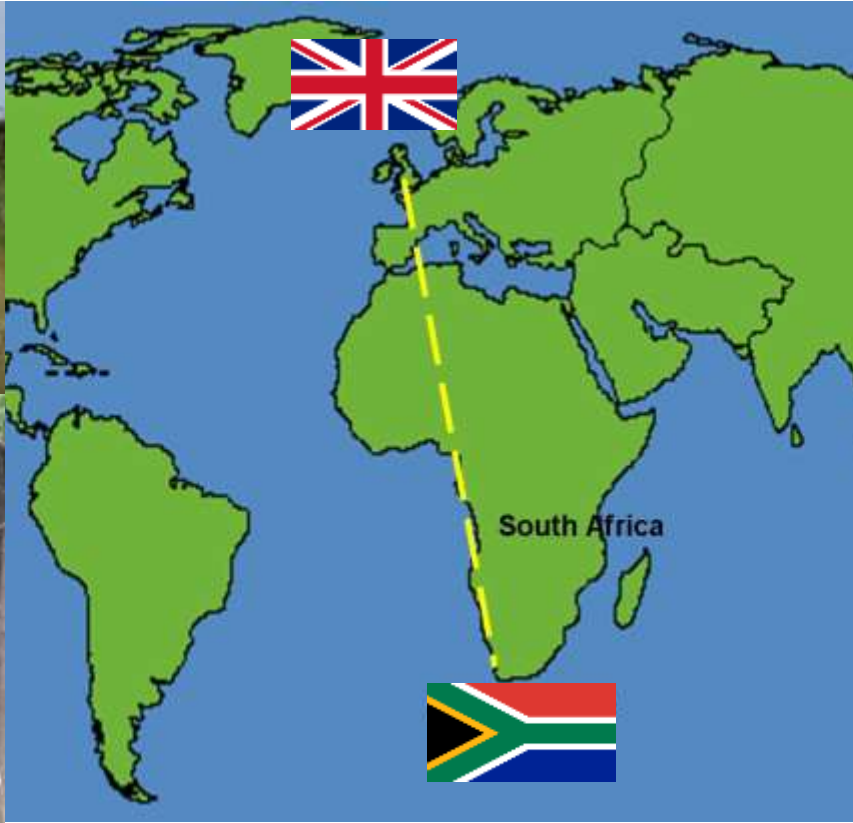


“Survivor to Thriver”: Promoting resilience & enabling posttraumatic growth in women who experienced childhood sexual abuse in South Africa

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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



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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

CSA as global epidemic

- 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) (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)
- 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

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: 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



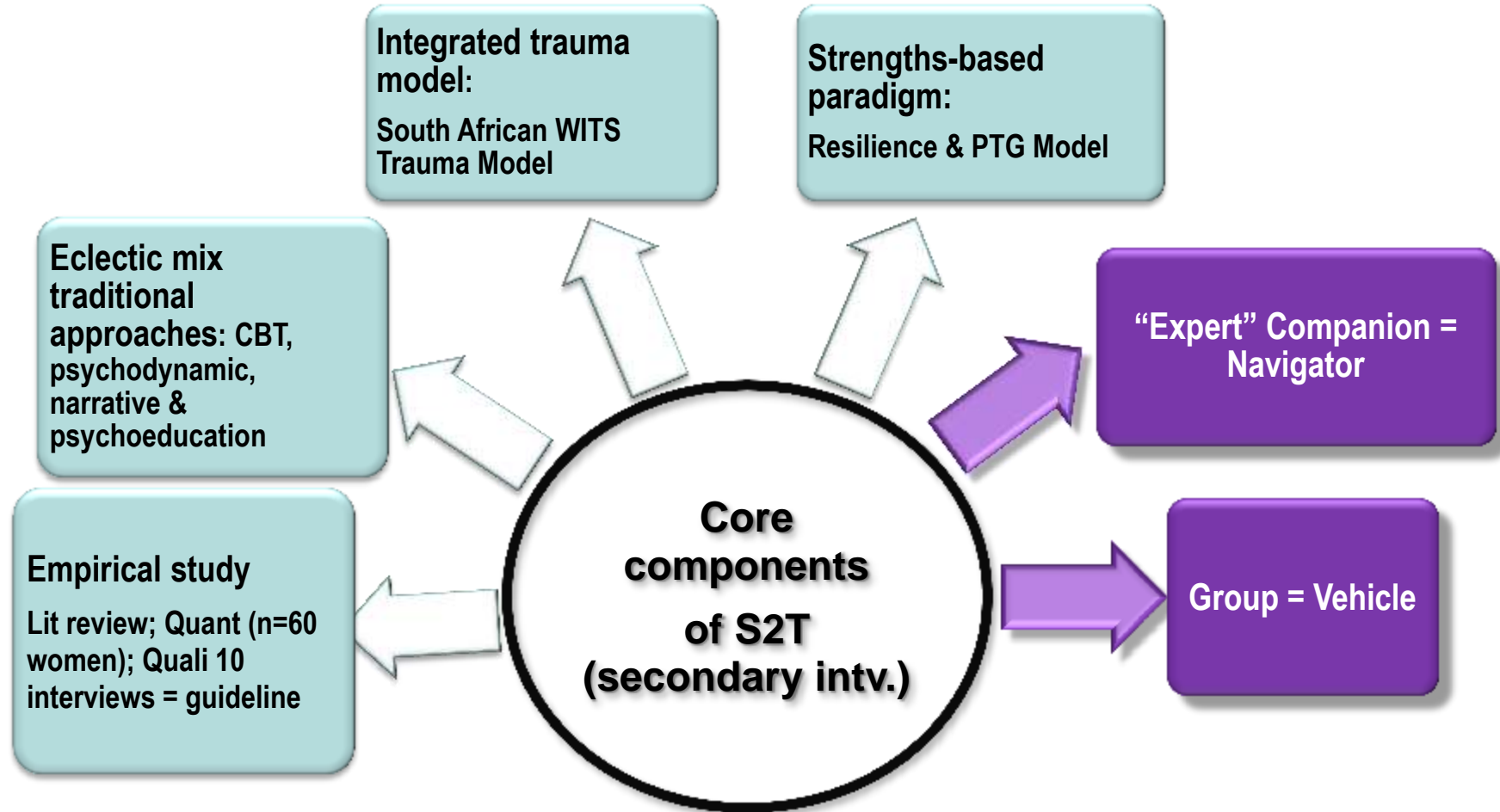
TRAUMA

VICTIM

SURVIVOR




THRIVER

Development & core components of the S2T



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 • Resilience & PTG model • Healing group context • Expert companion 	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) – (Narrative) – (CBT / psycho-education) 	<p>Victim</p> 
<ul style="list-style-type: none"> – Reframing internalisations – Meaning-making 	<ul style="list-style-type: none"> – (CBT / SB) – (CBT / SB) 	<p>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"> – (SB) – (SB) – (SB) 	<p>Thrivers</p> 

S2T session content (duration may vary)

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 3-6 months
- Bi-monthly 2-3 hour sessions
- Two facilitators

Enabling processes from individual narratives



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)

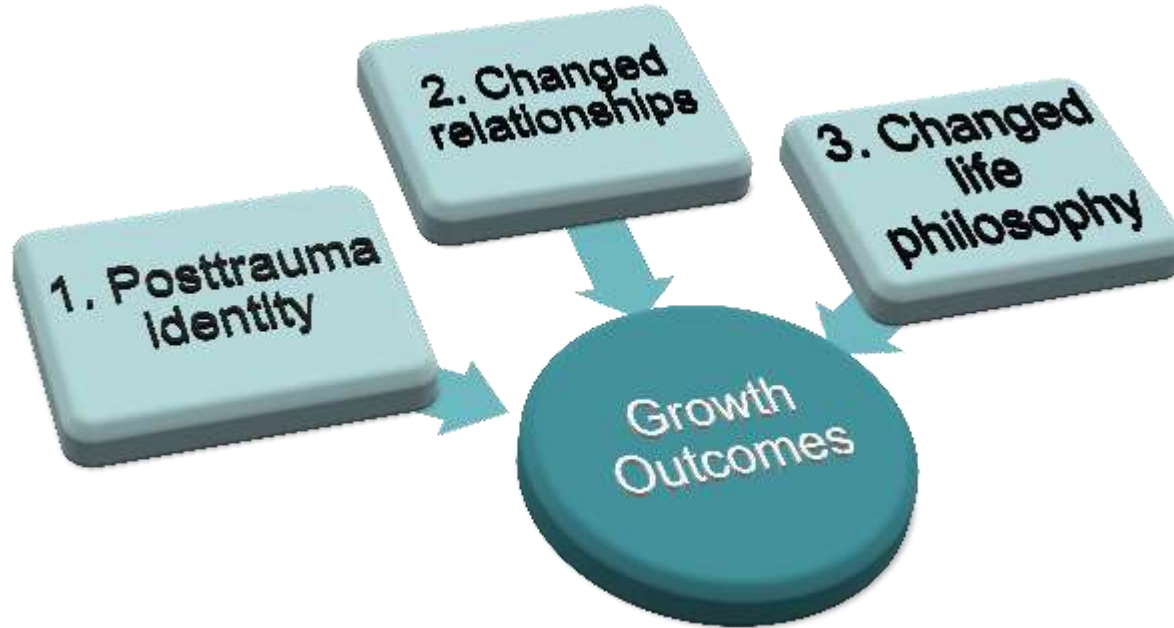
Expert companion

- 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



Quotes reflecting posttraumatic growth outcomes

<p>Posttrauma identity</p> <ul style="list-style-type: none">•Shift in Survivor to Thriver Identity•Self-acceptance, self-efficacy & recognition of personal strengths	<p><i>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)</i></p> <p><i>“...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)</i></p> <p><i>“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).</i></p>
<p>Changed relationships</p> <ul style="list-style-type: none">•Improved current or new relationships	<p><i>“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)</i></p>

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)

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 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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