

**The experiences of relationships and self-esteem development in an
expressive self-esteem group intervention for adolescent females who have
been sexually abused**

by

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Exploring the group member's experiences of the intervention

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This dissertation is dedicated to

- The group members who took part in the intervention. Your courage and strength is inspirational and it is a privilege to share your stories.
- My supervisor, Professor Maretha Visser. Your knowledge and guidance have been invaluable to me. I feel incredibly grateful to have had you as my supervisor.
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Abstract

South Africa has a high prevalence of sexual abuse committed against children and adolescents. Among the numerous adverse consequences of sexual abuse is the difficulty survivors may experience in developing a positive self-esteem and maintaining positive relationships. To address these issues the researcher conducted a ten-week expressive self-esteem group intervention tailored for adolescent females who have been sexually abused.

The research was conducted at the Itsoseng clinic in Mamelodi east. The six group members met for weekly sessions which included an expressive art activity followed by a reflective group discussion for ten consecutive weeks. The value of the intervention was assessed using a qualitative research design. Group processes and a group exercises were used to assess their experience of the group process. Semi-structured interviews were conducted with participants before and after the intervention. The interviews focused on their experiences of the effects of the abuse on their self-esteem and how they experienced the intervention.

Within the framework of Interpretive Phenomenological Analysis, thematic analysis was used to as a means of exploring and interpreting the participants' interviews before and after the group intervention. The facilitators' process notes were analysed to understand the group dynamics. The main themes from the interviews were the following: *isolation verse belonging; experience of not being alone; modelling behaviour to one another; emotional repression verse emotional expression; improved self-awareness; improved self-esteem and relationships.*

Based on the themes identified from the interviews the researcher identified three components of the intervention that helped to bring about change and growth in the participants. Firstly, the *group dynamics* created an accepting group environment. The participants realized that they were not the only ones who had been through trauma. Members modelled behaviour to one another and accepted one another without judgment. Secondly, the *expressive activities* encouraged self-awareness and emotional expression amongst members. This gave members a platform to do self-exploration and to learn more about themselves which increased self-awareness. Lastly, the expressive art activities created a platform for the participants to express difficult emotions and have *challenging group discussions*. These discussions helped members to get a different perspective and to express some negative experiences, as well as strengths and coping mechanisms. This allowed for a

holistic exploration of the member's self-esteem as well as receiving feedback on how others experienced them.

The development of healthy relationships within a non-judgmental environment encouraged self-awareness and emotional expression, which had a positive impact on self-esteem. The intervention helped members find meaning in their pain so that they could not only heal from their wounds, but grow from their pain. The group exercises and discussions acted as indirect ways to reconstruct lives and facilitate meaning making and mastery.

The participants reported that the group intervention was an enriching experience that improved their self-esteems, their relationships, and their ability to cope with negative emotions. This research proposes an alternative strategy to working with trauma (specifically sexual abuse) in resource restricted areas. The focus need not only be on re-telling the story as the main focus. Expressive self-esteem group interventions can thus be seen as interventions that encourage mastery and creation of meaning amongst members. Therefore, research that explores the benefits of such groups for the treatment of sexual trauma (as opposed to individual counselling) may result in more effective group interventions aimed at survivors of sexual abuse.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

As an assignment during the practical training module of my MA Counselling Psychology course in 2013, a group of MA students (including myself) implemented a group intervention at the Itsoseng clinic (situated in Mamelodi East). The intervention took the form of an expressive group intervention for adolescent females who had been sexually abused. In order to measure any positive and negative outcomes associated with the intervention, I decided to conduct a phenomenological study on how the group members experienced the intervention in terms of building relationships and self-esteem.

The Itsoseng clinic in Mamelodi East is situated in a township where the inhabitants are previously disadvantaged. The clinic is open to all community members and provides free psychological services. The participants invited to the group intervention formed part of the clinic's client base. The intervention was a ten-week programme which aimed to address issues regarding self-esteem and interpersonal relationships. The group consisted of six members and was run as a closed group. The participants met weekly for a one-and-a-half hour session at the clinic which involved expressive art activities and discussions. The intervention was facilitated by MA Psychology students. The research involved a qualitative process assessment of the experiences of the adolescent females during the group intervention and investigated, using a qualitative methodology, the influence of the intervention on the self-esteem and relationships of participants.

The aims of developing a unique intervention specifically for improving self-esteem in the context of a group was for the participants to develop their self-esteem amongst peers who had experienced similar trauma, and to give the group members an opportunity to develop trusting relationships with one other. Self-esteem development was therefore the main therapeutic aim of the group intervention. Rather than focusing on the trauma and damage, the intervention aimed to focus on participants' positive coping mechanisms, the intention being to highlight and strengthen such mechanisms with regards to each participant's self-esteem. Therefore, the aim of the group intervention was to create a safe space in which the members had the opportunity to engage with others who had had similar experiences, creating an environment that aimed to foster healthy social engagement and interaction. The aim was to promote healing, and to grow from their pain.

1.1 Scope and motivation for the research

It is not possible to determine the actual prevalence of sexual abuse in South Africa because many incidents go unreported (Rape Crisis, 2012). Some reasons that may explain why survivors of sexual abuse (particularly children and adolescents) do not report their experiences may include: the pain and humiliation of being known as a survivor of rape in one's community; lack of access to services; the psychological damage and feelings of disempowerment resulting from sexual abuse; and reluctance to cause pain and turbulence in families as offenders and victims are frequently related to each other (Mash & Wolfe, 2007; Penning & Collings, 2014).

Police Crime Statistics reports indicate that 11,021 cases of sexual crimes were reported in Gauteng between April 2013 and March 2014 (SAPS, 2014). This translates to a little over 30 cases a day. 62 649 sexual offences were reported countrywide for the same period. As not all crimes are reported, however, studies have assumed the actual number of cases to be far higher (Jewkes, Penn-Kekana & Levin, 1999).

Sexual abuse is particularly prevalent in the South African context and the numbers of reported cases are on the increase (Meel, 2014). Several political and social factors compound the problem of sexual abuse in South Africa:

- Informal housing in impoverished communities provides little security for children and adolescents. Many caregivers work during the day and are unable to supervise their children/adolescents, making them easy targets for sexual abuse (Smith, Bryant-Davis, Tillman & Marks, 2010).
- Situational and financial barriers prevent children and adolescents reporting the abuse that has happened to them, and a lack of lawful procedures required to bring the perpetrators to justice result in little consequence for perpetrators (Smith et al., 2010).
- Volatile social and economic contexts often result in high rates of violence and crime.
- There is an engrained patriarchal culture in many South African communities. The cultural norms around masculinity may result in some men feeling that they have the right to sex, and may use force to gain sexual gratification (Richter & Dawes, 2008).
- The HIV/AIDS epidemic in South Africa spawned cultural myths, including that sexual intercourse with a virgin will cure HIV. It has been argued that this belief may

increase the number of sexual offences committed, especially against young children (Richter & Dawes, 2008).

Given the estimated high number of children and adolescents that are affected by this trauma, the negative implications of sexual abuse for the mental and emotional health of South African children and adolescents is significant. In terms of children and adolescents, the SAPS do not have statistics for the number of youth who are sexually abused. However, girls under the age of 18 constituted approximately 40% of reported rape and attempted rape cases nationally in 2011/2012 (Rape Crisis, 2012). In addition, few nationally representative studies have been done on child sexual abuse (Olafson, 2011). One study conducted at the Sinawe Centre in the Eastern Cape on trends of sexual abuse over a period of six years (2001-2006) reports a tenfold increase of sexual abuse from 39 per 100 000 women in 2001 to 417 per 100 000 women in 2006. Of the victims, 70.9% were youth under the age of 20 years. In total, 46.3% were youth under the age of 16 years, and 22.9% were younger than 11 years (Meel, 2014).

Victims of sexual abuse may present with post-traumatic stress disorder (PTSD), relationship problems, generalised anxiety, depression and substance abuse problems (Sadock & Sadock, 2007). Notably, sexual abuse has the highest rate of PTSD of any trauma (Olafson, 2011). Individual therapeutic approaches to address emotional and psychological trauma were developed in Westernised countries where psychological resources are more available. Of these evidence-based treatments, Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) has been found to be most effective in the treatment of sexual abuse (Radford, Allnock & Hynes, 2014). Additional individual treatment approaches when working with traumatised children include play therapy and brief-term interventions (Radford et al., 2014).

In a review of treatment literature, Edwards (2009) found that individual psychotherapy is the most common treatment approach to sexual abuse. However, the creation of individual psychotherapies for PTSD in terms of traditional psychodynamic categories is sometimes ineffective and misleading. It is also important to bear in mind that many models of therapy derived from research and practice in other Westernised countries may not be suitable in an Africa context. Therefore therapists should be encouraged to adopt components of therapeutic modalities derived from evidence-based treatments in the relevant context and country. These components include: therapist's responsiveness, crisis intervention and stabilisation,

promoting engagement with treatment, and selection, sequencing and timing of treatment interventions (Edwards, 2009).

Thus the South African context needs to be taken into account when considering what components of therapeutic modalities need to be adopted in treating victims of sexual abuse, specifically the limited resources and lack of trained professionals able to conduct individual therapy that exist in this country. Sadly, many social and economic barriers exist that prevent survivors of sexual abuse from gaining access to the treatment that they need (Smith et al., 2010). Thus systematic and resource/cost-effective treatment programmes are needed which are context appropriate in the African collectivist culture (Petersen, Bhana & McKay, 2005).

A study done by Petersen et al. (2005) highlighted the value of community-based prevention interventions for youth who had been sexually abused. The study motivated that creating networks in the community (in the form of social support groups) allowed community members to work collectively to protect themselves and bring about healing. Furthermore, because sexual abuse has negative impacts on a person's self-esteem, self-efficacy and interpersonal relationships (Spies, 2006), comprehensive programmes should include interventions at an intra-personal level to improve self-esteem and assertiveness skills.

In the current study an alternative group intervention was implemented to assist adolescent females, who had been previously sexually abused, to develop their self-esteem and to build interpersonal relationships. This was done to address some of the critical problem areas sexually abused females may experience.

Survivors of sexual abuse may experience a great deal of confusion because they may yearn for and fear intimate relationships at the same time. This may manifest in survivors isolating themselves as a way to avoid contact. Others may act out and engage in inappropriate sexual behaviour (Doyle, 1994). Therefore, the aim of the group intervention was to create a safe space in which the members had the opportunity to engage with others who had had similar experiences, creating an environment that aimed to foster healthy social engagement and interaction.

Whilst isolation may protect victims of sexual abuse from re-experiencing painful emotions, it also prevents them from engaging in healthy relationships, and the benefits that strong, positive relationships bring (Spies, 2006). Sexual abuse survivors often prefer their

privacy, and social contact may make them anxious. Their feelings of low self-worth and guilt make it difficult to engage with other people on many levels and can lead to further isolation (Spies, 2006).

When I considered conducting this study in the context of a group intervention, it was important to keep in mind that sexual abuse survivors may struggle to engage emotionally with others, and may make constant attempts to avoid such interactions as they may be reminded of the abuse situation (Spies, 2006). For this reason, it was crucial that the group was homogeneous, consisting only of females of similar ages who were all survivors of sexual abuse, so as to make social contact within the group as unthreatening as possible. These young woman were already part of the clinic's client base, and as such were either currently receiving, or had previously received, individual treatment pertaining to the sexual abuse. Thus the focus of the group was not on telling their stories (as that was done during their individual treatment sessions) but on the interaction within the group and building their self-esteem through the use of practical art activities and discussions.

Radford et al. (2014) highlights the following stages in the healing process of trauma: re-telling the story, normalising the abnormal, decreasing avoidance, and facilitating integration of the self. The self-esteem group intervention was focused on the latter, that is, facilitating integration of self, as the content of the group intervention revolved around self-esteem development, and not the event of the sexual abuse. Rather than focusing on the trauma and damage, the intervention aimed to focus on participants' positive coping mechanisms, the intention being to highlight and strengthen such mechanisms with regards to each participant's self-esteem (Tierney & McCabe, 2002). Self-esteem activities in the group acted as an indirect means by which the participants could reconstruct their lives, as opposed to talking about the trauma. However the support group remained a safe space in which participants could verbalise what had happened to them if they felt they needed to.

The rationale for focusing the intervention on self-esteem is that survivors of sexual abuse may have severely damaged self-concepts (Spies, 2006). The group context in which the intervention took place was a protective factor in the participant's lives. Because sexual abuse survivors often struggle to develop trusting relationships, Fergusson and Mullen (1999) suggest that an individual's support system is an important ameliorating factor when working with survivors. Therefore, conducting a group intervention for sexually abused adolescents

had the advantage of providing the participants with a new support structure (namely, the other members of the group) that was not available to them before.

The aims of developing a unique intervention specifically for improving self-esteem in the context of a group was for the participants to develop their self-esteem amongst peers who had experienced similar trauma, and to give the group members an opportunity to develop trusting relationships with one other (Yalom, 1985).

1.2 Definition of concepts

In the context of this research, the concepts of sexual abuse and self-esteem are defined as follows:

According to the definition given in The Children's Act 38 of 2005, *sexual abuse* in relation to a child means: "a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; c) using a child in or deliberately exposing a child to sexual activity or pornography; or d) procuring or allowing a child to be procured for commercial sexual exploitation or in any other way participating or assisting in the commercial sexual exploitation of a child" (Children's Act, 2005, p. 18).

Sexual abuse and exploitation takes on many forms. It does not necessarily involve touching and can occur in any setting. This includes situations where children are sexually abused by a care-giver or relative at home, sexually molested on the way to school, made to have sex in exchange for food, lured into sex online, or trapped into sexual slavery by organised groups (Radford et al., 2014).

Identity is comprised of two components: self-concept and self-esteem (American Psychological Association, 2002). *Self-concept* refers to the set of beliefs one has about oneself. These might include various attributes (a person's intellect or height), goals, desires, beliefs, interests, and values. *Self-esteem* refers to the evaluation of how one feels about one's self concept.

Self-esteem has generally been conceptualised as a person's over-all attitude towards themselves, and usually involves either a positive or negative self-evaluation (Baron, Branscombe & Byrne, 2007). Self-esteem arises from a person's beliefs about themselves and is unique to each individual. Self-esteem occurs in combination with a person's thoughts,

emotions and behaviours and has important implications for psychological and social development (Goleman, 1996). Usually one develops a low self-esteem if there is a negative discrepancy between one's self concept and what one believes one should be like (that is, one's self concept falls short of these beliefs) (American Psychological Association, 2002).

Self-esteem is formed in response to life events (Baron et al., 2007), as such children and adolescents who have been sexually abused may have severely damaged self-concepts and self-esteems (Spies, 2006). Premature sexual contact can be traumatic and confusing for a child or adolescent and can impact on the way participants perceive themselves and the outside world (Mash & Wolfe, 2012). As sexual abuse is usually associated with the abuse of power by an adult over a child or adolescent, it may cause the child or adolescent to internalise certain false truths about themselves and the world, such as they are not worthy of love and protection (Fergusson & Mullen, 1999).

1.3 The aim of the research

The aim of this research was to assess the experiences of adolescent females during the implementation of the group intervention by asking the following questions:

1. How did participation in the group intervention affect the self-esteem of adolescent females who have been sexually abused?
2. How did participation in the group intervention affect the relationships (referring to any kind of interpersonal relationship) of adolescent females who have been sexually abused?

The research was done using a qualitative paradigm. Semi-structured interviews were conducted with participants before and after the intervention. Group processes and the group exercises were used to assess their experience of the group process.

1.4 Summary

Chapter 1 provided the scope and motivation for developing a unique group intervention (focused on developing self-esteem and relationships) for adolescent females who have been sexually abused. The aim of the group intervention was to promote healing, and to grow from their pain. A phenomenological study on how the group members experienced the intervention in terms of building relationships and self-esteem will be conducted to assess the effectiveness of intervention.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

As part of the literature review the following will be discussed: the psychological and physical effects of sexual abuse on a child/adolescent's development; the therapeutic interventions aimed at the treatment of sexual abuse; working with groups; working with adolescents; and the principles behind the use of expressive activities as part of an intervention, will be discussed.

2.2 Effects of sexual abuse

Sexual abuse is an invasive act that can be perpetrated against anyone. However, certain populations, such as children, adolescents, and socio-economically disadvantaged individuals, tend to be at greater risk (Ullman, Najdowski & Filipas, 2009). Many children are severely impacted by sexual abuse, whilst others are more resilient and have access to adequate support (Sadock & Sadock, 2007). Nevertheless, any form of sexual abuse can have devastating consequences of fear, guilt, anxiety, depression, and confusion in the victim's life (Sadock & Sadock, 2007).

Survivors of sexual trauma often define their inner cores in terms of their traumatic experiences. External variables surrounding the sexual abuse have a powerful impact on the development of internal messages (van der Merwe, 2009). The traumagenic dynamics model developed by Finkelhor and Browne in 1986 is a comprehensive model specific to childhood sexual abuse. The model proposes that the experience of sexual abuse can have different effects based on the variety of dynamics that account for the different symptoms displayed by sexual abuse survivors (van der Merwe, 2009).

The traumagenic dynamic model views the trauma of sexual abuse as being influenced not only by the abuse, but also from the conditioning processes that exist before and after it. The effects of the abuse depend on four main areas of development (van der Merwe, 2009):

1. Sexuality (traumatic sexualisation)
2. The ability to trust in personal relationships (betrayal)
3. Sense of ability to affect the world (powerlessness)
4. Self-esteem (Stigmatization/Self-blame).

The detrimental effects of sexual abuse on a person's life are usually long-lasting and pervasive, and can be difficult to predict because the nature, length and severity of sexual abuse will differ from person to person (Rodriguez-srednicki, 2002). In general, the experience of sexual abuse during childhood or adolescence can have a significant negative impact on several areas of functioning, including physical and mental development, self-esteem, relationships, and overall mental health. Damaged tissue is likely to heal without scarring or other traces of healing, but the psychological consequences may persist for many years (Johnson, 2004). Some specific implications of sexual abuse in a child's life are discussed below.

2.2.1 Brain and physical development

According to Lezak, Howieson and Bigler (2007), severe trauma (especially sustained at a young age) can have detrimental impacts on brain development. Trauma affects synaptogenesis (which refers to a change in neurons in the brain) which has a profound impact on the development of neural templates in the human brain. Trauma impacts the chemical system of the brain by increasing cortisol levels, so that children are less able to regulate their own emotions and less capable of handling distress. Trauma in children typically results in three stress responses: hyper-sensitive stress response, hyper-vigilant stress response and a shut-down/tuned out stress response (Siegal & Solomon, 2003). These stress responses usually manifest in children as "difficult" behaviours such as: attention problems, crying excessively, inability to self-soothe and regulate emotions, outbursts of anger and difficulty making interpersonal connections with other (Siegal & Solomon, 2003).

2.2.2. Powerlessness and loss

Any form of sexual abuse is a distressing invasion of a person's privacy and innocence, and therefore survivors of such a trauma will invariably experience a sense of loss (Spies, 2006). This sense of loss may include a loss of personal choice and power, as they were subjected to an experience of intimacy which they had no control over and which was against their will. As a result of children and adolescents losing control over their personal boundaries and choices at an early stage in their lives, these individuals may develop an extreme need for control later on (Fergusson & Mullen, 1999). Because sexually abused children and adolescents have been effectively denied their right to make decisions regarding their personal boundaries, these individuals may struggle to set appropriate personal

boundaries later on in life. As a result, they may on the one hand fear developing normal sexual intimacy, or on the other hand they may be sexually promiscuous (Spies, 2006).

2.2.3 Guilt, shame and repression

The invasion of sexual abuse often results in immense feelings of shame and guilt for the victim. As a result of this shame and guilt, many of these individuals attempt to deny and/or forget the abuse that happened to them. In many cases this denial and lack of memory of the abuse serves as a protective mechanism when memories are simply too painful to be dealt with if recollected accurately (Ullman et al., 2009).

Even though this repression functions as a protective mechanism against unbearable pain, it can still influence the individual's functioning. At some point it is necessary to identify whether underlying feelings and memories are still emerging, thereby creating problems and pain in an individual's life (Fergusson & Mullen, 1999). A person affected by sexual abuse may subconsciously repress the memory of the abuse, but if this memory and the feelings surrounding it are not dealt with in a safe environment, they may manifest as severe depression or anxiety. Furthermore, the person may be unaware that their depression or anxiety is related to the suppressed memory of the abuse. Because they cannot make sense of the cause of their unhappiness, they cannot heal fully (Jewkes, Dunkle, Nduna, Nwabisa & Puren, 2010).

2.2.4 Anger and hostility

Survivors of sexual abuse may experience misdirected bouts of anger as a result of their anger being repressed and distorted instead of being directed at their abuser (Sadock & Sadock, 2007). The anger that should rightfully be directed towards the abuser becomes directed inwards towards themselves, or becomes unleashed on other people unrelated to the crime. Survivors of sexual abuse may develop anti-social behaviour and experience inappropriate out-bursts of anger. For this reason, survivors of sexual abuse should accurately identify the source of their rage so that they can redirect their anger appropriately (Mash & Wolfe, 2012).

2.2.5 Sexual adjustment and body image

Sexual abuse will affect a child or adolescent's normal sexual development (Sadock & Sadock, 2007). This disruption can manifest as a dichotomy of sexual affinities. On the one

side of this dichotomy is a child or adolescent's insecurity regarding affection and the fear of abandonment, as well as the fear of forming relationships (Spies, 2006). At the other end of this dichotomy, some individuals who were sexually abused engage in promiscuous behaviour as a means for them to take back control of their own sexuality. Both of these manifestations are detrimental to a person's well-being. Fear of forming new relationships prevents a person from having meaningful bonds; while being sexually promiscuous can lead to further loss of self-respect and possibly unwanted pregnancy or exploitation (Spies, 2006).

Young children relate to the world around them through their bodies (Rodriguez-srednicki, 2002). Various emotions are first based in bodily experiences. If these bodily experiences are traumatic and invasive in nature, a person's emotions surrounding their body image may be severely distorted (Rodriguez-srednicki, 2002). Sadly, children and adolescents often blame their bodies for attracting the abuse, or for being too vulnerable and defenseless to avoid the abuse that happened to them. This unwarranted guilt and blame can result in difficulties associated with a negative body image later on in life (Fergusson & Mullen, 1999).

Dissociation (a mental state that involves varying degrees of detachment from reality) works as a protective mechanism during the act of sexual abuse. While the mind's ability to dissociate itself from what the body is experiencing is merciful during the abuse, many victims of sexual abuse find it difficult later in life to engage in sexual activity without experiencing a degree of numbness and dissociation (Rodriguez-srednicki, 2002). This numbness and disconnectedness may carry over to other areas of life. It may cause the person to engage in self-mutilation or substance abuse as a way for him or her to feel in control of his or her body, as well as a way of relieving the numbness and dissociation (Sadock & Sadock, 2007).

2.2.6 Low self-esteem

The nature of sexual abuse may have many negative implications for a person's self-esteem and ability to form healthy relationships. Children/adolescents who have been sexually abused often present with feelings of worthlessness and self-hatred (Sadock & Sadock, 2007). The manipulative nature of sexual abuse, as well as children's and adolescents' limited ability to make sense of what is happening to them may leave children/adolescents feeling somehow responsible for the abuse. Experiences of pleasure during the abuse may also be incredibly confusing. These conflicting emotions can leave the

child/adolescent feeling guilty and shameful over something that was beyond their control (Jenson, 1996). They may constantly deride and criticise themselves through negative self-talk and believe that these messages (such as they are not worthy of love and protection) are true (Mash & Wolfe, 2012).

2.2.7 Other psychological disorders related to sexual abuse

As a result of the profound effects of sexual abuse on a child's psychological development, this kind of abuse can lead to a variety of psychological disorders, which need to be treated in their own right in order to help a sexual abuse survivor to heal fully (Doyle, 1994). The following symptoms, disorders and behaviours are often prevalent in sexual abuse survivors: dissociative disorders, depressive symptoms, anxiety disorders, antisocial behaviours, substance-abuse disorders, eating disorders, self-destructive and suicidal behaviour, posttraumatic stress disorders (Sadock & Sadock, 2007).

The severe and damaging impacts of sexual abuse in a child/adolescent's life require psychological intervention and treatment that is aimed at addressing these psychological and developmental problems. Furthermore, traumatised individuals should receive psychological help at the earliest stage possible to facilitate healing.

2.3 Treatment models for sexual abuse

The healing process after being sexually abused can take years, even a lifetime. It will be experienced differently depending on the individual's traits, experiences, support system and coping mechanisms (Oz, 2010). Survivors of sexual abuse will begin healing at their own time and pace, and in accordance with their own unique needs. Individuals may also move forwards and backwards, revisiting past stages in order to further develop their insight into what they went through and how it affected their identity and beliefs (Spies, 2006). In order to heal, it is important for survivors of sexual abuse to come to terms with the painful fact that they are survivors of sexual abuse (Briere, 1997). Acceptance as the first step of healing might sound trite, but is of paramount importance for survivors of sexual abuse precisely because the avoidance, repression and denial of such pain may be the very thing that prevents closure and forward movement (Spies, 2006).

A broad range of therapeutic approaches exist, aimed at addressing the emotional and psychological trauma of sexual abuse and related issues (Fergusson & Mullen, 1999). With regards to treatment of sexual abuse it is important to bear in mind that people may

sometimes present with symptoms that they do not regard as possible consequences of sexual trauma (Oz, 2010). Many traumatised individuals present with relationship problems, generalised anxiety, depression and substance abuse problems (Oz, 2010). In the following section various evidence-based models used in the treatment of sexual abuse are discussed.

2.3.1 The Wits trauma model

The Wits trauma model is a widely used short-term integrative psychotherapy developed specifically for the South African context to meet the enormous demand for time-limited and cost-effective trauma counselling. The model is used in cases of acute stress and post-traumatic stress disorder, and is not considered suitable for complex post-traumatic stress cases. The number of sessions varies from two to fifteen, and in most cases improvement can be noted after four to six sessions (Hajjiannis & Robertson, 1999).

Hajjiannis and Robertson (1999) outline the five components of the Wits trauma model. The components, based on Eagle's (1998) descriptions, are used interchangeably, depending on the needs of the client.

1. Telling/retelling the story

The client gives a detailed description of the traumatic incident in sequence of events (including facts, feelings, thoughts, and physical reactions to the trauma). This is to create a space for the client to express emotions connected to the trauma. This allows the client to give expression to the often unexpressed feelings that are adaptively inhibited during life-threatening situations. Within the safety of the therapeutic context, this expression is usually made possible.

2. Normalising the symptoms

This involves collecting information regarding the symptoms as well as anticipation of symptoms. In this stage the counsellor listens and gives empathy, while simultaneously providing the client with psycho-education regarding the symptoms of post-traumatic stress. It is important in this stage that the counsellor reassures the client that his or her symptoms and reactions are normal adaptive responses to abnormal events, and that the symptoms will decrease over time.

3. Addressing survivor guilt or self-blame

In this phase, feelings of self-blame or survivor guilt are explored with the client. This is particularly important in cases of sexual abuse, as the manipulative nature of sexual abuse (as well as children and adolescents' limited ability to make sense of what is happening to them) may leave them feeling somehow responsible for the abuse (Johnson, 2004). Self-blame may represent a wish to retrospectively "undo" the trauma to restore a sense of control. Self-blame may also be caused by beliefs that the person could have done something to prevent the event from happening. Therefore, it is imperative that the counsellor take the client through the events carefully, while at the same time exploring alternative responses and how useful they could have been. During this process, clients generally discover that their guilt is irrational and that they did the best they could under the circumstances.

4. Encouraging mastery

The counsellor assists the client in restoring previous levels of coping and carrying on with tasks of daily living. Social support has been identified as an important element in this component of the model. The counsellor therefore encourages the building and mobilising of existing support.

5. Facilitating creation of meaning

The final stage of the model is elective and only pursued if the client raises meaning issues. In assisting a client to establish meaning related to a particular event, the counsellor must engage with the client's belief system, including political, spiritual and existential beliefs. The counsellor needs to be respectful of the client's existing beliefs and experiences, while at the same time assisting him or her to engage in reasonable hope and positive future prospects.

2.3.2 *Cognitive and behavioural treatments*

The National Institute of Clinical Excellence (NICE) found that trauma-focused cognitive behaviour therapy (TF- CBT) and eye-movement and desensitising reprocessing (EMDR) have the strongest evidence base for the treatment of severe trauma (Farham, Mabasa, Lee, Seggie & Riet, 2013). It is important to note that these techniques involve re-exposure to the traumatic event and should only be used by trained professionals.

TF-CBT models include exposure-based treatment, cognitive therapy and anxiety management training (AMT). Exposure-based treatments rely on the notion that exposure to feared stimuli facilitates habituation of the fear. It involves instructing the patient to imagine the traumatic event as vividly as possible. The exposure involves creating a hierarchy of safe, but avoided stimuli and encouraging the patient to confront them gradually. For example, a rape victim who is scared to stay at home alone will be encouraged to remain at home alone for progressively longer periods of time (Lilienfeld, Lynn & Lohr, 2003).

Cognitive therapy aims at modifying the dysfunctional beliefs associated with trauma. This is done using Socratic dialogue where the therapist encourages the patient to challenge the validity of their beliefs. For example, people affected by sexual abuse who view the world as a dangerous place, may be encouraged to think of people and places that they consider safe (Lilienfeld et al., 2003).

Anxiety management training is aimed at reducing symptoms of anxiety and hyper-arousal. These techniques include: relaxation training (where clients are taught to reduce muscle tension), breathing retraining (which aims to prevent someone from hyperventilating), psycho-education (which involves teaching clients about normal responses) and communication training (which aims to improve social functioning) (Lilienfeld et al., 2003).

2.3.3 Eye-movement and desensitising reprocessing

EMDR is a structured intervention that incorporates general components such as history-taking as well as a verbal report of the nature and emotional consequences of the trauma. The therapist facilitates the client in constructing an imagined representation of a memory, as well as the physical sensations associated with the trauma. While maintaining the image, the therapist induces a series of side-to-side eye movements by asking the client to visually track the therapist's finger. The client is then asked to express the negative cognitions that accompany their emotional distress. By helping the client to become aware of dysfunctional emotions that act as triggers, they can identify the beliefs and sensations surrounding these triggers, and counter them with alternative beliefs to enhance future adaptive emotional and behavioural responses (Lilienfeld et al., 2003).

In all cases, if other disorders are diagnosed after careful consideration, the relevant treatments for those disorders should be integrated with the treatment plan (Ullman et al.,

2009). For example, individuals suffering from mood or anxiety disorders should also be treated using relevant psychopharmacological approaches (Sadock & Sadock, 2007).

While therapeutic interventions have proven useful and effective, they are usually conducted on a one-to-one basis and need to be done by trained professionals. However, given the lack of professional staff and resources and the high numbers of children who are abused, one-on-one trauma debriefing performed exclusively by professionals is not a realistic treatment solution within the South African context.

Therefore, I aimed to develop a model that could be implemented in low-resource areas that could assist children and adolescents in dealing with trauma and providing them with the coping skills necessary to carry on with their lives.

2.4 Working with groups and community-based interventions

According to Visser and Moleko (2012) the concept of social support is based on the premise that people who have faced similar adversity can come together to help each other overcome challenges. Intervention groups have the following advantages (Visser & Moleko, 2012):

- They promote a sense of belonging and community.
- They provide emotional support to the members.
- They provide role models for others who have overcome similar problems.
- They assist group members to develop coping techniques for everyday problems by shared experiences
- They provide a form of companionship.
- They can provide members with a sense of mastery and control over their lives and when people feel empowered, they feel more in control of certain aspects of their lives.

The value and usefulness of groups in hospital-based settings as well as substance abuse treatment programmes has been well documented (Sturgeon & Keet, 2010). However, research indicates that little has been published on culturally appropriate group work within the South African context. There is a need for research which recognises the use and value of such community-based groups (Becker & Duncan, 2010; Sturgeon & Keet, 2010).

A further motivation for conducting therapy in a group context is that it allows mental health care providers in conventional mental health settings to engage with more individuals at one time, as opposed to one-on-one therapy (Gildenhuis, 2010). This motivation is particularly relevant in light of the fact that South Africa faces many financial and resource-related challenges with regards to the treatment of mental health (Jones, 2009). Given the low budget allocated to mental health and the lack of trained professionals in the mental health field supports the merit and value of conducting psychological interventions in group contexts (Lund, Oosthuizen, Flisher, Emsley, Stein, Botha & Koen, 2010).

Furthermore, according to South African legislation, the objectives of the Mental Health Care (MHC) Act, 17 of 2002, are to promote the integration of MHC services into primary health care (PHC) facilities and to provide community based health care, treatment, and rehabilitation services to all who require it. Sturgeon and Keet (2010) argue that there is a great need for the development of community-based resources in order to meet the needs of community members in terms of the mental health care, treatment and rehabilitation to which they are entitled.

Research on the treatment of sexual abuse in South Africa suggests that community interventions should not occur in isolation, but that the cultural contexts in which people live need to be taken into consideration (Petersen et al., 2005). The African culture is dominated by a collectivist world-view; therefore decisions about behaviour are determined more on a collectivist level than by social norms. Traditional notions of masculinity contributed to girls and women being controlled through sexual violence and patriarchal rape myths were used to justify sexual violence (Petersen et al., 2005). Therefore, modification of sexual abuse intervention programmes and supportive attitudes are likely to be more successfully achieved through a collective re-negotiation of social/peer norms than through individual level cognitive attitude change programmes (Petersen et al., 2005).

Recommendations for the treatment of sexual abuse in South Africa have focused largely on the need for gender awareness programs on an individual level with regards to attitude change and altering dominant cultural discourses (Petersen et al., 2005). While current research has focused on understanding the risk factors for adolescents becoming the victims

or perpetrators of sexual abuse on an individual level, Petersen et al. (2005) suggest that there is a need for developmentally timed community-based sexual violence prevention programmes in South Africa. Although the group intervention was developed for females who had been sexually abused, it involved a secondary component with the aim of preventing the abuse from recurring. Improving the participant's self-esteem and relationships could act as protective factors that could decrease the likelihood of sexual abuse happening again.

2.5 Working with adolescents

According to Petersen et al. (2005), the high rate of sexual abuse against females in the 12 to 17-year age group indicates the need for programmes that reduce the risk of females within this age group of becoming victims of such abuse again. Additionally, early adolescence is an important developmental period to implement programmes for both victims and perpetrators of sexual abuse. The reason for this is that attitudes about sex and gender roles are learned at an early age. Adolescence is a critical stage where normative sexual beliefs and behaviours become entrenched and perpetuated through adulthood (Brennan & Lerner, 2010). Therefore, the intervention used in was aimed at adolescent females specifically, as this developmental stage is a critical period.

As already mentioned, since the participants in the group intervention were from a vulnerable population (that is, survivors of sexual abuse) the group was kept as homogenous as possible (Becker, 2010). Only females between the ages of thirteen and nineteen were invited to be a part of the group intervention. The age criteria was established so that the participants (being in similar stages of life) could relate to one another and form relationships (Sigelman & Rider, 2006) as the forming of healthy relationships was one of the goals of the intervention. Certain crucial aspects of the adolescent developmental stage must be borne in mind when developing an intervention for this age group.

2.5.1 Physical and sexual developments

Adolescence is a very turbulent phase in a person's life with many physical and sexual developments (Sigelman & Rider, 2006). When children enter puberty, they have numerous physical and cognitive changes awaiting them. The physical changes comprise both a growth spurt and sexual maturation. Sexual maturation involves achieving fertility as well as the physical changes that support and maintain fertility (Sigelman & Rider, 2006). Due to the extensive physical maturation they experience, adolescents start to become more aware of

their sexuality, and this newly developed sexuality begins to form part of their interpersonal relationships (Brennan & Lerner, 2010).

Sexual developments and changes can be additionally stressful for adolescents who have been sexually abused. They not only have to face the challenges of adolescence, but they also carry psychological and emotional scars as a result of being sexually abused. Adolescents who have been sexually abused when younger are a high-risk group for developing psychological problems and sexual adjustment issues (Rodriguez-srednicki, 2002).

2.5.2 Social development

Adolescents strive for a sense of belonging and acceptance by their peer group. As such they may get involved in sexual activities in order to fit into their peer group (Louw, Louw & Van Eden, 1998). As previously mentioned, adolescents who have been sexually abused may either fear and avoid intimate contact, or become sexually promiscuous as a way of regaining control over their sexuality (Spies, 2006). Either disposition is dangerous for adolescents, as individuals who are not ready for sexual intimacy may be forced into it by peer pressure. Promiscuous individuals can easily find other promiscuous individuals with which to engage in sexual acts, and this may lead to exploitation and unwanted pregnancies (Spies, 2006).

2.5.3 Cognitive development

Adolescents undergo significant cognitive developments during this phase of their lives. They develop the cognitive ability to examine situations logically and to entertain hypothetical situations. This higher-order level of thinking affords them the ability to evaluate alternatives and imagine future consequences as well as think about personal aspirations and values (American Psychological Association, 2002). However, these newly found cognitive skills take time to develop and master. This can therefore result in the following common cognitions held by adolescents: they might argue for the sake of arguing, they might jump to conclusions, they may be overly dramatic and self-centered and lack the ability to see things from another person's perspective (American Psychological Association, 2002)

The manner in which one engages with an adolescent is paramount when developing an intervention. It is important to communicate with adolescents by listening to them non-judgmentally and using non-threatening questions. It could also be valuable to try to relate to

the adolescent's emotional state (with the exception of hostility) as this may help them to feel understood (Brennan & Lerner, 2010; Louw & Louw, 2007).

2.6 Motivation for expressive art techniques used in an intervention

Expressive art therapies are defined as the use of art, music, dance and movement, drama, poetry and creative writing, and play within the context of psychotherapy and counselling (Malchiodi, 2005). Like traditional counselling or psychotherapy, expressive techniques involve therapeutic discussions aimed at addressing problems the individual is currently facing. Expressive techniques encourage individuals to use an expressive form of communication as a means for further exploration (Malchiodi, 2005).

Using other mediums in addition to verbal language is a creative way of obtaining glimpses into the 'lived experiences' of the participants, especially when working with people from different cultural backgrounds who may have limited ways of expressing their feelings through a particular language (Sturgeon & Keet, 2010). Since I was working with girls who are semi-fluent in English, the medium of communication for this intervention was not only through talking, but also through art and music.

Backos and Pagon (2011) argue that recovery from trauma often occurs within a community setting. However, when the trauma involves sexual assault, the community may reject or silence the individual. Through this rejection, the individual experiences a sense of shame, disgust and loneliness which in turn has extremely negative consequences for the self-concept and self-esteem (Backos & Pagon, 2011). Through creating a group that is non-judgmental, accepting and willing to listen, an individual is able to share and explore many aspects of themselves in a non-threatening manner. This experience boosts individual self-esteem as the group acts to validate the individual as a whole, comprising of good and bad qualities (Collie, Backos, Malchiodi and Spiegel, 2006).

The expressive art activities were developed with the intention of creating a platform for the participants to express their thoughts and feelings about themselves openly and honestly. This was done by making collages, mirrors, ladders, poems, and paper fold-out people that represented the different qualities and characteristics of the participants.

Sexually abused children and adolescents often become very dependent on others to define who they are, and they often uncritically accept externally created aspects of the self and internalise such descriptions to be an accurate representation of the self (Glaister, 1996).

The rationale behind the intervention was to allow for the realisation that participants did not have to accept or further, internalise, every value judgment made by others. The group created a space for acknowledging qualities of the self that was both appealing and less appealing.

Sexual abuse may leave an individual with a vast array of emotions such as anger, sadness, guilt and loneliness. However, young victims of sexual assault frequently find themselves unable to describe what happened to them (Pifalo, 2002). They do not have the knowledge of adult actions such as sexual intercourse. They often feel too threatened or embarrassed to talk about the sexual assault; thus they remain silent and do not express a variety of powerful emotions. In addition, Pifalo (2002) explains that there is often pressure from sources external to the individual not to vocalise their experiences or attached feelings. When communities or families silence individuals who have been sexually assaulted, individuals tend to repress or deny their emotions. As a result, survivors of sexual abuse often exhibit that their emotions remain below the surface; jumbled and intertwined yet extremely powerful (Pifalo, 2002). There needs to be a process of “sorting through” emotions, in which these feelings are explored so as to promote healing (Backos & Pagon, 2011).

For this reason some of the activities in the intervention involved expressing and dealing with a vast array of emotions (for example, making feeling bracelets and emotion bags). These activities were aimed at creating a platform for the participants to talk about their feelings and the ways in which they expressed their feelings, as well as how they coped with having negative emotions that they felt they could not express. The way in which the discussion was facilitated encouraged the participants to generate their own solutions and share with one another their experiences of how they coped. Group facilitators encouraged the group members to take charge of their own ideas and allow these ideas to build within the context of their own local knowledge (Visser & Moleko, 2012). In doing so, I aimed to emphasise the notion put forward by Coholic (2010) that it is normal to experience positive and negative emotions, but that through being self-aware and mindful one is able to take control of these emotions and thus decide which emotions will influence how one feels.

The focus of the group intervention was not on re-telling the trauma of the sexual abuse, although members could disclose if they felt they needed to (and many members did disclose information about the sexual abuse). The focus was on rather on building self-esteem and positive relationships. The aim was to promote healing, and to grow from their pain. The

expressive art exercises and reflective discussions acted as indirect ways in which to reconstruct their lives and facilitate meaning-making.

When situating the group intervention in the five stages of the Wits trauma model, the group intervention can be seen as focused on the last two stages: encouraging mastery and facilitating creation of meaning. The intervention programme was developed with the aim of reconstructing the meaning making process of sexual abuse.

The focus was not only on healing wounds, but also on what implications sexual abuse had on their self-esteem and relationships, and how they grew personally by means of artistic expressive activities that were discussed in a therapeutic group context. According to Reading and Weegmann (2004), group therapy provides a special forum for vulnerable individuals to come together and provide corrective experiences for one another and create a space for individuals to find relief from their pain and opportunities for growth and change.

2.7 Summary

The literature review focused on the various effects of sexual abuse in terms of emotional, psychological and physical consequences. The argument was made that children and adolescents who have been sexually abused need psychological help to deal with the trauma in order to prevent the development of further pathologies in their lives. The literature pertaining to the current methods of treatment for sexual abuse, and the motivation for an alternative group intervention in the South African context was reviewed. The review showed that the available therapeutic models are complex, need to be professionally implemented and focus on reliving the traumatic event(s). In a resource-limited area, professional services are not readily available to assist children and adolescents to deal with sexual abuse. An expressive group intervention was thus implemented to assist girls who had experienced sexual abuse. The intervention took the form of a support group; therefore previous research done with groups was explored, as well as the benefits of working with groups in the South African context.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Chapter 1 stated the purpose of this study as an exploration of how adolescent girls (who had been sexually abused) experienced participating in an expressive self-esteem development group intervention over the course of ten weeks. More specifically, as the researcher, I wanted to explore participants' experiences of self-esteem development and relationship-building. I sought to understand these experiences in the context of a group intervention and to understand and describe these subjective experiences of self-esteem development and relationship-building.

3.2 Research methodology

This research adhered to an interpretive paradigm and made use of a qualitative methodology. The study focused on exploring the internal reality of the participant's subjective experience of self-esteem and relationship development in the context of a group intervention. My objective was to understand the participants' perspectives empathetically and to gain an insider's perspective (Neuman, 1997) by using Interpretive Phenomenological Analysis (IPA). IPA attempts to explore individuals' personal perceptions or accounts of an event or an experience, rather than attempting to produce objective statements about the nature of their experiences (Smith & Osborn, 2003).

IPA endeavours to get an "insider's perspective" of the participants' inner world, but at the same time this approach accepts that it is not possible to gain *direct* access into the participants' inner world (Smith & Osborn, 2003). This type of exploration is inextricably linked to the researcher's own perspective, as well as the nature of the interaction between the researcher and participants. For this reason, the analysis produced by the researcher is always an interpretation of the participants' experiences and therefore the description and interpretation cannot be separated (Willig, 2008).

I conducted two semi-structured interviews with each participant, one before the group started, and another one week after the group had commenced. I also conducted a group interview with the participants at the end of the 10-week intervention. The group facilitators

and I noted group processes throughout the intervention and these process notes supplement the qualitative findings from the interviews and group discussion.

3.3 Study population and sampling

The research was conducted at the Itsoseng Psychological Clinic situated in Mamelodi East in Tshwane. The clinic provides counselling services for people of all ages with psychological needs. Adolescent females who had already received some individual counselling, or were currently in the process thereof, were invited to join the group voluntary. Thus, purposive sampling was used to select the participants. This involved the selection of research participants with specific characteristics of interest to the research (Babbie, 2008).

The research participants were selected on the basis of the following inclusion criteria:

- must be between the ages of thirteen and nineteen
- must be a survivor of sexual abuse
- must have already received, or currently are receiving, individual treatment at the clinic for the trauma of sexual abuse. This allows for the most severe trauma being dealt with.
- should be mentally and emotionally stable as determined by the clinic's standard evaluation process
- must be female
- must be semi-fluent in English
- must be able to attend group sessions at the clinic (girls need to live in close proximity or within walking distance of the clinic)

The following exclusion criteria were used:

- younger than thirteen or older than nineteen
- have not yet received individual treatment at the clinic for sexual abuse trauma
- mentally and emotionally unstable as determined by the clinic's standard evaluation process
- male
- unable to understand basic English
- participants who would be unable to attend weekly sessions as a result of distant proximity to the clinic and unavailability of transport

Six girls volunteered to participate in the group intervention. Two of the members were thirteen years of age, one was sixteen, two were seventeen, and the last member to join was nineteen. Their attendance was consistent, with all members attending most of the sessions. The sixth and oldest member began attending in the fifth session. She was welcomed by the other members and played an important role in the group, even though she had missed the first four sessions.

3.4 Table 1: Demographic and sexual abuse history of participants

Participant	Age	Grade	Abused by known person or stranger	Repeated or isolated sexual abuse
Ayanda	13	8	Family member	Repeated
Faniswa	13	8	Stranger	Once
Kgomotso	17	10	Family member	Repeated
Zandile	16	9	Stranger	Once
Puleng	17	10	Stranger	Once
Selina	19	N/a	Stranger	Repeated

3.5 The intervention


The group intervention was conducted as a ten-week programme, which aimed to address issues regarding self-esteem and interpersonal relationships. The participants met each week for a one-and-a-half hour session at the clinic. The group sessions were co-facilitated by three MA Counselling Psychology students and they were conducted in such a way that a relaxed and safe atmosphere was created for the participants. The sessions took place in a private location outside the clinic on a blanket on the grass and the final session took place inside the clinic (as a result of rain). Each session was structured as follows:



- 1) Sessions started with a 10-minute introduction during which participants were asked about their experiences of the past week. Participants were asked to rate their experiences out of ten (with ten being excellent), and give reasons for their ratings (by explaining what was good or bad about their week). This allowed participants to get to know one another and helped to build rapport between the group members and the facilitators (Becker, 2010).





- 2) Each session had a different self-esteem development activity which took about forty minutes (see Appendix B). These activities were drawn from established literature (Coholic, 2010) and chosen or developed according to the needs of the group. The facilitators developed some of their own practical activities to cater for the needs of the group. These activities all had a common goal to develop individual self-esteem and they were expressive and creative in nature. The expressive nature of these activities allowed the members room for exploration and self-expression. The discussion of the activities resulted in sharing good and bad experiences and feelings with the other group members, which in turn aimed to contribute to self-esteem development and the improvement of interpersonal relationships.
- 3) At the end of each activity approximately thirty minutes was allocated for discussion of the activity. Participants got the opportunity to communicate with the other group members about their feelings around doing the activity and what they learnt about themselves through the activity.
- 4) Cold drink and snacks were provided and time was allocated for doing ‘fun’ activities like playing cards and socialising.

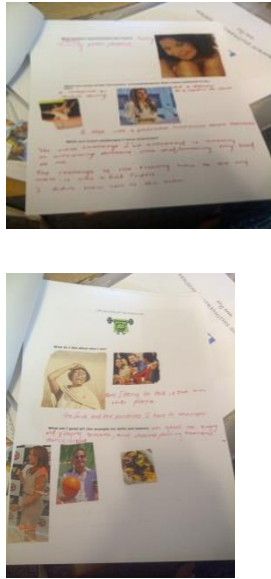

The goals and content of each session is summarised in table 1.

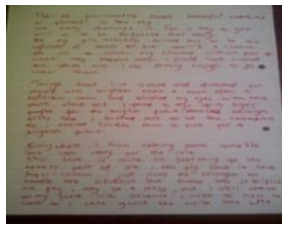



3.6 Table 2: Summary of sessions (goals and outcomes)

Activity	Goals	Outcome	Therapeutic modality
1. Introduction, values and mindfulness 	Create safe environment; Encourage sharing; Become aware of thoughts and emotions	Members shared personal information; Some members shared painful flashbacks; Expressed self-blame	<i>Phenomenological/ Humanistic modality</i> Discover participant’s individual perceptions; Create environment of empathy, congruence and

			unconditional positive regard (Hough, 2014).
<p>2. Personal mirror</p> 	<p>Create a collage of what one sees when they look in the mirror;</p> <p>Encourage self-awareness;</p> <p>Gain greater understanding of feelings and behaviours (Coholic, 2010).</p>	<p>Explored positive and negative elements of self-concept;</p> <p>Enhanced self-reflection</p>	<p><i>Gestalt modality</i></p> <p>Stresses the importance of ‘wholeness’ and integration of self;</p> <p>Focus on the here-and-now by encouraging direct awareness of and contact with the internal parts of self that are disowned (Hough, 2014).</p>
<p>3. Who am I? Paper fold-out people</p> 	<p>Explore different aspects of the self (positive and negative);</p> <p>Re-evaluate aspects;</p> <p>Need not accept how others see them.</p>	<p>Replacing unwanted qualities with more rational descriptions;</p> <p>Fostered sense of liberation and control over defining the self</p>	<p><i>Existential/Gestalt approach</i></p> <p>Facilitate authenticity by encouraging participants to define who they are and what they feel;</p> <p>Counteract introjection (Passive acceptance of others’ beliefs that are not congruent</p>

			to self) (Hough, 2014).
<p>4. Value ladders</p> 	<p>Encouraged to think of values and personal strengths that they had used to get out of difficult situations.</p>	<p>Became aware of strengths and coping mechanisms</p>	<p><i>Existential/Gestalt approach</i> Stresses individual's capacity for freedom and choice (Hough, 2014).</p>
<p>5. Emotion bags</p>  	<p>Become aware of negative and positive emotions; discuss how they deal with difficult emotions. Emotions remain below the surface; jumbled, intertwined but extremely powerful. There needs to be a process of sorting through emotions (Pifalo, 2002).</p>	<p>Emotional expression; Increased self-awareness; Discussed coping mechanisms</p>	<p><i>Gestalt modality.</i> Awareness of interests/ needs, required to restore equilibrium; Re-identification with parts of the self which have been alienated (emotions, feelings). (Hough, 2014).</p>
<p>6. Feeling bracelets</p> 	<p>Increase self-awareness and emotional regulation by making bracelets of coloured beads that represented</p>	<p>Bracelets represented their life experiences and how they deal with negative encounters</p>	<p><i>Gestalt modality</i> Become aware of and work with issues that are obstructing their current functioning in the</p>

	positive and negative feelings.		here and now; Encourage emotional expression in future (Hough, 2014).
<p>7. Personal strengths collage</p> 	<p>Summarise, integrate and visually express strengths, qualities and achievements.</p> <p>Construction of a collage is a useful tool in helping individuals become aware of and express their feelings (Coholic, 2010)</p>	<p>Demonstrated self-knowledge; Acknowledged aspects of themselves that they valued.</p> <p>Activity aimed at highlighting the participant's strengths, values and coping mechanisms (Snyder, Lopez, & Pedrotti, 2011).</p>	<p><i>Existential/Gestalt approach</i></p> <p>Participants encouraged to become more aware of themselves and to work towards a healthy assimilation of all their component parts (Hough, 2014).</p>
<p>8. Compliments activity</p> 	<p>Self and group affirmation; Giving and receiving compliments; Accepting compliments provides opportunity to listen and absorb positive feedback.</p> <p>When self-esteem is low, it's easy to forget good</p>	<p>Members touched by experience; Became aware of how others view them.</p>	<p><i>Existential/Gestalt approach</i></p> <p>Human capacity for growth and healing through interpersonal contact and insight (Hough, 2014).</p>

	<p>qualities one might possess – these qualities deserve to be validated (Bowers, 2010).</p>		
<p>9. Writing poems from the lyrics of inspirational songs</p> 	<p>Playing group songs; Members had to compile poems from lyrics that resonated with them</p>	<p>Wrote creative and inspiring poems; Members supported and clapped for each other’s poems</p>	<p><i>Existential approach</i> Human beings cannot escape the necessity of dealing with, and making sense of, existence (Hough, 2014).</p>
<p>10. Compiling of activities into “handbags”</p>  	<p>In the final session the group members were asked to bring together all the art activities they had done throughout the intervention. Members could keep “handbags” as a reminder of the intervention after the group had ended.</p>	<p>Members reflected on what the group intervention had meant for them; “Handbags” highlighted their coping mechanisms and strengths.</p> 	<p><i>Existential/Gestalt approach</i> Experiential and self-directed learning process: clients arrive at their own truths through awareness and improved contact with the environment (Hough, 2014).</p>

3.7 Data sources and data collection methods

The data collection methods used to explore how the group members experienced self-esteem development and interpersonal relationships within the group context were process notes and individual and group interviews.

3.7.1 Group process notes

The facilitators kept reflective journals that documented the group processes on a weekly basis. Facilitators recorded their perceptions as to how the group was developing, especially in terms of relationships between members. These journals were used as a source of data. The documentation of these reflections assisted the researcher to maintain an awareness of growth that was taking place within the group interactions (Becker & Duncan, 2010). The group process notes were analysed by looking for meaningful or repetitive themes, or patterns.

3.7.2 Pre-assessment: Semi-structured interviews

The research also made use of a semi-structured interview method. The strength of a semi-structured interview is that it consists of some structured questions which provide a framework for the interview, but allows for a deeper exploration of unanticipated information during the interview. This means that participants are able to tell their experiences openly within a flexible framework (Smith & Osborn, 2003). The flexible nature of this method places the researcher in a position to follow up on unforeseen interesting and important issues that may come to light during the interview (Smith, 2004).

Phenomenology maintains that the researcher cannot be detached from his/her own presumptions and that the researcher should not pretend otherwise (Groenewald, 2004). The semi-structured interview questions were conceptualised around the research topic and aims (Groenewald, 2004). Various questions in the pre-interviews aimed to explore what impacts the sexual abuse had on their self-esteem and relationships. It has been well documented in literature that children and adolescents who have been sexually abused experience low self-esteem, distorted self-worth and damaged relationships (van der Merwe, 2008). I wanted to explore the idiosyncratic experiences of such damaged self-esteem and interpersonal relationships with the participants to get a base line understanding before the intervention was conducted.

The intention of this research was to explore what possible impacts the group intervention had on participant's self-esteem and interpersonal relationships. Therefore the questions in the post-interviews were focused on how they experienced the group intervention in terms of what impact it had on their self-esteem and interpersonal relationships.

I conducted one private, semi-structured interview with each participant on a one-to-one basis before the group intervention commenced. The interviews were conducted in English. The interviews were audio-taped and a verbatim account of all verbal utterances of participants during the interviews was transcribed by the researcher. I used an interview schedule which contained the following questions:

Pre-assessment: Semi-structured interview questions

- How did you feel when you were asked to participate in a group intervention?
- How do you feel about participating in a group intervention compared to seeing a counsellor in an individual session?
- How would you describe self-esteem?
- When you compare yourself to others, how does it make you feel about yourself?
- In what ways would you say being a survivor of sexual abuse has impacted on your self-esteem? (I used probes for example: Why would you say so? How was the experience? How did it impact your life?).

3.7.3 Post-assessment: Semi-structured interviews

After the ten-week programme had come to the end, I conducted another round of semi-structured interviews with each participant. The questions in the interview focused on how they experienced the group sessions, as well as how they experienced self-esteem and relationship development in the group. The following questions were used:

Post-assessment: Semi-structured interview questions

- How did you experience the group intervention?
- What did you learn about yourself by attending the group intervention?
- Do you feel your self-esteem has been affected by attending the group intervention, and if so, in what ways?
- What did you learn about relationships by attending the group intervention?

- Do you feel your relationships have been affected by attending the group intervention, and if so, in what ways?

3.7.4 Group interview

In the final session of the group intervention, the group members were asked to bring together all the art activities they had done throughout the intervention. They compiled a “handbag” of all the artwork to keep with them after the group had ended. As the art activities made up a large part of the intervention, the participants were asked to explain their “handbag” in order to describe their experiences of participating in the group.

The idea of the group interview was inspired by the collage life-story elicitation technique, also known as CLET (Van Schalkwyk, 2013). The technique involves asking participants to make collages of their experiences to elicit life-stories, and can be used as a research tool to get a better understanding of how individuals experience relationships, and in this case, specifically the group intervention (Van Schalkwyk, 2013). An additional motivation for the “handbags” was to recap what the group members had accomplished in the course of the intervention. The “handbags” were something concrete that the group members could keep with them as a reminder of this experience after the group intervention had come to an end.

3.8 Data analysis

Thematic analysis, specifically Interpretive Phenomenological Analysis, was used to explore and interpret the participants’ interviews. According to Braun and Clarke (2006), thematic analysis involves searching across interviews to find repeated patterns of meaning. IPA is flexible enough to allow unexpected themes or topics to arise during analysis. Thus, IPA researchers do not attempt to prove a hypothesis based on literature, but rather construct broader research questions which allow for the collection of unrestrained data (Smith, 2004). Various themes were identified on a semantic level, and the themes were identified on the grounds of their explicit meanings (Willig, 2008).

There are seven steps in IPA as identified by Braun and Clarke (2006).

1. The first step in the analysis requires the researcher becoming familiar with the transcribed data.
2. The next step is to generate a list of ideas about what the data contains.

3. Thereafter the researcher systematically works through the entire data set with the aim of generating initial codes from the data. (The process of coding involves consolidating the data into meaningful groups as the codes point to aspects of the data that appear interesting to the researcher.) Due to the inductive nature of this analysis, the process of coding is data-driven. This means that coding the data is done without trying to place it into a fixed coding frame.
4. Once all data extracts are coded, the researcher groups the data extracts together within each code. The researcher then sorts the codes into possible themes and gathers all the relevant coded extracts within the postulated themes.
5. Once the researcher has established a set of potential themes, the next step is to review and refine those themes. The researcher does this by revising the coded data extracts to determine if they formed a coherent pattern.
6. Once the researcher has established a satisfactory thematic map of the data, the themes are defined, further refined, and analysed by the researcher.
7. The final step in an IPA is writing up the findings. This is when the researcher identifies themes in the analysis and expands on these themes.

3.9 Quality of data interpretation

Using IPA the researcher aims to gain an empathetic “insider’s perspective” (Smith & Osborn, 2003) of the meaning individuals attach to experiences. This approach to research allows the researcher to study chosen issues thoroughly, with openness and in detail (Willig, 2008). A small sample size is typically used in order to allow for detailed case-by-case analysis of individual transcripts and to provide a thorough account of the perceptions and understanding of the participant (Smith & Osborn, 2003). In the interpretation of qualitative data there are a few processes to attend to in order to assure the quality of data interpretation.

I was aware of the importance of reflexivity, and as such focused on reflexivity throughout the research process. Reflexivity refers to a researcher’s awareness of the direct or indirect effect that her role in the research process may have on the research outcomes (Willig, 2008). The researcher acknowledges that her beliefs, assumptions, background, understanding and values could influence the data collection and analysis (Eagle, Hayes, & Sibanda, 2006). Reflexivity assists the researcher in becoming aware of personal biases that may interfere with the interpretation. In this respect, I was acutely aware of my double role in this research as being one of the group facilitators in addition to collecting data in order to conduct

research. I had an established relationship with the participants. In interpreting the data I made an effort to become aware of my own biases and feelings towards the participants as individuals and as a group.

The credibility of the results in an IPA study is similar to internal validity in quantitative research. Credibility means that the research findings are an accurate reflection of the participants' responses (Bradbury-Jones, 2007). In this study some measures were taken to enhance the credibility of the study and its findings. One way of doing this was to provide a thorough explanation of the data gathering techniques. The interview technique, transcription and data analysis are each elucidated in detail. The informed consent form and the interview guide of the semi-structured interviews are explained and justified for their use in the study. The questions used in the study are framed broadly and openly and leading questions are avoided (Smith, 2004). This portrays the inductive nature of this study as the purpose of the research is to explore their experiences from the perspectives of the participants (Smith & Osborn, 2003).

Data interpretation was done by the researcher with the assistance of an independent co-coder. The research assistant was a fellow counselling masters who had conducted the group intervention with me. The research assistant also interpreted the data to verify the accuracy of the interpretation. This was done to make sure that the voices of the participants were heard in the findings.

I kept a weekly reflective journal of the group processes and often consulted with the other facilitators and the group members about my interpretation of the group process and their experiences of the group intervention (Eagle et al., 2006).

Transferability of the results in an IPA study is similar to external validity in quantitative research. An IPA study cannot make accurate statements about the external validity of the research findings as the findings are context-specific. The research findings may not be true for a different context or even in a similar context at a different time. The researcher must give the reader a detailed and rich description of the data, the research process and the findings so that the reader can make conclusions about the possible transferability of the research findings to other similar contexts or groups (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

I used various data sources which could be triangulated to enhance the quality of the data interpretation: The facilitators' reflective weekly journals, the data from the pre -and post-interview with each of the six participants, as well as a post-test group semi-structured interview. Therefore, the various and rich forms of qualitative data sources add to the credibility and transferability of these results to other similar contexts or groups (Morse et al., 2002).

3.10 Ethical considerations

The implementation of the group intervention formed part of the Community Psychology module of the Masters Counselling Programme for 2013 and was supervised by the lecturer who is a registered counselling psychologist.

I obtained written and verbal informed consent from the participating group members (see Addendum 1), as well as written informed consent from their parents or guardians (see Addendum 2). Participants and guardians were fully informed of the procedures and general purposes of the research prior to signing the consent form. Confidentially and anonymity of participants was explained to the participants in detail and adhered to by the researcher at all times during the research process (Wassenaar, 2006).

Consent for the interviews formed part of Itsoseng's clinic consent form which stipulates that assessments and interventions that take place at the clinic can be used for research purposes (see Addendum 3). I obtained written permission from the clinic director (Dr. Linda Blokland) (see Appendix 4) to pursue the intervention and the research. Ethical clearance for the project was obtained from the Ethics Committee of the Faculty of Humanities.

The participants were informed that their participation in the research was of a completely voluntary nature and if they did not wish to participate that there would be no negative consequences (Babbie, 2008). The participating group members were also informed that they would be able to withdraw from the research at any given time if they wish to do so, without suffering any negative consequences (Gravetter & Forzano, 2009).

Even though the content of the group intervention was focused on self-esteem and not on the sexual abuse *per se*, the group consisted of females who were survivors of sexual abuse. Furthermore, the group intervention consisted of people who had already received some individual counselling at the Itsoseng Clinic pertaining to the sexual abuse. It was made clear to the participants that if they at any point during the group intervention felt that they needed

individual counselling pertaining to the sexual abuse, they were encouraged to make use of the Clinic's individual counselling services. The participants needed to have easy access to the clinic in case they required individual therapy, and therefore needed to live in close proximity to the clinic to ensure that transport costs would not hinder their access to therapy. Psychological support was also made available to the group members after the group intervention had come to an end.

A researcher should strive to conduct research within the boundaries of her current research capabilities and competence (Gravetter & Forzano, 2009). To this end, I am trained in trauma counselling and am competent to facilitate group interventions.

All the data collected during the course of the research was treated with care and confidentiality. I made use of pseudonyms in data transcription and analysis. The participating group members were treated with respect and dignity to ensure that no physical or psychological harm was done to the group members during the course of the intervention (Gravetter & Forzano, 2009). Furthermore, it was established early on in the group intervention that all content discussed in the group would remain confidential and would not be discussed outside of the group context. In order for group communication and cohesiveness to form it was necessary to establish group norms (Yalom, 1985). The facilitators constantly reminded group members of the importance of confidentiality, and the members respected and adhered to this norm.

During the study, all the audio tapes, transcribed material was kept in electronic format on a password protected computer to which only I had access. The facilitators' and my reflective journals were kept by facilitators and myself during the group intervention but are now being held, along with the electronic material, in safe storage on a password protected computer to which only I had access.

3.11 Summary

Chapter 3 provided an overview of the research inquiry and methodology. The chapter outlined the weekly group sessions and the goals and outcomes of the expressive activities. This research adheres to an interpretive paradigm and makes use of a qualitative methodology. The study focuses on exploring the internal reality of the participant's subjective experience of self-esteem and relationship development in the context of a group intervention by conducting pre- and post-group intervention semi-structured interviews.

The next chapter will discuss the research findings from the pre- and post- semi-structured interviews and the themes that arose from the qualitative data.

CHAPTER 4

IDENTIFICATION AND DISCUSSION OF THEMES

4.1 Introduction

Chapter 3 described Interpretive Phenomenological Analysis (IPA) as an approach to analyse the experiences of the six group members who participated in the group intervention. Pre-and post-semi-structured interviews were conducted with each participant. The interviews focused on how their experiences of being a survivor of sexual abuse impacted on their self-esteem and how they experienced the group intervention. Reflective journals kept by each facilitator documented the group processes on a weekly basis and were also used as a source of data. In addition to individual semi-structured interviews, I also conducted a group interview at the end of the intervention. The group interview focused on the participants' descriptions of their experiences and development based on their art activities completed throughout the intervention. The group process based on the reflective journals will be discussed first, thereafter themes identified from the interviews and group session will be given.

4.2 Group processes

In the early phases of the group's development the group members and the facilitators were unfamiliar with one another. However, during the course of the group's development, the facilitators (as recorded in their journals) recognised processes of trust, commitment, self-disclosure and identification with others, as well as the development of empathy and friendships.

The first session involved discussing mindfulness and values. In the group discussion afterwards, one of the older girls opened up about her experience of sexual abuse and became very emotional and tearful. Upon reflection, the group facilitators noted that mindfulness and values activities may have been too intense for the first session. A gentler introduction to the intervention may have been to start with a light-hearted ice-breaker in the form of a game. However, reflecting on the entire process of this specific group, it is possible that the willingness of that member to share her painful emotions with the group within the first session set a climate in which members could feel secure in sharing personal information and expressing their emotions.

Many common experiences were shared in the group discussion after the mindfulness activity such as loneliness and struggling to feel happy, but always having to put on a happy face, even if it is not how they were feeling inside. In response to this, the facilitators chose and/or created expressive activities for future sessions that were aimed at creating space for members to work through both positive and negative emotions, in such a way that these feelings could be explored honestly in order to bring about integration and healing.

I believe that the expressive activities helped the girls to express both positive and negative emotions. This facilitated a process of self-awareness and mindfulness, which may have helped them to take control of their emotions.

The older members in the group (one sixteen-year-old and two seventeen-year-olds) bonded quickly and walked out of the clinic talking and laughing together. The two younger girls (thirteen years old) did not bond as quickly with one another. Both of the younger members were shy and introverted and would only share briefly when asked to, or when it was their turn. However, as the group progressed the younger girls opened up a little more with each session. By the sixth session I saw them walking with the other members outside the clinic, talking and laughing with them.

I believe that the age gap between the two younger members and three older members played a pivotal role in the group processes. The younger members looked up to the older members as role models. The older members served as examples of people who have been through sexual trauma, but who have survived and have managed to prosper in life despite this trauma.

The older members took on a very supportive and protective role with regard to the younger girls. The older girls would always make an effort in the group sessions to encourage the two younger members to share and would give them a lot of confirmation and support when they did share. This further encouraged their emotional expression.

By the sixth session of the group intervention, the oldest member had joined (aged nineteen). It was through her participation in making feeling bracelets that I noticed the progression of the other participants who had been attending from the beginning. When asked to share her experience of the activity, the new member shared at a superficial level, stating that she had chosen bright colours because she likes to feel happy. In contrast, the members who attended all the sessions shared at a much deeper level. This highlighted the growth that

had occurred within the group members. The regular group members structured their bracelets in a narrative form; usually depicting a negative event, the feelings that arose from that event followed by what coping mechanisms they used to deal with the negative event.

By the time the members had reached the final session of the group intervention the facilitators could see the growth in all members in terms of their ability to communicate their needs, listen to others, give and receive empathy, as well as their ability to express and talk about emotions. The last session was very emotional for the members as they bid farewell to the facilitators and their fellow group members. The facilitators encouraged members to stay in contact with one another by swapping phone numbers in the final session. When I made contact with some of the members a few months after the intervention had ended, I was pleased to hear that many members had kept in contact with one another after the intervention had come to an end.

4.3 Identification of themes

Thematic analysis was used as a means of exploring and interpreting the participants' interviews before and after the group intervention. According to Braun and Clarke (2006) thematic analysis involves the searching across interviews to find repeated patterns of meaning. IPA researchers construct broader questions within the themes identified in literature relating to the research question, with the aim of gaining a richer understanding of a person's lived experience (Smith & Osborn, 2007).

Themes are meaningful aspects of data that form patterns that encompass the full extent of data related to the research question. Themes can include recurring behaviour and social activities, conversations, emotions and beliefs. These themes are guided by literature and then related back to the literature to create an interwoven understanding of complex ideas and processes (Braun & Clarke, 2006).

Five members participated in the pre-intervention semi-structured pre-interviews and all six members participated in the post-intervention semi-structured interviews. I have selected quotes from the responses of participants to illustrate common themes. The following pseudonyms for the participants are: Ayanda (age thirteen), Faniswa (age thirteen), Kgomotso (age seventeen), Zandile (age sixteen), Puleng (age seventeen) and Selina (age nineteen).

4.4 Themes

4.4.1 Theme 1: Isolation verse Belonging

The group intervention was designed to be a safe, therapeutic environment where the group members could come together and share positive experiences with one another. Survivors of sexual abuse may have problems forming healthy relationships with other people. For this reason, questions in the pre-intervention interviews focused on how participants experienced being invited to a group intervention.

Some members expressed excitement about attending a group intervention, especially at the prospect of being around people who would understand what they had been through. Kgomotso and Puleng said that they felt as if people who had not been through what they have been through may not understand. They therefore did not feel they could speak openly about their feelings with others. Members harbored feelings of embarrassment and isolation after the sexual abuse. They could not express these feelings openly within other relationships as they felt others could not understand what they have been through.

Participants also expressed a need to be understood and accepted. The stigma and shame around sexual abuse often makes it difficult for survivors to talk about what happened to them and to receive the support they need. They felt lonely and expressed the wish to belong to a group where they were understood. The group intervention created a context for participants to receive the support and empathy they did not experience in other contexts.

“I felt so excited because I would love to participate... I was happy to have somewhere to go after school” (Faniswa).

“It was an emotional feeling because I wanted someone to hear what I was feeling. I really wanted to talk to someone who cares about how I feel and I thought at least I can share my feelings with someone and I don’t need to keep it all in. It’s nice to know that there are people out there who care about what other people are feeling and thinking” (Kgomotso).

“I felt like it was not only me, maybe I would get better to hear someone else’s side of view, maybe how they feel and maybe I’ll just find something... so I was happy” (Zandile).

“A lot of the time I feel alone because people don’t know what I have been through so it’s not that easy to engage with them in my life and it’s not easy for me to tell them what I have been through... It’s embarrassing and I don’t want to be a burden” (Puleng).

In the post interviews members were asked how they experienced the group intervention. All members reported experiencing the group intervention as having positive impacts on their lives. Members also reported that their close family members encouraged them to go to the group intervention, indicating that that the positive effects from the group were also seen by outside people who knew the participants.

In the pre-interviews it was expressed that members were excited to attend a group intervention within a context where they felt they could express their pain without worrying about the judgment and embarrassment that often came with talking about the abuse. When participants spoke about how they experienced the group intervention in the post-interviews they said that it was helpful to have people who had been through similar experiences. From this I contrasted the theme of isolation with belonging.

“Every day Thursday approached I would be like, this is the good day of my week, like today is the day I am going to meet someone who cares about what happened to me, so I would write it down in my dairy and be so excited. I would always talk to my mom about the group and she would always say that she’s happy I am doing something about what happened to me” (Kgomotso).

The group members reported feeling misunderstood and shameful about what had happened to them, and this led to feelings of isolation and confusion. Two themes emerged from the group processes that acted as an antidote to their feelings of isolation and confusion: the experience of not being alone and modelling behavior to one another.

4.4.2 Theme 2: Experience of not being alone

I observed in the group sessions that participants shared personal information with the group. The experience of not being alone was an important part of their journey to recovery. Because many victims tend not to talk about their experience of sexual abuse (for reasons explained earlier), having a space where members could realise that they were not the only ones who had been through trauma was therapeutic for the members. The environment created an opportunity for the members to gain support and strength in knowing others had been through similar trauma and survived.

“I feel I have suffered so much that I wanted to die, but then I think there are others who have suffered more and they don’t want to die... and that makes me think that if other people can live through it and come out the other side... so can I” (Kgomotso).

“At the beginning it was hard to talk about my feelings and my experiences, but then I came to realize that I am not the only person who had been through a bad situation same as mine” (Puleng).

“Listening to other people tell their stories, I realize I am not the only one that hurts. It was a lot easier to accept what happened” (Faniswa).

4.4.3 Theme 3: Modelling behaviour to one another

As discussed in the beginning of this chapter, the older members often acted as role-models to the younger members, by giving them support and encouragement. The two younger members (Faniswa and Ayanda) were both quiet and had limited emotional expression, where the older members (Kgomotso, Zandile, Selina and Puleng) could express their feelings and participated in the group discussions. The older members took on a very supportive and encouraging role in the group, and this established a group norm in which members were accepting and supportive of one another. By accepting the older members’ guidance and support, the younger members also confirmed the older members by making them feel respected and valued.

Quotes that illustrate this theme:

“The group helped me to treat people a bit better” (Faniswa).

“The group helped me to start treating people better and to start talking about my emotions” (Kgomotso).

“The support group made me realize that I should think about other people” (Ayanda).

“The group also taught me to believe in myself so when I see other people I can smile and say hello, rather than staying alone and locking up in your room” (Puleng).

4.4.4 Theme 4: Emotional repression vs emotional expression

In the pre-intervention interviews participants spoke about their desire to move on from the trauma of being sexually abused. However, despite their best efforts participants struggled with strong emotions of anger that were usually triggered by small things, or when they heard of other people who have also been sexually abused. Group activities were developed with the aim of encouraging emotional expression. In the post-intervention interviews the participants expressed how relieving and therapeutic they found this platform to be in terms of being able to express their emotions. It also gave them the opportunity to learn more about themselves.

In the pre-interviews I wanted to explore in what ways sexual abuse had impacted on the participant's self-esteem and their relationships with others. These were some responses:

"I sometimes get very angry about it and just want to cry, but then I remind myself that it happened in the past and I just need to move on, it's in the past. But then sometimes someone will say just a little thing and I will cry for that minute and be very angry" (Kgomotso).

"I forget about what happened to me. But when I hear someone else they did to him also, I feel bad and then it comes back and then I get angry and cry" (Ayanda).

"I sometimes eat a lot and sleep a lot and have a short temper. I used to laugh and make jokes and I didn't lose my temper. But after it happened I found those things difficult to do, I hated my class mates, especially because they are mostly boys. I became very sensitive, I cried easily" (Puleng).

In the pre-intervention interviews members expressed feeling strong emotions of anger after the abuse. Members also reported difficulty regulating their emotions as they became more sensitive to certain triggers and would cry easily. Through the data it became evident that two themes were being contrasted: emotional repression vs emotional expression.

The expressive art activities and group discussions were developed with the goal of helping the members express both positive and negative experiences. As a result, the group created a safe context for members to express repressed emotions. They could not only express repressed emotions in a safe environment, but these repressed emotions were also normalised within the group context as members would often relate to each other if they had

similar shared negative emotions. This group experience had two processes: firstly it confirmed to the members that they were not alone in their suffering, and secondly it normalised some of the distressing and overwhelming negative emotions the girls had bottled up inside. Both of these processes were seen to encourage emotional expression.

Quotes that illustrate this theme:

“I felt like I was free, I felt like I could say anything and be myself. It felt like I was talking to people who I had known for a long time, not like strangers” (Puleng).

“I could share my feelings with someone and I don’t need to keep it all in. It’s nice to know that there are people out there who care about what other people are feeling and thinking” (Kgomotso).

“I’ve learnt that even people you don’t know, you can open up to them and that being around people is a lot easier than being alone” (Zandile).

“It helped me to start treating people better and to start talking about my emotions” (Faniswa).

“I learnt how to talk to other people. Before I didn’t like talking to others. When I was in a bad mood I just kept quiet. When someone can just make a little mistake I will get angry. The group helped me not to get angry so quickly” (Ayanda).

4.4.5 Theme 5: Improved self-awareness

Many of the expressive activities were developed with the aim of creating a platform for self-exploration and self-discovery. The expressive art activities encouraged the girls to become more aware of both their positive and negative emotions, which helped the girls develop a holistic self-concept (by exploring both the negative and positive parts of themselves). The activities were aimed at exploring how they coped with negative emotions, which invariably also highlighted the members’ strengths, values and coping mechanisms for dealing with these negative emotions. Furthermore, by exploring both the positive and negative parts of the girls’ self-concepts, it increased their self-awareness by helping them become aware of both their weak characteristics, as well as their strengths.

Furthermore, because it was a supportive atmosphere the members could not only talk about their negative experiences and emotions, but they could also explore what positive

traits or coping mechanisms they had employed to cope with negative emotions/experiences, which in turn fostered more positive self-esteem.

Some quotes that illustrate an increase in self-awareness are:

“I have learnt so many things about other people and about myself... mostly about myself and how to communicate with other people” (Puleng).

“It made me realize a lot of things about myself and about others. I didn’t realize how strong I was until I came here to this group” (Selina).

“I also learnt a lot about myself and who I am and what makes me happy, what makes me sad” (Zandile).

“I feel as if I can be myself around people more and I don’t get as angry as easily with my classmates... like I was always moody and I would just say yes to things that I wanted to say no to... but the intervention group helped to remind me of the good in me and helped me to change” (Kgomotso).

4.4.6 Theme 6: Improved self-esteem

In the post-interview I was interested in finding out in what ways being a part of the group intervention had impacted on their self-esteem, as well as what impact it had had on their relationships with others. All members reported positive impacts from the group intervention on both their self-esteem and relationships. The group interaction helped the girls to develop self-awareness and acknowledge their personal strengths and bravery, which in turn impacted on their self-esteem.

Quotes that illustrate this theme:

“For me it was life-changing. Because when I came here I was so down and I didn’t even see the good in me and I was angry all the time. Since I came here I off-loaded a lot of weight that I was carrying around. It made me understand myself a little better and to just take one step at a time” (Selina).

“I learnt that I need to go on with my life and not to kill myself for something that is not my fault. It gave me courage to go with my dreams” (Ayanda).

“The support group really changed me in a lot of ways. It helped me become confident and nowadays I don’t let small things get to me. I couldn’t even walk in the streets, but ever since I came here, I’ve been putting on my make-up and just smiling and saying that this is the stronger me” (Kgomotso).

“I learnt a lot about myself and who I am and what makes me happy, what makes me sad. It made me proud of myself that I can still stand on my own two feet after everything I have been through” (Zandile).

“The support group helped me to give me power to believe in myself” (Selina).

“The group also taught me to believe in myself so when I see other people I can smile and say hello, rather than staying alone and locking up in your room” (Faniswa).

“The group made me realize how important self-esteem is” (Zandile).

“I used to write bad things about myself in a book, but now I can write good things now I don’t sleep so much anymore and would rather be around friends” (Zandile).

4.4.7 Theme 7: Improved relationships

The group members experienced positive relationships with others in the context they felt understood and accepted in. Some members could see the importance of social relationships and sharing your feelings with others. Benefiting from the positive relationships they had built with one another seemed to have improved their relationships with people outside the group. It motivated some members to spend time with friends instead of being alone.

In the pre-interviews many members commented that they found it difficult to be around people after the sexual abuse had happened. Members reported avoiding social contact, as well as a preference for being alone or sleeping. The group intervention created a social environment which they could enjoy without feeling they were a burden to others, because the members had all been through the same trauma. Thus, the pressure of having to be “normal” and socialize about everyday things was taken off the members. The group offered them a context where there could say and do whatever they felt without the pressure of having to “keep up appearances”.

“I used to sleep all day, to avoid being around people, drinking a lot...I used to write bad things about myself in a book. But now I feel good things. I don’t sleep so much anymore and would rather be around friends” (Puleng).

“I thought maybe they were just pretending but now they are showing that they care about me” (Kgomotso).

“The intervention group helped me to have a better relationship with my mother” (Zandile).

“The intervention group helped me realize that I need to work on my self-esteem and it also helped me to start treating people better and to start talking about my emotions” (Selina).

“I learnt that relationships in life are important” (Faniswa).

4.4.8 Theme 8: Value of group intervention for participants

In the final session the group members were asked to bring together all the art activities they had done throughout the group intervention in a “handbag” to keep with them after the group had ended. Making the “handbags” served as an integrative activity to reflect on what they gained from the group.

The participants felt a strong sense of pride and accomplishment when reflecting on all the activities they had done. The “handbags” reflected their own personal journeys and the hardships they had overcome. The “handbags” could serve as a reminder on how to deal with difficult situations.

Participants found value in not being required to talk about the sexual abuse. The group intervention and expressive activities acted as an indirect way of dealing with the trauma without having to re-tell details of the trauma. For participants this was valuable as they expressed distress at having to relive or talk about the trauma.

Quotes that illustrate this theme are:

“This is my handbag... it contains my personal things... my life and my journey... and the impact of my journey and the changes of me. When I am angry or disappointed, I will look at it and I know it will make me smile because I have done something good and not only that I value myself only but there are also other people who value me” (Zandile).

“This handbag says a lot about me and my dreams. I will always keep it with me so I can show it to my children” (Ayanda).

“When I look at the poems and art in here it reminds me to be strong and to be proud of myself... it reminds me what big steps I have taken. It has helped me to be less shy... I can look at you now because I am proud myself” (Puleng).

“I see intervention group is better than alone counselling because they ask too many questions that you don’t want to talk about. They try to make you talk about things you want to forget ever happened to you” (Faniswa).

4.6 Summary

In this chapter the participants’ experiences were analysed using various sources of data. The facilitator’s process notes were analysed to understand the group dynamics. Pre- and post-intervention interviews with participants were analysed to understand how participants benefitted from the group intervention. The main themes from the interviews were the following:

Table 3: Summary of themes	
Theme 1: Isolation verse Belonging	The group intervention created a context for participants to receive support and empathy they did not experience in other contexts.
Theme 2: Experience of not being alone	They gained support and strength in knowing others had been through similar trauma and survived.
Theme 3: Modelling behavior to one another	Older members acted as role-models to the younger members. This established group norms of acceptance and support of one another.
Theme 4: Emotional repression vs Emotional expression	They could express repressed emotions and learn that others shared similar negative emotions.
Theme 5: Improved self-awareness	Participants became aware of positive and negative parts of themselves.
Theme 6: Improved self-esteem	Self-awareness and emotional expression had

	a positive impact on self-esteem.
Theme 7: Improved relationships	Positive relationships in the group helped them to improve their relationships with people outside the group and highlighted the value of healthy relationships.
Theme 8: Value of group intervention for participants	The participants' felt proud when reflecting on their growth. They appreciated the indirect ways of dealing with trauma that the activities and group provided.

In chapter 5 the results from the research will be discussed.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

The concluding chapter of this research will discuss the qualitative results of how participants experienced the group intervention. These results will be discussed in relation to existing literature on survivors of sexual abuse, self-esteem, interpersonal group processes and relationships. The strengths and limitations of the study will be given.

5.2 Components of the intervention that brought about change

Based on the themes identified from the interviews I identified three components of the intervention that helped to bring about change and growth in the participants. These components of the intervention and the corresponding themes will be summarized in table 3 and discussed below.

Table 4 Components that bring about change

Components of intervention		Corresponding themes
Group dynamics	The participants realized that they were not the only ones who had been through trauma. Members modelled behaviour to one another and accepted one another without judgment.	Theme 1: Isolation vs belonging Theme 2: Experience of not being alone Theme 3: Modelling behaviour to one another
Expressive exercises	This gave members a platform to do self-exploration and to learn more about themselves.	Theme 4: Emotional repression vs emotional expression
Group discussions and challenging questions	Discussion helped members to get a different perspective and to express some negative experiences, as well as strengths and coping mechanisms.	Theme 5: Improved self-awareness Theme 6: Improved self-esteem and relationships

5.3 Group dynamics

The facilitators aimed to create a safe, therapeutic environment where the group members could come together and share positive experiences with one another. Survivors of sexual abuse may have problems forming healthy relationships with other people. While isolation may protect survivors of sexual abuse from re-experiencing painful emotions, it also prevents them from engaging in healthy relationships, and the benefits that strong, positive relationships bring (Spies, 2006).

According to Saiger, Rubenfeld and Dluhy (2008) a major component of healing involves restoring valued membership in a valued group. The intervention group became a valued group for the members and created a group context in which they could become valued members. The first step in effective group work involves the establishment and maintenance of a cohesive group unit (Yalom, 1985). The members of this group bonded quickly because they felt they had all been through similar pain and could therefore understand one another and relate to each other in ways that they could not relate to others outside the group (theme 1). They learned that they were not the only ones with these experiences (theme 2).

As the ten week programme progressed the group provided members with emotional support and understanding. It gave members the opportunity to talk about their problems and to find meaning in their pain. They learned from their own experiences as well as the experiences of other members (theme 2).

Group cohesiveness was an important factor that set the stage for other group processes to unfold (Van Vlaenderen & Neves, 2004). By creating a safe and cohesive group environment where members could feel confident enough to share painful stories and emotions helped the members obtain another perspective on their experience of trauma (theme 2). Through this process the members were able to identify and discuss their strengths, values and coping mechanisms (Snyder et al., 2011). This process enabled the group members to utilize their local knowledge to solve their own problems and to offer advice to other group members (theme 3).

A cohesive group environment entails elements of trust, warmth, empathic understanding and acceptance (Yalom, 1985). As discussed in chapter 4, the older members adopted a

supportive role towards the younger members by offering them advice and encouragement (theme 3). This dynamic helped to create a warm and cohesive environment amongst group members. Survivors of sexual abuse might experience confusion and isolation which may make it harder for them to build meaningful social connections (Sadock & Sadock, 2007). Therefore, an accepting and empathetic group environment lessened their feelings of isolation and encouraged them to express their emotions.

5.4 Expressive exercises

Survivors of sexual abuse are often left with a vast array of emotions; be it anger, sadness, guilt, or loneliness. However, young victims of sexual abuse frequently find themselves unable to describe what happened to them, not having the language or knowledge of adult actions such as sexual intercourse (Pifalo, 2011). Individuals often feel too threatened or embarrassed to talk about the sexual abuse. They do not want to be a burden to others thus they bottle up a variety of powerful emotions. In the pre-interviews participants spoke about being overcome by powerful emotions, such as anger and sadness, which they did not know how to cope with. Participants reported feeling fine the one minute, and then being triggered by something small that would make them extremely angry or upset and tearful the next minute. As a result, many participants reported having to “put on a brave face” while experiencing negative emotions on the inside (theme 4).

This is a coping mechanism to protect oneself against the invasion of sexual abuse. Sexual abuse often results in immense feelings of shame and guilt for the victim. As a result of this shame and guilt, many of these individuals attempt to deny and/or forget the abuse that happened to them (Ullman, et al., 2009). Although this repression functions as a protective mechanism against unbearable pain, it can still influence the individual’s functioning. Many of the participants’ reported psychological complaints of anger, hostility, emotional numbness, concentration problems and relationship problems may be a manifestation of underlying feelings.

In the pre-interviews one participant spoke about how she does not like turning to her friends and family for emotional support because she worries that she would be burdening them. Another participant commented that she does not like talking/thinking about the sexual abuse. This theme resonated amongst the group participants in that they also reported a desire to want to move on from the trauma and not look back on the past. In the post-interviews one participant commented that she preferred the group intervention to individual counselling.

She did not want to go back and talk about the sexual abuse (theme 4). She appreciated that the group intervention did not focus on re-telling the trauma, but rather dealt with the trauma through art and group discussions.

The activities that were done throughout the group intervention were aimed at creating a platform for the participants to talk about their feelings, the ways in which they express their feelings, as well as how they cope with carrying around negative emotions on the inside. In the post-interviews the participants all spoke about “feeling free” in the group and reported feeling comfortable enough to open up and disclose personal information. Although it was not the focus of the intervention to re-tell their stories of sexual abuse, some of the participants expressed their feelings and experiences which helped them to deal with it (theme 4).

Some of the memories and feelings around the trauma may have been dealt with in the trauma debriefing the participants received before joining the group. The group context made the girls feel accepted and understood amongst peers who had been through similar trauma, which encouraged emotional expression and challenging group discussions. These expressions helped the participants to feel that they offloaded emotions and helped them to open up to new experiences.

5.5 Group discussions and challenging questions

The expressive art activities were developed with the intention of creating a platform for the participants to express their thoughts and feelings about themselves openly and honestly. Expressive art activities are a useful tool in helping individuals express and thus gain a greater understanding of their feelings and behaviours (Backos & Pagon, 2011). This was done by making collages, mirrors, ladders, poems, fold-out people that represented the good and bad qualities of the participants. Through these activities the participants came to learn more about themselves. Participants reported in the post-interviews that the intervention helped them to become more self-aware of their feelings, their strengths and weaknesses, and the quality of their relationships (theme 5).

The collages and artwork served as visual representations of their strengths, qualities and achievements. The participants enjoyed the art activities and discussions and reported that they helped to increase self-knowledge. Being able to openly discuss their art with other

group members further served to validate their strengths as well as learn from each other's strengths.

In the final session, the participants reflected on their development throughout the intervention. The group participation made them realise what strength it took to overcome the traumatic experiences they had been through. Although some of the activities challenged the girls to think of painful emotions and their weaknesses, the focus and outcome of the activities was for the girls to become aware of their strengths and bravery (theme 5).

5.6 Improved self-esteem and relationships

Participation in the group interaction brought about change in the participants in terms of their self-esteem and personal relationships. Children and adolescents who have been sexually abused may have severely damaged self-esteems (Spies, 2006). As sexual abuse is usually associated with the abuse of power by an adult over a child or adolescent, it may cause the child or adolescent to internalise certain truths about themselves and the world—such as they are not worthy of love and protection (Fergusson & Mullen, 1999).

The experience of an accepting group environment and the expressive activities encouraged self-awareness and emotional expression amongst members. The expressive art activities created a platform for the participants to express difficult emotions and have challenging group discussions. This allowed for a holistic exploration of the member's self-concept as well as receiving feedback on how others experienced them. The development of healthy relationships within a non-judgmental environment encouraged self-awareness and emotional expression, which had a positive impact on self-esteem.

According to Vorster, Roos and Beukes (2013) human beings are psychologically well when they have positive experiences and relationships with others. However, sexual abuse survivors may prefer their privacy as social contact may make them anxious (Spies, 2006). Their feelings of low self-worth and guilt make it difficult to engage with other people and can lead to further isolation (Spies, 2006). In the pre-interviews participants expressed a desire to be alone and many reported withdrawing from friends and family. Yet, when they were invited to attend a group intervention, participants reported feeling excited to meet new people. Sexual abuse survivors may experience a great deal of confusion because they may yearn for and fear intimate relationships at the same time (Spies, 2006).

The experiences in the group contributed to change on an individual level and brought about change within the family and community systems of the participants (Yalom, 1985). Participants reported having improved relationships with their parents and peers. In the pre-interviews participants reported being easily angered by others or overwhelmed by emotions that they did not know how to cope with. In the post-interviews they reported that the group intervention helped them to improve their interpersonal relationships and coping mechanisms.

The group context lessened their feelings of shame, embarrassment and repression because they all knew that they had been through similar traumas. It created a context for participants to be amongst others who had been through similar pain which gave comfort and courage. The group intervention made participants feel understood and accepted which lessened their feelings of confusion and isolation. The group context presented the members with a corrective interpersonal experience in which members were able to learn from each other, model behaviour, and support one another. The group highlighted their strength and bravery which fostered self-esteem development.

5.7 Strengths of the study

This research used qualitative research methods of collecting, analysing, and interpreting data by observing what participants do and say. In qualitative research the process is just as, or more, important than outcomes or products (Denzin & Lincoln, 2005). I acted as one of the group facilitators and the interviewer conducting pre and post interviews. This double role allowed me direct access to observe the group processes and individual development throughout the intervention, with the added input from the other group facilitators.

I was aware that the relationships with the participants may have created personal biases that could have interfered with the interpretation and as such remained reflexive throughout the process. The relationships I had built with the participants were based on trust and acceptance. For this reason, the therapeutic relationship between me and participants is a strength of this research as rapport between the researcher and participants was already established.

I believe that the well-established relationship between me and participants led to richer data collection. The participants' experience of the research process was less anxiety

provoking because they were familiar with the facilitator and the interviewer. This made participants feel comfortable to share personal information with me given their relationship.

The nature of qualitative research is exploratory and open-ended. The direction the research will take only arises after the researcher has been collecting data and spending time with the participants (Denzin & Lincoln, 2005). Although the group intervention was structured with the aim of improving self-esteem and relationships, feedback from the group members was obtained in various ways throughout the intervention. The facilitators actively engaged in discussions regarding growth and development within the group in order to allow the group members with an opportunity to voice their experiences of personal growth and development. The facilitators also provided an opportunity for the members to evaluate whether the group discussions and activities were still in line with their needs. The participants were seen as the experts on the topic of inquiry. This portrays the inductive nature of this study as the purpose of the research is to flexibly explore phenomenon detail (Smith & Osborn, 2003).

Qualitative research maintains that the participants' perspectives are important and strives for uniqueness and understanding of experiences (Smith, 2004). I made use of various qualitative data sources to gain access into participants' perspectives. I used individual interviews, a group interview, and group process notes. These various forms of data collection increased the transferability of the study as I gave a thick and rich description of the participant's experience of the intervention (Morse et al., 2002). I purport that similar groups in similar contexts would likely experience similar benefits to the ones described by the group members.

The use of expressive art activities to facilitate group discussions and interviews is a further strength of the study. Using more mediums than just language is a creative way of obtaining glimpses into the 'lived experiences' of the participant, especially when working with people from different backgrounds who may be limited by language in expressing their feelings (Sturgeon & Keet, 2010). I believe that the expressive art activities created room for emotional expression and challenging discussions.

5.8 Limitations

Ontologically, qualitative researchers do not believe that a single reality exists, but rather that each person experiences his/her own reality that exists as a result of their unique

perceptions (Willig, 2008). The researcher is also a unique individual who exists in the world that is being researched. Qualitative researchers believe it is not possible to conduct research without taking into consideration the uniqueness and biases of the researcher. From this viewpoint, unbiased observation or perception is not possible (Smith & Osborn, 2003).

My double role as co-facilitator and interviewer could have influenced my perspective and analysis of the data. Throughout the course of the intervention the facilitators and group members built up personal relationships. This relationship may have had an effect on the research process as participants may have censored their responses during the semi-structured interviews to be conducive to their perception of my needs. This could have possibly led participants' to detract information or elaborate on information given their existing notions of the research purpose as well as their relationship with me. This may have possibly resulted in participants wanting to present a favourable view of themselves to me, specifically with regards to their self-esteem and interpersonal relationships. This may also have resulted in the specific way I interpreted the data.

The qualitative data revealed that the six participants benefited from the group intervention and reported having improved self-esteem and relationships. The concept of self-esteem and healthy interpersonal relationships is complex and involves many components and processes that will be affected by a wide range of variables that have impacts on an individual's life (Louw & Louw, 2007). Given the restraint of time, resources, and the complex nature of self-esteem and interpersonal relationship, this research was conducted with the small sample of six participants. These findings can only speak for the six participants that took part in the group intervention. Although the data collected from these participants was rich, the limited number of participants reduces the transferability of the findings. This small sample size forms a major limitation to this research. This research would benefit from a larger number of participants as it would increase the transferability of the findings.

5.9 Conclusion

The theory and treatment of trauma as discussed in the literature has focused mainly on individual trauma debriefing (Farham et al., 2013). Most of the treatment models typically involves re-telling the story and dealing with the emotions involved as the main focus of the treatment. These models only address issues of meaning making and encouraging mastery as secondary aims of treating trauma (Hajiyannis & Robertson, 1999).

This intervention for trauma was conducted in a group context that focused on fostering interpersonal relationships, emotional expression, and self-esteem development. The intervention helped members find meaning in their pain so that they could not only heal from their wounds but grow from their pain. The group exercises and discussions acted as indirect ways to reconstruct lives and facilitate meaning making and mastery.

Participants reported in the pre-interviews that they did not like talking or thinking about the abuse, even if it was in a safe therapeutic environment. Responses from the post-interviews revealed that participants appreciated that the focus of the group intervention was different. The focus was not on re-telling the story, although some members had the opportunity to talk about the abuse if they wanted to. Additionally, they got the opportunity to develop supportive interpersonal relationships and improve their self-awareness and self-esteem through art and discussions.

This research proposes an alternative strategy to working with trauma (specifically sexual abuse) in resource restricted areas. The focus need not only be on re-telling the story as the main focus. Expressive self-esteem group interventions can thus be seen as interventions that encourage mastery and creation of meaning amongst members. Therefore, research that explores the benefits of such groups for the treatment of sexual trauma (as opposed to individual counselling) may result in more effective group interventions aimed at survivors of sexual abuse.

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Addendum 1



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Psychology

18 April 2013

Dear Participant

Implementing a twelve week self-esteem programme for an group intervention aimed at adolescents who have been sexually abused: Exploring group members' experience of the self-esteem programme, as well as their experience of relationships in the group

I am currently doing my masters in counselling psychology and am planning to do my masters research mini-dissertation on the following intervention. In an effort to develop an intervention to promote the well-being of adolescents who have been sexually abused, I would like to talk to you and administer questionnaires in order to understand your experiences. I intend to use the understanding we gain from the interview or group discussion to develop an intervention that could assist other adolescents.

Participation in the interviews is voluntary. You can decide if you would like to participate or not. You will not be penalised in any way, if you decide not to participate. Your parent or caregiver must also agree that you can talk to us. Any information gathered in the research is private and confidential, and your name will not be used or disclosed to anyone. The benefit of participating in this research is that you can contribute to interventions at the clinic that could help other patients as well.

If you decide to participate in the research, we will be asking you questions about your experiences of the group intervention, how you experienced relationships within the group intervention, how you understand and experience your self-esteem, and what possible changes may have taken place as a result of them participating in the group intervention. Two interviews will be conducted: one at the start of the group intervention, the other after the group intervention has run. The conversation will be about 20 minutes long. You may talk to the researcher alone or participate in a group discussion. I also plan to administer

two short questionnaires (one on self-esteem and one on interpersonal relationships) which will be administered on two occasions- before and after the group intervention. You also have to agree to participate. If you do not want to answer a question, you do not have to. Non-participation will not affect services and intervention you currently receive. If you feel uncomfortable or experience any difficulty in sharing the experiences, you may stop and withdraw at any stage.

The research results will be shared with the clinic staff but your name will not be attached to the results. The results may be published in a confidential way without revealing your identity. The data will be stored for 15 years at the University of Pretoria for research purposes.

If you have any questions or need more information about the research, you can talk to Jessica du Plessis (084 207 7743) or Prof Maretha Visser at the Psychology Department of the University (012 420 2549).

Hereby I agree to participate in this research.

----- signature -----date

Addendum 2



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Psychology
18 April 2013

Dear Parent/caregiver

Implementing a twelve week self-esteem programme for an group intervention aimed at adolescents who have been sexually abused: Exploring group members' experience of the self-esteem programme, as well as their experience of relationships in the group

I am currently doing my masters in counselling psychology and am planning to do my masters research mini-dissertation on the following intervention. In an effort to develop an intervention to promote the well-being of adolescents who have been sexually abused, we would like to talk to your child/child in your care to understand her experiences. We intend to use the understanding we gain from the interview or group discussion to develop an intervention that could assist other adolescents.

We need your permission to be able to talk to your child. You can decide if you would allow him/her to talk to the researchers. You or your child will not be penalised in any way, if you decide not to participate.

If your child participates in the research, we will be asking him/her questions about his/her experiences of the group intervention, how they experienced relationships within the group intervention, how they understand and experience their self-esteem, and what possible changes may have taken place as a result of them participating in the group intervention. Two interviews will be conducted: one at the start of the group intervention, the other after the group intervention has run. The conversation will be about 20 minutes long. Your child may talk to the researcher alone or participate in a group discussion. I also plan to administer two short questionnaires (one on self-esteem and one on interpersonal relationships) which will be administered on two occasions- before and after the group intervention. Your child also has to agree to participate. If your child does not want to answer a question, he/she does not have to. Non-participation will not affect services and intervention he/she currently receive. If your child feels

uncomfortable or experience any difficulty in sharing the experiences, he/she may stop and withdraw at any stage.

The conversation will be audio-recorded with your permission just for research purposes. There is no real risk involved in participating. Any information gathered in the research is private and confidential, and your name/your child's name, will not be used or disclosed to anyone. We will not share your child's information with anyone you know or attach his/her name to what he/she said. If you/your child would like to talk to someone after the interview, we will refer you to a counsellor at The Itsoseng Clinic. The benefit of participating in this research is that you can contribute to interventions at the clinic that could help other patients as well.

The research results will be shared with the clinic staff but your/your child's name will not be attached to the results. The results may be published in a confidential way without revealing your identity. The data will be stored for 15 years at the University of Pretoria for research purposes.

Please note that during the research process, the researcher will hold an audio recording and transcription of the data on a computer. These files will be secured by a password. When the research process is complete the files will be deleted from the computer. If you have any questions or need more information about the research, you can talk to Jessica du Plessis (084 207 7743) or Prof Maretha Visser at the Psychology Department of the University (012 420 2549).

I agree that my child can participate in the research

_____Signature _____Date

OR

If you do NOT WANT your child to participate in the discussions, please let us know by signing the letter and sending it back with your child at his/her next appointment at the hospital.

Hereby I let you know that I DO NOT WANT MY CHILD TO PARTICIPATE IN THIS RESEARCH.
Please do not include my child in group discussions.

----- signature -----date

Addendum 3



University of Pretoria Tel: 012 842 3515
Department Of Psychology Fax: 086 518 3871
Mamelodi Campus itsoseng.clinic@up.ac.za
Hinterland Street
Mamelodi East

Administration Building Clinic Hours
Ground Floor Mon – Thu: 09h00 – 16h00

CONSENT FORM 1:
CLIENT AGREEMENT TO INTERVENTION:

Name of Client: _____ Surname: _____

Address: _____

Telephone _____ Number: _____

Date of Birth: _____ Age: _____ Male/ Female: _____

Identity _____ number: _____

Supervising Psychologist: _____ Intern/ Student: _____

Nature of Intervention:

ASSESSMENT
THERAPY

Benefits of Therapy and Client Rights:

Therapy can contribute towards the improved ability to cope with stress and difficult life situations, while possibly increasing understanding of oneself and others. Therapy can assist a person in developing new skills and can support one in changing negative behavioural patterns. Furthermore, therapy can facilitate a process where existing resilience and resources of strengths are identified and built upon.

I understand that it is important to mention any concerns or questions that I may have at any time during the process of therapy.

Benefits of Psychometric/ Psychological Assessment and Client Rights:

By means of psychometric and/ or psychological assessment clients can gain better understanding of their current problem and/ or functioning. The assessment results can assist individuals in making better-informed decisions for the future and provide the assessor with information to make appropriate recommendations or plan future interventions.

Through the use of a variety of standard psychological assessment procedures Itsoseng clinic will attempt to answer related questions. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures.

You also have the right to know the test results, interpretations and recommendations, within the limits of the ethical code for psychologists and/ or psychometrists, and the relevant legislation.

Consent:

The therapist will make known to you the benefits and risks, also reflected in this form. I hereby give consent to participate in therapy/ assessment for the sake of addressing

_____.

I acknowledge that informed consent must be obtained before the nature of the intervention or psychological service provided to me may be changed or altered. I also understand that it is my right to withdraw from therapy and/ or psychological/ psychometric assessment at any time.

Confidentiality and Limits on Confidentiality:

I have been advised that all communications with me and all records relating to the provisions of psychological services to me are confidential and may not be disclosed without my written consent. I have also been advised that the law places certain limits on the confidential nature of the psychological service provided to me. Typically these limits on confidentiality may arise if the therapist perceives that there is a risk of harm in situations such as the following:

1. If I present an imminent danger to myself or others – the law requires that steps be taken to prevent such harm;
2. If a child is in need of protection – a report must be filed with the relevant agency or authority;
3. If a vulnerable adult is abused or neglected – a report must be filed with the appropriate government agency;
4. If a court orders the disclosure of records.

Acknowledgement and Consent:

I acknowledge that I have read and understood the information contained in this document, and that any questions or concerns that I had have been answered. I hereby give my consent.

I would like to be informed of any Event/ Workshop/ Support Group presented by Itsoseng clinic which may be beneficial to my growth/ healing. Yes No

Name _____ **and** _____ **Surname:** _____

Signed: _____ **Date:** _____

I hereby give permission for my files to be used for Research purposes and understand that no identifying information will be disclosed. Yes No

Signed: _____ **Date:** _____
