Kathleen.doc - 2:22; 10:10)

And the interview made me realise how I've grown, from where I've started and where I'm now. Ok, for me, it was like a life journey. Going back isn't always easy, but out of that interview I went home and I sat down and think, was I really there. Sitting in that interview, going through my life and coming home from my work, was it me, when I look back.

(P1: Focus group1.Ruth.doc - 1:7; 3:3)

All the participants described the interviews as being initially anxiety-provoking and quite emotional. However, they all appreciated the individual, uninterrupted space. This suggests that there is still value in having individual spaces for reflection and processing of emotions, although it does not need to be a regular weekly occurrence, nor a therapeutic contract. This process allowed them to appreciate the growth and healing that has taken place in their lives over the years, which in itself contributed to their individual resilience.

I'm a better person now that I did the course. Like I said with the death of my husband and my daughter, I thought I could handle it but I couldn't. Only when I came to do the course at Organisation X I could see I could talk about them without crying. But first if I just sit and think about them, the tears will run. But now I'm a better person now. I know how to handle even if I work with a child that lost a family member. I know how to work

with the child, because I was there also. I tell the child you can be cross it's fine, you can cry, you can even question God. That is normal. But when I went through that, I didn't know ... But now I know and I can tell children that it's normal for you to be like that.

(P7: Roseline.doc - 7:21; 64:64)

When I wanted to talk to people, I couldn't, I didn't know how. I was judging myself also. What if I'm going to say something? What will people think? And so when I came to that point when I did that counselling, I realised how nice it is, how good it is to open up, to speak, to speak to people that will understand, people that won't judge you. And that is really what I like about the counselling.

(P12: Olive.doc - 12:87; 97:97)

Their ability to finally voice their experiences and be heard was an important process for them as it legitimised their emotions and experiences, allowing them to consciously accept and come to terms with their reality. These processes also allowed them to reflect on the journey they have been through, highlighting their capacity for survival, and increasing relative hope.

And the fact also that it's not just about you having your say but learning that you have to listen to somebody as well. And I think that's so important because I realised if there was somebody to listen to me years ago, I would have been more open then at the time.

(P17: Valencia.doc - 17:63; 26:26)

Herman (1992) posits that recounting the traumatic memory in detail allows the individual to acknowledge the trauma and enables the memory to be integrated into the person's life. While healthy, trusting relationships are needed to provide the space for acknowledgement and healing, these relationships were often not easily accessible to the participants, particularly as many of the abuses, trauma and mistrust occurred within the context of their own families. Therefore in order to establish safe spaces in order to rebuild or even learn how to build trust, new relationships in the environment of the organisation were modelled, developed and nurtured. Building resilience through developing social networks, which encourage respect, humanity and empathy, were also supported in the literature (Ahmed et al., 2004; Moscardino et al., 2007; Ungar, 2012).

Roseline, Olive and Valencia also attest to the benefits of being the safe container for their client's expression of emotions and the value they receive from seeing the relief it brings their clients.

I can get control of my emotions. I cry more when I need to, we hug each other more, even my mom, we could talk. There are times that we sit and we speak out, we have a

meeting. Like a parent's meeting, we can work with one another and it's nice and it's working. Every morning now when I go out I kiss them, and when we come back ... Little by little we're getting there.

(P3: Angela.doc - 3:64; 135:135)

As healthy relationships were modelled and formed through their association with the organisation and their work at schools, participants described in many instances, that they were able to renew some of their relationships within their families too. As in Angela's case, her ability to express her emotions allowed her to be more vulnerable and genuine in her family. This benefitted her family's relationships as they were able to improve how they communicate with each other both verbally and physically.

7.6 EMANCIPATORY LEARNING GAINED FROM KNOWLEDGE AND INSIGHT – “I STILL HAVE THAT DESIRE TO KEEP LEARNING AND KEEP GROWING”

The application of liberation psychology principles is important in engaging with people from oppressed communities (Moane, 2008). In particular Moane (2008) supports the notion of analysing the systemic effects of oppression and engaging in processes which are transformative and empowering through facilitating social action. The participants in this study describe their learning processes as being transformative and rooted in social action which has fostered a desire for ongoing learning. Gravett (2005) describes learning as being transformational and healing when it enables self-reliance and responsibility, empowers and is liberating.

Mezerow (1997) defined transformational learning as the way in which we attach meanings to our experiences. He suggests that our ability to make meaning and interpret our experiences enables our capacity for autonomous thinking. The process of learning, gaining insight and becoming equipped with knowledge has enabled the participants to feel transformed and free from the past trauma that has burdened them for years.

And also, it made me realise, it had an effect on my self-esteem, my development, my understanding of myself and who I am ... It's an adventure, it's a journey. It's like having fun learning all the time.

(P1: Focus group1.Tara.doc - 1:141; 13:13)

The learning process is a challenging one in that participants needed to confront their own hurts and give expression to them. However, Tara also describes the learning process as enjoyable and fun

because of its experiential nature. Through the training courses, they developed insight into their emotions, thoughts and behaviours as well as that of those around them. Tara expresses how this increased her own self-esteem.

7.6.1 Insight into self – “You really see things differently”

Participants describe a core shift in perspective and in the meanings they attached to their experiences of trauma.

You see I realised with the training why ... I blamed myself all these years. And I stopped with it and I even stopped pitying myself. I said to my family you can do the same.

(P16: Wardah.doc - 16:87; 109:109)

Wardah's rape left her feeling ashamed and she blamed herself for many years. In gaining insight into her trauma responses and normalising them, she was able to gain a new perspective into her reactions and behaviours over the years. This allowed her to gain a sense of meaning which increased her self-esteem.

You know other times I would have said all kinds of things but I've learnt you can't just point out what's wrong in other people's lives. You need to look at what's wrong in your life.

(P26: Faith.docx - 26:25; 18:18)

For Faith, the self-awareness and insight she gained through learning has reduced feelings of anger and potential conflict because she is able to identify her own shortcomings before pointing out the failings of others.

So ja, for me, dealing with human beings and the personal pain on a daily basis, have opened [my eyes] and taught me to be more grateful and satisfied, and to treasure what I have.

(P1: Focus group 1.Tara. doc - 1:175; 15:15)

Tara points out that despite her own difficulties and adversity she faces on a daily basis, the insight she gains through her work as a counsellor has given her perspective over her own life.

Some of the participants also explained how the exposure they were given to new and different environments and people, have helped them to put their own situations and lives in perspective, and has expanded their world.

Many express how these experiences exposed to them to a new place or to a skill they did not realize they had, and gave them the space to reflect on their lives outside of their own environment. They were also exposed to sites that are commonly associated with Cape Town but have never had the opportunity to visit, such as the beach for some, Kirstenbosch Botanical Gardens, Table Mountain and so on. These experiences were important psychologically as it challenged their sense of who they are in their community and in their country.

It is very likely that the participants' insights into behaviour and emotions have enabled them to gain more understanding into the behavior of perpetrators in their community. The way they make sense of and meaning from the traumatic events that take place, may enable them to cope better with the effects of trauma.

But this is what Organisation X is actually for me, what it means to me, I think of the grass it's just growth, growth, growth all the way. It doesn't matter how, and the obstacles, you get over it and you learn something from it. I think I now see my roots and I think, wow, my roots just become more and more firm, you know.

(P2: Focus Group 2. Dee.doc - 2:59; 32:32)

Dee's reference to growth despite the obstacles and challenges she faces is supported by Teti et al. (2012) and Buikstra et al. (2010) who posit that learning that arises out of adversity has been considered an important element of resilience. Gaining these personal insights have resulted in higher levels of conscious thought, behaviour, emotional freedom and healing. The idea of being able to see more clearly the roots of the problems and that which may have been unconscious, has enabled better psychological well-being (Duran et al., 2008; Wagner, 2009).

The participants highlight the importance of self-awareness and how insight into your own emotions, thoughts and behaviour is a prerequisite for being able to have insight into and help others.

7.6.2 Insight into others – “I never realised how much I hurt her until I did the course”

The insight counsellors have gained into others has enabled them to play a pivotal role in facilitating the healing of and building resilience in others. Tara describes how “it made me understand about relationships, family, friends, people, community, school kids, educators” (P1: Focus group1.Tara.doc - 1:153; 13:13). This had aided them in their work of reducing the cyclical effects of violence and

aggression through intervening at various levels but more specifically in their own families, amongst themselves as counsellors and with teachers and learners at schools.

i. Family

Many of the participants felt that their families benefited as a result of the transformation that took place with them.

Dee reflects on her parenting style before Organisation X: "You know, such a lot has changed for me ... The lights just went on for me and ... I realised where I also went wrong" (P8: Dee.doc - 8:59; 40:40). She acknowledges that she made mistakes but has since moved forward to a more adaptive parenting style. Tara recalls how she used severe corporal punishment in disciplining her children, and how gaining insight into cycles of violence helped her change to practising more positive discipline with them.

Amy and Faith highlighted the insight they gained into the generational patterns of mothering in their lives. This enabled them to begin to break the cycle of abuse and critical mothering with their own children as soon as they started to understand their own behaviours and patterns. This meant that these key attachment relationships between mother and child were improved for most of the counsellors as they adopted more positive parenting which was likely to increase their children's resilience.

And we can speak now. No more shouting at each other ... But I think I'm just more relaxed. I learn more. And I don't feel, why must I shout and scream and swear like a mad person? I've done that. And I know now that isn't going to help.

(P27: Fay.docx - 27:33; 20:20)

The insight has also facilitated changes in Fay which has improved the relationship between her and her husband.

ii. The counsellors

The homogeneity of the community meant that many of the participants had not necessarily been exposed to different cultures on a personal basis. As part of their work they need to engage and interact with a range of diverse individuals which put their own stereotypes and prejudices into perspective. Addressing these prejudicial assumptions was an important component in embracing differences and building resilience. This is particularly pertinent in the context of a history that enforced an "us and them" mentality and has continued to create divisions reflected in class, race, gang affiliations, xenophobia and so on.

One of the major things that I came to realize is that diversity is so important ... you need to become flexible ... And how far is Hanover Park from accepting race ... And we as coloureds - this is now my opinion ... really need help. Seeing diversity, it's so beautiful, you know.

(P11: Ruth.doc - 11:141; 87:87)

And then I learnt about diversity. To accept diversity, to accept people. Before I would have immediately had that inner conflict, and I won't reveal myself to you ... But I've learnt to accept people for who, what and how they are.

(P2: Focus Group 2.Olive.doc - 2:75; 40:40)

The ability to embrace diversity is an important area of growth as it demonstrates their openness to learning, capacity for tolerance and acceptance and illustrates their increased self-esteem as they do not feel threatened by difference.

iii. Teachers

A lot of people don't like X, the principal. I can now also understand where X comes from because she's doing things, she makes people cry and I could identify. I could tell some of the teachers 'listen, I can see where she's coming from'. 'This is her domain and she's trying to protect what she thinks is hers because maybe she struggled to get where she is when she was small'. 'Maybe things were taken away from her, maybe this is what happened ... she's going to protect what she thinks is hers and she's going to do her utmost, so what are you going to do?' 'Just abide by it or take her one side. But don't talk to other people and say this is ...' because that is where the conflict comes. 'Speak in front of her, if she doesn't like what you do, you did a good job by knowing that you didn't go and talk to other people, or to other teachers, your colleagues about her'. 'Because that is where you're going to cause conflict'.

(P3: Angela.doc - 3:40; 59:59)

Angela's insight into and formulation of her principal's behaviour enables her to step back and be a mediator at school. She is able to use her understanding of people and her conflict management skills to provide alternatives to the teachers in dealing with this conflictual situation. Through confronting them and holding them responsible for their actions, she is trying to facilitate open communication and honesty, which are behaviours that the counsellors need to model for children and other adults in

the community. Modelling healthy, constructive ways of coping with conflict can create spaces of safety for children and other adults to build trust and express their emotions.

The process of the training has been ongoing and seems to have facilitated change in individuals. This is important in understanding that individual change does not only require individual intervention, as the trainings are all group processes. This group process has helped them get perspective of their own lives as they heard each other's stories. The counsellors' insight into individuals, relationships and community dynamics has contributed to their capacity for empathy.

7.7 EMPATHY – “YOU NEED TO HAVE EMPATHY TO UNDERSTAND WHAT THAT PERSON IS GOING THROUGH”

Empathy is required in order to work through trauma, build resilience and transform society (Hutchison & Bleiker, 2008).

It took me a long time to really understand the word empathy. You know to really feel what that person is feeling. I remember only after the course in supervision, empathy used to come up all the time, and eventually it clicked. It finally dawned on me what empathy really is ... the way we were taught to really understand ourselves and people, that was really amazing.

(P25: Lydia.doc - 25:25; 39:39)

When the participants began to grasp the concept of empathy within the counselling course, their tolerance, compassion for and insight into others grew. Through our capacity for empathy, we become connected to others. The participants' insight coupled with empathy creates a deep awareness of the complexity of the trauma and violence in their community. In the same way that Weingarten (2003) attributes Mandela's role in the peaceful transformation for South African society, to his awareness and compassionate witnessing of the complexity of Apartheid, the participants' insight and consciousness of the insidious and pervasive nature of trauma also becomes a catalyst for transformation despite the injustices and daily violence they witness.

This compassion and empathy also extends to the many perpetrators with whom the counsellors are confronted.

There is nothing wrong to speak to a gangster even. There is a soft heart with that gangster. Some of them don't want to be there but they don't have, according to them they don't have a choice. So as counsellors we mustn't say we can't help that gangster. We can. Even with a gun in their hand. Because you are that strong person, you made yourself that strong person speaking to them. You don't know when a healing moment will come and that child will realise, that teenager, that person with a gun in their hand ... I won't even call them a gangster, I will say that is a person, that is a human being, again gangster is a labelling. All those words you are labelling the person.

(P16: Wardah.doc - 16:105;157:157)

Wardah emphasises how humanity has been stripped away in the community, and that we need to be reminded that even the gangsters are human beings that exist in a challenging context.

Now you look at people in Hanover Park and you say that one is a druggie. I don't think that one is a druggie, I think to myself now what went wrong? Why did that person really go to drugs because that person could have been me.

(P15: Rachel.doc - 15:77; 89:90)

Although the participants experience anger, sadness, loss and frustration at the choices these young people make, they are also able to see the influences of the different environments in which these young people interact.

I still believe that our big gangsters, somewhere in there is a little boy ... You can be the biggest gangster but they must have a little bit of heart left. And if there's that little bit of heart, you can work with that.

(P25: Lydia.doc - 25:34; 53:53)

I had to sit there while he told me about the murders he's committed. And I had to hide my shock ... and he tells me he can't sleep at night. 'When I sleep, I see the faces of children I shot' ... So for me my heart went out to him. Really I realised if he just had a place where he could get away. A safe place. He wants to get out ... He doesn't know what it's like to have a mother or a father to care for him.

(P5: Beulah.doc - 5:76; 94:94)

Rachel, Beulah and Lydia are intensely aware that the gangster or drug addict himself is not solely to blame for his situation. They have empathy and understand that people have a history. They think ecologically about the problems and therefore, believe in elements of resilience being ecological. Their empathy, therefore, reduces their feelings of hostility and anger towards perpetrators although they certainly do not condone the criminal actions and the horror of the stories they have to listen to at times. Having empathy is another critical component for building resilience and healing as it enables connection to others.

7.8 CONNECTION AND BELONGING – “WHEN I JOINED ORGANISATION X, I FOUND A HOME, I FOUND A PLACE OF HOPE”

As stated earlier in the section on "Expression of Emotions", healing takes place in the context of renewed and restored relationships. Therefore, healthy connection to others is important in building resilience as it reduces the isolation and the associated negative feelings that may arise out of harbouring feelings of anger and hostility towards others.

Agani, Landau & Agani (2010) reported that being connected to others, to those from the past, to rituals and regular practices and to resources in their community, contributes to positive health and resilience. Although similar findings were uncovered in this research, the connection to different aspects of their lives, may be emphasised in other sections of this chapter. For example their connection to spirituality (Ungar, 2008) was raised more in the context of the support they derive from their faiths, which is discussed in the section under Support.

Participants emphasised the sense of connection they experienced 1) to the organisation, 2) to each other, 3) to their families and 4) to their community.

7.8.1 Connection to Organisation X: A new culture – “Organisation X means family togetherness”

The sense of belonging in families and communities according to participants has become fragmented and eroded over time due to violence and oppression. Antone (cited in McBride, 2003, p. 75) states that "when you deny someone their sense of belonging, you are committing an act of violence on them." These words are significant in a context of ongoing violence and socio-economic stress. Most of the counsellors also come from family backgrounds which have included their own abuse, rape, exposure to gang and drug activity in their homes, family rejection and abandonment.

However, the culture and ethos within the organisation was always described as being pivotal in the transformation that took place in their lives. For many of the participants who experienced a sense of isolation or simply did not feel they belonged, their connection to the organisation created the sense of belonging to a family. The sense of family is evident in the narratives where participants refer to each other as sisters i.e. the language of family. The sense of belonging they experience gives them a sense of connection and builds resilience.

Sometimes I feel being a part of the counselling at Organisation X is like being a part of a family, more than my own family. I have [biological] sisters. But only now since I've been counselling is there really a connection.

(P1: Focus group1.Rachel.doc - 1:130; 11:11)

In contrast to the descriptions of the environment in which they live, the participants describe the organisation as a strong foundation where they experience a sense of justice and nurturing.

I can really say I think Organisation X is one of the organisations that really has closeness. Where everyone really supports each other, and really love each other. There are real family values ... Everyone is different and unique but we understand each other.

We can say tease and laugh ... we laugh a lot ... and when someone is hurting, then we are there for that person.

(P11: Ruth.doc - 11:155; 99:99)

Another important distinction from the trauma experienced in this community, is the participants' repeated capacity for play and fun. Although humour is often used as a coping mechanism in dealing with trauma (Wu et al., 2013), the participants' descriptions of humour is evident in the genuine sense of family fun they experience through the organisation. Wu et al. (2013) acknowledge the important social role humour plays in building resilience and it also draws people to each other. The participants use their capacity for fun and play in counselling children where they use techniques such as play therapy and make a concerted effort to create spaces for the children to be children and have developmentally appropriate activities that are fun.

7.8.2 Connection to each other: Collective and individual Identity as a counsellor – “I could do things now I never believed I could do”

Healthy identity formation and a sense of belonging are essential elements in the healing process (Kalathil, 2011). Critical psychology has looked critically at how oppression has had a deep impact on identity (Duran et al., 2008). Participants feel strongly about their identity as counsellors as many of them were brought up to believe that they had nothing to offer or contribute to society.

And then I wrote here 'my journey with Organisation X led me to help many learners that had lost hope, and many lost their dignity and self-worth, and that is what I lost, and that is where I got it back.

(P1: Focus group1.Angel.doc - 1:169; 15:15)

Angel describes how her work as a counsellor helped her regain her own sense of self-worth. Seedat et al. (2001) describes the idea of discarded people who become valuable again through redefining themselves. “Sometimes people come to you out of the blue for advice and you think wow but I'm just from the community and you're coming to me” (P28: Tara.docx - 28:43; 66:66). Tara's quote highlights her incredulity in how others perceive her new identity. For participants like Tara, the status of being a counsellor challenged her core beliefs about herself as being worthless and unsuccessful.

But what I want to say is ... having the opportunity to become a counsellor and having the opportunity for someone to see the potential in me and other women in Hanover Park, made me feel that I AM something. I have worth.

(P9: Angel.doc - 9:91; 73:73)

Renegotiating these personal, gendered and cultural expectations has helped these counsellors move beyond their identity of victim. This changed self-perception was facilitated through the belief that they could do this work despite their race, class, gender or socio-economic status. They all needed someone to believe in their potential to make a difference in their own lives and in their community.

Some counsellors explained that, despite their lack of formal education, community members often perceive them as educated and they are often mistaken for social workers. This has had a significant and positive impact on their self-esteem.

You can't just be the counsellor at school ... You have to be a role model everywhere, even at church where you're at, in the community. But the thing is you have to stay in those shoes all the time. It is sometimes very difficult. People look up to you and you don't realise that people look up to you. That's why I'm saying we have such a big role that we play in the community ... It's almost like you have to be perfect. And sometimes that is also a challenge for you, as a parent, as a mother.

(P1: Focus group1.Tara.doc - 1:68; 5:5)

Although the participants also describe that they are given elevated status as a result of being counsellors, the identity also places them on a pedestal. This pressure is often stressful as the expectations from family members, community members and teachers, is that they should do no wrong. They are also often expected to fulfil a number of roles as the community counsellor. These excessive expectations include functioning as an advice officer, a grants officer, a career guidance counsellor and a legal advisor amongst others.

The responsibility of being role models in the community is taken very seriously by the participants. Their connection to each other plays a supportive role but the relationships between them are also ones which hold them accountable to each other.

Having exposure to positive role models amongst each other, plays an important role in building resilience as positive behaviours are modelled and witnessed in the community. Feeling connected to positive, capable and nurturing adult role models facilitates positive adaptation and resilience (Orbke & Smith, 2012).

That is what I also discovered is, you can't change people. You have to live the change for others to see your way ... You have to live it and explain to the client. Live the change for others to see and follow.

(P2: Focus Group 2. Wardah.doc - 2:43; 19:19)

Living in the same environment in which they work can have a cumulative traumatic effect on the counsellors as their working lives are not separate from their personal lives. Acknowledging their own trauma and reintegrating all these life experiences, becomes a part of the identity as a community counselor (Herman, 1992). As Wardah describes, their role as counselors goes beyond their work. It has become a way of being in their families and in their community. Although they can identify with their clients and other community members, they model alternative behaviours and responses in the face of trauma despite possibly experiencing the same feelings of loss, hurt and anger.

Being able to engage positively with each other, addressing these issues collectively and experiencing a sense of shared understanding in similar situations (Kalathil, 2011), has also enabled the counsellors to move from the safety of this space to attempt to restore some of their relationships within their own families. For many of the participants, feeling connected to the organisation has facilitated the reconnection with their own families.

7.8.3 Connection to their own families – “Because I changed, there was change in the home”

I never, never used to hug my children. Then when I hugged [Sarah] ... she was 10 years old and she asked me, 'are you gonna die?' And it was such a shock because ... I thought ... how long did my child want to feel that hugging, my children wanted that hug ... you know. And now everyday ... even today I will give my children a hug ... even one is married ... still give me a hug ... but every day so now they so used to it.

(P6: Barbara1.doc - 6:31; 62:62)

On a family level the changes in the individual participants, stimulated them to transform their relationships in their own homes. The realisation for each participant that change begins with the individual, was also empowering and shifted their perceptions of themselves as victims in a cycle. Barbara highlights the transformation in her relationships with her children when in the counselling course over twelve years ago she was encouraged to hug her children. She attests to that being a catalyst for developing stronger communication and bonds with all three of her children.

All participants describe an improvement in their family life to varying degrees although Tara and Faith still had conflictual relationships with their husbands due to their new sense of self-reliance and independence. Some of the key factors they highlighted were improved communication with their

own parents, children and partners, prioritising and implementing regular quality family time and four of them expressed that their husbands had become more actively involved and affectionate with their children. Nurturing, safe and supportive attachment relationships in the family create resilience in children and may make them less vulnerable to the broader systemic effects of trauma.

7.8.4 Connection to community – “It makes you feel, like they see what you do”

Rebuilding trust, connection and interdependence is essential in violent communities. The connections that exist between families and within the community enable positive adaptation and resilience to trauma (Landau, 2010). The participants' status and identity as community counsellors have served to connect them across other systems within their community in a deeper way. Some of them have established true friendships with teachers at their schools or at the police station in Fay's case. On the whole they feel like they have a sense of belonging to another institution, namely their schools, as they are included in other school activities and events.

The counsellors, therefore, also try to facilitate a sense of belonging in the school for learners. Some schools have developed an ethos of family where teachers are seen as parents by many learners. Being connected to teachers and schools are also considered in the literature to positively influence resilience in young people (Strand & Peacock, 2003; Ebersohn & Ferriera, 2011).

L: How do you manage termination in this environment where kids are so often left feeling abandoned and rejected?

M: Well at school I try to keep an open door, always tell the kids that we're here for you and if you need to talk and that, we're here ... This is not a once off. If you feel that you want to come again, you will determine that. I keep that open policy at school with the children all the time. I said even if you feel OK now, if you don't need any more, I let them determine it. Do you feel you need another session, are you OK? OK, I'm OK now. And then I say OK maybe at a later stage maybe in a month's time you feel you not OK, you felt maybe at that time I can deal with it now or now there's more things come up, you just indicate that, I need an appointment or it's urgent ... So yeah I keep that open-door policy all the time. That it's not that this is final, the door is closed.

(P10: Mercia.doc - 10:48; 50:50)

The need for a place to belong and a sense of connection is overwhelming in young people in this community. The participants are very sensitive to the levels of rejection, abandonment and vulnerability that their clients have experienced. Therefore in establishing connections with them, they are very cautious with respect to termination. The children and youth of the community are

aware that the counsellors are there consistently whether at school or in the community, which enables them to trust them more.

Participants also facilitate many group and peer support activities to engender a sense of connection with others and reduce isolation.

Today one of my "grandpas" is being buried, who I always used to walk past and greet on the way to school. And Angel said to me, 'Go sympathise with your people because he died'. There were two grandpas that I used to greet and then they were, 'hello girl, hello baby, how are you? Keep up your good work'.

(P11: Ruth.doc - 11:150; 95:95)

Ruth describes experiencing the sense of connection with complete strangers as they greeted each other each morning. They acknowledged her work as a counsellor and they became "her people" as Angel described them.

Although participants experience a wide range of connections across various systemic levels, there is still a sense of frustration and not feeling connected to the broader governmental departments and health system. They serve a significant functional role in bridging the gap in psychological and community services, yet are not acknowledged by government departments specifically the health, education or social development systems (Daniels, 2012; Hassim, 2009). The responsibility of the community workers such as these lies solely with the non-governmental organisations (NGOs) despite bearing the burden of healthcare work in low-income populations. NGOs also take the strain of needing to provide support to community workers in order to sustain their work.

7.9 SUPPORT – “I WAS NOT ALONE”

If you don't have support, then it's very difficult ... If you don't have support, then you can't get out of that rut and there will always be things that hold you back. So, the information and support that we got here, it's like it brings you in line ... it gives you shape and it gives you guidance and helps you develop and grow.

(P2: Focus Group 2.Beulah.doc - 2:85; 55:55)

There is an abundance of literature which affirms the finding that having support is a key component of resilience (Christiansen & Evans, 2005; Ozbay et al., 2008; Wagner, 2009; Hegney et al., 2007; Teti et al., 2012; Hobfoll et al., 2012; Ungar, 2012).

The elements of support have been modified from the categories of support outlined by Lazarus et al. (2009), and are presented in three forms i.e. Structural Support, Social Support and Spiritual Support.

7.9.1 Structural support – “This is an umbrella, now this is Organisation X - it covers you”

Also it's the supervision we have here. Because of the supervision we can bring our difficulties with cases, our grievances here too. We can also have our one-on-one sessions if we have things that we need to discuss, or we have things that is bothering us personally. And here is our space. When something is bothering me, I also have a chance to talk, and there is somebody here that is listening to me and help me through that ... With the counsellors, we have each other's phone numbers; we can give each other a call. We chat to each other.

(P12: Olive.doc - 12:82; 87:87)

Olive presents a good overview of the types of support provided for her and the other counsellors at the organisation. Structural support is the support derived from organisations and institutions to which the participants are connected (Lazarus et al., 2009). Due to their connection to the community, the organisation and the collective action they are engaged in, the participants lay significant emphasis on the support they receive through their work. As trauma service providers, the role of the organization is pertinent in maintaining the counsellors' well-being and reducing the potential for burn-out, particularly in such a high-risk environment. This support begins at the entry point to the organization where participants express the building of supportive relationships in the training courses. Gutlove and Thompson (2003) attribute the success of many training interventions to the development of mutually supportive relationships between trainees.

And I cannot do it without people in my life, and that is where Organisation X also comes in, because you're family, part of us ... I've [drawn] this one flower there, just sort of the nice opportunities that come through Organisation X as well. And sometimes a flower can't grow without the sun. And that is how much we need each other. I need you for growth ... I cannot do it without you, you know. No man is an island. I just need you guys. And even the school. It becomes your lifestyle. It's something positive, and the more you do it, the more it becomes you.

(P2: Focus Group 2.Deel.doc - 2:60; 32:32)

The organisation facilitates other provisions of support such as economic support in the form of stipends for their work, creating opportunities for advancing their learning and studying further, promoting physical health and creating access to exercise and health check-ups, as well as in practical

ways such as distributing grocery packs in times of desperate need. Dee also stresses the connection to their schools and the practical support that some of them receive through some of the teachers and staff in these institutions. Valencia, for example, described how the teachers at her school provided hampers of groceries and meals for her during her son's hospitalisation. These additional supports across micro and mesosystems also build their capacity for resilience.

i. Supervision

For me our supervision meetings is important for me to help me cope, because here you can learn from one another, you know, you can actually learn from one another. You can see, ok, then ... I can do this differently ... where you get challenged, learning what the next counsellor is doing.

(P6: Barbara.doc - 6:52; 96:96)

Supervision plays a critical role in support for the participants. Supervision takes place formally and regularly through professional facilitation by a psychologist or a social worker but also in unstructured ways through peer supervision. Most supervision sessions are held in groups so-as to promote further learning and support amongst the counsellors. Barbara highlights how the counsellors learn from each other.

I know of a social worker that came and asked me for advice and - because of the letter I got, the feedback - she said, 'I could never have thought, we thought you guys got your diploma's at University' ... and that is the type of thing that ... always helps you to actually become a more enhanced person. And supervision is where overall the group is sharing the cases, and you think about what is going on in the community, and that is the support that you need to have at all times.

(P4: Amy.doc - 4:158; 54:54)

Amy emphasises the importance of supervision but also introduces the consultations that take place between them and other professionals in the field around specific cases. These relationships are also mutually supportive, and can build self-esteem. For someone like Amy who only completed her Grade 6, it is particularly meaningful that their work is held in high regard by professionals with tertiary education. The importance of supervision is not just about providing a space to discuss cases but also allows the participants to gain a different perspective of their own experiences of living in the community, to step out of survival mode and look at the community dynamics more objectively.

ii. Psychosocial

Participants also have access to their own individual or group psychosocial support which focuses on their own personal crises. This space for support is essential in an environment where the counsellors are daily exposed to threat and violence themselves. Some of the participants described speaking to the psychologist or professional counsellor at Organisation X if they were in immediate crisis. They also stressed that often once the crisis was resolved or they had expressed how they felt, they were then more able to resume their healthy functioning and cope with their work.

The counsellors approach their work systemically, and from the outset attempt to engage as many levels of support for their clients as possible. They are aware that many of the environments for these young people are unsafe, and although they are unable to transform structural systems, they are able to develop healthier, positive spaces within these environments to protect and support their clients.

Like this one child I saw. If only I had a bigger house ... This girl - she's a top student ... She was top of her Grade at the school. She got pregnant, and I spoke to this teacher about this girl, and she adopted this child ... She stayed in [the informal settlement]. The teachers got a shock ... She lives in a shack. She's a top learner. The teacher gave her a whole outfit. They took turns - three teachers. They brought her lunch every day because I knew I couldn't. I just ... I think the way I spoke to the teachers, the way we worked together. This girl's got a baby now. She did her matric while she was pregnant. That one I didn't want to terminate with.

(P9: Angel.doc - 9:110; 99:100)

Angel underlines the importance of working with clients systemically, and explains how she drew on the teachers for practical support while she provided the emotional support. While the participants are not in a position to provide financial or social welfare assistance, they are informed and aufait with the procedures and resources available in order to access these kinds of services for their clients. At times they also use their own creativity.

And at Organisation X there's a lot - it's almost like, a place for the whole family. You can cover the whole family. By seeing a child at school, you see the whole family. You see the dad, the brothers, the sisters, you see the mother, grandparents. There's place for everyone. I see it as a safe haven.

(P12: Olive.doc - 12:67; 68:68)

An added benefit through their association with Organisation X is that the counsellors also have access to a number of internal referral resources and interventions that are community-based and

accessible for their clients within their organisation. In this way many of the clients are able to receive an integrated, multi-systemic level of support.

7.9.2 Social support – “Here you find help and understanding”

Social support is one of the strongest resilient factors after exposure to violence (Charuvastra & Cloitre, 2008). Although the participants all work together, it is clear that the greater part of their support comes from each other and those associated with Organisation X. As a group of women, they hold each other accountable for their behaviours and model ways of being parents and partners for each other.

Yes, I am so grateful for the way you all supported me in my mother's death. All the messages ... phone calls. I can see we are really like family, and I'm grateful for that.

(P2: Focus Group 2.Roseline.doc - 2:68; 38:38)

And that was also a trauma for [my daughter]. You know that night, she didn't want to take her school uniform off. She didn't want to wash. She told me, 'Mommy I'm going to sleep.' ... And I phoned, was it Auntie Olive or Angel, and she actually said, 'Just leave her. Leave her. That is how she needs to grieve. Leave her just like that.' And she didn't talk for that whole week. Only Sunday she said, 'Mommy I'm still thinking of my sir now man.' Oh then I wanted to cry because of the way she cried. But she's busy with a memory box, making a memory box.

(P11: Ruth.doc - 11:138; 79:79)

Death is a recurring experience for the participants, and they have supported each other emotionally and materially, through several bereavements and funerals over the years. The father of Ruth's daughter was murdered and she witnessed her favourite teacher die of a heart-attack in class. These kinds of trauma are also experienced by the counsellors themselves, and they are aware that they can also call on each other for support and guidance as they cannot be counsellors to their own children.

In the second focus group a few of the participants became quite tearful as they were overwhelmed by the depths of their relationships and connection. This mutual trust and respect has engendered a strong feeling of support and camaraderie amongst the counsellors: “At times like I feel now, I can talk to anybody. Nobody will just turn a blind eye or, I don't have time to listen to you. There's always somebody that will listen to you” (P2: Focus Group 2.Valencia.doc - 2:94; 58:58). This demonstrates how healing is ultimately about restoring the relationship with the self and others, and can only really take place in relationship with other people.

7.9.3 Spiritual support – “God gave me such peace”

Participants also derive support from their spirituality and practices of faith. This area is so often neglected or ignored by western-influenced mental health practitioners. The process of healing includes facilitating the connection for people with what they believe and what revitalises them (Washington, 2010). Fast and Collin-Vezina (2010) also attest to an improvement in well-being and increased resilience when individuals and groups are connected to their spirituality.

If I don't come here, then I'll go to church. We have people that we can talk to and I can talk to my second eldest sister.

(P11: Ruth.doc - 11:135; 75:75)

I am a very scared person, don't like walking in the dark, or walking alone ... but this one time I was walking across the field - that time we belonged to a grocery club. I had all the money in my bag. And as I walked over the field this guy chased after me. I heard him shout ... and eventually he showed me his gun. I had to stand still but immediately I prayed and could ask God to protect me ... I wanted to give him my wedding ring and he said, 'are you crazy?' He just wanted the money. And I thought I can't give these people's money to this guy. I don't know where I got the strength from, I know God gave me that calmness and the authority to speak to him, you know. And I said to him, 'Is this the dream you have for your life, to rob other people? I don't believe that.' ... You know. But there God showed me how strong I can be. And I thought I'm so scared and so weak ... but the situation just turned around that that boy lowered his head in shame. I prayed for him there on that field ... But I've already been robbed three times with a gun here in Hanover Park.

(P5: Beulah.doc - 5:83; 106:106)

All the participants expressed some degree of spiritual connection to God. The support they receive from fellow church members be they Christian or Muslim are also important relationships in sustaining them in an environment where they remain vulnerable and exposed to violence. They not only feel strengthened and supported through their faith but also do this work because of their faith.

Due to the positive affirmation they have received from all these relationships, they have been able to develop other independent systems of support in renewing and strengthening other friendships and family relationships. These supportive relationships have also expanded beyond Hanover Park and included others from diverse cultures, ethnicities and nationalities. Social support, connection and cohesion provide the antidote to social isolation and disconnection which occurs as result of

continuous trauma (Kopp, 1995; Summerfield, 1999; Bonnano et al., 2007; Betancourt, Agnew-Blais, Gilman, Williams & Ellis, 2010). Through these mutually supportive networks and systems they have been able to become more self-reliant and empowered.

7.10 EMPOWERMENT – “NOW WE’VE GOT THE POWER BECAUSE WE’VE BEEN TAUGHT”

Empowerment, connection and emancipatory learning co-occur, and can build on each other. Whilst being empowered through the process of transformational learning, the participants became connected and also described being empowered through receiving practical tools and skills which they could apply in their work as counsellors.

An important conceptual shift, which was also very empowering, occurred for all of the participants in realising what counselling actually means. This shift in their understanding of counselling has meant that they adopt this attitude with their clients in an effort to empower them.

I like what we learnt ... because we are not Rescue 911, here to save people's lives. We are more like a support to people. People must find their own answers ... I'm not there to solve anybody's problems. I will support them - I can see when people come for help, there are those that want to sponge off me. I see that and I distance myself ... because ... I learnt, you can feel so sorry for people, you want to do things for them but then you are ... we're enabling them to be like parasites ... And they think, no, there will always be someone they can be dependent on ... and they never learn to do things for themselves.

(P5: Beulah.doc - 5:89; 109:109)

Beulah stresses the need to show people how to become empowered themselves. In an environment where people have been dependent on government and organisations to take responsibility for their welfare, she acknowledges that this has been unhelpful and only reinforced apathy. Instead she has learnt through her work as a counsellor that people in her community need to learn to become self-reliant and independent.

Being empowered is a liberating process, particularly as participants were given access to resources, were given the opportunity to exercise their new-found independence, and actively contribute to transforming their families and communities.

7.10.1 Gaining confidence and finding a voice

I also gained a lot of confidence. Joh, I can speak to my daddy, and he's listening to me now. I'm empowered as a woman. And all of us as women, we must take our power back.

(P1: Focus group1.Rachel.doc - 1:132; 11:11)

And so I first listen to what they have to say. And especially the one HOD who said she studied psychology- like why do we need a counsellor because they have "psychologists" at school? But OK. So I just thought, at the counselling course I learned that you have to have boundaries, so where is the boundary between being the teacher and being like the psychologist? Is the child going to know or is she going to think 'Am I talking to my teacher now, am I talking to my psychologist?' So where does the two roles fit in really?

(P17: Valencia.doc - 17:70; 30:30)

Many of Organisation X people also have obviously had the privilege to advance and move forward, it doesn't matter who it is. They can stand in front of that person, face that person and interact with him or her. It doesn't matter how educated, how rich or whatever, it doesn't matter. Organisation X gave us that confidence to do that. Ja ... Because Organisation X took the fear away.

(P2: Focus Group 2.Olive.doc - 2:81; 52:53)

The counsellors describe the progression from feeling inferior to equal to the other in terms of class, race and knowledge. They described that they felt more confident and able to assert themselves with authority figures as in Rachel and Valencia's case. Valencia felt anxious about being questioned by more educated teaching staff about what she thought she could contribute at the school as a counsellor. However, she was able to draw on what she had learnt in her counselling course and appropriately and assertively pointed out the importance of maintaining boundaries in the workplace. Olive also describes feeling more able to relate to people from historically superior classes, as the fear of engaging with more affluent classes or of the white race was diminished, and she started to value her own self-worth and capacity more.

In gaining confidence many participant who described themselves as people who previously did not talk, have since felt that they have found their voice. They feel able to not just voice their own feelings and thoughts but are able to advocate for and speak on behalf of others as well.

7.10.2 Achieving success

Because I felt like a failure because I didn't finish what I really wanted to do ... 'what do you have to show for your life?' You know. And then ... since I've been at Organisation X, I realized that it's not the title that makes you successful ... you know. Success is ... is when you've really found that one thing that you're passionate about and you can do that for life, then you've really been successful. When you can live out your passion ... and do what you like ... it's not a job ... it's you ... being you, doing what you love doing.

(P5: Beulah.doc - 5:88; 109:109)

Beulah demonstrates in her quote how her self-determination has enabled her to find success in achieving her passion.

7.10.3 Gaining self-control

Being a part of Organisation X changed me completely. The way I act, the way I - when someone says something, then you're in a hurry to give that person a mouthful. But you think about what are you going to achieve through this. And the way you deal with stuff is totally different.

(P2: Focus Group 2.Faith.doc - 2:61; 33:33)

Faith describes how learning self-control has benefited her relationships with others. As with other participants, she is able to control her usual instinctive survival response to conflict and maintain control and respond more appropriately and constructively. In order to gain some measure of control over oneself, a person needs to be self-aware, have processed their own trauma and hurt, overcome their feelings of complete helplessness and be aware of their own internal strengths and resources. Some counsellors described feeling free now despite the circumstances. They feel that they are in control despite the traumatic events that they may be exposed to. With this renewed sense of control, individuals can deal with their anger and aggression more appropriately and not misdirect it at those around them. Self-control, therefore, has a preventative function as well as building resilience and enhancing the person's mental health.

7.10.4 Becoming self-reliant

I'm proud of myself that I can cope better on my own now. I don't have to run to [this

one] or whoever. And exercise and I'm on a strict diet. On my vitamins, trying to eat healthy.

(P27: Fay.docx - 27:73; 67:67)

Yes what I've learnt also is that I need to depend on myself ... depend on your own strength as well, because you've got strength, depend on your strength and you will make it work. You may not think that you have, but you do. You've got the ability to make it work, believe in yourself.

(P3: Angela.doc - 3:79; 159:159)

The participants describe becoming self-reliant and independent. Faith for example credited Organisation X with motivating her to get her driver's license. This is a significant symbol of independence, and many of the women aspire to achieving this goal.

In addition to their systemic supports, they have also found ways of coping individually and taking responsibility for their own health. Some of their individual ways of coping were keeping journals, being in nature or taking long walks.

They also related examples of mobilising their own resources and making use of appropriate self-referrals when they felt they needed additional help. Being empowered with knowledge about resources also meant that they were able to assert themselves and source the correct information from healthcare facilities, for example, compared with the past where doctors or psychologists, would have been perceived as unapproachable authoritative experts. Their enquiries were taken more seriously because they knew which questions to ask and were treated more respectfully by other professionals. They feel in control so they don't need to act out and gain control through sabotaging themselves or rejecting any help offered, as suggested by Fine (1992).

7.10.5 Gaining strength

The strength the participants describe occurs as a consequence of empowerment: "I've got that strength and I've got that power now to say, no-one is going to mess with me anymore" (P1: Focus group1.Angela. doc - 1:48; 5:5). The inner strength they have reinforces their feelings of self-sufficiency and human dignity, which effects change in their families as described by Beula: "I am today really and truly a much stronger person, I'm a much more balanced person, and when I see the change that it's brought about in my family, it's amazing" (P2: Focus Group 2. Beulah.doc - 2:83; 55:55).

Community resilience should therefore, always enable and empower people to help themselves.

7.10.6 Gaining skills

We've done a lot over the years, Bereavement - helping people overcome death, deal with loss. Parenting skills training - all things that help us with counselling but also in our families, also how to deal with rape survivors, where to refer, The Child Act. All those things you must know as a counsellor here in Hanover Park.

(P12: Olive.doc - 12:91; 106:106)

Participants like Olive explained how they actively integrate their learning and different techniques in their work. Gutlove and Thompson (2003) noted that within the context of psychosocial healing, community carers will constantly identify training needs, and the more practical experience they gain, the stronger the desire for further training. This was very evident in the participants who have been exposed to a wealth of training courses, and have implemented many of the skills they have learned. Participants mentioned being trained in restorative justice, transactional analysis, narrative family therapy and play therapy, to name a few. The complexity and multi-level nature of the issues that arise in any particular case, requires a broad spectrum of knowledge and skill.

Their experience of empowerment is multi-dimensional. The counsellors describe being psychologically empowered. Some acknowledge their small stipend as a form of economic empowerment. They all express gratitude for the educational empowerment they have gained but all the participants lay emphasis on the empowerment they gain through finding meaning in their work. When individuals are mobilised into collective action to facilitate social change, this has been referred to as a form of political empowerment (Piron & Watkins, 2004). Participants experience a marked sense of purpose arising out of their contribution to transforming their community.

7.11 SENSE OF PURPOSE – “EVERYTHING YOU DO, THERE'S A REASON, THERE'S A PURPOSE”

In their journeys of healing and building resilience, participants recognised a sense of purpose which continually motivated them. In their reconstruction of the meaning of their past trauma and their current exposure to violence, they have found a sense of purpose in helping others. Hobfoll et al. (2012) describe the energy with which people pursue their sense of purpose as vigour which contributes to resilience.

All the participants describe the passion they have for their work, and the real sense of meaning they derive from knowing that they are making a difference in people's lives, and contributing meaningfully as citizens in South Africa. The role they play makes them feel connected to their country and to the world.

Although very little has been written about altruism or other prosocial behaviours in relation to resilience (Staub & Vollhardt, 2008), it seems to play a significant role in redefining the individual and collective identities of the participants. The insight and awareness they have gained into the multilevel impacts of trauma have given them a new and informed perspective of people's pain and suffering in their community. This has provided ongoing motivation for them to serve others despite their own personal struggles and trauma.

But you know, I found that the best use of my life is ... to have time for other people, to make time for people and to share, you know, with people. Because that is, when I give of my time sitting here, I'm sharing of my life with you and you're sharing of your life with me. And we learn from one another ... The best way to demonstrate your faith is by love, and it's like, I believe that I can change. I believe there's better things for me. There's greater things for me, so I need to ... what I see for myself, I see for everyone. I see for our community. I see for the young people. I see with new eyes ... If we will go on doing good, we can just grow from strength to strength.

(P2: Focus Group 2.Beulah.doc - 2:88; 55:55)

Janoff-Bulman (1992) suggests that altruism may facilitate the restoration of trust and goodness in the world, others and self. This supports the idea that Beulah raises in that the participants' collective action, restores their belief in their capacity for creating goodness in a malevolent environment. She has been able to see the changes in her own life and in that of her family's so she has hope that others can change too, and that she can play a part in facilitating that change.

The participants' social action as part of their healing is equivalent to individuals' finding a survivor mission (Herman, 1992) in the process of recovering from trauma. Their mission is to break the cycle of violence in their community, an undertaking which is also very strongly spiritually motivated.

People used to tell me, you're stupid ... you're crazy to do voluntary work, but they didn't know really why I'm doing it. And this is what I discovered, voluntary is not just voluntary. It's that I'm gonna use ... for me religious-wise ... spiritual-wise it's that God helps us to open our eyes every morning. Everything that we do, come from God. What do we give in return? And that for me, voluntary means that, I'm not doing voluntary work here, it's because of God ... He opened my eyes to Organisation X.

(P2: Focus Group 2.Wardah.doc - 2:78; 49:49)

Giving is more rewarding than money. Yes, money can buy certain things, you know. But it's not about the money, you know. And it's also something that you can only

discover when you do it. That how do you touch people's lives, you know, and you can't measure it. It's difficult to measure it. But you do have an impact on people's lives.

(P1: Focus group1.Tara.doc - 1:184; 15:15)

Most of the women accept the reality that there is very little financial reward in doing this work. However, the spiritual meaning and the feeling of contributing to their community and their society, creates a positive sense of self and increases their hope (Green et al., 2009). Acknowledging the spiritual meaning and purpose increases people's healing and gives them strength particularly in times of adversity (Washington, 2010).

For the participants who experienced their own childhood trauma, being able to help children who are experiencing similar trauma, is of extreme importance to them. The wounded healer identity plays an important role in motivating them to provide the trusting and safe relationships that they were deprived of as children. Playing a part in healing others also facilitates healing in them.

Sometimes, when you see the children and they no longer at school, like for instance when we take the children on the Girl Power camp. The talks I had with the girls on the Girl Power camp, and now they no longer at the school. They moving over to High School. And when you meet them on the road, they will tell you, 'I still remember that what you said or what you taught us - about the values' or about 'our boundaries'. And that is giving me hope that we are making a difference. It wasn't in vain.

(P12: Olive.doc - 12:84; 93:93)

Olive raises an important benefit of being a community-based counsellor. All the participants related different stories of being able to informally "follow up" on clients because they all live in the same community. They are directly exposed to the impact of their work as they may interact with many of their clients or connections to clients in the community. The sense of purpose they have inspires hope when they witness the longer-term effect of their interventions. Most often mental health professionals have to rely on their clients' testimonies of change and are not directly privy to their relationships and interactions outside of the therapy room. The participants, however, have access to and are in a position to see the progress of their clients while living in the community. The positive feedback they receive from clients also renews their hope in their work. Although not all the outcomes are always positive, the awareness of a negative outcome may in some way bring some sense of closure as opposed to never knowing what has happened to a past client.

If just one person can be reached, a family can be reached, you know ... and that's how it spreads ... strong children come out, children with confidence ... 'I know who I am and I

'know where I belong', you know ... So if we impact one person's life like that it will have a ripple effect and it's powerful.

(P5: Beulah.doc - 5:102; 138:139)

If each person can do a little bit, you know, Hanover Park would be a much better place. Even just a counsellor - the biggest difference I make as a counsellor is just being there. To listen. Some people don't even listen to people, so what about the children. Who listens to them? Encouraging them to be something better. Because most of the children think that what they see at home, in the street, that's the only way. Sometimes it feels like you're not making much of a difference but those small things make a big difference to the child. That hug the child gives you, wanting to see you again. It's just to be there.

(P26: Faith.docx - 26:74; 86:86)

The participants seem to have a realistic hope about what they are able to achieve. They are acutely aware of the macrosystemic issues and levels of injustice which exist, which they have little power to change. However, in creating healthy relationships which promote connection and support, inspires action, and is hope-giving, it also promotes healing. In fact, Perry (2006b) declares that "resilience cannot exist without hope" (web page). The participants are living, active examples of hope. They inspire hope in others in their community through their lived examples. Perry (2006b) supports the notion that hope and optimism provide an important buffer to the negative resilient responses such as aggression, apathy and disempowerment described in Chapter 6, Conceptualisations of Trauma.

7.12 HEALING – “I'M MUCH CALMER AND MORE AT PEACE WITH MYSELF AND WITH THE SITUATION”

Healing is not really a distinct process but as with interaction of the other elements of resilience, healing occurs as part of the process. However, acknowledging the fact that healing has taken place is essential in building resilience.

Health or healing from African perspectives refers to being "whole" (Shizha & Charema, 2011). Healing presupposes many of the elements of resilience described that bring about restoration, in particular, the sense of interconnectedness with others (Kruger, Lifschitz & Lesiba, 2007) and the social support, social cohesion and empowerment (Wagner, 2009, Orford, 1992). Arising from the elements of resilience, healing is, therefore, not only focused on healing the individual but includes opportunities to connect meaningfully with and for healing of other ecologies such as families, communities, the spiritual and cultural (Ungar, 2008). When relationships between people become healing, these also become part of healing the social fabric of community (Seedat et al., 2001).

Resilient communities also need to heal through collective processes which bring about a sense of connection and cohesion in community members.

The participants use the term healing in reference to their own feelings of restoration, confronting pain and hurt. In talking about their healing, they emphasise the spiritual dimension which encompasses the psychological, physical and emotional dimensions too. Therefore one dimension is not separate from the others.

Healing and resilience is also viewed as a process that is ongoing and circular. Wardah observes that despite the healing they have experienced, they will continue to face adversity and trauma in their lives, particularly in their current context. "I am not going to say you can have a perfect life afterwards but you will be able to do things perfectly because you dealt with your issues" (P16: Wardah.doc - 16:89; 109:109). She states that through dealing with her pain, she feels able to make better choices and adopt healthier ways of coping with the adversity. In a sense the healing continues, deepens and does not occur in isolation from its context. This ecological understanding of healing contrasts with that of the individualistic, linear healing models. The healing process is embedded in the community, a journey that happens with individuals in their contexts and describes a process of healing where people experience higher levels of fulfilment in areas such as hope, growth, social networks and personal sense of safety (Torrey et al., 2005).

"Everybody should actually get a chance to go through this counselling or working at the organisation where they can work on themselves first" (P8: Dee.doc - 8:64; 40:40). Dee highlights the importance of working through one's own pain before one can help others. Without confronting the past and having insight into their and others' behavior, it is likely that the negative patterns will be perpetuated and continue through the generations (Hutchison & Bleiker, 2008).

You can actually use your pain and stuff that you went through and overcome. And today you can sit with clients and actually say to them, 'you know, I've been there'. And to motivate them and to say, 'you know, you can walk away from it'.

(P1: Focus group1.Angel. doc - 1:46; 3:3)

As counsellors, confronting their past trauma was essential in order for them to restore their relationships with themselves and with others but also in order to enable them to be better equipped to understand and cope with the complex psychosocial issues they would be confronted with in their work. Abrams (2011) discusses the relationships between conflict, identity and memory, and his suggestion supports the findings that dealing with memory is essential for transforming violent societies. Working through and healing these traumatic memories enables us to progress forward without necessarily repeating history (Ricoeur, 2011).

As Angel expresses, her experiences as a wounded healer have been advantageous in that she is able to identify with her clients in a deep way. However, it also highlights the developmental process of healing. Engaging in the prosocial activity of counselling their clients, ihas also further empowered and deepened the participants' healing from their own hurts, as described by Staub and Vollhardt (2008).

Mamphela Ramphele's (2008) discussion about indigenous healers in Africa contrasts the alien culture of western psychology with the elevated status given the wounded healer in African culture. Similarly to the participants' expression of their identity as counsellors, she states that "through the woundedness of psychological anguish they develop the empathy for fellow sufferers. Their healing powers come from their acknowledged weaknesses." (Ramphele, 2008, p. 164).

As purported by Harvey (2007) and Schetter and Dolbier (2011), it is evident that resilience is also multi-dimensional. As individuals heal, so it becomes easier for the collective to heal; and as the collective heals it promotes a safe environment for individual healing.

Forgiveness is almost a by-product of healing and is also a process. The participants spoke about needing to forgive others but also needing to reach a place of self-acceptance and forgive themselves.

I think that, you know, through past experience you tend to build up walls, because you don't want to get hurt again, but what I came to learn was that it actually blocks you from getting what is set out for you, because of fear, you don't want to get hurt ... I've learned, forgiveness is a powerful thing, you know, and it doesn't just set me free. I set that person also free, and I can communicate with that person freely. And that I learned, genuineness, I don't pretend when I talk to you.

(P2: Focus Group 2.Beulah.doc - 2:87; 55:55)

"Through counselling I learnt to accept myself. I had to love myself. And I had to forgive myself" (P1: Focus group1.Rachel.doc - 1:128; 11:11). Forgiveness or letting go allows individuals and collectives to reach a space where distrust and anger can be dissipated, and the cycles of violence and vengeance can be reduced. As healing is experienced, the process of forgiveness and restoration can then be attained.

7.13 CONCLUSION

The most important insight for the counsellors was that despite the pervasiveness of trauma, the ability to change its impact lies with the individual. In an environment that is overwhelming and chaotic, they do still have the power to change, empower themselves, and to heal in the process. The

process of healing however does not isolate the individual from healing the community (Wagner, 2009). These systems are interdependent, and consequently healing occurs across the systems. It is not necessarily dependent on one specific expert, profession or discipline. The community psychologist's skill is one of many skills that contribute to change in the community. The lived, contextual experience of those who have survived violence, their experiences and their relationships with each other have largely contributed to their transformation individually and collectively (Lederach & Lederach, 2010).

Ultimately, as argued by Gilligan (2006) and Hamber (2004), the analysis highlights that one cannot ignore the fact that positive sustained resilience and growth is still hindered due to the lack of safety and inequality. Issues of trauma and resilience are fundamentally connected to the social disparities and injustice which still need to be addressed in order to facilitate macrosystemic change. While adults are able to sustain the transformations through developing systemic support systems and exercising their autonomy, children do not necessarily have this power. Their capacity for resilience continues to be challenged in an environment where they may experience more threatening environments than safe environments. Concerns were raised about children who feel safe at school because they have access to the counsellor but may have a teacher who bullies them and live with a family who poses threat to their lives as well. In these cases, the ability to heal becomes more challenging, as children have less autonomy in the first place. Therefore, the counsellors prioritise creating as many safe environments and relationships across the systems for each client to buffer the negative effects of ongoing threat.

The counsellors' views of how healing and resilience takes place could inform future interventions with an emphasis on building resilience through the interdependent relationships of the ecologies rather than just on the individual.

Chapter Eight

EXPERIENCE-CENTRED FORM ANALYSIS

8.1 INTRODUCTION

While I agree with Hyvärinen's (2009) argument that true narrative analysis cannot entirely separate form and content as the content relies on the form for expression, the common themes presented may not always adequately describe the richness, complexities and interaction between the themes.

Therefore, six individual cases were analysed. However due to the length of the discussion only two of these case studies are presented in this section to provide further rich information. The remaining four case studies have been included in Appendix 4 as further examples of the analysis and discussion.

This experience-centred form analysis has been modelled on the work of Riessman (1993), Crossley (2000a) and Squire (2008). A combination of these strategies and examples from the research done by Sosulski et al. (2010) and Higson-Smith (2013) influenced the process of analysis and layout of this section.

The individual narratives are examined as stories of each woman's experiences and how they make meaning from these experiences (Squire, 2008). The narratives needed to be read as life stories co-created by narrator and listener, both of whom have some shared history and some shared identities. My explanations and interpretations are therefore also imbedded in the context and in my individual and collective relationships with these women, which again required a continuous process of self-reflection.

While I was the listener, at times their tone took on an activist stance, and it felt that they were speaking to a wider audience in order to highlight their struggles of trauma and successes as resilient survivors. Their narratives were told with the expectation of and trust that they would be heard.

Each narrative refers to specific significant experiences that exist in temporal, place and relational contexts (Polkinghorne, 1988). These experiences are often turning points for the individual, and contribute to their constructions of who they are i.e. how their past experiences have impacted on their identities (Squire, 2008; Maddux & Tangney, 2010; Higson-Smith, 2013). While not necessarily stated overtly, each participant provides insight into their multi-dimensional identities at various

stages in the narrative. Dickerson (2011) suggests that it can be overwhelming to express multidimensional identities concurrently, and therefore, easier to emphasise one intersectional identity at a time. At the same time, the women were also able to contrast their stories about achievement and successes alongside their stories of gender and class oppression, defined as narrative strategy (Chase, 2008). While the theoretical framework of the research explores the experiences of trauma and resilience in women experiencing multidimensional oppression, it is their narratives from the perspective of counsellors and survivors that dominate their stories, and not that of victims of an impoverished and violent community (Hunter, 2010).

The narratives are told in relation to significant others such as their family, their colleagues, the organisation, their clients and the teachers with whom they share their daily work space.

Following Riesmann's (1993) model, a stage-by-stage representation of the narrative was constructed, framed by a quote depicting each stage. While the stages are chronological for the most part, the progression from one stage to the next is also evident in the tone, turning point and constructed identities of each individual.

While each narrative consists of a number of turning points, each of the narratives has a specific conversion point at which the participant experienced a sense of transformation. Their experiences of cumulative trauma and negative resilience are juxtaposed with the experiences after the conversion point at which they became counsellors, when their emotional and cognitive consciousness was raised, giving them better insight into their own and other peoples' trauma and resilience. Each life story has stories of their clients' experiences and lives encapsulated in their narratives.

Because of the conversion points in their life story, it seems appropriate to suggest that how they describe their life experiences prior to this stage is shaped by their current identity, insights and values. They have re-storied their lives through becoming wounded healers. For e.g. Angel's description of her father may have been very different had she not reached a conversion point from victim to survivor, and gained insight into the effects of her own trauma. These contrasts between the stages before and after becoming a counsellor, are also important for the participants in order to give their story coherence and structure. I have also used a statement from each individual which frames their overall present ontological narrative and expresses the broad tone of each story (Smith & Sparkes, 2006).

The two cases have been selected as they are exemplary of one typical and one atypical narrative in their experiences of trauma and resilience, and directly relate to the research questions of this study. Their stories also provide insight into the ways in which their experiences both shape and are shaped by their intersectional identities. Angel's life's overarching narrative is that of a survivor who

describes her experiences of sexual trauma and her involvement in gangs. Her narrative is representative of many of the participants who have experienced direct sexual and physical violence in the midst of an unstable family life. Ruth's narrative of strength provides an atypical perspective as a witness to repeated violence, including domestic violence, and she has suffered major bereavement and loss in her life. Compared with many of the other participants, her experience of her early childhood was relatively stable and supportive. Her narrative is interesting in that she provides insight into men and masculinity and their relationship to violence.

8.2 ANGEL – “I SEE MYSELF AS A OVERCOMER, A SURVIVOR”

Angel (40) is currently married and has four children. She has been a counsellor with Organisation X for the last 6 years. She was born in Hanover Park, raised in other neighbourhoods and has been back in Hanover Park for 18 years now. Angel tells the story of her life chronologically for the most part, switching between English and Afrikaans, as is common on the Cape Flats. As she summarises her history she initially lists the traumatic beginnings of her life in quite an unemotional tone, as was previously discussed as a common response to ongoing trauma. However, as she started to elaborate on experiences in her past, the tone became more melancholic and her mood very low.

Initially she does not give much detail about significant traumatic events but alludes to them. This could be due to i) the fact that she assumes the researcher already knows, ii) an initial attempt to avoid talking about it in too much detail or iii) a style of layering the story in a way that allows more details to unfold as she builds on the events.

The first part of her narrative covers her own history and trauma and is laboured, heavy, emotional and she becomes quite tearful. However, there is a very clear conversion point in her narrative as her mood and tone shifts to being lighter, vibrant and joyful as she starts to talk about becoming and being a counsellor. Her narrative has been analytically divided into five stages which uncover the chronological experiences of her life, and her constructed intersectional identities.

Stage 1: “From riches to rags”

Angel describes her formative and primary school years as a time when she went "from rags to riches". She repeats this term often and orientates the listener to the fact that she was abandoned by her mother at birth and, as her father was sent to prison, her paternal grandmother cared for her. She described a healthy attachment to her grandmother. At the age of 6 her mother took her from her grandmother and this was a significant turning point in her life.

My mother came to fetch me forcibly by my father's mother. And I never knew that I had a mother. I never knew my mother existed.

Growing up with my grandmother was um ... I had everything ... I was spoilt. And then um I think if I had still been living with my grandmother, I would have been what my cousins are today ... teachers, principals you know... and um that was actually a big loss.

And moving back to my mother. Joh! Complete poverty. I never knew about milk. I went from toilet paper to newspaper. I went from washing every evening to washing probably ... I probably had an annual bath when I went to go live by my mother.

The first stage of Angel's story is characterised by a deep sense of loss. Angel's early experiences involve the loss of her parents, then the loss of a significant attachment figure in her grandmother and the emotional and material losses that stemmed from that separation. She also describes a loss of future identity, opportunities and potential, who she could have been and where she could have ended up. As she contemplates this she initially compares her life journey with that of her cousins, who have attained higher SES and better formal education. She contrasts the experiences of living with her grandmother and the richness of the attachment relationship as well as the material resources, with that of living with her mother which resulted in experiencing abject poverty, being abandoned again and feeling loneliness: "My mother never had a relationship with me. I think she took me just to spite my daddy or my grandmother".

The construction of her identity as an abandoned child, belonging to nobody is reinforced through her mother, who remained unable to provide a safe space for her and continued to remain absent emotionally. Angel felt used by her mother, a pawn in a game played by the adults in her life. She had little choice but to survive in the environment she was in and says "*I adapted*".

Stage 2: "Shattered dreams"

"My shattered dreams happened then at the age of six...". From the time she was forced to live with her mother, she was the victim of sexual abuse and rape. She was molested by her stepfather at 9 years of age, and was raped at age 12 by an unnamed male. She initially alludes to the fact that an incident took place when she was twelve and then provides more detail about what happened and her responses to the rape later.

She expressed her feelings of hate and anger towards her mother for removing her from her grandmother, and shattering her dreams. Her hate for her mother became compounded by the fact that her mother did nothing to address the abuse even though her siblings saw what had happened, and the rumour circulated "that it was a lie that [she] made up". Her mother is still married to her step-father.

The experience of not being believed as a child is a common theme which has perpetuated the silence of many children around sexual abuse. There seems to be a very strong motivating factor for Angel to

ensure that as a counsellor she makes children feel that she believes them, and that she takes what they say seriously. She was able to reflect on her responses to the trauma of the sexual assaults and described the rape at age 12 as another significant turning point in her life.

And then my life just turned around at the age of twelve. I became naughty! Promiscuous. I just became I don't know, out of control, but now I understand, after I've been through the self-growth and ja all the courses I've been through at Organisation X. Ja that's the reason why I turned out the way I turned out then.

She constructs the identity of being a victim of sexual abuse and rape, which is a continuation of her experiences of absolute loss of control over her own life. She then finds ways to take control through constructing an identity of a rebel, acting out and becoming the labels which she describes later that her mother had placed on her. She started having behavioural and academic problems at school, she became involved in drugs and gangs, and became promiscuous.

Stage 3: "My life just stood still"

Ja and then [sigh] I caused a lot of problems at school, got involved in gangsterism, started smoking dagga ... fell pregnant ... at the age of 17 ... I was actually expelled. Expelled. And my granny, joh ... she tried her best but they didn't want me at that school. But nobody could understand man. Me, myself, I couldn't understand what was going on. I knew I was angry towards my mother. I hated her. I really hated her. And um at the age of 17 I fell pregnant, left school, ja ... another knock there. Um, then [my daughter's] daddy was shot dead. She was a year and a few months.

The effects of the trauma became cumulative, and she describes the negative behaviours she adopted to cope with the confusion and pain of the violence and ongoing violations she experienced. Being pregnant twice at 17 and then 19 years, and losing her child's father in between, were major stressors and traumata. She felt her life "stood still" and she expressed a sense of shame and disappointment with herself expressed in her comment: "At the age of 19 I had two children ... But you know how I felt, I felt ... like they say you're a shame. I brought shame to my family because my cousins couldn't understand, you know".

Again she constructs her identity in comparison with her cousins. The insidious effects of trauma and the negative and derogatory labels thrust on her by mother reinforced her identity as being a "whore" whose "life will amount to nothing", "And so I became what she said".

The irony is that she felt that she had shamed her father's side of the family, yet her father was the one in and out of jail for running a brothel, armed robbery and drugs.

However, due to more positive cognitive appraisal she is able to say of her cousins that "... but I don't think they would have [overcome] what I went through".

A narrative theme that recurs through her story is that "nobody understood" her and no-one tried to understand her. That sense of isolation and being silenced led her to being marginalised and find other ways to source support i.e. through gangs and drugs. She expresses these traumata euphemistically as "knocks", which is very characteristic of the disconnection and minimising of trauma in the community. Minimisation of significantly traumatic events almost becomes a community discourse.

She discovered during this time that, as a baby, her family had used her to smuggle drugs in her nappy for her father into prison. She expresses in her stories the complete lack of agency she had, and that she was used and abused from an early age by the adults around her.

Again the loss of control and the physical dislocation is repeated when her family decided that she needed to move back to Hanover Park to look after her grandmother, who now had Alzheimer's. Although she felt indebted to her grandmother and wanted to be able to take care of her, she was strongly opposed to moving to Hanover Park.

"So I'm now back in Hanover Park since 1995. Oh and I cried - I said 'Lord, I don't want to be in this place'". To add to the stress of moving to Hanover Park, her family decided that her eldest child would live with an aunt and she could keep the youngest child. The total disempowerment is echoed in her narrative where others assumed control of her life.

Angel highlights a significant gang fight during the year she returned to Hanover Park, and describes the trauma of witnessing the deaths of many people that day. She lives in the heart of one of the main gang territories so continues to be exposed to gang warfare during the steady spates of gang violence, and she and her children have witnessed others being shot and killed since then.

The feeling of being trapped is evident in many women's stories who live in poverty. Angel's situation of being divorced but continuing to live with her ex-husband is typical of the lack of financial resources which would normally enable one of them to move away. She again expresses a sense of shame in living with her ex-husband but also the lack of space to deal with the betrayal she felt. Although she does not state exactly what he did, she describes this event as "another knock" and later in the story as the "worst thing" that was done to her. Without the resources to be somewhere else, she has to live with the reminder of the pain and the trauma he put her through every day. She quickly moves on from talking about him in her narrative, and relates her experience to what she sees in the community, and where she finds her sense of purpose.

I think I will be much in tears if I had to speak about this two years ago. [Long pause]. There is pain [pause] ... [teary]. You know if I can put it like this. If you look at young girls here today ... nobody stop to ask 'why'. 'Why is this girl misbehaving?' All that they will do, is they will label you. 'You a whore.' But they will say it in manner that you know our society speaks ...' You a 'n---', you a g--! You a ...' ... But nobody will stop and ask, 'I wonder why?' You know. That's why [sigh] joh, Lane, my heart goes out to these young girls.

Stage 4: “And then, and then ja ... I became a counsellor “[Laughs]

This stage is seen as her conversion point in the narrative but also in her life. The key identities Angel constructs in this stage is that of a survivor and of a wounded healer. The tone of the narrative shifts to becoming lighter, optimistic and hopeful.

This stage of change highlights the shift from her maladaptive negative resilience, through healing to positive resilience.

“But I can say people that live in Hanover Park are survivors. If you can make it in Hanover Park, you a survivor. Then you are strong”.

As she reflects on becoming a counsellor, she is almost bemused and incredulous that this is who she is now. Despite everything she has been through, she is amazed that she is now fulfilling the role of helping others. Where she previously felt having lower education and considered lower class, made her inferior to her cousins, she now feels that she has also attained success although it may not be material or financial success.

“So, my journey with Organisation X was a journey of healing”. The emancipatory knowledge has transformed how she thinks about herself and others. Through gaining insight and knowledge her whole perspective on her life has changed.

She now understands why she was so out of control after the years of rejection, abuse and rape, and has found peace in the fact that she could change and be in control of her future.

You know when we did the counselling course. I remember we had to do an exercise about losses and um, I can remember I broke down. I couldn't go further. We had to stop. My virginity was taken and I don't even know what is the guy's name ... at the age of 12. And from the age of 12 I'd been promiscuous all the time. I seek love by each and every other man, not knowing that they didn't even love me. They just used me ... So I became what my mother said.

Even in relating the story in this part of the narrative, she explains the insight she gained, and was able to make connections between mother's treatment of her and her own behaviour. This fuels her determination to encourage learners not to listen to what society and people say about them, and to aim higher, to be more and to reach their full potential.

'You know what - you a reflection of myself' ... And all that you can tell that child is
'You need to be positive. Don't *become* what people say ... how this society labels you.'

Say now your mother - my mother used to call me a [whore] all the time. After the happening of my stepfather's abuse. That was her language, that was part of her language, 'You [whore] come here!', You know. 'You that tell people my husband. --- you' you know. That was everyday. And so I became what she said.

But I see myself as a overcomer, a survivor. Because I could have been a prostitute, I could have become an alcoholic, I could have been a drug addict, could have been in prison - but I chose otherwise.

Angel constructs the shifts in her identity from being a victim, to being a survivor and a wounded healer. She acknowledges the power she has gained in being able to make her own choices and take control of her life despite her history. This shift in her own self-concept and own sense of worth is reinforced through the restored relationships in her family.

Like when I went to varsity for those few months with the other counsellors ... the excitement that they had, it's like, she actually became something. Like on Sunday when we were speaking. I was on the outside looking in and they now talking politics. I could speak with them. Before I would step back. Before I couldn't speak ... And then the questions will come. "So, so I hear about Hanover Park.

Angel feels proud that she is receiving acknowledgement from her higher status cousins. They have shared in her excitement in furthering her education and address her as an equal. While they have formal qualifications and education, her story expresses their admiration and respect for her experiences and knowledge. She finally feels valued in her own family. She feels more confident and able to assert her own opinions and thoughts without feeling intimidated, worthless or inferior.

As Angel seamlessly flows between expounding stories of her own history and describing the lives of some of her clients, she reflects on her experiences of men and fathers. Men and masculinity have been largely associated with experiences of trauma in her life. While gaining new insight into her experiences as a counsellor, she believes that in her community "we need the fathers. We need father figures".

Even her perspective on men is likely to have shifted from anger and hatred to a perspective of insight and sympathy.

Joh ... My father sjoe, he was in and out of prison. He doesn't have a life. He lives in Bonteheuwel now. I actually spoke about him on Sunday. It's sad. He's sixty. He doesn't know how to keep a conversation and you know, Lane, I don't know if I shared with you ... My own father, when I was doing the course, then my sister said that my father, my biological father sexually abused her for six years. And she actually became a prostitute you know. And when approaching my mother with that, my mother was in denial with that also. My mother still didn't apologise to my sister. So my relationship with my sister, currently speaking, is just hello and goodbye. And looking at my daddy, it's a ... 'now why did you do it?' My daddy's a very lonely man. My aunty phoned me and asked me why didn't I phone my daddy and say Happy Father's day. And I said, 'Can I be true to you and be true to myself?' I didn't feel - If I had phoned I would have been a hypocrite.

You know. So my daddy wasn't a good man. I'm at that point where I want to speak to him. I want some answers but ... he's a lonely man, Lane. Very lonely. But he's still my father. I guess I still love him, somehow.

Angel's expression of the conflictual feelings and ambivalence towards her biological father still highlights the ongoing pain she carries even though she feels she has processed many of the feelings of anger and hurt related to her father. The silence around trauma meant that her own sister was suffering in the same way without her knowing. The different paths the sisters have found themselves on highlighted for her how significant this conversion point and becoming a counsellor has been for her because "you tend to see things differently. It lightens up man".

Angel still continues to adapt and survive in this environment of ongoing violence. However, she now has the support and resources to adapt positively, while empowering others to do the same. She describes another incident of two gunmen killing two youths in front of her. The acute intrusive response of the incident affected her badly but it was the familiarity of the people who die that bring the harsh reality of the pervasive violence to light. Alternatively people become numb and disconnect. As a counsellor she sees the importance of helping people to face the reality of the violence, to begin to feel and reconnect with themselves and others.

Stage 5: “Giving hope to the hopeless”

This final stage constitutes a large part of the narrative but connects her life experience to her capacity for empathy and identification with her clients. She interweaves her life story with examples of her clients' stories, demonstrating the identification of living, working and surviving in an environment of

trauma: "So it's very close to home. You get learners like, I would say, I had the shattered dreams. Many learners have shattered dreams".

Although Angel is cautious about sharing her own life story with her clients, she does use her experiences as a motivation and a guide in her work. She emphasizes her sense of meaning and purpose often "BUT, I can say ... for me, where no one was helping Angel when she was young, Angel is helping another Angel now. But a different name, similar background".

But mine was like - the smell - was a Dettol⁷ smell. I couldn't stand a Dettol smell ... um ... He used a kind of cream for his hair ... And when that learner came in, she spoke again about ... It was the Protex soap. It was the black comb laying on the toilet seat. You know, things like that. I could relate to this child. And just this case again - I walked a long journey with her. And ok she one the case. Thank God! That one, actually won her case! [Big sigh of relief]

Part of the restorative healing dynamic of being able to relate to their clients, is that of achieving some form of justice. Sadly while this does not often seem to be the case, in some situations, Angel has seen justice being done. This vicarious sense of achieving justice for her own incidences through that of her clients, also affirms her sense of hope and belief that goodness exists in the world. The journey she embarked on with her client was also a statement to the client that not only does Angel believe her but that she was also going to act on that belief and help her seek justice.

Being a counsellor in the community, means that Angel has also endured similar trauma and stress. This carries the extra burden of caring beyond the normal boundaries of a counsellor. Angels' compassion causes her to worry at night about whether a child has food or whether a child is safe. Her work entails addressing problems systemically so often she needs to take learners to hospital, or address physical problems from basic hygiene to sexually-transmitted diseases, often resulting from neglect, abuse and violence. She describes that the work she does is a fulfilment of one of her dreams.

Also as a child I wanted to be a social worker, and there my mother also shattered my dreams. She used to tell me, 'You! A social worker? You pee through your eyes!' Because I used to cry a lot. So I always used to think I will never become - how can I become a social worker?

But then I had the opportunity when I joined Organisation X, and I told her I'm a counsellor, and then when she heard I completed a course at varsity, then she was shocked. When she saw my certificate, she got a shock. And when she met Ruth and

⁷ Dettol is a well-known house-hold antiseptic brand in South Africa.

them, the other counsellors, she met my crowd of friends, and she heard my manner of speaking ... Then my mother knew I have become something.

Although her mother shattered her dreams when she was young, she has still had the opportunity to fulfill them although she does not have the official title of social worker. She highlights that both her mother and her husband express altered ways of how they perceive her because of her work. She relates two stories of her husband observing a very positive interaction with a former client in the grocery store, and then a client asking her to deliver a speech at her twenty-first birthday. Her husband sees the side of her that is empowered, empowering and respected.

Because there is obviously the risk of counsellors like Angel, over-identifying with the client, an emphasis on the process of healing is raised in her narrative, which also enables her to maintain relative objectivity.

L: You've spoken about how important it was for someone to believe in you and to understand you. What else really helped you to see things differently or helped you to make changes in your own life?

A: Man, I think it was the fact that I was healed. You know healing took place in the training sessions. I think - I also lacked knowledge. It's like - If I can make an example. You know that colour is purple but you don't know which two colours make purple. And when you are told how you can make purple, then you begin to understand. So, like I said. Nobody knew what I went through. So I think, not I think, it is ... I gained understanding, to understand why. Especially where the perpetrators is concerned. Why he rapes. Why does the abuser abuse. Maybe there wasn't help for them when they went through it. So the cycle, It repeats. Now I understand it better. So, ja, I have a deeper understanding, and I've learnt how to handle it. It's like I got the tools.

The emancipatory learning and psychological insight she has gained, has been invaluable to her, and has given her the capacity for deeper empathy and compassion towards perpetrators. She points out that a key difference between the counsellors and other parents in the community is that the counsellors have been transformed through learning. The parents in the community generally "lack understanding ... knowledge". The counsellors, however, no longer accept violence as normal and reject the notion of "I was created like this and this is how I'll stay".

She describes the aggression and abuse of drugs as responses to the cyclical violence in the community, and the fact that so many people are just not dealing with their own trauma and their past.

She goes on to explain how she tries to prevent burn-out through adaptive coping mechanisms such as giving herself time to debrief either alone or with a colleague before going home. She also states the importance of the support she gets from her fellow counsellors and the organisation, not just emotionally but also in actively modelling healthy behaviours which she is then able to emulate.

Towards the end of the interview, she raises the difficulty in terminating with clients. Her own difficulty with establishing trust is mirrored in that of her clients who often for the first time experience a healthy attachment relationship within the counselling dyad.

While Angel feels she has been on a journey piecing together her shattered dreams, there are goals that she still hopes to achieve in the future.

I see myself working ... working with women ... Broken women, young ladies, young girls, motivating them, being a motivational speaker ... Giving hope to the hopeless ... Motivating women, girls, prostitutes. That there is hope. Because if I could make it - ... I could have been dead by now but jah ...

She expresses her desire to continue making a contribution to society. She has a real sense of purpose, and hope for the future which is essential in fostering resilience.

I've received a second chance ... But I want to speak nicely. I want to - Don't laugh, hey. I want to go to speech classes, to teach me how to speak. I want to talk with high words. I want to feel confident when I speak. That was part of my abuse. You get stripped of your confidence...I would like to - you know if I listen to you and [David], you talk so with - wait let me get the right word - eloquence. You know. You got a way of speaking.

While her confidence and self-esteem has increased, it is interesting that she ends off her narrative describing that she wishes she had more of a voice in order to influence people. She once again compares herself in terms of class and education now with a staff member and with me, whom she views as more educated and middle-class. While she wants to use her voice for the benefit of motivating others, there is still a part of her that feels that her voice is not good enough. Ironically in reflecting on my relationships and knowledge of the participants, Angel is the one counsellor whom I have often envied and wanted to learn more from, and I reflected this back to her:

But I think the way you speak, the way you express yourself, is also what makes you able to connect with these teenagers so well. You are able to understand what they're saying to you but you are also able to deliver a message back to them in a way that they will understand.

I have always admired her natural ability to connect and communicate with the most difficult and often deviant clients because of her ability to relate on an emotional level but also on a linguistic level which does not make them feel threatened nor inferior.

End note: A year later Angel's ex-husband joined Organisation X Men's programme. They received support through group work with other couples and consequently remarried about a year after the interview.

8.3 RUTH – “I AM A STRONGER WOMAN”

Ruth (37) is married with two daughters. She is a counsellor at a primary school, and has lived in Hanover Park since she was seven years old.

Ruth's interview was in Afrikaans. She begins, with a significant turning point in her childhood as she contrasts her life before and after she moved to Hanover Park.

Her story is told in quite an ordered form and she refers to her spirituality and her Christian faith throughout her narrative. Most of her narrative is focused on her telling her life story in relation to significant men in her life, and more specifically fathers. Her experiences provide insight into men and masculinity their relationship to violence and trauma within a low-income community. While she describes herself in the context of these relationships, she does not lose her own sense of womanhood, and still presents an identity of a strong woman. While there are two key conversion points, one literal where she became a born-again Christian and one where she is transformed through gaining insight and knowledge as a counsellor, the structure of her narrative presents it as a progression towards becoming whole and healing. Her narrative is presented in six stages and each stage is described in the context of her identity within a specific relationship with a male or father figure.

Stage 1: “He used to dance with me” (The Loving father)

Ruth's early childhood years are significant in that they are strongly contrasted with her later childhood when she moves to Hanover Park. She describes herself as a free child, growing up in a "very close-knit family" with her parents assuming very traditional roles where "my father worked and my mother looked after us".

She begins early on to relate her story in terms of her relationship with her father, and her identity as her father's daughter: "My father played with us. That was one of his qualities that I still have with my children - I know what it's like to play and joke with my children".

Because of the culture of masculinity and fatherhood discussed in Chapter 5, Ruth's emphasis on the positive relationship with her father has a significant influence on her life. She describes herself and her siblings as almost unaffected, having a good grounding and nurturing until their community environment changes.

While it is a brief stage, it presents an early life which has grounded her and forms the measure against how much her life changed. It also becomes the foundation of her resilience in adversity later in her life.

Stage 2: “Then my father broke his relationship with me” (Abandoning father)

The move to Hanover Park brought with it an exposure to gangs, violence and the constant experience of fear, threat and lack of safety.

My brothers were labeled moffies⁸ because they didn't mix with anyone - they just cut themselves off. They were bullied because they didn't want to participate in the gang fights. They are very quiet, even up to today they are very quiet.

While her family tried to keep a low profile in the community, her brothers in particular, were often bullied and marginalised because they were regarded as well-mannered and kept to themselves. Ruth attributes much of the negativity that started to filter into the home, to the community environment. Her youngest sister was exposed to the violence in the community from an earlier age than Ruth and her other five siblings, and Ruth fears that she has started abusing drugs as “she was exposed to a lot - she saw so many things”.

In contrast, she describes herself as being self-assured, "goal-orientated and unique". She constructs her identity as being” a strong woman just like [her] older sisters”. It is this strength that has helped to carry her through the trauma and loss she has experienced in her life.

One trauma I experienced early on, and that I later only realised was a trauma, was when there was a gangfight. Then the gangsters were fighting and my friend and I were standing on the road. We didn't know they were going to shoot. And they shot a pen out of my hair and they shot him in his head, dead. I still thank God, it could have been me. He was just a friend but I found out later he had a crush on me. [Sam] was his name.

Her description of witnessing her male friend being shot dead next to her reveals a few important aspects of trauma and resilience. While the event is undoubtedly significant, she only later understood the effects of this event to be her responses to a trauma when she became a counsellor. This

⁸ "Moffies" is Cape Flats slang for homosexual men. It is also used as an insult often directed at heterosexual men mocking their masculinity and manhood.

demonstrates the normalcy of violence and how little is spoken about it. However, despite her past disconnection and minimizing of the experience, she now makes the trauma a human face and states the victim's name, as if to acknowledge that this was a human life that had some relationship to her.

She also recalls being threatened by a gangster at age twelve who stalked her.

He always watched me, and I felt very uncomfortable. And one day he eventually said to me 'when I get you alone, then you going to see' ... I was too scared to go out. I couldn't sleep. I didn't tell anyone ... I was terrified ... I just stayed indoors.

And I prayed to the Lord to give me strength. After a time I heard he was in jail. When he came out of jail, they shot him. And I thought, oh my, is that because of what I prayed. But later I realised no, that was the life he chose to live.

While nothing physically violent occurred, the threat and intimidation she experienced, also had a traumatic effect on her.

School and some of her teachers and principal at school were an important system of support and safety for her. She "enjoyed [her] school years", was a good learner "and had many friends". It was also a motivating factor and promoted resilience despite enduring threat and violence.

Another turning point occurred at the age of around seventeen when against her parents' Christian upbringing, she became interested in a Muslim boy. As her parents restricted her freedom more, she began to rebel and this created enormous conflict in her home.

While this turning point consequently became a very painful time in her life, she still uses her self-insight at that developmental stage to interpret her behaviour and that of her parents' limiting her sense of autonomy. Interestingly she interjects her story with an account of how she has always felt that people should be treated equally no matter where they come from, what their religion is or race. Here she gives an account of meeting her role-model, Nelson Mandela, when he visited the neighbouring community.

That time we were still Catholic and when we prayed, we prayed in English. And I said 'Lord you know my heart man, I want to meet Nelson Mandela.' Yoh and he's here. I can see him, but from afar and you know what Lane, the bodyguards yoh, they were big build, and they actually said 'Sorry, sorry ...' and here I was standing and he was standing ... and he said to me, 'hello my daughter'.

Whether this anecdote is accurate or not, it is noteworthy that she includes this memory in her narrative about meeting Mandela, the father of the nation, who greets her as a father would a child.

Before she reached Matric, she became pregnant with her Muslim boyfriend's child.

On reflection she realises she was not ready to have sex and that it was also a very traumatic time for her. When she dropped out of school, her father rejected her and abandoned the family.

And I wasn't sure if it was because of his disappointment with me ... that he left us ...

It's now ten, nearly eleven years that he is out of the house. But they aren't divorced yet.

My father just broke his bond with me. That close bond, you know ... He rejected me for the whole of the pregnancy. We didn't communicate.

The shame and loss she felt is revealed in her narrative as she feels responsible for her father's abandonment of the family. However, later she discovered that her father was also addicted to drugs.

Stage 3: “I suffered because I missed what I had with my father” (Drug addicted and abusive fathers)

While she blamed herself for being the catalyst in her father's rejection of her, she understood that "the drugs changed him".

She also makes a comparison between the two male figures whom she loved, who both became involved with drugs, and started becoming abusive. She realised that "the love for [her] father faded" as "he would come and go" in and out of her life. She highlights the generational pattern in her own life of how “[my daughter's] father became abusive, verbally. Because of the drugs. He became a different person”. She describes how she and her mother were then "in the same boat".

The inconsistence of father figures is a pattern raised consistently by the participants. Eventually the relationships ended as her boyfriend was having an affair. She expresses feelings of shame in becoming the stereotype of the environment.

I felt embarrassed. I felt hurt. The way my family also looked at me. I should have gone to study further, I should have ... but I got pregnant. Then my boyfriend left me. Now I'm a single mother. You know.

She raises the difficulty of withstanding the enormous influences of the environments which interface with her intersectional identities, and how this affected her self-esteem. She became a typical product of her circumstances. However, probably as a consequence of the healthy, nurturing relationships she had in her early years, she says yet "I know I am a strong woman".

She resolved to be present for her daughter as a single mother, and draws her strength from God. At this point, experiencing a sense of multiple losses, she describes a conversion point where she becomes a Christian and God becomes her Father.

Spirituality is an important source of support and connection for Ruth (Ungar, 2008; Fast & Collin-Vezina, 2010). "You know I can pray to God. He's there for me. I think that also built me up". She becomes more connected to God as her father, while her own father becomes more abusive towards her mother.

The effect of Ruth's witnessing of this violence is also traumatic.

There was a time when my father came back into our lives but this time drunk. And became more abusive towards my mother ... I remember ... while he ate my mother would have to stand there, and when he was finished, then she had to take the plate away. And if he wasn't satisfied with the plate of food, then he would throw it. And that ... I couldn't stand it. And then he would be drunk and he would go to the bedroom. Then she would have to go with him ... And now since the counseling training, I see how he made her the scapegoat ... and went on for nights. There were times I couldn't sleep.

So my mother was no longer a woman, you know. Those are things I would hear and that I witnessed. The things that hurt me. The things that made me withdraw my love for my father.

Her father's degradation of her mother, a woman who was Ruth's role model, hardened her heart towards him. The trauma of witnessing the abuse eventually reached a point where she decided to stand up to him for once and for all.

I couldn't handle it anymore. And I shouted at him 'leave my mother alone. She's already hurting. She doesn't know which way. You broke her heart, you have somebody else. And you still come here and go on with her!' And he said 'F_ you. This is my house! You don't come and tell me!' And I said to him, 'But this is my mother. Daddy, you are supposed to be there to protect us. The daddy we knew is a different person.' 'Oh, don't talk _ to me!' And he was swearing and going on ... And he started getting aggressive and he wanted to hit my mother ... And I was still feeding my baby ... And then I, I think I'm still getting emotional about that. I couldn't believe that I hit my daddy ... When I saw he wanted to hit my mother, I jumped, and before I realized it, I threw the bowl I was feeding my child with, I threw it at him. Lane, he just looked at me like 'how could you?' And if I think back to that look that he gave me, it felt almost like, now I have some authority here. I know it's wrong to have lifted my hand to my own father but

I couldn't take it anymore. When would it end? And I think that was the last time my father went on like that with my mother.

Ruth became quite emotional as she was telling this story but her strength in standing up to her father, brought about a turning point not just for her but for her family. It was a time where she took control and refused to be dominated by gender violence and abuse anymore, and she empowered herself and her mother through her action.

She recalls that her father subsequently changed his behavior, and began to reveal more of his old self especially toward the grandchildren.

Stage 4: “My daddy felt he was less of a man” (Insight into Men in the community)

Ruth reflects on becoming a counsellor and the work that she has become involved in. Again she emphasises the insight she has gained into the behaviour of men and the perceptions of masculinity in her community. She shares her own understanding of her father's behaviour since becoming a counsellor.

I think because he was a loving person, because of situations - like he also lost his job in that time, you know. And financially, he had things like the rent went into arrears ... and I think my daddy felt he was less of a man ... Maybe he didn't feel enough of a man to be able to contain his family, you know.

Ruth gained a sense of power through her ordeal with her father, and this strength has continued to build her resilience in the face of the ongoing violence in her community. She recognizes her own identity as a coloured woman and describes how coloured women are so often linked to "weak" coloured men.

If you are a strong coloured woman, I don't know how we can be in a real relationship with a weak coloured man. Because you'll make yourself sick. If you build yourself up mentally, physically and you - then that man will forever stay down there. It's not going to balance out.

Ruth alludes to the patterns of domestic violence she has witnessed in her family and the community. She explains how coloured men are emasculated and essentially exercise their power over women because they feel weak. The more women like herself, educate themselves, develop emotionally and acquire transformational knowledge, the more insecure and inadequate men in the relationship become. In order to gain control, she sees men using violence to demean and overpower women.

What also really worries me, Lane, is our men's mindsets - the gangsters. They do believe that they are Americans and their number is 26 or 28 or a 27. It's unbelievable ... so I said to this one guy, 'No man on your ID, you are a South African citizen' [smiling] ... You know. But they believe if they are an American and they a 26, then they are somebody. They are something. They have status. And that for me is really sad.

The need for an identity and to be connected with others is highlighted in her description of young men in gangs. While she is able to empathise with some of these feelings, she also makes a deeper connection with how alone she really felt before she became a counsellor. The feeling of loneliness in her suffering arises often in her narrative. Despite the fact that her mother was going through similar trauma, she could not speak to her. The silence of abuse and violence isolated her and she felt unsupported until she did the counselling course. At this point the stark contrast of sharing her experiences with others made her completely aware of how alone she was, and how affected by the trauma she had been. This makes her feel deeply sad for many of the young children, especially boys she sees in the community. She spoke about "the deep pain" people in the community carry and that it cannot be dealt with "superficially".

As her story came to a natural pause, I decided to explore whether she had experienced anything else deeply painful. Again because of my backstage knowledge (Miller, 2004) of the participant, I was aware that she had suffered a significant loss but was also cautious that it still may be too painful to talk about it.

Stage 5: “That day he buried himself with her” (Disconnection of the father)

The loss of her baby was a significant gap in her life story. A part of me may have also not felt ready to hear about this part of her life. Having just returned from my maternity leave, I grappled with my own capacity to hear about the loss of a baby or whether Ruth was in some way trying to protect me from the story, or whether her avoidance of this event was because it is one of the most painful losses one could experience.

Ruth acknowledged how much it still hurt but she was courageous enough to talk about her bereavement in the interview. She was very emotional and sobbed as she spoke about her daughter. I was deeply moved by her account of the loss of her first-born child. Her baby was diagnosed with cerebral palsy. She died of a brain hemorrhage in her sleep when she was three years old.

That child had the features of an angel ... Everyone always said she's a angel, and she is now with God. I think that carried me through. She wasn't meant for this earth, you know ... She was leant to me for a time but she wasn't meant to - ... She's an angel, my special, angel watching over us.

As her narrative unfolded it became more evident how the pieces of her story connected. This "train station" she had skipped over was significant in that it precipitated the end of her relationship with her children's father too. She explains the bereavement again in the context of her relationship with her child's father.

And back then, Lane, oh my word. There wasn't a better father. We weren't married but he helped me ... he washed her ... washed her nappies ... brushed her hair, he cared for her. And I spoke to my mother's friend last month and they said, they think that that day he buried himself with her because he doesn't have a life now.

After her death I think his drug problem began. I think in a way I felt guilty too because I didn't reach out to him ... I think he's trapped in there ... I know he's still hurting a lot.

After the death of their child, her boyfriend withdrew and cut himself off from her. He started abusing drugs perhaps to numb the pain, and eventually had an affair, thereby terminating and avoiding contact with Ruth and their life together, which only reminded him of their loss.

Ruth also expresses her sadness at her second daughter's emotional loss of her dad. When their second child was five months old, he left them. Her daughter asks her about her father:

'Mommy you know what, how was daddy with [my sister], because he walked past me sometimes and it's almost like he don't see me.' And then I say 'maybe he's thinking of her, and maybe he doesn't know how to handle it' ... So they don't have a bond. Whereas with the first child he was, joh, hectic ... He actually looked after her better than I did sometimes.

While her telling the story of her loss was painful, she reflected later in the focus group, that it had been a cathartic experience, and that she was glad that she had spoken about her baby. The sense of relief in talking helped her integrate the loss of her child and the positive memories she had.

While the loss of their baby had led to the deterioration of their relationship, the retelling of the story in the interview precipitated her reconnection with her daughters' father soon after the interview. She reflected in the focus group that she realized in the interview that she wanted to help her daughter restore her relationship with her father because they needed each other. Very soon afterwards, she was able to initiate the first steps in reconnecting father and daughter. Tragically a few weeks after the interview, he was murdered in a gang hit.

Stage 6: "I'm here for the children. I can actually make a difference for them" (Life with purpose)

This stage is the progression towards becoming a counsellor and the conversion point where she gains emancipatory learning and begins her journey of healing. She also focuses less on her identity in the context of her relationships with men at this stage. Instead she constructs an identity that is independent, empowered and an advocate for other oppressed women and children.

In this last stage she shares her observations of individuals, families and communities, reflects on the insights and awareness she has gained, as well as the changes she has made in her life since being a counsellor.

As she describes her work with the children, her passion and love for her work is clearly evident. She describes the children with whom she works as displaying aggression and anger, "they are sad", "they have no sense of belonging", "our children struggle, especially the boys".

Ruth states that her "trauma began in the home" and she states that for many boys "their trauma also begins in the home". Therefore, they end up looking for role-models to emulate outside of this system. "... Go out and become a gangster and that is making me a man."

While Ruth acknowledges the broader structural disparities and inequalities, she places the responsibility of how pervasive community trauma has become, largely on parents, in particular fathers.

It's almost like the mothers have lost all power. They don't know which way to turn. And the father's don't worry, and the boys become like the fathers, because they have no-one to build them up and encourage them, and teach them things like, this is how you catch fish, or ride a bike, or how to play marbles. There's nothing. No interaction with the fathers anymore. It's just mommy. Mommy must give porridge. Mommy must do washing. Mommy must clean the house. Mommy must go work. Mommy must provide for daddy.

She highlights the gender imbalance within male-female relationships and how the burden of care and sustainability lies largely with the mothers in the home.

She believes the parents in the community need to be educated and enlightened so that they begin to acknowledge and become aware of the effects of trauma and violence in their lives. Instead they maintain a "mindset" of "there's nothing wrong with me".

While she interprets the gender power dynamics within domestic violence relationships, she also highlights the insidious traumatic effects of life in Hanover Park (Root, 1992) and the damaging responses of parents towards their children.

They live in this constant swearing and cursing, you know. That is part of their lives. If you ride a taxi, Lane - [my daughter] looked at me one day and she said, 'mommy, did you hear that?' And I said 'Yes, it is really sad.' This mother, this small child was drinking something, hey. A juice and the taxi jerked, and the child spilled on the mother. Lane, that woman actually said to that child, 'Are you stupid? Your mother's – [insert female genitalia]. And it was so normal for this child. 'Sorry, mommy, I couldn't help it.' Someone else would have been so shocked. So you can see there's trauma in that house.

These daily violations not only affect the child involved directly but also shocked her own daughter, witnessing this event (Weingarten, 2003). Ruth draws attention to this kind of verbal abuse and the gradual but consistent erosion of children's sense of self in this violence community. Children are not able to be children, and are not free.

A little earlier in this stage Ruth emphasizes the importance of play in healing. She uses techniques from play therapy with the children she sees. She connects her capacity for fun and play with the beginning of her narrative - the quality she's learnt from her father. The children describe her as a "nutter" and her response is that "this nutter helps that child to become healthy through play at the end of the day".

Ruth describes her own process of growth and healing since becoming involved in the counselling project. Her tolerance, insight and empathy for others has developed as she describes that "how other people see things, became very clear to me". While she has always described herself as strong, she believes that she is and even "stronger woman" because "I now understand myself".

I know myself and I'm working on myself. And where there are faults, then people must tell me so that I can work on them. But I'm not going to say, 'who do you think you are to tell me'. Tell me then I can works on it.

Ruth emphasizes in her narrative the ongoing process of healing and survival in this environment of ongoing trauma and violence: "It's a learning curve". She is always learning and continues to develop and grow in her own sense of self-awareness and insight. The healing and growth process is never complete because the ongoing trauma and violence of the environment continues to thwart the potential for complete healing and wholeness.

As a counsellor she has used her own healing from past trauma to help others to heal. However, despite the work she has done on herself, she is not entirely immune to the effects of overt violence in the community nor to the daily insidious trauma of being a coloured, woman from Hanover Park. Ruth provides counseling to a school that considers itself middle-class because it is geographically situated on the boundary of Hanover Park in a middle to low-income community. Despite this many of the children attending the school are from Hanover Park.

In response to her observation of the classist responses of some of the teachers initially to her working at the school, Ruth states:

That is their problem. If they see me coming from Hanover Park and to work then in Lansdowne and they think what can I offer? That's their problem. I know I can offer, I can be there for the children. I know there's something in me that can make this child smile by the end of the day.

Ruth remains focused on her goal which is to be there for the children. This gives her a sense of purpose and she possesses the motivation to fulfill that purpose despite any negative or disparaging remarks made by any teachers.

A turning point in being accepted and acknowledged at school occurred when a teacher died of a heart-attack in the classroom. While her own daughter was in the class, she was able to mobilise her fellow counsellors to contain the crisis at school. Witnessing the skill and containment the counsellors gave to teachers and learners at the school, earned them and her more respect from the teachers and the principal. She and her fellow-counsellors were able to keep calm and hold the emotions of adults and children during the crisis.

Even in describing the teacher who died, she relates to him as a father to children and recalls his conversation with her: "He actually said, 'you know what, I'm actually more like a daddy', because they have daddies, but the daddies is not there or the daddies are absent".

She then describes the support she received from her fellow counsellors when she realized that she could not contain her own daughters' emotions around the trauma of her teacher's death. She acknowledged the caring counsel and nurturing advice she received from Angel and Olive.

Throughout her narrative she makes reference to being coloured and coloured identity. This concept in itself is far beyond the scope of this research. However, she confirms the notion that the environment contributes to shaping identity and self-perception.

“I never thought, coming from Hanover Park, putting my two feet on UWC⁹ could ever happen to me”. Ruth suggests that she cannot believe that despite her background, she was afforded the opportunity to do a short-term course at a tertiary institution. She infers that being from Hanover Park is associated with restricted opportunities and inaccessibility to advancing and developing one's self or education. Those like herself who do aspire to be different to the stereotype are sometimes accused of being aloof or thinking that they are better than anyone else.

However, it is a position that the counsellors find themselves in, together. While her ambition is to become involved in politics, advocating for the people in her community, she realizes that she can still achieve that identity in what she does and who she is now.

Even when there are these mini-conflicts among the counsellors, it blows over. There's no major attitudes and that tells me it's because it comes from the head. That we have togetherness and love and we build each other up. That's important ... we have that Ubuntu, the closeness, the togetherness, it filters all the way through.

Ruth highlights a few important points about the contrast between working as a counsellor at Organisation X and what she sees happening in the community. She views the learning and transformational knowledge she has gained, as significant in helping her understand her historical and present context. Consequently she views herself and her fellow counsellors as being less judgmental and more empathic and compassionate towards perpetrators. The counsellors do not pathologise deviant or maladaptive behaviour, and do not raise punitive approaches as the answer to the systemic violence in this community. This knowledge, she has mentioned, is lacking in the community but also beyond Hanover Park.

She also draws attention to the minor conflicts which commonly arise within groups but alludes to the fact that they are dealt with in a manner that is not destructive or harmful to the people involved. In contrast minor conflicts in the community easily trigger significant violence and a simple argument can often result in a murder.

Thirdly she compares the organisation to a family in which respect for humanity is modelled in its leadership, and the connectivity between people is valued: “And the way we hug each other and the warmth between us. We really are a family”. These behaviours are then not only taught theoretically but are actively modelled in order for Ruth and others to emulate.

End note: Ruth was courting one of the men in the Organisation X Men's Group. They have a three year old daughter and they married 18 months after the interview.

⁹ UWC: University of the Western Cape.

8.4 CONCLUSION

Each of these narratives to varying degrees demonstrated the co-existence of trauma and resilience in an environment of ongoing violence. The process of healing and positive resilience is never complete but rather ebbs and flows in the context of trauma that is forever constant in the various systems and relationships in which the participants engage.

All the participants identify the family system and the parent-child relationship as critical to promoting positive resilience within this environment. In the absence of a healthy care-giver, children need to be exposed to positive adult role models.

It is also important to note that on reflection in the later focus groups, for these women the interview process also provided space for healing and self-reflection for them. They seldom have the opportunity for uninterrupted, individual space where they can share their own stories while they are working. While they provide important evidence of the healing, restorative and cohesive nature of group processes, each appreciated the individual time they had in the interview.

Each of these cases is evidence of how these women, while faced with oppression at a number of levels, and who have experienced and witnessed violence and violation, have all been able to grow and thrive despite living in a traumatizing and unsafe environment.

Embarking on the train journey of the interview with each participant represented an important process of remembering some of that which was forgotten. The journey in the interview helped some of them reflect on where they had come from to where they have ended up, and really affirmed their sense of personal growth and healing for them. As a listener in the interview, while I share some history with each of them, being a witness to their life story as they chose to tell it, was an important process of feeling acknowledged and their journey remembered. Telling their stories seemed to help them link the pieces of their journey and their multiple identities into coherent stories of resilience. The progression of the themes and stages within all these women's stories is that of evolving from being a silent victim of violence and/or oppression to a healed, confident and empowered woman with a voice. Their narratives challenge the silence about oppression and violence but at the same time give voice to the strength, survival and resilience that occurs within this community.

Chapter Nine

CONCLUDING REFLECTIONS AND RECOMMENDATIONS

"When we are no longer able to change a situation,
we are challenged to change ourselves."
(Viktor E. Frankl)

9.1 INTRODUCTION

This final chapter aims to draw together the discussion of the analyses in answer to the research questions, exploring how trauma and resilience is conceptualized by counsellors who live and work in an environment of ongoing violence. The methodological limitations of the study and recommendations for future research, is presented next. The themes emerging from the analysis have been discussed at length and therefore, will not be repeated in this chapter. However, a brief overview of the analyses and discussion is presented. The consequent implications of the research is also presented, highlighting implications for the role of the mental health professional as well as an outline of principles for community interventions.

9.2 LIMITATIONS OF RESEARCH AND RECOMMENDATIONS OF FUTURE RESEARCH

A limitation of this study is that the perceptions of community-based counsellors from one particular community and context were explored. The generalizability of the study to other contexts is limited as each community even within the geographical surrounds may have different racial, cultural and class compositions. The sample in this study is an homogenous group with similar experiences which, while their experiences of past personal trauma varied, did not allow for marked differences in their current experiences and understanding of trauma and resilience. Comparative samples in population groups that differ in race may yield different conceptualisations of trauma and resilience. This is an important factor in that identity and meaning-making in trauma are closely related to culture.

Diverse samples from other continuous trauma contexts may also yield alternative presentations of trauma. While ongoing violence may contribute to continuous trauma, the context of the violence for example amongst displaced refugees or war-torn areas, also may have different meanings attached to the causes and therefore, the effects of the violence.

Within this context, however, the participants' experiences could also have been better compared with a sample within the community that has not experienced a process of healing or transformation. The participants in the study were also able to articulate their stories of trauma because they were already in a supportive and safe space where there was already established trust. Being able to explore the trauma stories of other community members without a continuous and consistent containing relationship also raises some ethical issues of whether this is appropriate given the need to survive in this environment. However, it remains a limitation that exploring the understanding and experiences of trauma and resilience of other community members directly could have provided a more accurate picture of their perceptions rather than secondary information from the counsellors' experiences of their clients and the community members.

Further research from the voices of the oppressed should also be carried out in order to gain a wider understanding of the various means and ways in which healing takes place, and how resilience in the midst of adversity is attained.

Another possible limitation was that I was an insider researcher. While I tried to consistently maintain a reflexive position throughout the research, my relationships with the participants and familiarity with the context, would certainly have influenced and shaped my interpretations and perceptions. In addition my relationship to them would have also influenced and shaped their understanding and perceptions. Therefore, it would seem that some of the findings would not have been completely unanticipated, given that the learning process has been mutual over the years. However, the extent of the traumata in their lives and the interesting ways in which they constructed their understanding of the environments in which they live, were remarkable to me. Despite being involved in the community for more than a decade, I discovered I had still underestimated the level of complexity of the problems the participants face with regard to living and working in a violent environment. The research has certainly given me a greater appreciation for the work they do and more empathy for their daily experiences of adversity.

I was consciously aware that they may be guarded in critiquing aspects of Organisation X, the training or my role in their training and supervision. I also needed to ensure that I was able to consider these criticisms of the process when they arose. However, given the long-standing nature of our relationships and the level of trust, I believe that there has been a consistent process of evaluation and feedback with regards to the work of Organisation X, training and supervision which has been informed by the participants' positive and negative appraisals, which have helped to shape the way the organization functions. These critiques have been consistent with the analysis of this research.

My personal and professional investment in the research also contributed to the pressure I felt in wanting to ensure that I represented these women's stories fairly and accurately, without losing their

voices and the richness in their narratives. In the writing up of the analyses and discussion, I felt consistently limited in being able to express not just what I uncovered in the research but also what I knew of their lives and experiences outside of the research.

9.3 SUMMARY

In answer to the research questions in Chapter 1, the theoretical basis of the study, takes root in Critical Community Psychology which is summarized in Chapter 2. Chapter 3 provided an extensive overview of the existing literature in four areas pertinent to this study. Violence, trauma and resilience were explored and a discussion of the interventions and approaches using ecological theory were discussed. The literature informed the conception and design of the study. A dearth of information in the literature related to research carried out in environments of ongoing violence and with populations experiencing the effects of continuous trauma rather than post-trauma. Another gap in the literature was the documentation of the voices of the oppressed and the voices of community-based counsellors, both of which this study provides.

The methodological approach was presented in Chapter 4. The limitations of this qualitative study have already been discussed.

Chapter 5 introduced and contextualized the analysis and discussion of the research. This discussion described the cumulative effects of trauma over generations and how this intersects with their experiences of oppression at various levels. The participants' descriptions of the pervasive lack of physical safety emphasised the multi-layered effects of trauma as it affects every ecological system. Violence affecting the individual permeates the family and peer relationships, school and community and the culture and values of the society. In turn the culture of violence as the normative response to conflict has eroded these multi-level systems which adversely affect the individual. They describe the inability to be unaffected by direct violence and violations and being witnesses to these incidences on a daily basis. They also do not describe a series of discreet incidences but every example and anecdote is embedded in a perceived culture of violence and dysfunction. The violence is a symptom of something deeper, the trauma, which perpetuates these cycles from one generation to the next.

Chapter 6 unpacks the way in which the participants conceptualise trauma. Their experiences of trauma are not just consequences of direct violence but the daily exposure to violations as witnesses in the community and witnesses as counsellors. The picture of trauma is indeed very complex and straddles personal relationships to the broader macrosystem.

The effects of trauma intersect with a range of individual and collective psychosocial responses manifested in experiences of cumulative, complex, continuous, insidious and generational trauma.

Multilevel disconnection, isolation, distrust, anger and aggression give rise to a host of adverse cognitions, emotions, behaviours and consequent relationships.

While these effects are accepted as survival responses to ongoing threat, the participants confirm that these maladaptive responses become the normative response to the environments, and ultimately perpetuate cycles of violence and trauma in the community. It is the kind of trauma response that capacitates individuals for action driven by anger and a fight for survival rather than incapacitates them due to fear and anxiety. These physiological and psychosocial effects of trauma can therefore, also be perceived to be a form of negative resilience, which on the one hand enables people to survive but also perpetuates the effects of the trauma.

Chapter 7 further extrapolates on the research question. While many interventions have been shown to work in a situation where there is safety after trauma, the question remained whether healing and resilience is possible while in the context of ongoing violence. Given that the negative form of resilience is a maladaptive response to ongoing threat, how does healing and positive resilience manifest in this kind of environment? A proposed refined model of resilience is presented in Figure 9.1 which presents the positive and negative trauma adaptations to ongoing violence and continuous threat.

For the participants a significant feature of positive resilience exists in their own healing from trauma. Positive resilience was promoted through modelling an alternative relationship and creating safe space in which participants could learn and understand their own responses to trauma, become equipped and empowered, gain support and establish deep connections with others. Through their own personal transformation, they were able to gain insight, empathise with those around them and gain a sense of purpose in contributing to their own family, school, community and country. The ability they discovered in having the power to change themselves was an important catalyst in empowering them to change the environments around them. Creating emotionally safe environments provided the space for the promotion and reinforcement of these features of positive resilience.

The two selected case studies in Chapter 6 weave these themes together and portray the co-existence of negative and positive resilience across the ecological systems. The intersectional identities are highlighted here and the effects of experiencing oppression and consistent violence on a number of levels may continue to be a liability in terms of maintaining the participants' own positive resilience. Healing requires social transformation and while the participants are not necessarily able to transform society or attain equality, they are able to assist in buffering the effects of negative resilience in the face of ongoing violence and threat in specific ecologies. This becomes a means and an end to promoting positive resilience in an unsafe environment.

The participants show that given an emotionally safe and nurturing environment even if only in one significant system, they are able to heal and build positive resilience. Furthermore, not only are they able to build their own resilience, they are also able to influence and effect changes in others through their own microsystems and their counselling relationships, which promotes further resilience in other systems. Despite safety still being a primary need, the participants are living examples of the transformation they want to see in their community.

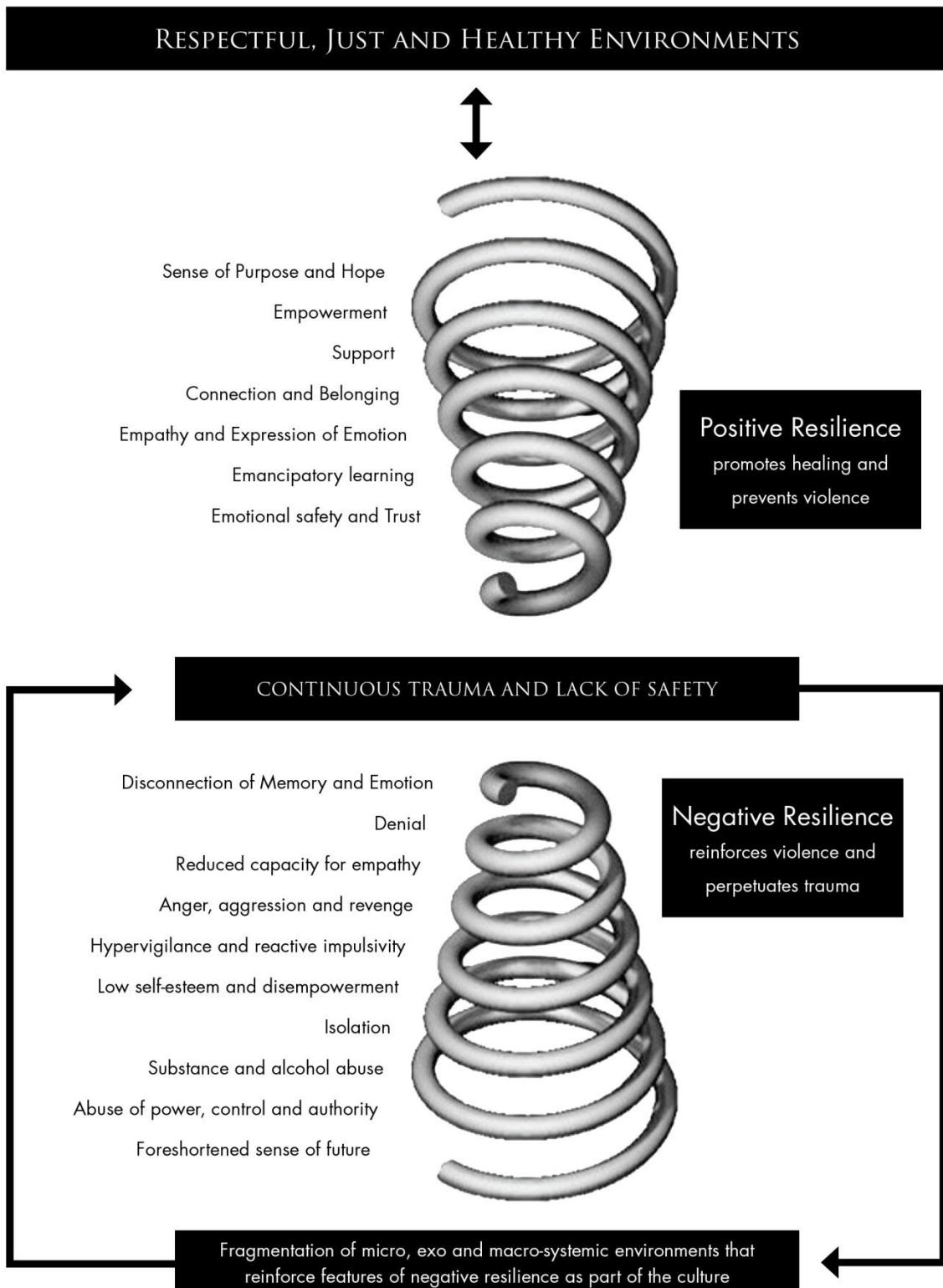


Figure 9.1: Model of resilience in an environment of continuous trauma

9.4 IMPLICATIONS FOR INTERVENTIONS

The participants' perspectives of how healing and resilience occurs, is important in informing future interventions, particularly in unsafe environments. This section discusses the implications for the mental health professional and outlines the principles of community interventions in this context.

9.4.1 Mental health professional

Ecological theory has shifted the relationship of the professional healer and vulnerable recipients of healing to a relationship which locates the role of the mental health professional as a co-worker. It acknowledges the wisdom of community knowledge and views the "expert" professional as someone who may also learn.

While this research did not set out to formulate an alternative to PTSD as a diagnostic category, an important lesson learned is the value of creating the space to understand the effects of trauma within a specific context. Different historical, political and social contexts may influence how trauma manifests and how it is conceptualised. The study provides a broader perspective which bears relevance to other similar contexts. However, the cultural, spiritual, political and economic differences between contexts would shape how meanings are made, identities are formed and, therefore, how trauma can be more appropriately addressed.

The value of this community knowledge and experience is an important resource in guiding our thinking about healing and developing interventions aimed at transforming individuals and communities. The experiences of the participants in this research suggest that the processes by which this healing and resilience takes place as discussed previously, in fact extends beyond the territory of mental health professionals.

Treating trauma and, therefore, promoting resilience as an individual approach excludes the social processes which need to occur in order for healing to take place. Integrating the psychological with the social is essential in healing individuals and communities. However like Miller and Rasmussen (2009) it is important to emphasise that a psychosocial focus should not exclude the deep impact of repeatedly traumatised people who may require longer-term psychological intervention. The participants support this notion in that they insist that healing from trauma is essential but can occur through a range of different processes, of which individual intervention is only one small part that contributes to building resilience.

The particularly healing role of the community counsellor is that of modelling a safe, nurturing relationship for the other but also their capacity to listen to each other's stories and that of their clients. While narrative therapies is a psychological concept, telling stories is an age-old, widespread activity

that straddles race, class gender, ethnicity, culture, religion and exists in a diverse range of contexts. Through telling stories, people make sense of their identities.

Being the listener, whether as an individual or a group, is an important process in validating the teller's experience and facilitating healing. The silences that permeate communities such as Hanover Park, where children and adults are not given permission to speak about their hurts, and disconnect from their pain, has created a culture of not talking to each other. This simple activity has been neglected and while it is an ordinary response to trauma, when it becomes permanent part of the culture, it creates deeper problems which affect identity not just of the individual but of the community. The past becomes continuously forgotten and cut off because it is too painful to be consistently reminded of that pain in one's daily life.

As mental health professionals we can facilitate safe ways of enabling people to start telling stories to each other again, and build systemic supports and connections in the process. In sharing their stories, as these participants have done with each other, with members of their community and with me, they have been able to make sense of their identities, and connect who they are with where they have come from, and give meaning to where they are going. This becomes one of the pathways connected to their journey of healing.

Several critical psychologists have critiqued mental health professionals for creating a rigid boundary between the personal and professional, particularly in relation to social justice. As mental health professionals, while we strive to promote health, issues of justice permeate our work consistently and engaging in these issues requires an integration of our identities as members of society and professionals. The analysis shows how the participants embrace their identities as counsellors in the community which is not separated from their identity as individual, family and community members. This is an important lesson for us as mental health professionals.

9.4.2 Community interventions

The experiences of the participants within Organisation X highlight the themes associated with positive resilience. As discussed in detail in Chapter 7, these themes exist and interconnect at each ecological level. Therefore, only an outline of some of the key implications for community interventions will be indicated here. These themes could be integrated in a range of community interventions, however, the primary aim is facilitate positive social connections and build individual and collective capacity to promote positive resilience and reduce the effects of negative resilience despite the potential for ongoing trauma. This can be facilitated by interventions which:

- i. Strengthen community assets and use available resources such as community-based counsellors

- ii. Establish trust and familiarity through longevity and consistency in engaging with the community
- iii. Develop integrated and systemic approaches with community members that focus on prevention of violence and promotion of health that are culturally and contextually appropriate
- iv. Encourage spaces of learning that are reciprocal so that trainers and participants are learning together.
- v. Create opportunities for emotional safety, support and connection across ecological environments
- vi. Develop strong and just community role-models
- vii. Are conscious of and intentionally address issues of power and inequality in enabling the empowerment of community members.
- viii. Restore people's sense of humanity
- ix. Help people find hope and purpose
- x. Mobilise individuals and groups for civic engagement.

9.5 CONCLUDING REFLECTIONS

The research confirms the belief that trauma and our long legacy of violence will continue to affect future generations if the effects of generational trauma on individuals and on our society are not addressed. Violence, while a global issue, is pervasive in South Africa and trauma-focused interventions have consistently fallen short in failing to understand the complexity of trauma in violent communities and the relationship to resilience. It has to be stated again that not everyone who lives in a violent community and is exposed to continuous trauma, will be maladaptively affected.

However, our failure in acknowledging and addressing these deep-seated traumata has resulted in injustices and violence from the macrosystem to infiltrate microsystems, and being perpetuated from one generation to the next. The need to survive has resulted in the breakdown of intimate relationships and fuelled a culture of mistrust, prejudice, marginalisation and destruction.

Our understanding of trauma has been based on decontextualized conceptualisations and focused on environments where safety now prevails. This has narrowed our understanding of trauma and the multiplicitous ways it affects individuals, families and communities.

Resilience within a context of ongoing violence cannot be used as justification for not engaging with individuals and communities who seem to be coping. A more comprehensive understanding of multidimensional resilience and its relationship to continuous trauma would broaden our understanding of how these adaptations will affect future generations.

The longevity, complexity and multi-dimensionality of violence and trauma cannot be addressed through single strategies. It requires fundamental change in the culture of traumatised communities. Individuals, families and communities are interdependent and each system requires transformation in order to develop healthy and resilient individuals, families and communities.

The women in this study are evidence of the ways in which transformation can occur on a microsystemic level within a context of violence. Their experiences and the testimonies of their lives give me hope for their families and the future of our country.

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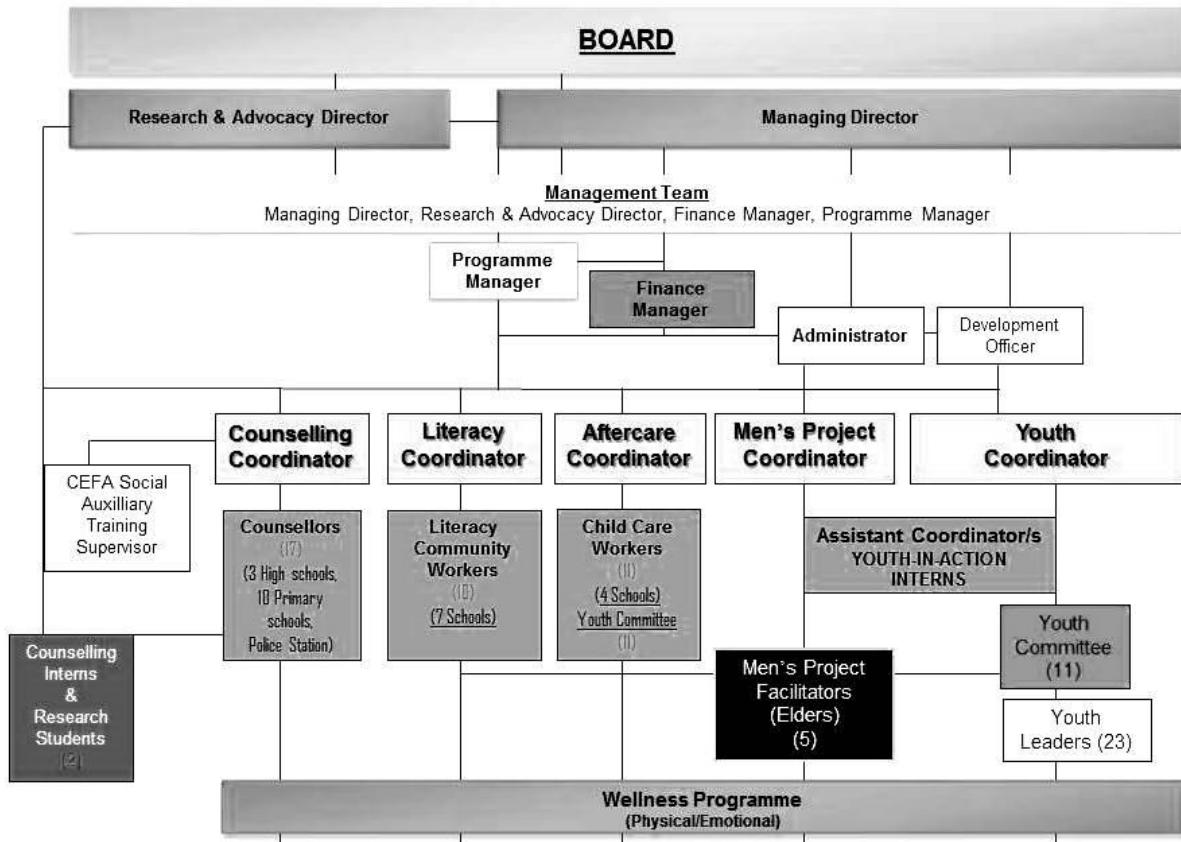
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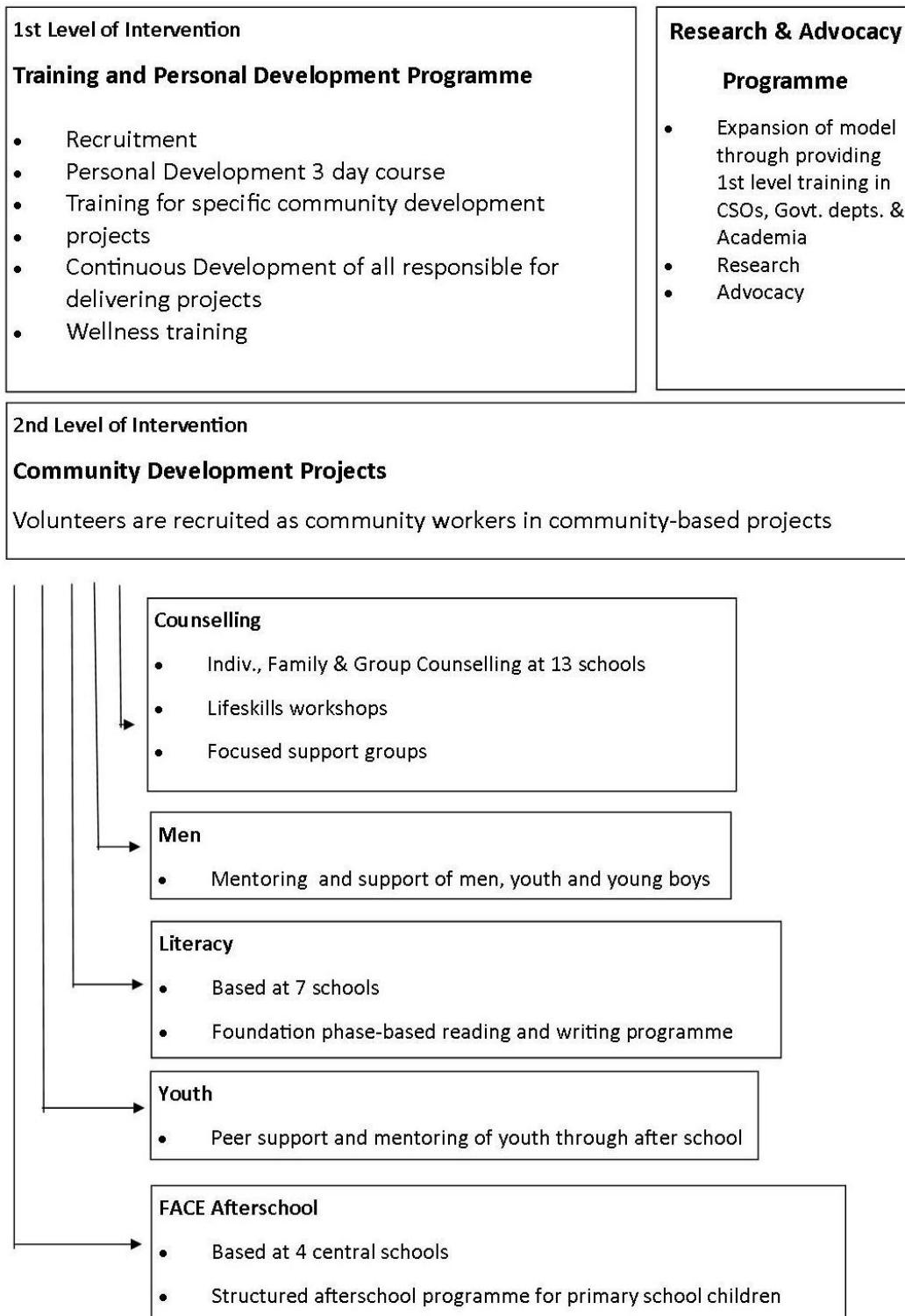
Appendix 1

ORGANISATION X ORGANOGRAM



ORGANISATION X PROGRAMME OUTLINE

Organisation X Programme Outline



Appendix 2

BRIEF SUMMARIES OF CASE STUDIES

Amy

Amy is 50 years old and has been involved with Organisation X since 2001. She has lived in Hanover Park for 34 years. She is a single mom with four adult children: three boys and one girl and also has three grandchildren. As the eldest of four children she was forced to work from the age of 13 years when her mother died. The four siblings were split and moved from Claremont¹⁰ to Manenberg¹¹, then Hanover Park. She suffered several incidents of trauma from the age of 8 years, specifically rapes and sexual abuse, most often at the hands of male family members. The pattern of abuse continued for a number of years and later she discovered that her own daughter had also been sexually abused by family members. She became pregnant as a teenager and raised her children largely as a single mother. She is incredibly resourceful and determined despite having experienced several setbacks, hardships and challenges in her life. She has been given external recognition in the form of an award as an outstanding counsellor and group facilitator particularly in the area of working with young offenders. She is a very spiritual woman and draws her strength and motivation to survive from her faith. Through her work as a counsellor she was given the opportunity to face her own past and confront enormous pain, and is grateful that she is able to continue learning and being of service every day. A major highlight for her in her "career" as a counsellor was achieving a certificate for a tertiary level course at the University of Western Cape.

Angel

Angel is 40 years old and has been a High school counsellor with Organisation X for 6 years. She has been living in Hanover Park for 18 years. At the time of the interview she was divorced from her husband but a year later they were remarried. She has four children, three of whom still live with her. She has had a difficult life, stemming from her absent parents, a history of repeated sexual trauma and rape from an early age. She became involved with drugs and gangs and was eventually expelled from school at 17 when she was pregnant. Because her home is situated in an area central to gang turf wars, she and her family have and continue to experience the gang violence first-hand around their home. Angel is an attractive woman and has a bubbly personality. Working through her past has enabled her to really identify with many of her clients and has deepened her capacity for empathy even for perpetrators. She continually wants to gain more knowledge and has learnt through a number of courses about herself and how to work with people.

Angela

Angela is 44 years old and lives in a household with four generations of women: her mother, her daughter and her granddaughter. She grew up in a home where substance abuse was an everyday part of her existence. Her father was a drug merchant. She describes her life as being a struggle and refers to the challenges of critical parenting, teenage pregnancy, being a physically abusive mother, dropping out of school and an absence of father figures as characteristic of the patterns that have repeated themselves over generations in her family. She significantly omitted talking about a rape that she experienced. Although she mentions it in her narrative, she did not elaborate and proceeded to discuss other aspects of her life. The current situation of experiencing ongoing shooting in her community is extremely traumatic. Although she faces the risk of being caught in the cross-fire in the

¹⁰ Claremont was declared a "White" area under the Group Areas Act. Non-White residents were forcibly removed to designated areas on the Cape Flats.

¹¹ Manenberg was an area designated for Coloured people under the Group Areas Act.

community, she feels proud that she has been able to make a difference in breaking cycles of violence in the community. She emphasises the importance of starting in her own family and breaking this cycle of physical abuse, and become a more nurturing parent. She also feels that although she finds the rape hard to talk about that she has been able to deal with it. Angela has a warm, cheerful nature, and has also involved her daughter in attending one of the courses at Organisation X which she felt instrumental in changing the way she parented her daughter. She is proud that her daughter has changed the way she related to her own toddler, as a result of the information and the changes Angela has made in her own life. She is currently completing a course which will qualify her as an Auxiliary Social worker.

Barbara

Barbara is 51 years old and tells her story relating first her experiences of her present situation then her past. She feels significantly more traumatised by the present as she describes the fears she has as a mother living amidst ongoing gang warfare. At the time of the interview, she felt at the end of her tether and was struggling to cope with the shootings which occur right near her home. The constant exposure and threat of violence has become too much for her. Although she did not suffer significant personal life-threatening trauma, she has experienced losses, particularly around male figures in her life. Another significant loss was that of her own education. As the eldest in the family she was forced by her mother to leave school during the 1976 riots, and start working to help support her younger siblings. As a result she felt she was the "*black sheep in the family*" but has found in her work as a counsellor a place to belong and has found purpose in the role of helping others. She feels proud of the changes she has made in her life since becoming a counsellor, particularly as a more emotionally present and physically affectionate mother. She is a resourceful woman who seems to be held back by her lack of self-confidence at times but has shown courage in dealing with the ongoing violence in Hanover Park in the 42 years she has lived there.

Beula

Beula is a 40 years old and lives with her husband and two children. She is sister to a fellow counsellor, Dee, and was introduced to Organisation X through her husband and brother-in-law's involvement in the Men's Programme. She has had prior counselling experience through working at Rape Crisis. She became involved in Organisation X because of the changes she witnessed in her husband and family but also felt passionate about committing herself to working in her own community. She describes herself as a woman of Christian faith and attributes much of her motivation for counselling to gaining a spiritual sense of purpose. The trauma of seeing her family torn apart by her alcoholic father's infidelity and violence towards her mother, filled her with rage and shame. As a child and teenager she witnessed several incidents of her father physically abusing her mother. To survive in Hanover Park, she describes that you need to be able to run, and she relates a few incidences of running from threat of gangsters, being close to shootings and being robbed at gun point on more than one occasion. Despite the trauma of living amongst gangsters and perpetrators, in her narrative she compassionately reveals her respect for humanity in all people. She is motivated to help parents and families through her work as she acknowledges how her husband's involvement in Organisation X had a positive ripple effect in her life and in that of her children. Spiritually and psychologically she feels hopeful about her work as a counsellor and is driven to continue being a support to others in her community. She is currently completing the Auxiliary Social Work course.

Dee

As the older sister to Beula, Dee has many positive memories of her father. Despite father's alcoholism, infidelity and the domestic violence, she felt she had a relatively good relationship with her father. Dee and her husband, who is now the Organisation X Men's Project Co-ordinator, were able to work through the conflict in their marriage and she credits the training and support received at

Organisation X as having helped strengthen their marriage. Her narrative emphasises the effects of the community violence and the impact of this on her life. She mentions an incident as a youngster being attached by gangsters and rival gangsters from her part of the neighbourhood, coming to rescue her. Her exposure to shootings in the community and being caught in the crossfire, have been traumatic although she uses humour to cope with the retelling of the incidences. Being a mother to a son is a major stressor as young boys and men are perceived to be at higher risk of being wounded or fatally injured. At the time of the interview she was living in a wendyhouse¹² on her sister's property. However, since her husband has been employed at Organisation X and she receives a stipend, they have been able to move there with their children and grandchildren to a freestanding house, on the edge of Hanover Park. This has served to reduce some of the impact of the daily trauma of facing shootings. She expresses her ongoing frustration with drug users who vandalise and break into schools in order to feed their habit. The line between trauma and constant adversity due to socio-economic stress is not always easily distinguishable, and both are seen as significantly traumatic in her life. However, she feels that if people are able to work on their issues and confront their past, it would help to resolve many of the issues that families face in the community. She is currently completing the Auxiliary Social Work course.

Faith

Faith is married with three daughters. As the eldest of seven children her role was to take care of them and the household. Her parents were both absent either physically and/or emotionally at regular intervals in her life. Seeking her mother's affirmation and approval was a consistent pattern into adult hood and into her marriage. Her father was an alcoholic and she followed this pattern by also abusing alcohol for many years. Her family has been involved in the trauma of gangsterism and drug-dealing. Her brother for example who was shot and wheel-chair bound, later died of a drug overdose. Her husband too was shot six times but survived. Generational patterns of absent fathers alcoholism, pregnant at a young age and out of wedlock, are also evident in in her narrative. Her daughter losing the baby at 6 and half months was traumatic for her. In attending the counselling course she realised that she wanted something different for her life and felt she was give the tools and insight to be able to make the changes she needed in her life. A key change was that she became more independent and assertive. She is currently completing the Auxiliary Social Work course.

Fay

Fay highlights the biggest change in her since joining Organisation X as having to shift from being reclusive to sociable. She was always a particularly guarded person who, she felt, was unable to trust. She ascribes this to the trauma of being abandoned by her father when she was nine years old. This abandonment seems to have shaped most of her life. She describes the terror of being stalked, stabbed in the hand and being threatened by a gangster when she was young but she heard he was later imprisoned and then died. Her husband was an alcoholic which had caused considerable conflict in her marriage to the point where had initially planning on getting a divorce. She mentions often how, since becoming a counsellor, her life is completely different and how so much has changed in the kind of person she is, although she is continuously still learning to be more open and engaging in social situations. Her narrative describes the effects of burnout and vicarious trauma that she experienced as a new, inexperienced counsellor, and what she did to cope. Because of her unique positioning as a counsellor within SAPS, she also offers insights into how police experience trauma and stress as a result of working in this community. Her eldest son has been involved with gangsters and drugs.

¹² A wendyhouse is a simple wooden structure that is often used by low-income groups as accommodation. The structures are meant to be temporary but often people end up living in them for many years. They are often erected in someone's backyard.

Kathleen

Kathleen has been struggling with cancer for a number of years, and her contract was tailor-made to suit her and Organisation X's needs. With her cancer in remission she has been pivotal in helping with court preparation and court assistance for a number of the counsellors' clients, particularly cases involving domestic violence and sexual offences. Her life story differs from the others in that she did not grow up in Hanover Park and only came to Cape Town as a young adult. Living in Hanover Park has brought her intimately close to drug addiction in that her own son has been battling drug addiction for years. The trauma of being a mother to a drug addict has at times depleted her emotionally and materially. However, she feels she has gained a lot of self-confidence and a belief in her own ability through her work as a counsellor, and continues to survive in a tough environment, despite being exposed to gun-fire numerous times.

Lydia

Lydia grew up in a matriarchal family, her father was an alcoholic but was described as sweet. Her childhood was relatively happy without any significant trauma. When she married, she had two children. Then she and her husband adopted a daughter and fostered two sons. Her experiences in raising two foster sons who came from very difficult backgrounds, was a huge learning curve for her. One of the foster sons no longer lives with them and has been in and out of prison. The other son has been battling drug addiction which has been an enormous source of tension in the family. Her training as a counsellor made her more conscious of the kinds of trauma that parents and children in her own community, Lansdowne, and the neighbouring community, Hanover Park, were being exposed to. She is aware of the fact that she is not as exposed to the hardships that her fellow counsellors have to cope with daily, as she would be considered more middle-class, therefore, would be seen to have more financial resources and access to support.

Mercia

Mercia had a good childhood and raises her two sons on her own. Besides the ongoing threat of violence and hearing gunshots, her major source of stress has been that of her son who was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). She finds him extremely challenging but took initiative early in to ensure he gets the appropriate help that he and their family would need. This has put her in position where she has experienced long-term therapy to cope with her parenting challenges and other issues. This experience of counselling has stood her in good stead to emulate what she found helpful and how she could adapt her skills to help others in Hanover Park. She is also completing her Auxiliary Social Work course. It is important to her to build children's capacity to cope with the current traumata through giving them the space to be children and to be free.

Olive

Olive is a 55 year old woman who came to Hanover Park at the age of 15 years when her grandmother died. Her grandmother raised her and instilled many values in Olive, which she still lives by. When she came to live in Hanover Park with her sister's family, she was relatively naïve, and the change to this environment was quite traumatic for her. Her sister was an alcoholic which affected her negatively and caused conflict in the home. She also recalls an incident where gangsters robbed and attacked their home, and the fear of being raped was a significant trauma for her. She moved in with her boyfriend when she was 21 and suffered domestic violence and rapes in the relationship although she only really comprehended the severity of the violence many years later. She fell pregnant as a result of one of the incidences of rape. Her daughter was born and when she was two years old, Olive managed to leave him. He died two years later in a car accident. Her daughter has been addicted to drugs for many years. This has caused her ongoing suffering. She cares for her daughter's two children but has come to terms with the fact that her daughter has chosen her own path and after

several attempts at trying to get help for her, she refuses to allow her daughter's life to affect hers anymore. Although she has always been a jovial person, the current spate of gang warfare has been extremely traumatic for her and she has felt completely overwhelmed, having been caught in the crossfire before.

Rachel

Rachel is the youngest of the counsellors at 23 years, and is the only one who has experience of being a client of Organisation X as she was counselled as a high school student. She, therefore, brings an interesting perspective of counselling through the lenses of client and counsellor. She suffered a significant loss three months before the interview as her mother died after an illness. There were a number of adults living in her house while she was schooling. She was emotionally abused by her grandfather from a young age and suffered ongoing sexual abuse and possibly rape from an uncle who had an unknown psychiatric illness. There was a lot of conflict in the house and she repeatedly witnessed her mother being physically and verbally abused by the extended family living in the house. The effects of these traumata were exacerbated by the fact that her father was too impotent to protect her and her mother nor did he wish to acknowledge or confront any of this abuse. Having grown up in abject poverty, she has enormous compassion for the neglected children she sees through her counselling. Although she is young she shows great maturity as a counsellor and has been able to heal through the almost maternal nurturing of her fellow counsellors. She longs to study psychology further and is currently completing the Auxiliary Social Work Course.

Roseline

Roseline's narrative of her life before being a counsellor, is characterised by several forms of loss. Although she didn't report any major traumata in her youth, she seems to have lived a life where she pleased other people or felt that she did not have a choice, and as a result lost opportunities, dreams, her freedom and love. Although her husband had several extra-marital affairs, when he died, it took her some time to come to terms with his death, and soon after her eldest daughter dies of a heart-attack at the age of 25 years. This was a sudden and very traumatic death for her. It also affected the family financially as her eldest daughter was the breadwinner for her three younger siblings and Roseline. She also has a son who was diagnosed with schizophrenia eight years ago. She has been a victim of his psychotic episodes and due to his physical abuse has ended up in the day hospital on one occasion. Roseline was anxious about the interview and seems to have a constant fear of doing the wrong thing and feeling inadequate, even checking in the interview if she was giving the right answer to questions about her own experiences. However, she has also felt that she has gained a lot more confidence and is much more assertive since she has become a counsellor. Roseline became a counsellor after receiving support for her grandchild from an Organisation X counsellor, Wardah. She expressed an interest in the work and Wardah informed her when the next course was taking place. Her current fear is for her young grandson due to the ongoing shootings and the recruitment of young boys into gangs and drugs.

Ruth

Ruth moved to Hanover Park when she was seven years old. It was a struggle for her family who close-knit and whom she describes as having good Christian values, as they were suddenly exposed to a world of gangs and violence. Witnessing gangsters in the street with guns and knives was terrifying to her as a child, and she recalls her mother stacking the furniture up against the door of their home to protect them. An early incident of trauma was when she was repeatedly threatened and stalked by a gangster at the age of 12 years old. He was eventually imprisoned and murdered. She has also suffered a number of personal losses over the years. She witnessed the murder of a friend who was shot right next to her. Her father with whom she was very close eventually started using drugs. She believed that her dropping out of school to pursue her relationship with a Muslim boy was what

finally drove father to abandon the family. When her father returned he was verbally abusive towards her mother. Ruth gave birth to two children with her boyfriend but experienced a devastating loss when their three year old daughter died of a brain haemorrhage. Their relationship suffered and eventually they ended it. Their relationship remained amicable but he was murdered in a gang hit less than a month after the interview took place. Soon after joining Organisation X she started dating one of the men who attended the Men's Project. After two years she became pregnant with his child and two years after the interview, they married. She is a dynamic and talented woman who loves being a counsellor. She is also currently completing the Auxiliary Social Work course.

Tara

Tara has lived in Hanover Park for most of her life. She relates the story of her mother's past in making sense of how she was raised. She highlights generational patterns of rejection which she experienced at around 8 years of age when her father left. Without her father there to protect the family, she experienced further alienation from her extended family, and witnessed repeated domestic violence in her home. Her step-brother was violent and physically abused her mother. Tara tried to be the protector of her mother, a role she continued to play years after her step-brother was killed in a car accident. Her mother was diagnosed with Alzheimer's and she and her sister cares for her mother. Tara's role as a counsellor has caused a lot of conflict within her marriage and describes her husband as feeling very threatened by her, and the changes she's made in her life. She is currently completing the Auxiliary Social Work course.

Valencia

Valencia grew up in Hanover Park but currently lives with her cerebral palsy son in Grassy Park. As the first born child she was sent to live with her aunt at the age of three years. This pattern of feeling rejected by her family has been repeated over and over in her narrative and has continued into her adulthood. She had repressed her memories of ongoing sexual abuse that she suffered as a child while living with her aunt. These memories only surfaced while training as a counsellor and through the courses was able to process the severity of what had happened to her as a child. She was married but she became estranged from her husband. Before she could leave him, he became ill and died. Since becoming a counsellor she feels she has found a new family and has gained a lot of support. Living in Grassy Park has meant that she is no longer exposed to the gang violence of Hanover Park on a daily basis. She is also based at a school which would be perceived as more middle-class as it is situated on the edge of Lansdowne. A major current traumatic stressor has been her twelve-year old son suffering multiple seizures prior to the research process, and had to remain in hospital for a few months. She is also completing her Auxiliary Social Work course.

Wardah

Wardah experienced her first major trauma at home when she was accidentally but seriously burned by hot water at the age of six years. The effects of the injuries continued to haunt her well into adulthood, as she was teased for her appearance and held back at school because she was behind in her schoolwork. She describes two additional major losses and trauma when at the age of 10 her father died and soon after her family was forced to move from Cape Town to Hanover Park. Later at the age of 16 she was stabbed and raped. She became very aware of the gang violence in her area, and when she married she expresses how gangsterism entered her marriage. Her ex-husband was a drug addict and was abusive. He introduced their son to drugs, which was a long and hard journey for her in trying to get him rehabilitated. Her ex-husband also molested her daughter and she felt partly to blame for taking so long to divorce him. In divorcing him she found herself to be resilient and able to take initiative, and found her passion for caring for others. When she trained as a counsellor it was the first time she actually confronted the fact that she had been raped, and had to work through a number of the other incidences of violence in her life. However, her good relationship with her mother and

father seems to have grounded her in being able to survive despite the odds. She faces ongoing adversity, having battled to have a permanent home for the last 20 years. Around the time of the interview she was living in a shack and managed to escape when the shack set alight due to arson of the Somali-owned shop next door. She lost everything yet has still continued to serve her community. She is also completing her Auxiliary Social Work course.

Appendix 3

ORGANISATION X COUNSELLING TRAINING OUTLINE

The counselling training is aimed at equipping community members to deliver counseling and psychosocial support services in their community. The training occurs over 12 weeks. It includes an understanding of violence and trauma within the South African context. Continuous trauma is a complex concept which describes the effects on individuals and families who live in an environment of ongoing community, gang and criminal violence, experience violence from an early age, where violence has been witnessed or experienced repeatedly, and where the person recovers within this context of ongoing threat.

Counselling remains an important crisis management intervention within an environment of community violence but can also play a significant role in preventing future violence and breaking the cycle of victims becoming perpetrators and recidivism.

The training is informed by an understanding of how the environment impacts individuals and families. The counselling model does not aim to be psychotherapeutic and does not include an expectation of catharsis from exploring the details of a traumatic event. This is because we need to respect that while individuals are still living in violent environments, they may need some of their defences to cope and survive. The model of counselling in the manual incorporates a stronger focus on developing skills, strengths and supports, building resilience, adaptive behaviour and psycho-education as clients need to survive in an environment of violence.

The training is experiential and it is important that the therapeutic element of the training is not lost. Many community members who undergo the training find it a healing process for themselves as they are encouraged to confront their own hurts, traumas and pain as they learn the skills for counselling. The training includes skills in basic counseling, trauma management and burnout and stress management. A critical part of the counselling training is the follow up support and supervision which participants receive on completion of the course.

Overview of training modules in course:

Module 1 Context of violence Community Mapping	Module 4 Child Development Open and Closed Questions, Problem-solving	Module 7 Trauma responses Child abuse, suicide, depression Grief and Bereavement
Module 2 Trust, Self-Awareness, Principles of Counselling Respect, Communication, Listening	Module 5 Ethics of Counselling Contracting, Terminating, Referral	Module 8 Stress, Burnout, Stress management
Module 3 What is counseling? Empathy, Joining, Probing, Reflecting, Summarising	Module 6 Trauma response in primary school children, adolescents and adults The trauma support model	Module 9 Training in monitoring and evaluation process

Appendix 4

EXPERIENCE-CENTRED FORM ANALYSIS OF ADDITIONAL FOUR PARTICIPANTS' NARRATIVES

Rachel's empowering story provides insight into trauma and resilience from that of the younger generation and provides a dual perspective as past client and current counsellor. Amy's case is exemplary in that she has multiple experiences of sexual trauma, yet is also an excellent example of a mother who promotes positive resilience. Olive, who was unaware of the extent of her trauma until she became a counsellor, provides an important story of an empowered woman who finds her voice. Finally Kathleen provides a slightly different story to the other counsellors as she only came to live in Hanover Park as an adult. She gives insight into her growing self-confidence as she copes with a son on drugs, and her experiences in working with victims of interpersonal violence (IPV).

RACHEL – “I'M EMPOWERED AS A WOMAN”

As the youngest of the counsellors by quite a significant margin, Rachel, provides insight into her experiences as both a client and a counsellor. At twenty-three years of age her experiences of trauma are more similar to the experiences of clients in the present day, compared with her colleagues who have experienced some generational shifts in patterns of violence from the Apartheid era to date. She is also the only participant of whom I was able to observe while she was a school learner years before she became a counsellor. Two fellow counsellors and my impressions of her as a young girl before she became a counsellor strongly contrast with the woman she has become. In the focus group she accurately described herself as a learner before who "rarely had friends. I was all alone. To the world I seemed alright. I was like smiling. That was a façade. But nobody knows what happens to me. Everybody just thought, oh you're a jolly person, but [I was] in this dark space. I also knew that this wasn't the life for me." She alludes to an aspect of her resilience which motivated her to achieve more in her life, which she feels she is able to begin fulfilling as a counsellor.

Her language has also significantly shifted. While she expresses in the focus group that as a school learner "I always admired Lane", it seems that Rachel, more so than the other participants, has emulated some of the psychological jargon I would have used over the years. The evidence of this is also interspersed in her narrative, where she appropriately uses terms such as "validated", "contained" and "paradigm shift".

Her narrative is divided into five major stages and she identifies a number of constructs of identity within these narrative stages. Her early life is plagued with trauma and the moral dilemmas she faces with regards to her upbringing.

Stage 1: “She passed away”

Rachel begins her narrative with the telling me of her mother's which took place three months before the interview. This loss is an important place for her to begin her story as she reflects on the first part of the journey of her life, in relationship with her mother.

Rachel's mother had suffered heart problems from a young age and ultimately died of organ failure. She describes the last few interactions with her mother before her death, which introduces the strength she feels she has gained as a counsellor.

I got that last special words she had, and that for me was everything ... I would have maybe felt ... like she didn't validate me or anything like that, but that phone call was everything.

She becomes aware of how important it was for her to feel affirmed by her mother, and that she was able to receive that affirmation from her mother before she died. Rachel notes that she had to be the one to "contain" herself and the family: "I'm the one who had to talk for them and I felt, okay one of us had to be strong".

From a young girl who hardly spoke nor made eye contact and was shy and reserved, to a young woman who is able to speak to a professional doctor on behalf of her family was a significant shift that she observed in herself. She expresses pride in herself that she was able to represent the family in this way and manage the situation. This parental-child pattern is echoed in her narrative as she is the only one in her family who questions, confronts and protects on behalf of her mother.

I know she's at a better place, sometimes you feel if you look back, she had to take the operation when she was much younger, we wouldn't have been born and things like that and at the end of the day everything was set out to be like that.

Rachel grapples with her mother's death and expresses some regret that her mother had not received treatment earlier in her life. She expresses the normal bargaining responses of loss but has found peace in her belief that this was meant to be, and became an important shift in her perception of the relationship with her mother.

Stage 2: "My mother had to be mother and a father"

Rachel reflects on her mother as the provider in the family. As she progresses in this stage of the narrative she shifts her emphasis from idealising her mother to discussing the realities of the dynamics within the home.

When I think back you know if it wasn't for my mommy we would have slept on one bed, me and my big sister and we both are like fat ... My mommy is the one who was actually there for us...We never actually had much of a relationship with my father.

As she has gained insight into her own life and reflects on that of her parents, she acknowledges that her father "also had issues back then" and that a fault of her mother was that she "was very soft hearted" and unassertive so people took advantage of her to the point of abusing her.

As a family of five, they also lived in poor, over-crowded conditions with "my grandpa, my deaf aunty and my mentally retarded uncle". She is unconvinced that her uncle has mental challenges as she feels he is culpable for his actions and "I don't know if it's that honestly because he knows what he does man".

Rachel describes having a very conflictual relationship with her paternal grandfather. She felt rejected by him from an early age and sense that he likened her to her mother.

Even when my grandpa was living in the house, he never liked my mother and me, he never like me. I don't know if it's because I look like my mommy or I had the [characteristics] of my mommy or that. Because I always knew when I was already small, this man, I got this feeling he doesn't like me and he always treated my elder sister better. She would get food then I don't get. I don't know what's wrong man and I always grew up with the feeling why doesn't he like me. Is it something I did or something until I asked my neighbour, I don't why it is but I feel that he doesn't like me when he looks at me.

Her grandfather also physically maltreated her and "he also used to torment my mommy".

Her uncle, grandfather's son, was considered mentally unstable and began to sexually abuse Rachel.

Then my uncle, he would touch a person and rub against you. I would get so afraid and sometimes my mommy would go to Muslim school, and I would be alone in the house with him and he would touch on a person ... I told my mommy I don't feel comfortable with him in the house. And it went on so for a few years and my daddy knew about it, but nothing was ever done about it.

While she disclosed the abuse to her mother, her mother appeared powerless to do anything. She started questioning the values in her home and the hypocrisy of the religious standards which her father held.

I actually started resenting my daddy because he never did anything. In the Muslim religion they don't want to talk about things like that when it happens, it's all so closed and doesn't happen and you're supposed to be lying and maybe you're at fault, things like that. They don't want to talk about it openly.

Her father rarely features in the first part of her narrative which reflects his emotional absence. When Rachel makes reference to him she describes an impotent and weak man controlled by his father and brother. The effects of not being believed about the abuse are a strong feature of her narrative, and one that influences her desire to have a voice now.

Due to the inaction of her parents, the abuse continued and the effects of this complex trauma were exacerbated as she was daily confronted with her abuser in the home.

As the years went on I couldn't sleep with the door open. I have to make sure the door is locked and if I can't find the key of the door, I'll start crying or I'll stay up the whole night because I can't sleep if the door is open. Until two years back I would still do that, and even when my daddy put him out I still couldn't sleep with the door open.

Rachel also expressed uncertainty about her uncle raping her. While she expressed very clear symptoms of depersonalisation and derealisation during the abuse, she cannot accurately recall whether the memory she has of being raped was in fact real or "a dream".

While her family refused to believe her and continued to deny what was happening, she started to doubt herself and was accused of "lying, maybe this whole thing is just something I created in my mind, so you're telling me I'm the one to be blamed".

When she discovered that she was not the only victim of her uncle's abuse, this spurred her on to take action and she contacted the police when the abuse occurred again. However, she was once again met with two policemen whom she regarded as having gender stereotypes and were easily swayed by her father's description of her uncle as a "sick" man who was "on medication" and "he can't do anything".

Fifteen, sixteen, I'm the one to blame and there is my daddy sitting, he's the one covering up actually for his brother and it made me mad and my blood boil to think that my father would allow him to do that to me.

She expresses the rage she felt at that point because she knew she was being treated unjustly. She was angry with her father for behaving as if nothing had happened, as this incident represents an almost double turning-point" one at which she, firstly, realised she was not imagining this and that other girls had also been victims, thereby normalising her feelings, secondly, decided to take action and seek justice through calling the police and, finally, experiences denial of any form of support or belief in what she has experienced, despite her attempts at gaining the confidence to take action and help herself.

While she had successfully maintained a façade at school, she became overwhelmed with emotion and felt suicidal.

I had that anger in me but I would go to school. I would be the happiest student at school, oh they would just love me, oh she's just a sweetie ... but they never knew what went on inside until the day I actually said I need to speak to someone.

Rachel's resilience is evident again in these incidents and in her aspiration to seek help for herself. Through Rachel receiving counselling, her father eventually evicted the uncle. As she continued on to becoming a counsellor she was able to come to terms with this abuse and "lately I know now I feel a bit safe. I can sleep with the door open, unlocked. I do fall asleep".

Stage 3: "Now I had to step in"

Rachel constructs the identity of being her mother's protector in this stage of her narrative.

My aunty who was deaf, she used to fight with my mommy every night because she can't get her way ... She used to sometimes hit my mommy with a pan. I can't see and allow that they do that to my mommy.

While Rachel experienced sexual abuse, she also witnessed her mother being physically and emotionally abused by the family. In contrast to her father's impotence, Rachel steps in to protect her mother even though she cannot protect herself.

In this stage she also wrestles with her identity as a young Muslim girl who has to obey her parent and the adults in her homes. She is aware of the misperception that the adult is always right and the child is always wrong.

My aunty would hit my mommy and go on and on and push my mommy out of the way and stuff like. My daddy sees it but he says nothing. Now my thought was if you're supposed to practise your religion practise it right man, don't be a hypocrite. He knows my mommy went through a lot and yet he still allows my mommy to be attacked by my aunties.

So I said to her what does the Quran say? Three times your mother before your father and why does my daddy sit there, daddy should talk. He says nothing. And my aunty is pointing in my face. I felt so sorry for my mother.

My mother pulled me into the room and she says I must stay there but I know they're going to beat my mother up because my mommy is too soft for them ... But I say if you are going to lift your hands to my mother, I will show her. I will beat up her up. I didn't mean it to become so. I was not going to stand still because who stands by my mother?

Rachel defends her mother in this story and expresses the powerlessness of her mother against these adults in her husband's family that condone or deny the abuse.

I at least tried to do everything that I was asked to do for my mother, and today I can actually see how the guilt eats at my father. I can see it, he sits with a lot of guilt because he knows he did wrong.

She reflects on her father's guilt now that her mother has died, and feels comforted by the fact that at least she was strong enough to stand up to her aunt and her grandfather. She challenges some of the values and beliefs that she was taught as a child, particularly with regard to her age "You can be how old. But if you're wrong, you're wrong" and "just because you're older doesn't mean that the one who is younger must keep quiet".

Her older sister appears to have suffered and witnessed many of the same abuses as Rachel. She reflects on her sister's life choices which contrast strongly with her own. She describes the negative

resilience of anger and vengeance, resulting from living in an unsafe environment, and expresses concern that she's just going to hurt herself more".

In comparison with her sister who "keeps everything in", Rachel sought counselling during her matric year because things got too much. She felt "alone" and overwhelmed with a sense of "helplessness". She "felt as if [she] was going to go mad. [She] really felt [she] was on the verge of a breakdown. [She] couldn't live with the secrets and everything behind closed doors".

Again there is the ever-present glimmer of hope that she motivates her to make better choices in her life. She felt she "always had the feeling that there's something better [she] must do". Her capacity to ask for help and receive the help she needed, was a significant turning point for her.

How many people want to ask for help but they maybe too weak. They're too ashamed even to ask for help. To ask for help is not easy, it's the same as admitting that you do have a problem, and sometimes we don't want people to know that we have a problem.

Her acknowledgement of the problems she was facing and exposing herself behind the façade enabled her to receive counselling from an intern counsellor, who helped her gain insight into her trauma. She experienced a sense of being believed and being taken seriously, although she found the process of counselling felt foreign to her.

You start asking yourself and looking at yourself differently. There were how many times when I was sitting in a session and ... I would just have to talk and talk and I think to myself he's supposed to help me, he's supposed to tell me 'listen here, do this or that'.

While she wanted her counsellor to give her clear advice and be more directive, she also admits that, just through talking, she was able to look at her life differently. Although the process felt anxiety-provoking at times, it enabled her to express her feelings and thoughts and start to take control of her life. It also gave her insight into why people behave the way they do, and she consequently describes more empathy for other community members.

Now you look at people in Hanover Park and you say that one is a druggie. I don't think that one is a druggie. I think to myself now what went wrong? Why did that person really go to drugs because that person could have been me.

Rachel progresses from being the protector of her mother to being the protector of other children through her work as a counsellor.

Stage 4: "I could do things I believed I couldn't"

Rachel's statement of her improved sense of self-belief and confidence, stemmed from this conversion point where she trained as a counsellor. She became aware of her potential and experienced a sense of control in realising "I can only change myself and I don't have to feel so helpless and angry anymore".

The course made her realize "I just need a voice". In finding her own voice, she has been able to give others a voice, and give children the experience of being heard and believed.

That's my life, my life is very hectic you know ... And now even running the house also. I never knew a mother had to do so much and I'm not even a mother. I'm thinking, oh my word do I still have to have children one day and still do all these things?

Rachel highlights her multiple responsibilities of caring. In addition to her caring position as a counsellor, she has had to take over all the domestic responsibilities since her mother's death. The burden of care on women faced with multiple intersectional identities, is enormous.

She experienced a significant "paradigm shift," and "you really see things differently", particularly as she began to make sense of her father's behaviour. Her view of femininity and masculinity was broadened.

I didn't like men ... But then you start realising that just because one is bad, it doesn't mean ... my father is not bad, it's just things that happened in his life that caused him maybe to act like that.

Rachel attributes part of her healing process to gaining understanding and having some of the myths that she had grown up with, debunked: "Your parents are the heroes and heroines and you look up to them. And the thing is that they can also be wrong man".

Becoming aware that parents are not necessarily always right was important in affirming her own sense of self-worth. While she reflects on being very attached to her mother, developing into the role of protecting her mother, influenced her ability to trust in her mother's ability to nurture and protect her as a young child. Participating in the training course highlighted "I can't trust easily ... So I realise I have trust issues and I know why I have trust issues".

Despite the adversity and trauma in Rachel's life, she appears to have an innate resilience and motivation to keep going. Completing the counselling course was also a challenge for her but she viewed it as a continuation on her journey of healing.

It might still take years but slowly, surely it's going to work because you can't go giving up halfway ... You come halfway through, what's stopping you from the other half. Yes you'll still be affected, you're going to feel drained. But the thing at the end of day is, don't give up.

Stage 5: "I love my children"

The final stage of her narrative describes her experiences of counseling and her insight into the problems in the community as an empowered counsellor. She draws on examples from her clients cases, highlighting the intersection between trauma and poverty. A large proportion of Rachel's clients are foundation phase learners. Many of them live in informal settlements in and around Hanover Park and, therefore, Rachel often needs to address the most basic health and hygiene concerns before addressing any emotional issues.

Most of those children who live in that area, they stand and they beg for money. Sometimes I can even find my own clients standing there...Then I say where is your mommy, no mommy is at home, we are hungry. There was even one incident where the child came and the child had ticks on him. Now how is that child dressed and where was the mother? How can you not even see that your own child is in that state?

Rachel expresses her frustration with parents who neglect their children. She also counsels a number of Foetal Alcohol Syndrome (FAS) children, so the parents' behavior and damage they do to their children, is quite evident. She raises the importance of having visible role-models.

Then yet, Lane, you also get parents who live in [informal human settlement] but you can see that that mommy washes those clothes every day and that mommy sees that that child has bread every day.

While she discusses her trauma cases in relation to poverty she emphasizes that poverty is not a direct cause of abuse and neglect. Instead she identifies the microsystem and the family relationships within this system as determining how a child will develop resilience in order to cope with adversity.

Rachel then goes on to describe the current violence, the chaos and random spates of shooting that occur "anywhere, anytime" in the community. She emphasizes how often people die and that these are not necessarily random strangers: "it's people you know man...I can't get it over my heart. It's people you know. Some of them you even went to school with .

She expresses concern at how little value is placed on human life and how people's disconnection from the violence is evident in "how meaningless they take life to be".

She reached a sobering point in realising that just because she is a counsellor does not mean she is immune to the acute effects of the violence and trauma. She describes with some level of distress how a fellow counsellor who is much older with many more years' experience, was incredibly shaken when caught in a cross-fire with her grand-children. The misperception that the more experience you have as a counsellor, the less affected you would be, was another myth that was debunked for her in that incident. When faced with threat, one's survival response is activated and this is always an impulsive, neurological response. How one makes meaning of and copes with the trauma afterwards is what makes people's responses different i.e. positive or negative resilience. Rachel needed permission to accept that her fellow counsellor and therefore, she is allowed to be afraid and express that fear, and that while they are serving the community, they don't have to pretend to be brave all the time.

Rachel expresses the systemic and cyclical effects of violence on disadvantaged and oppressed populations.

That's the thing, living every day, getting up and knowing you have to go to school tomorrow, but you know that they're shooting. Sometimes the fighting goes on long, then the children miss out on school or they miss out on work. People are even afraid to go to work because they know if they get into the taxi anything can happen.

The threat of violence inhibits people emotionally and physically but also restricts their already limited possibilities for education or employment, which further disadvantages under-resourced populations. At the time of writing the analysis, a neighbouring community, very similar to Hanover Park, also experienced a spate of gang violence. Controversially the provincial government briefly closed 14 schools in the area, which, while it prevented children from being shot at school, left them vulnerable to attack on the street and resulted in them missing out on school work.

Rachel intimates what she has learnt from her counselling experience and training: "we must go back, right back to the core".

Rachel makes meaning of her own experiences of trauma through being a present, believing adult role-model for the children with whom she works.

Then they at least they can relate, this person knows what I've been through. You can never have been through exactly what the next person has gone through, the same feelings as the next person but you can at least ... they can see there you can identify this with them. And if they know that you can identify with them a bit they feel much safer also to talk about it and that I like...If you can just help one person it's a lot. It's a lot.

She sees herself as providing a safe space for these children in which she can encourage them to believe in themselves, expect more of themselves and gain the support they need to begin to reach their potential. She feels for now she is fulfilling her own dreams of wanting to be a social worker, although she has further aspirations too.

That passion of working with people and children is there and in the future I'd also like to travel and visit more countries. To see the difference, how we live and how they live. How do their children cope with things like that. It's actually interesting, the whole thing

about this is how the community and the society works and how does it affect the children, that is so interesting. I would like to do more, go into that field ...

Rachel concludes her narrative talking about having her own children one day. She talks about having babies and it is interesting that the "baby" in the counselling group raises the idea of having babies of her own. Despite this self-imposed label, many weeks later in the focus group, she felt heard and affirmed as she inspired the other counsellors through her empowering speech to them, which resulted in them bursting into spontaneous applause for her. "You see if the fire is there, don't let the fire burn out. It's not going to burn out, not if I say so".

AMY – “I WAS A GOOD MOTHER”

Amy (50) has been with Organisation X since its inception in 2001. She has four adult children, all of whom have been involved in Organisation X at some stage during their youth. She attributes her children's successes and choices they have made, to the transformation in her life through becoming a counsellor and through the mentoring her children received at Organisation X.

Her interview was a challenge to analyse because of her style of speaking and the divergent way in which she relates information. I had to listen to the audio-recording as not all the information had been captured by the transcriber because of the rapid pace at which she speaks Afrikaans and sentences that were left unfinished. Because of my long-standing history with Amy, I have become more aware of the way she expresses herself and feel it was beneficial that as an insider, I was able to hone in on the points she was making while not becoming too distracted by other peripheral information that she would include. I tended to ask more focused questions in order to elicit relevant information and give her more structure within the interview. However, I also had to be very careful not to infer or assume some aspects of the content of the narrative because of the form. Nor did I want to be too directive but rather sought clarity or returned to points that she had raised, as I did not want to miss information that may also be of significance. It did not always feel appropriate to confirm aspects of her story that were unclear, due to her heightened emotion in the first part of her narrative. Instead I confirmed some of the information with her much later, using the transcript as a way of verifying and clarifying information. This was necessary in order for the coherence of parts of her story. For example:

My Uncle, the oldest one, second oldest one, he's like, his wife, she also became abusive and they tried to get a lot but I shoved them, I kept money and things from them because I wanted for them to virtually see what's happening and that and with all this, it all happened so quickly, I can't, every time when I do things, they just; if you're not going to listen, then we're going to do this but I said I just need things to stop and it went on, the abuse and that type of thing and at the end, my Uncle just said; you need to go to your Father ...

Commas were often used in the transcript because of the continuous pace at which she was telling her story. In the above paragraph, it was later confirmed that she was relating the following aspects of her life story: her uncle and aunt became physically abusive, "it all happened so quickly" refers to the series of abuses and rapes that she was exposed to in her life, and that she had had enough. The relationship with her uncle and aunt deteriorated and she eventually was told to go back to her father.

While she does not always articulate herself in a clear or focused way, her range of experience and depth of insight is still conveyed. She is highly regarded as a counsellor and is well-respected amongst her peers, colleagues and her clients. .

The first part of the narrative felt like a spilling of information about her past. When she reached the conversion point of her narrative, after what felt like a long, arduous and unrelenting journey, it felt as

if we both needed to take a deep breath. Amy's narrative is exemplary in that she has experienced the most number of traumatic events of all the participants. Therefore, the way in which she experiences these complex, cumulative and continuous traumata directly relate to the research question of conceptualising trauma and resilience in this community. Her narrative was separated into six stages.

Stage 1: "I just felt I can't handle it"

As a continuation of the train station analogy, the first stage of Amy's narrative feels a bit like a runaway train. Because of the trust she has already placed in our relationship, she feels safe enough to launch directly into the history of her trauma. She cried throughout the first two stages of her story, as she related one story of trauma and loss after another. While she expresses being victimised in a number of different ways, she does not construct a victim identity for herself in reflecting on these incidents. She relates the beginning of her trauma as a consequence of first being dislocated from Claremont to Manenberg as a young child: "Growing up there was also tough because at the age of 8, I was being raped as a child there".

As a young girl she recalls feeling silenced about the rape as the known perpetrator threatened her with a knife but also because "if I speak, they will say it was my fault because it was like, is a friend ... ". She alludes to the political violence and the 1976 riots while she was at school. When she was thirteen years old, her mother died and she expresses feeling overwhelmed. She often repeats this in her narrative, "I couldn't handle it anymore". The juncture of the bereavement and the structural inequality had devastating effects on her and her family. As her father needed to seek employment which would keep him away from home, she and her three younger siblings became separated, "they actually came to take us away and we were split as a family". This is one of the effects of how trauma fragments and dislocates families physically and psychologically. In a short space of time Amy, effectively, lost both her mother and father, her home and the connection with two of her siblings. Moving to her grandparents' house left her vulnerable to further abuse. As the eldest of the siblings, she was also forced to work from the age of 13 years and lost her access to formal education.

At the age of 13 and a half, where I got- being every time abused by my Uncle and my cousins, sexually abused me. I couldn't handle things. It's like my - why couldn't my family see it and it's over and over. The same thing happened when I was a child at 8 years old and why didn't they think - why must it happen now again to me?

Amy's feelings of being overwhelmed and of isolation are an inherent feature of the first part of her life story. The ubiquitous exposure to violence is evident in her direct physical, psychological and sexual victimisation but also through witnessing domestic violence between her grandparents. While the violence existed all around her on various levels she still felt that "Nobody would believe you", and therefore highlights the silence which continues today despite the visible occurrences and systemic effects of violence.

When her uncle threw her out of the house she went to live with her father whom she describes as "my role model". This is a noticeable feature in her narrative as she consistently describes a positive and nurturing relationship with her father in the midst of severely traumatic experiences. The relationship between father and daughter may bear significant weight in explaining her innate resilience and the way in which she has managed to cope with these traumata in her life.

While she thought she would be protected by her dad, she was still exposed to threat and harm because "my father still had to work long times away from home and with that also, friends came in the house and family members came in", leaving her vulnerable to ongoing abuse. She was labelled and ostracised by her extended family and further rejected because they considered her to be "a bad example for them and I will teach them all the wrong and all the bad things".

This Scorpion guy, he came and he actually held a gun in front of my Father's head and my Father was standing a few feet away from us and I was standing and he said; 'just

remember this, this is what I'm saying, this is what we're going to do to your daughters' and he was threatening, they're going to take sex and they're going to do and how they're going to sodomise and all this type of things and he was just going to rape us and that and I felt scared.

She constantly lived with the threat of being raped again. However, she describes an account of her father as the hero who saves her from an attempted rape by a gangster. Later, her father whom she idealised as her protector was powerless to protect her from his own family and she was raped by her uncle and his friend.

I could feel it, I could just close my eyes tightly and I was so shocked and I couldn't bear it anymore and asked; why me? How long must I still get hurt? The two of them left the room and they kicked the table and I went back and switched myself off.

Amy became pregnant at 17 years and at this stage it is hard to determine whether this was the consequence of being raped. From a young age she had not experienced the sense of having control over her own body, and had found ways to disconnect herself from her body. Given the frequency and intensities of abuse she has been exposed to, it is possible that the line between consensual and non-consensual sex could well have become blurred for Amy.

Amy's devastation intensified when the father of her child denied paternity, and her own father insisted that she abort the baby. This was a turning point for Amy, as the one person who had consistently supported her, now lets her down. Again she is left feeling not believed and alone.

Stage 2: "I just felt hate"

At this turning point of becoming pregnant she made a decision to find work to support herself and the baby. She stood up to her father and refused to have an abortion. She then mentions being attacked on the train. She does not state whether she was raped again but emphasises her motivation for surviving was her baby. Driven by anger, she says "I just closed myself off and said to myself; I will not allow anyone to hurt me".

A succession of significant events occurred within this stage. When her daughter was 2 years old, she met her future husband. Her sister, who was still in high school, was diagnosed with cancer. Her survival response "we just carried on" typified the disconnection she described earlier in no longer allowing anything or anyone else to hurt her.

Amy had three sons with her husband whom she eventually married after four years of meeting him.

If I am going to have children, I am going to make sure no one hurts them. I am going to make sure that no one, I will make sure that I will be vigilant over my children and I just wanted something that belonged to me, that meant the world to me.

Amy constructs an identity of the protective mother in this stage where she describes the births of each of her children. While no-one was around to protect her as a child, the protection of her children became her focused mission. Amy poured all her resources into ensuring that her children were safe and cared for. Referring to the gang violence in the community while her children were pre-school age, she said,

With all this stuff going on, you just have to make sure that your children doesn't suffer the same abuse.

Before long the pattern of abuse re-emerged in her own marriage.

[My husband] started sexually abusing me. I just felt hate. I felt like I didn't belong. He never respected me for the person I was. I kept everything inside me because my children were in the one room and I am here and there isn't a door that can be closed.

Her husband was unfaithful to her and started becoming physically and sexually abusive towards her. In addition to the lack of safety in her home, gang violence was increasing in the community.

"On weekends you never knew if you were safe or not. It was just too much." Her capacity for survival is evident again in that she later sought help for herself and her children but was unsuccessful. Another turning point arose for her when "the opportunity came to me that I could be a counsellor because the violence was so bad".

Stage 3: "I am not going to allow myself to be abused anymore"

As she enters this stage of telling her story there is a shift in her mood and in the tone of her narrative. The statement above sets the tone for this next stage where she begins to become empowered and starts to take control of her own life. Amy begins to talk about her participation in the counselling training course and became more animated but also slowed her pace of speaking. She was generally much calmer over the next few stages of her narrative.

While the conversion point occurs at this stage, Amy is initially faced with a choice on the course where she has to decide whether to pursue the process of working through her own pain or reverting to her usual disconnected survival responses.

I just prayed and through the training, we learned to be more vigilant, when you must look, when you must really see if there is someone with hurt and how you must work with that person. The day we did a one on one, something falls out of my diary and I read the letter. In the letter it says that I am busy with my own stuff and that I am not seeing how hurt she is and she tells me about her abuse, where my brother abused her and a friend of my husband's sexually abused her. We trusted these people with our children. Can't we see what her uncles and stuff did with her? ... At that moment, I felt; why didn't I see it?

While on the course her daughter disclosed that she had also been sexually abused by family members. Amy's devastation that she had not been able to protect her daughter and questioning how she could not have known this was happening, was a significant moment for her. Her daughter's possibly well-fated timing of disclosing the information meant that her mother found out while in a supportive space, and was contained enough in the training to not become overwhelmed by this news.

Is this the same that happened to my child and I made a promise while I sat there. I said; I feel that I must go on with the training because a door is opening and the door has opened in such a way that I will be able to work with anyone. I made a promise that day; if I can get through my pain and suffering then I will be able to work with the people in the community. I will be able to help the people who have the same pain and suffering.

While the one thing that motivated Amy to survive was her motivation to protect her children from any kind of abuse and maltreatment, the abuse of her own daughter by their own family and friend could have proved to be the proverbial final nail in the coffin. However, Amy once again demonstrates incredible strength in using it to motivate her to persevere in the counselling course and to find meaning in helping to protect and heal others in the community.

While the course was an important start to the process of healing for her, working with her clients continued to provide spaces for further healing for her.

As the years went on, I worked with different clients and I could console myself. I did, in the beginning, here inside; I could feel that I could find peace.

At the end of the training process her brother who had become involved in gangs was also stabbed and eventually imprisoned. However again she returns to her purpose and the sense of meaning she has found in her work as a counsellor, "I felt I can give more to the community".

The epitome of the wounded healer Amy has a special talent for working with children who are regarded as deviant or extremely problematic. She highlights the importance of group work in her counselling, not only because of the supportive function groups take but perhaps also because she was so alone and group work counters the isolation and marginalisation that individuals may experience as a result of trauma (Kopp, 1995).

While Amy is very supportive of others and several of her colleagues rely on her for support, to a large extent she remains a lone, independent individual. Her old adage of giving her all to protect her own children has shifted to the children in the community. She commits herself completely to her work as a counsellor and is often over-extended because she takes on too many commitments.

She is still trying to protect the young girl she was who was left vulnerable and exposed to so many violent abuses.

Stage 4: "God was so wonderful in my life"

Amy's narrative becomes more organized and she describes the ways in which she has found support but is also able to support others in meaningful ways. As she describes becoming more assertive, her story also become more considered and focused. Having been a counsellor for a while she eventually divorced her husband, and made a decision to "stand on my own two feet", and live an independent life, focused on serving those who are suffering what she went through.

For me, if I think, with all the gangsters and the violence that went one for so long in my life, the trauma, the abuse, today I can say; at that point that I could say, it is past that stage. I say to anyone; I am not going to allow anyone to hurt me anymore. I can say that I made the right choice, I can work with the hurt, I can grow with it and I can make a difference in someone's life. I feel this, that I can now do this.

She reflects on her earlier choice to continue through the process of the training and reaffirms her belief that her life now has new meaning and purpose. She acknowledges that her healing was spiritual and psychological where "God performed miracles and the counselling did wonders for me too."

I would never have thought that I would be sitting with reformed prisoners and his family, to work through the problems that happened at home or how, as a family, could share and just show them another direction.

I have learned so much and have come so far with this counseling...Each door that opened for you, it's got something to do with your past, you can deal with it.

Her reflection on her process of growth is also healing for her. She is able to see the connections of her past to who she was and influencing who she has become now. She highlights one of the most important elements of healing for her was having access to a networks of spiritual and systemic support.

Before I actually had the counselling, I went and that moment I received Christ in my life ... I think God knew that I had to go through certain things but when the door opens, then Organisation X was there for me for the type of support when we had that time ... our one on one ... as a group, come and share. When there's death in the family, when

you got hurt, then you know there's a door for you. Before, I didn't have that. There was no one.

Her Christian conversion which was also significant as she converted from Islam has also become the central tenet of her identity. Her faith is what ultimately gives her purpose and hope.

I had to find my inner self to make peace with my inner self to say; it's okay, you weren't to blame. To firstly accept it, I had to go through certain things to become a strong person but with help with others and the knowledge of progressing, seek the help and that type of thing and allow people to come in but not to take advantage. But also to let go of those things that here, inside that I was just keeping at bay ...

She describes part of her process of healing was being able to forgive herself. Her narrative is much calmer at this stage and the sense of freedom and self-control is palpable in the way she describes the events during this part of her life.

Stage 5: "I smothered him- I wanted to protect [my son] so much"

As I questioned her about the environment she lives in now, she returned to her identity of protective mother. She describes the ongoing fear and feeling of lack of safety as a result of the ongoing gang wars in the community. Her desperate prayers for the safety of her sons who are vulnerable targets in the community are repeated in this stage.

I really had to switch myself off because the only thing I do, I pray and I said Lord, please help my children that they can be safe. Whoever's outside, let them be safe.

She reflects on how the on-going violence affects her as a mother. She realised that through her desire to protect her youngest teenaged son, she was smothering him and ended up pushing him away.

However even in this chaotic and unpredictable environment, Amy expresses her will to promote justice and peace in her community.

So at the end, you wonder, when are you going to be safe to say that you, I will always say that I am safe through God's grace but that you can stop worrying where's the bullets going to come from ... Then you, as an individual are too scared when the police ask; did anybody see then you wonder if you now speaking out; I know but saying something, the people will say you're a pimp and all that kind of thing but I made a decision, when you know it and I will say it there were I live.

Despite the fear that gangs engender in communities like this, Amy insists that she will not let fear prevent her from doing what she believes is right. She states that she has made a predetermined decision to co-operate with the police if the opportunity calls for this, despite the potential risks involved.

Stage 6: "You can become a mirror for somebody else"

Amy compares her identity as a wounded healer to that of being a mirror reflecting her clients' lives back to them, and showing them through her own life that their choices can be different, and that relative healing can be attained.

She provides examples supporting her belief that "most of our children is traumatised". Through her description of some of her cases, it becomes clear that the meaning she has attached to being a counsellor is extremely important in constructing who she is. Her identity as a counsellor is particularly salient given her humble education and considering how she has excelled in many ways in being the kind of counsellor who is considered the best at group work and being able to connect with

the most difficult clients. It is no surprise then that this stage where she talks about her clients, is the largest part of her narrative. She tells several encapsulated stories of her clients' lives and in many ways they are a reflection of her own experiences as a young child. She shares their stories of abuse, neglect, trauma, teen pregnancy, parents as perpetrators or agents of trauma and describes the processes of healing that she has facilitated.

You know what the most wonderful that comes from [issues like] these? When, later, they tell their parent, when the family gets together and the client gives it over to that person; that is why I am the way I am, what I am today. I just wanted Mommy to understand me.

Here Amy highlights the importance of restoring families, and children being able to express how they feel to their parents, and be heard by their parents.

Even if they go on with their everyday life, if it's normal, there is still trauma there but not easy to see but when you go on the classroom ... you will find out that person is going through trauma.

Amy provides insight into the way in which trauma can be masked by negative resilience where it appears as if individuals are coping. However, in spending time with these learners, she realises that you then become aware of the levels of trauma the learners are experiencing. Most often learners will act out aggressively: "it will trigger something from the brain ... and that person will just lash out".

This is what I need for myself and just to be there as a supportive person and to help them like people were there for me, helping me when I deal with my issues. I want to be there for them at the end of the day.

Amy emphasises again the meaning she gets out of her work, and the importance of having support in the healing process. She therefore, highlights the social nature of healing for her (Summerfield, 1999; Harvey, 2007; Charuvastra & Cloitre, 2008).

Stage 7: “Out of all this hurt, this is where I’m at today”

The final stage of Amy's narrative draws together some of the aspects of on-going trauma, resilience and hope in her role of being a community counsellor in this violent environment. She draws attention to the complexity of the problems and the multiple roles such as "[being] an activist in the community" that she has to tackle as a community-based counsellor. Faced with multi-faceted challenges from parents, schools and inefficient government service delivery, she describes the pressure and expectations of community members on counsellors: "So your challenge there, you want to really do the best of your ability but at the end of the day, you will also be judged because you can't perform a miracle".

While Amy really does seem to strive to give full commitment to each of her cases, her own resources are left depleted at times because she is not always able to accept help, and still keeps some emotional distance from the other counsellors when they try to give her support. She acknowledges that she trusts very few people but has accepted that this is who she is and she draws support from specific people and her faith. This is more than she ever had. She does identify a significant source of support in the physical wellness programme.

Earlier in this stage she mentions "Because the motherly figure, I lost. I didn't have that as a child because I had to become a mother and all that".

Later she makes an unconscious link to the physical wellness group which consists of a number of older ladies whom she later describes as "they will smother me with everything, they will come in,

they will give me a hug or they will look at me and say,' Amy, are you okay?". It seems that she has found a group of mother-figures within this supportive structure.

Amy finally highlights the qualities required "to be a successful counsellor" in this community. She draws attention to the fact that "you need to have empathy to understand what that person is going through" and "if you don't understand yourself you will never come to understand the next person that goes through hurt and trauma".

Amy's narrative reaches an end-point where she no longer blames herself for what happened to her or to her own daughter. She confirms her commitment to her promise to God that "Lord, if you carry me through this, through all this hurt and trauma, I would want to give back to my community ... I've been healed and take all that hurt, all out there and say; I am now ready to give back to my community".

The telling of her story almost gave her permission to affirm herself and acknowledge how much she has achieved despite a history of cumulative and in the face of on-going continuous trauma and stress.

I was a good mother, perfect mother in the eyes of God because like I always say; I didn't get a manual to raise my children, I didn't have guidelines, I didn't have a mother to tell me this way and that way or a mother figure that was there to see how she raised me so that I could take on that role again. But just to know that I did the best of my ability for my children and it's now time for me to move on ... because they're all grown, my grandchildren are all grown and God will look after them.

She acknowledges that she was a good-enough mother and was able to restore her own hurts in her family and create a safe, nurturing environment in which her children could develop. All her children avoided using drugs or becoming involved in gangs and completed their matric. They all also followed their mother's example in wanting to contribute to their community. Her comment that she can now move on, felt like she was reflecting to herself that perhaps it was time that she started to focus a bit more on her own life and allow herself to care for her own needs.

OLIVE – “I’VE LEARNT TO LISTEN, TO SPEAK”

Olive (54) has been a counsellor since 2002. She is a single woman who is raising her two grandchildren. Her life story is relatively stable up until she comes to live in Hanover Park which she describes as "very scary!" While she describes nothing of her parents or her early years, she begins with the transition to living with her older sister in Hanover Park after the death of her grandmother, who was her primary caregiver.

My recollections of her as a trainee counsellor, was that she almost never spoke and lacked enormous self-confidence. Olive's general narrative remarkably is the story of a woman who ultimately is empowered and finds her voice.

Throughout her narrative she frequently points out that "I raised my daughter alone".

This statement is used consistently in echoing her sense of loneliness, isolation and lack of support she experienced before she started counselling.

Olive's tells her story in layers. Her narrative is not entirely chronological as she moves backwards and forwards, returning to add more details or develop the story further. The first three stages are almost summaries of her life before she elaborates on her experiences more and provides richer data. While her story flows backwards and forwards, it is a coherent narrative where she makes meaning of her experiences and connects these experiences, both past and present, to provide deeper insight into how she conceptualizes her own experiences of trauma and resilience, and that of her clients.

Stage 1: "I was all on my own"

Olive begins her story with a turning point at the age of 15 years old. Her grandmother's death and the move to Hanover Park were life-changing for her, and she had to adapt to a new way of living in a new and "scary" community. She omits discussing her parents and shares very little about her grandmother other than having had a positive and nurturing relationship with her.

She constructs the identity of a naïve, young girl who, while living with her alcoholic sister in Hanover Park, suddenly becomes exposed to a world of instability.

She was a person who drinks and I didn't know that she drink. She's using alcohol ... and that affected my life because I didn't grow up like that - with alcohol and that kind of thing.

When she came to Hanover Park, in Grade 9 she dropped out of school, citing this was "because of headaches", although these seemed to be a psychosomatic consequence of the loss of her grandmother and the stress of her new home and community environment.

While she was never really interested in relationships with men, at 21 she became involved with a man who later became the father of her child. Her sister's husband disapproved and drove her out of the house. At this point in her narrative she seems to describe two significant men in her life who abuse their power and try to take control of her life. Her brother-in-law forces her to leave because she will not abide by his rules, leaving her vulnerable to her boyfriend who takes her in but then rapes and abuses her.

Although an adult, she still alludes to her innocence particularly with regard to love and sex. She was taken aback when he expected to "have sex with me before getting married". Her experience of sexual violence and trauma then began.

As years went on, I learnt that this man raped me. ... because I never gave consent. And that came to my mind. I understand afterwards, I understand that was actually rape. When he did that to me because he was forcing himself on me, forcing me to have sex. And that was how I fell pregnant.

Stage 2: "And so I raised her alone"

Her identity as a single mother is predominant in this stage and recurs in the narrative. However, this identity was borne out of the trauma of rape and the shame of having a child out of wedlock. For a young woman already grappling with the effects of oppression as a poor, coloured, uneducated, single mother, she lacked awareness of her own basic human rights around gender violence. While she intuitively knew something was not right about the situation she was in, she was disempowered and too isolated to question and understand her own trauma responses. At the same time she "couldn't handle it, having a baby not MARRIED, and that was quite heavy for me." The stigma of being pregnant and not married was also something that was significantly shameful for her and there was no focus on the thought that she had been raped.

She quickly moves on in the narrative briefly describing how she eventually left him and begged her sister to take her in. Then "my daughter's father passed on when she was four years old. Car accident".

She was a factory worker until she was retrenched and then made a decision that "I'm going to do community work".

Stage 3: "I didn't know I was actually traumatized"

This stage of the narrative is the conversion point for Olive. She uses her story about beginning the counselling course as a way to describe her own transformational learning process. She conveys the story as if taking the listener on a journey of what she experienced in the training, and recalling how she made sense of her experiences and reflected on events in her life while she was on the course. The training course for Olive was about "working on myself and having this counseling was almost like ... an eye-opener ... it's almost like my mind went open".

In this stage, therefore, she seems to re-examine events, relationships and experiences but adding more detail and explanations.

And through that I also realised that my child's father was violent. And I didn't even know that he was violent because of starting to fight with me and that. I always thought that maybe it's because you slept with me already that you starting fights with me. So that was domestic violence already there. And I didn't know I was actually traumatized by that.

The awareness and understanding that her experiences of rape, abuse and stalking were not normal but that her responses to these violent and threatening events, were normal, helped her to retrospectively make sense of her own thoughts, feelings and behaviours without feeling pathologised.

By doing the counselling course more things opened up to me, and I realised I got out of abuse ... I got out of abuse and ... I saw women ... sitting in that same situation where I was sitting in ... While doing the counselling course, I wanted women to be aware of abuse, of violence going on ...

She felt inspired in the course to make other women see what she had learnt, and felt strongly motivated to educate women about their rights.

She then reflects on what the experience of trauma felt like for her and describes feeling "in a different world", that she would "get flashbacks", she "felt numb", "couldn't think clearly", she "would get these body aches", "couldn't sleep" and "just wanted to get out", to escape.

The psychological trauma she endured as a consequence of her boyfriend attempting to kidnap her daughter and stalking her resulted in her trying to get a "protection order". However her attempt at seeking protection through the justice system was thwarted because the "policeman was so drunk".

She repeatedly highlights the realisation that she "didn't have any support" but somehow she displays signs of resilience in her will to get out and "move on in life".

Her innate resilience and motivation may be linked to her early relationship with her "wonderful granny that raised [her]" and "taught [her] to be independent".

She juxtaposes her experience of gender oppression with the lessons she learned about masculinity and femininity from her grandmother.

I never told people that he was beating me ... But just the way he was beating me and getting involved with other women and so -. But what I've learnt from my granny's side is to be independent, and don't let a man bring you down ... Although you are alone, you can still work out things for yourself. She always told me, 'If I'm not here one day then you will know how to run a house, you will know how to handle money. But don't sleep with men because they will just mess you up and then they will leave you, and then you have to struggle on your own'.

She assimilated those lessons and managed to sustain herself and her daughter financially and independently.

While Olive strived to create a safe space for her daughter within their family system, she alluded to the adverse effects that the community environment would have on her child and her fears that "if my daughter is gonna grow up in this community ... the same thing might happen to her".

Her fears were to some extent founded. While she does not mention this here, as it is likely that she feels this is common knowledge in our relationship, her daughter developed a drug addiction which continues to date. She reflects on the healthy state of her relationship with her daughter in the past and becomes noticeably sad as she describes a shift in their relationship which marked a turning point for her as a parent.

I did a lot of talking with her. I took time out to speak to her, talk to her. And I can remember at the age of twelve -, yes, she was just turning over to high school - where I realized she don't want to talk to me anymore.

Although not made explicit, there is a link between her own history of sexual violence, losing her relationship with her daughter and her motivation to work with young girls and women.

As she reflects on her relationship with her daughter, she recalls again not wanting people "to see that [she was] pregnant". The shame and possible depressed mood she felt during her pregnancy could have left her feeling confused and alone, particularly considering the way her baby was conceived. It is also possible she felt resentful about the pregnancy "because I had high hopes for myself. There were still things I wanted to do".

She elaborates here that she left her boyfriend when her daughter was two years old and that he died in a car accident two years later. As a single mother living in a low-income environment, she had to sacrifice her studies as she had no support and no-one to help her care for her child.

I did evening classes and I did my typing and accountancy. I did home-based care and I did, start off nursing and I didn't complete that, and so I started going in for counselling. And doing the counselling there I realized so late in life, this is actually where I want to be.

And when I started at Organisation X doing counselling, I felt relaxed. I felt peace ... Working with people, working in the community, working with children, youngsters and families.

She contrasts this feeling of peace with prior feelings of being judged because she was not married and raising a child. She felt discriminated against and silenced by her family.

'You can't give your input. You not married. What you say isn't important.' That was the thing. 'You not married so you sit on the side. We do the talking, you do this, you do that'.

Stage 4: "I can still have a life, that was my cry"

The previous stage is concluded with being silenced. She is not given permission to voice her own thoughts and opinions until she does the counselling course. She knows that despite everything, she is still entitled to live the life she wants. The progression of her narrative and her life story shifts from believing that "if I'm going to talk now then, someone's going to shut me down" or "If I say something, someone's going to ask me to be quiet" to an empowered space where she finds safety and laughs about the fact that "it's here that I can open up. I can talk. I can face the facts. I can face people. I can face the family ... I remember you telling me I needed to talk more in supervision ... now I can't stop".

In this next stage she focuses on giving the children a voice through her work as a counsellor. She describes a number of her cases in rich details and interestingly, often uses the children's voices to give almost verbatim accounts of what was said in their sessions e.g. "This little boy said, 'Today I'm going to kill you. I'm going to kill you today'".

Olive recalls her very first case "this little boy who did not want to attend school" and relates a number of other cases where she described the kind of psychosocial problems and trauma they experienced, how she works systemically and models for the child that he/she "also have a right to raise [his/her] voice because [they're] the ones that is going through that stuff".

It was also noted that the clients she sees are generally younger as she is based at a primary school. Consequently the younger children seem to be more readily able to express their fear in the context of a safe relationship. Aggression and anger are still present but they feel safe enough to be vulnerable with her and express their fear.

So ... just a little later, I put a piece of paper against the wall, and I say, 'Imagine that this is the person that is making you so angry.' I don't know what is the cause of that anger but that is the person that's making you angry. What is it that you want to say to that person?' Just to get rid of that feeling. 'I can see how you feeling now. I can understand that you are feeling angry.' Because that expression on his face and the way that he's sitting. 'It doesn't matter. You can say what you want to say. Bring it out.' So he just started. Wa! All the words that he said was so - but it all came out, all. And after that, I showed him, his fists have gone opened, hands open, relaxed. That colour on his face turned ...

Olive's play with this client helped to deactivate his instinctive survival response to threat and stress. An important part of building resilience is enabling people to access their capacity for rational thought and emotional expression, so that they do not just impulsively react aggressively to triggers. Calming children down and teaching them to be aware of and gain control of their physiological reactions to trauma and stress is also important in the healing process.

Stage 5: "The main thing ... is to build relationships with them"

Olive provides good insight into the layered effects of trauma and the systems within which interventions need to take place to promote resilience.

Her identity as a counsellor bears significance to her as the one who is there "just to listen".

She highlights the family as the most important microsystem in building or destroying resilience and later in this stage focuses a fair amount on parents in the community. She also draws attention to role the school system, the police, gangs, community and the broader macrosystemic issues such as poverty all play in contributing to trauma and resilience.

Children are deprived of safe spaces in their homes and on the streets because "there's no proper homes for the children".

Poverty and the need for survival exposes children to further risk in the environment.

And it's sad to see children at this age six, seven, eight, nine years old wandering at night here on the streets here where they have to be in a warm bed already. They have to go beg for bread and stuff.

Olive is able to make the connection between the trauma children are exposed to at home and in the community and questions "how do they manage? How do they make it coming to school? How do they survive during the day, knowing, there they sit in the classroom with the teacher. Now they have

a teacher that doesn't always have that empathy with that child, and now that child has to do the whole day's work and she doesn't understand."

Olive highlights the cognitive learning difficulties that children experience as a result of trauma. She is able to understand that trauma in the community affects all systems, and that teachers and police are also affected and often contribute to negative cycles of violence in the community through their lack of capacity for empathy or abuse of power.

She presents the idea of integrated processes to address the complex nature of trauma in this context and uses the example of Organisation X as "a safe haven" which provides integrated programmes for the whole family and community.

She emphasizes building self-reliance, and encourages clients to "look at things that you can put in place to help yourself, despite all this happenings outside" in an effort "to empower themselves" through "simple things sometimes, like their hygiene". For Olive the key to healthy people is to model and "build [healthy] relationships with them, to build their self-esteem, to let them know that there is people who cares about them, to tell them how valuable they are"; the things children "never get to hear".

Creating these pockets of safety across the systems, aids in countering the pervasive effects of trauma. Olive believes that this needs to begin in the home as she focuses again on the roles of parents in the community. She speaks with so much passion and conviction about the parents of the children she sees but it is interesting that her own parents are never mentioned in the narrative.

Olive's commitment to passing on emancipatory knowledge is an important statement which highlights her advancement in healing in comparison with the often-observed survival attitude of only seeking gains for oneself and not others: "What I have learnt, and what I've experienced, I can also always share with parents".

She regards parents' lack of knowledge and poor role models as contributing to the perpetuation of harmful generational patterns of parenting: "They really doesn't know that they doing damage to their children. And their children is just passing it on".

Olive believes that breaking cycles of violence starts with parents in the home.

You can decide if you want to stop. I'm not here to tell you what to do. I'm just giving you choices. And if you can't make it on your own, there is support for you.

But they don't know about spending time with the child, quality time with that child. Having fun. Playing with that child ... They don't know what it is really, they don't.

Stage 6: "You can't work with somebody else if you didn't work on yourself"

Olive progresses into the next stage to describe her own process of change, and highlights the areas of self-awareness and her own personal development, which have been salient for her. Her tone is much more confident and her style of language is empowered and insightful.

She explains how she has become an example in the community despite continuing to face difficult situations and circumstances. She admits to the community members being aware that she has "a daughter who is using drugs" but believes that this has also played a significant role in obtaining the respect of community members because of their observations of the adaptive and constructive way she is "handling the situation even though it's a tough situation". Her tough situation refers to the additional stress and pain she has had to endure as a result of not enabling her daughter's drug addiction and evicting her from their home, as well as being the primary care-giver for her two grandchildren. The burdens of care on women like Olive are already extended, and a further weight is carried by many grandmothers in the community who are left to care for their grandchildren because

their own children are on drugs, in gangs, are already dead or have just abandoned their children. While this burden of care feels relentless at times, Olive is a good example of a woman who actively models her beliefs that resilience begins in the family through establishing a nurturing and safe environment for children to develop.

You know I was also a person who uses to make jokies and laugh - denial- . But even in that I've become more serious. And by listening, real listening hear what you are saying. Listen with empathy and listen with feeling. And I really learnt how to understand people and children's behavior ... and the more, I do this, things is just getting open more and more to me. It's almost like I can start to say I am really starting to work much deeper now because it's almost like NOW I can see things more clearly. It's almost like I'm now on the platform.

Olive's process of healing and resilience is described in a circular and ongoing way: "The more I see people, children, in the community, I think the more I grow ... I just learn more and more, just learn more and more".

She is also beginning to work with more depth and feels she is developing a more profound understanding of the issues in the community. This is similar to the way in which she constructs her narrative about her own life. She circles back to events but layers them with deeper meaning and more detailed information as she processes the experience more deeply with each cycle. Her own life is making more and more sense to her as she continues to work on herself and alongside others. She acknowledges experiencing real joy rather than using laughter as a defence.

She goes on to explain the positive shift in being someone who used to be avoidant to someone who can now "face people where before I would never face people because of what I'm also going through". She returns to talking about her daughter and expresses her strength in facing this pain.

But it's almost like I'm a person of my own. I am unique. My daughter is a person on her own. She's unique. So what she's doing is her choice. I'm past that. It still hurts but I can't ALLOW it to affect me like it used to. And I've moved on.

She is able to establish clear boundaries between herself and her daughter in order to protect her grandchildren and herself. These boundaries extend to her own self-care and broader support in terms of her work.

You are seeing all of these things, all these happenings, and now you asking yourself, 'What do you do about it?' Because you also need to check in on yourself. Can you still manage to go on? Do you need a break? Do you need to step out? I also have to take time out for myself. Check in on me. How am I doing?

But I think we can cope better as counsellors because we are equipped now. There are tools that we can use ... There's also people you can speak to that will help you on the road that will support you.

Olive radiates a genuine passion and motivation to continue working as a counsellor but also to advance in her learning, despite being a community counsellor for more than a decade already. She has a broad network of friends and is well-liked by her colleagues and has earned the respect of the teachers at her school.

Stage 7: "Someone is listening to me"

The final stage of Olive's narrative represents her journey into finding her voice and finding hope while helping children find their voice and find hope.

But it's not just helping the child; it's helping the whole family. And it brings a change in the school as well, and in the community. In the community, at school, you see a different child ... because at least the child is allowed to speak ... And all that child needs is, wants is, "Please *listen* to me." And there's someone that listen to him, understand him, and supporting him for what he's going through...Here he's *allowed* to say what he wants to say...That is giving me hope that we are making a difference.

She expresses that the help is there for those who want to take it but "they must decide. They can change. They actually must break the cycle - not you. You can't do it for them".

Her priority is to "build trust" and give support, while encouraging children to think ahead in order to promote their sense of hope for the future. "But it takes time" "to walk a road with that child. Even an adult wants that. By just listening and supporting Olive believes it can give the person a new perspective on his/her life - "it can change that whole person", and break generational patterns of trauma.

But I love this work ... the counselling is really helping these children. I just have a passion for these children. And you know, for me it is so interesting to help the child. I always, I'm on that that - your future, these things that are bothering you, can hold you back, can hold you back from your future plans.

Olive feels she is "an empowered woman now", who is treated with dignity, and at school she is given respect and treated like an equal despite her lower educational and socio-economic status. Her process of healing has allowed her to feel heard, and she uses her voice to serve, protect and advocate for the silent victims of violence in her community. "When I started at Organisation X, I could only say three words. Now I can really talk".

KATHLEEN – “I DISCOVERED WHAT LIES INSIDE ME”

Kathleen has been married for 32 years and has lived in HP for the last 37 years.

She lives with husband and her son's two children whom she raises because her son is addicted to drugs and the mothers of her grandchildren are "both not stable mothers" because the one is "using drugs" and the other is "drinking a lot".

She has been their primary caregiver since they were both very young.

Kathleen's narrative is quite different from most of the other participants for a number of reasons. She states that she is raising her grandchildren at the outset which plays a significant role in how she constructs her identity as a mother. Her identity as a mother in this community is intimately related to her own son's drug abuse, and her experiences living through this are also a unique perspective. In Cape Flats communities like Hanover Park, community violence cannot really be separated from the gang culture, and gangs cannot be separated from the drug trade. Therefore, her experience with drugs affecting her own family, is an additional angle to the trauma experienced by families in the community.

She came to Hanover Park as a young adult and reportedly her life was relatively free from direct violence and trauma. However, as a coloured woman with "this hair and this complexion", she refers to the effects of insidious trauma as a result of growing up in Apartheid and surviving in Post-Apartheid South Africa. Her intersectional identities which have shaped her experiences in the past are not as homogenous as the other participants.

The focus of her work is also more specific around intimate partner violence and court support work. She is able to give first-hand experience of the legal processes and provides a perspective on issues of justice and fairness, and their effects on positive and negative resilience in an unequal society.

Kathleen is also one of the few participants that had counselling training and experience prior to become a counsellor at Organisation X.

Kathleen's narrative also does not contain a specific conversion point like many of the other narratives. However, there is a general progression in terms of her own personal development and knowledge. However, she does state the training was a turning point for her in that it "built [her] self-confidence" and made affirmed for her that she has "the knowledge".

Her story is well-ordered and clear, and she describes a generally "good upbringing" which was relatively stable. I asked more questions later in her interview and guided the process a lot more, hence the discussion is divided into nine stages. Kathleen was less forth-coming and answered questions quite pointedly without elaborating too much further. The open-endedness of the interview may have made her feel a little anxious, although she initially spoke freely about her past. At the end of the interview she says she's "never spoken so much to someone before".

Stage 1: "I didn't know my family"

Kathleen grew up in a convent in George but was actually born in Upington.

She was raised in a convent from the age of three along with her older sister, and was told years later "where [they] had come from" and that their "mother was still alive" and living in Upington.

While feeling abandoned by her mother, she had her sister with her and referred to the convent as her "home", and that she was generally happy.

As high school approached, the options available to her by the convent were limited. She would have to leave as her sister had after primary school and could either continue her education in another town if her school marks were good, return to her birth mother or go to the Cape to become a domestic worker. As a coloured "orphan" girl her opportunities were limited but she had done well at school and chose to complete her schooling. This also meant that she and her sister had become separated. After school she lived with a school friend's family in Port Elizabeth.

Her schooling years were reactively stable but she did not mention any specific attachment figures while she was growing up. In the way she describes these early years, she constructs an image of a young girl who uses her ability to focus and is driven to succeed out of a need to survive and cope with her feelings of abandonment.

Stage 2: "Now I want to meet my family"

Kathleen described that she knew from early on that she "wanted to help people", and was given the opportunity to study nursing. However, this did not appeal to her.

She then decided that she was ready to see her family and "at 24 years old [she] met [her] mother for the first time". She ended up staying and working there for three years.

Kathleen's mother was a farm worker on a wine farm, and was likely a beneficiary of the *dop* system. This may have contributed to her mother's alcoholism although not stated in the interview.

In both her interview and in the focus group, Kathleen does draw attention to race, more so than the other participants who emphasise class differences more. She highlights "working at a white school" as cleaner and then at the wine farm but left because she felt exploited with no steady income "working under the white man".

She did, however, enjoy living on the farm and in discovering her mother, she also discovered her love for the beauty of nature.

She gave birth to her son who was not her husband's child and left for Cape Town.

Stage 3: "That's my life but we're carrying on"

This stage of her life is epitomized by the weighty statement above which refers to the burden of her son's drug addiction, that she carries but life has to continue.

She continues her story with describing how she met her husband in Cape Town, then ended up working in a Police Museum for ten years before being retrenched.

There I gained a lot of experience and I learnt a lot there. That's actually where I started to value my self-worth, learnt to accept myself because all this time I couldn't really accept who I was, and my situation and so on. That is really where I grew.

While she does not talk about her feelings about meeting her mother as an adult, she introduces the beginning of a healing process as she begins to address her low self-esteem and her difficulty in accepting herself and her past.

Her life at this stage was "actually nice, married life but we had our ups and downs".

One of the main difficulties at this stage was that her "son got involved with gangsterism" while she was involved with the police at work.

I had many problems but I would just take a stand. If the police came for him, I would say 'there he is' and 'take him'. I went to court probably once or twice but then the third and fourth time, I went down to the cells with him, and I said to him I'm not going to support him anymore.

For the last five years her "son became addicted to drugs". This was "a really difficult time" because she eventually "evicted him, put him out", and he is still addicted to drugs. Kathleen describes the emotional turmoil of having to detach herself from her own child because of the hurt and pain he has caused their family and his own children. "Yes, that's my life" and she and her husband "are persevering, we're carrying on".

Her son seems to represent for her the stereotype of men in the community, and she contrasts the challenges she has with her son with the behaviour and values of her husband. She describes her husband as someone who is unlike many men in Hanover Park who choose to do nothing, her husband is "a workaholic ... he just wants to work". While they have had some problems in the past due to his "weakness; he likes women", ultimately he chose to stay with her and "he is [her] life".

While she was unable to facilitate her own son's journey out of gangs and drugs, she became involved in community work because she wanted to "*see children develop*". She gained experience through working with a governmental agency providing social services to children. However, she wanted to do something more for her own community and the children living around her, and this was when she became involved in Organisation X.

Stage 4: "Here I really grew"

Kathleen compares the work experiences she has had in the past with that of the work at Organisation X.

What the difference is, is you're working on the ground, here in your own community. You know your people and you can be open and honest, and you can be upfront, and say, 'no, it's' not like that' ... I'm so glad I joined Organisation X ... I'll never forget the training we had here.

I really grew here. The self-awareness- I went deep inside myself, and I really grew ... And I think because my background was so shaky, I was always trying to find myself, and there I really just reached the point where things turned around ... I had a breakthrough and a chance to really see.

Kathleen suggests that her desire to contribute to her own communicate was a significant experience for her. She also explains that the training was empowering or her in that her own knowledge and the experiences of the community members themselves were valued and heard, and contributed to their contextual understanding of the issues in the area. However this process of knowledge creation went hand-in-hand with the process of self-awareness and psychological insight which deepened her understanding of herself and she "learnt how to work in the community".

At this point in her narrative, she pauses to reflect on how different her life might have been had she grown up in her mother's care. In her reflection she points out the importance of context and environment in shaping the individual and their multi-dimensional identities.

My background had a big influence ... When I got to know my mother, she was still drinking a lot, and I often wonder ... if I grew up with my mother, would I have been in this profession, where I am now? Seeing that she drank so much - Would I have known who I am?

Kathleen suggests that the significance of her life journey and the process she has been through to accept her past and find meaning in her work as a counsellor, could have been very different. While her opportunities were limited as an "orphan": raised in a convent, she seemed to have had some stability which she suggests may not have been the case had she grown up with her mother. Her mother died a few years later in 1984.

Stage 5: "He knows what I stand for"

In this next brief stage she describes her relationship with her son. The way she copes with his addiction is to keep him out of her life, which she finds "is really not nice ... but he has to learn". She has already been through so much turmoil with him, and had already reached the point where she felt she had had enough.

While she does not name guilt as a feeling associated with rejecting her son, there is a sense that she works hard to avoid the guilt through avoiding him and reminding herself of what he has done.

I am too scared to talk to him because if I look at him or smile at him, or greet him, then it's as if I'm giving him a ticket back into the house, and I can't have him there. He's already stolen so much from me and done so much damage in my home.

At one point she had tried to get an interdict against her son but her request was denied because he was not overtly violent towards her. Instead "he steals, he steals from me, he just steals."

His own children complained about him and she has experienced the heartache and disappointment enough times, so she separates who she is and what she does from her son's behaviour and actions.

While she describes the situation in a rational, cognitive way, one cannot ignore the amount of pain she must be going through as a mother. However, one has to respect that she needs to maintain physical and emotional distance from this relationship and possibly avoid talking about it for now, in order to cope while she raises his children.

L: So, I imagine you can identify with many other mothers?

K: Yes, I can identify with other mother. Yes, how they feel, what they are going through. And as I speak to the mothers, or the parents, then I actually see how different

children react differently. There are children who will swear and be abusive and even hit their mothers, but thankfully I haven't yet experienced that.

While she compares her son's behaviour while on drugs to the experiences of other parents, she feels grateful that he is not abusive. However, she does suggest that she lives with the potential threat as drug addicts are unpredictable and impulsive and she has seen many mothers being abused by their drug-addicted sons. She, therefore, redirects her energy and skills instead to help other mothers gain control in situations where they feel powerless.

Stage 6: "I am strong, I have the knowledge"

A notable consequence of the training for Kathleen was developing self-confidence and feeling empowered.

L: And can you tell me a bit more about what exactly was it that changed? Or what did you learn about yourself through the training?

K: "With the training ... I was still at that point where I was very withdrawn. I've learnt a lot on my life's journey but I think because of my deep voice and this hair and dark complexion, from small, they used to tease me. So I never used to want to speak ... I was always in the background.

But then I discovered what lies inside me. I am strong, I have the knowledge ... I know what to do.

And I realised but I do know and that I learnt some of these things when I was with the police, but now I can apply some of these things in my own community. I can ... And I've learnt about human rights and by the police got to know the law, and I was sitting with all this knowledge ...

Kathleen experienced a reawakening of her mind through the training. She realised that she had underestimated herself and the amount of experience and knowledge she had gained over the years. The training gave her the confidence to share her knowledge and she felt affirmed through the process. Again it is interesting that she became silent as a child because of the quality of her voice, which is deep. Because she felt embarrassed and was teased about it, she did not speak. Through the training she began to accept more fully who she is and allowed her voice to be heard. When she did speak, it became apparent that she had a wealth of experience and knowledge which others could also learn from.

Because say, if we spoke about human rights, then I would be able to give the right answers. And afterwards I thought, I do know ... when I reflected on my life journey I saw how much I've learnt on the way.

Besides being familiar with the information, she also became aware of her own strength. Through reflecting on her "life's journey", when she thought of the past challenges with her husband and the situation with her son, she "did not lie down. [She] got up and fought for [her] rights". And she recognised her sense of purpose. "Surely I can help others do the same! What I have inside me, I can give to other women".

With my prompting, Kathleen goes on to describe the nature of her work and highlights some of the challenges she has experienced working with victims of interpersonal violence (IPV).

Kathleen's biggest challenge lies in empowering the women to accept help. "They just need to take that step", and she speaks passionately about wanting to empower women to not take abuse and to take a stand for themselves with the support of other women: "My heart's passion is that these women will stand firm and say 'enough is enough'".

Kathleen expresses her frustration about trying to help these women, whom she describes as having "lost all courage". She is aware that it is difficult for any woman facing domestic violence to seek help because of the fear and real threat posed by their abusers. However, for the women in her community, their situation is exacerbated by the fact that they are faced with vast socio-economic problems and general lack of safety as a result of gangs, gender stereotypes and myths amongst policemen. These factors contribute to the "complete helplessness" and apathy of abused women who are reticent and "can't seem to take the help".

Stage 7: "The community has changed"

Kathleen views substance abuse as the biggest psychosocial and economic problem in this community. Drugs and the drug trade are one of the biggest consequences of generational trauma similar to the increase in alcoholism and drug abuse in second generation Australian Aboriginals (Levine & Kline, 2007) Drug abuse, I would argue, is a significant feature of negative resilience, and continues to fuel cycles of violence and trauma.

She states that "many parents are involved with drugs" and parents are modelling negative behaviours for their children.

Everything that these children see the druggies do, they want to do it too, and that's so heartbreakingly because that is what they take in. And that's what they'll do in their own lives when they're grown up.

She also raises the concern that parents try and protect their children even when they're doing acting against the law. Parents do not parent their children nor discipline them.

It has a terrible effect on the whole community. And it hurts because sometimes innocent children end up getting caught by stray bullets ... then the parents that cover for their children and won't come out and say it's actually their child that's running with the drugs or the gun.

Kathleen's frustration with the values of some parents in the community is in stark contrast to her own values in disciplining her son.

She recalls an incident of a friend of hers being shot in the leg by a stray bullet as they were walking to a prayer meeting. She draws attention to the randomness of the injuries and the fatalities, and notes how the pervasive consequences of trauma results in a situation where "innocent people get hurt".

Kathleen, in particular, observes the changes in patterns of violence and trauma from one generation to the next. Her description of the community thirty years ago compared with the frequency and intensity of violence in this generation is very similar to the deteriorating pattern of Dysfunctional Community Syndrome described by Memmot et al. (2001).

The collective trauma experienced by the community has resulted in members of the community and herself feeling much unsafer now in post-Apartheid South Africa compared with Apartheid South Africa. Community members are disconnected, disenfranchised and extremely mistrustful of each other and the institutions designed to protect them.

She highlights that because there is no sense of cohesion amongst community members, they cannot support each other in taking a collective stand against the violence - "this is the community".

Stage 8: "It's in their hands, they have to make the choice"

Kathleen focuses on issues of justice and injustice in this part of her narrative. As part of her role involves doing court preparation and court support work, she is directly exposed to the criminal justice system and provides some insight into the relationship between justice and positive resilience.

She notes the very real fear inspired by gangs and that gangs use this fear to control the community. Community members "are scared, they are scared", and their mistrust of the police system does nothing to dispel their fears or inspire their hope for justice.

Kathleen speaks about people's aggression as if to suggest that people find their own ways to seek some form of justice. "Hanover Park is angry" and these misdirected feelings of aggression and vengeance are characteristic behaviours of a traumatised community. Kathleen provides examples of the ways in which community members "just destroy", "everything just gets broken down". Her comments would suggest that people's proclivity for sabotaging and destroying endeavours to rebuild their community, only results in individuals feeling less human and deprives them of their right to dignity.

If only we could take all the children and give them what they lack here, like the empathy, warmth, love, guidance on their life's journey, then I know we can say, when they go those children will come out on top. And when I look at [S] or that one boy. [J]. I mean I know him. I know his family. And he comes from Organisation X. If he wasn't at Organisation X, I don't want to think where he would have ended up.

She expresses hope in the work of her colleagues, as she reflects on how she has observed children, youth and adults growing through the programmes and being restored. However, the frustration of working with inefficient government departments, which render the children and counsellors feeling mistrustful and reinforcing feelings of injustice, can impede the process of healing at times.

However, as the counsellors work as a team, they can draw on each other for support not just for themselves but for their clients. Kathleen is often called on to assist the other counsellors' clients at different court houses. Her colleagues would notify her if their clients have a specific court date and ask her to meet them there for "court preparation and to support them at court". In this way their clients are not overwhelmed by the legal process but she is able to communicate the process in a caring and comprehensive way. She is able to be a voice for clients who are too intimidated by or afraid of seeking justice and provides the example of a client who "only trusts me, so she can tell me her story, then I can go to the prosecutor and say, maybe she's not ready to testify because she isn't ready to talk yet. Then I can refer her for more counselling".

Kathleen also accuses parents of impeding legal processes. When children try to obtain legal assistance to escape harmful situations, "they are threatened, yes, your father will do this and this or he's going to kill himself or, your father threatened to kill all of us", and then the case does not go any further. As a result children and women possibly feel there is no choice for them as they feel too afraid to rely on a legal system that cannot promise to protect them if they pursue justice.

Stage 9: "We know what goes on in the community, we experience it everyday"

I was interested to her how the men respond to her work, specifically the abusive partners of the women with whom she works.

Kathleen's response only reinforced the strong woman identity who is not afraid to take her stand against her abuse. She reports that the men often feel threatened by her because she is empowering the women they have victimized, and who have made them feel powerful.

But they keep saying I'm making the women clever. But I'll inform them of their rights.
Stand up for yourself. You have rights.

She also draws courage to continue her work from her husband whom she describes as "very proud of me ... he motivates me to go on ... to make a difference in the community".

While Kathleen believes that the strength and impact of the work she and her colleagues do, lies in the fact that they are insiders from the community who live the experience and understand their own community, she also feels that in order to care for herself, sometimes she needs to get out of the community. She revitalizes and heals herself continuously through reconnecting with nature, and has even planted "little, old garden that I work in when it's summer".

She also has "an adopted family that she visits" in a rural town, and she paints a picture of "walking bare feet in the pine forests" or "hugging a tree" and "wandering in between the vineyards" and her "family" leaves her because they know "this woman, she's here to debrief, I tell them".

Her passion and "love for Hanover Park" motivates her to continue wanting "to make a difference". She concludes her narrative highlighting the realisation how systemic the effects of trauma are and that she did not realise before her training how it affects everyone. As a result she created the space for everyone in her family to share how they felt about her son and has continued to have open channels of communication about all kinds of issues in her family. Her grandchildren experience their own sense of justice as their opinions and thoughts are valued and respected in their family.

I wouldn't have known. Like with my son, I just took it as, he is the problem. Finished. But I wouldn't have thought how it affected my husband and his children as well, and that's what I learnt ... And that is what I need the women to learn. That trauma affects the whole family. But also when something positive happens. That also affects the whole family because then everyone feels happy.

In this closing comment Kathleen alludes to the idea that while negative cycles of violence and trauma begin in the home, conversely the family is also an important starting point for developing positive cycles and promoting resilience in an environment of ongoing violence.

Appendix 5

INFORMED CONSENT FORM



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CONSENT TO PARTICIPATE IN RESEARCH

Community counselors' experiences of trauma and resilience in a low-income community.

You are asked to participate in a research study conducted by Lane Benjamin, MA(Clin Psych), from the Department of Psychology at Stellenbosch University. The results of this study will contribute to a doctoral thesis. You were selected as a possible participant in this study because you are a community counselor and your experiences would be valuable in this research.

1. PURPOSE OF THE STUDY

The research will provide insight into the experiences of trauma counselors who live and work in disadvantaged communities. Your experiences as a counselor may influence how counseling interventions in low-income communities are developed.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

To be available for an individual in-depth interview. The interview should last between 1.5-2 hours and will take place at the CASE organization offices, Hanover Park.

After the interviews have been completed, a focus group will be held with the counselors to ensure that I, as the researcher, have accurately recorded and understood the themes and reflections from the interviews.

3. POTENTIAL RISKS AND DISCOMFORTS

As the interview may elicit experiences that are sensitive or may feel uncomfortable to discuss, all information will be handled anonymously and special attention will be paid to ensuring that your identity cannot be linked to the information you provide.

The opportunity for emotional support or counseling will also be made available if some information elicits painful or overwhelming feelings. A registered counsellor will be available at CASE, Sharon Johnson (021) 691 7066, as well as a sessional Clinical Psychologist, Shahieda Jansen, 0828735475, to provide emotional support should this need arise for you.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

While there are no direct and immediate benefits that you will accrue for participation in the research, the benefit to you as a counselor would be the acknowledgement for your work and commitment in your community context.

The research will contribute to our understanding of community violence and trauma, and the role that community workers, like you, play in dealing with violence and trauma at a community level. This information is valuable in providing new insights from the perspectives of counselors in the areas of psychology and public health.

5. PAYMENT FOR PARTICIPATION

There will be no payment for participation in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of your anonymity being preserved. Your name will be anonymised and will not be linked to any data that you provide. Only my research supervisor, Prof R. Carolissen, and I will have access to the research data. The data will be stored on my personal computer and only I will have access to it.

When the research results have been written up, it will be made available to CASE in an organizational feedback session. This will help the organization to see if the model that they currently use, is helpful and how it can be adapted.

The interviews and focus group will be audio-taped and you have the right to review or edit the recordings. The data will be transcribed by a professional transcriber and checked by me. This process too remains confidential. When the research has been completed, the data will be erased from the audio recorders.

The results will be published in a doctoral thesis and in academic journals.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to take part in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions that you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Lane Benjamin at 076 102 0055 or mail to: lane@case.za.org or her research supervisor, Prof Ronelle Carolissen, at (021) 808 2738 or rlc2@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Maléne Fouché at 021 808 4622 or mfouche@sun.ac.za at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by Lane Benjamin in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [Afrikaans/*English/*Xhosa/*Other] and [no translator was used/this conversation was translated into _____ by _____].

Signature of Investigator

Date

Appendix 6

TABLE OF PARTICIPANTS' EXPOSURE TO VIOLENCE AND THREAT

Table of Trauma and loss History amongst the participants				
	Discrete incident	Continuous exposure before becoming a counsellor	Direct/Witness	TOTALS
Rape	7	1	Direct	8
Attempted Rape	1	-	Direct	1
Child Sexual Abuse	-	4	Direct	4
Domestic Violence	-	11	Witness/ Direct	11
Emotional abuse	-	3	Direct	3
Physical Abuse	-	2	Direct	2
Threat of violence	-	4	Direct	4
Random Physical Assaulted	4	-	Direct	4
Dislocation	3	-	Direct	3
Murder	2	-	Witness	2
Attempted Murder	2	-	Witness/ Direct	2
Bereavement (Violence, car accident)	6	-	Direct	6
Own drugs or Alcohol Abuse	-	3	Direct	3
Family member involved in gangs or drugs	-	12	Direct	12
Family Member in prison	-	2	Direct	2
ALL EXPOSED TO GANG SHOOTINGS AND ROBBERIES				