“Survivor to Thriver”: Promoting resilience & enabling posttraumatic growth in women who experienced childhood sexual abuse in South Africa

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Brighton University,
13th of June 2016, Brighton, United Kingdom
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
S2T Project Researchers

Prof Ansie Fouché & Dr Hayley Walker-Williams

Ms Marinda Henning  Ms Baaqira Ebrahim  Ms Ina Theunissen
Overview

- CSA as global epidemic
- Impact of CSA
- Traditional approaches to recovery & healing
- Is it only what's wrong, what about what's strong?
- Strengths-based approach
- Pathogenic versus salutogenic paradigms
- Resilience
- Posttraumatic growth
- Development of the Survivor to Thriver intervention (S2T) (core components; philosophy; theory of change; methodology; content of programme)
- Findings – pilot study – two groups
- What we have learnt about the collaborative approach
- Further development
- Way forward
- Questions & suggestions
Childhood sexual abuse (CSA) is a global phenomenon

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)

National representative study for 2016 states that:
- one in every three young people had experienced some form of sexual abuse
- Mean age at which girls first experienced sexual abuse was 14 years & boys 15 years
- Prevalence amongst boys was 36.8% & for girls 33.9%

(UBS Optimus Foundation, 2016)
Impact of CSA

• Trauma results in developmental arrest
• Child becomes fixated at the point that the trauma occurred
• Results in 4 trauma messages being internalised as core beliefs (Finkelhor & Browne, 1986): traumatic sexualisation; betrayal; powerlessness; stigmatisation
• Long-term negative outcomes: mental health difficulties; intra- and interpersonal problems; sexual problems
• Some survivors may have a natural ability to bounce back & some experience pervasive risk & may need intervention
• Body of research maintains that treatment is mandated
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) (Wilen, 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)

• Resilience (Orbke & Smith, 2013); Posttraumatic growth Model (Tedeschi & Calhoun, 2004a, 2008; Tedeschi, 2010)
Exploring this salutogenic paradigm within CSA?
# Pathogenic versus salutogenic paradigm in CSA treatment

<table>
<thead>
<tr>
<th>Deficit Perspective</th>
<th>Strengths Perspective</th>
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</thead>
<tbody>
<tr>
<td>• Negative symptomatology</td>
<td>• Strengths and resources borne from the struggle</td>
</tr>
<tr>
<td>• Identifying &amp; assessing negative symptoms and impact on psychosocial functioning</td>
<td>• Reframing the outcomes of CSA into opportunities of growth</td>
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<tr>
<td>• Therapist takes on hierarchical expert role</td>
<td>• Therapist takes on role of expert companion role (client regarded as expert of own life)</td>
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<tr>
<td>• Emphasis on long-term impact</td>
<td>• Emphasis on future perspective</td>
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<tr>
<td>• Prognosis determined by severity of symptoms</td>
<td>• Recovery determined by personal strengths &amp; resources</td>
</tr>
<tr>
<td>• Therapist is the change agent</td>
<td>• Client &amp; social-ecology are the change agent</td>
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A strengths-based model: Resilience

- Two key elements reflected in bulk of literature (Orbke & Smith, 2013):
  - Exposure to adverse / traumatic circumstances (e.g. CSA)
  - Successful adaptation following exposure (e.g. heightened emotional awareness, adaptive coping, accessing internal & external resources)

- Multidimensional divided into three domains:
  - Being committed to finding meaningful purpose in life
  - Believing one can influence one’s surroundings
  - Believing one can learn & grow from life experiences
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 that involved transformational changes divided into three general domains:
  – Changes in the experience of relationships (improved relationships)
  – Changes in perceptions of self (enhanced personal strengths & new possibilities in life)
  – Change in philosophy or outlook on life (greater appreciation for life & spiritual change)
Process of Transformational Coping

TRAUMA → VICTIM → SURVIVOR → THRIVER
Development & core components of the S2T

Integrated trauma model:
South African WITS Trauma Model

Strengths-based paradigm:
Resilience & PTG Model

Eclectic mix traditional approaches: CBT, psychodynamic, narrative & psychoeducation

Empirical study
Lit review; Quant (n=60 women); Quali 10 interviews = guideline

“Expert” Companion = Navigator

Group = Vehicle

Core components of S2T (secondary intv.)
<table>
<thead>
<tr>
<th>Theoretical Approach</th>
<th>Mediators</th>
<th>Secondary Outcomes</th>
<th>Primary Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Empirical study</td>
<td>Provide a contained safe space</td>
<td>Generate a healing group context</td>
<td>Post-trauma thriver identity</td>
</tr>
<tr>
<td>Developed for SA context</td>
<td>Share the trauma story &amp; messages</td>
<td>Increased introspection &amp; emotional awareness</td>
<td>Personal strengths</td>
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<tr>
<td>Eclectic mix of theories (CBT, psychodynamic, psycho-education)</td>
<td>Engage in constructive rumination</td>
<td>Cognitive reframing &amp; restructuring</td>
<td>Improved personal relationships</td>
</tr>
<tr>
<td>Salutogenic paradigm</td>
<td>Employ decisive action &amp; an internal locus of control</td>
<td>Increase resilient driven adaptive coping</td>
<td>Greater appreciation for life</td>
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<tr>
<td>Resilience &amp; PTG model</td>
<td>Improve social cohesion</td>
<td>Build social support strengths</td>
<td>New life possibilities</td>
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<tr>
<td>Healing group context</td>
<td>Improve meaning making &amp; benefit finding</td>
<td>Develop a post-trauma narrative</td>
<td>Deepened spiritual development</td>
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<tr>
<td>Expert companion</td>
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<tr>
<td>Treatment Outcome</td>
<td>Treatment Approach</td>
<td>Life Role / Narrative</td>
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<tr>
<td>– Telling the trauma story</td>
<td>– (CBT / Psychodynamic)</td>
<td>Victim</td>
<td></td>
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<tr>
<td>– Normalising symptoms i.e. traumagenic dynamics</td>
<td>– (Narrative)</td>
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<td></td>
<td>– (CBT / psycho-education)</td>
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<tr>
<td>– Reframing internalisations</td>
<td>– (CBT / SB)</td>
<td>Survivor</td>
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<tr>
<td>– Meaning-making</td>
<td>– (CBT / SB)</td>
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<td></td>
<td>– (CBT / SB)</td>
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<tr>
<td>– Re-telling the story for a change</td>
<td>– (SB)</td>
<td>Thriver</td>
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<tr>
<td>– Benefit finding i.e. strengths emerging from struggle; deepened relationships &amp;</td>
<td>– (SB)</td>
<td></td>
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<tr>
<td>changed life philosophy</td>
<td>– (SB)</td>
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<tr>
<td>– Emotional / spiritual well-being &amp; resilient driven active coping</td>
<td>– (SB)</td>
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<tr>
<td>Session</td>
<td>Focus</td>
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| 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: *telling the story for a "change"*             |
| Session 6 | Adaptive emotion focused coping / PWB  
Post-test               |
| Session 7 | Delayed test  
Reflection & assimilation                                           |
## Design, development & pilot testing

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Demographics</th>
<th>Implementation</th>
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<tbody>
<tr>
<td>• Ethical clearance</td>
<td>• Ages 18 –50 years</td>
<td>• 2 groups</td>
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<tr>
<td>• Purposive sampling</td>
<td>• 9 black &amp; 9 white</td>
<td>• 18 women commenced &amp; 12 completed</td>
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<tr>
<td>• Selection criteria</td>
<td>• Contact abuse</td>
<td>• Group treatment</td>
</tr>
<tr>
<td>• Quasi-experimental one group interrupted time series design</td>
<td>• Perpetrator known</td>
<td>• Conducted over 3-6 months</td>
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<tr>
<td>• Evaluation methods</td>
<td>• No criminal cases opened</td>
<td>• Bi-monthly 2-3 hour sessions</td>
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<tr>
<td>• Standardised scales &amp; visual participatory methods</td>
<td></td>
<td>• Two facilitators</td>
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<tr>
<td>• Transcriptions of audio taped sessions</td>
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<tr>
<td>• Thematic content analysis</td>
<td></td>
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<tr>
<td>• Trustworthiness, independent coders, consensus discussion, member checking, reflexivity, qualitative methodologist</td>
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- 9 black & 9 white
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- Bi-monthly 2-3 hour sessions
- Two facilitators
Enabling processes from individual narratives

1. Emotional awareness & constructive rumination
2. Decisive Action
3. Healing Group Context
4. Expert Companion

Growth Outcomes
### Quotes reflecting enabling processes

#### Emotional awareness & constructive rumination
- Heightened awareness – catharsis
- Higher levels of introspection pertaining to trauma

> “The hurt has been pulled out with the wounds…and it was so wow…I really enjoyed that emotion coming out [in the group]”  
  (Group 1, Participant 2, line 217, 37yrs)

> “I started to understand why I get angry, why I don’t get along with people, why I am the way that I am ...”  
  (Group 2, Participant 5, line 245, 20yrs)

#### Decisive action
- Conscious decision to alter distorted cognitions
- Resulted in the women experimenting with new adaptive coping behaviours

> “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”  
  (Group 1, Participant 2, line 207-275, 37yrs)

> “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!”  
  (Group 2, Participant 6, line 304, 21yrs)
Quotes reflecting enabling processes

Healing group context

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

“...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 [beating me for disclosing]”

(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)

Expert companion

- Navigator – “expert companions”

“Ok. Each colour is...say for instance the green was mine, and Yvonne’s and everyone else’s. Uhm, like you can’t choose your colour so we stick to the colours. It’s the broken pieces, and how we came together to form the centre of the sunflower. This is all the communications that took place in here, everything we said, nourishing the flower. And these lines symbolises you two [referring to Hayley and Ansie], keeping the balance”

(Group 1, Participant 7, line 451, 40yrs)

Good. And how does that make you strong? If you look at from where you’re coming, and the pattern, and how you got to that trend, how did your past experiences and your struggle with it, how did it help you to get to this point, do you think? (Group 2, Facilitator 2)
Posttraumatic growth outcomes from individual narratives

1. Posttrauma Identity
2. Changed relationships
3. Changed life philosophy

Growth Outcomes
**Quotes reflecting posttraumatic growth outcomes**

| Posttrauma identity | 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)  
“…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). |
| Changed relationships | “Within myself. Yes. And I feel I’m more approachable. People don’t look at my anymore as this strict person, they actually make jokes with me” (Group 1, Participant 1, line 77, 50yrs) |

- **Posttrauma identity**  
  - Shift in Survivor to Thriver Identity  
  - Self-acceptance, self-efficacy & recognition of personal strengths
## Quotes reflecting posttraumatic growth outcomes

### Changed life philosophy
- Greater appreciation of life

> “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!” (Group 2, Participant 6, line 304, 21yrs)
"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 a collaborative approach

• Strengths-based treatment model does not discount or replace the traditional treatment approaches
• S2T is a secondary intervention
• Strengths cannot be reflected on if initial disclosure & crisis treatment have not taken place
• Group is the vehicle of change & “expert” companion is the navigator
• Social cohesion (membership to a "sisterhood" of belonging where they can share social & emotional connections)
• Survivors 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 resilience promoting & 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 psycho-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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REFERENCES


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