

Navigating posttraumatic growth in female survivors of childhood sexual abuse: A South African strengths-based intervention

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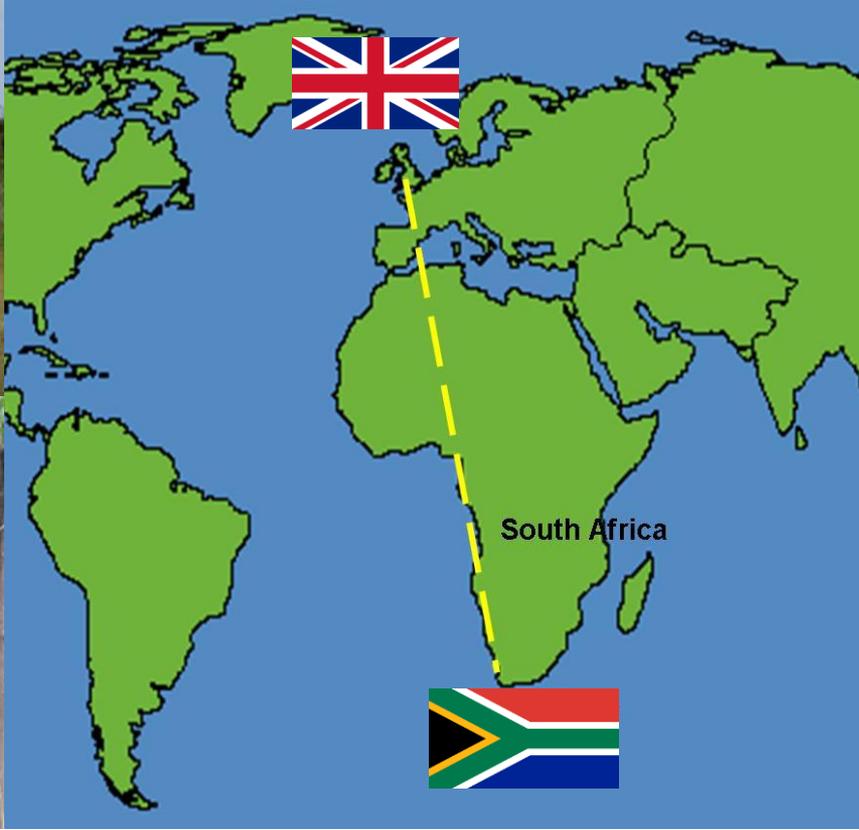


Acknowledgement



Prof Jaco Hoffman & the Institute for Population Aging
for extending the invitation & your sincere hospitality

North-West University, Vanderbijlpark, South Africa to Oxford, United Kingdom (13 436 Km)



- Campus situated in Vanderbijlpark
- Nature reserve
- Industrial city
- On the banks of the Vaal River
- 59 km's south of Johannesburg in the Gauteng province
- 95 000 multicultural inhabitants
- 8 day drive to Oxford



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Overview

- CSA as global epidemic & South African community crisis
- South African context
- Traditional approaches to recovery
- Is it only what's wrong, what about what's strong?
- Strengths model
- Pathogenic versus salutogenic paradigms
- Focusing on what's strong
- Posttraumatic growth
- Development of the Survivor to Thriver intervention
- What we have learnt about the role of social ecologies
- Way forward
- Questions & suggestions

CSA as global epidemic

- Childhood sexual abuse (CSA) is a global epidemic
- Permeates all cultures & socio-economic groups
- Two meta-analyses report the worldwide prevalence in 22 countries to be between 18 - 20% for females & 8-9% for males (Pereda et al., 2009 & Stoltenborgh et al., 2011)
- They further predict that this may even be higher in Africa
- CSA is a unique complex trauma with long-term devastating effects (mental health, intra- & interpersonal & sexual difficulties)
- Research on CSA has predominantly stemmed from high income settings
- According to the WHO limited CSA research from low to middle income countries like South Africa (WHO, 2010)

South African community crisis

- South African study in the Eastern Cape reported 39% of women & 17% of men reported experiencing sexual abuse before the age of 18 years (Jewkes et al., 2010)
- South African police statistics reported: 22 781 cases of sexual offences against children between 2013-2014 (SAPS, 2014)
- Police statistics are unreliable due to under reporting
- Only one out of nine cases of CSA are reported
- Many of these victims go untreated & so may face pervasive negative outcomes in adulthood
- South Africa's societal & cultural norms contribute to the child's vulnerability (WHO, 2010)

South African context

- CSA of adolescent girls documented as most common
- Girls are particularly vulnerable due to their gendered position in South African society (Mathews et al., 2012)
- In South Africa inequality & dominant patriarchal constructions reinforce male dominance over women & children (Mathews et al., 2012)
- Unequal power relations (abusive space) promote notions of male sexual entitlement without fear of consequences
- Culturally prescriptive secrecy & stigma means children are socialised to respect & obey elders
- Contributing social drivers: poverty, crime, weak parenting, HIV, weakness in law enforcement systems etc.

Traditional Approaches to recovery & healing

- To date treatment studies have focused on traditional approaches within a pathogenic or deficit paradigm
- Focuses on symptom reduction & returning functioning to baseline (Taylor & Harvey, 2010)
- Survivors are seen as problem ridden, powerless & in need of repair
- Based on the medical model & attempts to "repair what is broken"
- Disregards possible opportunities or resources (intrinsically or extrinsically) available to aid in recovery (Cummins et al., 2012)
- Cognitive behavioural therapy (CBT) (Wilens, Littell, & Salanti, 2012); Psychodynamic Therapy (Lord, 2008); Psycho-education (Brown et al., 2013)

Challenging the dominant traditional approach:

"Is it only what's wrong, what about what's strong?"

- Can strengths be borne from some women's CSA struggle?
- Can recovery be an opportunity for growth?
- Can the client become the "expert" of their own healing?
- Can the clients social-ecology facilitate recovery?
- International call for a salutogenic approach in treating such communities of vulnerable women

Strengths-based approach

- “Wide range of *practice principles, ideas, skills & techniques* to *promote & draw out the resources of clients & those in the environment* so as to *initiate, energise & sustain change*” (Cummins et al., 2012:51)
- Focusing on the person’s strengths & allowing these to become resources for change
- Supportive ecologies are seen as enabling resources towards coping with such abuse histories (Cummins et al, 2012)
- Posttraumatic growth Model (Tedeschi & Calhoun, 2004a, 2008; Tedeschi, 2010); resilience (Orbke & Smith, 2013)

Exploring this salutogenic paradigm within CSA?



Pathogenic versus salutogenic paradigm in CSA treatment

Deficit Perspective	Strengths Perspective
<ul style="list-style-type: none">• Negative symptomatology	<ul style="list-style-type: none">• Strengths and resources borne from the struggle
<ul style="list-style-type: none">• Identifying & assessing negative symptoms and impact on psychosocial functioning	<ul style="list-style-type: none">• Reframing the outcomes of CSA into opportunities of growth
<ul style="list-style-type: none">• Therapist takes on hierarchical expert role	<ul style="list-style-type: none">• Therapist takes on role of expert companion role (client regarded as expert of own life)
<ul style="list-style-type: none">• Emphasis on long-term impact	<ul style="list-style-type: none">• Emphasis on future perspective
<ul style="list-style-type: none">• Prognosis determined by severity of symptoms	<ul style="list-style-type: none">• Recovery determined by personal strengths & resources
<ul style="list-style-type: none">• Therapist is the change agent	<ul style="list-style-type: none">• Client & social-ecology are the change agent

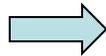
A strengths-based model: Posttraumatic growth

- Positive psychological change experienced as a result of the *struggle* with highly challenging life crises (Tedeschi & Calhoun, 1996; 2004b)
- Multidimensional construct divided into five domains:
 - Greater sense of *personal strength* (perceived changes in self)
 - *Improved relationships* (changes in the experience of relating to others)
 - Greater *appreciation for life* (increased existential awareness)
 - New life options or *possibilities*
 - Deepened sense of *spiritual development*

Posttraumatic growth

- PTG results from a specific coping process aimed at restructuring a coherent post trauma life narrative (constructive rumination)
- Focuses on enabling factors borne from the post trauma struggle
- Quality of “transformation” (qualitative change in functioning) & includes a future perspective (Tedeschi & Calhoun, 2004a)
- Involves a movement beyond pre-trauma levels of adaptation
- Also known as transformational coping

PTG: Process of Transformational Coping



TRAUMA

VICTIM

SURVIVOR

THRIVER

Posttraumatic growth a “bipolar” theory

- Dichotomy of the dark & light (“wrong” & “strong”)
- Irony or basic paradox experienced by trauma survivors
- Confronting the paradox - “bitter sweet” – therapeutic tool
- Their losses have produced something of value & an increase in their own capacity to survive & prevail (Tedeschi & Calhoun, 2004)
- Concept of the "hero" as an ordinary person who survives the extraordinary
- Act as respectful interventionists
- "Expert companions" – survivor is own expert in their trauma but our own *humanness* is a crucial recovery cue in the empathic space

Doctoral study-Williams (2012)

- Few empirically supported CSA *group* treatment interventions
- None on *promoting PTG* in survivors (*strengths-based paradigm*)
- Part 1:
Quantitative research – 60 women given psychometric instruments measuring coping behaviour, posttraumatic growth & psychological well-being
- Part 2:
Qualitative research – 10 women's (top "growers" and "copers") stories & experiences explored
(In-depth interviews, audio recorded, transcribed, interpretative phenomenological analysis, independent co-coder, consensus discussion, member checking, reflexivity)
- Part 3:
Data obtained was used to formulate guidelines for a strengths-based intervention to enhance coping, PTG & PWB in survivors

Quotes reflecting posttraumatic growth

Extracts from CSA Survivors (Walker-Williams, et al., 2012)

Personal strength	<p><i>“It’s better to live one day as a lion instead of 100 years as a sheep”</i> (Participant 23, line 362)</p> <p><i>“I am stronger because I have accepted who I am ... who I am for now ... I say to myself that I am the one who is going to live my life ... I am strong”</i> (Participant 5, line 168)</p>
Improved relationships	<p><i>“That’s what I wanted to say just now... that I think one of the things why I’m able to help others is that I have become stronger through what happened to me as a kid”</i> (Participant 6, line 217)</p> <p><i>“...It just makes you stronger because now God uses it as a tool...it helps you now to help others through what you’ve been through & that to me is just awesome really... ”</i> (Participant 7, line 201)</p>
Greater appreciation for life	<p><i>“...if something negative happens I’ll look for the lesson, I always see it as everything happens for a reason so if this happened then there must be something that I can use from it, I look for the positive in it...”</i> (Participant 4, line 118)</p> <p><i>“I have created meaning... I found that if I don’t create meaning each day and enjoy life there is no way I will survive”</i> (Participant 5, line 264)</p>

Quotes reflecting posttraumatic growth

Extracts from CSA Survivors (Walker-Williams, et al., 2012)

New life opportunities

“...You know I do, it makes me feel stronger when hard times come I’ll be ok, I will get through...my mind set is always I might be knocked down but I will get up again I won’t stay down” (Participant 4, line 69)

“I kept believing that someday things would get better ... I had this belief in myself despite that ... there is light at the end of the tunnel ... it is difficult now but it will get better ... it will get easier you know ... I became a better person despite all the hurt and the pain” (Participant 6, lines 60–66)

Deepened spiritual development

“When I look back I know I couldn’t do it alone I couldn’t survive on my own ... I was young but I knew that prayer worked cause I saw it worked for me” (Participant 6, line 54)

Outcome of PhD study

- Some women did indeed display strengths borne from their *struggle* to overcome the adversity of the CSA (Walker-Williams et al., 2012;2013)
- **If these women could grow as a result of their struggle with adversity – could other women also be navigated towards posttraumatic growth?**
- Birth of the "S2T" strengths-based group intervention programme

Development of the Survivor to thriver intervention

- S2T denoting from “Survivor to Thriver”
- Strengths-based group intervention programme for female survivors of CSA
- Enabling posttraumatic growth in CSA survivors
- Within a salutogenic paradigm
- Transitioning from victim to survivor & ultimately “*thriver*” narrative
- Personal strengths borne from the recovery struggle
- Desire to continue on a life path of growth despite the traumatic experience

Why group treatment as modality of choice?

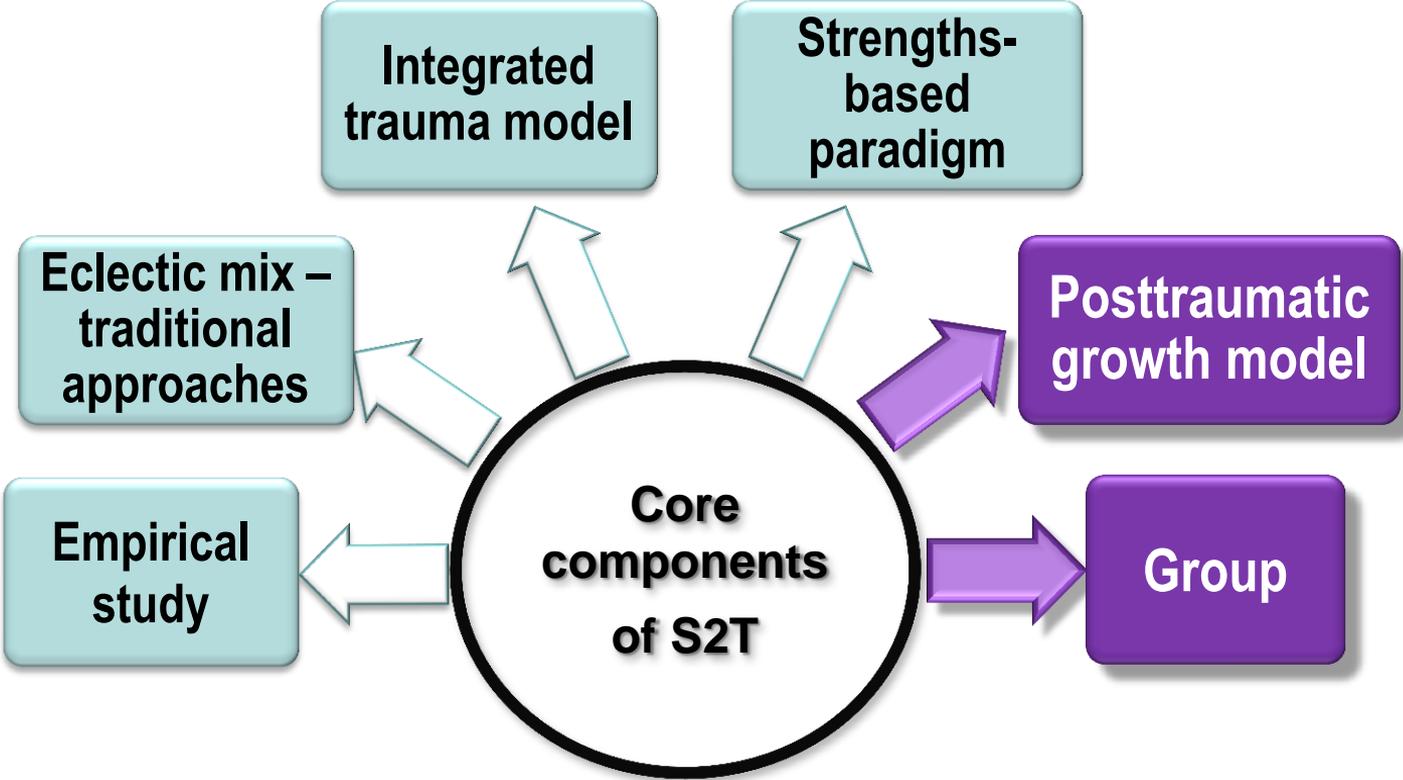
- Strong body of research supporting group therapy in CSA treatment
- Cost effective & serves the treatment context in SA
- Best suited to the process of healing & unique trauma causing factors (Finkelhor & Browne, 1986) (secrecy, isolation, betrayal & stigmatisation)
- Members share their victimisation experiences in a secure setting reducing isolation, stigma & creating a supportive network
- “Witnessing” - a sense of benevolently been seen, heard & understood in the presence of others (Meekums, 2000)
- Lone victim-child to collective powerful survivor-adult (Callahan et al., 2004)

Philosophy of the S2T intervention

- Every individual, group & community has strengths (wrong & strong)
- Trauma (abuse, illness & struggle) may be injurious but can be converted into a source of power or strength (posttraumatic growth)
- Do not underestimate an individual, group or communities capacity for growth & change (psycho-education is the catalyst in recovery)
- Best serve the clients system by collaborating with them (expert companion)
- Every community is rich with resources (ecology)

Adapted from Weyers, 2011)

Core components of the S2T



S2T theory of change

Theoretical Approach	Mediators	Secondary Outcomes	Primary Outcomes
<ul style="list-style-type: none"> • Empirical study • Developed for SA context • Eclectic mix of theories (CBT, psychodynamic , psycho-education) • Salutogenic paradigm • PTG model • Healing group context 	Provide a contained safe space	Generate a healing group context	<ul style="list-style-type: none"> • Post-trauma thriver identity • Personal strengths • Improved personal relationships • Greater appreciation for life • New life possibilities • Deepened spiritual development
	Share the trauma story & messages	Increased introspection & emotional awareness	
	Engage in constructive rumination	Cognitive reframing & restructuring	
	Employ decisive action & an internal locus of control	Increase resilient driven adaptive coping	
	Improve social cohesion	Build social support strengths	
	Improve meaning making & benefit finding	Develop a post-trauma narrative	

Treatment Outcome	Treatment Approach	Life Role / Narrative
<ul style="list-style-type: none"> – Telling the trauma story – Normalising symptoms i.e. traumagenic dynamics 	<ul style="list-style-type: none"> – (CBT / Psychodynamic) – (CBT / psycho-education) 	<p style="text-align: center;">Victim</p> 
<ul style="list-style-type: none"> – Reframing internalisations – Meaning-making 	<ul style="list-style-type: none"> – (CBT / PTG) – (CBT / PTG) 	<p style="text-align: center;">Survivor</p> 
<ul style="list-style-type: none"> – Re-telling the story for a change – Benefit finding i.e. strengths emerging from struggle; deepened relationships & changed life philosophy – Emotional / spiritual well-being & resilient driven active coping 	<ul style="list-style-type: none"> – (PTG) – (PTG) – (PTG) 	<p style="text-align: center;">Thrivers</p> 

S2T session content

Session	Focus
Session 1	Pre-test Group commitments Sharing the story / self-awareness
Session 2	Traumagenic dynamics
Session 3	Cathartic ritual (“burning” a symbol of the internalisations)
Session 4	Dealing with loss & forgiveness
Session 5	Post-trauma identity: <i>telling the story for a “change”</i>
Session 6	Adaptive emotion focused coping / PWB Post-test
Session 7	Delayed test Reflection & assimilation

Design, development & pilot testing

Methodology

- Ethical clearance
- Purposive sampling
- Selection criteria
- Quasi-experimental one group interrupted time series design
- Evaluation methods
- Standardised scales & visual participatory methods
- Transcriptions of audio taped sessions
- Thematic content analysis
- Trustworthiness, independent coders, consensus discussion, member checking, reflexivity, qualitative methodologist

Demographics

- Ages 18 -50 years
- 9 black & 9 white
- Contact abuse
- Perpetrator known
- No criminal cases opened

Implementation

- 2 groups
- 18 women commenced & 12 completed
- Group treatment
- Conducted over 6-8 week period
- Bi-monthly 2-3 hour sessions
- Two facilitators

Findings from individual narratives



Quotes reflecting growth outcomes

<p>Emotional awareness</p> <ul style="list-style-type: none">• Heightened awareness – catharsis• Higher levels of introspection pertaining to trauma	<p><i>“The hurt has been pulled out with the wounds...and it was so wow...I really enjoyed that emotion coming out [in the group]”</i> (Group 1, Participant 2, line 217, 37yrs)</p> <p><i>“I started to understand why I get angry, why I don’t get along with people, why I am the way that I am ...”</i> (Group 2, Participant 5, line 245, 20yrs)</p>
<p>Decisive action</p> <ul style="list-style-type: none">• Conscious decision to alter distorted cognitions• Resulted in the women experimenting with new adaptive coping behaviours	<p><i>“And that was not something that came naturally to me...it’s something that I had to decide...I am going to feel good about myself...I am going to place it into perspective...in order to get through this you have to decide everyday”</i> (Group 1, Participant 2, line 207-275, 37yrs)</p> <p><i>“ But today I take back my time, I take back my life, my love, my happiness... I will stand up at all times... I know that it won’t – it’s not going to be easy...it took a brave girl to try, it took the new me to see... it will no longer control my life...this is my life to live and I know what’s best for me... I know what’s best for me!”</i> (Group 2, Participant 6, line 304, 21yrs)</p>

Quotes reflecting growth outcomes

Posttrauma identity

- Shift in Survivor to Thriver Identity
- Self-acceptance, self-efficacy & recognition of personal strengths

"...this is a positive journey...and I always say to me [myself]that this scar...it is not anymore a scar of sore, but a scar of a survivor...and now a thriver...I don't regret anything for what I went through...I will always embrace myself..."(Group 1, Participant 4, line 1085, 43yrs)

"Wow, I didn't know there was a thriver stage [laughs]...I was stuck in the survivor stage...and I thought it was going to be like that always and always...life is to survive...but now I'm living life" (Participant 2, line 150, 37yrs).

An experience of post-trauma identity is summed up by the following quote: "I've come from a used person to be the queen of my world" (Group 1, Participant 1, line 1192, 50yrs)

Healing group context

- Group setting –
- a healing space
- Vehicle for recovery – “witnessing”
- Navigator – “expert companions”

"...there is one thing about this group that I enjoy so much, it's that here I can be absolutely me...If I want to cry I cry, nobody thinks I'm silly...If I want to laugh, I can laugh... If I want to fail, I can be a failure...I can feel, I can feel like I'm here...I'm here" (Group 1, Participant 1, line 243, 50yrs)

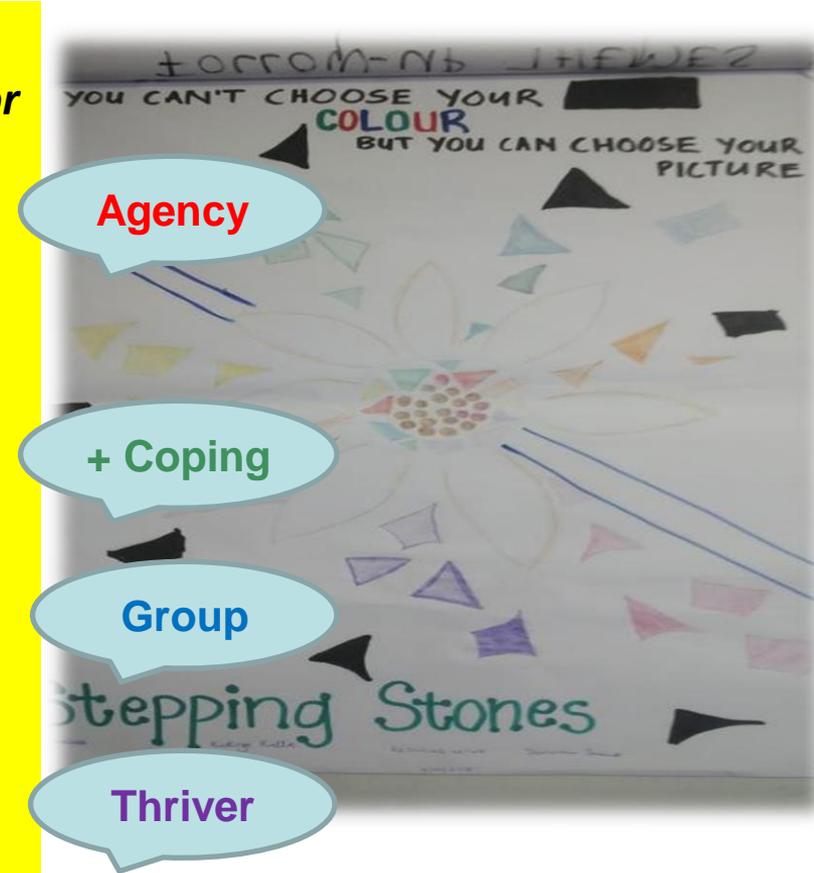
"I think in some way the group has helped me to understand...I mean, the ability to empathize with you guys helped me to be where I am today...and I understand why my dad did it" (Group 1, Participant 5, line 1061, 26yrs)

"I think through this group we've all become more self-regulated..." (Group 2, Participant 6, line 122, 21yrs)

S2T Group 1 narrative

"You cant choose your colour but you can choose your picture"

"We deal actively with our experience of CSA and refuse to dwell in the past as we are not to blame for the trauma- we were helpless victims left with numerous losses and so we cannot believe our internalisations or use our destructive coping any longer. Instead we must take a decision to recover and rediscover by recognising and understanding our progress, testing our internalisations, coping positively using self-nurturing techniques and our "strong foot" and looking to the future with forgiveness and hope. We reach out to one another and recognise our progress and access support and make the courageous choice to become self-worthy women, and to live our lives not only as strength filled survivors but also as victorious thrivers " S2T



S2T Group 2 Song: “Hold on to life”

(Member checking – participant feedback)

"A butterfly cannot see it's colours

Colour-blind people will make you feel faded

Join pictures in black and white

But just look away

Just look away... you're written in every mirror

You're written in the sky

You're written in every colour

So hold on to that

Hold on to that

Hold on to life

You were a survivor

But now it's time to thrive

Hold on to life

Hold on to life

Hold on to life..." – S2T Group 2 - 2015



What have we learnt about the role of social-ecologies

- Group is the vehicle of change - normalising environment
- Membership to a "sisterhood" of belonging where they can share social & emotional connections
- Social cohesion - relying on new & renewed connections reduces stigma & so more likely to access treatment
- These women become advocates in the community

Further development

- Determine evidence base by establishing long-term efficacy
- Longitudinal research study (commenced November 2014 – 2018)
- Incorporating 3 master students & a possible PhD student
- Advance international collaboration
- Endeavour to train helping professionals in South Africa & abroad
- Dissemination:
 - International & national conference presentations (2013 - 2016)
 - 4 publications (Walker-Williams et al., 2012;2013; Walker-Williams & Fouché, 2015; Fouché & Walker-Williams, 2016)
 - International collaboration with Dunedin University in New Zealand
 - Community advocacy & awareness: stakeholders & policy makers

Conclusion

- Responses & reflections of the women suggest PTG enabling processes
- Transformational change in their view of themselves (personal narrative), others and the world
- Realisation of their personal strengths & the desire to continue on a life path of growth
- 1 year follow-up with women in group 1 revealed enabling processes were maintained
- Traumatic sexualisation remained prevalent & hindered intimacy
- Overall the S2T intervention appears beneficial for this group of women

Limitations

- Small sample size (sensitive exclusive population)
- Dual role of researcher
- It's acknowledged that these women's inherent resilient processes & supportive ecologies or other unknown factors may have contributed to this growth

Way forward in navigating S2T

- Redefine the role of helping professionals – “community interventionists” (milieu therapy)
- Culturally & developmentally sensitive interventions
- Combining psych-education with salutogenic focus
- Emphasising a social ecology of recovery promotion
- Greater advocacy for survivors of CSA through community services & policy making
- Policy making focusing on gender relations, strengthening families & parenting practices & improved treatment services



In closing



The mission of the helping profession is not solely fixing what is broken; it is also recognising what is strong within individual's, groups & communities

Questions



Thank you

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