

CHAPTER ONE

Introduction, rationale, research design and chapter planning

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1.1 INTRODUCTION

Child sexual abuse is about the abuse of trust, as well as sexual violation; yet, despite the trauma that is inflicted on the victims, Finkelhor (1990, 1998) points out that although the impact of sexual abuse varies from child to child, some victims of sexual abuse *appear* “relatively unscathed, demonstrating asymptomatic, or healthy, functioning” (p. 1864). Children who have to deal with abuse, have to deal with a different kind of trauma because the pain that has been inflicted on them has been inflicted, usually on purpose, by people that they love, trust and care about (Roberts, O'Connor, Dunn & Golding, 2004; Spaccarelli & Kim, 1995; Trickett, Noll, Reiffman & Putnam, 2001).

More than half of the children who are abused are not exposed to only one kind of abuse, but to multiple types of abuse. Physical, emotional, psychological and sexual abuse, as well as neglect, often co-occur (Dong, Anda, Felitti, Dube, Williamson & Thompson, 2004; Edwards, Holden, Felitti & Anda, 2003; Higgins & McCabe, 2001). Separating their effects on the development and later, resilience, of the individual is not possible. Sexual abuse affects almost a third of all girls from a young age into adulthood (Finkelhor, 1990; Smith & Kelly, 2008; Thurston, Tutty, Eisener, Lalonde, Belenky & Osborne, 2007; Vigil, Geary & Byrd-Craven, 2005). A decade ago, Dufour and Nadeau (2001) pointed out that few studies had identified specific factors and characteristics that had an impact on the development of resilience in survivors of childhood sexual abuse. In fact, no single variable can account for the development of any symptoms or serve as mediator and moderator of any outcomes (Barker-Collo, 2003).

Himelein and McElrath (1996) have suggested that the difference between resilient and non-resilient survivors of childhood sexual abuse may have to do with the ability for cognitive reframing, also described as one of six possible emotion regulation strategies in Gross's (1998b; 2002) model of emotion regulation, which is the ability to change one's perception and consequently, interpretation, of a stressor.

Together with this, according to Schwarzer's Proactive Coping Theory (Schwarzer; 1999a), the proactive individual strives for improvement in her life and environment instead of mainly reacting to a past adversity. If individuals are coping proactively, their life course is determined by the individual and not by external factors. This individual will also take

responsibility for making things happen by making use of the available resources (Greenglass, Schwarzer, Jakubiec, Fiksenbaum & Taubert; 1999).

1.2 BACKGROUND

I was inspired to do this study because of my personal experiences in teaching high school girls. On a number of occasions girls have disclosed their experiences of child sexual abuse to me. Just as their stories differ, so too, the strategies they have used to cope with their trauma differ. I have often been struck by the different ways in which the girls I have talked to have managed the painful emotions associated with their trauma.

Much research has been done about the effects that child sexual abuse has on adult survivors and the findings are quite diverse. Putnam's (2003) report on this research has identified that many adult psychiatric conditions have been clinically associated with child sexual abuse, such as major depression, borderline personality disorder, somatisation disorder, substance abuse disorders, post-traumatic stress disorders (PTSD), eating disorders and dissociative identity disorders.

According to a study by Phillips and Daniluk (2004), the identity constructions of many women survivors of child sexual abuse in the early stages of treatment are profoundly shaped by their abusive history. As a woman begins to externalise the abuse in the process of treatment and stops blaming herself for the abuse, she may begin to recognise the personal strengths that she employed as a child in coping with and surviving the trauma. As a result, a very significant change in identity begins to take shape when "she moves from perceiving herself as a 'victim' to taking on the more agentic identity of a 'survivor'" (Phillips & Daniluk, 2004). This kind of move presupposes exposure to treatment and/or cognitive change, which is defined by Gross, Richards and John (2006) as the way in which a situation one is in is appraised to alter its emotional significance by either changing how the situation is thought about, or developing the capacity to manage the demands the situation poses.

Bonanno (2004, p. 22) claims that resilience is common and that the vast majority of individuals exposed to traumatic events do not exhibit life-long chronic symptoms but rather tend to show a type of healthy functioning. Dufour, Nadeau and Bertrand (2000) have documented that 20% to 44% of adult survivors who were sexually abused during their childhood show no *apparent* negative outcomes. Cummings, Davies and Campbell (2000) have a different perspective and caution that this is not necessarily true because all the areas of functioning have to be considered. Some studies have revealed that to date "no children

evidenced global positive adaptation under highly adverse conditions” (p. 140). Therefore, investigators must specify the particular spheres to which their data apply and must clearly state that resilience in one sphere cannot be assumed in all spheres (Luthar, Cicchetti & Becker, 2000, p. 545).

1.3 ASSUMPTIONS IN THIS STUDY

Some of the assumptions that frame this study are outlined below.

- The cognitive emotion regulation strategies that form the focus of this study are likely to be influenced by the level of education and cognitive development of the participants (Grossman, Cook, Kepkep & Koenen, 1999).
- Survivors of child sexual abuse have usually been exposed to multiple forms of abuse and trauma: emotional/physical abuse, drug/alcohol addiction in the home, divorce or the death of a parent which leads to remarriage, etc. (Dong, Anda, Felitti, Dube, Williamson & Thompson, 2004; Edwards, Holden, Felitti & Anda, 2003; Higgins & McCabe, 2001).
- It is an assumption that the survivors would identify sexual abuse as very traumatic.
- There is also the assumption that all survivors of sexual abuse have developed some or other adaptive cognitive emotion regulation strategy in order to be an adult functioning *relatively* successfully in everyday life. It is important, though, to note that adaptation on one or more levels does not imply adaptation on all levels (Luthar, Cicchetti & Becker, 2000).
- By studying survivors of child sexual abuse and understanding how they develop their resilience, educational psychologists may be able to understand the developmental process better.

1.4 RATIONALE

As the elimination of child sexual abuse is an unlikely goal for any study, the rationale of this study is to understand resilience better from a developmental perspective by understanding the

(1) adaptive cognitive emotion regulation strategies that arise outside the context of formal psychotherapeutic treatment; and

(2) the role of proactive coping in resilient survivors of child sexual abuse.

Thus, the question is to understand how some survivors of child sexual abuse develop resilience despite their traumatic experiences. The study of resilience, emotion regulation, proactive coping and sexual abuse demands a particular context. Every person seeks to behave adaptively within her context and above that, different people develop their own unique response tendencies, cognitive orientations, emotional preparedness, and structures and values (Kitayama & Markus, 1999). In Grossman, Cook, Kepkep and Koenen's (1999) study of ten resilient survivors of child sexual abuse, the two supportive factors that they identified as most evident in assisting the development of resilience were advanced education and fulfilling employment. However, Daigneault, Tourigny and Cyr (2004, 2007), and Radan (2007) suggest that women survivors of abuse and trauma may develop resilience despite a lower level of education, unemployment and formal therapy.

Harvey (1996) proposes that people who become symptomatic as a result of trauma differ in many ways, most significantly being the duration and intensity of the exposure to the trauma, the way the traumatic experience is interpreted and the methods the survivors pursue to obtain relief. In addition, demographic factors and the ecological context in which survivors are located are also significant, as these factors will either support or impede access to support and treatment. Bronfenbrenner (2005) emphasises the significance of the impact of family factors such as stability, predictability, proper supervision and love as the most important force in a child's development. Harvey (2007) maintains that "it seems likely that some degree of resilience pre-trauma is required for post-traumatic growth and post-traumatic growth is itself a sign of resilience" (p. 7).

1.5 RESEARCH QUESTIONS

The main research question of this study is formulated as follows:

1.5.1 What is the relationship between cognitive emotion regulation, proactive coping and resilience in adult survivors of childhood sexual abuse who have not received formal psycho-therapy?

The sub-questions that arise are:

1.5.2 What cognitive emotion regulation strategies do adult survivors of childhood sexual abuse employ?

1.5.3 How does proactive coping influence the cognitive emotion regulation strategies used by adult survivors of child sexual abuse?

1.5.4 What constitutes resilience in adult survivors or child sexual abuse?

1.6 CONTEXTUALISING THE CORE CONCEPTS

1.6.1 Child sexual abuse

Child sexual abuse is defined as the employment, persuasion, inducement, enticement, or coercion of any child to engage in any sexually explicit conduct for the purpose of producing any visual depiction of such conduct, or the rape, molestation, prostitution or other form of sexual exploitation of children or incest with children (Crosson-Tower, 2002). Estes (2001) highlights that a distinction must be made between assault and abuse, as assault is a forcible act where no consent is given, but abuse is based on a relationship of trust where the perpetrator is a significant person in the child's life and consent is often given owing to the nature of the relationship and the age of the child.

A number of researchers claim that there are a large number of survivors of child sexual abuse who show no *apparent, obvious* signs of negative outcomes following the sexual abuse. However, this is not sufficient evidence to say that the survivor is not dealing with extreme inner pain and conflict. In Chapter 2 there is a detailed discussion of the context, definition, characteristics and symptoms of child sexual abuse.

1.6.2 Resilience

Glicken (2006) defines resilience as the capability to 'bounce back' from adversity and trauma and to defeat the negative influences that prevent an individual from achievement. He maintains that resilience research should focus on coping strategies. Gilgun (2005) states that people demonstrate resilience when they cope with, adapt to, or overcome adversities in ways that enhance their functioning.

This study is based on the ecological understanding of resilience in trauma survivors as conceptualised by Harvey (1996, 2007). Harvey describes a multidimensional model of resilience made up of domains of resilience. Survivors differ in the nature, duration, intensity of their symptoms, interpretations (appraisals) of their experience, and avenues they pursue to secure symptom relief (emotion or self-regulation).

Harvey (2007) has also used the transactional framework defined by Grossman et al. (1999) to conceptualise her ecological understanding of resilience. This model specifies that

through interaction over time, the child and her environment will evolve and change each other. It is through these lenses that resilience will be explored in the current research.

1.6.3 Emotion regulation

Emotion plays a very important role in memory, decision-making and behavioural and relationship choices. Emotional dysregulation can lead to a variety of psychopathological conditions, produce social difficulties or even cause physical illness (Gross, 2002; Gross & Thompson, 2007). Harvey (1996) developed a multidimensional definition of resilience in her ecological view of psychological trauma and that has been operationalised in the form of the Multidimensional Trauma Recovery and Resiliency Scale (MTRR-99) and companion interview (MTRR-I). Daigneault, Cyr and Tourigny (2007) and Daigneault, Tourigny and Cyr (2004) used the MTRR-I to assess the levels of resilience and adaptive behaviour in adolescents who had been exposed to the trauma of sexual abuse. Radan (2007) based her study on a group of women refugees and how they coped on all levels to become the resilient survivors they were.

The information gathered from the MTRR-I serves to “assess resilience in domains that are clinically relevant and empirically associated with child sexual abuse” (Daigneault *et al.*, 2004). Harvey (2007) proposes that individuals who are resilient are able to mobilise internal resources, and defines these internal resources in terms of being able to negotiate and influence contexts, identify the locus of control as well as rethink familiar understanding and abandon long-standing biases. Her discussion of resilience mirrors the views of Greenglass *et al.* (1999) in their discussions and definitions of proactive coping. These are also the concepts contained in Gross’s process model of emotion regulation (1998b, 2006) and the dimensions of cognitive emotion regulation outlined by Garnefski, Kraaij and Spinhoven (2001). Based on a detailed study of the literature, there is a close connection between proactive coping, cognitive emotion regulation and resilience and the way in which these concepts are interconnected will be discussed in detail in Chapter 3.

The focus of this study is the cognitive regulation strategies, as broadly conceptualised by Gross (1998b, 1999), that can develop and be mobilised by survivors of child sexual abuse. Garnefski *et al.* (2001) conceptualised cognitive emotion regulation into nine specific cognitive coping strategies and also constructed the Cognitive Emotion Regulation Questionnaire (CERQ). Garnefski, Van den Kommer, Kraaij, Teerds, Legerstee and Onstein (2002) base their discussions of emotion regulation on Gross’s (1998b, 1999) broad views and conceptualisations of emotion regulation. However, Garnefski, *et al.* (2002) felt it was

necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation. The CERQ will be used to measure the cognitive emotion regulation strategies that characterise the individual's style of responding to stressful events and situations, as well as the relationships between the use of specific cognitive coping strategies, other personality variables, psychopathology and other problems (Garnefski *et al.*, 2002).

The nine cognitive emotion regulation strategies included in the questionnaire are consistent with Gross's theory of cognitive change as an emotion regulation strategy. These are self-blame, blaming others, acceptance, refocus on planning, positive refocusing, rumination or focus on thought, positive reappraisal, putting into perspective and catastrophising (Garnefski *et al.*, 2001). Garnefski *et al.* (2002) used the CERQ with great success to establish the relationship between the use of specific cognitive emotion regulation strategies and emotional problems. In this study the CERQ will be administered to the participants before the completion of the MTRR-I to explore the relationship between the use of cognitive emotion regulation strategies and the level of resilience.

1.6.4 Proactive coping

"Proactive coping is autonomous and self-determined goal setting and realisation of goals; it deals with self-regulatory goal attainment processes and explains what motivates people to strive for ambitious goals and to commit themselves to personal quality management" (Schwarzer, 1999a). This includes the choice to improve individual life and not become a victim to past adversity.

Greenglass *et al.* (1999) presented the Proactive Coping Inventory (PCI) that determines an individual's level of proactive coping. The PCI is included in this study and completed when the CERQ is completed before the interview. The higher the score on the proactive coping subscale, the more an individual is seen as having beliefs that are most conducive to self-improvement and improvement of their environment.

Schwarzer (1999a) defines the proactive individual as resourceful, responsible and principled. Coping for the proactive individual is not a single response, it is a view of oneself and one's world. It is a view, an existential belief, that things don't work out or fail to work out because of good or bad luck or external, uncontrollable factors, but because the individual is directly responsible for the outcomes. "Proactive coping is distinguished from other coping

forms in that it incorporates and utilises social and non-social resources; it employs visions of success; it uses positive emotional strategies. Proactive coping includes goal setting and tenacious goal pursuit" (Schwarzer, 1999a).

1.7 RESEARCH PARADIGM

The fact that science continually uncovers more formerly unobservable mechanisms prohibits one from believing that knowledge can ever be 'complete' (Steinmetz, 1998). Critical realism is a philosophical approach associated with Roy Bhaskar who combined a philosophy of science (transcendental realism) with a philosophy of social science (critical naturalism). Bhaskar (1993, in Patomäki, 2000) states that science is not a supreme or an overriding value, that science only affords a particular angle or slant of reality selected specifically for its scope and ability to explain a possible reality.

According to Bhaskar (1998b) reality can be considered stratified into the levels of the real, the actual and the empirical; emphasising that there is a clear distinction between the real structures and mechanisms of the world and the actual patterns of events or tendencies that are generated by the real structures, and that both the real and the actual exist beyond our empirical perceptions.

This study assumes a critical-realist ontology because it is a research study, which implies the analysis of a complex phenomenon at different constitutive levels using different methods. Because of the complex nature of the phenomena in the study, different concepts and theories will be needed to understand these phenomena (Danermark, 2002).

Harvey's (2007) ecological view of trauma derives from the ecological perspective of community. It resembles Bronfenbrenner's Ecological Theory and the Process-Person-Context-Time (PPCT) model (Williams, 2007). These models and theories are based on the same principles as the critical-realist paradigm that considers all events to be produced in highly complex contexts and posits that all mechanisms are dependent on the context in which they are active (Danermark, 2002).

A critical-realist paradigm is suitable for studies, such as the present study, that support a range of research methods and that value both quantitative and qualitative research methodologies. The encompassing ontology of critical realism bridges the dichotomy associated with quantitative and qualitative research approaches and allows research to reach areas that were inaccessible within traditional approaches (Bergin, Wells & Owen, 2008).

The MTRR-I (Harvey, 2007) will be used to gather qualitative data regarding the resilience the participant displays in spite of the presence of childhood trauma. The second underlying concept of this study is cognitive emotion regulation based on the emotion regulation theory of James Gross (1998b, 2006, 2007). The instrument used to determine the specific cognitive emotion regulation strategies used by the participants is the CERQ designed by Garnefski, Kraaij and Spinhoven (2001). Another underlying concept is proactive coping and this is measured using the PCI designed by Greenglass *et al.* (1999). These instruments will bring quantitative data to the research and add to the qualitative data of the MTRR-I interview.

1.8 RESEARCH DESIGN AND METHODOLOGY

1.8.1 Ethical requirements

At the core of the methodology and a central consideration of the study are the ethical requirements. Before any of the data could be gathered or analysed, the outline of the study and its methodology were subjected to peer-review and were granted clearance by the Research Ethics Committee in the Faculty of Education. This research requires a high degree of intrusive and sensitive information from a very vulnerable population. The content of the interview and questionnaires, however, never probes the actual abuse experience, but focuses on resilience, proactive coping and the cognitive emotion regulation strategies.

The key values of the Research Ethics Committee in the Faculty of Education remained a focus during the research process from the design of the methodology to the gathering and analysis of the data. In this, the University pursues a “research ethos that promotes exceptional expertise as well as ethical responsibility in the quest for knowledge and the development, conservation and transfer of such knowledge” (<http://web.up.ac.za/sitefiles>). According to the Code of Ethics for the University of Pretoria, researchers have specific responsibilities. Firstly, a social responsibility toward addressing the problems of the society at large; secondly, that each person or organisation is treated justly; thirdly, that the well-being and benevolence of each participant is promoted; fourthly, that each individual will be respected, treated with dignity and maintain their freedom of choice; and fifthly, that the researcher recognise the importance of professionalism at all times (<http://web.up.ac.za/sitefiles>).

The participant had to feel that she benefited from taking part in the research. Because most of the participants had not been exposed to formal psychotherapy, it gave them the opportunity to talk about how they coped with their childhood abuse and in so doing contribute information that could later assist children who have had similar experiences to learn the cognitive emotion regulation strategies and proactive coping that help develop resilience.

In their research DuMont, Widom and Czaja (2005) found that scientific research studies asking sensitive and intrusive questions to vulnerable individuals are not necessarily harmful, as the participants often perceive other aspects of the research experience as worthwhile and that when they are treated with dignity and respect, the benefits of participating usually outweigh the cost thereof. The above researchers also found that participants felt empowered by research that focused on strengths and solutions and avoided vulnerabilities and problems.

Of course the research also posed certain risks to the participants and that was kept to a minimum. It might have been emotionally draining for participants, especially those who had not disclosed their childhood sexual abuse before. In the time prior to the interview, new 'wounds' were opened and the participant had to deal with reappearing emotions that had been dealt with in the past. Another risk was that there were participants whose significant others were not aware of their child sexual abuse and that might have surfaced and been stressful to the relationship. The largest potential risk was if participants would have felt the need for intervention or therapy if dealing with their experiences proved traumatic.

Before the interview took place the participant was assured that, although she had to be a survivor of severe child sexual abuse to be included in the study, the actual abuse would not be probed. If, however, the participant chose to divulge sensitive information, it was to the degree to which she chose to do so. It was the responsibility of the researcher to have suitable references available if participants felt the need for professional intervention after the interview. After the interview, the participants reported back how they had experienced the interaction with the researcher. This was also recorded and used as gathered data in the research.

One of the important considerations in the methodology of the research was the sample and how the sample was chosen. One of the ethical requirements stipulated by the Research Ethics Committee was that no participant was to be approached to take part in the research, but that all participants had to offer to take part in the study. Through advertisement and

word-of-mouth recommendation, participants would contact the researcher if they had the desired profile.

In this study the snowball method of sample selection was used, which did in some way compromise the ideal of confidentiality and anonymity required in all research, but that did not mean that the participant knew all the other participants. Because the participant responded to an invitation to take part in the research, no participant felt obligated in any way to take part in the research. It was also important to ensure confidentiality and anonymity in the data collection phase of the study. Participants were asked to choose pseudonyms for this purpose.

The participant is a co-researcher in this study and was therefore given the right to edit, change or withdraw any data at any given time. As the participants were asked to comment on the transcripts of their interviews even before the study was finalised, they would be able to edit any detail that they felt could identify them in some way.

1.8.2 Biographical data

Biographical data that was collected prior to the interview was used to create a profile of the participants. Age, marital status, family structure as a child, number of children, level of education and type of employment were determined. The participant was also asked whether she experienced any other forms of abuse as a child, based on research indicating that survivors of child sexual abuse have often experienced multiple traumas (Dong, Anda, Felitti, Dube, Williamson & Thompson, 2004; Edwards, Holden, Felitti & Anda, 2003; Higgins & McCabe, 2001). In fact, Panepinto (2004) used the MTRR-I to gather data from rape survivors. By asking her participants about their abuse and trauma history she determined that almost 50% of the participants had a history of multiple traumas, many of them reporting less trauma as a result of rape compared to the underlying pervasive childhood abuse. In fact, Banyard, Williams and Siegel (2001) report that there is evidence that abuse in childhood sets the stage for future abuse. Although this research was not designed to determine the effects of the other traumas experienced, it is important to consider the accumulative effect of other traumas.

1.8.3 Instruments

1.8.3.1 Multidimensional Trauma Recovery and Resiliency interview

The MTRR-I is a semi-structured interview that elicits information concerning a trauma survivor's psychological functioning (Diagneault, Cyr, Tourigny, 2007) and gathers qualitative data of the eight recovery domains (Harvey 1996; Radan, 2007), including affect regulation and positive coping. The MTRR-I was developed to assess trauma impact, resilience, and recovery through open-ended questions regarding an individual's life history, including the trauma history (Radan, 2007). Researchers have often combined the MTRR-I with other quantitative instruments to answer specific research questions (Radan, 2007; Diagneault, Cyr, Tourigny, 2007). The instrument (see Appendix F) is discussed in detail in Chapter 4 (4.4.3.1).

1.8.3.2 Cognitive Emotion Regulation Questionnaire

Garnefski, Van den Kommer, Kraaij, Teerds, Legerstee and Onstein (2002) base their discussions of emotion regulation on Gross's (1998b, 1999) broad views and conceptualisations of emotion regulation, more specifically cognitive emotion regulation. However, Garnefski, Van den Kommer, et al. (2002) felt it was necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation. Garnefski, et al., (2001) conceptualised cognitive emotion regulation into nine specific cognitive coping strategies and also constructed the CERQ.

The CERQ is a quantitative instrument (see Appendix D) used to measure the cognitive emotion regulation strategies that characterise the individual's style of responding to stressful events and situations as well as the relationships between the use of specific cognitive coping strategies, other personality variables, psychopathology and other problems (Garnefski, Van den Kommer, et al., 2002). This instrument is discussed in more detail in Chapter 4 (4.4.3.2).

1.8.3.3 Greenglass's Proactive Coping Inventory

The PCI is based on the premise that coping is most effective when attitudes, emotions, cognitions and behaviour are consistent within a given framework. It reflects the importance of resource management in that the individual can recognise and apply information, advice, practical and emotional support from others. Proactive coping involves cognitive strategies that include envisioning success, anticipating challenges in the future, planning how to deal with them and preventing impending distress (Greenglass, Schwarzer, Jakubiec, Fiksenbaum & Taubert, 1999). Thus, for proactive individuals, initiation, reflection, planning

and prevention are all part of their coping strategies. The PCI is structured to identify whether individuals use these proactive coping strategies and to what extent they do so.

The Proactive Coping subscale (see Appendix E), which is also a quantitative instrument, consists of 14 homogeneous items that forms a uni-dimensional scale. It combines autonomous goal setting with self-regulatory goal attainment cognitions and behaviour. The scale has high internal consistency as seen in reliability measures (α) of .85 and .80 in the two samples studied by Schwarzer and Taubert (2002). In addition the scale shows good item-total correlations and acceptable skewness as an indicator of symmetry around the mean. A principal component analysis confirmed its factorial validity and homogeneity (Schwarzer & Taubert, 2002). An in-depth discussion of the PCI follows in Chapter 4 (4.4.3.3).

1.8.4 Sample selection

The sensitive and intrusive nature of this study required carefully considered recruitment strategies that were sensitive to participants' rights to privacy. Flyers indicating the exact requirements (Appendix B) for participation were distributed at community centres, hospital waiting rooms, pharmacies and other institutions likely to service the relevant population. Participants who contacted the researcher and who consented to participation would then be asked to identify other suitable participants. Snowball sampling was particularly advantageous because these individuals could tell others whom they were aware of that also qualified for the research, what to expect and what was needed.

Prospective participants who were identified were given the researcher's contact details and in their own time they could either e-mail or phone to make an appointment with the researcher. During the first conversation the prospective participant's contact details were taken and then the information letter with the requirements of the project, as well as an example of the letter of consent, were e-mailed to her. The researcher and prospective participant together decided on a suitable time and venue for the interview.

1.9 DATA COLLECTION AND ANALYSIS

1.9.1 Data collection

Before the data collection could proceed, the consent form, which the participant had perused beforehand, was discussed systematically. All her rights regarding anonymity and confidentiality are discussed and questions are answered.

Participants completed the 36-item CERQ questionnaire (Garnefski, Kraaij & Spinhoven, 2002) and the 14-item PCI (Greenglass *et al.*, 1999). The completion of the questionnaires was followed by a few short biographical questions that were asked by the researcher and answered verbally by the participant. This procedure was placed before the admission of the MTRR-I. The duration of the entire process was approximately two hours. All interviews will be taped with the informed consent of the participant. The interviews were concluded with a debriefing session to establish whether the participant would need access to emotional support after the interview. If necessary, the appropriate referrals would be made.

1.9.2 Data analysis

1.9.2.1 MTRR-I analysis

The MTRR-99 and MTRR-I were constructed to assess an individual's areas of strength and weakness across multiple domains of functioning (Lynch *et al.*, 2007). The MTRR-I is designed to collect the data for the MTRR-99 (Liang *et al.*, 2007), or can be administered solely for qualitative research. This has also been done successfully by other researchers, as mentioned above in the discussion of the instrument. The interviews are taped with the consent of the participant and later transcribed using open coding. Similar to the study done by Lynch *et al.* (2007), this project was not intended to confirm the existing MTRR-99 domains, but rather to carry out an open-ended study of the individual elements of resilience that the participants referred to, which special interest in the domains that pertain to emotion regulation. Another aspect of Lynch *et al.*'s (2007) analysis that was relevant to the analysis of the data in this project, was that they chose to focus on only those codes that seemed to represent their participants' strengths and adaptive choices.

1.9.2.2 CERQ analysis

When completing the questions, participants indicated on a five-point scale to which extent they made use of certain cognitive coping strategies. The higher the score on a specific subscale, the more the person in question used this cognitive coping strategy. Of the four items included in a scale, a sum score was made, which could range from 4 (a cognitive emotion regulation strategy never used) to 20 (an often-used cognitive coping strategy). Although the CERQ was scored using the manual provided (Garnefski, Kraaij & Spinhoven, 2002), the data was interpreted descriptively.

1.9.2.3 PCI analysis

Respondents were asked to indicate their degree of agreement with each item and then the proactive coping score was the sum of their responses for the 14 items. The alpha coefficient was 0.84 in a study conducted by Greenglass, Fiksenbaum and Eaton (2006). Studies indicate that the proactive coping subscale is a highly reliable and valid measure.

1.10 QUALITY CRITERIA

The quality criteria of the critical realist paradigm are juxtaposed to the criteria of the more traditional views (Zucker, 2009). Miltiades (2008) states that greater attention has been paid to the validity of qualitative methods than to reliability. The research process and refinement of sampling and data collection all contribute to the validity of the data.

Reliability is credibility and this is established through three criteria. Miltiades (2008) identifies these as transparency, consistency and communicability. The more clearly the data collection process is outlined, the more transparent the data are. When inconsistent themes and explanations are explored, it adds to the level of consistency in the research. And lastly, communicability implies understanding the related experiences of the interviewees. The quality of research is improved when the research process can be critically examined and evaluated. This requires flexibility and openness to modify methodology.

From a critical-realist point of view, dependability means determining whether the researcher's processes and methodologies were consistent and stable over time and across methods. Credibility or authenticity is contrasted with internal validity. To determine whether research contains the quality criteria necessary, the researcher must aim to ensure that the findings make sense and whether they are credible to the people who are being studied. It is also important to determine how far these findings can be generalised. It is important, lastly, to ensure that the research is transferable or fitting (Guba & Lincoln, 1981).

Zucker (2009) acknowledges that fulfilling these criteria relies heavily on methodological arguments and techniques, but endorses Lincoln's (1995) view that quality also involves

ethics. A very carefully audited ethical process is required to fulfil any quality criteria. The methodological process of this study is transparent and the data-gathering process used instruments that have been used similarly in researching resilience, coping strategies, emotion regulation and child sexual abuse before. The ethical process was followed stringently and approved by the Ethics Committee of the Education Faculty. The purpose of this research is to discover how strengths are developed in the face of childhood trauma with the eventual aim of using these data to improve the lives of young survivors of child sexual abuse and other forms of trauma.

1.10.1 Trustworthiness

It is always imperative that research should be trustworthy. Research is trustworthy when it is valid, when it can be defined as the degree to which a researcher can produce observations and findings which are “believable for herself or himself, the subjects being studied and the eventual readers of the study” (Durrheim in Terre Blanche & Durrheim, 1999). To ensure that research is trustworthy, the methods used must be sound and the process should be clearly set out. It increases the validity of the research if there is more than one method of data collection, e.g. the interview and the questionnaire. If the process is clearly set out, it will be possible for the research to be replicated to indicate whether it is trustworthy or not.

Another important aspect that affected the validity in this research was the fact that the participants are co-researchers and would verify that their data have been accurately captured and that nothing has been changed or fabricated.

1.10.2 Transferability

Denscombe (2002) states that when a researcher is using a small sample, researchers cannot claim transferability of the data. To compensate for this, however, the data have to contain sufficient detail to include all relevant categories and ensure coverage of situations and events to validate that the data of the individual cases are representative. Transferability also includes generalisability of findings, which in this research design is a limitation of the design.

However, the participants, events and data included in the research were selected because of their specific characteristics and the belief that these characteristics would help to identify and explain important factors related to other similar instances (Denscombe, 2002).

1.10.3 Credibility

The explicit account of the data collection and the previous use of the instruments in similar research settings would add to the credibility of the data. There is also a justification for the choice of approach. Denscombe (2002) identifies three ways in which to decide whether research is credible. If the methodology is followed as set out, the procedures and findings will be authentic and verifiable.

1.11 LIMITATIONS

Because of the small sample size, transferability of the data cannot be claimed. However, the data will contain sufficient detail that will include the relevant data to validate that the data of the individual cases are representative. To compensate for this, however, the data have to contain sufficient detail so as to include all relevant categories and ensure coverage of situations and events to validate that the data of the individual cases are representative. Transferability also includes generalisability of findings, which in this research design is a limitation of the design.

Grossman et al. (1999) state that their study had to sacrifice the benefits of quantitative research so that the holistic description that emanated from the individual voices of the participants in qualitative research could emerge. Both instruments that were employed in this study had been successfully used in quantitative studies, but because the sample was small, the data would not produce valid statistical projections or conclusions.