RESEARCH BY

UNSETTLING KNOWLEDGE PRODUCTION ON GENDERED AND SEXUAL VIOLENCE IN SOUTH AFRICA

PROJECT

INTIMATE PARTNER VIOLENCE SURVIVORS' AND SOCIAL WORKERS'

EXPERIENCES OF TELEPHONIC COUNSELLING DURING THE COVID-19 PANDEMIC

ERIN HINES AND LARA JAGER
UNIVERSITY OF CAPE TOWN
DEPARTMENT OF PSYCHOLOGY

PREPARED FOR, AND IN COLLABORATION WITH **MOSAIC: SUPPORT | HEAL | TRAIN**

FACILITATED BY **UCT KNOWLEDGE CO-OP**

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

UNSETTLING KNOWLEDGE PRODUCTION ON GENDERED AND SEXUAL VIOLENCE IN SOUTH AFRICA

MOSAIC
SUPPORT • HEAL • TRAIN

UCT KNOWLEDGE CO-OP

DECEMBER 2021

TABLE OF CONTENTS

CONTEXT AND METHODS

Intimate partner violence (IPV) refers to the emotional, physical, financial, or sexual violence perpetrated by a partner and is the most common form of gender-based violence (GBV) in South Africa. Following the implementation of the national COVID-19 lockdown in March 2020, South Africa saw a surge in reports of GBV with as many as 100,000 reports in a matter of weeks. However, given that reports of the COVID-19 outbreak only began to unfold in 2020 and the pandemic is an ongoing experience, literature reviewing the experiences of IPV and support services for survivors*** during the pandemic is currently scarce. This study seeks to explore experiences of telephonic counselling during the COVID-19 pandemic. This understanding will inform us on how IPV survivors and social workers experienced telephonic counselling during the pandemic and how interventions might be further developed.

COVID-19 and Survivor Support Services

Without a foreseeable end to the current pandemic, support services have had to adapt to meet the needs of IPV survivors while maintaining physical distancing. Technology has been widely leveraged in adapting distanced GBV services around the world via emergency call centres, online court hearings and telephonic counselling. Nevertheless, online services during quarantine to combat IPV do not come without pitfalls. The ability for survivors to seek support electronically may be compromised by perpetrator-imposed restrictions such as surveillance of, or limited access to, internet, cell phones and social media. This limitation to online and telephonic services was observed in the 50% decline in calls to a helpline number of a Non-Governmental Organization (NGO) based in Delhi, despite increased incidences of GBV. In South Africa,

attempts to receive support of this nature is further compounded by the inability of a large proportion of the population to access data, Wi-Fi, and phones. As a result of the rapid shift to online and telephonic services during the COVID-19 pandemic, practitioners have experienced additional workload, stress, and strain on their well-being. However, these services may mitigate the difficulties to accessing face-to-face services, such as transport costs and taking time off from work. Additionally, distanced counselling and taking time off from work. Additionally, distanced counselling services for IPV survivors provide discretion to those accessing these services, as they do not need to go to the physical location of the organizations to receive counselling. Furthermore, despite attempts to provide psychosocial support to IPV survivors during the pandemic, survivors' and social workers' experiences of these new services remain under researched, particularly in South Africa.

***The terms 'victim' and 'survivor' are used to describe an individual that has experienced a form of violence. Although both appropriate, the terms serve different purposes. On the one hand, the term 'victim' recognizes harm done. On the other hand, 'survivor' encompasses a sense of empowerment and peace gained within the healing process. While the term 'survivor' is used throughout this work, we acknowledge that it is not a default term that every individual can identify with and therefore affirm the agency of a person in utilizing a label that they feel defines their experience.

SAMPLING STRATEGY

Participants were IPV survivors who have received telephonic counselling and social workers who provided this service during the COVID-19 lockdown restrictions. Social workers received an invitation to participate in the study. They then identified IPV survivors that received telephonic counselling via MOSAIC and informed them of the research. Upon confirming IPV survivors' interest in the study, social workers provided the researchers with the necessary contact details to obtain consent and organize interviews. While the study initially aimed to recruit 10 to 15 participants, only 7 women participated. Challenges with recruitment involved survivors' numbers no longer existing, not receiving responses from participants, and women deciding to not to participate. Of the 7 participants, 4 were survivors of IPV and 3 were social workers.

DATA COLLECTION

Face-to-face, video, and telephonic, semi-structured interviews of both social workers and IPV survivors were conducted. The semi-structured interviews were conducted with a list of questions that could be flexibly interpreted and answered by participants. In-person interviews took place at MOSAIC offices.

DATA ANALYSIS

A thematic narrative analysis was utilized to explore the stories participants shared about IPV and telephonic counselling during the pandemic. This approach kept the interests of the participants at the forefront when analysing data while also allowing researchers to identify commonalities and differences across participants' experiences that will be useful to MOSAIC.

SUMMARY OF FINDINGS

This research aimed to explore experiences of telephonic counselling during the COVID-19 pandemic working with survivors of IPV as well as social workers who provided the service. Three research questions were addressed, namely: How did women survivors of IPV experience telephonic counselling services implemented during COVID-19 lockdown restrictions?; What are social workers' experiences of facilitating telephonic counselling services during COVID-19?; and What are the strengths and weaknesses of telephonic counselling services implemented during the pandemic? As a result, three themes emerged:

01 **Access to Telephonic Counselling During COVID-19**

02 **The Human Element of Counselling**

03 **Adjusting to Telephonic Counselling**

ACCESS TO TELEPHONIC COUNSELLING DURING COVID-19

On majority, during the interviews with survivors of IPV and social workers, they disclosed various conveniences and challenges regarding access to telephonic counselling during the COVID-19 pandemic. The ability to utilize telephonic counselling services among survivors of IPV and social workers can be understood in terms affordability, accessibility, and stigma.

Affordability

Affordability refers to the costs associated with telephonic counselling. This takes direct and indirect expenditure as well as opportunity costs into account. IPV survivors and social workers framed telephonic counselling as more cost effective and convenient for clients of MOSAIC.

I don't need to leave work early to go somewhere to meet at three o' clock to get to a place and take time off work. So now I can do this while I am driving or I am stuck in a parking lot, or if I am doing my shopping I will go a bit earlier. [Survivor]

Being able to engage in counselling without taking time off from work and not having to travel or spend money on transport to the offices for sessions were identified as advantages of telephonic counselling in comparison to face-to-face counselling. The economic dislocation following the national lockdown resulted in many South Africans experiencing economic insecurity or unemployment. The provision of telephonic as opposed to in-person counselling thus did not put additional financial pressure on survivors of IPV during a turbulent economic period. The potential of internet and mobile technologies in facilitating accessibility to mental health services in low-income settings have become increasingly recognised. Additionally, reduced financial costs has been identified as an advantage of telephonic counselling services for domestic violence survivors during the pandemic in prior research. Telephonic counselling is therefore a valuable service for IPV survivors in South Africa during the pandemic.

While telephonic counselling was low-cost and timesaving for survivors of IPV, social workers identified insufficient airtime and data as a challenge in facilitating the service. Although social workers acknowledged the constraints of the organization in providing airtime and data, they expressed their frustrations with the problems that came with this mode of facilitating counselling. Social workers shared stories of how sessions were often cut short due to running out of airtime and data, resulting in them urgently having to request more. Sufficient airtime and data were therefore identified as a need to adequately provide telephonic counselling and facilitate accessibility of the service.

Accessibility

Accessibility refers to the convenience and ability to access and facilitate telephonic counselling during the COVID-19 pandemic. One of the main barriers to accessing support during the COVID-19 pandemic has been an inability for people to leave their homes or quarantine environments. This is especially true in marginalized communities (including townships) in South Africa, where lockdown regulations have been policed heavily by the military. A strong positive aspect of telephonic counselling was therefore identified by participants as the ability to access counselling wherever they were.

Seeing her face to face and talking, I think it is, I don't know what to say. It is the same I think because, I think it is the same, you just have to talk and this person has to listen, you can also do it on the phone where you don't have to go outside. You can stay inside, stay safe and do it on the phone also. [Survivor]

Telephonic counselling has been useful to survivors who are unable to leave their quarantine situation. In addition, social workers mentioned that distanced counselling has felt safer with less risk of contracting COVID-19. For some social workers, being able to work from home meant that they had more flexibility when working. Being at home meant that social workers could deal with both work and family issues with relative ease. Some social workers emphasised the difficulty clients had with accessing services in person.

Survivors spoke about the convenience and safety of staying at home instead of having to travel to receive counselling.

While social workers spoke about the convenience of telephonic counselling, they also picked up on the difficulty reaching people during the pandemic. Social workers emphasized that is was more difficult to reach clients than face-to-face counselling. Logistical aspects of telephonic counselling, such as clients' numbers changing or not answering the social workers' calls, made social workers feel frustrated and ineffective.

Another difficulty associated with telephonic counselling was ensuring that sessions were private.

Some survivors explained how noise and disruptions affected accessing telephonic counselling services. As a result, some survivors noted that it is easier to talk to someone in person rather than over the phone. Other issues with accessing telephonic counselling, such as access to cellphones, airtime and electricity to charge mobile devices, were highlighted by participants and is a particular problem in South Africa.

Social workers also highlighted their anxiety about privacy and alerting perpetrators to the counselling their partners were receiving. Social workers explained how they had to covertly find out if the perpetrator was around during the telephonic counselling sessions.

So before doing telephonic counselling we had to do a WhatsApp note asking of the perpetrator is around or not. You had to be careful because you didn't want the perpetrator to know the source of the strength of the client. You get my point? Ja. So you had to undercover because if then the perpetrator might know your telephone number then he might close the relationship between you and the victim or the survivor if I may say so. [Social worker]

Covertly monitoring for the perpetrator's presence placed an extra burden on social workers and made it more difficult for clients to receive telephonic counselling. This was particularly difficult during the higher levels of lockdown, where perpetrators are most likely to be confined at home, increasing their likelihood of discovering the counselling sessions.

Therefore, telephonic counselling was more convenient for both survivors and social workers. However, disruptions in survivors' environments distracted from them being able to receive counselling. Additionally, this counselling made it more difficult for social workers to identify risks.

Stigma

Stigma here refers to the negative attitudes and silence around issues of IPV. Survivors noted that telephonic counselling reduced their experiences of stigma.

...we don't know they going to ask you, they don't want to tell us that so why you going to Mosaic, what happened to you? Especially those people who knows what actually goes on. [Survivor]

Receiving counselling over the phone meant that survivors did not have to go into the MOSAIC offices. Therefore, people did not question where or why they were going and they did not have to disclose their experiences of IPV to anyone. They could thus maintain their privacy and did not have to experience the

stigma that survivors of IPV often face when disclosing their experiences.

One social worker highlighted action that could be taken to mitigate issues of stigma or feelings of disconnect in communities. Community engagement on issues of IPV was identified as a means to potentially address issues of stigma. One social worker recognized that community leaders were valuable connections to survivors during the pandemic because they could pick up on issues within their community. Workshops, in which members of the community could receive advice and education on IPV also started conversations within these communities, combatting some of the stigma of IPV. Therefore, this is one valuable solution to some of the issues identified with telephonic counselling and counselling services for IPV survivors in general.

THE HUMAN ELEMENT OF COUNSELLING

While participants emphasized that telephonic counselling was a necessary and important service during the pandemic, they all made reference to a missing human element. Participants mentioned that they experience a connection when engaging with someone in person, that they do not necessarily feel when on the telephone.

You must always remember when we have a conversation with someone over the phone, you don't see the reactions of that person. You don't see it. You just hear the voice... I want to see your reactions. What kind of person you are. You know, your body talks. It's very important. [Survivor]

Some survivors explained how it was difficult to gauge the reactions of someone over the phone and the importance of body language. The lack of a human element, connection, or body language during telephonic counselling sessions was mentioned by all participants. For social workers trying to facilitate counselling, this difficulty gauging the human element made it more difficult to do their jobs. It was more difficult to practice empathy as a counsellor without being physically present with survivors. However, social workers had several key suggestions to mitigate these difficulties connecting with the survivors.

Social workers identified that they felt they needed special training in telephonic counselling. They felt telephonic counselling required new skills to connect with clients and wanted to receive more training to feel better prepared and capable of facilitating telephonic counselling.

It's training, is training on telephonic counseling, I think that would help us to, to intervene much better and provide better services for our clients... It's the telephonic counseling skills as to how do I, how do I absorb or get the most important information from the client, as well as not putting that particular client at risk. So those are the skills that I need to learn how to get the most important information from the client. [Social worker]

Social workers identify learning how to connect with a client over the telephone and managing the clients' safety as two aspects of telephonic counselling that they would like to be better trained in. Additionally, social workers identified a desire for support structures. Social workers spoke about how useful it was to have a WhatsApp group with all the counsellors in it during the COVID-19 pandemic. It meant that social workers could offer each other peer support during the pandemic, while adjusting to telephonic counselling. However, they identified the need for mentors. Social workers stated that they needed the support of someone who is experienced with telephonic counselling and outside of their peers to mentor them.

Overall, whilst telephonic counselling was identified as an effective mode of support during the COVID-19 pandemic, social workers and survivors almost unanimously preferred face-to-face counselling. According to their responses, telephonic counselling made it difficult to connect with one another. To address this problem, literature argues that a combination of online and face-to-face support may be useful to better facilitate connection, as well as specialized training and supervision in telephonic counselling.

ADJUSTING TO TELEPHONIC COUNSELLING

Social workers highlighted the challenges they endured when adjusting to the consequences of lockdown restrictions. Social workers were faced with having to adapt to working remotely and facilitating telephonic counselling while simultaneously comprehending a new way of living during the pandemic. This transition was described as difficult, stressful and anxiety provoking.

It was emotionally draining for me. I was so much drained, I was extremely drained having to adjust to the new environment, working environment, for me working from home, having kids at home, having to balance everything and also having to report to my manager as well. I had to report meaning that work had to be done, it wasn't time for me to relax. So it was stressful, it was really stressful and also I had to have the courage for our clients as well to be there for them because I understand it was a difficult time for them as well especially those who were victims of domestic violence... [Social worker]

Social workers described the emotional toll that adjusting to effects of the pandemic had on them. The pandemic transformed the way in which communities go about their day-to-day lives. Adjustment to the 'new normal' has had profound impacts on the well-being and mental health of individuals. While social workers dealt with their own anxiety and fear surrounding the pandemic, they too had to have the courage to provide emotional support to survivors of IPV. This was compounded by the difficulty of having to become accustomed to a new working environment.

To work effectively from home, social workers were to manage the demands of both their personal and work lives which required them to balance, prioritise or separate the spaces between family and work.

Social workers highlighted how they had to divide the home to create separate spaces for work and family in order to work efficiently. Prior to

the pandemic social workers had dedicated spaces to facilitate counselling sessions. However, given that lockdown restrictions required social workers to work from home, which was occupied with family members, it was challenging to create a private space. Moreover, social workers had to attend to their families and maintain the home which made it difficult to work without disruptions. Lastly, with work and home under one roof, some social workers mentioned challenges with negotiating when work ends, and rest or family time begins.

The importance of creating separate spaces was often tied to ensuring that confidentiality was upheld.

I would just say to social workers they need to be, the confidentiality should be adhered to especially when it comes to telephonic counselling because you need to have your own space, a locked room where your family cannot listen what you are discussing with your client. [Social worker]

Social workers identified that having a separate space to family in which to facilitate counselling is necessary for maintaining confidentiality during sessions. A private space was needed to ensure that sessions could not be overheard, and files could be kept safe and locked up. Social workers had to work hard to make sure that activities in the home would not infiltrate and disrupt their private spaces by trying to maintain separation between work and family life. Despite the challenges, social workers explained that over time they had become accustomed to working from home.

This research concurs with findings of studies on domestic violence practitioners' experiences of online and telephonic support services during the pandemic. Previous research has shown that practitioners have mixed experiences with and feelings about adopting an electronic means to provide support services to IPV survivors.

CONCLUSION

Summary

Three themes emerged when exploring social workers' and survivors' experiences of telephonic counselling through MOSAIC during the COVID-19 pandemic. The first, access to telephonic counselling during COVID-19, illustrated that there were aspects of telephonic counselling that made it more accessible than face-to-face. For instance, it was cost-effective, timesaving, could be done in the comfort and safety of one's own home, and mitigated survivors' experiences of stigma surrounding IPV. However, some aspects of telephonic counselling impeded accessing the service, such as insufficient airtime and data, potential lack of privacy, and disruptions to calls. The second theme, the human element of counselling, illustrated that telephonic counselling was an effective and necessary mode of support during the pandemic, but that it lacked a sense of connection. The last theme, adjusting to telephonic counselling, highlights that the rapid change from face-to-face services to telephonic counselling was challenging for social workers to adjust to, particularly during the stress of a global pandemic. While telephonic counselling was identified as a valuable service by participants, the research highlighted potential areas for improvement.

Recommendations

Recommendations were made by participants that could improve experiences of telephonic counselling for both survivors and social workers. Firstly, providing social workers with sufficient airtime to conduct telephonic counselling without being cut off from their clients during a session was suggested. Removing difficulties with maintaining contact with clients could also improve counsellors' ability to establish a human connection with

clients more easily. Secondly, engaging with the community to better identify IPV survivors in need of support and educate the public, was identified as an important action to take during the pandemic, particularly as clients were less accessible to social workers. Thirdly, specialized training and supervision for social workers facilitating telephonic counselling was recommended, so that they can be better equipped to manage the demands that distanced counselling present.

Lastly, MOSAIC could combine face-to-face and telephonic services to circumvent the lack of connection that both social workers and survivors identified when only using telephonic counselling. Although telephonic counselling was framed as a valuable service, consideration of the research on the service during the pandemic may improve survivors' and social workers' experiences of telephonic counselling.

This research contributes to the Unsettling Knowledge Production on Gendered and Sexual Violence project. Thank you to our supervisors, Professor Floretta Boonzaier and Skye Chirape, and the project team, for your support.

We would like to thank MOSAIC for making this research possible.

We would also like to thank the UCT Knowledge Co-Op for facilitating our collaboration and ensuring the research ran smoothly.

Unsettling Knowledge Production on Gendered and Sexual Violence in South Africa project:


advancingwomxn@uct.ac.za


www.facebook.com/unsettlingknowledgeongenderedviolence


@unsettlingv

UNSETTLING KNOWLEDGE PRODUCTION ON GENDERED AND SEXUAL VIOLENCE IN SOUTH AFRICA