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YUNIBESITHI YA PRETORIA

Cognitive emotion regulation, proactive coping and resilience in adult survivors of child sexual abuse

by

Beverley Buckley-Willemse

submitted in partial fulfilment of the requirements for the degree

Philosophiae Doctor

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Promotor

Dr Salome Human-Vogel

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If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment

Marcus Aurelius (Meditations, 175 A.D.)

This piece of work has opened my eyes, broken my heart and, after a long, emotional journey, it has given me incredible hope. Hope in the strength of women who have been hurt beyond what anyone should ever be expected to endure and yet emerge with a resilience that demands the highest respect. My life has changed because of these eight women's lives of faith and strength and the millions who have similar stories to tell. Never will I doubt the power of God to make beautiful vessels from shattered pieces of heart and soul.

I would like to dedicate this thesis to the two most honourable men I know – my father and my husband. I thank them for their love, respect and protection and pray that my two sons will follow in their footsteps.

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- My husband, Ian, for believing in me when I really did not believe it was possible to carry on! Thank you for the many years that you have patiently supported my academic ventures! Without your understanding, none of this would be possible! Thank you for the support I know you will give in the future.

SUMMARY

Researchers have not been able to ascertain how survivors of childhood trauma, especially sexual abuse, develop resilience. To explore resilience and what influences its development, this mixed-method study investigated the roles of cognitive emotion regulation and proactive coping byusing a critical-realist ontology.

The data was collected from eight women (between ages 25 and 56) who considered themselves to be resilient survivors of severe child sexual abuse. Harvey's (2000) Multidimensional Trauma Recovery and Resiliency Interview (MTRR-I), the Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij & Spinhoven, 2002) and Greenglass's (1999) Proactive Coping Inventory were used to gather the data necessary to determine whether resilience is influenced by cognitive emotion regulation strategies and proactive coping and to attempt to define what could be considered as traits of resilience in survivors or child sexual abuse. Through thematic analysis, approximately 50 *a-priori* codes were generated and grouped into 23 themes using the Atlas.ti program.

The objective of this study is to explore the relationship between cognitive emotion regulation, proactive coping and resilience in order to better understand, and develop intervention processes that can provide survivors of child sexual abuse and other trauma with the resources needed to be more resilient. Although causality could not be determined between these variables, it became evident that the more often a participant employs adaptive cognitive emotion regulation strategies and the higher the scores on the Proactive Coping Inventory are, the more resilient the participant tends to be. The participants who displayed higher levels of resilience also verbalised that they felt they had dealt with the abuse and had managed to move on in their lives. Even though all the participants considered themselves to be resilient, half of them were functioning at a noticeably lower rate of resilience than the others. All the participants claimed to rely on spiritual strength in some way and attribute their resilience to their faith in God. The higher the levels of resilience, the more the

participants used adaptive cognitive emotion regulation strategies and proactive coping; and the more optimistic their views of the future and the more they considered their lives to be meaningful. Because the study was based on the ecological model of human development (Bronfenbrenner, 1995, 2005,) the interplay of the proximal environment, the individual, the social context and the changes that have taken place over time, were all taken into consideration because resilience, cognitive emotion regulation and proactive coping skills all develop within and between the same systems in which an individual develops. However, Bronfenbrenner (2005) states that the family is no longer taking the responsibility for the upbringing of children as it should and thatother settings in society have had to step in to fulfil the role. One aspect of mental health is the ability to develop spiritually and since schools may not include religious instructionbecause it is the responsibility of the family, ithappens that children are not being developed spiritually and this couldinfluence the way in which individuals deal with traumatic childhood experiences.

resilience

child sexual abuse

cognitive emotion regulation

proactive coping

survivors

ecological model

spiritual strength

UNIVERSITY OF PRETORIA

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RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER :** EP 09/07/01
DEGREE AND PROJECT	PhD Cognitive emotion regulation, proactive coping and resilience in adult survivors of clild sexual abuse
INVESTIGATOR(S)	Beverley Buckley-Willemse
DEPARTMENT	Educational Psychology
DATE CONSIDERED	26 August 2011
DECISION OF THE COMMITTEE	APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearnace is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE Prof L Ebersohn

DATE 26 August 2011

CC Jeannie Beukes
Dr Human-Vogel

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

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I herewith declare that I language edited the above document.

M.B.BRADLEY

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TABLE OF CONTENTS

CHAPTER ONE: Introduction, rationale, research design and chapter planning

CHAPTER TWO: Sexual abuse: Context, definition, characteristics and symptoms

CHAPTER THREE: Analysing, conceptualising and exploring resilience, proactive coping and cognitive emotion regulation strategies

LIST OF FIGURES

LIST OF TABLES

APPENDICES

CHAPTER ONE
Introduction, rationale, research design and chapter planning

1.1INTRODUCTION

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

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

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

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

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

1.2 BACKGROUND

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

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

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

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

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

1.3 ASSUMPTIONS IN THIS STUDY

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

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

1.4RATIONALE

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

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

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

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

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

1.5 RESEARCH QUESTIONS

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

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

The sub-questions that arise are:

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

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

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

1.6 CONTEXTUALISING THE CORE CONCEPTS

1.6.1 Child sexual abuse

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

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

1.6.2 Resilience

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

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

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

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

1.6.3 Emotion regulation

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

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

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

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

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

1.6.4 Proactive coping

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

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

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

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

1.7 RESEARCH PARADIGM

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

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

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

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

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

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

1.8 RESEARCH DESIGN AND METHODOLOGY

1.8.1 Ethical requirements

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

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

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

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

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

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

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

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

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

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

1.8.2 Biographical data

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

1.8.3 Instruments

1.8.3.1 Multidimensional Trauma Recovery and Resiliency interview

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

1.8.3.2 Cognitive Emotion Regulation Questionnaire

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

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

1.8.3.3 Greenglass's Proactive Coping Inventory

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

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

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

1.8.4 Sample selection

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

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

1.9 DATA COLLECTION AND ANALYSIS

1.9.1 Data collection

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

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

1.9.2 Data analysis

1.9.2.1 MTRR-I analysis

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

1.9.2.2 CERQ analysis

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

1.9.2.3 PCI analysis

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

1.10 QUALITY CRITERIA

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

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

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

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

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

1.10.1 Trustworthiness

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

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

1.10.2 Transferability

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

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

1.10.3 Credibility

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

1.11 LIMITATIONS

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

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

CHAPTER TWO

Sexual abuse: Context, definition, characteristics and symptoms

2.1 INTRODUCTION

Putnam (2003) reveals that until the late 1970s, child sexual abuse was thought to be a rare phenomenon. However, Kenny and McEachern (2000) and Kitzinger (2001) emphasise that child sexual abuse has existed at all times in all societies and has affected all cultures and races and all types of families. Yet, by 1986 there was still no information about child sexual abuse available to the public (Kitzinger, 2001).Research into child sexual abuse started to burgeon in the mid-1980s, which seems very recent considering the extent and history of this human phenomenon. It is difficult to believe that the comparatively new phenomenon of HIV/Aids attracted human science researchers at approximately the same time as the age-old scourge of child sexual abuse.

Harvey (2007) states that there is extensive confirmation that abuse in childhood "sets the stage for future abuse and that violence against women and children has become a public health problem of pandemic proportions" (p. 11).It is important to look at child sexual abuse in a South African context before the concept is defined and characteristics and symptoms are discussed.

2.2 SEXUAL ABUSE IN A SOUTH AFRICAN CONTEXT

In a South African context, Pierce and Bozlalek (2004) published some very disturbing research about child abuse. The South African national population estimates (http://www.statssa.gov.za/PublicationsHTML/P03022010) for mid-2010 show that 79,4 % of the population is African; 8,8% is coloured; 2,6% is Indian and 9,2% white. In the past, when apartheid was rife, "children of colour were usually excluded from the category of abused children". Even though much has changed in South Africa since then, it is still very difficult to establish the extent and the scope of child maltreatment in South Africa. Abuse statistics in South Africa have been based solely on the Child Protection Unit's (CPU) national statistics on child abuse offences reported. These exclude cases reported to social workers, health care workers and teachers. Even the CPU acknowledges that most cases are not reported at all. Worst of all, the recent research goes largely unpublished owing to financial constraints and lack of resources.

Apart from the financial and political constraints regarding child sexual abuse research in South Africa, there have been huge barriers and challenges when defining child sexual

abuse in the African context (Pierce & Bozalek, 2004; Lachman, 1996). Many Africans perceive abuse as private and are unwilling to discuss it. Although this is not an exclusively South African occurrence, one also needs to look at the importance of male dominance and female subservience in a specific culture or ethnic group when considering child sexual abuse. In many African cultures this phenomenon is still an integral part of the societal structure (Pereda, Guilera, Forns & Gomez-Benito, 2009b; Lachman, 1996) and will affect the ease with which individuals disclose their experiences to researchers. Other factors that influence the incidence of child sexual abuse in Africa are the shocking, yet widespread belief that having sexual relations with virgins or very young girls is a cure for HIV; the loss of the traditional values based on bringing up children within the community where elders and neighbours observed behaviour; poverty and the influence of other cultures, especially with regard to sex tourism (Pereda, Guilera, Forns & Gomez-Benito, 2009b).

Taking all the above into consideration, I would like to emphasise that this study looks at each individual holistically within her own context. It would not really be possible to discuss individual experiences if one is generalising the mores and values of an ethnic generalisation. Because there is no conclusive evidence that ethnicity, race and culture affect the experience of child sexual abuse, it will not be a focal point in this research.

However, this research is inherently South African and it is necessary to consider the importance of such a study and the effect it could have on the population. According to the mid-2010 population estimates by population group, age and sex, there are 20.73 million children aged 0 – 19 in South Africa. This is 41% of the country's population. Of course the incidence of abuse, more specifically sexual abuse, is certainly not limited to girls, but this study only considers female survivors. The 10,3 million girls between birth and 19 years in South Africa represent approximately 21% of the population. More than half of this country's population is female and considering that the worldwide statistics of the prevalence of child sexual abuse among females is at least one out of three (Finkelhor et al., 1990; Smith, 2008; Thurston, 2007; Vigil, 2005), this country would have a projected 8.55 million sexually abused females, keeping in mind that a large percentage of individuals never disclose their abuse. That is 17% of the population (http://www.statssa.gov.za/Publications).

South African researchers, Pierce and Bozalek (2004), examined the perceptions and definitions of different forms or abuse and neglect in South Africa. They identified 17 different categories of abuse and neglect and sexual abuse ranked as the most serious form or abuse by far.

Few studies have examined fully the effect of race, ethnicity and culture on child sexual abuse (Kenny & McEachern, 2000). Much research has found similar patterns of results among ethnically diverse samples (Banyard, Williams & Siegel, 2001). Wyatt, Guthrie and Notgrass (1992) found no differences between ethnic groups. Kenny and McEarchern (2000) report that most of the existing literature on childhood sexual abuse presents contradictions and inconsistencies in the occurrence of, and characteristics related to, childhood sexual abuse in specific ethnic groups. They make another valid point about this American research that will also be relevant to the demographics of the South African population. When participants are referred to as Asian American, it includes all individuals whose country of origin is anywhere in the Orient. In addition, the term 'white' includes all subgroups whether originally British, Polish, Italian or French. Groups are generically named and actually these references can be 'culture free' or 'without ethnicity'.

It is important to realise when reading the literature about child sexual abuse that there may be differences in the percentages of survivors per ethnic group in any given population, but no significant difference is reported in the amount of psychological distress experienced, regardless of gender or ethnic group (Newcomb, Munoz & Carmona, 2009).

2.3 DEFINING SEXUAL ABUSE

Like so many constructs in psychological research, there is controversy about the definition of child sexual abuse. Finkelhor (1979) is known as the pioneer on child sexual abuse research and he developed an extensive questionnaire of child sexual experiences.Apart from the detailed list of what is considered child sexual abuse, he underlined one factor that should underline all other factors: age-discrepancy. "Any type of sexual experiences, including noncontact experiences, are considered sexual abuse if they involve a child age 12 or younger and someone 5 or more years older, or if they involve an adolescent aged 13 to 16 and an adult at least 10 or more years older" (Finkelhor, 1979; Finkelhor & Browne, 1985).

For an adult perpetrator to engage sexually with a child, they have to exploit, and therefore abuse, the child's lack of knowledge and lack of power (Finkelhor, 1979). The emotional pain caused by this abuse usually far outweighs the physical pain inflicted during sexual abuse. Although child sexual abuse that involves physical contact is also physically intrusive, there are many forms of non-contact sexual abuse that are also very traumatic.

Children of parents who allow them to be used for pornographic photography will experience many of the same fear, lack of power and abuse of trust than those who experience physically intrusive sexual abuse (Pierce & Bozalek, 2004).

Estes (2001) highlights that a distinction must be made between assault and abuse, as assault is a forcible act where no consent is given but abuse is based on a relationship of trust where the perpetrator is a significant person in the child's life and consent is often given owing to the nature of the relationship and the age of the child. For true consent to occur, the individual must know what she is consenting to and must have the freedom to refuse. Even though children may know they like the adult and enjoy the physical sensation, they are inexperienced and ignorant about sex and sexual relationships and therefore not able to give consent. Legally, a child is under the authority of an adult and psychologically they have a hard time saying no to adults, especially when it is an important figure in their lives (Finkelhor, 1979).

A few researchers claim that there are a large number of survivors of child sexual abuse who show no *apparent, obvious* signs of negative outcomes following the sexual abuse (Bonanno, 2004; Dufour, Nadeau & Betrand, 2000). However, this is not sufficient evidence to say that the survivor is not dealing with extreme inner pain and conflict. Cummings, Davies and Campbell (2000) have a different perspective and caution this is not necessarily true because all the areas of functioning have to be considered. Some studies have revealed that to date.

2.4 CHARACTERISTICS OF CHILD SEXUAL ABUSE

As with all experiences, child sexual abuse also occurs in various degrees of severity. It is very difficult to determine who has been exposed to severe sexual abuse or not. It is hardly up to a researcher to make a decision on whether someone's experience is more or less severe. Senn, Carey and Vanable (2009) state that it is up to the participant to decide how they choose to define their child sexual abuse without providing an operational definition of what it should be. It would be unethical research if someone whose life has been severely negatively affected by what he or she experienced as very severe and highly traumatic is told that the experience does not qualify as serious enough because of predetermined criteria.

Acknowledging this, Arata (2002), Daigneault, Cyr and Tourigny (2007), Dufour and Nadeau (2001), Jonzon and Lindblad (2005), Merril, Guimond, Thomsen and Milner (2003), Pereda, Guilera, Forns and Gómez-Benit (2009a) and Steel, Sanna, Hammond, Whipple and Cross (2003)maintain that the survivors of *severe* child sexual abuse have experienced at least three of the criteria below:

1. The perpetrator is the father or a loved and trusted figure close to the child.
2. The abuse took place over a long period of time, often years.
3. The abuse involved violence and pain.
4. The child was coerced in some way to remain silent.
5. Penetration took place.
6. The abuse was experienced as extremely distressing to the point of being perceived as life-threatening.

These were the criteria used when selecting participants for the research.

2.5 SYMPTOMS OF CHILD SEXUAL ABUSE IN ADULT SURVIVORS

Many researchers mention different symptoms that manifest in adult survivors or child sexual abuse, but the list compiled by Bogorad (1998) is very comprehensive:

- Fear of the dark, fear of sleeping alone, nightmares, night terrors
- Difficulty with swallowing, gagging
- Poor body image, poor self-image in general
- Wearing excessive clothing
- Addictions, compulsive behaviours, obsessions
- Self-abuse, skin-carving (also addictive)
- Suicidality
- Phobias, panic attacks, anxiety disorders, startle response
- Splitting/de-personalisation
- Shutdown under stress
- Issues with trust, intimacy, relationships
- Issues with boundaries, control, abandonment
- Pattern of re-victimisation, inability to say "no"
- Blocking of memories, especially between age one and 12
- Feeling crazy, different, marked
- Denial, flashbacks
- Sexual issues and extremes

- Multiple personalities
- Signs of posttraumatic stress disorder

Although this list does not consider the possibility that there may be adaptive behaviours that develop as a result of child sexual abuse, it cannot be said that survivors do not develop strengths alongside some of these symptoms.

A large number of these symptoms are represented as items of the MMTR-I designed by Harvey (Harvey, Lebowitz, Saunders, Avi-Yonah, & Harney, 2000) as possible indications of resilience or lack thereof. In the discussion of the data in a later chapter, the presence of these symptoms will be evident.

2.6 CONCLUSION

Sexual abuse is the underlying common ground in this study although the physical details were never investigated. Any detail regarding the actual sexual abuse was spontaneously offered by the participants. It was quite significant that all the women divulged who the perpetrators were and how long the abuse continued. In some cases quite a lot of detail was shared and in others vague allusions were made to the actual deeds which constituted the abuse.

In the next chapter the impact of cognitive emotion regulation and proactive coping on resilience in survivors of child sexual abuse will be discussed.

CHAPTER THREE

Analysing, conceptualising and exploring resilience, proactive coping and cognitive emotion regulation strategies

3.1 INTRODUCTION

The purpose of the current research study is to investigate what some of the factors are that lead so many survivors of this traumatic childhood experience to consider themselves to be resilient in some way or another. Even though the participants in this study are all survivors or child sexual abuse, the focus is resilience, proactive coping and cognitive emotion regulation strategies. Finkelhor and Browne (1985), authors of the traumagenic dynamics model propose that the experience of child sexual abuse can be examined through the cognitive and emotional orientation of the individual. Together with this view, Spaccarelli and Kim (1995) investigate the cognitive appraisals and coping responses of survivors of child sexual abuse with the focus being on how child sexual abuse affects the mental health of survivors. In this study I aimed to explore the relationship between proactive coping skills and cognitive emotion regulation strategies and its impact on the resilience of the survivor of child sexual abuse.

3.2 RESILIENCE RESEARCH

3.2.1 Introduction

Resilience is broadly defined as the phenomenon of maintaining adaptive functioning in spite of serious risk hazards and implying relative resistance to environmental risk experiences(Rutter, 2007). Himelein and McElrath (1996), who studied survivors of child sexual abuse, define resilience as a healthy adjustment following a history of child sexual abuse where adjustment is more than just the absence of psychopathology.

It has been recommended that, before exploration or discussion commences that researchers take great care in conceptualising and contextualising resilience because definitions are often vague (Luthar, Cicchetti & Becker, 2000; Rutter, 2007). The main issues causing contention are the methods of measuring resilience, the terminology used to report on resilience research and whether it is a personal trait or a complex, dynamic process (Luthar, Cicchetti & Becker, 2000; Rutter, 2007). Nevertheless, Luthar, Cicchetti and Becker (2000) as well as Rutter (2007) believe that, regardless of the fact that resilience research is so complex and is filled with challenges, the continuation of research in this area has substantial value, provided it meets the requirements of good resilience research; starting with a clearly delineated theoretical framework.

3.2.2 Conceptualising resilience

3.2.2.1 Overview

Some controversial authors such as Bonanno (2004) consider resilience to be an all-or-nothing phenomenon; that one is either resilient or not. The present study supports the view that resilience is multidimensional and that an individual can be both complexly traumatised and resilient at the same time (Lynch *et al*., 2007). These views are based on the research of the prominent resilience researchers, Spaccerelli and Kim (1995), who developed a transactional model and Harvey (2007) whose ecological understanding of resilience derives from the ecological perspective of community and resembles Bronfenbrenner's ecolological theory and the Process-Person-Context-Time (PPCT) model (Williams, 2007). (Bronfenbrenner & Ceci, 1994; Harvey, 2007; Paquette & Ryan, 2001).

3.2.2.2 Spaccarelli and Kim's (1995) Transactional Model

Spaccerelli and Kim (1995) focused their resilience research on resilience criteria and factors associated with resilience in sexually abused girls. They found that classifying survivors as resilient or nonresilient will vary greatly, depending on the criteria used.

Spaccarelli (1994) proposes a transactional model in which he conceptualises sexual abuse as consisting of a series of related stressful events, and states that the cognitive appraisals and coping responses of survivors can be either risk or protective factors that mediate the effects of the abuse and related stressors on mental health. In this model, developmental and environmental factors also have an effect on the survivor's response to abuse stressors. The developmental factors that could affect the way a survivor responds to sexual abuse later in life will depend on the age or level of cognitive development of the survivor at the time of the abuse. Environmental factors that play a role are, for example, the family structure, the socio-economic level of the family or whether alcohol or drugs affected the abuse.

One of the strengths of this model (Spacarelli, 1994) is possibly that it does not focus only on risk factors,nor does it presuppose that all survivors of child sexual abuse will experience serious mental health problems. Instead, the model describes the intricate interplay between the developmental processes that had occurred by the time of the abuse and the positive *and* negative person-environment transactions that occurred after the abuse. It is important to consider that in some cases person-environment transactions can move the survivor along a pathological trajectory, and in other cases the survivor's protective factors may be sufficient to elicit movement in the opposite, positive direction.This model is therefore similar

to the developmental psychopathological approach to studying human development as laid out by Cicchetti (2006), where the"predominant focus is elucidating the interplay among the biological, psychological, and social-contextual aspects of normal and abnormal development across the life span" (p.1).

Spaccarelli and Kim (1995) and Katerndahl, Burge and Kellogg (2005) did extensive research to determine whether the absence of clinical symptoms seems to be a more sensitive measure of resilience than maintaining social competence criteria. The authors found that the two strongest predictors of resilience were (i) the total level of abuse stressors experienced by the survivor and (ii) the quality of the relationship with the warm, non-offending parent or other significant adults.

Although Spaccarelli and Kim (1995) focus on resilience in survivors of child sexual abuse, they suggest that there are benefits in doing resilience research with regard to all forms of abuse. Harvey's (2007) ecological framework attempts recognising the cumulative nature of abuse and acknowledges that most survivors of child sexual abuse have been exposed to a "series of related stressful events" (p. 1172). Neither Spaccarelli and Kim (1995) nor Harvey (2007) focus exclusively on risk variables; nor do they presuppose that all survivors will experience psychopathology.According to Harvey (2007), resilience is transactional and contextual, arising from the mutual engagement of individuals and their contexts. "Persons and contexts, individuals and communities, groups and societies, survivors and ecosystems are appropriate focal points for interventions to foster resilience among those at risk" (Harvey, 2007).

3.2.2.3 Harvey's (2007) ecological understanding of resilience in research

Harvey's (2007) ecological perspective describes resilience as transactional in nature and a quality which is nurtured, shaped, and activated by many person-environment interactions. Resilience is multidimensional, it becomes possible to see trauma survivors as "simultaneously suffering and surviving, and to suggest that both trauma recovery and the process of posttraumatic growth require the survivor to somehow access her resilient capacities" (Harvey, 1996). Resilience is embedded in complex and dynamic social contexts which are more or less vulnerable to harm, more or less amenable to change, and apt focal points for intervention (Harvey, 2007).

Bronfenbrenner's Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Ceci, 1994) is a contextual model of human development which is also used to understand how resilience develops (Williams, 2007; Harvey, 2007). The PPCT model includes the

integration of individual and relational resilience factors (Garmezy, Masten, & Tellegen, 1984; Walsh, 1996; Wright & Masten, 2005) and attends to the interplay of four components:

(i) the interactions of the proximal environment (process);
(ii) the characteristics of the individual (person);
(iii) the social context of the person (context); and
(iv) the change over time (time) (Bronfenbrenner, 1995).

As each of these components cumulatively influence any one survivor of child sexual abuse, this model recognises the importance of considering all the information at hand as relevant in the study of sexual abuse and resilience from a developmental perspective.

The interactions of the *proximal environment* in the PPCT model (Bronfenbrenner & Ceci, 1994) would include the amount of social support the survivor received at different stages, the relationships she had with other significant people and caregivers, the family flexibility as well as cohesion, the communication patterns in the family and the level of school engagement. The *personal characteristics*of the survivor that need to be considered are temperament, intelligence, academic achievement, internal locus of control, level of optimism, self-esteem, the role of faith, whether the survivor has the ability to recruit social support and what sense she makes of meaning in life. Of course the age at which the trauma starts and the duration of the abuse would all interact differently with the other factors. These are important resources that an individual accumulates, depending on the process, context and time, and these would, ultimately, affect the extent to which an individual employs proactive coping skills (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002).

The *context* of the individual can be affected by family income, safety in the neighbourhood, the level of parental discord, whether the family has adequate housing and access to community resources. This component also includes political and cultural contexts that influence not only the individual but also the opinions of those in the community. With specific regard to child sexual abuse, the survivor will be affected by a history of prior abuse, the relationship with the perpetrator and whether the perpetrator plays the major care-taking role in the survivor's life or not. The type and severity of the abuse will also have an impact on the social context of the individual. The size of the community and the extent to which the living environment is disrupted are also factors that affect the social context of the survivor. Not only does the *timing* of the experience influence most of the other factors, but also the developmental stage and age at which the first disclosure took place. Even the stage at which the interview for this research project took place will have an effect on the way the

experience is perceived (Maikovich, Karestan, Koenen &Jaffee, 2009; Bottoms, Rudnicki & Epstein, 2007).

Resilience researchers generally agree that an individual can be resilient on different levels, in different environments and in different circumstances. In fact, full understanding of resilience is only possible if researchers attend to the influence of cultural and contextual mediators of traumatic response (Gilgun, 2005; Glicken, 2006; Rutter, 2007; Grossman, Cook, Kepkep & Koenen, 1999; Harvey, 2007). This study is not intended to discuss the cultural aspects in detail but to take into account that every aspect is important in the way in which the survivor makes sense of the sexual abuse that took place in her childhood.

The MTRR-I, which has been used to gather the data in the present study, is based on Harvey's (2007) theory of resilience. This instrument has been used to gather data about the resilience of survivors or child sexual abuse (Harvey *et al*., 2000; Diagneault, Cyr& Tourigny, 2007).

3.2.2.4The domains of resilience of the MTRR-I

Harvey, Liang, Harney, Koenen, Tummala-Narra and Lebowitz (2003) state that individual differences in resilience are variably expressed across eight interrelated domains of psychological experience. Resilienceis apparent whenever the data collected in the interview indicates that a domain is comparatively unaffected by the trauma and also when the affected individual is able to mobilise strengths in one domain to secure repair in another. These domains are described as follows (Harvey,*et al*., 2003):

a. *Authority over memory* indicates whether a trauma survivor is able to choose to recall, or not recall life experiences and to what extent they recall the details of their past. This is not limited to the memory of the trauma only, but a general ability to recall.

b. *The integration of memory and affect* refers to a survivor's ability to feel in the present the emotions that were felt at the time of the childhood trauma and to experience new emotions in the present, not only when recalling the past, but also when reflecting upon it.

c. *Affect tolerance and regulation* relate to the range of emotions that trauma survivors are able to experience and the extent to which they endure and manage difficult feelings. A sign that a survivor has recovered from the childhood trauma is that the survivor has gained access to a wide spectrum of emotions in a tolerable range of intensities.

d. *Symptom mastery* states the degree to which survivors can anticipate, manage, suppress, or prevent the cognitive and emotional disruption that arises from posttraumatic arousal.

This does not mean that survivors will experience no posttraumatic symptoms, but that they have learned to master these symptoms when they do arise.

e. *Self-esteem* refers to the level of self-regard survivors display. It is a sign of recovery and resilience if survivors have a positive sense of self-worth evident from the way they care for themselves.

f. *Self-cohesion* gives an indication of the extent to which survivors experience themselves as whole beings or as fragmented or disjointed. Someone who has developed resilience and recovered from childhood trauma can understand and control the dissociative adaptations that may have occurred earlier. It is also evident when survivors whose lives were once organised by secrecy and compartmentalisation, which is often the case in child sexual abuse, embrace instead single, integrated expressions of self in the world.

g. *Safe attachment* sheds light on the ability of survivors to develop feelings of trust, safety, and enduring connection in relationships with others. Recovery from the trauma of interpersonal violence, or the violation of interpersonal trust, is conveyed as a new or renewed ability for trusting attachment and in the survivors' ability to secure and negotiate personal safety within a relational context.

h. *Meaning making* refers to the process by which a survivor struggles to understand and "metabolise" the impact and legacy of a traumatic past. Resilient survivors who have recovered do not have to set aside and try to forget the past, but rather to search for understanding, hope and optimism about the self, others and the world in which they currently live.

The goal of intervention is to help the survivor activate her resilient capacities in these multiple domains of psychological functioning and the goal of social and community intervention is to develop social contexts that can foster wellness and sustain multiple modes of resilience among those at risk and those who have already suffered harm (Harvey, 2003, 2007).

If resilience is understood as a multidimensional phenomenon that is expressed in relative degrees across multiple domains of psychological functioning, and that expressions of resilience can co-exist with symptoms of even severe psychopathology (Harvey 2007), intervention will most probably be more effective. If this is what resilience is, it is not an all-or-nothing personality trait as Bonanno (2004) stated earlier.

3.2.2.5 Shen's (2009) Cumulative Stress Model

The Cumulative Stress Model (Shen, 2009) emphasises the contextual, holisitic views on which Harvey (2000; 2003; 2007) has based the MMTR-I, but the model acknowledges a very important additional aspect of dealing with trauma and abuse, namely dealing with the cumulative effect of multiple stressors.

Shen (2009) investigated the mounting evidence that children who are exposed to one form of abuse are often exposed to a range of different forms of abuse in their environments. Often substance abuse, interparental violence or physical maltreatment or neglect of children co-occurs in families where sexual abuse has occurred.

The cumulative stress model of child adaptation to stressful life events also suggests that children exposed to more types of aggression and abuse are more adversely affected than children who have experienced one kind of abuse only, owing to the cumulative effect of experiencing two significant sources of stress (Jaffee, Caspi, Moffitt, Polo-Tomás & Taylor, 2007; Shen, 2009). According to the findings of these researchers, survivors who experienced more than one form of violence or abuse report more severe emotional and behavioural problems.

Jaffee, Caspi, Moffitt, Polo-Tomás and Taylor (2007), as well as Shen (2009), have focused their study on cumulative stress in families where there are survivors of child sexual abuse who were abused outside of their direct families. The cumulative stress model is not limited to inter-familial violence or abuse. Any exposure to multiple types of stressful situations and abuse experiences in childhood would affect the resilience of the individual. This also affects the coping strategies that an individual will use when dealing with new stressful events (Leitenberg, Gibson & Novy, 2004).

The cumulative stress model complements the ecological understanding of resilience by acknowledging all the contexts within which child sexual abuse and resilience should be explored.

3.2.2.6 Protective outcomes following abuse

Glicken (2006) conducted a study in which he evaluated the key elements that seem to be associated with higher levels of resilience. These elements are higher intelligence, quality of parenting, connection to competent adults, an internal locus of control, social skills, curiosity, positive self-perceptions, assertiveness and independence. He considers the role of culture and sociological aspects in the development of resilience and one of the factors that seems

pertinent in this research is the role of spirituality and religiosity. In his opinion, knowing how resilient people cope can help to develop more effective methods of treatmentand can also assist in the development of proactive coping strategies in children.

Grossman *et al*. (1999) who also conducted a very comprehensive study on the life stories of ten resilient women who had overcome child sexual abuse, confirm Glicken's findings that spirituality helps individuals to answer meaning-of-life questions; it offers individuals increased feelings of control, improves self-esteem, also provides the source of community and family. Some people have reported that religious involvement mobilises their coping skills and levels of optimism. People who are religious understand their role in the universe and the purpose of life better and develop the courage to endure suffering. They tend to steer away from relying on substances such as drugs and alcohol to help them cope with their stress and trauma. They are also less likely to engage in risky sexual behaviour as easily as people who have no religious affiliation. Individuals who are involved in church activities and attend services regularly report that they experience better physical and mental health, not only because of certain prohibitions, but because of their larger social networks and relying on others for help (Glicken, 2006).

Glicken (2006) states that these elements can possibly be the answer to why some individuals who have experienced childhood trauma, cope so much better than others do. In fact, he believes that most people seem to be inherently resilient because most people seem to manage their traumatic pasts on their own. He also recognises, with Jaffee, Caspi, Moffitt, Polo-Tomás and Taylor (2007) and Shen (2009), that it is not known why or how people are resilient, but that their resilience functions across the life cycle and through the multiple life events of an individual.

Grossman *et al*., (1999) identifies three more factors that could affect resilience in survivors of child sexual abuse. Firstly, they discuss the importance of cognitive emotion regulation strategies, especially appraisals, putting into perspective self-blame versus other-blame (Garnefski *et al*., 2002). Secondly, their study also reveals the powerful roles of connections to others, altruism and meaningful employment in resilient functioning among adult survivors of child sexual abuse (Grossman *et al*., 1999). Lastly, Grossman *et al*. (1999) and Harvey (2007) have suggested that resilient survivors of trauma must have some degree of pre-trauma resilience as a prerequisite for posttraumatic growth.

3.2.3 A conceptual framework for resilience

Using aspects of the transactional model (Spaccerelli & Kim; 1995), the ecological framework (Bronfenbrenner & Ceci, 1994; Harvey, 2007), the cumulative stress model

(Shen, 2009) and the considerations identified in the studies of Glicken (2006) and Grossman *et al*. (1999), resilience is conceptualised in the present study according to these four points:

1) Overcoming stress or adversity will depend on the events that follow the exposure to risk. An accumulation of stressful life events can affect the development of resilience either positively or negatively. [Shen's (2009) Cumulative Stress Model]

2) A lifespan approach is needed to determine resilience, not a snapshot view of the moment of crisis. Resilience cannot be studied outside its contexts. [Harvey's (2007) Ecological Framework] Bronfenbrenner added the chronosystem to his Ecological Systems Theory because of the importance of the relationship between all the life events and the transitions that take place over the course of time (Engler, 2007).

3) Although resilience is influenced by individual strengths, it cannot be reduced to an individual personality trait. There are genetic, physiological, environmental and social factors to consider as well. [Glicken (2006) and Grossman, et. al. (1999)]

4) Resilience is also the choice and employment of mediating mechanisms such as proactive coping (Greenglass, 1999) and cognitive emotion regulation strategies (Garnefski, 2002).

A diagramatic representation of the conceptual framework of the present research follows on the next page in Figure 3.1.

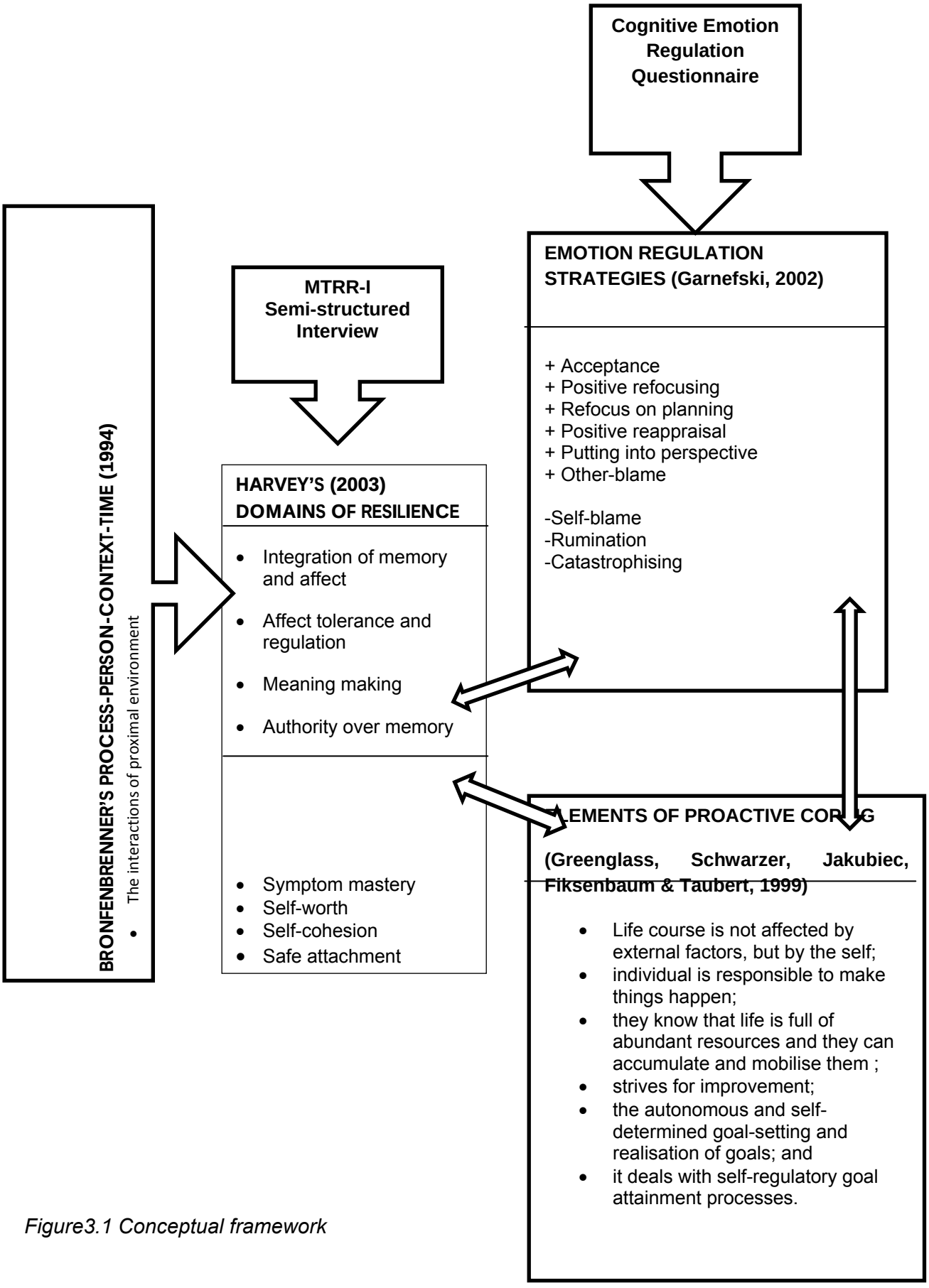

Figure3.1 Conceptual framework

3.2.4 The importance of resilience research

Harvey (2007) recognises that most survivors of childhood trauma, and this includes child sexual abuse, may never turn to psychotherapy or any other specialised form of care, thus the focus of Harvey's (2007) ecological framework is therefore on designing interventions that promote wellness and increase resilience among survivors of childhood trauma and their communities. Positive pyschology provides a framework for understanding what potential important areas for resilience research might arise because the basic premise is the study of ordinary human strengths and virtues (Sheldon & King, 2001).

"Psychology should be able to help document what kind of families result in children who flourish, what work settings support the greatest satisfaction among workers, what policies result in the strongest civic engagement, and how our lives can be most worth living" (Seligman & Csikszentmihalyi, 2000). Positive psychologists acknowledge that there is no explanation for the fact that most people, despite their difficult circumstances and experiences, manage to live lives of dignity and purpose. In the process of conceding that people endure harsh, traumatic experiences and the post-World War 2 focus on healing, psychology is increasingly aiming to facilitate building positive qualities and move away from the preoccupation with repairing the worst things in life (Seligman & Csikszentmihalyi, 2000).

Not only do Spacarelli (1995) and Harvey (2003, 2007) approach resilience from the positive psychology perspective, they also identify that the reasons why resilience research is important for survivors of child sexual abuse are firstly, that it encourages investigators to think about potential protective factors rather than risk factors. Secondly, the focus on resiliency research should provide a fresh perspective on the question of what processes should be targeted for change in efforts to develop more effective treatment and preventive interventions for young persons exposed to child sexual abuse. In the third place, looking at victims who have managed to avoid serious psychopathology may produce findings that give hope to other victims and promote optimism among those who work with victims and their families. Lastly, research needs to be done on recognising the resilient capacities of an individual and then mobilising these capacities so that the individual can eventually know how to strengthen them to be an even more resilient survivor of child sexual abuse.

The present study proposes to explore the possible role of two specific resilient capacities: proactive coping and cognitive emotion regulation strategies. The resilience research literature is replete with references to various coping skills and cognitive emotion regulation strategies. The first four resiliency domains of the MTRR-I (Harvey, 2007) address the

relevance of cognitive emotion regulation strategies in resilience. Greenglass's (1999) research suggests that positive emotion-focused coping strategies are beneficial ways of coping with traumatic events. Greenglass's (1999) definition of proactive coping overlaps with Harvey's (2007) definition of resilience. Both are multidimensional processes that take place over time and occur simultaneously on cognitive and behavioural levels (Greenglass, 1999).

As these constructs seem to be interwoven in the literature discussions, the present study will attempt to determine the relationship between the cognitive emotion regulation strategies and proactive coping and the way in which these affect resilience in survivors of child sexual abuse.

3.3 PROACTIVE COPING

3.3.1 Stress and coping research

"There is no magic pill for healing the experience of child sexual abuse; rather, it requires a cocktail of strategies" (Phanichrat & Townshend, 2010). When Lazarus (1993), coping research pioneer, says that the link between different forms of psychopathology and specific defences is "too neat to be generally applicable" and that it is "more a conceptual ideal rather than a clinical reality", he is indirectly supporting the ecological framework (Harvey, 2007) that acknowledges that coping is also something to be explored within a context.

Lazarus (1966) started constructing the cognitive-transactional theory of stress, which emphasises the continuous and reciprocal nature of the interaction between the person and the environment. Lazarus (1991) expanded his views to a meta-theoretical concept of emotion and coping processes. Now definitions of stress include the consideration that there is a particular relationship between the individual and the environment that is appraised by the person. Also included in the definitions of stress is how taxing the event appears to be and whether individuals feel they have the personal resources or mediating processes to deal with the stressor (Hobfoll, Schwarzer & Chon, 1998) .

Defining coping can depend on how stress has been defined and traditionally, research on coping has distinguished between problem-focused and emotional-focused coping. Problem-focused coping is seen as consisting of efforts aimed at altering the person-environment transaction or altering or managing the source of stress, and emotion-focused coping is aimed at regulating emotional responses elicited by the situation (Folkman & Lazarus, 1988). According to Lazarus and Folkman (1984 in Phanichrat & Townshend, 2010), coping is an

on-going cognitive and behavioural effort to manage demands that overwhelm the resources of the person. When a distressed person appraises that problems are non-threatening, he or she is likely to use problem-focused coping, while emotion-focused coping is more likely to be employed when a person perceives that nothing can be done to modify the stressful event.

Health psychologists define stress as a process where the person and the environment interact mutually in response to a stressor (Schwarzer & Taubert, 2002). They also include mediating and moderating factors such as coping and support in their definition of stress. There are many different approaches to stress research. Some researchers focus on the physiological response-based perspective, others prefer the stimulus-based perspective (Hobfoll, Schwarzer & Chon, 1998). In the current research, the relationship between the various stressors and their outcomes is considered because responses will differ according to the perception and experience of the stimulus(Schwarzer & Taubert, 2002).

Although researchers studied stressful events in the past by ascribing severity scores to the different events (Dohrenwend & Dohrenwend, 1974 in Schwarzer & Taubert, 2002), researchers now acknowledge that there needs to be more focus on the different ways in which individuals may perceive the same event. Isolating an event cannot accurately portray the effect it could have on an individual.

3.3.2 Conceptualising proactive coping

3.3.2.1 Overview

Proactive coping does not take place spontaneously as reactive coping does. It is a process of coping that needs conscious employment and careful, deliberate planning. People who cope proactively strive for increasing resources, trying to maximise gains and then build up resistance factors to protect against future crises (Schwarzer & Taubert, 2002). For the survivors of child sexual abuse the future crises will not be the abuse but how they deal with the lasting effects of the abuse in a more effective way. Proactive coping differs from other forms of coping in that it incorporates and utilises all resources; it focuses on visions of success and uses positive emotional strategies (Greenglass*et al*., 1999, p.5).

Timing is also essential in proactive coping. *When* an individual copes with a stressful event often determines how that individual will cope. Researchers distinguish five different types of coping within specific temporal contexts. *Preventive coping* occurs long before a stressful event even occurs and*anticipatory coping* when the event is expected to take place soon;

dynamic coping is employed while the stressful situation is taking place; *reactive coping,* straight after the event has happened and lastly, *residual coping* long afterwards when the long-term effects have to be contended with (Beehr & McGrath, 1996; Phanichrat & Townshend, 2010; Schwarzer & Knoll, 2003).

Preventive and anticipatory coping are risk management; reactive coping can be seen as damage control and proactive coping involves dealing with upcoming challenges that are seen as self-promoting, not threatening or harmful (Schwarzer, 1999). Preventive and proactive coping are very similar in that both require skill development, resource accumulation and long-term planning. The difference is whether the individual is motivated by threat appraisal or challenge appraisal. Proactive coping is not preceded by negative appraisals such as harm, loss or threat.

The essential principles of proactive coping as conceptualised by Greenglass *et al*., (1999) and Aspinwall and Taylor, (1997), are that (1) proactive people realise that life is full of abundant resources, take the necessary steps to prevent their depletion and are also capable of utilising the resources they do have when needed; and (2) proactive individuals realise that their life course is determined by themselves and not by external factors and are willing to take responsibility for what happens (Greenglass *et al*., 1999, p. 5).

3.3.2.2 Utilising and accumulating resources

Hobfoll *et al*. (1998) support Lazarus's (1991) views but feel that more emphasis should be placed on the resources needed to cope with stressors. Accumulating and preserving resources is essential to be prepared for any anticipated or unanticipated challenge. Resources include social bonds, skills, competencies, commitments, time, beliefs, finances, organisational skills, health and psychological well-being (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002). Hobfoll *et al*., (1998) claim that the change of resources, either the threat of losing them, actually losing them or failing to regain them, can be more stressful than lacking those resources in the first place. It seems that there is evidence to support that this can amplify coping difficulties a great deal. If individuals, on the other hand, build up more resources and use adaptive mediating processes, they have moved toward a more proactive type of coping (Schwarzer & Taubert, 2002).

Proactive coping means being prepared at any time for a challenge by accumulating and preventing the depletion of available resources; in fact, someone who copes proactively prepares for challenges even if there are none. Having interpersonal strength and relational skills, as well as a strong social network that provides social support, are important

resources that can assist in appraising situations more effectively, providing tangible aid and emotional support. Interpersonal strength and relational skills are conceptualised as positive coping strengths, which can be developed (Greenglass*et al.,* 1999) and help recognise potential stressors (Aspinwall & Taylor, 1997).

Once the potential stressor has been recognised, the initial appraisal of a potential stressor determines the direction of the rest of the proactive coping process. This first appraisal takes place as soon as the potential stressor has been detected. It involves firstly outlining how the problem will be defined and, secondly, how arousal will be regulated. The stronger and the more recently primed the cues are, and the more representative the scenario is of the individual's past experiences, the more it will affect the initial appraisal. For an initial appraisal to mean anything in the proactive coping process, the potentially stressful event should be run forward in time to project what its likely progression could be (Aspinwall & Taylor, 1997). How a situation is appraised could also depend on personality; thus an optimistic individual might appraise a situation as less threatening than a pessimist would do (Jerusalem, 1993). A generally anxious person could appraise situations as more threatening than someone who is not anxious.

Aspinwall and Taylor (1997) acknowledge that the elicitation and use of feedback is the final step in the proactive coping process. It centres on the acquisition and use of feedback about the development of the stressful event itself, the effects one's preliminary efforts have had so far on the stressful event, and whether the event requires additional coping efforts. This feedback can help to revise the appraisals made and the strategies adopted. Not all crises are easily diverted or dealt with proactively. There is always the possibility of the deterioration of the situation or that the initial appraisal and the preliminary coping efforts actually exacerbate the problem. It is a crucial stage of the proactive coping process to ensure that the process of management continues and the resources are being preserved.

3.3.2.3 Taking responsibility for the future by fulfilling personal goals

According to Schwarzer's Proactive Coping Theory (1999, cited in Greenglass*et al.*, 1999), proactive individuals realise that they are responsible for their own lives, that their life course is determined by themselves and not by external factors and that they are responsible to make things happen in their lives. In so doing, proactive individuals strive for improvement in their lives and environment instead of just reacting to a past or anticipated danger. Proactive coping is the autonomous and self-determined goal-setting and realisation of goals; it deals with self-regulatory goal attainment processes and explains what motivates people to strive for ambitious goals and to commit themselves to personal quality management (Schwarzer,

1999a). It also depends on the degree to which individuals think about and plan for their futures. How information about the anticipated outcomes of the stressor is used in judging current outcomes also determines whether an individual can cope proactively (Aspinwall & Taylor, 1997).

If an individual is proactively creating better living conditions and higher performance levels are experienced, this will add meaning and purpose to life. According to a group of researchers identified by Schwarzer and Taubert (2002), meaning can be subdivided into 'sense-making' and 'benefit-finding'. Sense-making finds a reason for what happened and a possible way of integrating it into the existing systems in place. Benefit-finding tries to find positive effects of a negative event. A survivor of child sexual abuse who is coping proactively could, for example, make sense of the abuse by realising that the reason for the abuse was that the perpetrator was abused as a child. She could try to find a positive effect of the abuse, even if it is the fact that she has a heightened awareness of abuse and will be more observant with her own children. This is also closely linked to the cognitive emotion regulation strategy of positive reappraisal defined by Garnefski *et al*., (2002) and discussed further on in this chapter.

Preliminary coping efforts depend directly on what the initial appraisal is. When a situation seems agreeable to change, this will most likely lead to a problem-solving appraisal that will translate into action. When individuals believe they are capable of successfully averting stress and they feel in control of the situation, it will lead to action (Aspinwall & Taylor, 1997). Hobfoll (1989), who focuses on resources more than on appraisals with regard to coping, says that people tend only to invest time, effort and other resources to solve a problem or avert a stressful situation when the problem is a reality. Many survivors of child sexual abuse deal with the reality of what happened in their childhood, but the abuse is no longer the problem, the memories are.

3.3.2.4 Factors that threaten proactive coping

Aspinwall and Taylor (1997) state that chronic stress in the environment can prevent the development or use of proactive coping strategies and that high-stress environments aggravate cognitive load, reduce perceptions of personal control and reduce the opportunity or likelihood to engage in proactive coping. Individuals who live in environments where there is constant financial difficulty, domestic discord, substance abuse, crime, overcrowding and noise, will probably favour reactive coping skills. This may explain why some survivors of child sexual abuse or other childhood traumas and abuse deal with stress in maladaptive ways.

In order to be able to recognise threatening information in the environment, an individual needs to be vigilant, be sensitised to such stressors and be able to monitor the level of seriousness and action required. Researchers referred to in Aspinwall and Taylor's (1997) study mention that there is the danger of hyper-vigilance, which leads individuals to focus on imagined problems and potential threats to such an extent that they are unable to manage any of them. Because these individuals are constantly on guard against threats, they start to pay the price of emotional exhaustion and burnout.

3.3.3 Proactive survivors of child sexual abuse

If there were to be a default approach to coping for survivors of child sexual abuse, it is likely to be negative coping strategies because of the overwhelming negative emotions such as anger, fear, rage, helplessness, guilt, shame and humiliation (Negrao II, Bonanno, Noll, Putnam & Trickett, 2005). Many survivors experience symptoms of PTSD and dissociation (Johnson, Pike & Chard, 2001; Putnam, 2003). For many survivors of child sexual abuse, coping appears to mediate the negative effects of the abuse experience on later *functioning* (Merrill, Thomsen, Sinclair, Gold & Milner, 2001; Sigmon, Greene, Rohan & Nichols, 1996; Steel, Sanna, Hammond, Whipple & Cross, 2004). The studies referred to by Phanichrat and Townshend (2010) found that a high incidence of self-mutilation, as an example of a negative effect, has been reported in female survivors of child sexual abuse. The use of this method of coping is seen as an attempt at diverting painful emotions and a way of reclaiming control over the body. It also allows the individual to feel the shame and worthlessness they have always lived with (Gladstone, Parker, Mitchell, Malhi, Wilhelm & Austin, 2004).

Of course, not all survivors of child sexual abuse employ positive, proactive problem-focused methods of coping. In fact no individual survivor uses one method of coping all the time and they can oscillate between different kinds of coping.Gipple, Lee and Puig (2006) found that the more severe the abuse was, the more likely the survivor was to employ avoidant coping strategies. Child sexual abuse is the most traumatic and also clandestine form of abuse and therefore avoidant coping is often the most practical form of coping and is often also adaptive if it is short-term coping (Sigmon *et al*., 1996). The problem is that individuals start using avoidant coping strategies in other stressful situations too (Steel, Sanna, Hammond, Whipple & Cross, 2004).

On the other side of avoidance coping, research has shown that behavioural changes, cognitive reframing, support-seeking and self-acceptance are associated with a decrease in

negative outcomes (Merrill *et al*., 2001) and if there is evidence of spiritual coping in the form of spiritual support, forgiveness and self-worth, all were related to lower levels of distress (Gall, 2006). A healthy process of coping with sexual abuse involves seeking support, cognitive engagement, optimistic thinking, self-acceptance and meaning-seeking strategies (Phanichraft & Townshend, 2010);much of which falls into the framework of cognitive emotion regulation strategies and resilience.

Proactive coping is an effort to build up general resources that facilitate promotion toward challenging goals and personal growth (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002). Individuals who cope proactively have a vision. They can see that there are risks, demands and opportunities in the future, but they don't appraise them as threats or harm, but as challenges. The proactive individual will take responsibility for her own personal growth, realising that the direction of life is determined by the choices made and by being driven by values and not by the prescriptions of the social environment (Aspinwall & Taylor, 1997; Greenglass et al., 1999; Schwarzer, 2000; Schwarzer & Taubert, 1999; Schwarzer & Taubert, 2002).

Forming a realistic, balanced view of who or what is to blame for the negative events is a typically proactive way of coping. Such an individual realises that whatever was responsible for what happened in the past is not responsible for making things happen in the future. The focus is always the solution to and not the cause of the problem. Phanichrat and Townshend (2010) conducted research in which they considered the different coping mechanisms of survivors of child sexual abuse. Their findings are consistent with the studies most often quoted here, that coping strategies mediate later adaptive functioning. Whereas avoidant coping skills predict poor outcomes, proactive, problem-focused coping facilitates favourable outcomes.

Another of these forms of coping is cognitive engagement. The participants in Phanichrat and Townshend's (2010) study felt that through therapy they managed to transform the way they perceived the world and themselves by reframing their negative thoughts and placing the blame for the abuse elsewhere. Another cognitive coping skill is acceptance. Survivors realise that the abuse will never go away and that it will always be a part of who they are. Acceptance is realising that it is always going to be in the background, but that it does not have to have complete control over the individual. It does seem that when a survivor of child sexual abuse does employ proactive coping strategies, it is due to that conscious decision that they are responsible for the direction their lives should take.

If positive cognitive appraisals and coping strategies are used, they could buffer the impact of the abuse-related stress in a positive way. Finkelhor's (Finkelhor & Browne, 1985) four traumagenic dynamics model states that when a child is experiencing child sexual abuse, her normal development is distorted and this affects the coping strategies that are developed and the way these individuals will view the world. The studies done have indicated that there are various forms of coping that survivors of child sexual abuse employ but one of the most frequently used is avoidant coping (Sigmon, Greene, Rohan, & Nichols; 1996).

Research has shown that behavioural changes, cognitive reframing, support-seeking and self-acceptance are associated with a decrease in negative outcomes (Merrill et al., 2001) and if there is evidence of spiritual coping in the form of spiritual support, forgiveness and self-worth, all were related to lower levels of distress (Gall, 2006). A healthy process of coping with sexual abuse involves seeking support, cognitive engagement, optimistic thinking, self-acceptance and seeking meaning strategies (Phanichraft & Townshend, 2010).A religion is an organisation that practises certain rituals and ceremonies and offers members support and allows them a sense of belonging (Glicken, 2006). Grossman, Cook, Kepkep and Koenen (1999) and Glicken (2006) acknowledge the role of spirituality in resilience because it helps individuals to answer meaning-of-life questions; it offers individuals increased feelings of control and improves self-esteem.Spirituality is a transcendence of the self; practising faith or belief in something greater than oneself (Delgado, 2005).

Banyard and William (2007) observed that full recovery from child sexual abuse was unlikely, or that recovery involved an on-going process and/or change toward more positive and resilient functioning that can be achieved through social role satisfaction and shared connections with others in the community. Recovery seems to involve external input and internal locus of control linked to positive constructs, such as hope, optimism, and resilience. They also found, while researching survivors of child sexual abuse, that high resilience is positively related to adaptive coping with stress.

In this discussion of proactive coping, there is frequent mention of cognitive emotion regulation strategies. Cognitively, proactive coping involves reflection, including envisioning success, anticipating future problems, planning how to deal with them and taking preventive steps in order to avoid disaster (Greenglass*et al.,* 1999).

3.4 COGNITIVE EMOTION REGULATION STRATEGIES

3.4.1 Gross's (2007) process model of emotion regulation

"Coping and emotion regulation overlap, but coping includes nonemotional actions to achieve nonemotional goals" whereas emotion regulation refers to emotional 'actions' to manage emotions that arise at any point in the emotion generative process (Gross, John & Richards, 2006).The discussion about emotion regulation in the present study uses Gross's (1998b, 1999) views of emotion regulation strategies as a basic framework. To understand specific emotion regulation strategiesbetter, Gross (1998a, 1998b, 2007) proposed a process model of emotion regulation that explains the many forms of emotion regulation encountered daily.According to this model (Gross, 2002), emotion may be regulated at five points in the emotion generative process: (1) selection of the situation; (2) modification of the situation; (3) deployment of attention; (4) change of cognitions; and (5) modulation of experiential, behavioural, or physiological responses, the first four being antecedent-focused and the fifth, response-focused.

To assist the explanation of this process model theory of emotion regulation, Gross (2007) uses a diagram (Figure 3.2) that emphasises the five families of emotion regulation strategies.

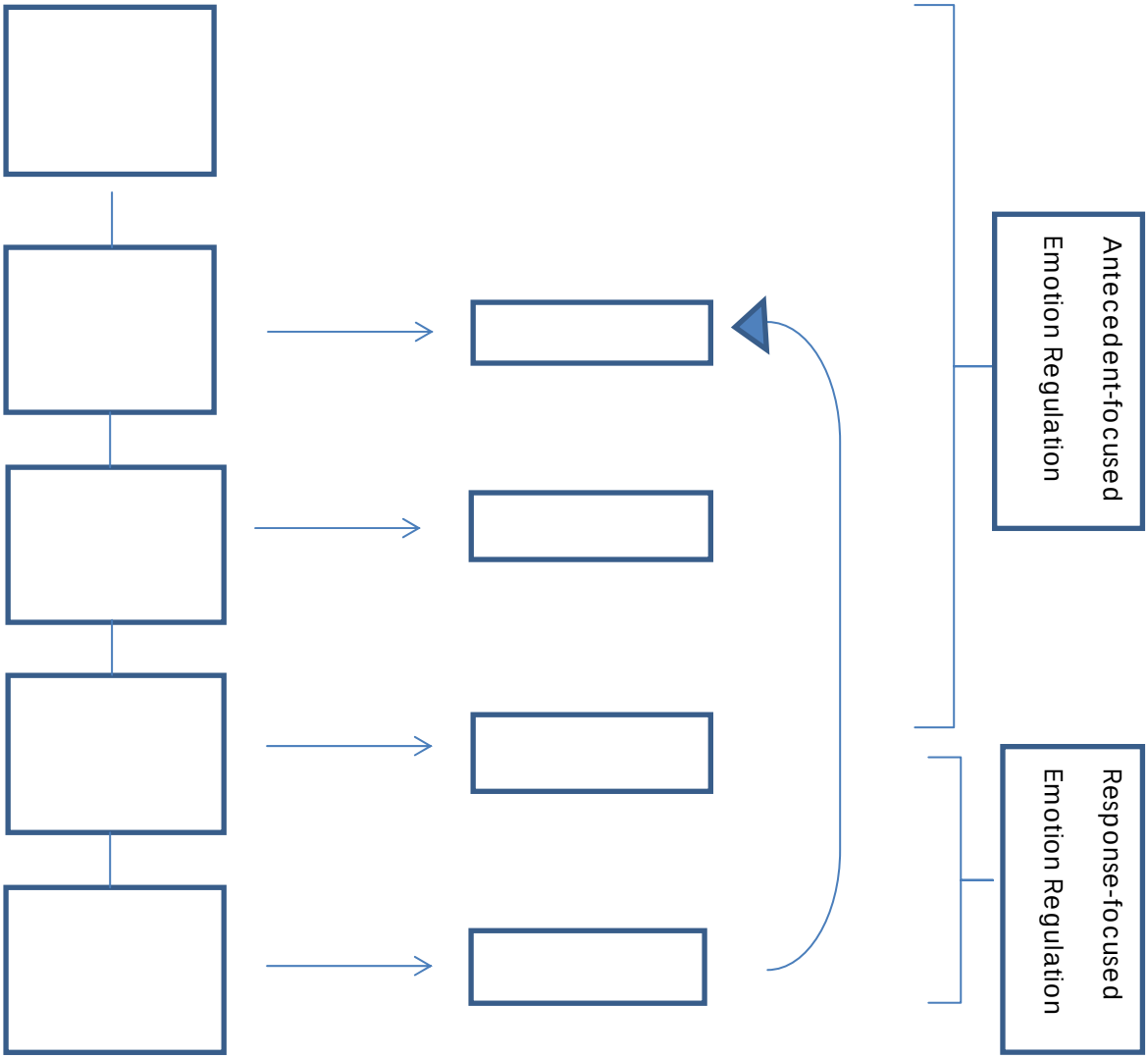

*Figure 3.2*A process model of emotional regulation adapted from Gross (2007)

3.4.1.1 Selection and modification of the situation

Gross (2002) ascertains that the first point in the emotion generative process is situation selection,which involves taking action that makes it more/less likely that one will end up in a situation one anticipates will bring about pleasant/unpleasant emotions. This step in the emotion regulation process normally takes place when activities are being planned. When situations are perceived to potentially evoke unpleasant emotions, they are not selected and therefore the emotions are avoided on purpose. If an individual does find herself in a situation that will evoke unpleasant emotions, it is possible that she could consciously modify the situation and therefore alter its emotional impact. Situation selection would imply

avoiding or approaching certain people, places or activities in order to regulate emotion (Gross, John & Richard, 2006).

Once a situation has been selected, situation modification acts on it in order to modify its emotional impact, creating different situations (Gross, *et al.*, 2006). Gross (2007) states that often situation selection and modification can be difficult to distinguish because a modified situation may create a new situation. He also states that situations can be external or internal, and although situation modification refers to the modification of the external, physical environment, modifying the internal environment is a cognitive emotion regulation strategy.

3.4.1.2 Attentional deployment

According to Gross (2007), attentional deployment is a strategy that enables individuals to focus their attention within a certain situation in order to influence their emotions without changing the physical environment; in other words, individuals get the opportunity to select the aspects on which they are going to focus their attention (Gross, *et al.*, 2006). The two most commonly employed attentional strategies are distraction and concentration. Distraction focuses the attention on different aspects of a situation or moves the attention away from the given situation all together like in positive refocusing. Concentration focuses the attention of the individual on the emotional aspects of a situation. The individual purposefully starts a specific emotion and acts it out. It could be compared to "method acting" in theatre (Gross, 1998b) where one makes a decision to act out a specific emotion whether it is felt or not. Conversely, attention is not always focused on positive emotions. Choosing to focus on the negative emotions repeatedly (rumination) will prevent the individual from experiencing negative emotions very intensely. It may be easier for the individual to deal with a constant, yet lower grade of negative emotion than with the fluctuating between positive and negative emotions (Borkovec, Roemer and Kinyon, 1995 in Gross, 2007).

3.4.1.3 Cognitive change

Cognitive change is the process of changing the way one perceives the situation so that the emotional impact is lessened(Gross,1998a, 1998b, 2007). It means changing the way the situation is appraised and thus altering its emotional significance. Once one is focused on a particular aspect of the situation, cognitive change constructs one of many possible meanings that can be attached to that aspect and change the emotional impact. The cognitive emotion regulation strategies to be discussed fall into this category.

Grandey (2000) conducted research on emotion regulation in the workplace and focused on the effect of certain appraisals. This cognitive emotion regulation strategy is 'deep acting' "in that the internal processes (thoughts and feelings) are modified with the goal to make the expression more genuine" (Grandey, 2000). Where attentional deployment focuses on altering personal thoughts, cognitive change concentrates on altering the appraisal of the external situation.

3.4.1.4 Response-focused emotion regulation

The second intervention point in the process model (Gross 1998b) is response-focused emotion regulation. In this process of emotion regulation, an individual manipulates her emotional expression instead of adjusting the situation or the perception of the situation. In effect, the emotion displayed is not indicative of the emotion experienced. Often a completely fake expression is displayed. However, the experienced internal emotion is not altered or regulated. Where cognitive change is 'deep acting', response modulation is 'surface acting' (Grandey, 2000).

3.4.2 Gross's theory of cognitive change

Cognitive change might be used either to generate an emotional response when none occurs or to regulate an already triggered response (Oschner & Gross, 2005). Reappraisal and suppression are the two types of cognitive emotion regulation most often referred to in research on cognitive emotion regulation and coping strategies (Gross & Thompson, 2006).

3.4.2.1 Reappraisals

Reappraisal involves reinterpreting the meaning of a stimulus and how one thinks about the situation to change one's emotional responses and to alter the emotional impact (Gross, 1998; Gross & Thompson, 2006). Reappraisals are brought to mind early on in the emotion generative process. This strategy does not normally require continual self-regulatory effort during the emotional event. Unlike suppression, it is a strategy that leaves the memory intact (Gross, 2002). Gross (2002) also adds that reappraisals increase positive emotional experiences and expression.

Spaccarelli (1995) and Katerndahl, Burge and Kellogg (2005) did extensive research on the resilience and coping strategies of survivors of child sexual abuse and found that one of the strongest predictors of resilience was the quality of the relationship with the warm, non-offending parent or significant adults. It is the interaction with this supportive parent or significant other that leads to positive cognitive appraisal of the sexual abuse (Spaccarelli,

1995). If, however, the non-offending parent insists on silence (suppression), the child often experiences this parent as partly responsible for the abuse.

3.4.2.2 Suppression

Suppression is an emotionally exhausting form of emotion regulation. It requires constant self-monitoring and self-corrective action throughout the emotional event. Because this monitoring requires a continual outlay of cognitive resources that will in turn reduce the available resources needed to process events (Gross, 2002), suppression has been found by Gross (2002) to decrease positive emotion experiences, but it is important to realise that suppression is not always an ineffective way of dealing with emotion. The problem arises when it becomes the preferred way of dealing with emotion because that can compromise an individual's ability to deal with situations that evoke emotion. Phanichrat and Townshend (2010) conclude that survivors of child sexual abuse who use avoidant coping skills do not forecast proactive coping.

Garnefski *et al*., (2001) conceptualised cognitive emotion regulation into nine specific cognitive emotion regulation strategies that are also consistent with Gross's theory of cognitive change.

3.4.3 Garnefski's nine cognitive emotion regulation strategies

3.4.3.1 Introduction

One of the main focus points of the present study is cognitive emotion regulation and the strategies that survivors of child sexual abuse have developed and employ most frequently. This is why the strategies of Garnefski*et al*. (2002) have been used because they base their discussions of emotion regulation on Gross's (1998b, 1999) broad views and conceptualisations of cognitive emotion regulation. However, Garnefski *et al*. (2002) felt it was necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation. The nine different cognitive coping strategies all refer to ways of thinking about things and do not denote behaviour. Thoughts do not always lead to action, but the thoughts do evoke certain emotions that have to be regulated.

These nine cognitive coping strategies have been categorised into constructive and destructive cognitive emotion regulation strategies (Garnefski*et al*., 2002).

3.4.3.2 The nine cognitive emotion regulation strategies

These strategies can be considered as habitual ways in which individuals deal with emotions and it is important to see which cognitive emotion regulation strategies the survivors use predominantly in most situations that evoke emotion. Although there has been much debate on the classification of the different strategies and Garnefski*et al*. (2002) recognise that some strategies have been more frequently referred to as 'adaptive' and 'less adaptive', there should not be any focus on a single cognitive emotion regulation strategy, but on all cognitive strategies at the same time for them to have meaning. Below, the strategies have been separated to facilitate the later discussion of the research data and not to make any causal inferences and it is acknowledged that "no conclusions can be drawn about directions of influence" (p. 417) about the strategies. The following strategies have been referred to by the above researchers as more adaptive strategies of dealing with emotion:

- *Acceptance* refers to thoughts of resigning oneself to what has taken place.
- *Positive refocusing* redirects the thoughts to other, more pleasant matters instead of being preoccupied with the negative event.
- *Refocus on planning* involves thinking about what steps need to be taken in order to deal with the event. This is also a proactive coping strategy.
- *Positive reappraisal* refers to the process of attaching a positive meaning to the event in terms of personal growth.
- *Putting into perspective* entails thoughts that downplay the seriousness of the event when compared to other events that the individual has experienced or has been aware of in others.
- *Other-blame* refers to thoughts of blaming others for what has been experienced.

With the above discussion regarding the categorising of the cognitive emotion regulation strategies in mind, Garnefski *et al*. (2002, p. 416) cite research that has shown clearly that rumination is related to psychopathology and that individuals who reported higher use of catastrophising and self-blame reported lower use of the more adaptive strategies above.

- *Self-blame*occurs when an individual's thoughts centre on blaming herself for what she has experienced.

- *Rumination* alludes to thinking constantly about the feelings and thoughts associated with the negative event.
- *Catastrophising* involves thoughts that explicitly emphasise the terror of the experience.

Cognitive emotional regulation strategies develop parallel with personality and temperament and there is also reason to believe that these emotion regulation processes continue to develop and change throughout adulthood (Gross, 2006).“Understanding how these developmental processes emerge and are integrated in the growth of emotion regulation skills is a conceptual challenge, and developmental research on emotion regulation faces unique difficulties in empirically operationalising these processes” (Cole, Martin & Dennis, 2004, in Gross, 2006, p.30).

The present study aims to discuss these cognitive emotion regulation strategies and how they affect and are affected by the level of resilience and the presence of proactive coping skills without negating the influence of other life circumstances and methods of coping developed by each individual.

3.5 CONCLUSION

When the constructs of resilience, proactive coping and cognitive emotion regulation strategies are examined, defined and conceptualised at the hand of the existing research literature, it becomes clear how interwoven they are. By integrating the data gathered from the MRTT-I, the Proactive Coping Inventory and the CERQ, it will be possible to explore how these constructs influence each other and what the role is of cognitive emotion regulation strategies and proactive coping on resilience in survivors of child sexual abuse.

The research methodology in the next chapter outlines how the constructs outlined in the above conceptualisation will gather the data necessary to explore these propositions. The MTRR-I designed by Harvey *et al*. (2000) is a suitable instrument for the gathering of data about resilience of survivors of child sexual abuse. This semi-structured interview elicits information concerning a trauma survivor’s psychological functioning (Diagneault, Cyr, Tourigny, 2007) and gathers qualitative data, not only of the various contexts of her life, but also of the eight recovery domains (Harvey 1996; Radan, 2007), including affect regulation and positive coping, which are constructs in the present study.

CHAPTER FOUR

Research methodology

4.1 INTRODUCTION

The understanding that developed through the literature study in the previous chapter motivates the decision to use the ecological understanding of resilience developed by Harvey (1996, 2007) and thetheoretical framework of Bronfenbrenner's (1994) PPCT model.This chapter also discusses the epistemological perspective of critical realism and the relevance of using the mixed-method approach.

The choice of strategies and instruments used to gather data is considered and the methods of data analysis to be used are outlined.Because of the intrusive, sensitive nature of the present research, the ethical considerations and implications are of paramount importance. The principles of ethical research in studies of this nature are very high because the population is vulnerable and can in no way be disadvantaged through the research.

4.2 RESEARCH PARADIGM: CRITICAL REALISM

Critical realism is a philosophical approach associated with Roy Bhaskar who combined a philosophy of science (transcendental realism) with a philosophy of social science (critical naturalism). His transcendental argument of realism proposes that things can be known without being experienced (Bhaskar, 1986). Bhaskar (1993, in Patomäki, 2000) states that science is not a supreme or an overriding value, that science only affords a particular angle or slant of reality selected specifically for its scope and ability to explain a possible reality. At the ontological level, critical realism purports that the world has depth and that the real cannot be reduced simply to experience (Clegg, 2005). According to Bhaskar (1978, in Clegg, 2005) distinguishes between the empirical, the actual and the real. The real includes mechanisms, events and experiences and when we are busy with social research, we are

interested in these mechanisms and understanding what produces the "messy outcomes" at the level of direct experiences in the everyday world of the empirical. The work of science (*and research*) is more than just an analysis of events (Clegg, 2005)(own insert).

From a critical realist perspective, the world exists independently of our knowledge of it or our ability to recognise phenomena. This perspective rejects the notion of causality where phenomena are regularly conjoined, that they are presumed to be causal (Martin, 2009). Bhaskar (1998a) argues that the causality lies in the independence of the generative mechanisms from the events they generate and that mechanisms endure even when not acting. A critical realist ontology acknowledges causality but does not reduce it to empirical regularities (Martin, 2009).

The primary motivation for adopting a critical-realist paradigm in the present study is that its definition of reality is that which can be experienced regardless of whether the external realities are completely known or understood (Patomäki, 2000). Resilience can therefore be experienced by the survivor regardless of whether the external realities are completely understood or defined. Looking at the research questions posed in this study, a paradigm is needed that encapsulates all the levels and dimensions of the complex structures of child sexual abuse, resilience, cognitive emotion regulation strategies and proactive coping. Bhaskar (1975, in Patomäki, 2000) defines critical realism as a paradigm in which the world is composed not only of events, states of affairs, experiences, impressions and discourses, but also of underlying structures, powers and tendencies that exist, whether or not detected or known through experience and/or discourse. For critical realists this underlying reality provides the conditions of possibility of actual events and perceived/experienced phenomena.

A critical-realist paradigm is suitable for studies, such as the present study, that support a range of research methods and that value both quantitative and qualitative research methodologies. The encompassing ontology of critical realism bridges the dichotomy associated with quantitative and qualitative research approaches and allows research to reach areas that were inaccessible within traditional approaches (Bergin, Wells & Owen, 2008). In the present study a critical-realist ontology is adopted because of the complexity of the phenomena in the study; different concepts and theories will be needed to understand these phenomena (Danermark, 2002).

Social structures do not exist independently of the agents' conceptions of what they are doing in their activity and therefore a hermeneutic dimension is intrinsic to social research in a critical realist paradigm (Bhaskar, 1979). In terms of the human development of resilience

that takes place in the family and social systems (structures), the actual patterns of events generated by these systems exist beyond our understanding, assumptions or empirical perceptions.

4.3 MIXED-METHOD APPROACH

As the ontology of critical realism allows both quantitative and qualitative methods, the mixed-method approach is regarded as a suitable methodological approach for the present study. According to Creswell, Plano Clark, Gutman and Hanson (2003), the mixed-method approach involves the collection and analysis of both quantitative and qualitative data and involves the integration of the data at one or more stages of the process of research.
A sequential exploratory strategy has an initial phase of qualitative data collection and analysis, which is then followed by quantitative data collection and then the findings are integrated in the interpretation phase (Creswell *et al*., 2003). They also state that this strategy is useful to explore phenomena and to expand on the qualitative findings.Kinn and Curzio (2005) believe in combining the two approaches to meet the different needs at different stages of a project and the fact that one method can compensate for the shortcomings in any other. Kinn and Curzio (2005) quote many researchers who have realised that it is not possible to comment effectively on any research conducted on complex human issues by using a single-method approach.

In the data analysis the semi-structured MTRR-I was analysed thematically and the discussions will be based on the qualitative data generated by these interviews. The CERQ and the PCI act as baseline assessments and are short instruments that have simple scoring to identify which cognitive emotion regulation strategies are typically employed and to what extent a participant makes use of proactive coping methods, respectively.

4.4 DATA COLLECTION STRATEGIES

4.4.1 Ethical considerations

4.4.1.1 Introduction

At the core of the methodology, are the ethical requirements. Before any of the data could be gathered or analysed, the outline of the study and its methodology were subjected to peer-review and were granted clearance by the Faculty of Education Research Ethics Committee.

The present study required a high degree of intrusive and sensitive information from a very vulnerable population; however, the content of the interview and questionnaires never probes the actual abuse experience, but focuses on resilience, proactive coping and cognitive emotion regulation strategies. When the participants made the first contact and gave their details, a letter of information that described the rationale of the research was emailed to each participant and an informed consent form was also attached so that the participant could have time to go through the documents before the actual interview. These documents are included in Appendix C.

4.4.1.2 Voluntary participation

The participants had to volunteer to participate in this study by making the first contact with the researcher. Participants obtained the contact details of the researcher details through flyers (see Appendix B), advertisements or by word-of-mouth, but the onus rested on them to make the first contact.The Code of Ethics of the University of Pretoria clearly requires that a participant has to be informed that voluntary participation also entails voluntary withdrawal. It was explained to the participants that the data gathered from them remained their property and that if they did not feel comfortable to answer a specific question, they were not obliged to do so. They were asked to edit the narratives compiled from the interviews before the thematic analysis was done.

4.4.1.3 Informed consent

According to Denscombe (2002), informed consent must be based on giving information of such a nature that the participant can make a mature judgement. All the aspects of what was to occur were communicated to the participants and they were given ample time to decide whether they felt comfortable to take part in the study.

Each of the participants in the present research was given a copy of the informed consent letter together with a detailed document setting out the rationale, purpose and procedure of the research. The participants were specifically advised to ensure that they went through all the documents so that they knew what they were letting themselves in for from the start, before they even made a decision about the research. In this way the participants did not feel under pressure to sign an informed consent form while the researcher was waiting to start the interview. The information was communicated at such a level that each participant would comprehend the implications. Just before the commencement of the interview, each

aspect was reviewed and the participant signed the informed consent document, which allowed the recording of the interview and entitled the researcher to use the information for the purpose of a PhD dissertation.

The risks of any study have to be addressed before the participant gives consent and it was explained to the participants that if they felt the need for counselling or therapy after the interview, they should contact the researcher immediately so that suitable intervention can be arranged for them. Most of the participants told me before the interview took place that they were confident that they would not need such assistance and none has indicated such a need.

4.4.1.4 Anonymity, confidentiality and privacy

The participants had to be assured that their information, identity and dignity would be protected at all times. In the case of sensitive, intrusive research such as this, participants have to know that their participation is not known to anyone. This proved to be difficult because of the snowball sampling method. Only two of the participants requested the use of a pseudonym; the majority felt that they had dealt with their childhood sexual abuse in such a way that they did not feel the need for privacy or anonymity. Regardless of whether the participants felt it was necessary or not, I have used pseudonyms for all the participants in the analyses. One participant requested a great deal of privacy and confidentiality because her husband of over 30 years was not aware of the child sexual abuse she had experienced.

Privacy, especially with regard to the location of the interview, proved to be the most difficult problem because the participants declined to meet at a suitable venue at the universityand preferred private venues of their own choosing. The choice and decision of where they would be comfortablealways lay with the participants. Each interview venue is recorded in Table 4.1 on p. 62.

4.4.1.5 Safety in participation

Denscombe (2002) emphasises that social researchers must be sensitive to the *likely* impact of their work on those involved, realising that if there is a possibility that a person's life will be affected by the research in any way, there is potential risk. Participants may never be adversely affected as a consequence of engaging in research.

During the debriefing at the end of the interview the participants admitted that although it was emotionally draining, especially to those who had not spoken about the child sexual abuse much before and although in the time prior to the interview they had to deal with reappearing emotions that had been dealt with in the past to a lesser or greater extent, they reported that the interview was not at all as stressful as they had anticipated. There was also the risk that bringing the child sexual abuse to the surface could affect the participants' current relationships – especially if their significant others were not aware of the abuse, as was the case for one participant. The greatest potential risk would be if the participant felt the need for intervention or therapy if dealing with their experiences proved traumatic; however, assurance of assistance in this regard was given throughout.

In their research, DuMont, Widom and Czaja (2005) found that scientific research studies asking sensitive and intrusive questions to vulnerable individuals are not necessarily harmful, as other aspects of the research experience are often perceived as worthwhile by the participants and when they are treated with dignity and respect, the benefits of participating usually outweigh the cost thereof. The above-mentioned researchers also found that participants felt empowered by research that focused on strengths and solutions and avoided vulnerabilities and problems. All of the participants in this study mentioned that they were participating in the research because they wanted their painful past to have meaning and to help others in whatever possible way.

4.4.2 Participants

4.4.2.1 Sample selection

In order for participants to be included in the research, they had to be adult (25+ years) female survivors of severe child sexual abuse as discussed in Chapter 2 and they had to consider themselves resilient. Initially it was decided that no participant should have had any form of psychotherapy so that it would be possible to ascertain which cognitive emotion regulation strategies and coping skills were used by the participants without the help of formal psychotherapy. Harvey (2007) conceptualises resilience as an active process in which survivors learn to access strengths in certain domains in order to secure recovery in others and, recognising that most trauma survivors will not turn to psychotherapy, it would be ideal to learn from survivors who have not been assisted in recognising their resilient capacities. It proved very difficult, however, to find participants who had not had *any* form of therapy or counselling. As finding participants was such a difficult task, it would not have been wise to exclude willing participants just because they had had some form of therapy. In

the end it was decided that, if the participant had had therapy, the type of therapy would be indicated (see Table 4.1).

4.4.2.2 Sample recruitment

The main method of sample selection in the present study was snowball sampling; however, before the snowball sampling could take effect, a purposeful process of selection was used because participants were chosen according to specific sample criteria. In addition, flyers (see Appendix B) indicating the exact requirements for participation were distributed at community centres, hospital waiting rooms and pharmacies. There was no response to these flyers. The information on the flyer was also posted on my Facebook page. Ackland (2008) researched the use of social networks such as Facebook for data sources and he states that e-research can make a major contribution to social science by enabling access to new forms of data and research methods. Lewis, Kaufman, Gonzalez, Wimmer and Christakis (2008) admit that Facebook is a much underexploited data source yet, but both the above researchers refer to using the existing data on Facebook to do demographical research, which is not what the platform was used for in this study. Facebook was used as an advertisement platform and not a data collection tool; only one participant was recruited from this platform.

The first participant, Jolene, contacted me and asked me to be part of the research after she had heard me talking about the research to a group of friends at a function. She recruited Caron, who in turn recruited Christie, Jenny and Shelly. Bianca, who was a neighbour at a holiday home, asked me what I was busy with and after an explanation, at the end of the holiday she gave me her contact details indicating she wanted to be part of the research. Colleen heard about the study via a relative and then contacted me via e-mail indicating her willingness to take part. Lastly, Lindi was the only participant who responded to the advertisement I had placed on Facebook.

4.4.2.3 Sample structure

Because of the critical realist paradigm that underlies this study, having a small sample is acceptable. Panepinto (2004), Phanichrat and Townshend (2010), Radan (2007) and others have researched child sexual abuse and rape using samples of between three and 15 participants. Although these researchers did not state why they chose to use such small samples, the research methodology required intensive interviewing and a great deal of qualitative data to be thematically analysed. Radan (2007), for example, remunerated her participants for their participation in the research and that would be costly in a bigger sample. Another possible reason for the smaller samples is that finding participants to take part in such intrusive research and still meet the selection criteria is very challenging. Even if the sample is initially larger, participants have the right to withdraw from the study at any given point.

The sample is made up of four Afrikaans-speaking and four English-speaking participants. The average age of the sample is 37.7 years. All the participants had been abused for extended periods during their childhood; ranging from one to 15 years of sexual abuse. Table 4.1 contains some of the participants' biographical details.

When the venue for the interviews was being discussed, a meeting at the university was suggested for the interview,but the participants preferred to meet in venues that were more convenient and less intimidating for them. That the interviews could be very emotional and that privacy was necessary, was discussed; nevertheless, participants selected the venue most suitable to their own circumstances. Two of the participants preferred to meet me at their own homes because of transport problems. Another two suggested that they would prefer to meet at my home because they did not have alternative arrangements for their children. Those who preferred to meet in a relatively public area like a restaurantindicated beforehand that they were confident that they did not need more privacy but I requested a quiet, private table in the restaurant which the participant had chosen. All the participants had disclosed their child sexual abuse to at least one significant other previously, although Jenny has never disclosed it to her husband, only to her daughter. Jenny also preferred to receive no email communication because she uses her husband's email address.

Table 4.1
Participant Profiles

Pseudonym	Age	Marital Status	Tertiary Education	Current employment	Nature of counselling or therapy received	Venue for interview
Bianca	30	Married	Oral hygiene & Bookkeeping	Bookkeeper for husband	Pastoral counselling	Researcher's home
Caron	37	Unmarried	Diploma in Nursing	Theatre sister	Few sessions with psychologist regarding self-mutilation	Researcher's home
Christie	39	Married	B-Comm specialising in Industrial Psychology	Own business	No formal therapy	Her own office
Colleen	25	Married	Diploma in Tourism	Works at tourist bureau	No formal therapy	Her own home
Jenny	54	Married	Diploma in Nursing and Midwifery	Theatre sister	Few sessions with a psychologist regarding her marital conflict	Tea garden
Jolene	55	Married	First year college	Gospel singer	No formal therapy	Her own home
Lindy	25	Engaged	Hair-dressing diploma	Owner of own salon	No formal therapy	Restaurant
Shelly	37	Married	Diplomas in Marketing and Public Relations	Retention specialist in financial planning	Admitted to a clinic for PTSD after she almost lost a baby that was in hospital for four months	Tea garden

4.4.3 Instruments

4.4.3.1 Semi-structured interview (MTRR-I)

The MTRR-I is a semi-structured interview (see Appendix F) that elicits information concerning a trauma survivor's psychological functioning (Diagneault, Cyr, Tourigny, 2007) and gathers qualitative data of the eight recovery domains (Harvey 1996; Radan, 2007), including affect regulation and positive coping. The MTRR-I was developed to assess trauma impact, resilience, and recovery through open-ended questions regarding an individual's life history, including the trauma history (Radan, 2007).

The design in the research of Daigneault, Cyr and Tourigny (2007), Daigneault, Tourigny and Cyr (2004) and Radan (2007), was based on the ecological perspective of resilience operationalized by Harvey (1996) in the MTRR-I (see par. 3.2.2.3). The MTRR-I is used to determine the level of resilience and Daigneault, *et al*. (2007), Daigneault, *et al*., (2004) and Radan (2007) combined the MTRR-I with other instruments to answer the specific research questions posed by the researchers.

The advantage of the MTRR-I is that it has been successfully used to measure levels of resilience in survivors who have never received any formal treatment (Radan, 2007). Radan selected a very vulnerable population; a group of women refugees in El Salvador and Guatemala who were survivors of war trauma. These women were mostly low-income and some illiterate. They were employed mainly as domestic cleaners, in childcare, cosmetology and as factory workers. They were not English speaking, but the MTRR-I was translated into Spanish.[1] All the research documented in which the MTRR-I was used, also made use of other instruments to determine relationships between certain variables.

Liang, Tummala-Nara, Bradley and Harvey (2007) conducted a study among 181 adult trauma survivors (86% female and 14% male) who were in treatment for sexual abuse or physical abuse in childhood, adolescence, or adulthood to determine the construct validity and internal reliability of the MTRR-99 which is a quantitative instrument that captures the same data as the MTRR-Interview used in this study. It was found that as a theory-based measure, the MTRR-99[2] can meet the standard scientific criteria for a valid psychometric instrument. In fact, an average internal reliability of the subscales of .85 was found. The scales of the MTRR-99 demonstrated reasonable reliability and validity in clinical and non-clinical samples, supporting the utility of the MTRR-99 in the detection and assessment of not only trauma symptoms, but also resiliency and recovery status.

In a study conducted by Lynch, Keasler, Reaves, Channer and Bukowski (2007), the narratives of 18 survivors of trauma were explored for elements of resilience. Eight participants reported child sexual abuse, 13 had been physically abused as children and all of them indicated sexual and physical assault as adults. In this study the MTRR-I was not used to confirm the existing domains of the MTRR-99, but rather an open-ended exploration of the elements of resilience included in their narratives. The interviews were coded line-by-line and thematic analyses were done. The MTRR-I proved to gather valuable information

[1]Anastasia Maw from the Psychology Department of the University of Cape Town has translated the MTRR-I into Afrikaans for her study and I have already been in contact with her regarding the use of the instrument in either English or Afrikaans, depending on the participants.

[2]Because the MTRR-99 is to be used by a registered clinician, permission was obtained from the author of the instrument, Mary Harvey, to use the MTRR-I to obtain the data that will later be analysed thematically. Anastasia Maw and Sadia Edross, researching through the University of Cape Town, have both used the MTRR-I without the clinical scoring instrument, MTRR-99.

with which to do this exploration, thus this is also the approach that the present study will follow.

Radan (2007) made use of the MTRR-I in a study of the levels of recovery and resilience in 30 women refugees from El Salvador and Guatemala who had experienced serious trauma during the war. The results indicated generally high inter-rater reliability and consistency in measuring the levels of recovery and resilience. She states that when using this instrumentit was surprising how accurate and sensitive the MTRR-I was in assessing the nature and degree of the traumatic exposure suffered by research participants. This same study also made use of the Harvard Trauma Questionnaire to ascertain the types and severity of the traumatic events they had experienced, but the MTRR-I gave a much more complete and complex understanding of what they had experienced. This was as a result of the open-ended questions that allow participants to relate in the form of free-flowing narrative what they experienced.

4.4.3.2 Cognitive Emotion Regulation Questionnaire

Garnefski*et al.* (2002) base their discussions of emotion regulation on Gross's (1998b, 1999) broad views and conceptualisations of emotion regulation, more specifically cognitive emotion regulation (see par. 3.4.1). However, Garnefski*et al*. (2002) felt it was necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation.

The CERQ is a quantitative instrument (see Appendix D) used to measure the cognitive emotion regulation strategies that characterise the individual's style of responding to stressful events and situations as well as the relationships between the use of specific cognitive coping strategies, other personality variables, psychopathology and other problems (Garnefski *et al.*, 2002). It is a multidimensional questionnaire constructed in order to identify the cognitive coping strategies someone uses after having experienced negative events or situations. Contrary to other coping questionnaires that do not explicitly differentiate between an individual's thoughts and actual actions, the present questionnaire refers exclusively to an individual's thoughts after having experienced a negative event (Garnefski, Kraaij & Spinhoven, 2002).

It is not yet clear what degree of the cognitive coping strategies regulate emotions and how it will influence the emotional processing of the traumatic life event after it has happened. The CERQ has been designed to fill the gap between the cognitive coping strategies and

behavioural coping strategies and measures the cognitive coping strategies exclusively and separate them from the behavioural coping strategies (Garnefski, Kraaij & Spinhoven, 2002).

Greenglass*et al.* (1999) discuss the traditional coping theory of Lazarus (1991) where problem-focused coping is distinguished from emotion-focused coping. Although researchers agree that this is a very broad general approach, it still guides coping research. Where the Cognitive Emotion Regulation Questionnaire (CERQ) tends toward emotion-focused coping strategies, the Proactive Coping Inventory (PCI) inclines toward being problem-focused.

When the CERQ was initially constructed, cognitive coping strategies were found to play an important role between negative life events and the reporting of symptoms of depression and anxiety (Garnefski, Kraaij & Spinhoven, 2001). This instrument is often used when researching depression and anxiety and Martin and Dahlen (2005) conducted a study in which they tested and proved the validity of the CERQ with regards to anger and stress. In a study conducted by Garnefski*et al*.(2002) the relationship between cognitive emotion regulation strategies and emotional problems was explored. Using the Cognitive Emotion Regulation Questionnaire on 198 participants to determine what participants tend to think after the experiences of threatening or stressful life events, the Cronbach's alpha ranged from 0.72 to 0.86.

According to the Manual for the use of the Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij & Spinhoven, 2002), generally speaking, it can be concluded that the alpha coefficients of the various subscales across the diverse populations can be called good to very good (in most cases well over .70 and in many cases even over .80). These results confirm yet again that the scales are homogenous and no items within the scales can be pointed at that would not fit and/or had better be removed some clear relations have been found between a number of CERQ scales and various psychopathology indicators, which is an important finding from the point of intervention and/or treatment. The factor analyses in the various populations have already shown that, apart from a few exceptions the factor structure was almost invariant across the various subgroups. This finding points to factorial validity of the CERQ scales.

By using the MTRR-I in conjunction with the CERQ, I intend to determine the relationship between the cognitive emotion regulation strategies and the levels of resilience in the survivors of child sexual abuse selected for the sample.

4.4.3.3 The Proactive Coping Inventory

The PCI is based on the premise that coping is most effective when attitudes, emotions, cognitions and behaviour are consistent within a given framework. It reflects the importance of resource management in that the individual can recognise and apply information, advice and practical and emotional support from others. Proactive coping involves cognitive strategies that include envisioning success, anticipating challenges in the future, planning how to deal with them and preventing impending distress (Greenglass*et al.,*1999). Thus, for proactive individuals, initiation, reflection, planning and prevention are all part of their coping strategies. The PCI is structured to identify whether individuals use these proactive coping strategies and to what extent they do so (see par. 3.3).

The proactive coping subscale, which is also a quantitative instrument, consists of 14 homogeneous items that form a uni-dimensional scale. It combines autonomous goal-setting with self-regulatory goal attainment cognitions and behaviour.

The scale has high internal consistency as seen in reliability measures (α) of .85 and .80 in the two samples studied by Schwarzer and Taubert (2002). In addition the scale shows good item-total correlations and acceptable skewness as an indicator of symmetry around the mean. A principal component analysis confirmed its factorial validity and homogeneity (Schwarzer & Taubert, 2002). See Appendix E.

4.4.4 Data collection process

Once the participant had responded to the advert and been briefed on what the research entailed, a meeting was set up at a venue selected by the participant (see Table 4.1). Directly after the informed consent form had been discussed and signed, the participant completed the CERQ and the PCI. All the instruments were completed during the course of one meeting with the participant that lasted between 90-120 minutes; each one completing two short questionnaires which was then followed by the semi-structured interview. The two questionnaires expanded on the qualitative data collected in the semi-structured interview.

Before the actual interview questions started, the participant was asked a few biographical questions that helped to construct a profile of each individual. In the initial contact discussion and at the start of the interview it was made very clear that it was not necessary to divulge the detail of the actual sexual abuse because the focus of the interview was resilience, emotion regulation and coping, however, the participants were also informedthat they were free to discuss it if they wanted to. It was significant that they all discussed large parts of their child sexual abuse in varying degrees of detail. The participants seemed very comfortable during their interviews because of their openness and willingness to share and the fact that the participants so willingly shared much more detail than was actually required, emphasised the great ethical responsibility of the researcher. The participant was informed that the research is focused on her life history and she was invited to tell her story with relevant prompts to facilitate the participant's free-flowing narrative (Lynch *et al*., 2007).

The advantage of a semi-structured interview with open-ended questions is that it allows the researcher to obtain additional or more elaborate details. It also allows the participant to answer freely without being limited to a strict format. In many instances the participant was so absorbed with a question that much more information was given than needed at the time but that was relevant to questions later in the interview. Obviously then the remainder of the interview needed to be adjusted.

When the narratives had been written the participants were asked whether they would like to validate their information. As in the research of Phanichrat and Townshend (2010), some of the participants indicated that the researchers could continue without their editing anything. The interview remains the possession of the participant and they have the right to change, add or remove any information from the narrative.

4.4.5 Data Analysis

4.4.5.1 Semi-structured interview (MTRR-I)

In the present research, each recorded interview was transcribed verbatim (see Appendix G for transcribed interviews on disc). Although the MTRR-I is structured to provide information in a relatively chronological order, the participants in the present study often digressed from the question and added information that was not relevant to the question at the time. After

the transcriptions had been done, each interview was rewritten in a narrative including only the information given by the participant; these are presented in Chapter 5.

The transcribed interviews were coded linebyline (see Appendix A for a summary of the thematic analysis), identifying the emotions, events or actions in each line of text.Even though the bulk of the data is contained in the MTRR-Interview, themes from the CERQ and PCI were also used on the MTRR-I.

In some cases several concepts could be linked in a single sentence. After reviewing the initial codes derived from the line-by-line analysis, a list of about 50 codes was generated. Then the codes were grouped into several general conceptual categories and as in the case of the Lynch et al., (2007) research, some of the codes they generated were creativity, insight, anger, setting boundaries, positive connections, seeking help, paid work, psychological distress, control, identity, vulnerability, humour and taking responsibility. When a new experience or comment did not seem to be captured by the existing list, additional codes were added.

4.4.5.2 The Cognitive Emotion Regulation Questionnaire

The CERQ is very simple to score because items are easily added in a simple straight count. So the scores can range from 4 (never-used cognitive strategy) to 20 (often-used cognitive strategy). Each of the eight cognitive emotion regulation strategies included in the CERQ will have a score out of 20 and it will thus be possible to identify which strategies are employed most and least often by the participant.

4.4.5.3 The Proactive Coping Inventory

The PCI gives a single score only, which indicates to which extent an individual is using proactive coping methods. The highest score that can be attained on this inventory is 41, so the closer an individual's score is to this number, the more the individual is using proactive coping skills.

4.5 SUMMARY

The research methodology was carefully chosen so that the maximum amount of data could be gathered in order to answer the questions posed by the study in the most comprehensive ways possible. As the data were processed and prepared for analysis, the focus remained

on cognitive emotion regulation strategies, proactive coping skills and the ways in which these influenced the domains of resilience in the context of positive psychology.

CHAPTER FIVE

PARTICIPANTS' STORIES

5.1 INTRODUCTION

In this chapter the life stories of the participants have been summarised and written in such a manner that the data that follow in the next chapter can be viewed in a context that, as far as possible, is the perspective and the interpretation of the participant, so as to keep the stories objectively accurate. Although the stories are not written as a first-person narrative, the content of each story is the data given in the interview. Whenever appropriate and definitive, the participant's words are quoted to ensure that the narratives are as close to the original interview as possible. The participants had the opportunity to read through the narrative and make any changes they thought relevant. Only one participant requested that the names of places where she worked be omitted. In Appendix G are the discs containing the audio interviews in MP3 form and in Appendix H there is a disc of the original transcripts.

Before the actual MTRR-I commenced, the participants were asked some basic biographical questions, which were used to provide a biographical sketch introducing each participant.The stories do not focus on the abuse, but on the emotional journey and the fears and challenges these survivors have been through. Each story also relates the coping strategies that each survivor has developed in order to deal with the pain of the child sexual abuse experienced.

Based on Shen's (2008) Cumulative Stress Model that purports that children are seldom exposed to only one form of abuse or trauma, the traumatic life events of the participants are summarised and presented in Table 5.1 (see p.110).

5.2 BIANCA (BIA)

Bianca is 32 years old, has been married for 11 years and has a five-year-old daughter. After matriculating, Bianca studied to be a dental assistant but later did a correspondence bookkeeping course so that she could help her husband in his business. She is currently employed by her husband as a bookkeeper/researcher, but she also takes her role as mother very seriously and feels that looking after children is a "*full-time job*" (BIA:29).

When Bianca was four, they moved to her uncle's farm where her father farmed with his brother for four years. She recalls a very happy childhood in her home where her parents used to play games with them often and they would make a big family bed on the floor in front of the fire. She grew up thinking that all families were this way. Amid all the happy memories of her childhood, the child sexual abuse stands out as the only painful thing that happened in her life and she explains it like this:

> *Dit is nie meer 'n negatiewe konnotasie wat alles oorheers en emosies wat negatief oorneem nie, so... maar ja, dit het definitief, dink ek, my lewensuitkyk op alles beïnvloed. ... ek wens ek kon weet as dit nie gebeur het, hoe ek sou kyk na alles (BIA: 174-177)*[3].

Only after Bianca was 30 years old, did she tell her parents about the abuse that took place when she was six. The perpetrator was her uncle and it happened during the day, over a period of a year, when her parents were at work. Her brother was also sexually abused by this uncle. Her mom now said that in retrospect, she noticed a difference in her behaviour because she used to be a very happy-go-lucky little girl and suddenly she was aggressive and moody. Her mother still blames herself for not noticing it and for not being at home to prevent it. Bianca says that her whole family split up when the abuse came to light and things will never be the same again, as they do not attend family events if they know he will be there. She admits that it was torture to come in constant contact with the uncle and "*om voor te gee dat daar niks fout is nie*" (BIA:326)[4].

During the interview Bianca acknowledged that although the abuse was a horrible event in her life, she had been able to see the advantages of having gone through something that traumatic because it has helped her develop resilience. She said that one can reach the point "*dat jy al die goeie dinge daaruit kan trek en jy 'n punt kan bereik dat jy kan sê, Dankie God dat dit gebeur het want dit het 'n life-changing positiewe effek op jou lewe"* (BIA: 353-356)[5]. She has never used the abuse as an excuse for anything and she realises that although one does not always choose what happens to you, you can always choose how to react to things.

She describes her childhood *as "baie gelukkig, in 'n gelukkige huis, in 'n normale huis... ek het wonderlike vriende gehad op skool* (BIA: 254-256)[6]. She recalled how her mom said that she was always "*hierdie verskriklike vrolike, happy gelukkige kind wat gelag het en vriendelik gewees het"* (BIA: 205-206)[7]. Her dad, who was unaware of the abuse, used to play-wrestle with her and when he would unknowingly do something that reminded her of the abuse, it would cause her to withdraw even though her father never had any bad intentions and she knew it.

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[3]It is something that overpowers you and the negative emotions and connotations take over your thoughts and it influences your whole outlook on life… I wish I could know how I would have seen the world if it had never happened.
[4]pretend that nothing was wrong
[5]that you can take all the good things and you can reach the point that you can say, Thank you God that it happened because it has had a life-changing positive effect on your life.
[6]Very happy, in a happy home, in a normal home... I had wonderful friends at school.
[7]this extremely cheerful, happy child that laughed a lot and was very friendly.

She described her father as her soul mate and the spiritual leader in their home. She felt that she could go to him with anything, except the abuse, and even as an adult she says she relied heavily on his advice. During the interview she admitted that she would always enjoy being in a situation in which she could 'test' her father and he would always show his integrity and prove that not all men were evil:

> *Daar was nooit situasies waar ek op sy skoot moes gaan sit of wat hy jou in die bed... hy het my elke aand, selfs toe ek in die hoërskool was het hy my gaan mooi toemaak, veral in die winter het hy my so ingetuck soos 'n mummy... en umm... en dit was vir my so lekker om in hierdie situasies te kom waar daar iets, wat hy iets kon gebeur, maar my pa het altyd vir my gewys wat eintlik ware liefde moet wees, en vertroueverhouding moet wees (BIA: 866-872)*[8].

Because of who her father was, Bianca felt that it was easy for her to understand God the Father. Two months before our interview, Bianca relates that she experienced the loss of her father after a long struggle with cancer. She admits that this was tough because he was living with her at the time and she was taking care of him.

Bianca related that she remembered as a child she preferred to have male friends because they didn't really talk much and girls were too emotional and inquisitive. She explains one of her childhood strategies as follows:

> *Ek was 'n vreeslike pleaser gewees – juis omdat ek probeer wegsteek het wat gebeur het. Op skool ook, ek het my dood geleer om goed te doen. Alles ge... Ek was Miss Perfect net om nie aandag te trek op my nie want ek was bang dat iemand sal agterkom daar's fout (BIA: 663-666)*[9].

She claims that she was a miserable, aggressive teenager and, furthermore, she used anger and antagonism as a coping mechanism to push people away. By behaving this way, she explained, she thought she would ensure that nobody would ever come close enough to her to hurt her again. As a child, Bianca said that she could manage to hide and suppress the abuse but when she became a teenager and started developing sexually, it struck her what had happened. She shares how she called Childline and that they advised her to speak to

[8]There were never situations where I had to sit on his lap or that where he put you in bed... he used to tuck me in every night, even when I was in high school, especially in winter, he would tuck me in like a mummy... and umm... and it was always so nice for me to get into situations where something, where he could have tried something, but my dad always showed me what real love was and what a trust relationship should be.

[9]I was a terrible pleaser – especially because I tried to hide what had happened. Even at school I studied myself to death to do well. I was Miss Perfect just not to draw attention to myself because I was afraid that someone would realise that something was the matter.

her parents. She did not feel that was an option at the time, so she said that she kept it to herself for most of her life.

In her teens, Bianca describes that she would get into a relationship with a boy until anything physical or too emotional developed and then she would break it off immediately. She describes it like this:

> *Ek het altyd gekyk hoe ver kan ek iemand push voordat hy sal ophou om lief te wees – of hoeveel sal hy vat in die verhouding. Umm... ek het rêrig gemors met hulle. Ek sou vir dae lank hulle nie bel nie. Of, die een dag date ek jou – die volgende dag los ek jou en vat iemand anders. Dit was vir my 'n emosionele toets amper waardeur ek almal gesit het, ... ek wou kyk hoe ver kan ek jou push om te wysok, jy sal my seermaak - verstaan jy? Ek het, ek het aspris goed gedoen om moeilikheid te soek. Maar op emosionele vlak (BIA: 540-551)*[10].

One of the things that she mentions is that she thinks it would be easier to deal with molestation by a stranger than with the emotional pain and confusion of being abused by someone you trust. In fact, she feels that it affects your ability to form emotional ties with people for life because you do not easily trust people that you love. In her opinion it also contributes to a great deal of guilt because you always think that there is something you are doing that is causing the abuse. She says:

> *Veral as jy 'n kind is, ek meen jy het nie 'n verwysingsraamwerk nie. Jy het jou klein dogtertjie van ses jaar oud manier en dan ongelukkig dink ek vat jy dit met jou saam ... tot jy self getroud is en groot is (BIA: 235-241).*[11]

Bianca revealed that two years before our interview, she had an emotional breakdown and realised that she could not deal with the past anymore and that it was destroying her marriage and affecting her own child. She confesses that the abuse overshadowed everything in her life until she admitted that she could no longer deal with it alone. She contacted her childhood pastor, who now lives in America, and shared her story with him for the first time. Although her husband did know about it, she had told him that it no longer affected her life. She says that she pretended that it was something in her past and that she

[10]It was almost as if I wanted to see how far I could push before someone would stop loving me. Or how much he would be willing to take in the relationship. Umm, I really messed them around. I would not phone them for days. Or the one day I am dating you and the next day I drop you and take someone else. It was an emotional test that I put everyone through. I would deliberately build a wall around myself – I knew I was doing it, it was not unintentional. I wanted to see how far I could push to prove, ok, you will hurt me – do you understand? I deliberately did things to look for trouble. But on an emotional level.

[11]Especially when you are a child, I mean, you don't have a frame of reference. You have your little six-year-old girl way and then unfortunately, I think you take it with you... even till you are married and grown up.

no longer thought about it, but realised that lying to herself and others was catching up with her. She relates how her husband suggested that she should see a therapist about it but that she refused and initially reacted with anger and aggression toward him. She says that she saw herself as a very bad person and felt that she was to blame for what had happened to her. She remembers her feelings about herself and the abuse like this:

> *... Ek het gedink dat ek rerig 'n slegte, slegte mens is voor die tyd. Want umm... met die molestering is daar, dit was moeilik vir my om te verstaan dat dit nie ek was nie. Ek het myself blameer en myself gesê: so klein, sulke slegte goed wat ek al doen. Terwyl ek weet dis verkeerd. Ek kan voel dis verkeerd want dit laat jou aaklig voel, het ek niks daaraan gedoen om dit te verander nie. So vroeër het ek myself vreeslik blameer en en ja, ek het gesê ek was sleg en ek het gedink ek verdien die ewige dood en ek moet brand virewig in die hel (BIA: 1157-1163)* [12].
>
> *Die fisiese manier wat God ons aanmekaar gesit het, is as jy op sekere plekke vat en streel is dit vir jou fisies aangenaam maar terselfdertyd is dit emosioneel verskriklik erg en dis wat so verwarrend is. Want hoe kan jy iets wat jy in jou hart so sleg en hartseer en omgekrap laat voel dat iets jou beset soos 'n demoon, geniet?*
>
> *En ek dink dis wat jou daai selfverwyt gee en ook wat maak dat jy vir niemand daarvan vertel nie. Want jy 'geniet' dit om gemolesteer te word. En dis hoekom 'n mens skuldig voel en hoekom jy verantwoordelik voel vir wat gebeur het want dis vir jou lekker en jy het dit nie gestop nie (BIA: 1343-1356).*[13]

Bianca portrays herself as a very devoted mom and wife and admits that her life revolves around her family whom she describes as intimately close and involved in each other's lives. Before she experienced spiritual healing, she described her experience of physical intimacy with her husband as "*torture*" and as a "*huweliksplig*"[14] (BIA: 505-506), but now she shares that she enjoys that side of their marriage more and more. She tells that for many years she felt that allowing intimacy was allowing repeated abuse and struggled to convince her

[12]I thought that I was really a bad, bad person initially because the molestation is there and it was difficult to understand that it was not me. I blamed myself and said to myself: So small, doing such bad things! While I know it is wrong. I can feel it is wrong because it makes you feel terrible, I did nothing to change things. So earlier I blamed myself a lot and I said how bad I was and I believed that I deserved everlasting death and that I should burn in hell forever ...

[13]The physical way in which God put us together means that if you are touched or stroked in certain places that it is pleasurable, but at the same time it is emotionally awful and so confusing. How can you enjoy something that upsets you and hurts you and makes you sad and possesses you like a demon? I think that is what gives you that self-blame and also prevents you from telling anyone about it. Because you 'enjoy' being molested. That is why people feel guilty and why they feel responsible for what happened because you enjoyed it and you didn't stop it.

[14]marital duty

husband of her love because she constantly used excuses of tiredness or sickness to avoid intimacy.

Bianca says that the media are the one thing that she avoids because of the damaging effect these have on her. Things in newspapers or magazines can really upset her and fill her with fear and negative energy and she does not want to be aware of the rapes, abuse and kidnapping that goes on around her. One of the things that she says she still struggles with, is trusting people near her daughter because she sees a potential molester in everyone and admits that this was one of the things that led to her emotional breakdown because she realised that if she was not with her child every minute of the day, she felt panicky. She acknowledges that the only way she could overcome that fear was to make it a matter of prayer and to hand her daughter over to the Lord.

She reveals herself to be a very emotional person who still experiences certain intense emotions when she thinks about the abuse, but she expresses gratitude that she can control these emotions when they do arise. She acknowledges that she tends to concentrate on the emotional rather than the factual and discloses that there was a time when the thoughts and emotions evoked because of the abuse consumed her and influenced her whole way of thinking and seeing the world. She discloses that she can now think back and not feel sadness or pain, but that she still experiences days, especially when she has heard of something similar happening to someone else, that she is overwhelmed with emotion. She recalls that there have been times when she has wanted to share with people that she knows what it feels like to be helpless and that they do not have to feel that way, because there is hope.

She confesses that she has struggled with aggression all her life and always tended to react with anger and conflict first; to such an extent that anger and aggression were almost her trademark and, even though she has dealt with a great deal of anger in the past two years, she still has to guard against falling back on her old ways. She states that aggression was her way of dealing with helplessness and that she used a great deal of sarcasm toward other people with the intention of hurting them so that she knew she was not the only one experiencing so much hurt.

She recalls how, in the past, she could not think or talk about the abuse without experiencing severe negative emotions; whereas now she hardly feels any emotion at all when these thoughts arise. Now she says that her default mood is happiness; even though she can easily feel down, she picks up quickly again. She admits that she cries very easily and often and says that some people have told her that she suffers from depression; but she feels

relieved to know that she has learned to accept that she is always on an emotional roller-coaster.

Bianca describes herself as a creative, artistic person who enjoys expressing her emotions in art and expresses relief that, even though she has allowed her emotions to control her life, she loves the way she has learned to deal with her past through her emotions. She says she eventually sees herself as one of God's perfect creations and has learned to accept that He didn't create all people to be beautiful and thin, and that there are parts of her that she would like to change, but that she likes who she has become and feels free, at last, to be herself.

Before she experienced spiritual healing and this new freedom, she says that…

> *dit was soos 'n fliek wat in jou kop speel oor en oor en oor en jy kan dit nie afsit nie, en nou kan ek daaroor praat, sonder dat ek emosioneel geraak word daardeur (BIA: 310-312). Maar ek moet sê as dit by die molestering kom, kan ons elke liewe fyn detail onthou. En daarom glo ek glad nie daarin as mense sê dit is so traumaties dat hulle dit uitgeblok het nie want hulle was te klein (BIA: 368-370)*[15].

Bianca tells that since she has had spiritual counselling, she believes it is the only kind of counselling that can have any effect in healing something that has affected the innermost part of your being so violently at such a young age. She says that she feels that abuse violates an individual so badly because it forces itself into a place where nobody will allow outsiders to go. In her opinion, one can learn to control emotions that are evoked by situations and memories and she says that it is a conscious decision to accept responsibility for your behaviour and your feelings. She states that she no longer has any trouble sleeping whereas she would struggle to sleep every night before her counselling because she used to be plagued by nightmares in which she would always dream about running away and trying to hide. Now she says that she can look at the abuse objectively because she understands the emotions and knows that it is over and no longer painful.

Part of the healing process, according to her, was confronting the perpetrator and dealing with forgiveness. She shares how she asked him to forgive her for all the hatred and curses that she had placed on him and did not face the perpetrator with the idea of forgiving him for

[15]…it was like a movie that played in my head over and over and over and I could not switch it off but now I can even talk about it without feeling emotional. But when it comes to the abuse, I can remember every little detail and I don't believe that people can block it out just because it happened when you were so young!

the abuse. Now Bianca says that she can talk about the abuse to others because she wants to share her testimony. She says that she can see when others have suffered abuse by the way they deal with their lives and can identify many of the symptoms that she also used to have. She has said that she is determined to help those who are dealing with the pain of abuse.

Bianca acknowledges that she is a very spiritual person and concedes that without God in one's life, there can never be healing of any sort. She ascribes her resilience and the fact that she has recovered 100%, to God's power in her life and believes that only God can reach that deep inner space where the incredible hurt is seated. She sums it up like this:

> *Ek glo nie dat enige mens die mag of vermoë het om daai deel van 'n ander mens se siel te kan verander net met woorde nie. Ek dink dit vat bo-natuurlike, geestelike krag van God om dit moontlik te maak (BIA: 1406-1408)*[16].

She shared her future dream of doing a Bible counselling course and then she wants to work with children who have been abused. She says that she feels ready to thank God that it happened to her because it had a life-changing, positive effect on her life.

5.3 CARON (CAR)

Caron is a 37-year-old theatre sister. She is not married, has never been in a relationship with a man and still lives at home with her parents and younger sister. Her brother, who does not live at home, is also unmarried. It is her opinion that their family has stayed this close because her parents are such good people and she says that both her parents are Biblical examples of what good people should be. She recounts that they moved around a great deal in her childhood because her parents were missionaries and were often transferred to different places.

About two years ago Caron decided to adopt a little girl who had been abused and abandoned and she says that this child has brought a great change to her life and given her a reason to live. She even feels that she has changed some of her general views in life since she has had a child to take care of.

She describes her childhood as a generally happy one and classifies herself as a wild child who loved the outdoors. She admits that there are large parts of her childhood that she

[16] I don't believe that there is any human being who has the power or ability to be able to change a person's soul with words. I think it the takes super-natural, spiritual power of God to make it possible.

cannot remember and singles out the first seven years of her life as being very vague; even completely blanked out.

She remembers that the abuse took place when she was about four years old when they were living in Zimbabwe and then tells how it happened again when she was a teenager, by a different perpetrator. She says that she remembers only blocks and segments of the abuse, with clear flashbacks of certain images, but with no clear sequence of events; especially regarding the abuse. She admits to having a very bad memory in general and can sometimes not remember things that happened just a year ago. She admits that she has started remembering more details about the abuse recently. This is how she relates the experience of remembering:

> *I couldn't remember anything for years. Only the last year or two that I have started to remember all the details of both me and my cousin and the guy at the beach, they were in my teenage years but I had feelings and sensations, but I didn't know what they were and I only took notice when it started to come out, the images started to make sense, the feelings started to make sense, those things started to make sense. As I have gotten older I have started to remember more. I think it is both good and bad to remember. 'Cause you know there is something, and not knowing isn't good because you don't know what it is which drives you insane. But knowing is also not nice because you remember more things (CAR: 402-412).*

Apart from the child sexual abuse she experienced, she gives an account of being molested by her cousin when she was a teenager and recalls an occasion when a man pushed her against the wall on the beach and attempted to rape her. She recalls how revolted she was by the fact that he tried to bite her cheek, believing that it has been the reason for the recurring theme in her nightmares.

She explains that she felt abandoned as a child because she was going through all these traumatic experiences and nobody knew about them or, in her opinion, seemed to care about her. Her youngest sister has diabetes and all her parents' attention was always on that. She relates a story of how the whole family went for a walk one afternoon with the cousin who was molesting her when he was home on an army pass. She recalls the following:

> *I was walking up ahead and I turned around and they all got into the cars and went off and I was left alone - totally! And I still thought they had forgotten me there in the bush. I started walking home; eventually my parents discovered I wasn't at home so they came back for me. I remember feeling so devastated that, because my cousin,*

> *the molester, had to get back on time to the army base that they left me behind. I remember feeling so abandoned and betrayed (CAR: 92-98).*

Apart from that, Caron says that she felt that she wanted to protect her parents from what happened to her because she did not want them to be hurt. When she describes her flashbacks, she refers to seeing her mother sitting outside:

> *I only remember seeing the porch and my mom sitting out in the back garden. And then I remember segments like the carpet or the light under the door, or that kind of thing (CAR: 604-605).*

One of the most painful childhood memories she recalls, apart from the abuse, was finding a letter that her best friend had written in the first two weeks of high school:

> *"I know Caron is annoying, but I told her she could sit with us 'cause I feel sorry for her but we'll just ignore her and she might go away." So after that I didn't make friends again. My entire high school I was by myself. Because then I figured that I was the bad one and that's the concept I had. I was bad (CAR: 61-64).*

Caron disclosed one of the things she decided as a teenager directly after the incident on the beach: she would never allow a man to touch her again! After all these years she assures me that she has kept to that and, in fact, she is revolted by the idea of men or of sex in any relationship. In reality, she admits that she has never even tried to have a male friend because she says that she cannot relate to them at all, does not know what to say to them and always feels uncomfortable and unsafe in their presence. She says, too, that she knows that not all men are bad, but she just has no need to interact with them. She explains that she specifically prefers to be overweight because men, in her opinion, generally do not look at fat girls. She says that she struggles now with her adopted daughter because she wants to be hugged and cuddled and Caron is not used to that; in fact she does not enjoy physical contact at all. Below is a description of how she experiences physical closeness with her adopted daughter:

> *I think what gives me a lot of flashbacks is when Janet hugs me and she has her bottle in her hand, and the bottle touches my face, I get the feeling of a penis in my face again. And I think that gives me a lot of flashbacks and I have to contain myself not to panic there and push her away because it's not what it's about. I can't push her away because it's not her fault (CAR: 361-365).*

Somehow, though, she says that she feels that this child has taught her that "*not all touch is bad ... and it's ok to allow someone within your wall*" (CAR: 158-159).

The emotions that she recalls experiencing as a result of the abuse were fear, confusion and anger, and although she says that she cannot remember much about the detail of the abuse, the emotions are very clear. However, when she has a flashback, she can "*see that little blonde girl and [she] can see that it happened to her. [She] know[s] that she is feeling these things but [she] can't remember the intensity of the feelings* (CAR: 372-374). Caron also describes how she can still see the picture of this blonde little girl, sitting on the porch and she wonders why she was such a bad little girl and she sometimes gets the feeling that she does not know who that little girl is. She says that she often hears in her mind:

> *You stupid little girl. Why does she allow it? She is just stupid. And that's what I think when I cut myself. Stupid girl! (CAR: lines 72-74).*

Caron states that, no matter what she went through as a child or teenager, she never spoke to anyone about the abuse and says that she pretended most of her life and she smiled; regardless of what she was really feeling.

Caron admits that she started self-mutilating by burning herself when she was 27 years old and at 31 she started cutting. She even makes a joke and says that she is a "*late bloomer*" (CAR: 565) because most people start this behaviour at a much younger age. She explains how she sometimes cuts herself so severely that there is no place left to cut when she is stressed and states that it is the blood on the skin that makes her feel alive; as a teenager, she remembers burning herself just to see if she had any feelings at all. She discloses that she has been struggling to reduce the cutting since she has adopted a daughter because she realises it is disturbing to a little child. She clearly stated in the interview that when she is cutting herself, she does not think about any aspects of her abusive past, but a flashback or a bad memory from the past could lead to anger that will grow and then later it will lead to cutting. She emphasises that the anger she experiences is never directed at the perpetrators, but always only at herself.

Caron explains that the emotions that she feels when she has flashbacks of the abuse are still the same as when she was a child, except that they are not as intense now because she can think more logically about things. She acknowledges that she knows that the little blonde girl on the porch went through some really horrid things but that she cannot remember the intensity of the emotions she was experiencing.

Caron clearly portrays how she experiences severe nightmares that can upset her whole day because they are so violent and bloody:

> *I have always had nightmares about blood. Since I can remember. Like a hand going into a neck and taking out handfuls of blood and the blood's getting deeper and deeper, or just blood splattered all over or …and sometimes I'll have like… I would dream that there's a doll and the doll's being raped and when the doll turns its head it's my face that's there, kind of thing … like these disjointed nightmares (CAR: 425-429).*

She does not, however, seem to think that there is an association between her nightmares and the cutting. She admits that when she experiences a flashback, she can calm down in a few minutes, but the nightmares that follow later are serious. She also describes physical sensations that cause her flashbacks and negative emotions: she gets the feeling that there is something between her legs or that she needs to wash herself. Caron mentioned that her mother often has people staying over at their house and she says that she never sleeps well when there is a man, other than her father, in the house because she keeps waiting for the man to try to come in. She laughs when she says that she now keeps a Rottweiler next to her bed so that nobody can enter her room without the dog waking her.

Caron hated studying and explains how she felt depressed and suicidal whenever she had to study; therefore she hated school and barely passed her subjects. When she started nursing and studying, she states that she kept feeling like a failure and admits to feeling suicidal often when she was a student. Caron suffers from very low self-esteem and describes herself as follows:

> *I used to think that Frankenstein's monster was more beautiful than what I was. I would never walk next to people because I was sure they were ashamed to be seen with someone as ugly as me. I didn't want to talk to people because I felt they were just talking to me because they felt sorry for me because I was so ugly (CAR: 138-142).*

She does not like to talk about herself or what she thinks of herself and prefers to use neutral to negative words when doing so. She says that she has always felt that other people are more important and of more value than she is and feels intimidated - because she is damaged goods - to be surrounded by people who seem to be so perfect in her opinion. In fact she said in the interview that she thinks that "there are two Carons – a good one and a bad one" (CAR: 590-591).

She explains that in relationships she tends to keep quiet because she does not want to upset and risk losing a friend. She also confesses that she does not easily trust people and that she generally remains suspicious of them until she has known them for a long time. If she had to identify one word to describe her general mood it would be a "*nothing*

mood"(CAR: 510) and a basic feeling of mere existence. She admits that she is not an emotional person at all and jokingly says that she thinks she cries about once a year about something big. She repeats that she feels fear, anger or nothing. She adds that since she has adopted her daughter, she has started feeling happiness a lot more than she ever used to.

She acknowledges that she still experiences a great deal of guilt too because she often feels that the abuse was her fault; she admits that she has never really blamed anyone else for the abuse. She said openly in the interview that she feels that coping with her own issues is hard enough and that when she has learned to do that, she will then consider trying to cope with the rest. She singles out sadness as the emotion that she finds really difficult to talk about or handle because she fears that people will see her human side and whenever she does feel any sadness, she will rather convert it to anger because she feels very weak when she is sad. When her emotions are too intense she explains it like this:

> *If they do start to get too intense I often get an out-of-the-body experience where I feel like I am not in reality, everything's far away as if I feel I'm not actually here. I'm that little girl but may be in a shopping centre. I have to do things but I don't know what to do because I'm not here. And I just need to get out. Quite a scary sensation (CAR: 554-558).*

Caron suffers from pelvic pain which she cannot seem to find an explanation for. She has had sonars and similar examinations, but nobody can find a reason for her pain. She feels that she does not take good care of herself medically or physically.

Somehow, Caron says that she has taught herself not to think about the future and has a day-to-day survival approach. Although she admits to struggling with depression and a great deal of sadness, she is grateful to God for the role He has played in her life and He has kept her from suicide and drug abuse. She states:

> *And I had this feeling of depression over me, this darkness that was suffocating me, I wanted to cut, and I asked a few of the girls at work just to pray for me. Within five minutes of the prayer the feeling just left. So I just said there I am so amazed at the awesomeness of God's… prayer, how God answers prayer and then people asked why so I decided well, maybe it's a good thing to tell them what God has done for me (CAR: 282-287).*

She points out clearly that she has never blamed God for what happened and, although she feels it does not make any logical sense, she has always seen God in the following light:

If God could have stopped it, but he would have to take away my free will as well to be fair. Otherwise He wouldn't be a fair God. So he could have stopped the people hurting me, but to be a fair God he would have to stop me doing things as well. And we each got our free will. Even when I was four, those people that were hurting me had a free will. If God could have made them choose to not do it, then He would have to stop me doing what I do now and He doesn't work like that! (CAR: 663-673).

5.4 CHRISTIE (CHR)

Christie is a 39-year-old entrepreneur who was has been very happily married for 19 years and is the mother of a son (16) and a daughter (12) who bring her a great deal of joy. She describes them as great, happy kids! She was working in a half-day six-month contract at the time of the interview but admitted that it was not what she really wanted to do as she and her husband had their own business and she was only doing the extra job to generate cash flow. In the interview I realised that, although she is an ambitious entrepreneur, her life centres on her relationship with God.

Christie is the youngest of three children and her two brothers are a lot older than she was. It was her elder brother who was responsible for the child sexual abuse she experienced. She was about five or six when it happened and it continued for about a year. She says that parts of the abuse are still very clear but she is grateful that there are details that she cannot remember. Her parents were never aware of the abuse and it only became known recently when Christie was concerned about her brother's daughter.

She portrays her mother as a very difficult person who was extremely emotionally abusive toward her children. She in fact stated in the interview that the abuse she experienced at the hand of her mother was almost as bad, if not worse, than the sexual abuse she experienced because it never stopped and still continues now. Below are extracts that summarise her reasons for leaving home immediately after school:

Die vrees vir my ma. Ek het op 'n stadium in Standerd 8 ... het ek besef: Wat is die ergste wat... sy kan my doodmaak. Maar, ek het die Here. Verstaan jy? Um, ek het so half die vrees begin... wat ook nie goed was nie want ek het meer cheeky begin raak [laugh] Maar toe het ek opgestaan, jy weet, ek gaan nie meer hierdie hanteer nie en dis hoekom ek na matriek gesê het: nooit weer gaan ek lat... en dit werk nie so nie. [laugh] As dit so maklik was, maar ummm... ja, daai, daai dat ek nie weet wat om te verwag as ek by die huis kom nie, ek dink dis dit. Want sy is nogal jaloers, sy wou hom [her father] net nie deel nie... Die goeie tye by die huis was daar. Dit was lekker maar dit

> *was baie op en af so jy konnie daarop staatmaak nie (CHR: 146-153).*[17]

Even though she is an adult now, she says she still feels the need to prepare herself emotionally before speaking to or seeing her mother. On the contrary, however, she shared that she saw her father as her hero and soul mate. Christie says that the most traumatic experience she has had in adulthood is the death of her father six months prior to the interview. She recalls how gentle he was and how she would go to places with her dad just to escape her mother's wrath. She feels that to this day she has a huge gap in her life where a mother should be.

She describes a very unhappy childhood. She relates how she often thought about ending her life when she was younger and at the age of 12 actually taking 10 Panado tablets, thinking that it would be enough to do the job. She also remembers that one afternoon late when she was still at school, the old caretaker of the school touched and kissed her and not only did her friends not believe her, she could not go to her mom with it. She admits that she felt that she could never trust her mother. She was in primary school when a man rode past her on his motorbike and exposed himself to her and once again she reports that she could not muster the courage to tell her mother.

Christie believes that the sexual abuse most probably led to her becoming sexually active at a very young age. She spoke about her relationship with the Lord throughout the interview and she admits that she knew it was against what she believed was right. Although she was always sexually active in the context of a steady relationship, she says that it is something she regrets most! She says that she does not want to justify what she did but she still thinks that she was looking for love and affection:

> *Ek dink net ek het 'n substituut gesoek vir die, ek weet nie of dit die regte woord is nie, maar obviously het ek 'n leemte gehad vir, ... um, vir liefde en toenadering en ek het dit in die verkeerde plek gesoek (CHR: 425-427).*[18]

She states that the moment she was old enough to leave home, she did and she moved to a different city where she started working and only after she was married did she enrol at the

[17] The fear of my mother... At a point in Standard 8, I realised what is the worst that she can do, is kill me, but I know that I have the Lord. I started feeling that the fear was sort of... which was not a good thing because I became cheeky. But that was when I stood up and decided that I was not going to take it anymore and that is why I decided after matric that I was never going to allow her... it does not work that way. If only it was that easy. That of not knowing what to expect when you get home, I think it was that. And she was jealous, she did not want to share my father. There were good times at home. They were nice but they were always up and down and you could never rely on it.

[18] I think I was looking for a substitute, I don't know if it is the right word for it, but obviously I had an emptiness for, umm, for love and affection and I looked for it in the wrong places

university and do her BCom. She admits to specialising in industrial psychology and counselling because she was sure that it would help her understand better what happened to her as a child. Christie explained in the interview how she worked her way up in management at a very young age, but there came a point when she realised that to proceed even further, she would have to compromise her values and it would have affected her family negatively. Both she and her husband left their jobs to pursue this venture and they believe that God has led them this way and that He has great plans for them. Faith and trust play vital roles in her life.

When asked in the interview how she dealt with the sexual and emotional abuse as a child, Christie said that she cut it out of her life and in her opinion it did not exist; however, her husband was the one who convinced her to go for counselling to deal with the child sexual abuse, as well as the terrible emotional abuse inflicted on her by her mother. She explains how she wanted to stop the cycle at all costs and shared the following during the interview:

> *As kind het ek dit uitgesny. Ek dink die ding was, ek het begin besef wat my kinders kan, met hulle kan gebeur. Dit is, dit is, dit is snaaks, as die goed met jou gebeur, is dit fyn, soos my ma ook, jy kan daarmee hanteer, verstaan jy, maar die, die hele ding wat ek jou gesê het dat ek en my oudste boetie rusie gehad het, is dat my dogtertjie begin aanval. En toe't ek baie lelik geraak. Want ek's jammer! Jy't tot by my gekom, ek hanteer dit en hanteer dit en gaan nie verder, jy gaan nie verby na my kinders toe nie. Hierso het ek 'n sê (CHR:732-739).*[19]

She openly shares that she feels so blessed with a wonderful husband and children, but has also found it difficult to treat her children the way she wanted to because she never had the role model of a mother. She admits that she and her husband do sometimes have to deal with marital conflict, especially because they work together, but there has always been an underlying love. She feels blessed too because both her children and her husband have given their hearts to the Lord and, in her opinion, that has made all the difference in her family.

She shared the experience she had when she actually confronted her brother about the abuse about six years ago. Christie says that she was worried about her brother's daughter,

[19] As a child I cut it out. I think the thing was that I realised that it can happen to my own children. It is funny, but if these things happen to you it is fine, with my mom too, you can handle it, do you understand, but the whole thing that I told you about with the argument with my eldest brother, is it affected my daughter. That is when I became offensive. Because I am sorry! You have come as far as me, I can handle it and handle it but it is not going any further to my children. Here I have a say!

as well as her own daughter and felt responsible for saying something. When she phoned him to confront him, she blurted it all out to him:

> *Ek en hy het'n ongelooflike rusie gehad, wel, skreeu oor die foon, jy weet, en, um... [Name], maar jy't my 'n onreg aangedoen, en elke keer as ek dink ek is oor dit, dan kom dit weer, jy weet. En,... um... en hy het net vir my gesê: Get over it! En ek was so kwaad. Wie's hy om dit vir my te sê? [laugh] En hy bly vir my sê, GET OVER IT! En weet jy, ironies genoeg, dis wat ek moes hoor (CHR:172-176).*[20]

She says that she does not hate her brother and they all get together for special occasions quite often. She states that there is a fundamental knowledge that bad things happened but that they have managed to work through it.

She also acknowledges that she remembers a great deal of aggression at home in her childhood. She explains that when things went relatively well for two or three weeks, everyone in the family would start to get anxious because the longer the period of relative peace, the more dramatic her mother's outburst would be and as a result they would trigger it so that it would just happen. She says that she was often the one who would start the fights. She admits that most of her childhood memories are centred on emotions and not physical detail.

Christie openly stated more than once in the interview that she has dealt with the abuse and has managed to move on and sarcastically sings: "*I got over it, nah,nah,nah,nah*"(CHR: 711) and laughs. She shares that she has many burdens in her life now but they concern the happiness and well-being of others, including that of her mother. The quotation from the interview that would probably summarise her emotional space best is:

> *Ek dink ek het tot 'n punt gekom dat ek gun myself die seerkry maar jy kan nie te lank daarop talm nie, jy moet dit omdraai en dan sê: Weet jy wat, um... ek het soveel meer om voor dankbaar te wees. Ek het so wonderlike gesin en die Here is net elke dag by my en so dis minors, dit maak nie saak wat met my gaan gebeur nie, die Here gaan my daardeur dra (CHR: 639-645).*[21]

[20]We had an exceptional argument. It was more like screaming and I told him straight out: "You violated me and every time I think about it, it all comes back to me!" He replied with: "Get over it!" I was so angry! Who is he to say that to me? And he repeated it a few times: GET OVER IT!! And ironically, that was what I needed to hear.

[21] I think that I have reached the point that I grant myself the pain but you can't agonise about it for long, you must turn around and say: Do you know what, um... I have so much more to be grateful for. I have a wonderful family and the Lord is with me every day and so it's minors, it doesn't matter what happens to me, the Lord will get me through it.

5.5 COLLEEN (COL)

Colleen is a 25-year-oldtravel agent who has recently remarried after a stormy marriage of a few months in which she was physically abused. Her first husband was previously married to her sister and when her sister died in a tragic accident, she married him,but they were never happy. Her current husband, who is a devoted Christian man, suggested that she get help to deal with her past and in the process she underwent a spiritual transformation which, she acknowledges, has enabled her to deal with the pain of the traumatic child sexual abuse she experienced.

When Colleen finished school, she did not have exemption to go to university to study education, but went to college and did her National Diploma in Tourist Management. She still has a goal to study education sometime and describes herself as someone who will attain the goals she sets for herself because she knows what she wants out of life. She taught Tourism as a subject in a high school for a year and really enjoyed it.

Colleen is the youngest of seven children; four brothers, who all sexually abused her, and three sisters. Her parents were married and divorced to and from each other three times and during her childhood she spent a lot of time in children's homes and foster families. Her own biological father also abused her sexually with the knowledge of her mother. She explains it like this:

> *My mom was not planning to do anything about it and then my stepdad said to my mom: Well you will have to do something about it because it is unacceptable. And then, umm... she went to court, you know the whole thing that they basically got it all in the open and I had to go to the gynaecologist and write a letter and you know, all those things. Never really went for psychological help as such because my mom had this thing of: Ja, you can cope on your own (COL: 5-11).*

She explains how her father went to prison after the court sentenced him to prison for 10 years and her mother refused to allow her to expose her brothers' abuse although she was aware that it was happening. Although she knew her mother was aware of everything, she still does not know whether her father knew that her brothers were also abusing her and she also does not know whether the brothers were aware of each other's activities. She says:

> *I don't know! I don't know, I am not sure… I never said anything to anyone. I just kept quiet. I just never told! I don't know, I just never said to anybody anything. Umm... but my mom was aware because it happened in the house. Even my stepfather was aware of it. Umm...but that just never,*

> *nothing ever happened about that. So, [sigh] ja, I basically coped with it all my school years (COL: 31-36).*

Colleen says that she remembers the detail of the abuse and how she would not be able to sleep because she knew someone would come into her room at any time. One of the things that she remembers most clearly about her childhood was that she would be constantly trying to hide away so that nobody would find her. She mentions going shopping with her mother as one of her most pleasant childhood memories because she knew that she would not have to be alone with the brothers at home.

Her childhood was turbulent and after her parents' divorce all the children were sent to children's homes or foster homes until her mother remarried and they went to live with her at home again. When she was 14 she was also removed from her mother's home and placed in a home for unmarried mothers because there was no space for her at an ordinary children's home. When she matriculated she was placed in a foster home where she experienced what normal life could be.

Regardless of what her father did to her, she is not angry at him and still loves him because he is her dad and she feels that "*blood is blood... you have to love them"* (COL: 169). Though she even visited him in jail, she explains that she still feared him because she knew what violence he was capable of when he got out of prison. When he came out of prison, she met with him and hoped for some kind of reconciliation and relates the situation like this:

> *I also spoke to him after he came out of jail and I spoke to him and said to him, umm... I also expect an apology from him. I mean he… And then he said to me, Ja, but he has served for what he has done. So I said but I am still here. You never said anything to me and even though you served it doesn't take my frustration and my pain and my things away. I would like to know your take on it and then he said, ja – he is sorry, but… I think he needs to meet with God [laugh] that's the best I can say about that (COL: 188-194).*

Colleen realised that she needed to confront her brothers too, which she did individually and as discreetly as possible so as not to cause trouble for them in their marriages. She says that her brothers were relieved that she had taken the initiative to deal with the abuse and also appreciated the way that she dealt with it. She actually went to them so that they could ask her for her forgiveness and talk about what happened and hence find closure. She says that they welcomed it and she is glad that she took the first step toward reconciliation and forgiveness because it brought closure for her. She relates how she also approached her

mother to try and gain understanding of why she remained so apathetic during the painful things that she had to endure. This is how she recalls that meeting with her mother:

> *She phoned me the day before Christmas and she said to me we must go and just chat a bit. We spoke and I said to her I am very frustrated with all the hurt and pain and I don't understand why… why me? Why all the abuse? Why all the 'keep quiet'? I don't understand all this. And she… well her reasoning for this was she thinks she had so much hate for my biological father that she took it out on me because I was the last child and everything. And then she really apologised and she asked for my forgiveness and that we can really start over basically and be in each other's lives from now on (COL: 170-179).*

Although she admits that she has forgiven them, she feels that they are the ones to blame for what happened to her, because she feels that especially her mother could have spared her much pain. She acknowledges that although the confrontation with her brothers was a very difficult situation for her to handle, fortunately, when she confronted them, they did not deny what they had done, allowing her to find closure.

Colleen states openly that as a result of strong spiritual strength she has managed to find meaningfulness in life. She recalls a time when she struggled with suicidal thoughts every day and made numerous attempts to end her life. She is very excited when she describes how everything, including how she experiences her sexual relationship with her husband, has changed since she has taken God into her life. Because of gynaecological complications caused by the abuse, Colleen was told that she could possibly not have children, but she says that she has chosen not to believe that anymore. Now she tells how God has always played an important role in her life; even as a teenager she always used to attend church youth activities and found strength in it. She explains how it is also her relationship with God that gives her the sense that there is meaningfulness in her life, that she has positive self-esteem and deals with emotions and memories in an adaptive way. She also attributes her ability to be optimistic about the future, to be able to forgive and to deal with the pain of the abuse, to her deep relationship with the Lord. She explains it this way:

> *I think I had the Lord always in my life and that made a difference for me. It made it easier for me to deal with things... especially now again. It was not safe where I went on my own and didn't want to know anything about church or the Bible or the Lord or anything, but when I came back now recently again to church and just getting involved and that really makes a difference in your life! Really, it does! As soon as you don't have that, you*

> *sit and ponder about the past and things and you think about things that it's actually not necessary to think about (COL: 89-95).*

Colleen reports that she feels a whole spectrum of emotions; often her highs are very high and her lows very low, but she does not seem to have problems with controlling anger, anxiety or panic. As a child she recalls being able to feel nothing, but says that she cannot do that anymore:

> *I cannot put my emotions off. It's either very sad or very happy or very something, but no. During the time of the abuse I can say there were stages that I put off my emotions and get it over and done with, type of... you cannot feel sad, you cannot feel anything, you are just – ok! (COL: 766-769).*

The future, adds Colleen, is bright and she is optimistic about life and believes that this world is a happy place, only if you have a relationship with God. She discloses that she has dealt with the abuse of the past and now focuses on the present and the future. The following extract summarises what she has managed to achieve with God's help:

> *It doesn't help to sit and ponder about it. It's done! There is nothing I can do to change about it. It's gone! Move on! Umm ... I tend not to look into the past and more into the future and the present, the present is what is here and now and what we are doing with what we have here and now and really making the best of all of this (COL: 970-974).*

5.6 JENNY (JEN)

Jenny is 54 years old and is currently a theatre sister in a private hospital in Pretoria. She has been married for 33 years and has two adult children of 26 and 29 years old. In all these years, she has never spoken to her husband about her childhood abuse and has resolved that she never will, as she does not have a good relationship with her husband, in her opinion. For most of their married life, he used to work away from home and she would often work night shifts.

Her brother and sister were a lot older than she was and she basically grew up as an only child. Both her siblings have passed away – her sister at the age of 40 and her brother when he was 52. Her mom passed away at 62 when Jenny was only 18 years old. She always valued her relationship with her mother and although her mom was a lot older than most moms, they were close friends and did everything together. She says that she can recall very few details from her childhood but remembers being very happy and sharing much laughter whenever they were together.

Jenny tells that she was five when her sister's husband started sexually abusing her and this continued into adulthood. She admitted that even after she was married he tried to have his way with her. When she spoke to her mother about what had happened, her mother told her that she had also experienced something similar and that she should just keep quiet because her sister was dying of cancer at the time and she did not want to devastate her with that. This is how she explains the effect the abuse has had on her life:

> *It's a kind of vibe that goes through your life. It's always there. You kind of don't understand where it started because it started so young that you still carry it with you (JEN: 281-282).*

What worries Jenny a great deal is that, when her sister died, her brother-in-law was left alone with his daughters and she says that she thinks that he must have done the same to his own daughters. She never spoke out about it because of the repercussions she thought it would have in her family. Jenny admits that her sister died having no idea what had been happening and what she had left her children to.

> *Ja, he married a woman with five kids a year after my sister died. And that… this little one, she stayed in, basically a closet, because they didn't have a room, and she kept hiding her panties away and they asked me, and I said that I really don't know what the problem is (JEN: 393-396).*

Jenny mentioned in the interview that there was a time when her children were young that she used to work all the time and would always offer to be on call and was at home very little. She recalls that her husband commented that she was always tired, unhappy and aggressive when she was at home. She says her daughter once commented that it seemed that she preferred to be away from home. Jenny admits that although her husband has improved a little over the past while, he is a very difficult man who always humiliates her and puts her down; so she felt that at least at work she was worth something and that people valued her for who she really was.

She acknowledges that she never had a really close relationship with her husband and she definitely attributes most of it to what happened to her as a child. No matter how hard she tried, she felt that she was never good enough for him. She experiences her husband as a cold man but also puts the blame on herself because she has always kept her distance from him. She disclosed that for many years now they have not even shared a bedroom and that their sexual relationship was never something she enjoyed and she believes it partly had to do with the abuse and partly that he always blamed her for anything that went wrong in their physical relationship. The fact that he worked away from home for almost six months of the

year made it easier for her to handle but she recalls how difficult it always was when he came home.

One of the things that she struggled with most in her marriage was her husband's preoccupation with pornography. She explains how it made her feel:

> *My daughter found one [magazine] and he was working away and I just said to him I am burning all your books, I can't stand it anymore. I made this huge bonfire to throw all the books into… Anything like that gets imprinted on your mind… (JEN: 283-287) You wish you had never seen it. You wish you had never been part of it. And I think it's something you see, and you absorb it and how do you block it out?(JEN: 298-300) … I think you kind of feel dirty (JEN: 308).*

Jenny explains how he would always blame her for not doing things right and that he felt she was never dressed properly because she was always in her uniform or in a tracksuit.

She and her family moved away from Pretoria for a five-year period to work at a game reserve. Even there she remembers working overtime. She believes now that she was always trying to prove, especially to her husband, that she was worth something. She does state now, however, that she no longer feels the need to do that.

Jenny says that she considers herself to be a normal, stable person who is peaceful and not moody and that she generally gets along well with people. Because of her career, which in itself is a very stressful job, she feels that she has learned to cope with stress very well and when she has to deal with people who are difficult, she will keep quiet and then later address the issue. She admits that she is not ruled by her emotions; in fact emotion does not seem to play an important role in her daily life when the following is considered:

> *Ja, I just go into total shut down – it has happened a few times in my life - and I feel nothing for anybody and I will just barricade myself up into a… until it's over and then it's and then I am… but I will feel nothing for anybody and it happened once there at the farm and it was almost like I just looked at everybody with no emotion. It was awful (JEN: 754-758).*

One of the things that Jenny reports having trouble with, is trust and she prefers to keep people at a distance – especially those whom she instinctively distrusts. Some people, she explains, one can sense are not trustworthy and so she finds it hard to accept love and care. This is how she relates it:

> *Someone said to me the other day: You give too much and you are always giving love but you don't think you can actually receive it… I*

> *don't feel I deserve it (JEN: 545-546). [My daughter] says can't you just accept the fact that I do love you and I want to help you and I say – no that's fine, you know… you don't want to bug anybody and be a pain.*

Jenny does not struggle with outward anger, but she gets angry with herself because she keeps thinking of the hurts in the past. She emphasises that these hurts are not only related to the abuse, but also to her marriage. She feels she is constantly trying to convince herself to let go of her anger.

5.7 JOLENE (JOL)

Jolene is a 54-year-old gospel singer and missionary currently working in Chad with her husband of 32 years, Rob. She married when she was 20 years old and has two adult sons. She lived most of her life in the USA but spent about 20 years living in South Africa, where she met Rob. She did not complete college and has always wanted to complete her Spanish studies, but has never been granted the opportunity. She has always been an active member of her church community and has always been involved with music.

Jolene relates that she is the oldest of four children. Her father, who is the one responsible for sexually abusing her in her childhood, was,according to her, a musical genius. He taught all the children to play multiple musical instruments; nevertheless he was a very harsh task master and would expect hours of practising, not tolerating anyone getting tired or making mistakes. She explains that practices were always violent; not only toward her, but also her siblings and mother. Jolene realises that her mother was also a victim and she does not blame her for not interceding to stop the abuse because she believes there was nothing she could have done.

Jolene clearly recalls her earliest memory as follows:

> *The earliest thing I remember is still being in a crib with the sides up and being afraid of the big person that was hovering over the crib and then wetting myself and then being spanked for being wet. That's the earliest thing I can remember… I don't even know how old I was (JOL: 29-32).*

She also explains that there are large portions of her childhood, for example her primary school years, that she has very little recollection of at all, and that not even looking at class photos jogs her memory. She says that a few specific incidents do stand out, but much of it has been suppressed to the extent that she has never been able to recall it. She expresses that there have been constant questions in her mind about these memories and she has

come to terms with the fact that she is probably better off not knowing and has decided rather to focus on the positive emotions she has experienced in her married life. She has a few very specific memories that are completely clear, but one particular memory is given as follows:

> *I had a bread knife under my pillow one night. I was going to kill him. And he didn't come in that night. I know that sounds so silly! I was in high school. What damage could I have done to him? He would have turned it on me. That was the ONE night he never came in (JOL: 705-710).*

She can also clearly recall that she would imagine that she could get out of her body and watch what was happening to her from the ceiling:

> *My life was threatened. I was never allowed to tell anybody. There was nobody around to tell or call out to or to help you. It was a secret. I remember being able to watch myself from the ceiling. I could see what was happening to whoever that was on the bed. I was on the ceiling looking down [JOL: 132-136). It doesn't seem as painful talking about them because it feels like I am talking about somebody else. It's not me, but how do I know so much about this somebody else? I feel so disconnected from emotion. When you are so helpless, you cut yourself off because there is not point to emotion. Crying doesn't help, screaming doesn't help. Fighting doesn't help! You just get hit! So you are helpless and you feel nothing (JOL: 673-680).*

Jolene admits that they all grew up in constant terror and that they never spoke to anyone about what was happening. Not even her mother and siblings know the details of what happened to her because, to this day, they have never spoken about it. Her father died 26 years ago without her ever having had the chance to confront him and find closure. He was living in South Africa at the time and she was the only one of the family that attended the funeral. This is how she relates that experience:

> *I had to go to the funeral and I dreaded it. Oh, how I dreaded going to that funeral! They took me in to look at the open coffin, and I begged Rob to come with me. I could not do that alone. That was so traumatic! … I didn't want to be there at all! I would have traded places with [my siblings] for anything. I did not want to be there to attend the funeral. But when it was all over my mom and I breathed a sigh of relief. He couldn't hunt us down anymore (JOL: 528-537).*

Jolene acknowledges that friends could never play a major role in her life because her father did not allow it and he also embarrassed her when they came to the house. She admits that she was envious of her friends who had special relationships with their dads and that she

would secretly visit friends when her dad was away just to experience what a loving relationship was. She feels that she still struggles to maintain strong friendships and explains that she easily feels pushed out because she tends to take things very personally and is very insecure in her relationships with others. Whenever she feels hurt, she says that she would rather keep quiet and just keep in all the frustration and feel hurt and rejected. She acknowledges that, not only did this affect her friendships, but also her marriage and that in her insecurity, she became over-dependent on her husband, thus causing him to feel claustrophobic in their marriage. She spoke openly about her frustration when she was a stay-at-home mom for many years and felt trapped in her life because Rob would go to work and she would be home without a car and with little children to take care of. She confesses that she attempted suicide more than once, but now she believes that God had a purpose for her life; however, she did not always see that purpose:

> *No matter how I prayed, I was not helped. I was positive He was not there for me. He never heard my prayers (JOL: 145-147). In fact, I was angry at God for a long time. A long, long, long time! I decided that if my father was going to heaven, I was not going to be there. I didn't want any of it. I was angry (JOL: 693-699).*

She shared in the interview that her husband and boys, and having a loving relationship with them, have been the focus of her adult life, but that the child sexual abuse obviously affected her marriage; especially her intimate relationship. She says that what she feared most, and experienced as true, was that there would be more similarity than difference between the abuse and her sexual relationship with Rob and she confesses that as long as they have been married, they have experienced problems in this area of their marriage and that the child sexual abuse has affected her adult life in a very severe way.The painful memories have always been just below the surface, in the forefront of her mind. Although the most agonising ones are extremely vivid, she cannot piece them together:

> *It is like a jigsaw puzzle but I only have 10 of the 500 pieces. The greatest majority of them are missing (JOL: 216-217).*

Jolene spoke openly about the many serious relationship issues that she has experienced throughout adulthood and believes that she still gets things completely turned around because she either trusts the wrong people completely, or she is unreasonably suspicious of innocent people. She blames the fact that she was never allowed to say 'no' as a child for the fact that she allows people to walk over her; and when she does say 'no', she feels guilty and selfish. She relates a recent instance where she decided to stand up to Rob for what

she wanted regarding her music career, and although it caused much conflict in their marriage, she believes that it was the first time she stood up for herself.

Jolene says that since she attended a church weekend away, which was specifically intended to deal with the hurts of the past, she has felt the pain decrease in intensity; however, after her father died, she felt a great sense of emptiness because she realised that she would never be able to confront him and get closure.

Another thing that came across very strongly in Jolene's interview was her inability to deal with stress.She admitted that most of her adult life she did office work in order to supplement their income and send their boys to private Chrisitan schools and although she realised it was worth it, she never experienced job satisfaction. She explains that work was always stressful for her and that stress had always affected her health negatively because whenever she feels helpless because she cannot cope or feels that she is not in control of the situation, her health is adversely affected. She openly admits that she cannot deal with stress at all and she feels easily intimidated and inferior to others who seem to have a stronger temperament:

> *I guess my temperament is a little more retiring and so I am extremely intimidated; I'll be specific, I'm extremely intimidated by choleric[s] and they know it. I try not to let that show, but they can find you and squash you… [laughs a lot]… so… (JOL: 252-255).*

Jolene seemed to find it painful to talk about the problems she encountered in her marriage many years ago and admitted in the interview to going through a phase in her marriage when she had an obsession with feeling secure and loved and that this neediness overwhelmed Rob and he emotionally withdrew from the relationship and left her feeling vulnerable. At that point, she confessed to becoming involved in an affair because there was someone who cared for her and gave her a sense of belonging. She says that she does not blame Rob for this, but because he later understood her needs in a relationship and realised that he was not fulfilling them, he forgave her and has been very supportive; and, ironically, this strengthened their marriage.

She believes and states that because she never had the opportunity to confront her father and resolve some of the pain and find some kind of closure, she now struggles with anger and experiences all emotion very intensely on a daily basis:

> *Unfortunately. Oh yes, up and down by the minute!... Oh boy, I feel frustration, disappointment and anger and happiness and totally out of the box and I think I feel everything (JOL: 826-832). [I get] … like that heart attacky feeling. Like the pain in your arm, the pain in your*

> *jaw and that scared me. The heavy chest, you know, there's a real heaviness in your chest (JOL: 889-890).*

Although she is thin and runs a lot, she tries to hide the fact that she has an athletic build. Jolene openly admits that she really struggles with her own negative self-esteem and has a complex with respect to her physical appearance.

> *I am often behind the camera, and I love taking pictures of other people. But if it comes to me wanting to be in a photo with somebody, asking my hubby to take a picture, he won't. So I feel unattractive. Because he doesn't want me in any of the pictures. I am not sure what I need to be doing. I don't know how to make myself more attractive. I feel very unattractive (JOL: 894-899). I have had so many people say to me: You wear your self-esteem like your poor posture. Thanks a lot [laugh] (JOL: 918-919). I was told that so much one can't help believe it. Nobody will ever want you because you are damaged goods (JOL: 923-924).*

She maintains that because she has lived in two countries all her life, she has often felt that she does not belong anywhere; so in the USA she feels too African and in Africa she feels too American and because she felt that she belonged nowhere, she did not set high goals for herself and tended to let go of dreams rather than be disappointed because she could not attain them.

Jolene describes how her greatest dream of recording a gospel CD came true last year despite initial resistance from her husband and that this liberated her more than anything else; now she feels that she can look back and thank the Lord that the negative thoughts are no longer the centre of her life, but that she has a new focus, a new view of life, an increased understanding of what happened and where she stands in the bigger picture of life:

> *For a long time I carried a great deal of guilt around. Then I realised that most of it was not mine to carry (JOL: 845-846).*

Jolene says finally that she has hope for the future and looks forward to doing mission work with her husband.

5.8 LINDY (LIN)

Lindy is a 25-year-old hairdresser who has recently opened her own salon and is engaged to be married in a year's time. She grew up with a brother who is two years older than she is. Lindy was very emotional during her interview but had no difficulty in answering the questions. She describes her childhood as an extremely unpleasant, emotional childhood

and blames the abuse for the fact that she never felt like a normal child and that she still does not know how it has affected her.

She was sexually abused by her grandfather who was murdered, with her grandmother, in a farm attack when their house was set alight and they were burned to death. Lindy believes that because of his parents' violent death, her father withdrew from the family and started working away from home for long periods of time. She believes that she was her father's little darling and his withdrawal from the family was extremely hard for her. She says that she started to feel that her parents' marriage was also starting to deteriorate and that she had nobody to turn to.

She painfully recalls how her grandfather also abused her brother and forced him to perform sexual deeds on her too; however, she says that she never felt resentment toward her brother because he was so young that she believes he didn't realise what was happening either. She admits that she has, all the same, never spoken to her brother about their childhood experiences and there is a great deal of anger in her voice as she blames her grandfather for robbing her of her childhood, as the abuse started before she went to nursery school and continued until she was in grade 6, when he was murdered. She stated emphatically that she hated her childhood and teenage years.

She never had friends as a child and recalls many, very sad incidences of being seriously disappointed and ridiculed by friends for all sorts of reasons. She has struggled with rejection all her life and relates one of her most traumatic experiences, which happened the night after her grandparents' murder when her dad came to fetch her where she had stayed with her other grandparents for the day, as follows:

> *Toe my oupa die deur oopmaak, het ek uitgegaan om vir my pa-hulle hello te sê, het ek na my pa toe gegaan en hy't net so weggedraai van my af [shows how he turned away] en dit was vir my, partykeer in 'n mate, afhangende van hoe ek voel, vir my erger as die een van my oupa. Want van toe af was dit…ek het baie keer… want die gevoel wat ek daar gehad het, hy't gedink dis my skuld, en umm … dit is sekerlik nie so nie, maar dit voel vandag nog vir my hy kyk na my met hierdie: Dis jou skuld (LIN: 151-158).*[22]

Lindy openly admits that she does not understand why her grandfather molested all his own children and forced his sons to molest their mother and the whole family knew what was

[22]When they came to pick us up that evening I ran out to give my dad a hug and he just turned away from me. And from that time on, my dad has treated me differently. Sometimes, depending on how I feel, that hurts as much as the abuse did. Because since then, and many times since then, I get the feeling that he looks at me as if to say: It's your fault.

going on; yet, they were taken to visit him on the farm for three weeks in the holidays. Her father, however, completely denies that he was aware of any sexual abuse. She says that this has caused her to feel a great deal of resentment towards her parents for not preventing the abuse from happening to her and disagrees that it is possible to completely block out what happened,as her father is claiming he has done. She recalls undressing her dolls and hanging them up by their necks and yet nobody saw that as a sign that she was crying out for help. She says that she refuses to accept that they did nothing about it.

She explains that one of the only people to whom she can speak about the abuse is her older cousin who was also abused by the same grandfather:

> *Ek en my een niggie praat baie daaroor. Sy is drie jaar ouer as ek. Sy is ook deur my oupa umm … Maar sy… But she doesn't cope at all! Dit gaan horrible sleg met haar! En umm … everything is because of that! Umm… Sy's nog nie grown-up about it nie. Nie dat ek sê dat ek is… sometimes is ek nie grown-up about it nie, maar ek is net… If you keep blaming that, you are not going anywhere (LIN: 417-422).*[23]

She says that she clearly remembers feeling such relief when she heard her grandfather had died because she is certain that if that did not happen, she would personally have killed him. She remembers that as a child she had to deal with the sadness of losing her grandmother, whom she loved dearly, and the relief of her grandfather's death; these opposing emotions had a great effect on her life. Another emotion that she explains is the feeling of overpowering emptiness when her grandfather would close the door and lock it and she now compares it to a big black hole that would press down on her. Loneliness is also something that she says she often experienced because her peers used to mock her and push her out of the group.

Lindy mentioned that her brother was academically very strong at school and her parents always used to brag about him and his achievements, but they never acknowledged her. In fact she recalls feeling that she was not part of the family and that her parents were ashamed of her; so Lindy really struggled to adjust in her teenage years. She felt that she was also very negatively affected by an experience of an exhibitionist who exposed himself to her and followed her, making sexual remarks, while she was walking to school. She

[23]My cousin and I talk about it a lot. She is three years older than I. My grandfather also um... But she... but she doesn't cope at all! It is going very badly with her and um, everything is because of that! Um, she is not grown-up about it yet. Not that I am, sometimes I am not grown up about it but I always ... if you keep blaming that, you are not going anywhere.

remembers being overwhelmed by fear and immediately reporting it when she arrived at school.

She feels that her lack of confidence caused her to leave high school after grade 10 and decide to do home schooling for grades 11 and 12. She tells of an incident when she was in high school when she decided she was going to commit suicide by shooting herself, but when she had the gun in her hand, she realised that she did not have the courage to pull the trigger and so decided to shoot herself in the foot. She then says she couldn't do that either so she shot a bullet into the wall and the bullet reflected and fell into the kitchen sink behind her, after which she lied to her parents, telling them she thought it was an intruder.

She admits that she realised that if she did not make a concerted effort to change her life and her views, she would just continue on a downward spiral of unhappiness. She confesses that she has a tendency to pity herself but she is very worried about the fact that she does not feel that she has matured in the way she deals with the abuse. She explains it as follows:

> *Dan voel dit vir my ek is nog dieselfde as die klein dogtertjie wat niemand voor 'n f** kan omgee nie en net wil weggooi en vuil klere en nie worry nie en not care and not give attention [crying and speech almost inaudible]. So ek voel nie of die feelings ge-mature het nie. Dit voel asof dit nog dieselfde is (LIN: 591-595).*[24]

She says that she has made a conscious choice to get up and start over and with the power that God gives her, she has managed so far. Still, she does not experience her life as extremely meaningful because she has not discovered what her purpose here on earth is if we are all either going to heaven or hell. She feels that life is a bit pointless at times, but regardless of this, she is excited about the future because she is such a dreamer.

Lindy does not even try to hide the fact that she feels very uncomfortable around men and that even greeting hugs make her feel very uneasy and she says that whenever she is alone in a room with a man, she feels sick and feels physical pain in her abdomen and groin.

Only during the past three years, since the start of her relationship with her current fiancé, can she say that she has been really happy and enjoying her life. So far, Lindy explains, she loves adulthood and enjoys creating new challenges for herself at work. She uses work to escape from reality by setting big goals that will preoccupy her mind and once that project is

[24]It feels like I am still that same little girl that nobody gives a **** about. Someone who they would prefer to throw away without worrying, just like dirty clothes… someone to pay no attention to. So it feels as if my emotions have never matured. They still feel the same (Translated: LIN: lines 604-608).

completed, she will focus on something new and exciting. She shared in the interview that work is her safe place and she believes that nobody can interfere with that and that without her work; she would not have any direction in her life.

She knows that her relationship with her fiancé poses challenges because she has so many unresolved issues; however, he is the first man she has ever had a sexual relationship with and she admits to having a very conservative view of sexual commitment. She says that she thinks that she copes well with the sexual/physical part of the relationship, but that closeness and touching can become too much at times and she tends to feel claustrophobic.

During the interview she admitted that she had great fears about having her own children, but says that she has made a deal with God that she would only be willing to forgive her grandfather for what happened if God could promise to protect her children from ever being abused. She also feels that she will not be able to produce anything good, because nothing good can come out of her. In fact she feels that she has a dark side that originated from her child sexual abuse but that parallel to this, there is a strong side that is willing to fight for what she wants and reach the high expectations and goals that she has set for herself.

On the other hand, she mentions that she is still plagued by so many bad memories that she tends to forget all the good. She explained at length that there are large gaps in her childhood memories, but that there are sections that replay in her mind clearly, like a horror movie. She believes that it is the mind's way of protecting itself by making some memories too blurred to remember, but that finding out what the gaps are will, in her opinion, help the healing process for the future. She has taught herself to forget things that are painful as quickly as possible.

She says that if she has a flashback of the abuse, it can make her feel miserable for the whole day and it is so intense at times that nothing can lift her out of the hole she is in except going to sleep. It has happened a few times that she feels that she is outside her body, looking at herself; she says that she can hear a person talking and she knows that it is her voice, but it feels surreal. She admits that she has not developed successful strategies to deal with her pain as yet, but she tries to focus on something positive at work to help her get her mind off her memories, and sometimes she shuts off to the extent that she cannot hear people speaking around her; in fact, she relates that if a flashback catches her off-guard, it could feel as if everything in her life has turned back to the childhood abuse and that is all she can think about. She experiences the memories she does have in more detail as time passes and explains it like this:

> *Dit word vir my meer duidelik. Veral met kleur sal… umm... ek sal… ek sal… dis amper asof dit altyd swart en wit was, en dis nou asof dit… ek kan onthou hoe't dit geruik, ek onthou die wind het gewaai of … so dit voel vir my in daai opsigte dis meer… die prentjie wat ek het is, asof ek na iets real gekyk het en as ek na myself gestaan en kyk het en dit is wat ek sien, word dit vir my meer real (LIN: 655-660).*[25]

Many times during the interview Lindy repeated that stress is something that she does not cope well with; to the extent that she feels it debilitates her to the point of being useless. She hyperventilates and cannot focus on anything that needs to be done; she also acknowledges that she does not have the ability to cope with stress. Something that causes her extreme stress is when she feels she has no control over a situation.

Another thing that Lindy mentions that she struggles with a great deal is trust. Because she cannot trust any man, this has affected her relationship with her fiancé negatively. She admits that she has many insecurities and she fears that he will leave her and find someone better. It is hard for her to accept that he wants to be with her forever because she has always believed that she is not good enough. She realises that she treated him extremely badly in the beginning of their relationship and goes as far as to call it emotional and verbal abuse. She confesses that she still has far too much anger cropped up inside and that she struggles to deal with her temper. It physically feels as if her heart is going to jump out of her body and she starts screaming and yelling and cannot control it in any way. Sometimes it is something really small that provokes such extreme anger in her that she feels as if she is having an uncontrollable attack of some kind.

She admits to feeling ashamed of herself all the time and says that not a day passes that she does not feel guilty about what happened to her as a child. She describes herself as many different parts and not as a whole. When asked about how she feels about herself she said:

> *Nie baie goed nie! Ek voel… [very emotional] ek is 'n slegte mens. Umm... Stupid! Dom! Ek voel INCREDIBLY dom! Umm... Ek voel daar is – ek het eenkeer vir iemand gesê: As iemand weet hulle is dom gaan hulle weet hulle is dom? En hulle het gesê ja. En ek weet*

[25] It is getting clearer. It is as if my memories were always in black and white and now they are in colour. I am remembering what it smelt like, whether the wind was blowing… so it is feeling as if there is more... the picture that I have is as if I am looking at something real as if I am watching myself and this is what I see. It's becoming more real.

> *ek is dom! Umm... Ek is baie verleë daaroor umm... en ek voel ek is 'n slegte mens en ek voel net dat die Here dink ek is self below sy koningkryk (LIN: 777-782). Toe ek hare gaan swot het, toe hoor ek na die tyd want ek moes vir myself betaal het, het my ma-hulle gesê hulle wou nie vir my betaal nie want hulle het nie gedink ek sal dit kan doen nie (LIN: 786-788).Ek is bang dat ek nooit gaan anders voel nie. Ek sal hou daarvan om anders te kan voel daaroor. Want ek dink dit bepaal baie hoe ek optree in sekere situasies (LIN: 803-805).*
>
> *Ek het baie stupid drome [giggle] ... Want dis… ek dink nie, uh, 'n kind van ses jaar droom selfs sulke stupid goed nie [laugh] (LIN: 839-842).*[26]

Lindy says that she struggles to sleep because of nightmares and when she jolts awake, she is wet with perspiration. She also experiences migraines at least three times a week and suffers from severe back pain.

On a positive note, she explains that there are things that make her happy and that she enjoys. She loves fantasy movies and even though she is an adult, she still loves the princess fairy tales and says that she tries to relive her childhood through these stories; she even bought herself the Disney Princesses magazines because she likes *iets wat [haar] bietjie in 'n ander wêreld vat* (LIN: 718).[27] She enjoys "*a happy place waarnatoe ek escape so dis vir my baie meer positief as negatief*" (LIN: 813-814).[28]

When Lindy was asked whether she thought the abuse had any purpose in her life she responded as follows:

> *Ek het gesê dat ek sal ok wees daarmee as ek weet dat dit gebruik kan word om ander mense te help. Umm... ek voel dit is die enigste positiewe uitkoms van dit uit, as dit wat ons hier doen of as ek met iemand kan praat met wie dit self gebeur het en kan net relate, umm... want dit is die enigste positiwiteit wat daaruit kan kom (LIN: 1001-1005).*[29]

[26] I don't feel good about myself. I feel like a bad person. Stupid.Very stupid. I feel incredibly stupid! I feel there is – I once asked someone: If someone is stupid are they going to know that they are stupid? And they said yes. And I know that I am stupid! I feel very embarrassed about the fact that I am not clever. I feel like a bad person and I feel that even the Lord thinks I am below his kingdom. When I went to study hairdressing, I heard afterwards that I had to pay for myself because my parents didn't think I could do it. I am afraid that I am always going to feel this way. I think it determines how I behave in certain situations. I even believe that my dreams are more stupid than a six-year-old's dreams.

[27] Something that takes her to another world for a while

[28] a happy place where I can escape to it's much more positive than negative.

[29] I said that I would be ok with it if I can know that my story can help other people to deal with their abuse and pain. That will be the only possible positive outcome of all that suffering. If I can talk to someone that it happened to – someone who can relate to it, umm, that is the only positive that can come from it.

Lindy used to be involved with a church until she was told that "*daar's demone in [haar] wat uitgedryf moet word"* (LIN: 729)[30]. However, she rejected this idea and is no longer involved with cell groups or church activities. She admits that although some of her thoughts are feelings of anger or despair, she is a very spiritual person; however, it is a very personal thing. She sees herself as a child of God and desires to bear the fruits of the Spirit and this is what guides her life.

5.9 SHELLY (SHE)

Shelly is a 37-year-old sales consultant who has been married for seven years and is the mother of two boys, aged five and seven. She is the oldest of three children and has two younger brothers. Her father died when she was only two and she says that she does not remember anything about his death and has only fleeting, but special memories of her father; she believes that he was the only one who ever really loved her. She was raised by her mother, with whom she did not, in her opinion, have a very good relationship.

Her mother remarried when she was very small and she recalls her stepfather being good to them. Tragically, he accidentally shot himself fatally while working with his gun. Shelly remembers that she and her brother and mother moved into somebody's outside flat and their mom worked long hours. She does not have happy memories of her childhood; she hated school, did not get along with her mother and had no friends. She also remembers many family issues because her mom was Indian and her dad coloured and they never really knew where they belonged.

Shelly says that she struggles to recall details about many things in her childhood and most of what she remembers is what people have told her. In her opinion she was always the *"ugly duckling"* (SHE: 152) and was mocked because she has always been very thin and perceived herself as the centre of derision.

When asked during the interview to relate a happy childhood memory, Shelly thought for a long time and then recalled, in detail, a special birthday card that she was given by her mother. She says that one of her biggest fears is becoming anything like her mother and when she notices that she is dealing with things the way her mom did, it really upsets her. She feels that she does not want to destroy her children's lives as her mom destroyed hers.

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[30]that she was demon-possessed and needed exorcism,

After her stepfather's death, her mom started to bring boyfriends home and one of these boyfriends was responsible for the sexual abuse she experienced. This is how she related it during the interview:

> *He was responsible for the most fear I ever experienced in my life! I was afraid constantly. I remember one evening my mom coming home and she went to bed and Zach came and sat next to me in the lounge and I could smell the rum. And I can automatically feel his beard on my face and then the rest is gone. I know what happened to me, but I don't remember the details. Strangely it is always the same little pieces of memory that are clear and at the same place it fades (SHE: 546-554).*

Because of what Zach did to her, Shelly refuses to love people and does not know what to do when others want to love her. She knows that it affects her marriage negatively too and she realises that she needs to deal with this. In her view, love has always been equated with being violated or neglected and getting hurt.

According to Shelly, her whole life has been tumultuous; in fact she cannot recall a restful, calm period in her life. She clearly remembers leaving home on her eighteenth birthday and she finally decided that she would not be her mom's slave anymore.

She relates how she started working at SAA as an air hostess and enjoyed that because she wanted to run away and constantly travelling was perfect for her. At SAA she got into an abusive relationship with a pilot which took years to get out of.

She met her husband, Eric, and shortly after that, fell pregnant with her firstborn, Jay. After the birth of her second son, Dan's she struggled to get her life back on track and expresses a great deal of emotion because he was very ill in hospital for a long time. This caused extreme stress in her relationship with Eric and she tells about this painful traumatic experience as follows:

> *My husband, who is a police officer, was in the process of being boarded when our youngest son, Dan, was in hospital for almost four months. This triggered the post-traumatic stress and I lost my husband and it took me four years to get him back to a point where I said to him I can't do this anymore and I walked out. He then went for counselling and I got my husband back. So that period of not having my husband, having to take care of the kids on my own and this adult that just wouldn't function, almost killed me. I had a nervous breakdown. I ended up in Vista because of it. But, we're fine now (SHE: 475-482).*

She emphasises that she has never had problems with being in a relationship with a man, but that she found she was automatically attracted to men who wanted to take care of her and who were gentle, but because of her past experience, she always saw such men as weaklings. In fact, she realises now that it was because she had always wanted to take care of herself and answer to nobody. She admits the following:

> *It's the thing of being rejected as a child; it becomes like a blueprint in your brain that you automatically want to do things to prove to people that you're ok, but that has stayed with me (SHE: 235-237).*

She summarises her views of people below:

> *I have learned to judge people and I can feel whether they have different motives or not. I have figured people out and have studied all the reasons why people don't love me, but rather hurt me (SHE: 414-416; paraphrase).*

Shelly considers herself to be an extremely emotional person and also realises that her emotions have changed a lot in the past few years. She experienced a great deal of fear and anxiety in the past, but now she has to deal with sadness and anger instead. Sadness, because she feels robbed of a childhood that she never had. She says that, apart from being an emotional person, she likes to withdraw and be on her own. According to her, she has no problems relating to people and can easily talk about what has happened to her; however, she does not want to be a burden to people or want their sympathy.

Anger is the emotion that Shelly singled out during the interview as being the one she struggles with most. She explains her anger like this:

> *But I've also understood why I get like that, because by not acknowledging what I am saying or what I want, you are rejecting me and that is the issue that I had. My rejection caused anger (SHE: 443-445).*

Her mom passed away due to cancer when Shelly was 24 and they never discussed the childhood sexual abuse or many other issues that scarred her childhood. Her mother's death, in her opinion, was like the ultimate betrayal and when her mom died she felt as though her mom had abandoned and rejected her one last time. Her frustration and anger are clearly portrayed in the following:

> *When my mom died I felt absolutely nothing, because at that point I felt: Fine! You've, you've, you've gone and died on me now. It's like the ultimate rejection! You know… Stupid woman! I was, I was angry at my mom for dying. Because I really generally wanted a mother.*

> *And I just thought: There's no point! And I just went to work, did my thing, came back… umm... I just shut down… emotionally.*
>
> *My mom went to her grave without knowing what happened to me as a child. With Zane… she went to her grave, not knowing that a lot of things that she said to me was wrong and made me a bit of a dysfunctional… not a bit… a dysfunctional adult, you know, and, and, I wanted her to know, not to make her feel bad, but to make her realise that she has a daughter that needs to be loved. So, opportunity moment lost. So I got a tattoo… (SHE: 761-774).*

She admits that she has become a very domineering person who likes being in charge in relationships because, in that way, she feels she can prevent getting hurt. She wants things done her way and gets very impatient if things do not happen fast enough in her opinion. She confesses that she can be a very difficult person because she has learned to be an assertive perfectionist. In her interview she stated that she handled stress very well and, in fact, she believes that she functions better at work when under stress.

Although she still feels that there are not many things beside her children that bring her a great deal of happiness, she does feel that her views on life have changed. Growing up she tended to rely on herself, but nowadays, since she has developed a relationship with God, she acknowledges that she has learned to give things to Him. She has developed a great deal and sees things differently now. She shared the following about the way she sees life now:

> *I think that as one matures, one starts to make better decisions. A person starts to choose more stable friends and that means a more stable boyfriend, which means a more stable company to work for. Now that I understand who I am and what has happened, I am able to make better choices (SHE: 466-470).*

She looks forward to doing simple things now like playing games and baking cookies with her children and doing childhood things that she feels she has missed out on. God plays a very important role in her life and she enjoys Bible study and meditation on a daily basis and also attributes her ability to cope to her spiritual strength.

5.10 SUMMARY

These eight women's stories can hardly be contained in these few pages, but for the sake of the analysis of the data, it is important for the reader to be made aware of who the participants are. As Patomäki (2000) makes clear, it is necessary to investigate a whole as an integral system with interconnections and never as isolated fragments out of context. In fact, the parts cannot be properly understood apart from their relationship with the whole.

In these stories related above, one can hardly claim to have a ‘whole’, but this background lays a foundation for the data analysis and discussions that follow because without this background there will not be any connectedness between the data and the individuals.The Cumulative Stress Model (Shen, 2008) emphasises the contextual, holistic views on which Harvey (2000; 2003; 2007) has based the MMTR-I. Shen (2009) looked into the fact that children are seldom exposed to only one form of abuse or trauma. Other researchers have also identified different forms of trauma such aslife-threatening illness, life-threatening accident, robbery/mugging, traumatic bereavement, sexual assault (penetration), attempted sexual assault, molestation, child physical assault/abuse, adult physical assault/abuse, threatening with a weapon and witnessing death/assault (Goodman, Corcoran, Yuan & Green, 1998; Leitenberg, Gibson & Novy, 2004; Matheson, Skomorovsky, Fiocco &Anisman, 2007).

Although the participants did not complete anyquestionnaire regarding the traumatic life events, the data presented in Table 6.1 were gathered from the interview data recorded and it gives a clearer description of the participants.

Table 5.1
Traumatic life events of participants

	Bianca (34)	Caron (37)	Christie (39)	Colleen (25)	Jenny (54)	Jolene (56)	Lindi (25)	Shelly (37)
Own divorce				√				
Parental divorce and remarriage				√				√
Problematic marriage				√	√	√		
Suicide attempts	1	1	1	many	-	2	1	-
Death of family members as children					mother		grand-parents: homicide	Father, stepfather suicide
Death of family members as adults	father		father	sister: homicide	sister	father		mother
Emotionally abusive mother			√	√				√
Victims of crime	√	√	√					√
Rape/attempted rape		√						√
Other sexual molestation		√			√		√	
Multiple perpetrators in child sexual abuse		√		√			√	
Perpetrator	uncle	cousin, family friend	brother	4 brothers, father	brother-in-law	father	grand-father,	step-father
Ignored by parent as a child		√	√	√			√	√
Perpetrator confronted	√	x	√	√ jailed	x	x died	x died	x died
Physical abuse				√		√		√
No closure due to no confrontation		√			√	√	√	√
Mothers aware of child sexual abuse but did nothing				√		√	√	
First disclosure of child sexual abuse in adulthood	√	√	√			√		
No support after disclosure		√		√			√	
No disclosure					√			
Often ridiculed by parents/friends		√					√	√
Duration of abuse in years	1	±4	1	±8	14	16	±7	±2

Although the different traumatic life events of the participants presented in Table 5.1 above are self-explanatory, there are certain observations that need to be made. These traumatic events, or lack of them, are not predictive of how resilient participants would be. Half the participants lost close family members as children, some to homicide and suicide. Only three of the participants confronted their perpetrators and three could not confront their perpetrators because they had died. Before any deductions can be made, however, there are many considerations to take into account and it is important to consider at what stage of development each participant experienced these traumatic events. Shelly's father died when she was two years old and she hardly has any memory of him, whereas Jenny lost her mother at 18. Although both these participants lost a parent, it is not going to have the same effect on the individual. These data are essential in creating a fuller context of each participant.

CHAPTER SIX: DATA ANALYSIS

6.1 DATA ANALYSIS PROCESS

The data presented in this chapter were gathered according to the strategies and methods presented in Chapter 4. The analysis of these data explores how cognitive emotion regulation and proactive coping affect resilience in adult survivors of child sexual abuse. The main source of data was generated by the semi-structured MTRR-Is which were thematically coded (see Appendix A) according to the a-priori codes generated, firstly, by using the eight domains of the MTRR-I (Harvey *et al*., 2003); secondly, the nine cognitive emotion regulation strategies as discussed in Garnefski *et al.* (2002); and lastly, the tenets of proactive coping as set out by Greenglass *et al.* (1999).

6.1.1 The thematic analysis

Braun and Clarke (2006) emphasise that one of the advantages of thematic analysis is its flexibility but it must be clearly explained and demarcated because if it is not clear how people went about analysing their data, or what assumptions informed their analysis, it would be difficult to understand the research. The following steps were following in doing the thematic analysis (Braun & Clarke, 2006) and copies of the thematic analysis spreadsheets can be found in Appendix A:

1. Because the interviews were recorded digitally (Appendix G, disc), they were transcribed verbatim (Appendix I, disc); during this time I became familiar with the data and started noting down ideas.
2. I generated the initial *a-priori* codes from the eight domains of the MTRR-I and started coding all the interviews according to these codes, as well as codes generated from the CERQ and the PCI.
3. With the use of the Atlas.ti program, the codes were grouped into themes. There were approximately 50 codes that were grouped into 23 themes. These totals were carried over to Excel spreadsheets and colour-coded.
4. The themes were reviewed a few times because the entire set was coded three times so that the data were processed with single focus for resilience, cognitive emotion regulation and proactive coping.
5. The themes were named and defined and refined throughout the process and during the coding process the patterns already started to emerge.

6. The most compelling extracts from the interviews that illustrated the codes and related to the literature and research questions were selected and discussed in the analysis.

In the discussion of the results of the CERQ (Garnefski *et al*., 2002) and the PCI (Greenglass *et al*., 1999) the scores of the instruments are discussed first and then strengthened by the interview data in order to explore the data more holistically.

It is necessary at this point to reiterate the fact that participants who took part in this research considered themselves to be resilient in order to be included in the sample. In previous chapters it was discussed at length that resilience is not an absolute concept and can manifest in many different ways. The discussion, however, is based on the data gathered from the three instruments mentioned above.

6.2 RESILIENCE (MTRR-I)

6.2.1 Background: Process-Person-Context-Time model

Because the MTRR-I (Harvey, 2007) is derived from the ecological perspective of community which resembles Bronfenbrenners' PPCT model (Bronfenbrenner & Ceci, 1994), a discussion of resilience is necessary in the context of the data. Williams (2007, p. 2) says that she found in her research that a contextual model of resiliency for sexually abused adolescents should include the integration of individual, relational and environmental factors of resilience as represented in the PPCT model.Williams (2007) states that "an ideal contextual model of resiliency for sexually abused adolescents would include the integration of individual and relational resilience factors" (Garmezy, Masten & Tellegen, 1984; Walsh, 1996; Wright & Masten, 2005).

As some of the themes in the thematic analysis in this study are not mutually exclusive, the data could not be used as frequency scores throughout. However, the following tables (Tables 6.1, 6.2, 6.3) present the participants' status regarding the characteristics below, helping to shape the background against which I will then discuss the domains of the MTRR-I. The answers to the questions, although not directly obtained through a formal instrument, could be very clearly deduced from the interviews. If the answer to the question seemed uncertain or vague, it was indicated with a (?).

Table 6.1
The interaction of the proximal environment (process)

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Did she have a good relationship with her mother?	√				√	√		
Did she have a positive relationship with her siblings?	√		√*			√		?
Did she experience family cohesion?	√	√	√		√	√	√	
Was there open communication in her family except for talking about the abuse?	√				√			
Did she have strong connections to a caringadult mentor?	√		√		√	√		
Did she report a high level of engagement at school?	√		√	√		√		
TOTAL	**6**	**1**	**4**	**1**	**4**	**5**	**1**	**0**

*Christie was sexually abused by one of her brothers, but had a very close relationship with the other

Looking at the totals in Table 6.1, Colleen, Caron, Lindi and Shelly have much lower totals for the aspects of proximal processes and Bianca, Christie, Jenny and Jolene's totals seem to be much higher in this regard, which is expounded in the next chapter. The tendencies that emerged from Table 6.1 are plotted in Figure 6.1 below. As the data unfold it will become easier to determine other patterns that emerge to create a profile of each participant, as all four of the PPCT have to be considered together. From an educational psychological perspective, it is important to mention that none of the participants reported ever disclosing their child sexual abuse to a teacher or finding any support or help from school. Bianca and Christie even mentioned working very hard so that nobody at school would suspect anything. None of them mentioned having a mentor at a school in whom they confided. Colleen was removed from her home twice by the Social Services and placed in a children's home and in a foster home, yet she never made mention of the role the school played in her life. Jolene was also being physically abused and she would have visible bruises and often had such bad bladder infection that the school would send her home.

McLaughlin and Clarke (2010) did a study in Britain on the impact that schools have on the development of mental health and both the British Department of Education and Skills, and the Department of Health place the duty of well-being of children on schools and place on them the responsbility for taking care of young people's mental health. Many researchers have explored how children perceive the support they get from teachers (McLaunghlin & Clarke, 2010), and have shown that positive support from teachers is related to depression and self-esteem and has also been recorded to reduce the participation in six adolescent health-risk behaviours.

Although the biological and genetic make-up of an individual, as also indicated in the concept of demand characteristics in Bronfenbrenner's model (see par. 3.2.2.3) (Bronfenbrenner & Ceci; 1994), is always relevant, so are the personal characteristics that the person brings to the social situation. As race, gender and physical appearance did not play a role in terms of the selection of participants (although it could have played a role in terms of whether participants were likely to volunteer for the research or not), the focus will move away from the demand characteristics and rather consider the resource and force characteristics (Bronfenbrenner & Morris, 1998). The resource characteristics are discussed in depth in the discussion about the role of proactive coping in the next section. Force characteristics are not explored formally in this study, as they include many complex variables such as temperament, motivation, persistence, etc. (Bronfenbrenner & Morris, 1998). Their role is in no way downplayed, but will need to be considered in a separate study.

Table 6.2 *The characteristics of the individual (person)*

	Bianca	**Caron**	**Christie**	**Colleen**	**Jenny**	**Jolene**	**Lindi**	**Shelly**
Was she an achiever at school?	√		√	√				
Does she feel that she currentlyhas an internal locus of control?	√		√	√				√
Is she optimistic about the future?	√		√	√	√	√	√	√
Does she have the ability to recruit social support (resources)?	√	√	√	√	√	√	√	
Does faith play an important part in her life?	√	√	√	√	√	√		√
Does she consider life to be meaningful?	√	√*	√	√	√		√	√
Does she have healthy self-esteem	√		√	√				
TOTAL	**6**	**3**	**6**	**6**	**4**	**3**	**3**	**4**
How old was she when the abuse started?	5	5	6	5	5	3	5	9
Number of years abuse lasted**	±1	±3∞	1	8	16	14	5	2

*Caron said that she felt life had very little meaning until she adopted her daughter, which has changed everything. Before having the child she would have felt different.

∞ Caron was abused by two different perpetrators at two different stages of development, in total it lasted about three years.

In Table 6.2 above, a few individual characteristics of each of the participants are recorded as obtained from the interview data, and then the totals are plotted on the graph in Figure 6.1. For the majority of the participants, the personal characteristics had more positive responses than the process aspects in Table 6.1. Bianca, Christie and Colleen answered

positively to 6/6 questions regarding all individual characeristics. The other participants had average scores. Thus far it seems that the participants seem to be stronger in their individual characteristics than in their proximal environment.

When I consider context (environment), there are actually four inter-related systems that are important to consider, namely the microsystem in which the individual spends most of her time (e.g. the home or school environment); the mesosystem, which is the interacting group of microsystems in which an individual develops; the exosystem, which includes the systems that affect an individual indirectly because it has an effect of their development; and the macrosystem, which is defined as an all-encompassing group whose members share value or belief systems (Bronfenbrenner, 1993). This will also be important in the discussion of intervention in the final chapter. In Table 6.3 the aspects of social context are tabulated and they are also plotted in Figure 6.1.

Lindi, Jenny and Bianca are the only three participants who were not abused by a perpetrator in the microsystem (family of origin); the other participants were all abused by someone in their own home. Another interesting factor is that five of the participants grew up – and experienced the abuse – in a small town/community.

Table 6.3
The social context of the individual (context)

	Bianca	**Caron**	**Christie**	**Colleen**	**Jenny**	**Jolene**	**Lindi**	**Shelly**
Did she report a degree of parental harmony in her childhood?	√	√			√			
Did she have adequate access to community resources when growing up?	√		√	√	√	√	√	
Did she ever confront the perpetrator?	√		√	√				
Does she have a positive relationship with the perpetrator at all?			√	√				
Did she experience stable living conditions as a child?	√		√		√	√	√	
Was the perpetrator a primary care-giver?**				√		√	√	√
Did she live in a big city community?				√	√	√		√
How many perpetrators abused her?*	1	2	1	5	1	1	1	1
TOTAL	**5**	**2**	**5**	**4**	**5**	**3**	**2**	**1**

*The number of perpetrators will be added to the (No) score
** A reverse item

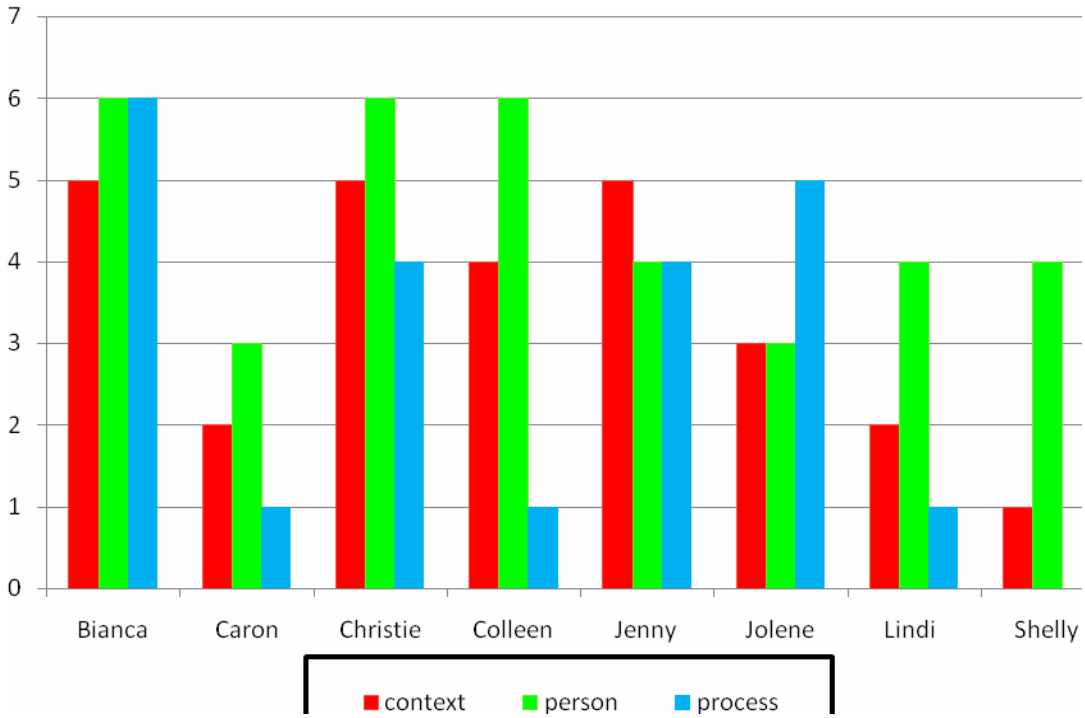

Figure 6.1. Graphical representation of the Process-Person-Context factors of Bronfenbrenner's PPCT (1994,1998)

The fourth factor that Bronfenbrenner and Ceci (1994) identified is time and in the study conducted on survivors of child sexual abuse by Williams (2007), it is conceptualised as the amount of time that has passed since the abuse ended. It is also very important to remember that there are so many aspects of time that are relevant to the abuse; for example the stage at which the disclosure first took place and even the age at which the interview took place will be important (Maikovich, Karestan, Koenen & Jaffee, 2009; Bottoms, Rudnicki & Epstein, 2007). The aspect of time is very complex and could not be explored as it should in this study, but by examining the aspects of the person, the context and the process by which they influence each other over time one can more fully understand the experience of sexual abuse.

Time, also referred to as timing, is "equally important because all aspects of the PPCT model can be thought of in terms of relative constancy and change" (Bronfenbrenner& Morris, 1998). This is essential in considering a phenomenon as complex and traumatic as child sexual abuse that took place at a specific time in a developmental process and in many cases across multiple developmental phases. Even the developmental phase of the participants taking part in the study is of relevance; for example, Jenny and Jolene are in

their mid-50s where meaning-of-life questions are different to those of participants who are 25.

Jenny (54) and Jolene (55) are the oldest, were abused for the longest period and neither has received therapy to help them deal with the child sexual abuse. When the other data are considered, it becomes clear that these two participants do not display the resilience levels, cognitive emotion regulation strategies and proactive coping that some of the others do. There does not seem to be any relationship between the number of years the abuse lasted, the amount of time that has passed since the abuse has ended and how well the participant dealt with the abuse.

It is not possible to draw conclusions at this point but as the data unfold, these tendencies will become clearer. The data in the above tables are to be used as a background against which the other data gathered through the domains of the MTRR-I, the CERQ and PCI can be considered.

6.2.2. Discussion of the domains of the MTRR-I

6.2.2.1 Domain I of MTRR-I: Authority over memory

This domain indicates whether a trauma survivor is able to choose to recall life experiences or not, as well as to what extent they can recall the details of their past (Harvey, et al., 2003, p.90). One of the conditions of the study was that the participants would not be expected to respond to any questions regarding the actual details of the abuse. All information about the abuse was given only to the point of the participant choosing to do so voluntarily. According to the agreement made with the participants that there was no need to divulge any detail regarding the child sexual abuse, it is impossible to ascertain the level of detail which they can recall, unless the participant shared that information spontaneously. Some of the participants can clearly recall a great deal of detail about their childhood abuse, but others say that they have blocked out most of what happened and only have certain flashbacks – usually the same flashbacks all the time. Bianca argues that survivors of child sexual abuse cannot forget, but they can try and block it out, but the detail has to be there:

> *My broer is ook gemolesteer en hy was maar drie gewees. Hy kan vir my sê watter kleur die teëls in die badkamer was. Hy kan vir my sê watter kleur die kas was hy kan vir my sê waar die kas gestaan het, die patroontjies op die kas is identies soos ek dit onthou en ek bedoel ons kan sulke fyn detail onthou. Jy kan dit eintlik nie uitblok nie! Jy kan dit vir jouself vertel. En dis wat ek gedoen het (BIA: 375-380). Maar as jy moet*

> *eerlik wees, dan moet jy sê jy kan elke liewe dingetjie onthou. Jy probeer jouself dwing, of jy het die coping meganisme om aan ander goed te begin dink sodat jy nie daaraan dink nie, maar jy kan presies as jy wil onthou, onthou (BIA: 385-387).*[31]

Jolene has very detailed recall of moments from a very young age, but there are large portions of her childhood that she has no recall of. She sometimes feels that she would like to remember so that she can fill in the gaps; at other times she is glad she doesn't remember everything. The following extracts summarise Jolene's authority over memory:

> *The earliest thing I remember is still being in a crib with the sides up and being afraid of the big person that was hovering over the crib and then wetting myself and then being spanked for being wet. That's the earliest thing I can remember… I don't even know how old I was (JOL: 31-34).*
> *My sister will often tell about something or other that happened, we were somewhere with whoever, and I would honestly have to tell her I do not remember that event. I don't remember that period of time. There are gaps in my grade school memory. I can't piece together from … I was trying so hard this one day, I don't know what happened between third grade and sixth grade … I really cannot tell you about those years. I know there are times I wish I could remember some of it, but maybe there are some things that I don't want to remember (JOL: 205-215).*
> *Somehow some of the painful ones are always right there. They are right below the surface. There are some very vivid painful ones but I can't piece anything together. It seems like a jigsaw puzzle and I have only got 10 pieces out of 500. There's, there's is a lot missing (JOL: 217-220).*

The other participants have similar experiences to Jolene with regard to the flashbacks and the vague memories of childhood. Below are Caron, Shelly and Jenny's thoughts:

> *I only remember seeing the porch and my mom sitting out in the back garden. And then I remember segments like the carpet or the light under the door, or that kind of thing. And then I get to a certain point, like a penis here [showing her hand close to her face], and then I blank out. And then afterwards I remember a sensation or something like that, but I can't remember the actual … (CAR: 605-609).*

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[31][My brother was also molested and he was only three. He can tell me what colour the tiles in the bathroom were. He can tell me what colour the cupboard was and where the cupboard stood and the patterns on the cupboard are identical to what I remember and I mean we can remember such fine detail.You can actually not block it out. Jou can tell yourself you can. That is what I did. But if you must be honest, then you must admit you can remember every single little thing. You try and force yourself, or you have the coping mechanism to think about other things so that you don't think about it, but if you want to, you can remember everything]

> *Sometimes I, the reason why I let my memories let it stay or let me go through it, is that I am actually hoping that I'd get more, [laugh] you know. There's a lot of my childhood that I would like to get back because I am 37 and I only remember from the time I've worked at SAA properly. Prior to that it is always little bits and pieces, so, nice gaps! Because it's like you're starting a journey and, and, and you end up somewhere and you don't remember where somewhere is and you don't know where the end of the journey is, you know, and that's what's missing and sometimes it bothers me, because I think to myself, has my … does my mind really have that ability to block so much out that I cannot get it back (SHE: 557-566).*

> *In some way although you think that you have dealt with it, it's always there. No matter … you can go back and say you got over it you dealt with it, but the things that happened, the visions ... that doesn't go away ... You try and put them out of your mind, but I think you still go back and relive it (JEN: 137-140 & 148-149).*

All the participants except Bianca, Colleen and Jenny report having large gaps in their memories. The participants differ in their views as to whether they would like those gaps to be filled or not. Jolene and Lindi specifically state that they would like to know what is hidden in the subconscious memory, while the others were uncertain or indifferent.

6.2.2.2 Domain II of MTRR-I: The integration of memory and affect

This domain refers to a survivor's ability to feel in the present the emotions that were felt at the time of the childhood trauma and to experience new emotions in the present not only when recalling the past, but also when reflecting upon it (Harvey *et al*., 2003, p.90). This domain is closely related to the previous domain, as they both rely on memory. The participants in this research study generally experience a great deal of intense emotion and most can clearly recall their emotions as children. According to Harvey *et al*., (2003) resilient survivors need to be able to recall emotions experienced at the time of the trauma and yet be able to reflect on these painful events with varied and appropriate feeling. Lindi clearly stated that it worries her that she does not feel any different now to what she used to feel when she was a child. Lindi responded as follows when asked whether she thought the way she dealt with the emotions concerning the abuse had changed since childhood:

> *Partykeer voel ek dit het nie baie verander nie. Want 'n baie lelike eienskap van myself is dat ek ummmmm … geneig is om myself baie gou jammer te kry. Dan voel dit vir my ek is nog dieselfde as die klein*

> *dogtertjie wat niemand voor 'n fok kan omgee nie en net wil weggooi en vuil klere en nie worry nie en not care and not give attention [crying and speech almost inaudible]. So ek voel nie of die feelings ge-mature het nie. Dit voel asof dit nog dieselfde is (LIN: 602-608).*[32]

When asked the same question, Bianca responded as follows:

> *Somtyds bring dit nog emosies. Ek dink dit sal altyd, maar dit is nie meer - ek kan nou my emosies beheer of ek kan dit vir my logies uitklaar of my vir myself sê maar dit het gebeur en jy mag dit voel maar die meestal kan ek daaroor praat. Ek het nie meer, waar dit my lewe en my denkwyse, alles wat ek gedoen het was deur dit bepaal en hoe ... ek daaroor gevoel het het bepaal hoe ek nou iets doen en dit is nie meer die geval nie (BIA: 291-296).*[33]

6.2.2.3 Domain III of MTRR-I: Affect tolerance and regulation

A large part of the MTRR-I focuses on emotion regulation and whether an individual experiences a whole range of emotions. A sign whether a survivor has recovered from the childhood trauma is when the survivor has gained access to a wide spectrum of emotions in a tolerable range of intensities (Harvey *et al*., 2003, p.90). Although the participants generally experience emotions intensely, none of the participants reports turning to alcohol or drugs to deal with the memories of their trauma or with the emotions evoked by these memories. This could also be attributed to the fact that, in differing degrees, all the participants consider themselves to rely on spiritual faith to deal with their lives, the trauma and the emotions they experience and steer away from relying on harmful substances (Glicken, 2006).

In Figure 6.2 below all the scores have been taken from the thematic analysis and are only an indication of a tendency observed in the data. Based on the above statement by Harvey *et al*. (2003), that survivors who have recovered have gained access to a wide spectrum of emotions, it is evident that neither Caron nor Jenny report experiencing a wide range of

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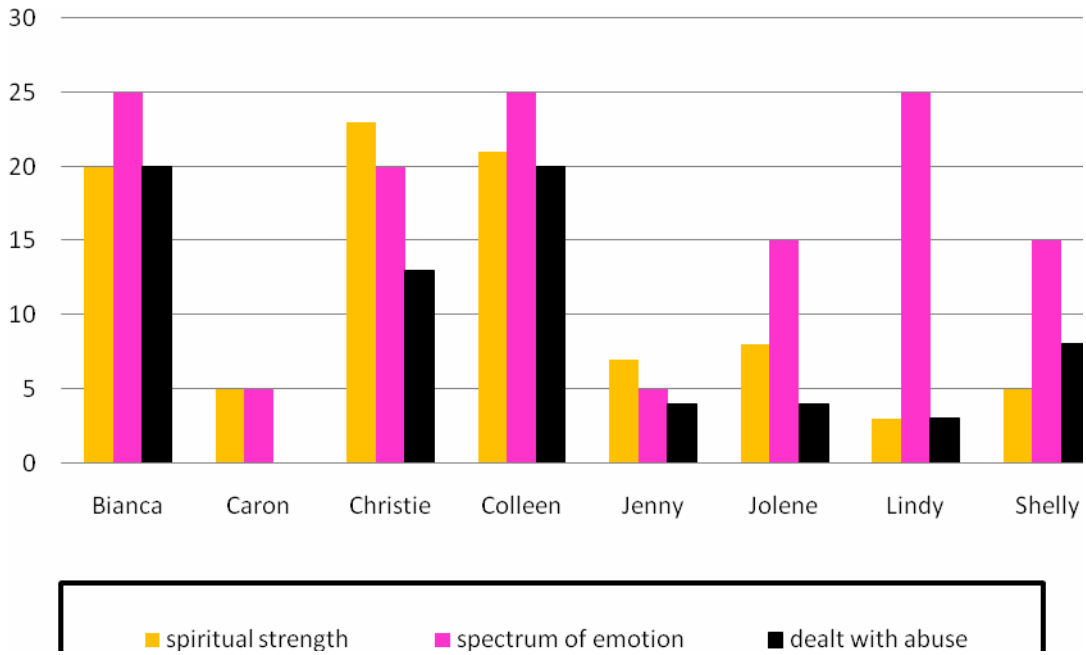
[32]Sometimes I feel that is has not changed much. Because a very ugly characteristic of mine is that I tend to feel sorry for myself very quickly. Then it feels as if I am the same little girl that nobody gives a fuck about and wants to throw away in dirty clothes and not worry and not care and not give attention [very emotional] So I don't feel as if the feelings have matured. It still feels the same.

[33]Sometimes it still brings emotion. I think it always will, but it is not – I can control my emotions and explain it logically for myself and say – it did happen and you may feel it, but I can talk about it. I don't have where it controls my life and way I think all the time anymore. Everything I did was determined by it and how, ... I felt about it determined how I did things and it is not the case anymore.

emotions; they do not feel as if they have dealt with the abuse well or at all in the case of Caron, and refer to using spiritual strength to deal with their trauma less often. The inverse of the above is true in the case of Bianca, Christie and Colleen. WithLindi and Shelly, however, it is different because even though they experience a spectrum of emotions, they have not reported dealing with the abuse, referred to spiritual strength less often and got a higher score for rumination, which will therefore affect their levels of resilience negatively.

When Caron responded to the questions about her default mood and the different emotions she experiences, she replied that is was a "*Nothing mood. Not happy, not sad, Just … Am (CAR: line 510) … The best emotion to feel, is nothing" (CAR: line 547).* Colleen, who reported that her default mood is "*Happy!*" (COL: line 712) also expressed a spectrum of emotions by saying that she has "*high highs and low lows and [she] definitely feel[s] all the emotions!" (COL: 720-721).*

In most of the participants' cases, with the exception of Jolene and Lindy, the number of times they mentioned relying on spiritual strength and experiencing the whole spectrum of emotions correlated with the extent to which the participant felt that she had dealt with the child sexual abuse. In the case of Caron and Jenny, all the factors are relatively low, with Caron not stating once in any way that she felt she had dealt with the abuse.



**Scores derived from the MTRR-I (number of times the participant made reference to the themes)*

Figure 6.2. Relationship between the themes spectrum of emotion, spiritual strength and dealing with the abuse

6.2.2.4 Domain IV of MTRR-I: Symptom mastery and positive coping

In the discussion of resilience, it is important to remember that resilient survivors are not individuals who experience ***no*** posttraumatic symptoms, but those that have learned to anticipate, manage, suppress or prevent the cognitive and emotional disruption that arises from the posttraumatic arousal (Harvey *et al*., 2003, p.90).In the thematic analysis it also became evident that some of the aspects that are important themes in the research are only mentioned once in the interview because it is directed at the participant as a single question and cannot be recorded as a repeated theme. The elements of symptom mastery and positive coping in the MTRR-I are listed below in Table 6.4 and represent direct answers to questions in the interview.

Table 6.4
Elements of Domain IV - Symptom mastery and positive coping

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Does she appreciate and use humour appropriately?	√		√	√		√	√	√
Does she feel worthy of help?	√		√	√				√
Can she deal with stress?*	√		√	√	√			√
Does she enjoy work?		√	√	√	√		√	√
Does she use stress management strategies?	√		√	√	√	√		√
Does she have normal sleeping habits?	√		√	√		√		√
TOTAL	**5**	**1**	**6**	**6**	**3**	**3**	**2**	**6**

*The participant directly stated that she can or cannot deal with stress

Lindi is very adamant about the fact that she cannot deal with stress but this does not really correspond with her high scores on the PCI. (This will be discussed in section 6.4 of this chapter on p.157. See Table 6.9) She describes it in the following reply:

> *Ek is glad nie 'n goeie stres-cope mens nie. Nee, ek raak jittery en ek dink ek is eintlik dan pretty useless. My mind sluit so toe. Dis asof ek net hiperventileer en dit is al wat ek doen. So ek dink nie … dit is glad nie 'n goeie deel van my nie. (LIN: 265-268). Ek cope nie rerig nie met stres*
>
> *nie. Ek voel stress is the boss of me, en hy beheer my. So ek voel regtig nie of ek die keuse het, of die ability het om te kan cope in 'n stress nie.*

Ek … jy word wakker en jy haal asem, dit is umm ... Jy gaan net aan. Dit … ek kan nie iets daaromtrent verander nie (LIN: 711-714).[34]

Bianca, Christie, Colleen and Shelly seem to have a higher level of symptom mastery and positive coping than the rest.

6.2.2.5 Domain V of MTRR-I: Self-esteem

Harvey *et al*., (2003, p. 91) define self-esteem as a sign of resilience and recovery if survivors have a positive sense of self-worth by the way they care for themselves. This includes healthy eating habits, exercise, engaging in meaningful activities and whether the individual refrains from behaving in self-abusive ways. Suicide and suicidal thoughts are also a sign that an individual does not have healthy self-esteem. When looking at Figure 6.3, in which the number of references to low self-esteem are compared to the number of times the participant indicated that she had dealt with the sexual abuse, it seems as if these two variables are inversely proportional.

In Figure 6.3 the number of times the participant stated she had dealt with the abuse is contrasted with the number of references they made to having low self-esteem or in some cases, such as Bianca, Christie and Colleen, healthy self-esteem.

[34] I am definitely not a good stress-coping person! No, I get all jittery and I think I am actually pretty useless then. My mind closes down. It is as if I hyper-ventilate and that is all I can do. So I don't think … that is definitely not a good side of me. I really don't cope with stress. I feel as if it is my boss and it controls me. So I don't feel as if I really have a choice or have the ability to cope with stress. I wake up and I breathe and it is … I just carry on. There is nothing I can change about it.

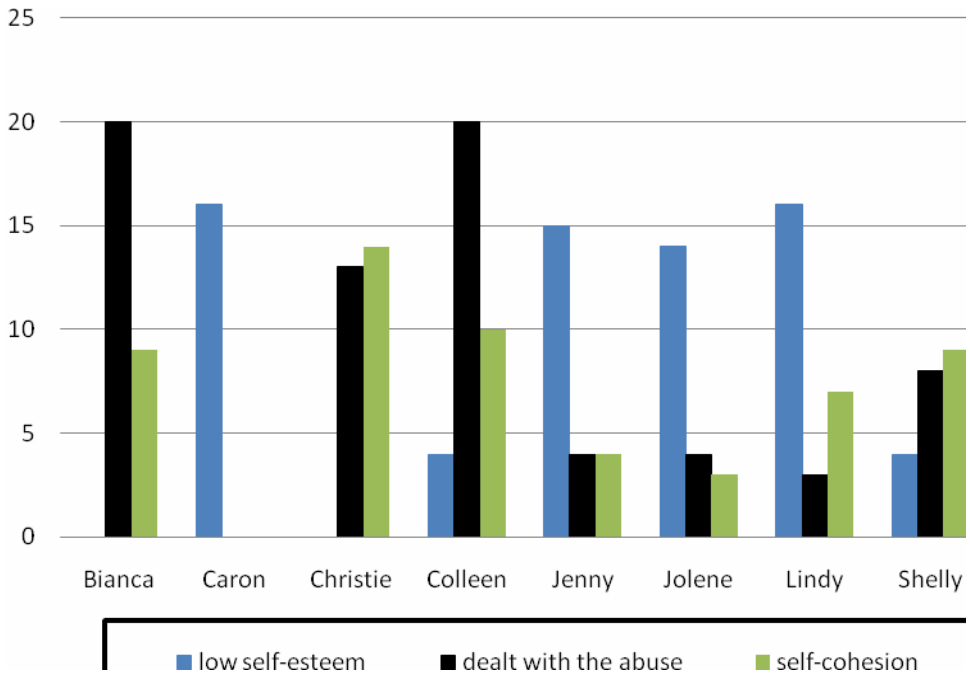


*Figure 6.3.*Relationship between low self-esteem, self-cohesion and participants who have dealt with their abuse

Suicide, suicide attempts and self-abuse are also signs of low self-esteem. It is interesting that only Bianca, Jenny and Shelly never attempted suicide, with Colleen having tried it more times than she was willing to admit. She relates it this way:

> *There was not a day that I didn't think about committing suicide. Every single day of my life! It was horrible! … I don't even know how to explain it, but ja, every single day of my life I used to think about committing suicide (COL: 486-493). Going through the divorce that was the time that I always wanted to kill myself – that was terrible! (COL: 524-525). The times when I used to have those ideas every day to kill myself, and I did used to try a few times, failing, I am not going to tell you what I did, horrible [laugh] but there was a stage that I said this time if I am going to do it I must do it right! … And that was the time that I said this time I am not going to try and kill myself, I am going to do it, like I am going to do it. It's not like I am maybe going to do it or try and do it, I am definitely going to do it! But umm... no, I am luckily not in that mode … (COL: 927-935).*

Being comfortable in a sexual orientation is also an element of self-esteem, according to Harvey *et al*. (2003), and although all the participants appreciated being women, Caron is the only one who decided never to be involved with a man in a relationship and has kept to that decision. Caron admits to serious self-mutilation in the form of cutting, which she only

started doing when she was 31, before which she used to burn herself. This is how she describes it:

> *Some days it is a battle just to not cut or drive at 180 km into a wall, other days it is fine (CAR: 175-176). Sometimes I get a flashback then I'll have, which is not that often, usually it's just, I get an anger. Or I get scared or something that is followed by anger. And then I cut and then I feel better (CAR: 184-186). The feeling of the blood on your skin that makes you feel like: I am alive. I think most of my teenage years I was dead. That's when I started to burn just to know I had feelings (CAR: 299-301).*

The other participants report trying to cut themselves once or twice and then not finding any form of release in it. Christie reports that she pulls out her eyelashes and eyebrows when she experiences stress or trauma. Jolene and Christie attempted suicide twice by taking an overdose of tablets, but the difference was the ages at which this was done. Jolene was a married woman whereas Christie was a primary school girl. Lindi attempted to shoot herself but 'lost courage' as she put it and shot the wall instead. Colleen, however, reports frequent suicidal thoughts and many attempts before she experienced a spiritual conversion. Grossman *et al.* (1999) and Glicken (2006) confirmed in their resilience research that individuals with higher levels of resilience also displayed higher levels of spirituality and religiosity. Colleen, Bianca and Shelly all underwent radical conversion experiences in which they relate the difference they experienced in their own lives. Here are some of their thoughts:

> *Up until now everything has changed. Again I feel that, I don't want to sound like … for me, when you bring God in, it really changes everything – it does! - and makes things easier (COL: 373-375). It's gone! I cannot explain to you! I said to my friend the other day: it's something that you just can't put into words! Umm ... since I really really met with the Lord, since I really opened myself up for that, umm ... I've got this peace in my soul – I don't know – I can't explain it to people (COL: 937-940).*

> *En ek dink uit my eie ervaring weet ek die geestelike benadering die enigste, enigste, enigste manier is om hierdie ding so te verander sodat dit nie die res van jou lewe negatief hoef te beïnvloed nie en dat jy al die goeie dinge daaruit kan trek en jy 'n punt kan bereik en dat jy 'n punt kan bereik dat jy kan sê, Dankie God dat dit gebeur het want dit het 'n life changing positiewe effek op jou lewe indien jy die berading kry (BIA: 352-357). En dan het ek ook agtergekom, want soos ek praat baie daaroor juis nou om te getuig van hoe God my lewe verander het, is dit vir my skrikwekkend om te sien hoeveel mense dit wel mee gebeur het*

> *en hoeveel volwasse mense daar buite rondloop wat nog die scars dra wat nie hulp kry daarvoor nie (BIA: 630-634)*[35].

> *I still am, umm ... but you can't be an island specially if you're a mom and you're married and you know, you have [Name] who needs you umm ... and also God… my relationship with the Lord is strengthened so much where because of my childhood and upbringing I tended to rely on me only – nobody else I didn't allow anyone to help me and so naturally God will not be able to help me either because Shelly wouldn't have to do everything for Shelly, but now I give it to Him … [giggle] you understand … so that is good for me, because when I need help I am able to reach out now. Unlike before I would never, I would do it for myself (SHE: 220-227).*

Although the other participants did not undergo radical conversion, they all said that they would not be where they are today if it were not for the spiritual strength they relied on. Below are four extracts in which the other participants acknowledge that they rely on God and their spiritual strength:

> *I have been trying to stop [the cutting] and it's not been easy to stop. And I had like this feeling of depression over me, this darkness that was suffocating me, I wanted to cut, and I asked a few of the girls at work just to pray for me. Within five minutes of the prayer the feeling just left. So I just said there I am so amazed at the awesomeness of God's … prayer, how God answers prayer and then people asked why so I decided well, maybe it's a good thing to tell them what God has done for me. Since then I have only thought to cut once and that was about two or three weeks ago, and the feeling is also a lot less (CAR: 282-288).*

> *Ek glo nie aan selfbeeld en self nie, dit gaan oor die waarde wat die Here in jou het. En ek dink toe ek dit begin vertsaan het, kan ek redelik, um, ontspan by mense, (CHR: 487-489) Ek dink ek het, umm ... tot 'n punt gekom dat ek gun myself die seerkry maar jy kan nie te lank daarop talm nie, jy moet dit omdraai en dan sê: Weet jy wat, um ... ek het soveel meer om voor dankbaar te wees. Ek het so wonderlike gesin en die Here is net elke dag by my en so dis minors, dit maak nie saak wat met my gaan gebeur nie, die Here gaan my daardeur dra (CHR: 640-645)*[36].

[35] I think from my own experience I know the spiritual approach is the only, only, only way to change things so much that it does not have to affect the rest of your life negatively and that you can now draw all the good things from it and you can reach a point that you can say, Thank you God that it did happen because it changed my life positively because of the pastoral counselling. And then I also realised, because I talk about it a lot because I want to testify to how God changed my life. It is frightening to see how many people out there it has happened to and how many adults are walking around who still carry the scars and who don't have help for that.

[36] I don't believe in self-image, it is about the value that Ihave in the Lord. I think when I started to understand that, I can be relaxed around people. I think I came to a point that I allowed myself the hurt but I cannot brood on

> *It didn't work. I ran away once, I didn't get very far. A good thing. Um .. As an adult, twice I took too many pills. The second time I got closer then I thought ... I was really scared. I didn't wake up for ... and I had little kids. That was the scary one. I am so glad the Lord woke me up. I slept well into the next day. I just slept it off. I think the Lord was very merciful. [laugh] (JOL: 1010-1015).*

> *Well, I just … at one stage … I was quite emotional and they wanted to give me anti-depressants. And I thought: What is wrong with my life? It is actually fine. We were going through a dip we were going through quite a financial … last year … like everybody else. And I actually have got a lot to live for! I mean, I have a God that loves me and I find it difficult to understand why He does, but I know He does, and I have a good relationship with the Lord … (JEN: 1055-1061).*

6.2.2.6 Domain VI of MTRR-I: Self-cohesion

According to the definition given by Harvey et al., (2003, p. 91), self-cohesion gives an indication of the extent to which survivors experience themselves as whole beings or as fragmented or disjointed. A resilient individual who has recovered from childhood trauma can understand and control the dissociative adaptations that may have occurred earlier. Jolene, Caron and Lindi reported dissociation as a method of coping, especially during childhood. Jolene explains it like this:

> *My life was threatened. I was never allowed to tell anybody. It was a secret. I know this sounds horrible to say out loud, but I am going to tell you because even as a small child, I remember, being able to watch myself from the ceiling. I could see what was happening to whoever that was on the bed, from the ceiling – I was up there (JOL: 131-135).*

She says that she never experiences anything like that any more because she has no need to distance herself from her emotions any more. Caron keeps referring to herself as a 'stupid little girl' and referred to herself in the third person a few times. Lindi also refers to dissociation on quite a few occasions, for example:

> *die grond gaan net aan en dis partytjies en dis dit en dis dat … en sy leef in hierdie magical wêreld hier onder umm ... dit is nie vir my … baie keer is dit vir my negatief omdat mense ek dink my as sosiaal onaanvaarbaar sien, ek weet nie … umm ... want dit is kind of my happy place waarnatoe ek escape so dis vir my baie Dit was asof ek 'n show kyk van myself. Ek*

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it for a long time, You must turn around and say: You know what, I have so much more to be thankful for. I have a wonderful family and the Lord is with me every day and the the rest is minors, it doesn't matter what happens to me, the Lord will carry me through it.

> *onthou stukke van BAD scenes. Umm, ja, dit is … baie is blurry. Ek dink baie van die goed het ek begin om bietjie uit te blok dat my mind nie te veel goed het om aan te dink as ek oor hierdie ding dink nie (LIN: 103-106). Partykeer dink ek vir myself: Almal is hier [shows a high level with her hands] en hulle gaan hulle gang en doen hulle ding en ek's Alice in Wonderland … Almal bo meer positief as negatief (LIN: 807-814).*[37]

High counts for self-cohesion (plotted on the graph in Figure 6.4) correlate with high counts for feeling that they had dealt with the abuse and with low scores for low self-esteem; the inverse is also true. Caron has a zero score for self-cohesion and explains how she feels about herself:

> *I often think of myself in a negative way because I think other people are of more value than me. Suppose. That other people are more important than me. If I had to choose between myself and someone else I would choose the other person (CAR: 575-577). There are two Carons in my head. The good one and the bad one (CAR: line 590).*

Christie, who has the highest score for self-cohesion and a zero score for low self-esteem, says the following about who she is:

> *Ek is fine met myself, dit ... dit ... die Here het my geskape (CHR: line 926). Ek, ek glo nie in 'n selfbeeld in die sin van die self - dit gaan nie oor my nie. Ek glo ek is 'n Koningskind en daai waarde in die Here en dat ek 'n dienaar is as gevolg van die Here (CHR: lines 953-955)*[38]*.*

6.2.2.7 Domain VII of MTRR-I: Safe attachment

This is a crucial domain for survivors of child sexual abuse because it is about levels of trust and enduring connection in relationship with others. When a child is sexually abused, the violation of interpersonal trust is the crux of the abuse because often individuals only realise much later that what happened to them was abuse because the perpetrators often deceive their victims into believing that what they are doing is something special between them (Roberts, O'Connor, Dunn & Golding, 2004; Spaccarelli & Kim, 1995; Trickett, Noll, Reiffman

[37]It is as if I am watching a show of myself. I remember pieces of the bad scenes. Yes, it is… very blurry. I think, many of the things I have started to block out so that my mind does not have too much to think about. Sometimes I think to myself: Everyone is up here [shows a high level with her hands] and they are going on with their lives and doing their thing, and I am Alice in Wonderland… Everyone above the ground just goes on and it's parties and it's this and that… and I live in this magical world under her, ummm, it is as if … many times it is negative because I think people see me as socially unacceptable, I don't know, ummm, because it is kind of my happy place where I escape to so it's more positive than negative for me.

[38]I am fine with myself, it… it's the Lord that created me. I don't believe in self-esteem in the sense of self – it's not all about me. I believe I am the child of a King and that value I have in God and I am a servant of others because of Him.

& Putnam, 2001). When these individuals realise later that they have been deceived and abused, it is even more traumatic. Recovery from the trauma of interpersonal violence, or the violation of interpersonal trust, is conveyed as a new or renewed ability for trusting attachment and the survivors' ability to secure and negotiate personal safety within a relational context (Harvey *et al*. 2003, p. 91).

Below in Table 6.5 the elements of safe attachment as stipulated by Liang, Tummala-Narra, Bradley and Harvey (2007) are listed and then the answer of each individual participant gave an indication of whether the participant had mastered the elements of safe attachment.

Table 6.5
Elements of safe attachment – Domain VII of MTRR-I

	Bianca	**Caron**	**Christie**	**Colleen**	**Jenny**	**Jolene**	**Lindi**	**Shelly**
Does she have a good relationship with her family of origin?	√	√			√	√		
Can she maintain a relationship with an intimate partner?	√		√	√		√	√	√
Does she get along well with men?	√		√	√		√		√
Does she enjoy a healthy sexual relationship?	√		√	√			√	√
Does she have a healthy, realistic trust of individuals?				√		√	√	
Does she have a healthy perspective of control in relationships?	√		√	√				
Does she form and maintain satisfying friendships?	√	√	√	√	√		√	√
TOTAL	**6**	**2**	**5**	**6**	**2**	**4**	**4**	**4**

When examining these totals, it is clear that Caron and Jenny struggle most with safe attachment – the main difference being that Jenny says that she would really like to have a more fulfilling relationship with her husband but his abusiveness has kept her from enjoying her marriage and feeling any safety in it. She repeatedly makes statements such as this:

> *He'd compare me to his secretary for instance. Those kind of things, where he would say: Look at her, she wears this or wears that and you always wearing your uniform or your tracksuit and I think all I am trying to do is keep, financially keep us going and, you know? Can't you even see that I'm supportive of you. Having supporting him through whatever I have gone through with him, I still support him. Then he'll turn and, sort of say to me you are a useless wife! You're useless (JEN: 560-566).*

Bianca used to experience extreme dissatisfaction in her sexual relationship with her husband before she underwent a life-changing conversion and pastoral therapy. Colleen also struggled to engage in a meaningful sexual relationship with her first husband but after the change she underwent, she too has experienced complete change in her sexual relationship. Bianca has the following to say:

> *Voor die berading was dit vir my torture gewees en nou het ek geleer ummmm ... en ek geniet dit nou geweldig en dit is vir my nou 'n bewys van liefde waar dit vir my voor die tyd vir my 'n plig was, as ek dit so kan stel, en nou's dit vir my net nog 'n manier om liefde te bewys (BIA: 505-508). ... en dis nou vir my so spesiaal want dit is die enigste ding wat jou liefde vir jou man rêrig onderskei van liefde vir 'n vriend of 'n vriendin. So dis daai spesiale ietsie wat jy het, maar dit was baie moeilik gewees voor die berading.Dit het vir my gevoel of ek ja sê vir molestering om weer en weer en weer te gebeur (BIA: 512-517). ... So ek het doelbewus gemaak of dit my geensins pla nie, maar na die tyd sal ek gaan huil in die badkamer elke keer, of ek sal terwyl ons besig was gehuil het, en sulke goed (BIA: 597-599).*[39]

Below in Figure 6.4 is a graph of the number of positive responses to the elements of Domain IV (symptom mastery and positive coping) and Domain VII (safe attachment) that gives an indication of the participants' resilience pattern with regard to these two domains.

[39] Before the counselling it was torture for me and now I have learned umm … and I enjoy it incredibly and it is now a token of love where before it was a duty, if I can put it like that, and now it is another way to show my love… and now it is so special because it is the only thing that distinguishes your love for your husband from love for a friend. So it's that special something that you have, but it was very difficult before the counselling… It felt as if I was saying yes to the abuse to happen over and over and over… So I deliberatelypretended that it didn't worry me, but afterwards I would cry in the bathroom every time or even cry while we were busy, and things like that.

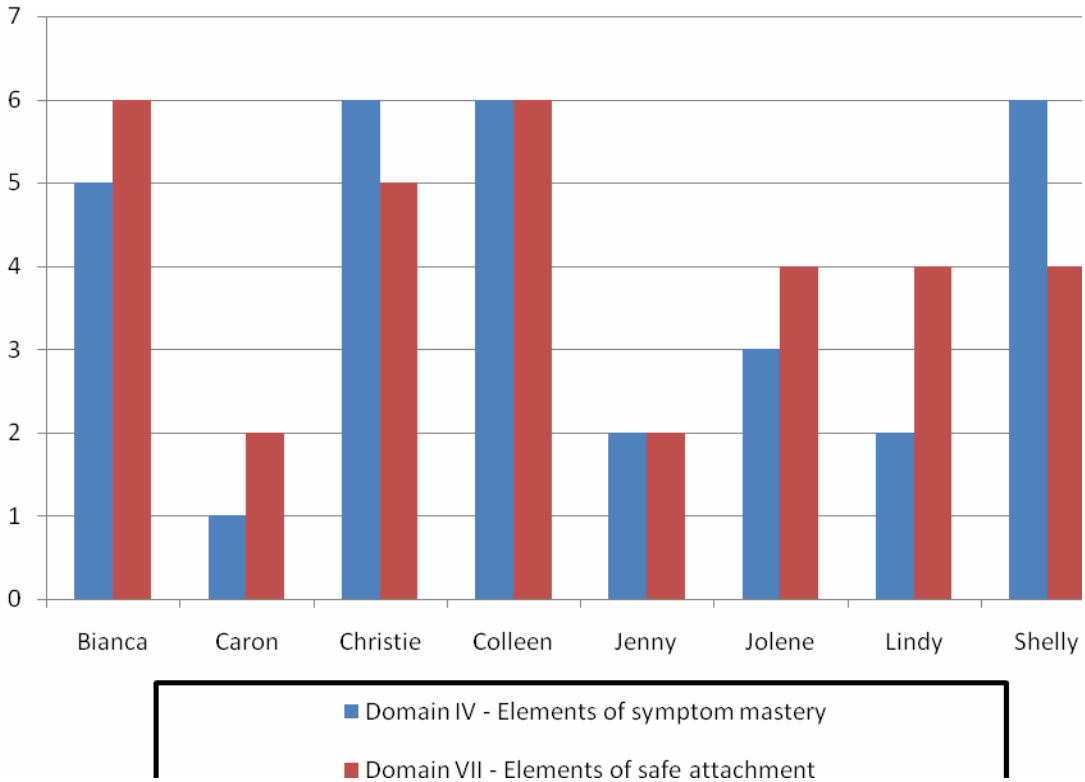

Figure 6.4. Comparing the elements of symptom mastery and safe attachment

6.2.2.8 Domain VIII of MTRR-I: Meaning making

Resilient survivors who have recovered do not have to set aside and try to forget the past, but rather search for understanding, hope and optimism about the self, others and the world in which they currently live. Meaning making refers to the process by which a survivor struggles to understand and make sense of the impact and legacy of a traumatic past (Harvey *et al.* 2003, p.91). Throughout the MTRR-I, individuals spontaneously mentioned things that are meaningful to them and the way in which they have developed as individuals. Table 6.6 below contains the elements that Liang *et al*., (2007) mention as contributing to meaning making for resilient survivors in one way or another. As will become evident in the next sections of this chapter, there is a great deal of overlapping between these elements of resilience and the different characteristics of cognitive emotion regulation strategies (CERQ) and proactive coping (PCI). Instead of repeating what the data revealed regarding the elements of meaning making, the discussion of these elements will be done with the relevant aspects of cognitive emotion regulation and proactive coping in the sections indicated.

Table 6.6

Elements of meaning making (MTRR-I) in context of CERQ and PCI

Elements of *meaning making	**Also an element in:**
• Preoccupation with abuse (rumination)	CERQ (see section 6.3.2.8 on p. 152)
• Unreasonable self-blame	CERQ (see section 6.3.2.7 on p. 149)
• Understanding painful past and how it fits into reality (putting into perspective)	CERQ (see section 6.3.2.5 on p. 146)
• *Having a coherent set of spiritual, moral values	Proactive coping – Accumulating resources (see section 6.4.2.2 on p. 159)
• **Feeling part of the larger community	Proactive coping – Accumulating resources (see section 6.4.2.2 on p. 159)
• *Having a realistic sense of optimism and hope for the future;	Proactive coping - Taking responsibility for the future by fulfillingpersonal goals (see section 6.4.2.3 on p. 163)
• Apparently coming to terms with the painful traumatic experiences of the past (acceptance)	CERQ (see section 6.3.2.1 on p. 138)

* Characteristics of the individual (person) in PPCT (Bronfenbrenner) (see section 6.2.1 on p. 114)
** Characteristics of the social context of the individual (context) in PPCT (Bronfenbrenner) (see section 6.2.1 on p. 114)

6.2.3 Summary

In view of the data analysis in this chapter, it has become evident that there is a great deal of common ground between the domains of resilience and the different cognitive emotion regulation strategies and proactive coping, which will be discussed in the remaining sections of the chapter.

The MTRR-I data have been summarised below in Table 6.7 by taking the basic premises of each of the domains, considering the themesand then making conclusions based on whether these themes were indicative of resilience or not.

Table 6.7

Summary of participants' levels of resilience based on data from MTRR-I

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
DOMAIN I: Authority over memory								
Does she report NO gaps in childhood memory?	√			√	√			
Does she report having clear memories of the abuse?	√	√	√	√	√	√	√	√
Does she report to having suppressed memories?*		√	√			√	√	√
DOMAIN II: Integration of memory and affect								
Does she report being able to feel in the present emotions of childhood trauma?	√	√	√	√		√	√	√
Does she have different emotions now when recalling the past emotions?	√	√	√	√				
Does she often think about the way she felt as a child?*	√	√			√	√	√	√
DOMAIN III: Affect tolerance and regulation								
Does she experience a wide range of emotions?	√		√	√		√	√	√
Are the emotions experienced with differing intensities?	√		√	√		√		√
Does she report feeling numb/nothing at times?*		√			√	√	√	
DOMAIN IV: Symptom mastery & positive coping								
Does she report being able to deal with stress	√		√	√	√			√
Does she feel that she is coping with the effects of the childhood sexual abuse?	√		√	√				√
Can she manage and prevent emotional disruption that arises from memories of abuse?	√		√	√	√	√		√
DOMAIN V: Self-esteem								
Does she have a positive sense of self-worth?	√		√	√				√
Does she report having a level of self-confidence?	√		√	√				√
Does she display self-abusive behaviour? (Including suicide attempts)*		√	√	√		√	√	
DOMAIN VI: Self-cohesion								
Does she experience herself as a whole being now?	√		√	√		√		
Can she put into perspective feelings of dissociation experienced as a child?	√		√	√	√	√		√
Has she forgiven the perpetrator/s for the abuse?	√		√	√				
DOMAIN VII: Safe attachment								
Can she trust people?			√			√		
Does she enjoy her intimate sexual relationship?	√		√	√			√	√
Does she form and maintain friendships?	√	√	√	√	√		√	√
DOMAIN VIII: Meaning making								
Does faith play an important role in her life?	√	√	√	√	√	√		√
Is life meaningful for her?	√	√	√	√	√	√	√	√
Is she optimisitic and hopeful about her future?	√		√	√	√	√	√	√
TOTALS	**22**	**6**	**21**	**22**	**11**	**11**	**7**	**17**

*reverse items

From the totals which indicate the levels of resilience of the participants, it seems that Bianca, Christie, Colleen and Shelly are more resilient in terms of the eight domains of the

MTRR-I than Caron, Jenny, Jolene and Lindi. In the discussion of resilience in the last chapter the participants will be categorised according as follows:

> Category 1: Bianca, Christie, Colleen and Shelly are participants who employ adaptive cognitive emotion regulation strategies more often; have higher scores for the PCI and tend to have higher levels of resilience based on the discussions of the MTRR-I.
>
> Category 2: Caron, Jenny, Jolene and Lindi are participants who employ less adaptive cognitive emotion regulation strategies more often or equally, have lower scores for the PCI and tend to have lower levels of resilience, based on the discussions of the MTRR-I.

Regardless of this categorisation, it is important to be aware that the participants still considered themselves to be resilient and that this study cannot make any final assertions regarding them. These are the tendencies that emerged from the instruments used at the time at which the interview took place.

6. 3 COGNITIVE EMOTION REGULATION STRATEGIES (CERQ)

6.3.1 Data analysis

In order to address one of subquestions in the study and determine which cognitive emotion regulation strategies survivors of child sexual abuse employ (see section 7.3.2), the participants in the present study were requested to complete the CERQ questionnaires with reference to how they deal with their emotions with regard to life trauma, including the child sexual abuse, but questions were not limited specifically to the abuse. All the participants experienced various other traumatic experiences in their lives, as was set out in Table 5.1 of the previous chapter.

The focus remains the cognitive emotion regulation strategies that survivors of child sexual abuse use to cope with *all* traumatic life experiences. In Table 6.8 the scores of the CERQ are recorded (see section 4.4.5.2 for how scores are calculated) and in Figure 6.5 the pattern of total CERQ scores is depicted graphically. The highest attainable score on the CERQ is 20; therefore a score of 20 means that the participant always uses that strategy, 10 is an average score and the lowest recordable score is 4 because the CERQ asks four questions pertaining to each of the nine strategies. In order to see which of the cognitive

emotion regulation strategies are most and least frequently used, the totals were added and presented in Figure 6.5 below.

Table 6.8
*Cognitive emotion regulation strategies (scores)**

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly	Total CERQ
ADAPTIVE STRATEGIES									
Acceptance	16	11	14	13	18	14	15	19	**120**
Other-blame	18	10	13	15	04	08	16	13	**97**
Positive reappraisal	20	12	18	19	08	07	15	15	**114**
Positive refocusing	17	11	16	17	13	07	14	14	**109**
Putting into perspective	20	14	13	14	17	09	11	18	**116**
Refocus on planning	20	10	17	11	10	09	14	16	**107**
LESS ADAPTIVE STRATEGIES									
Self-blame	06	12	07	04	07	07	09	08	**60**
Rumination	13	12	08	05	15	17	18	11	**99**
Catastrophising	06	10	05	08	12	15	14	05	**75**

*Range of scores: 04-20

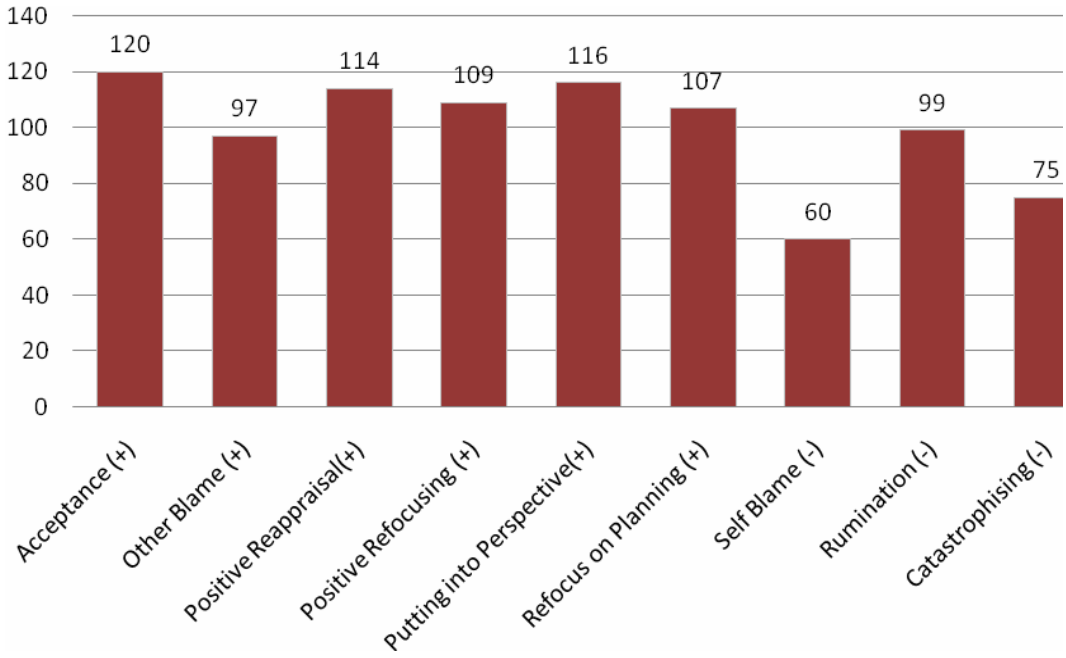

Figure 6.5 Pattern of total scores for all participants of the different cognitive emotion regulation strategies on the CERQ

In this graph it is clear that, on the whole, these participants tend to use adaptive cognitive emotion regulation strategies more frequently than less adaptive cognitive emotion

regulation strategies. Although rumination scores are high in comparison to the other two less adaptive cognitive emotion regulation strategies, the totals for the adaptive cognitive emotion regulation strategies are generally much higher.

If Colleen's scores for self-blame are considered, it is noted that she scored 04 and that she scored 19 for positive reappraisal. These scores therefore indicate the strategies that Colleen uses least and most often respectively. According to personal communication with the author of the CERQ, Nadia Garnefski, it is advisable to avoid labelling a score as high or low without looking at the context. Some adaptive scores may look high, for example Jolene and Christie's scores for acceptance (see Table 6.8) are 14. Jolene, however, has high scores for the less adaptive strategies (rumination – 17 and catastrophising – 15), which could be indicative of resignation to what happened and therefore acceptance is not adaptive in her case. Looking at Christie's low scores for the less adaptive strategies (rumination – 08 and catastrophising – 05) will then indicate that in her case the high score for acceptance shows an adaptive strategy. Thus it is advisable when labelling a score as high or low that the holistic CERQ profile of the participant should be taken into account.

A discussion of each one of the nine strategies will follow with the results of the CERQ first and then the inclusion of the interview data regarding the specific cognitive emotion regulation strategy in question.

6.3.2Cognitive emotion regulation strategies (CERQ) as observed in the interview data

6.3.2.1 Acceptance

Acceptance refers to thoughts of acknowledging what has taken place and realising that life goes on regardless of the events. High scores for acceptance are indicative of positive processing of traumatic events *unless* there is evidence that the acceptance is a sort of helpless resignation to what has happened (Garnefski et al. 2002, p. 32). If it is the case that a high acceptance score is indicative of resignation to what happened, and therefore acceptance is a less adaptive strategy, then it will be evident in the low scores for the other adaptive strategies, as well as the presence of certain forms of psychopathology (Garnefski, et al. 2002, p. 32).

Acceptance is the strategy that has the highest score (120) but as is mentioned above, it is not necessarily an indication that acceptance is adaptive in all cases. In Figure 6.6 the

CERQ scores of the different adaptive strategies are compared to the scores for acceptance (bold blue line) and, in most cases, there seems to be a clear relationship between the regulation strategies. Although Bianca only disclosed her child sexual abuse to her mother two years ago, she has a high score (16) for acceptance. Her acceptance of the abuse she endured is very recent, as she has also undergone radical change in her spiritual life and believes that her ability to accept what happened to her as a child is a direct result of her new-found faith in God. She also received the complete support of her mother, father and husband.

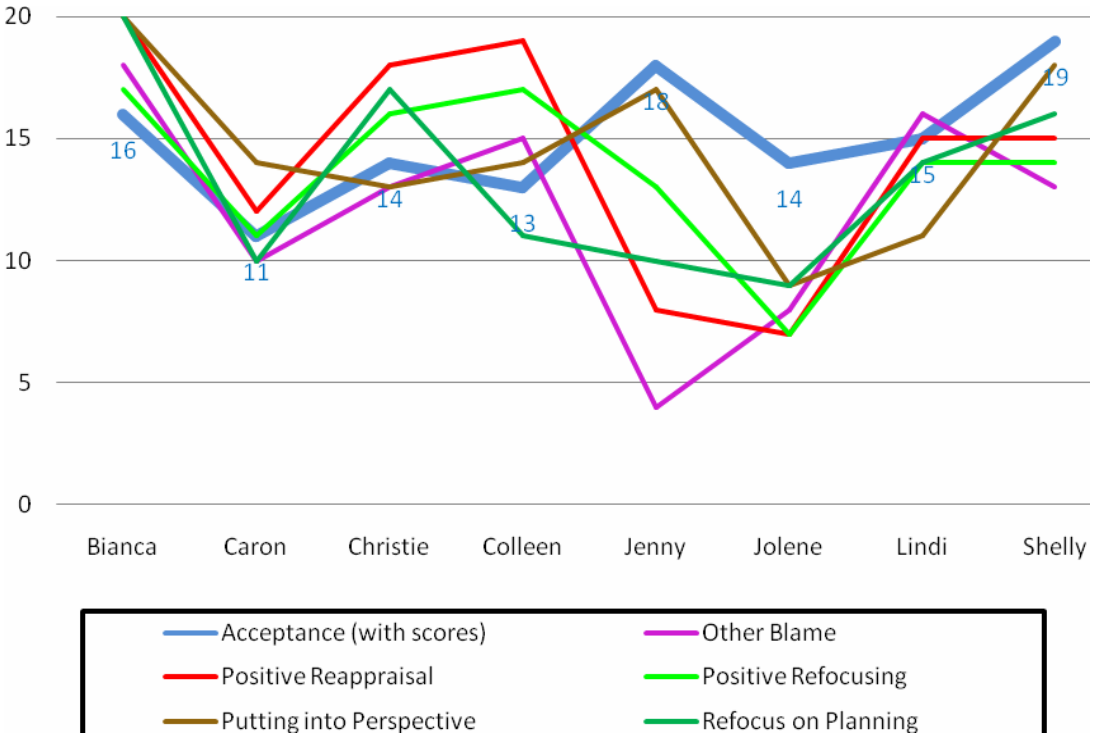

Figure 6.6 Comparison of the CERQ scores for the different adaptive strategies, especially acceptance

This is one of the statements in which Bianca indicates that she has accepted the trauma of her child sexual abuse:

> *Dit was beslis nie ek nie. Ek was die victim gewees maar die manier waarop ek gereageer het daarop was nie altyd so wys gewees nie en ummm die regte manier gewees nie, en ek glo nog steeds dat selfs al was ek 'n kind toe ek groter word het ek nog steeds die verstand en die keuse gehad hoe om te reageer daarop en daar het ek foutief opgetree en ummm, en dis iets waarvoor ek myself blameer nie, of laat ek my*

> *skuld daaraan ontken nie, maar aan die molestering het ek beslis geen aandeel gehad nie (BIA: 1490-1498)*[40].

Colleen is also a participant who attained relatively high scores on the adaptive cognitive emotion regulation strategies. Although she was abused by all four her brothers and her father, who was arrested and imprisoned for the abuse for seven years; she has also shown remarkable acceptance of this trauma. She says:

> *I think if you sit and wonder – and I have done that as well – and that's the time that you feel like you are falling into a hole and really because you cannot ask why because there is no answer for that. Nobody is really going to tell you this is the reason I did that – there is no answer for that! Even if people say sorry, it is not going to take it away. It happened and the big thing for you is to focus on the now and the future (COL: 1054-1059).*

Colleen has also undergone a recent conversion and believes that her ability to accept the emotions and memories of the past is purely a result of her faith in God.

> *If I have to motivate a person, it is to really focus on God and their relationship with God and they'll be able to deal with it on their own, in their own way, because nobody can really really help you with that except - except if you have a relationship with God because that is where all the answers are. That's what I think … (COL: 438-443).*

Jenny has never disclosed her sexual abuse to her husband, as the perpetrator is her brother-in-law who is 26 years older than she. The abuse started when she was five years old and continued until she got married, although the intensity did decrease. She never disclosed it to her sister as she was fighting cancer, from which she eventually died, and she did not want to add to the devastation. Jenny has never confronted the perpetrator either and still has to face him at family get-togethers. Although Jenny has a very high score for acceptance, this high score does not seem to correlate with the other adaptive strategy scores and high scores for the less adaptive strategies (see Table 6.8, p. 137):

> *We've just had his 80th birthday actually the other day – we all had a party and I don't know what goes on in his life now. But he has had two daughters, the one I am very worried about. She is not married and I*

[40] It was definitely not me. I was the victim but the way in which I reacted to it was not always wise or the right way and I still believe that even though I was a child, when I grew up I still had a mind and the choice to react – and there I reacted wrongly. It's not something I blame myself for, and I don't make myself blameless either, but I definitely had no part in the molestation.

> *just don't know. I have a feeling that something is there. Whether it's still like that, whether …? (JEN: 419-423).*

Later in the interview she said:

> *I suppose [I'm] damaged in a way. 'Cause it's something that has happened to you that's just … It has had an effect on you and it has definitely done something to you that can never be undone. I think you do bring it with you! (JEN: 797-799).*

Considering the other CERQ scores and the information disclosed the in the MTRR-I, Bianca, Christie, Colleen and Shelly have acknowledged that they have accepted what happened to them. Caron, Jenny, Jolene and Lindi, however, even openly admit that they cannot accept what happened to them, in spite of some of the high CERQ scores.

6.3.2.2 Other-blame

Garnefski, et al. (2002) refer to other-blame as thoughts of putting the blame for what you have experienced on others. Although most of the participants acknowledge now, as adults, that the child sexual abuse that they experienced was definitely the fault of the perpetrator, they can all clearly recall a time when they dealt with the guilt of what was happening to them and blamed themselves. Caron, however, has a very different view:

> *I think 80% of what I used to believe was that it was me. Now I know it was not me, although I still often get the feeling it was me and that I was the bad one and most of the anger is towards myself. I don't know if I actually ever blamed anyone. I know it sounds weird but it makes sense to me (CAR: 678-683).*

Caron indicated that she is a religious person and finds her strength in her knowledge of God but she insists on *not* placing the blame on others and when asked if she has ever wondered why God allowed something like this to happen to her, she replied:

> *I knew in the back of my head I had a lot of His knowledge, it didn't always make sense, but I knew I had to stick to it and keep to it. I don't know how I quite logically figured that out, but it made sense in my head, so I knew that, I have never blamed God for what happened to me … If God could have stopped it, but He would have to take away my free will as well to be fair. Otherwise He wouldn't be a fair God. So He could have stopped the people hurting me, but to be a fair God he would have to stop me doing things as well. And we each got our free will … (CAR: 660-667).*

As other-blame and self-blame both deal with the issue of assigning blame, it is of interest to observe whether there is a relationship between the two types of blame. Considering

Caron's approach to blame, it is not surprising that her scores do not differ much. Looking at Table 6.8, it seems that only Caron and Jenny blame themselves more than they would blame someone else.

Because Colleen's father spent time in prison for the sexual abuse, it also helped her to realise that the blame was on him even though her mother blamed her for his arrest and forbade her to disclose her brothers' abuse in fear that they too would be removed from the home. She also blames her mother for allowing the abuse and encouraging her to keep quiet. She recalls:

> *My mom was well aware of it. I told her and she knew about each one of them, even though she knew about it, I told her. Umm ... when I was bigger, I said to her: You know that all of them did it! You know that my dad did it. You knew it all and you never did anything! That's where that conversation ended! (COL: 54-58).*

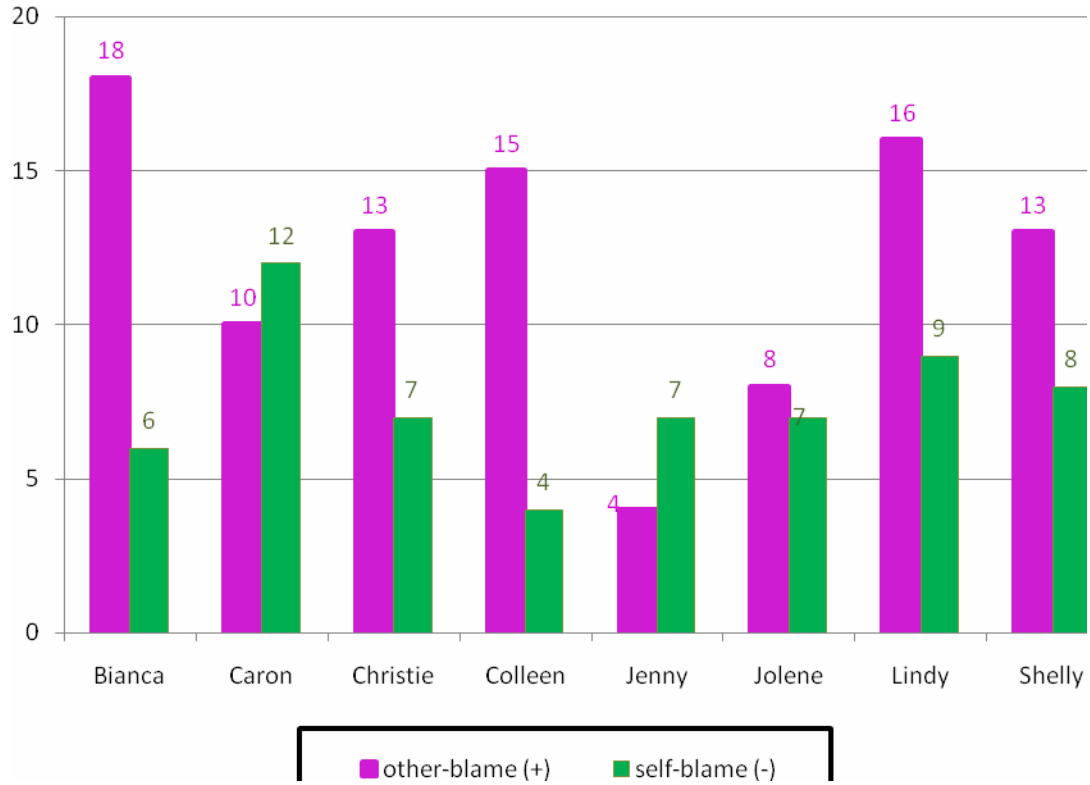

Figure 6.7. CERQ scores comparing other-blame to self-blame

It is noted that Caron, Jenny and Jolene, who have higher or equal scores for self- and other-blame, also reported using less adaptive strategies as often as or more often than adaptive strategies in Table 6.8.

6.3.2.3 Positive reappraisal

Positive reappraisal occurs when positive meanings are attributed to the abuse in terms of personal growth and admitting that the event made them stronger in any way (Garnefski *etal*. 2002, p. 33). Jenny (08) and Jolene (07) scored very low on positive reappraisal on the CERQ and also only referred to positive reappraisal once during their interviews. They struggle to see any positive side to the child sexual abuse as well as the other traumatic events in their lives. This is Jenny's only response that could be coded as positive reappraisal:

> *I think you … I have just developed coping skills. Coping with situations as they are. So I don't … I kind of build up a wall against things that hurt you. Ja, I can't think that my life has not had meaning all along. I've … It's been fine. I have enjoyed my work, I have enjoyed my family (JEN: 1116-1118).*

Bianca, who had the highest score (20) for positive reappraisal, reports that after her recent conversion and pastoral therapy, her view of life has changed completely. She remembers being constantly preoccupied with memories of the abuse (which could explain the high scores for rumination) but can now reappraise her experience as follows:

> *Ek dink dit vat bo-natuurlike, geestelike krag van God om dit moontlik te maak en dit heeltemaal, volkome, nie van tyd tot tyd dat jy dit onderdruk en jouself dwing om aan ander goed te dink nie. Laat jy daarna kan kyk en dankbaar wees dat dit met jou gebeur het want die postiewe wat uit die sleg uit gekom het, is soveel meer as wat die sleg ooit in jou lewe kon doen (BIA: 1408-1412)*[41].

[41] I think it takes supernatural, spiritual power from God to make it completely and wholly possible and not to have to suppress it from time to time and force yourself to think about other things. That you can look at it and be grateful that it happened to you because the positive that came out of the bad is so much more than the bad could ever do in your life.

Bianca quite comfortably uses positive reappraisal and often mentions that she has been able to see the positive that has come from the abuse:

> *dat hierdie 'n duidelike ervaring was maar dat ek daaruit kon leer en dat dit my lewe, die dinge wat ek daaruit kon leer, my lewe positief beïnvloed het (BIA: 766-767)*[42].

To identify the positive side of trauma is challenging, but it is especially difficult to see how child sexual abuse has led to personal growth because, as adults, the participants have to deal with their memories and appraisals of the trauma. Grossman, Cook, Kepkep and Koenen (1999) and Glicken (2006) acknowledge the role of spirituality in resilience because it helps individuals to answer meaning-of-life questions; it offers individuals increased feelings of control and improves self-esteem. These themes were identified in the MTRR-I and will also be relevant in the discussion of proactive coping in the next section (section 6.4.3).

6.3.2.4 Positive refocusing

Positive refocusing refers to thinking about other, more pleasant things instead of the event in question and a low score could also be related to a low sense of emotional well-being (Garnefski *et al*. 2002, p. 33). As will be discussed in section 6.3.2.8 of this chapter, rumination is the opposite of positive refocusing where an individual would constantly be thinking about the event in question. In Figure 6.8 positive refocusing is plotted against the scores of rumination and, if the definition of positive refocusing is considered, Bianca, Christie, Colleen and Shelly use positive refocusing more frequently than rumination. However, Caron, Jenny, Jolene and Lindy use rumination more often than positive refocusing and if the graph of the adaptive cognitive emotion regulation strategies is considered in Fig. 6.6, these women tend to have a generally lower score for the adaptive cognitive emotion regulation strategies. It is significant that most times Caron's scores are very close to each other and this is also clear in the graph in Figure 6.6.

[42]This was a prominent experience but that I can learn from it and that it influenced my life positively.

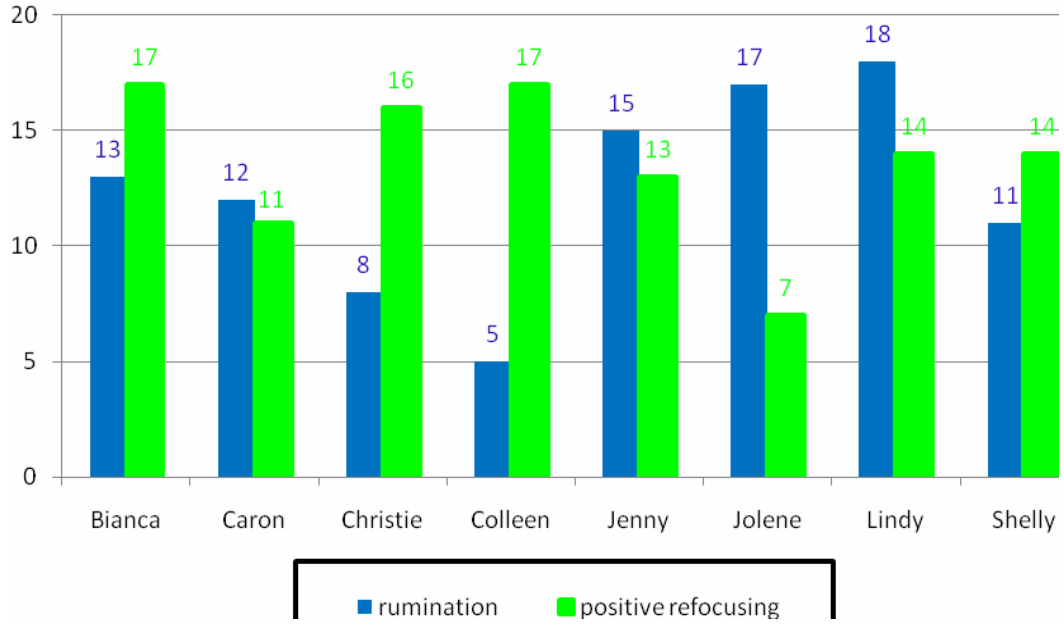

Figure6.8. CERQ scores comparing rumination and positive refocusing

Colleen, whose score for positive refocusing is high, said the following:

> *I think if you sit and wonder - and I have done that as well - and that's the time that you feel like you are falling into a hole and really because you cannot ask why because there is no answer for that. Nobody is really going to tell you this is the reason I did that - there is not answer for that! Even if people say sorry it is not going to take it away. It happened and the big thing for you is to focus on the now and the future (COL: 976-981).*

Bianca explained how her positive refocusing has changed over time as follows:

> *Ek dink waar ek voorheen juis probeer het, soos ek jou vertel het, het ek in my kop hierdie ding gehad het daar is 'n kamer met 'n deur en dan gaan ek daar in dan's daar nog 'n kamer en deur waar ek probeer weghardloop daarvan, sal ek liewers nou sit en evalueer en verstaan wat ek voel en wat ek sien en die positief daaruit haal van wat ek ervaar. Ummmm ... kan ek myself sê dat dit is verby maar die goeie daaruit is dat ek by die Here uitgekom het en dat ek 'n toekoms het en 'n ewige toekoms het (BIA: 759-764)*[43].

[43] I think that where I previously tried, as I told you, I had this thing in my head where I see this room with a door and I go in there and then there is another room and a door where I try to run away from it, instead now I will rather sit and evaluate and understand what I am feeling and seeing and try to take the positive out of the experience. Umm, I can tell myself that it is over but the good that came out of this is that I found the Lord and that I have a future and an eternal future.

Christie, who also has a high score for positive refocusing, said that she consciously decides to change her thinking at times:

> *Ek dink ek het, umm ... tot 'n punt gekom dat ek gun myself die seerkry maar jy kan nie te lank daarop talm nie, jy moet dit omdraai en dan sê: Weet jy wat, umm ... ek het soveel meer om voor dankbaar te wees. Ek het so wonderlike gesin en die Here is net elke dag by my en so dis minors (CHR: 640-643)*[44].

6.3.2.5 Putting into Perspective

Garnefski *et al*. (2002, p. 33) defines putting into perspective as admitting that the experience could have been worse or that other people experience things that are far worse in life. The total CERQ score (116) was the second highest adaptive cognitive emotion regulation strategy score but when the participants related their stories in the interviews, they did not blatantly admit this. When the participants were directly confronted with the questions in the CERQ, e.g. I think that other people go through much worse experiences, they seemed more objective about their own abuse than during the interview.

When looking at this strategy, it became clear that the number of years the abuse took place, the number of perpetrators and the relationship to the perpetrator did not predict a difference in the way the participant put their experience into perspective. Colleen, whose father and four brothers abused her over an eight-year period, scored 14 for this strategy, and Christie, whose other adaptive scores are generally higher than this, scored 13. According to the severity indicators, Christie's abuse may be seen as less severe, but that does not mean that she experienced it as such.

The way the participants put their experiences into perspective is often very subtle, as Jenny states:

> *I just … at one stage … I was quite emotional and they wanted to give me anti-depressants. And I thought: What is wrong with my life? It is actually fine. We were going through a dip we were going through quite a financial … last year … like everybody else. And I actually have got a lot to live for! I mean, I have a God that loves me and I find it difficult to understand why He does, but I know He does, and I have a good relationship with the Lord … and my kids, ja! (JEN: 1055-1061).*

[44] I think I reached the point that I grant myself the hurt but you cannot focus on it. You must turn it around and say: you know what, I have so much more to be thankful about. I have a wonderful family and the Lord is with me all day and so it is a minor

Christie was sexually abused by a brother who was much older than she was and she puts it into perspective in the form of an excuse for his behaviour to play down the seriousness of the event:

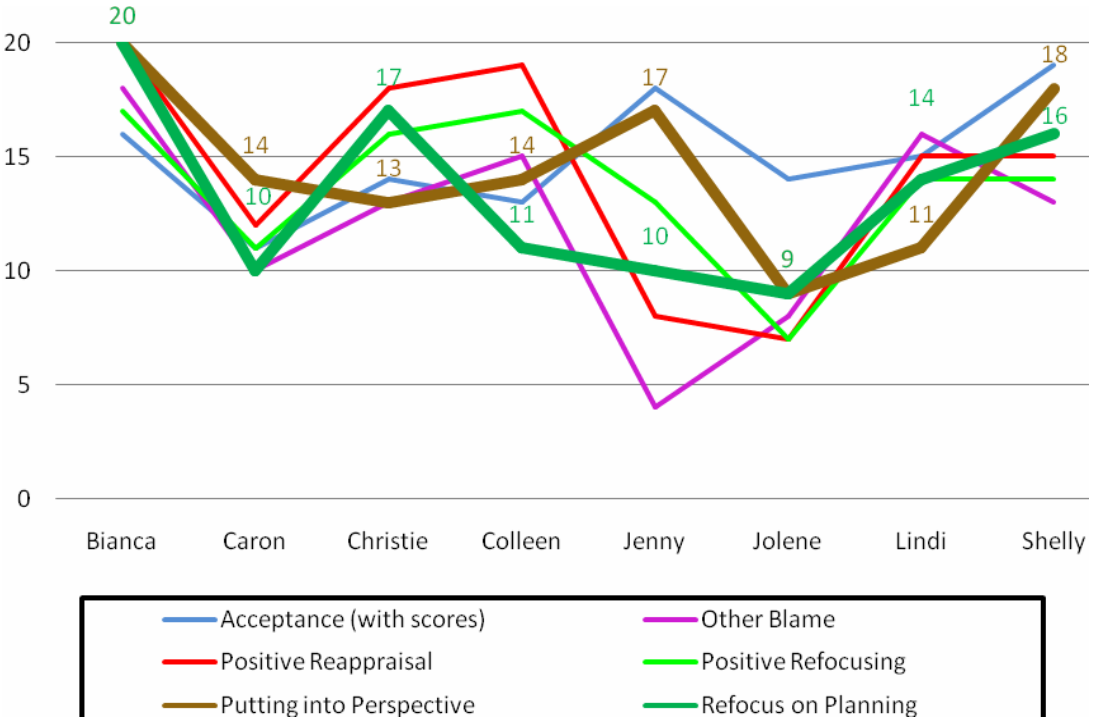

*Figure 6.9*Comparison of the CERQ scores for the adaptive strategies, especially putting into perspective and refocus on planning

> *En ek glo ook, want ons het verskillende persoonlikhede dat hy dalk ook ... want hy was die bitter stout ene [laugh]. Hy't rêrig alles gedoen wat hy nie moes nie. En, vir hom was dit tien teen een net nog 'n speletjie, maar vir my was dit, wel ... ok, ek hoef seker nie daaroor te praat nie, maar … (CHR: 173-177).*[45]

As can be seen above in Figure 6.9, with the exception of Jenny's score for positive reappraisal and Jolene's score for acceptance, the other participants' scores for positive reappraisal and acceptance compare with the scores for putting into perspective.

[45] I believe too, because we have different personalities that he maybe also…because he was the very naughty one (laugh). He really did everything that he should not have done. For him it was probably all just another one of his games, but for me it was, well… ok, I don't need to talk about that …

6.3.2.6 Refocus on Planning

This strategy is defined as thinking about which steps to take in order to deal with the event or thinking up a plan to change the situation (Garnefski et al., 2002, p. 33). This can, however, only be considered an adaptive cognitive emotion regulation strategy if the problem is actually dealt with. If the individual scores high on this strategy and does not act or follow the steps, a high score for refocus on planning could be related to emotional problems. A low score for this strategy "is most certainly related to the presence of problems" (Garnefski *et al.,* 2002, p.33).

In Figure 6.10 above, the scores for refocus on planning are plotted with the scores of the other adaptive cognitive emotion regulation strategies and seem to follow the same general tendency for each of the participants as the other adaptive strategies. Caron, Jenny and Jolene's scores on the CERQ are generally low for refocus on planning and Colleen, who generally has high adaptive scores, has the lowest score (11) for refocus on planning. This is unexpected because Colleen reported in her interview that she decided, when her sister died in an accident, she needed to resolve things with her brothers. She then followed through on her decision and went to each one, confronted him and gave him the opportunity to "*ask me for forgiveness" (COL: 44).* She said that she did it for herself to get closure because she realised if something happened to one of them , she would never be able to have closure and she would *"still ponder upon it" (COL: 46)*.

Closure through confronting the perpetrator is an important factor with regard to refocus on planning. Jolene and Lindi's perpetrators died before they could confront them and find some form of closure, but although Jolene's scores are low for refocus on planning, Lindi's are not. Jolene has always struggled with seeing something through to completion because of the lack of support from her family. She constantly deals with obstacles and explains it like this:

> *I think I'm too changeable. I don't set high goals because I guess I have always needed support. When you don't have support, then you let go of whatever thing you were hoping for because it's not going to happen (JOL: 1088-1090).*

Christie, on the other hand, has an internal locus on control, social skills, positive self-perceptions, assertiveness, independence and a high level of spirituality and religiosity, all of which Glicken (2006) lists as factors that seem to be associated with higher levels of resilience. When she confronted her brother with the abuse to attain closure, this is what happened:

> *Maar jy't my 'n onreg aangedoen, en elke keer as ek dink ek is oor dit, dan kom dit weer, jy weet. En ,... um ... en hy het net vir my gesê: Get over it! En ek was so kwaad. Wie's hy om dit vir my te sê? [laugh] En hy bly vir my sê, GET OVER IT! En weet jy, ironies genoeg, dis wat ek moes hoor. Ek kan nie vashou aan die goed, ek moet oor dit kom. Dit het gebeur en dit is nou wat ek daarvan maak ... (CHR: 193-196)*[46].

Refocus on planning is more than a cognitive emotion regulation strategy; it has to lead to action to be considered an adaptive strategy. Participants who have low scores for this strategy also tend to report a higher incidence of helplessness and lack of control in relationships.

6.3.2.7 Self-blame

Most of the research done by Garnefski and other co-researchers have focused on the less adaptive cognitive emotion regulation strategies (Garnefski et al., 2002; 2004; 2006). Prior research has demonstrated that self-blame is predictive of more posttraumatic PTSD symptoms and poorer recovery (Najdowski & Ullman, 2009). Self-blame is a complex strategy in the present research because the participants recall strong memories of self-blame as children whereas they have realised in adulthood that they were not responsible for their own abuse. Self-blame was the strategy that scored lowest among all the participants and could be a contributing factor as to why all the participants considered themselves resilient in some way or another. Only Caron does not blame anyone specific for her child sexual abuse, and she admits that she knows it was probably not her, but she still refers to herself in this dissociative way with regard to blame:

> *Then I am thinking: I often hear: You stupid little girl. Why [did] she allow it? She is just stupid. And that's what I think when I cut myself. Stupid girl! (CAR: 78-79) … Ja, because I am a stupid girl. It's my fault (CAR: line 525).*

In the following extracts, the participants express the fact that, although they realise they are not to blame for their child sexual abuse, they did blame themselves for a long time:

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[46] But you disgraced me and every time I think I am over it, then it comes back, you know. And he just said to me: Get over it! I was so angry. Who is he to say that to me? {laugh} And he kept saying: GET OVER IT! You know, ironically, that is what I needed to hear. I cannot hold onto things, I must get over it! It happened and now it is what I make of it!

I carried a lot of guilt for a long time. Then I realised a lot of it was not mine to carry. (JOL: 965-966)

Interviewer: Wie is verantwoordelik vir jou pyn?
Lindi: My oupa! [sigh]
Interviewer: Nie jy nie?
Lindi: Nee [sigh/cry] Ek weet ek is, maar ek is eerder om dit op hom te blameer (LIN: 1006-1009)[47].

Beslis nie ek nie! Dit was die familielid. Hy was 'n volwasse man gewees, geweet wat hy doen. En dit is beslis nie ek nie. Alhoewel ek altyd gedink het dit was ek. Ek weet ek was nie die een wat die misdaad gepleeg het nie. Dit was beslis nie ek nie (BIA: 1327-1332).[48]

Ons almal maak foute. Ons het ons goed wat ons verkeerd doen en dit het gevolge en, umm ... ek moes op 'n punt kom waar ek besef het, weet jy dis afgehandel, dat, dit was 'n fout vir my, nee ok net ... nie vir my, ek dink, ek het geweet ek is stout, umm, dis wat ek voel my aandeel was ... so ... umm, ek moes dalk soet gewees as dogtertjie om dit nie toe te laat nie ... maar dis, nie in die sin dat ek voel skuldig, ek het. .. dit was ultimately hy wat abusive ... (CHR: 1245-1253).[49]

When Shelly was asked if she felt guilty as a child she replied:

Yesss … I did! My fault. Umm ... [perpetrator's name] … my fault … I shouldn't have let him … I should've told my mom, or I shouldn't have let him into my room. But hello, I didn't let him into my room, he just walked into my room (SHE: 721-723).

But now Shelly has a different view of self-blame and she expresses as follows:

Initially the person that hurts you is there to blame, but if you hold onto it you've got yourself to blame, but long-term, if you hold onto it you've got yourself to blame (SHE: 1062-1064).

---

[47] Who is responsible for your pain? My grandfather [sigh] Not you? No [sigh/cry] I know it is me, but I would prefer to blame him.

[48] Definitely not me! It was a family member. He was an adult man and knew what he was doing. And it was definitely not me. Although I always thought it was me. I know I was not the one that committed the crime. It was definitely not me.

[49] We all make mistakes. We do wrong things that have consequences and, umm... I had to reach a point where I realised that it was over, that it was a mistake for me, no, only just... not for me, I think, I knew I was naughty, umm, that I feel was my contribution...so, umm, I should have been good as a little girl and not allowed it, but it's... not in the sense that I feel guilty, I did... it was ultimately he that was abusive.

Bianca says that she only realised as an adult that there are two reasons why children feel so guilty and blame themselves for the sexual abuse they are experiencing: firstly, it is that they are told to keep quiet because it is a secret that could get them into trouble and, secondly, the physical sensations produced by the sexual stimulation are pleasurable and it makes the child feel guilty for 'enjoying' the feelings produced by something wrong (BIA: 1339-1359).

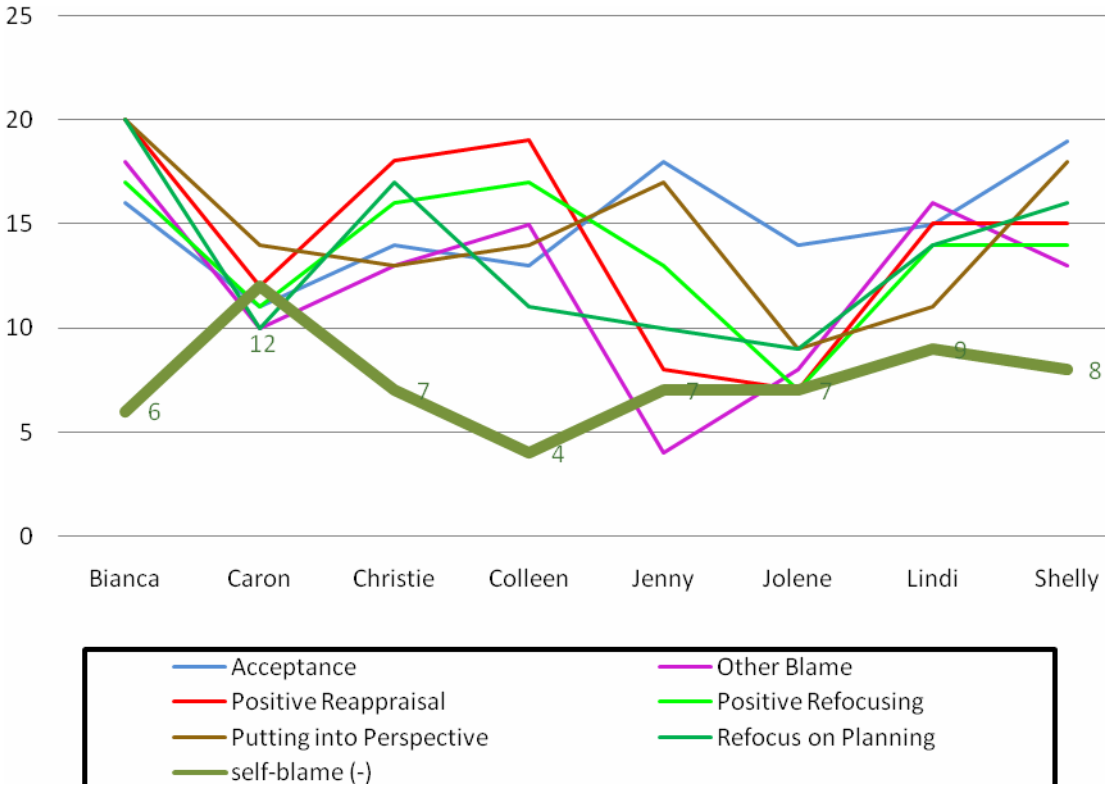

Figure6.10. CERQ scores comparing adaptive cognitive emotion regulation strategies to self-blame

In Figure 6.10 above, the CERQ scores for self-blame are plotted against the backdrop of the average scores of the adaptive cognitive emotion regulation strategies presented in Table 6.8. From this graph it seems evident that some of the participants (Bianca, Christie, Colleen, Lindi and Shelly) with higher scores for the adaptive cognitive emotion regulation strategies have noticeably lower scores for self-blame. There seems to be a different dynamic involved with the scores of Caron, Jenny and Jolene because their self-blame scores are either more or less equal to or higher than the adaptive scores. Colleen, who got the lowest score (04) of all for any of the strategies, said that she went through a phase

where she would blame everyone for what happened to her, but mostly she blamed her parents for not being responsible.

6.3.2.8 Rumination

Rumination is one of the most researched and discussed of the nine cognitive emotion regulation strategies and it is most often associated with depression and other psychopathological symptomatology (Amone-P'Olak *et al*., 2007; Garnefski *et al*., 2004). Symptoms of depression include an inability to enjoy life and lowered self-esteem (Garnefski *et al*., 2004) with rumination being the preoccupation with the feelings and thoughts associated with the negative event (Garnefski *et al*., 2002, p. 33). In Figure 6.11 below the pattern that emerged in Figure 6.10 above is similar for Caron, Christie, Colleen and Shelly. However, the other participants' rumination scores differ significantly from their scores on self-blame. It is also important to note that in the case of Caron, Jenny, Jolene and Lindi, rumination is even higher than their adaptive scores and in Jolene and Lindi's case, it is their highest scores. Lindi reports not being able to remember large parts of her childhood, especially parts of the abuse where she believes she has blocked those memories to protect herself from pain. When asked if she would like to recover those memories she replied:

> *Ja, ek sal wil. Ek sal wil. Umm … Want ek dink op 'n stadium as jy so surrounded is met soveel bad memories, dan maak dit jou negatief en jy tend to forget everything good (LIN: 245-247).*[50]

Most of the participants in the present research study not only deal with the trauma of child sexual abuse, but also with many other experiences and situations that could also be considered traumatic and stressful. Jenny has been in an abusive marriage for over 30 years and she admitted that her marriage has caused her as much pain as the 15 years of abuse she endured as a child and teenager. Self-blame and rumination are Jenny's most frequently used cognitive emotion regulation strategies even though she admits that her CERQ scores were based more on the child sexual abuse and she referred more to the

[50] Yes, I would like to. I would like to. Umm… because I think at a stage you are so surrounded by so many bad memories and then it makes you negative and you tend to forget everything good.

traumatic marriage in the MTRR-I. Jenny's thoughts are often expressed as recorded below during the interview:

> *I get very angry in myself, I think. You know, and then I get the mutters [giggle] because you don't know what to do with your anger so you kind of live in this little … And I kind of think what am I achieving by being so angry with him? Especially with my husband and then I get … you know - I think of all the things and the hurts of the past and I … think - let it go. It's not going to help you to go back and relive all the times he said things to you that hurt you. I have to let it go. So ja, I get a bit … but I don't take it out on anyone - I get angry with myself (JEN: 252-232).*

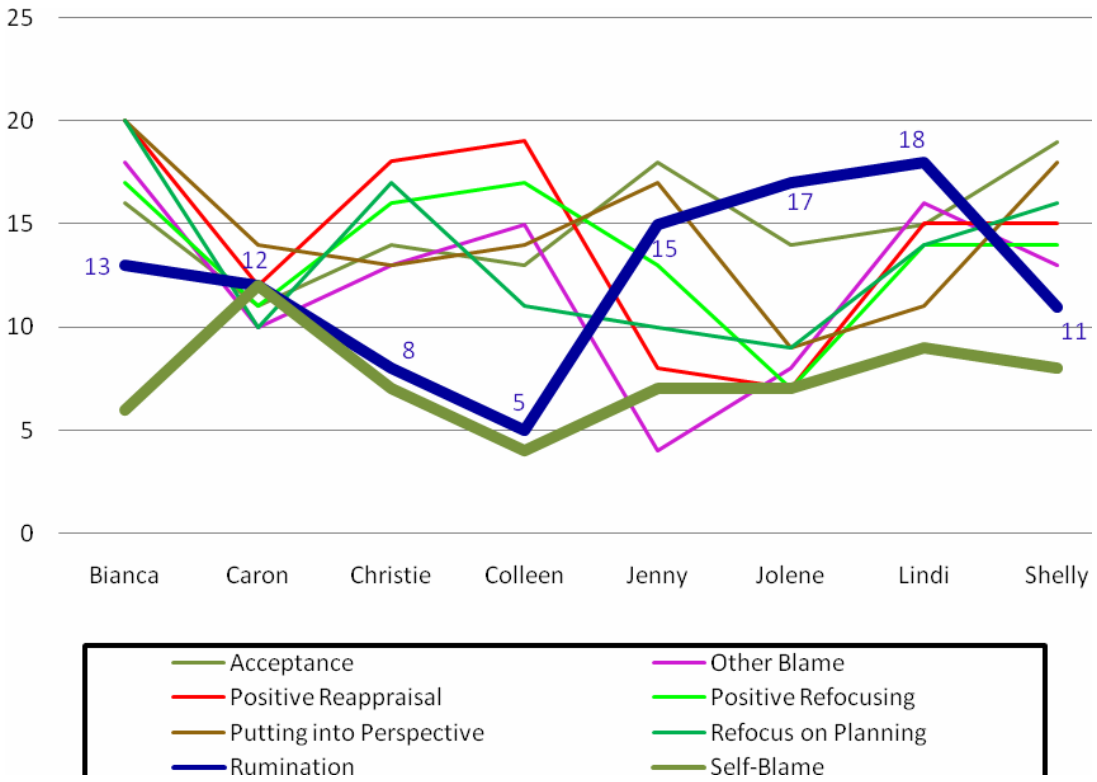

Figure 6.11. CERQ scores comparing adaptive cognitive emotion regulation strategies to self-blame and rumination

Jolene, Lindi and Jenny had high scores for low self-esteem and none of them feels that she have dealt with, or come to terms with her child sexual abuse in some way or another. One thing that these three women have in common is the fact that not one of them have ever confronted the perpetrators for various reasons. Jolene and Jenny experienced abuse for 15 years; Jolene also having been physically abused by her father.

When Jolene was asked to discuss whether her memories of the child sexual abuse have changed over the years she answered:

> *The same memory comes back. When I have a certain memory, it's the same memory every time. I, I don't know how to explain that to you. Like with being on the ceiling*… I was little and … it's the same, it's the same memory. And when I am telling you about the green dress with the sash, with the pin missing, it's the same memory. No they're not different (JOL: 741-745).*
>
> *Jolene relates how she used to dissociate herself and watch what was happening to the little girl (herself) from the ceiling above.

Bianca generally has high scores for adaptive cognitive emotion regulation strategies and low scores for less adaptive cognitive emotion regulation strategies, except in the case of rumination. Bianca reports that she has dealt with her child sexual abuse completely and has been able to change the way she sees herself altogether; yet she does recall how the thoughts of the abuse used to preoccupy her life prior to her disclosure, confrontation of the perpetrator and her spiritual counselling. However, she did confess that the way she used to deal with things is not the way she deals with them now – hence an explanation for some of the discrepancies. She explains it as follows:

> *Somtyds bring dit nog emosies. Ek dink dit sal altyd, maar ek kan nou my emosies beheer of ek kan dit vir my logies uitklaar of vir myself sê maar dit het gebeur en jy mag dit voel ... Waar dit my lewe en my denkwyse, alles wat ek gedoen het was deur dit bepaal en hoe ek daaroor gevoel het, het bepaal hoe ek nou iets doen en dit is nie meer die geval nie. Ek kan daaraan terugdink en ek is nie meer hartseer daaroor altyd nie (BIA: 291-296).*[51]

6.3.2.9 Catastrophising

Catastrophising refers to recurring thoughts about the intensity of the traumatic event and how terrible it has been and what you have gone through being the worst thing to happen to a person, even worse than what others experience (Garnefski *et al*., 2002, p.33). If the graphs of catastrophising and rumination are compared, there is a close correlation for all the participants. Lindi and Jolene have high scores for catastrophising in comparison with the other participants (See Figure 6.12). The reasons for this could be that they openly

[51]Sometimes it still evokes emotions. It think it always will, but I can control my emotions better now or I can explain it to myself logically and say it has happened and you may feel this way... Where in my life and my thinking, everything that I did was determined by it and how I felt about it, determined what I did and it is no longer the case. I can think back and I am not sad about it all the time.

admit that they have not dealt with the abuse at all and they not only dealt with the trauma of child sexual abuse, but with multiple traumas. Lindi recalls:

> *Ek onthou toe my ouma-hulle vermoor is*, toe my pa-hulle laat die aand terugkom en sê hulle is dood, en wat ookal, het ek – ek onthou - toe my oupa** die deur oopmaak, het ek uitgegaan om vir my pa-hulle hello te sê, het ek na my pa toe gegaan en hy't net so weggedraai van my af en dit was vir my, partykeer in 'n mate, afhangende van hoe ek voel, vir my erger as die een van my oupa+ (LIN: 147-155).* [52]

*The grandparents who were responsible for the sexual abuse
** The other grandfather where she was left for the day
+The memory of the sexual abuse

Her grandparents were burned alive in their farmhouse and when Lindi related her emotions regarding their murder, especially of her grandfather and the perpetrator of her child sexual abuse, she expressed it this way:

> *Ek was bly! [sigh] Ek het baie keer gedink as hy nog geleef het, het ek hom self gaan doodmaak. Maar ek was baie hartseer oor my ouma, want my ouma was … aaaag sy was 'n sweetheart ... So my hart was baie stukkend oor my ouma. Ek dink nie, I have given any thought about my oupa. My hart was net seer vir my ouma (LIN: 173-177)*[53].

Colleen mentioned twice that things were so bad before she underwent the conversion that has changed her life, that she thought of suicide on a daily basis and even attempted it on numerous occasions. Although she has low catastrophising scores on both instruments and has high scores for all the adaptive cognitive emotion regulation strategies, she relates these fears as being constant and real:

> *I do however think that my menstrual pains are not normal pains. Umm ... I have never really been to a gynaecologist to check up on myself, and I know I must, but umm ... ja, that specifically I think … I am scared. I know as a child, the gynaecologist that I went to with my dad's thing is that I have so much hurt that I will most probably not be able to have children. But I don't believe him now. [laugh] Some part of my being believes it, but I don't want to believe it! I don't know - I think that's why I don't want to go to a gynaecologist I think I don't want to hear any bad news and things like that (COL: 874-881).*

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[52] I remember when my grandparents were murdered, when my parents came back late that night to tell us they were dead, and whatever, I can remember when my grandfather opened the door, I went out to say hello to my parents and I went to my dad and he just turned away from me and that was for me, sometimes in a sense, depending on how I feel, worse than the abuse of my grandfather

[53] I was glad! [sigh] I had often thought that if he had still been alive, I would have killed him myself. But my heart was very sore about my grandma, because she was a sweetheart. So my heart was very broken about her. I don't think I have given any thought to my grandfather. My heart was just sore for my grandma.

In Figure 6.12 it is clear that rumination and catastrophising tend to follow the same curves on the graph. The higher adaptive cognitive emotion regulation strategies tend to indicate lower scores for less adaptive cognitive emotion regulation strategies and vice versa, except in the case of Caron, where her scores all seem to converge.

What is significant in this final graph is that the distribution of the range of adaptive and less adaptive scores do not overlap for Bianca, Christie, Colleen and Shelly. The circles indicate the groupings of these scores. Caron has a very narrow range for all the strategies, with most of her scores converging to a point in the middle of the range. Jenny, Jolene and Lindi have a very wide range of scores with a great deal of overlapping between the adaptive and less adaptive strategies. What is also noteworthy is that both Jolene and Lindi's highest scores are less adaptive.

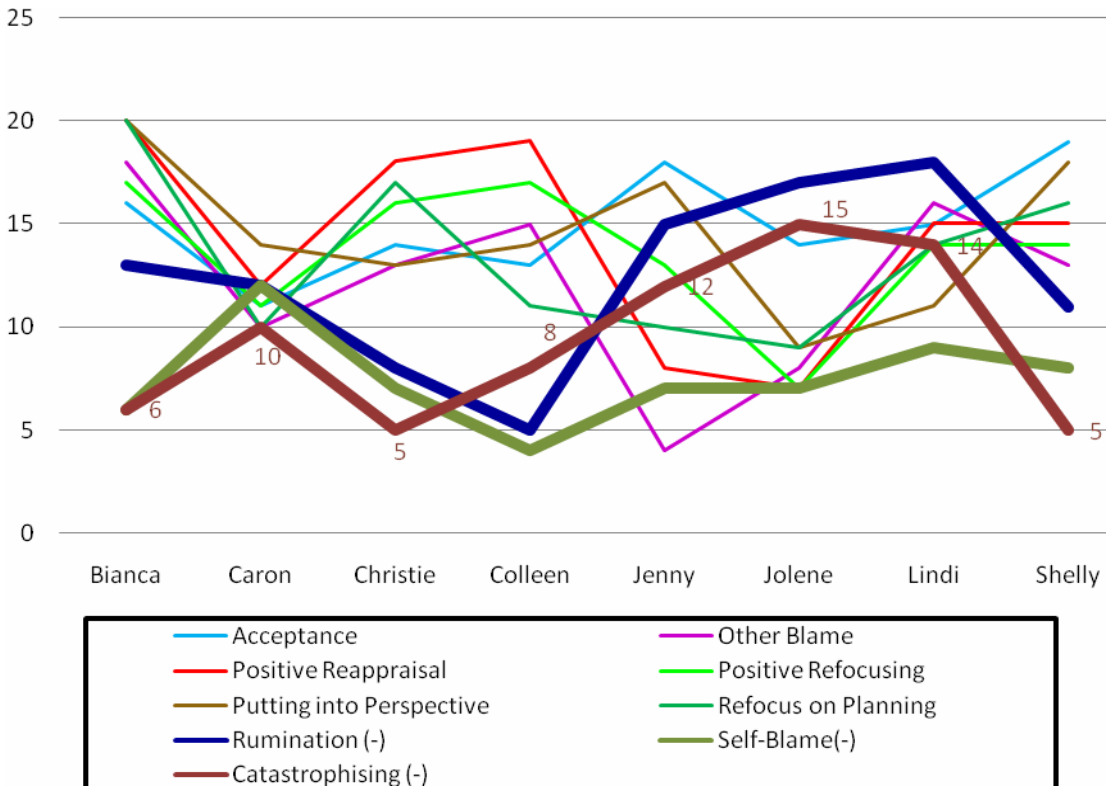

Figure 6.12. CERQ scores comparing adaptive cognitive emotion regulation strategies to less adaptive cognitive emotion regulation strategies (scores for catastrophising)

6.3.3 Conclusions

Bianca, Christie, Colleen and Shelly generally make use of adaptive cognitive emotion regulation strategies more frequently than less adaptive cognitive emotion regulation strategies. The opposite is true of Caron, Jenny, Jolene and Lindi, and when comparing the cognitive emotion regulation strategies to the domains of resilience discussed in the previous section, there seems to be a similar pattern for these participants. Compare Figures 6.2 and 6.3 to note the lower scores for the various domains for Caron, Jenny, Jolene and Lindi. It was also these four participants who openly admitted to *not* having dealt with the abuse and having low self-esteem.

Bianca, Christie, Colleen and Shelly, on the other hand, had the reverse tendencies and even openly admitting to having dealt with the abuse, having healthy self-esteem and experiencing a high sense of self-cohesion. From the data analysed from the MTRR-I and the CERQ, cognitive emotion regulation strategies seem to play a role in the development of resilience.

6.4 PROACTIVE COPING (PCI)

6.4.1 Data analysis

When the CERQ had been completed the participants completed the PCI, which took an additional 10 minutes. Once again the participants did not limit their answers to how they cope or deal with the child sexual abuse, but how they deal with traumatic experiences now in adulthood. In Table 6.9 the scores of the PCI are recorded and the pattern of these scores is plotted in Figure 6.13.

Table 6.9
The PCI scores:

	PCI scores *
Bianca	31
Caron	29
Christie	52
Colleen	41
Jenny	35
Jolene	34
Lindi	46
Shelly	52
TOTAL AVERAGE	**40**

***Total Range of Scores: 14-56

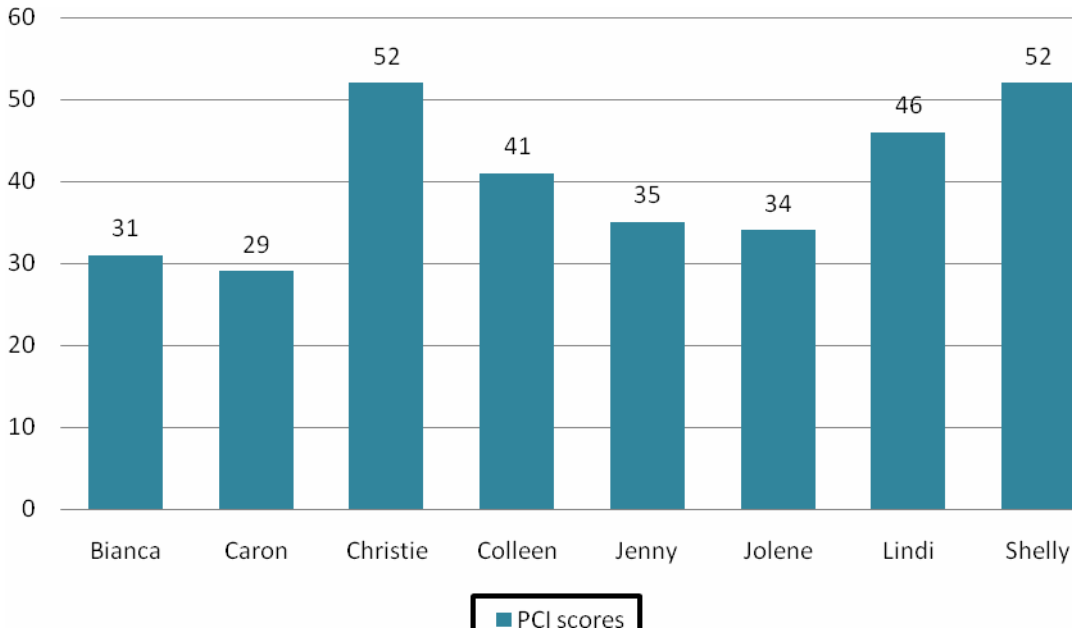

Figure 6.13. Proactive Coping Inventory scores

6.4.2 Discussion of elements of proactive coping (PCI)

6.4.2.1 Background

The main tenets of proactive coping as conceptualised by Greenglass *et al.*, (1999) and Aspinwall and Taylor (1997), are outlined in the two essential elements of proactive coping and will also be discussed separately with regard to the data:

(1) The proactive person realises that life is full of abundant **resources** and takes the necessary steps to prevent their depletion and is also capable of utilising the resources they do have when needed.
(2) Proactive individuals realise that their life course is determined by themselves and not by external factors and are willing to take responsibility for what happens in the future by fulfilling **personal goals** (Greenglass *et al.*, 1999, p. 5).

In the discussion of the data pertaining to proactive coping, the scores of the PCI will be compared to the two main tenets of proactive coping mentioned above and then data from the interview will be incorporated.

6.4.2.2 Resources

Proactive coping means being prepared at any time for a challenge by accumulating and preventing the depletion of available resources. These resources include time, money, planning and organisational skills, competencies, commitments, beliefs, social support, a network system that can assist an individual in making more effective appraisals, health and psychological well-being. Having interpersonal strength and relational skills are also considered positive coping strengths and resources (Aspinwall & Taylor, 1997; Greenglass *et al*., 1999).

Based on what are classified as resources by Aspinwall and Taylor (1997) and Greenglass *et* al. (1999), I selected the following from the thematic analysis of the MTRR-I that indicate whether an individual is accumulating and preventing the depletion of available resources:

(1) positive support,
(2) spiritual strength,
(3) maintaining a steady intimate relationship with a partner,
(4) whether the individual admits that he or she is coping; and
(5) whether he or she has a sense of psychological well-being in self-cohesion.

Whether the participant is accumulating resources is recorded in the form of questions in Table 6.10 below.

Table 6.10
Summary of whether the participant is accumulating available resources

	Bianca	**Caron**	**Christie**	**Colleen**	**Jenny**	**Jolene**	**Lindi**	**Shelly**
Did she indicate that she has adequate positive support in her life?	√		√	√		√		
Did she state that one of her main resources is spiritual strength?	√	√	√	√	√	√		√
Has she been able to maintain a steady intimate relationship with a partner?	√		√	√	√	√	√	√
Did she indicate that she feels she is coping most of the time?	√	√	√	√	√	√		√
Did she indicate that she had a sense of psychological well-being in self-cohesion?	√		√	√				√
TOTAL	**5**	**2**	**5**	**5**	**3**	**3**	**1**	**4**

Christie and Shelly have equally high scores on the PCI (52) and also tend to make use of adaptive cognitive emotion regulation strategies more regularly than less adaptive cognitive

emotion regulation strategies (see Table 6.8). Consider the extracts below from Christie's interview in which she demonstrated the recognition of these resources:

> *Wel, ek het gegroei ... my geloof in God het definitief op 'n ander vlak ... Dis die Here se probleem! [laugh] Om iewers op daai punt te kom in jou hart en in jou kop is nogal, dis meer as net, jy kan dit nie vir jouself uitmaak nie, dit kom van bo af, en umm, elke sekond te kan vertrou. En dan ek werk nou saam met my man in een kantoor, wat totaal en al... hy's hierdie deurmekaar ... ek's hierdie stiptelike, ordelike ... jy kan sien die tafel is ... ek is maar netjies; na elke ding wat ek doen en hy het papiere en papiere, en ons is altwee bestuurders, so ons baklei en stry nogal, maar ons werk baie lekker saam, want ek is die operasionele een, kry goed gedoen ... en hulle is die "schemers" [laugh] en hy is finansies. (CHR: 355-367)*[54]

Christie has always had a lot of drive and amibition and left home early to get away from a very emotionally abusive mother. It is clear that Christie has always known what she wanted and has pursued it in her own way. Since she was a little girl she used to rely on the support of her father in dealing with her mother's abuse. Now she has the strong support of her husband, children, friends and church people. In the next extract she shows her interpersonal strength:

> *O ja, en my man het altyd vir my gesê, um ek kan nie kritiek hanteer nie, wat waar is, want ek moet reg wees. Ek moet, ek's 'n A-tipe, ek moet goed reg kry, en so. En ek dink nog dalk dit is nog dalk nog 'n issue, alhoewel ek kan nou, dat ek weet wat's die probleem, kan ek half dalk daaraan werk en sê ok wag, dis jou opinie, ek vat dit dalk van wie dit kom en as dit waar is moet ek daaraan werk (CHR: 500-505).*[55]

Caron has the lowest PCI score, and has also shown that her adaptive cognitive emotion regulation strategies are used less often than those of most of the participants who took part in this research. Caron says that she vowed and declared after an attempted rape that she

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[54] Well, I have grown... my faith in God is definitely on a new level... It's the Lord's problem! [laugh] To sometime come to that point in your heart and in your head is quite, it is more than, you cannot explain it to yourself. It comes from above to be able to trust every second . And then I also work with my husband in one office, which is totally.. he is this untidy.. and I am this organised, punctual.. you can see the table is... and I am tidy; after everything I do – and he just has papers and papers and we are both managers, so we fight and argue quite often, but we enjoy working together because I am the operational one that gets things done and they are the 'schemers' and he does the finances.

[55] Oh yes, and my husband always says to me that I cannot handle criticism, which is true because I want to be right. I must! I am an A-type, I must get things right, and so... I think it is still an issue but I can now, that I know what the problem is, I can work on it and say: Ok, wait – this is your opinion. I take it from whom it comes and if it is true, I must work on it.

would never let a man touch her again and she has kept to this and never been in any relationship. When asked about her relationship dynamics she responded:

> *If there are a lot of people, I don't talk … I step down … I would rather keep quiet 'cause just now I upset things or get them upset at me or something (CAR: 268-272).*

Jolene and Jenny have low PCI scores and also both reported that they have no control in their relationships. In these relationships they don't seem to have the support systems that are present for Christie. Both these participants also had low scores for adaptive cognitive emotion regulation strategies and higher ones for less adaptive cognitive emotion regulation strategies. This is how Jenny comments on the relationship resource she has:

> *I think my husband is very much, I can't say a control freak, but if you say: Can we do this? Then he'd say: No! It's not going to happen. So you kind of always back off because I can't control him. He sort of decides for everyone what so I kind of … I don't get involved. When he says no then I just leave it and I don't make an issue of anything (JEN: 464-469).*

After more than 30 years of marriage, Jolene recalls that her husband has been her support all these years, but marital problems were mentioned 19 times during the interview. She explains her relationship with her husband as follows:

> *There were a lot of years when he really was not that approachable. Let me put it that way. No matter what the situation I would always be too afraid to broach the subject. I really think that comes partly from the way I had to deal with my dad, just you're not allowed to bring up anything, not allowed to question anything. So to try to broach the subject for me was almost impossible. So for me coping would be to avoid confrontation at all costs. And that's the way I was dealing with my marriage. We're only now getting to the point where we can discuss things (JOL: 348-354) I think I'm too changeable. I don't set high goals because I guess I have always needed support. When you don't have support, then you let go of whatever thing you were hoping for because it's not going to happen. (JOL: 956-958*).

Bianca has always had the support of her parents and her husband in dealing with the sexual abuse. Although she only disclosed it to her parents a few years ago, they were immediately supportive and confronted the perpetrator. Bianca has explained that she feels that there has been closure for her in the way that the abuse was dealt with by her significant others. Not only does Bianca have a solid support network, but she has a very strong

spiritual faith that she considers her resource in dealing with the child sexual abuse and other issues in her life. Bianca does struggle with organisational and planning skills and in setting specific goals for the future:

> *Dit verander elke dag. Ek is glad nie 'n ambisieuse ... Daar is dinge wat ek definitief lang termyn en waarvoor ek sterk baklei en waaraan ek hard werk en wat vir my prioriteite, soos my geloofslewe, my kind en my man maar daar is dae wat ek nie eers meer lus is om te probeer nie [laugh]. Maar ummmm ... dan is daar dinge, soos ek sê gister wou ... ek dink ek moet 'n verpleegster word, en dan wil ek 'n kunstenaar word, en dan wil ek 'n juffrou word, maar die hele Bybelse berader ding en met kinders werk is vir my – eventually sal ek daar uitkom en ek voel in elk geval ek doen alreeds met my kind (BIA: 1193-1200).*[56]

One of the challenges of proactive coping is to be able to deal with change in order to be able to know how to deploy the necessary resources. Bianca fears change and related:

> *Ek is 'n vreeslike control freak en ek hou nie daarvan dat goed verander sonder dat jy my laat weet nie. [giggle] Soos my man moenie mense genooi het en my nie 'n week voor die tyd gesê het waar ek die spyskaart en alles kan uitwerk nie. Moenie nou sê ons ry nou plaas toe na my skoonfamilie toe nie want ek moet myself mentally voorberei daarvoor [laugh]. En ek hou nie van verandering nie. Ek ek hou nie van verandering nie! (BIA: 838-846)*[57].

Shelly, on the other hand, has a very high PCI score, but her profile on the elements of proactive coping is different from Christie's, who shares the same score as Shelly on the PCI. Shelly is very independent and has been since her childhood when she realised she could not count on anyone to be there for her. Shelly has a zero score for positive support on the MTRR-I and the following extract is typical of how she referred to any relationship:

> *Ja, well it wouldn't make a difference. We didn't have, we didn't have a good relationship. Umm ... I can't say we didn't have a bad relationship*

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[56] It (goals) changes every day. I am not ambitious at all! There are things that I would definitely do long term, and things that I would fight strongly for and on which I would work hard and that is also a priority like my faith, my child and my husband, but there are days that I don't feel like trying any more [laugh]. Then there are things, like yesterday I thought I should be a nurse, and then I want to be an artist and then I want to be a teacher, but the whole Bible counsellor things and to work with children – eventually I will get there and I feel that I am in any case already doing that with my own child.

[57] I am an exceptional control freak and I don't like it when things change without my being informed [giggle]. My husband must not invite people without a week's notice so that I can work on the menu and everything else. Don't tell me now that we are going to the farm to my in-laws because I have to prepare myself mentally for that. I don't like change. I don't like change.

> *either. She was my mom and I was her daughter and that's it. So, whatever went on in my life was, SO WHAT? I don't know whether she'd actually listen, because I never really tried, you know, but, ja … (SHE: 439-443).*

In Fig. 6.14 (p. 165) the totals that comment on the way the participants accummulate and preserve their resources (see Table 6.10) are plotted together with the totals of the second tenet (see Table 6.11) in the discussion of proactive coping so that a possible relationship can be seen between these tenets and the PCI scores.

6.4.2.3 Taking responsibility for the future by fulfilling personal goals

According to Schwarzer's Proactive Coping Theory (1999, cited in Greenglass *et al*., 1999), proactive individuals realise that they are responsible for their own lives and that it is up to them to make things happen. In so doing, proactive individuals strive for improvement in their lives and environment instead of just reacting to a past or anticipated danger. Proactive coping is autonomous and self-determined goal-setting and realisation of goals; it deals with self-regulatory goal attainment processes and explains what motivates people to strive for ambitious goals and to commit themselves to personal quality management (Schwarzer, 1999a).

In the thematic analysis of the MTRR-I, four themes contribute to personal quality management and goal attainment:

(1) optimism about the future,
(2) meaningfulness of life,
(3) refocus on planning; and
(4) personal development.

To determine to what extent the participant felt that they were taking responsibility for the future by fulfilling goals, the following four questions in Table 6.11 below are answered by referring to the data in the MTRR-I and thematic analysis (see Appendix A).

Table 6.11
Summary of participants' taking responsibility for the future by fulfilling personal goals

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Does she indicate optimism about the future?	√		√	√		√	√	√
Does she find life meaningful?	√	√	√	√	√	√	√	√
Is she determined to set and achieve goals in her life?	√		√	√		√	√	√
Does she feel that through her trauma she has undergone a form of personal development?	√	√	√	√	√	√		√
TOTAL	**4**	**2**	**4**	**4**	**2**	**4**	**3**	**4**

In Figure 6.14 one notices that the tenets of proactive coping do follow the general pattern of the PCI scores, but there seem to be discrepancies in Bianca's scores . Bianca's scores on the CERQ and in the MTRR-I have compared with those of Christie, Colleen and Shelly. Even here the scores from the tables do not correspond with her score on the PCI. It is also significant that Lindi has a very high score on the PCI and yet has a very low score for her resources.Christie's scores are consistently high in each of the instruments and across the data. She took responsibility for her life even as a young girl who had just finished school when she decided that she did not want to live with her abusive mother anymore. She recalls:

> *Ek het in matriek uit die huis uit … ek wou nie verder nie. Ek het alleen basies in Pretoria kom werk. Ek wou nie gaan swot nie – ek wou nie meer afhanklik wees van my ouers nie. Dit was rêrig moeilik onder my ma. Emosioneel op en af en as sy rêrig kwaad raak, was ek bang, so ... [deep breath] toe het ek 'n woonstel opgesit en ek begin werk by, daai tyd was dit mos die Departement van Pos en Telekommunikasie en toe's dit Telkom, toe hulle skuif, toe's ek Telkom toe en het ek myself opgewerk. Ek het getrou – jonk – ek was nog nie 21 nie, ek was 20, toe's ek getroud. Nou nog gelukkig getroud ... (CHR: 86-94)*[58].

[58] I left home after matric – I didn't want to carry on any more. I basically came to work in Pretoria on my own. I didn't want to go and study because I didn't want to be dependent on my parents anymore. It was really difficult under my mother's moods. Emotionally up and down andwhen she was really angry, I was afraid, so … then I got a flat and started working at the old Department of Post and Telecommunication and later Telkom. When the change took place that is when I started to work my way up in Telkom. I got married – young – I was not 21 yet – I was 20 when I got married. I'm still happily married.

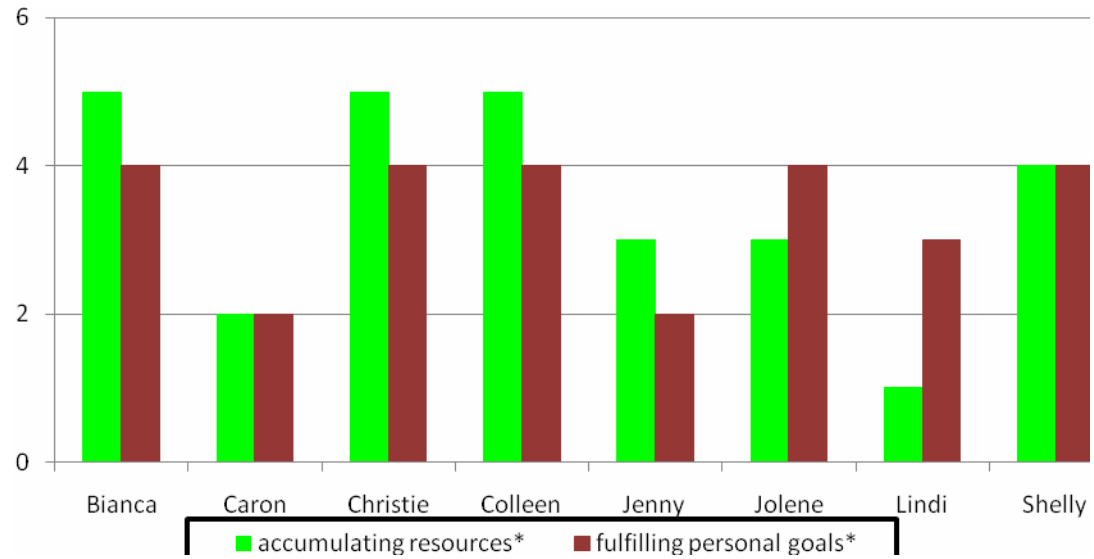

Figure 6.14. Comparison of the different proactive coping tenets against the PCI scores

Christie has taken responsibility for her life and has made things happen for herself and she is still striving for improvement in her life and realises her goals.

> *Ek het toe die, um ... beradings ding ook gedoen, um ... dit is by Potchefstroom se universiteit gewees: Umm ... Perspektief Beradingskursus. Ek het my redelik opgewerk. Ek was op 30 reeds 'n bestuurder in Telkom, so ... toe's ek daar vir [pause] vyf jaar bestuurder ... en toe's ek nie baie bereid om aan te gaan met ... Ek het gevoel ek begin my siel verkoop om opgang ... en ek was deel van 'n groep wat, umm, vir executives en hoër vlak sou, sou gaan en ek sou al hoe minder tyd met my kinders spandeer het en dis nie waar my prioriteite lê nie en toe besluit ek gaan af gaan. Ek het 'n besigheid oopgemaak maar ek het van werk ... Ek wou regtig in 'n bediening gaan vir die Here, (CHR: 108-116).*[59]

Shelly left home at 18 because she no longer wanted her life to be controlled by external forces, but she decided that she would make things happen for herself by improving her

[59] I did the counselling thing at the University of Potchefstroom. Perspective Counselling course. I worked myself up and at 30 I was already a manager at Telkom and I was a manager there for five years and then I was not willing to carry on with... if felt like I was selling my soul for advancement and I was part of a group that were applying for executive and higher positions and I would have spent less time with my children and that was not where my priorities lay, so I decided to go off. I opened a business where I can work – I really wanted to go into ministry for the Lord.

environment. Whether the decision was responsible in the long term is not the question, but Shelly acted proactively in a way that she thought would improve her life.

> *I left home, ran away – not ran away just – I got … I'll tell you what happened. My mom called on my birthday and reminded me to clean the cupboards and do my brother's nappies and not even a happy birthday or anything. And I thought, well, That's it! I don't have to put up with this anymore and I left home. Umm ... A cousin of mine stayed in Johannesburg and I lived with her … started waitressing and my objective was to join SAA and waited till I turned 21. So I waitressed and worked as a sales consultant wherever I could find work. Then I joined SAA and I was there for 10 years as a flight attendant. But I know why I joined SAA as well. I wanted to run … (SHE: 184-191).*

Lindi, who scored a relatively high 31 on the PCI, may have a very high score on low self-esteem (see section 6.2.2.5, Figure 6.3) and her rumination score is her highest CERQ score (see section 6.3.2.8, Figure 6.11), but she is determined to improve her environment and to make things happen for herself. She has admitted that she has undergone a great deal of self-development and sets high goals and is determined to reach them – even though she realises that they may sometimes be a bit unrealistic. Throughout her life she has felt that she was living in her brother's shadow and because he was academically so strong, her parents did not think she would be successful. She told it this way:

> *Ek voel … [very emotional] ek is 'n slegte mens. Stupid! Dom! Ek voel INCREDIBLY dom! Umm ... Ek het eenkeer vir iemand gesê: As iemand weet hulle is dom gaan hulle weet hulle is dom? En hulle het gesê ja. En ek weet ek is dom! Umm ... Ek is baie verleë daaroor umm ... en ek voel ek is 'n slegte mens en ek voel net dat die Here dink ek is self below sy koningkryk … Ek voel baie sensitief daaroor! Toe ek hare gaan swot het, toe hoor ek na die tyd, want ek moes vir myself betaal het, het my ma-hulle gesê hulle wou nie vir my betaal nie want hulle het nie gedink ek sal dit kan doen nie. So … en my boetie is rêrig … hy is geniaal slim. Hy is ongelooflike slim (LIN: 790-803).*[60]

It is as if she has taken the negative energy that she grew up with and is starting to apply it proactively to changing her life.

[60] I feel I am a bad person. Stupid! Dumb! I feel incredibly stupid. Umm, I once asked someone: If someone knows they are stupid are they going to know they are stupid and they said yes. And I know I am stupid. I feel very embarrassed about it and I feel like a bad person and I feel that the Lord thinks I am even below His kingdom. I am very sensitive about it. When I went to study hairstyling, I heard afterwards, because I had to pay for myself,that my parents said that they didn't want to pay for me because they did not think I could do it. And my brother was very clever – he is incredibly clever.

> *Ek het op 'n punt gekom waar ek besef het ek gaan down en down en down … en ek gaan nooit gelukkig wees of enige iets achieve as ek daar bly sit nie. So ek het baie slowly but surely bietjie begin op te staan en te loop en partykeer het die Here my net krag gegee om deur te gaan en ek kan regtig eerlik sê ja. Ek is baie aktief. En ek geniet dit baie (LIN: 192-198).*[61]

> *Dat ek my salon oopgemaak het … en uh, ek het 'n baie groot hairshow wat ek beplan vir die 30ste Oktober. 13th Floor gaan daar optree … Dit is 'n baie groot ding. Dit is een van my grootste drome. So, umm … ek is besig met die beplanning en ek maak die props en die dinge, so die hele experience kan ek iets doen … en ek [is] goed daarmee, umm dit is vir my my happiest … (LIN: 236-241).*[62]

Not only did Lindi have a relatively high score for low self-esteem and low scores for many of the attributes that are associated with proactive coping and resilience; she also openly admitted to *not* having dealt with the abuse. Nevertheless she wants to get rid of the pain and move forward and wants to determine her own life's course and not sit back and watch how it is affected by external forces like her child sexual abuse. When she was asked if she would want to remember what are currently gaps in her memory she replied:

> *Ja, ek sal wil. Ek sal wil. Umm … Want ek dink op 'n stadium as jy so surrounded is met soveel bad memories, dan maak dit jou negatief en jy tend to forget everything good. So ek sal wil, miskien sal dit my laat besef daar was goeie dele ook. I'll better understand some things, so ek sal wil, ek sal baie graag wil, ja … (LIN: 245-250).*[63]

When Lindi was asked whether she is optimisitic and hopeful for the future she said:

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[61] I got to the point where I realised that I am going down and down and down and I was never going to be happy or achieve anything if I stayed sitting there. So I very slowly but surely have started getting up and started walking and sometimes the Lord has given me strength to go through and I can honestly say I am very active and I am enjoying it very much.

[62] That I opened my own salon and I have a very big hairshow coming up on the 30th of October. 13th floor will be the guest artists. It is a very big thing and it is one of my biggest dreams. So I am busy with the planning and making the props and the things so the whole experience is something I can do, and I am good at it and my happiest …

[63] Yes I would want to. I would want to. Umm, because I think that at a stage when you are so surrounded by so many bad memories, it makes you negative and you tend to forget everything good. So I will want to, maybe it will make me realise there were good parts too. I will have a better understanding of some things, so I would want to, I would really badly want to.

> *Ek het baie hoop vir die toekoms umm ... omdat ek 'n groot dromer is. So ek kan sê ek is baie excited oor die toekoms. Ek hoop dit is more or less umm ... soos wat ek dit wil hê. Baie keer wens ek dat ek is nou ewe skielik 60 wees en kyk (LIN: 1032-1035).*[64]

Caron, whose PCI score is the lowest, also has the lowest scores for the factors contributing to personal quality management and goal attainment. In fact, she had a zero score for optimism for the future in the MTRR-I and said numerous times in the interview that she did not think about the future, neither did she have hope for the future:

> *I just am who I am. I just get by from day to day. I don't think about the future. Now and then I think a bit about tomorrow but that is about as far as we get (CAR: 168-170).*

When Caron was asked what made life meaningful to her, she said:

> *At the moment my child, before that there was no meaning. I think God knew that I needed the child. He sent her to me more than what she needed me I needed her. She has done a lot of good for me. I have something to fight for (CAR: 644-646).*

6.4.3 Conclusions

After looking at the scores of the PCI and the MTRR-I data, Christie, Colleen, Lindi and Shelly's scores are the highest. Caron, Jenny and Jolene had the lower scores for the PCI, with Bianca's score for the actual PCI not corresponding to her data regarding accumulation of resources and fulfilling personal goals (see Figure 6.14 above).

6.5 SUMMARY

Even if all the data analysed in this chapter could be assimilated and integrated, it can never give an absolute description of the participants; however, it has given a clearer indication of whether cognitive emotion regulation strategies and proactive coping skills influence the levels of resilience. Even so, there is no indication of causality between these variables.

[64] I have a lot of hope for the future, umm, because I am a dreamer. So I can say I am very excited about the future. I hope that it is more or less, umm, the way I would want it. Many times I wish that I was suddenly 60 so I can see…

Because each participant considered herself to be a resilient survivor of child sexual abuse, these data can never attempt to show otherwise, but perhaps it is safe to say that some of the participants do have a higher level of resilience and that the level is affected by the cognitive emotion regulation strategies and proactive coping skills. It became evident that participants who made more frequent use of adaptive cognitive emotion regulation strategies also had higher scores on the PCI and consequently also seemed to have more of the domains of resilience as found in the MTRR-I.

CHAPTER SEVEN

Discussion of Results, Recommendations and Limitations

7.1 INTRODUCTION

The focus of the study has been on exploring resilience, cognitive emotion regulation and proactive coping in adult survivors of child sexual abuse and on exploring how these strategies and skills relate to the development of resilience over the life cycle of the participants. Based on the critical-realist paradigm, the conceptual framework of this study (Fig 3.1, p.37) has at its base the PPCT model and ecological theory because all the contexts in which the participants are active and develop are of great significance.

This study was constantly motivated by the realisation that children are exposed to many different forms of trauma at different stages of their development, of which child sexual abuse is the worst. Nonetheless, they continue to cope with the demands of daily living in some way or another. While it is true that many survivors of child sexual abuse and other forms of childhood trauma do not experience significant mental health problems, Spaccarelli and Kim (1995) acknowledge the complex interplay between developmental processes taking place prior to the abuse and the combination of positive and negative person-environment transactions that take place afterward. Whereas Spaccarelli and Kim (1995) realise that some interactions can cause development along a pathological trajectory but that survivors also have protective factors that could be strong enough to prevent that, Grossman *et al*., (1999) and Harvey (2007) have suggested that resilient survivors of trauma must have some degree of pre-trauma resilience as a prerequisite for posttraumatic development.

Researchers do not claim to understand the development of resilience, but they do concede that it develops as a result of the interaction between many factors and systems across time. This chapter concludes this study by giving an overview of the study, discussing the results in terms of the research questions and then the recommendations for future research and for practice. Finally, the limitations of the research are stipulated.

7.2 OVERVIEW

Chapter 1 provides an outline and supplies the background and rationale of this study in which the levels of resilience, cognitive emotion regulation strategies and proactive coping skills in the survivors or child sexual abuse are explored. An extended discussion about what constitutes the different constructs in this research has underlined the controversy that exists in each of the areas that are researched in this study.

Although Bonanno (2004, p. 22) claims that resilience is common and most survivors of traumatic events can function adaptively, and Dufour, Nadeau and Bertrand (2000, p. 781) have documented research that found 20% to 44% of adult survivors who were sexually abused during their childhood show no *apparent* negative outcomes (own emphasis); Cummings, Davies and Campbell (2000) and Luthar, Cicchetti and Becker (2000) have different perspectives and caution this is not necessarily true, because to date "*no* children evidenced global positive adaptation under highly adverse conditions" (Cummings, Davies and Campbell, 2000, p. 140).The data in any resilience study is only applicable to the spheres of resilience that have been clearly delineated in any particular study (Luthar, Cicchetti & Becker, 2000, p. 545).

Based on an in-depth study of emotion regulation (Gross, 1998a, 1998b, 2002; Gross & Thompson, 2007) and the nine different cognitive emotion regulation strategies as conceptualised by Garnefski, Kraaij, and Spinhoven (2002); Harvey's (1996, 2007) ecological understanding of resilience in trauma survivors; and proactive coping as defined by Greenglass *et al*. (1999), the following research sub-questions emerged:

- What cognitive emotion regulation strategies do adult survivors of childhood sexual abuse employ?
- How does proactive coping influence the cognitive emotion regulation strategies used by adult survivors of child sexual abuse?
- What constitutes resilience in adult survivors or child sexual abuse?

From these sub-questions the main question developed:

- What is the relationship between cognitive emotion regulation, proactive coping and resilience in adult survivors of childhood sexual abuse?

Consequently, an outline of the research design and methodology is given. A mixed-method approach was selected because data collection included both quantitative (CERQ and PCI questionnaires) and qualitative methods (MTRR-I) and involved the integration of the data at one or more stages of the process of research (Creswell, Plano Clark, Gutman & Hanson, 2003). One of the motivations for adopting a critical-realist paradigm is the multi-layered nature of reality that necessitates more than one way of knowing regardless of whether the external realities are ever completely known or understood (Patomäki, 2000).

In Chapter 2 sexual abuse is placed in context, defined and characterized and the symptoms are discussed. Although no significant difference is reported on the amount of psychological distress experienced across gender or ethnic groups (Newcomb, Munoz & Carmona, 2009), the political landscape has affected South African sexual abuse data negatively because, according to Pierce and Bozalek (2004), when apartheid was rife, children of colour were usually excluded from the category of abused children and even now, statistics are based on the child abuse offences reported to the Child Protection Unit only (Pierce & Bozalek, 2004).

Chapter 3 contains an analysis, conceptualisation and exploration of the research literature regarding resilience, proactive coping and cognitive emotion regulation strategies in the context of survivors or child sexual abuse. Resilience, the core variable in the current study, is conceptualised from various different researchers' theories, but mostly the ecological understanding as pioneered in Bronfenbrenner's PPCT model (Bronfenbrenner & Ceci, 1994) and later in Harvey's (1996, 2007) eight different domains of resilience incorporated into the MTRR-I. Furthermore, Gross's (1998a, 1998b, 2007) emotion regulation theory and Garnefski, Kraaij and Spinhoven's (2001) nine different cognitive emotion regulation strategies are explored in detail and integrated, together with the concepts of proactive coping (Greenglass *et al*. (1999). Through the data gathered from the CERQ and the PCI, together with the MTRR-I, it is possible to see how resilience is influenced by cognitive emotion regulation strategies and proactive coping, and how these factors, in turn, determine whether an individual displays a level of resilience.

Chapter 4 outlines the epistemological perspective of critical realism, the mixed-method approach and the ecological understanding of resilience developed by Harvey (1996, 2007). This chapter also discusses the process of selecting participants and gathering data and summarises the methods of data analysis. Various methods of recruitment were tried, but ultimately the participants were selected using the snowball sampling method. Participants had to be 25-year-old (or older) female survivors of severe child sexual abuse who considered themselves to be resilient.

The ethical considerations of the study were of the utmost importance and the eight participants were informed of their rights to withdraw from the research at any point. Informed consent, anonymity, confidentiality and privacy were dealt with in detail and safety in participation ensured. Each meeting lasted between 90 and 120 minutes in total, in which time they completed the two questionnaires (CERQ and PCI) and then took part in the MTRR-I, which is a semi-structured interview.

The interviews were all recorded digitally and then transcribed verbatim, after which they were coded line-by-line and thematically analysed, the focus being the domains of resilience (Harvey, 2007), the different cognitive emotion regulation strategies and aspects of proactive coping. Copies of the recorded interviews are included on an MP3 disc and the transcribed interviews have been included on discs. The CERQ and PCI are simple instruments in which the participants indicated their views on a five-point scale and the scores were generated through a simple straight count.

Each participant's story was abridged and included in Chapter 5. The stories covered the childhood, life events and trauma of the participants with the focus being on the way they deal with the memory of their traumatic childhood in the present and how they manage their emotions in adulthood. Although the stories are written in a third-person narrative, there are direct quotations from the participants that shed more light on their personal experiences and views. The chapter closes with a summary of the traumatic life events that each of the participants has experienced throughout her life.

Chapter 6 follows with an in-depth discussion of the data analysis of the thematically coded interviews. First the discussion of the MTRR-I explores the eight domains of resilience and how these domains contribute to the overall resilience the participant displays. The discussion of the CERQ scores, which were used to determine which cognitive emotion regulation strategies are most often used by the participants, is followed by a consideration of the MTRR-I data in light of the cognitive emotion regulation strategies. The same structure is used in the discussion of the PCI scores, which were used to determine to what extent they employed proactive coping skills. Throughout this chapter the different constructs were compared and discussed in order to be able to answer the research questions posed in Chapter 1.

In this, the final chapter of the study, the results are discussed in terms of the research questions and with that, the contributions of the study are considered andrecommendations are made as to how schools and teachers can assist girls in developing the necessary cognitive emotion regulation strategies and proactive coping skills in order to develop higher levels of resilience in adulthood. Further recommendations for research are also suggested based on these findings and the limitations that pertained to the present research are mentioned.

7.3 DISCUSSION OF THE FINDINGS IN TERMS OF THE RESEARCH QUESTIONS

7.3.1 What cognitive emotion regulation strategies do resilient survivors of child sexual abuse employ?

Garnefski, *et al.* (2002) suggest that people who display characteristics of resilience are likely to display higher scores for the adaptive cognitive emotion regulation strategies and lower scores for the less adaptive cognitive emotion regulation strategies. In an overview of the results of the CERQ, the participants generally tended to have higher scores for the adaptive cognitive emotion regulation strategies than for the less adaptive strategies.

When considering all the participants' CERQ scores (see Table 6.8, p.137, the cognitive emotion regulation strategy most often used was acceptance (CERQ score: 120) which is indicative of positive processing of traumatic events unless the participant displays low scores in the other adaptive strategies, which could mean that the acceptance is a sort of resignation to what has happened (Garnefski et al. 2002, p.32). This was evident in Jenny, Jolene and Lindi's cases. The cognitive emotion regulation strategy least employed by the participants was self-blame (CERQ score: 60) and even participants who seemed to use less adaptive cognitive emotion regulation strategies most often, used self-blame least.

When the cognitive emotion regulation strategies' scores were plotted graphically (see Fig 6.12, p. 156) it became evident that if a participant scored high on, for example, positive refocusing, all the other adaptive cognitive emotion regulation strategies had similar scores and the same tendency occurred with the less adaptive cognitive emotion regulation strategies. Also, if participants had high scores for the adaptive cognitive emotion regulation strategies, their scores for the less adaptive cognitive emotion regulation strategies were much lower. Based not only on the analysis of the results of the CERQ, but also the data that were analysed from the MTRR-I and PCI, the participants were divided into two categories, each containing four participants.

The less adaptive cognitive emotion regulation strategy that was used most often by the participants was rumination (CERQ score: 99), which is the strategy most often associated with depression and other psychopathological symptomatology (Amone-P'Olak et al., 2007; Garnefski, et al., 2004). The participants in Category 1 have very low scores for rumination, whereas the participants in Category 2 have very high scores and there seems to be a significant correlation between rumination and low self-esteem. The strategy with the second highest incidence of employment, according to the CERQ, is putting into perspective (CERQ score: 116) and this adaptive strategy also correlates with the other adaptive cognitive emotion regulation strategies (see Fig 6.5, p. 137). Although the CERQ scores for this strategy were high, the participants did not seem to express this clearly in their

interviews. The four participants whose scores for putting into perspective are lowest are in Category 2.

Positive reappraisal (CERQ score: 114), positive refocusing (CERQ score: 109) and refocus on planning (CERQ score: 107) are the other adaptive cognitive emotion regulation strategies that are frequently employed by the participants in Category 1. The strategy that came across most clearly in the interview was positive appraisal. Category 1 participants clearly stated that they realise that the abuse has made them stronger individuals and have managed to attribute positive meanings to the experience in terms of personal growth (Garnefski, et al., 2002, p. 33). Category 2 participants clearly stated that they had experienced nothing positive with regard to the child sexual abuse they suffered. The higher the scores for positive reappraisal, the lower the scores on low self-esteem were and vice versa (see Fig 6.2, p.123).

Refocus on planning is more than a cognitive emotion regulation strategy because it has to lead to action to be considered an adaptive strategy and when this strategy has a low score, there are most probably other problems too (Garnefski, et al., 2002, p. 33). Once again the Category 2 participants scored lower on refocus on planning than those from Category 1.

According to the data gathered from the CERQ, with the support of the data from the MTRR-I and PCI, the survivors of child sexual abuse who use adaptive cognitive emotion regulation strategies most often have much lower scores for the less adaptive cognitive emotion regulation strategies. As advised via personal communication by Nadia Garnefski, the author of the CERQ, the CERQ scores cannot be averaged. In the Figure 7.1 below, the adaptive scores are plotted in shades of green and the less adaptive strategies are in shades of red. The first four participants' (Category 1) scores are clearly separate and there is no overlapping between the adaptive and less adaptive strategies. However, the participants in Category 2's scores overlap and in Caron's case, almost converge. Please note that the order of the names in the graphs are no longer alphabetical, but now arranged according to the categories as discussed above.

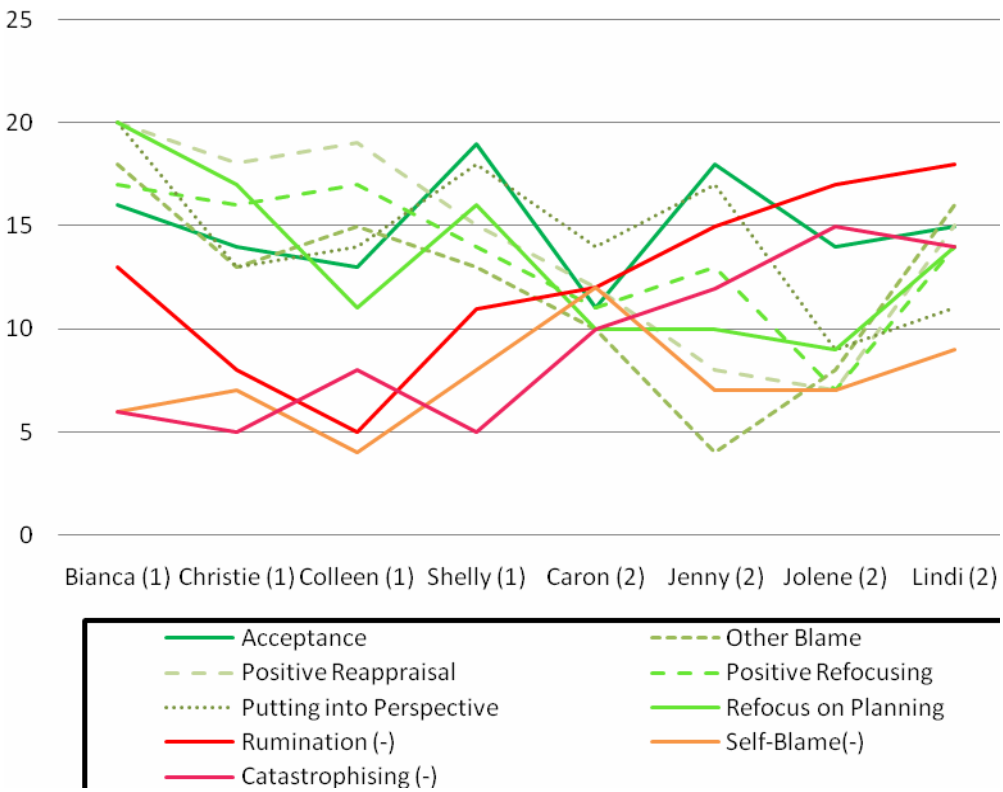

Figure 7.1. The adaptive and less adaptive cognitive emotion regulation strategies according to CERQ.

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

In an integrative review, Koole (2009) looks at emotion regulation with specific reference to the process model of emotion regulation (Gross, 2001) and proactive coping (Aspinwall & Taylor, 1997) and states that emotion regulation has multiple functions, which include the hedonic needs, facilitation of specific goals and tasks and optimisation of personality functioning. Aspinwall and Taylor (1997) state that some forms of emotion regulation occur proactively and that individuals who do cope proactively can employ suitable cognitive emotion regulation strategies to avoid an undesired emotion. Thus, it is not surprising that the participants in this study who have a higher score for the PCI are also the participants who employ adaptive cognitive emotion regulation strategies more often (Category 1 participants).

When the scores of the PCI in Table 6.7 (p. 135) are compared to the CERQ scores (Table 6.6 (p. 134) it seems that in most cases, the higher the PCI scores, the more likely the

participants are to have high scores for the adaptive cognitive emotion regulation strategies. The average PCI score (the range being 14-56) for Category 1 is 44 and the average PCI score for Category 2 is 36.

One of the factors that Phanichrat and Townshend (2010) identify as typical proactive coping is whether the survivor has a realisitc, balanced view of who or what is to blame for the abuse and this is quite evident in this sample of participants. They did not have an unhealthy preoccupation with blaming either themselves or anyone else, and were willing to accept that they were responsible for making their lives successful or not. Gipple, Lee and Puig (2006) found that survivors of child sexual abuse are more likely to use avoidant coping instead of proactive coping, depending on the severity of the abuse. Table 7.1 below reflects the criteria of severe child sexual abuse as delineated by Arata (2002), Daigneault, Cyr and Tourigny (2007), Dufour and Nadeau (2001), Jonzon and Lindblad (2005), Merril, Guimond, Thomsen and Milner (2003), Pereda, Guilera, Forns and Gómez-Benit (2009a) and Steel, Sanna, Hammond, Whipple and Cross (2003). Although the participants were not expected to share any detail about the abuse, the detail recorded below was offered spontaneously. Where there is a question mark (?) it is because the participant did not state it directly.

Table 7.1
Severity of child sexual abuse among participants

	Bianca	Christie	Colleen	Shelly	Caron	Jenny	Jolene	Lindi
Perpetrator was a father			√	√			√	
Perpetrator was a trusted figure	√	√	√	√	√	√	√	√
More than one perpetrator			√		√			
Abuse took place over a long period	√	√	√	√	√	√	√	√
Abuse took place for more than 5 years			√		√	√	√	√
Abuse involved violence and pain			√				√	√
The child felt coerced to remain silent	√	√	√	√	√	√	√	√
Penetration (oral, vaginal)	?	?	√	√	√	√	√	?
The abuse was perceived as life-threatening			√				√	
TOTAL	**3**	**3**	**9**	**5**	**6**	**5**	**8**	**5**
PCI scores	**31**	**52**	**41**	**52**	**29**	**35**	**34**	**46**

When comparing the totals of the severe child sexual abuse to the scores for the PCI, the lower the totals are, the higher the PCI ought to be if the above statements are true. Only

Colleen, however, has a full score for the severity criteria and still shows a relatively high score for the PCI. Jolene's low PCI scores are closer to what one would expect if considering Gipple, Lee and Puig's (2006) point of view.

Referring back to the factors that threaten proactive coping (Aspinwall & Taylor, 1997) mentioned in Chapter 3 (p. 43), individuals who are exposed to constant financial difficulty, domestic discord, substance abuse, crime, overcrowding and noise will probably more easily use reactive coping skills. In this group of participants, no participant mentioned financial difficulty, reported substance abuse of any kind or described any form of crime other than the abuse that affected them seriously, and all the participants seem to have relatively settled, quiet living conditions with the possible exception of Caron, who lives with her parents who are often hosting people. Jenny and Jolene are the only two who often referred to domestic discord and marital strife; however, Jolene emphasised that her husband was her soul-mate now and that even though they had experienced discord, he had been a good husband. Jenny did not express these sentiments and even stated that her unhappy marriage had been as traumatic as the sexual abuse, if not more so. Jolene, Jenny, Caron and Bianca scored lowest on the PCI.

However, Bianca, who falls into Category 1 mentioned above, has a much lower PCI score if compared to her CERQ scores. Even though her score for proactive coping is so low, she has a zero score for low self-esteem and high scores for the adaptive cognitive emotion regulation strategies. She is also one of the participants who emphasised throughout the interview that she has dealt with the child sexual abuse and has grown as an individual because of it. What does come to the fore is the fact that Bianca also has a relatively high score for rumination if one considers her high scores for the other adaptive cognitive emotion regulation strategies. A possible reason for this is the fact that she admits to being preoccupied with the memories of the child sexual abuse until just about two years ago. It may be that, even though Bianca feels that she has dealt with the abuse and has come to terms with it to the extent that she has grown because of it, she may still have answered the questions on the CERQ and the PCI referring to how she used to deal with the abuse.

Another PCI score that stands out is Lindi's considerably higher score in comparison with the low scores she attained for the adaptive cognitive emotion regulation strategies on the CERQ. In fact, Lindi is one of the participants who fall into Category 2 because her scores for less adaptive strategies are higher than those for the adaptive cognitive emotion regulation strategies. What stood out in Lindi's interview was the fact that she has such a positive view of the future and is currently putting all her energy into her career and

relationship with her fiancé, which are possible reasons for her high score on the PCI. Lindi often indicated that she really wants to deal with the abuse and does not want it to affect the rest of her life. Lindi has relatively high scores for the adaptive cognitive emotion regulation strategies (Figure 7.1); it is just that her less adaptive strategies are also very high, her highest score being for rumination.

It would be true to say that, with the exception of these two participants, Bianca and Lindi, the scores on the PCI are related to the cognitive emotion regulation strategies employed; the higher the score for the adaptive strategies, the higher the PCI score and the inverse is also true (see Fig 7.2). The research question, however, implies that proactive coping influences the cognitive emotion regulation strategies most used in individuals and there is no indication that the inverse may not be equally relevant. That there is a relationship between cognitive emotion regulation strategies and proactive coping is evident, but that the one influences the other more, cannot be said in this study.

7.3.3 What constitutes resilience in adult survivors of child sexual abuse?

After completing this research, I can understand why there is such controversy about conceptualising and measuring resilience, because even though the instrument used to measure resilience may yield a lower score, the individual may consider herself to be resilient. As mentioned in Chapter 3, Luthar, Cicchetti and Becker (2000) and Rutter (2007) debated whether resilience is a personal trait or a complex, dynamic process and at this point I would confidently say that it is a complex, dynamic developmental process.

Although each participant considered herself to be resilient at the outset of the interview, the data gathered by the MTRR-I showed that their levels of resilience differed significantly. Because each individual experiences resilience in a different way, each one's proximal environment, individual characteristics, social context and the changes over time (Bronfenbrenner, 1995) are considered.

The answer to this question is divided into two sections – firstly a look at the development of resilience with regard to the PPCT (Bronfenbrenner, 2005), followed by an in-depth discussion of resilience with reference to the MTRR-I (Harvey, 1996, 2007).

7.3.3.1 Interpreting resilience through the PPCT model

Bronfenbrenner states (Bronfenbrenner & Morris, 1998) that the nature of proximal processes varies according to aspects of the individual and of the context. This is of great relevance in this discussion because, although Williams (2007) states that the proximal environment factors have the greatest influence on general distress and behavioural problems in adolescents who have been sexually abused, other aspects are definitely at play in the individual proximal processes in this study.

Considering the role of the proximal environment (Table 6.1, p. 115), it is only Bianca in Category 1 who seems to have positive interaction on this level. Bianca reported in her MTRR-I that she has many happy memories and the family often spent time together having fun when she was a child. She had the "engines of development" through which she could make sense of her world and understand her place in it (Tudge, Mokrova, Hatfield & Karnik, 2009). It is perhaps because of this that Bianca has indicated high levels of resilience and high scores for the adaptive cognitive emotion regulation strategies. Christie did not grow up in a happy, stable home at all, but had an exceptionally strong bond with her father and, together with her strong faith in God from a very young age, she has emerged from the child sexual abuse with high resilience, proactive coping skills and adaptive cognitive emotion regulation strategies. Although Colleen and Shelly are resilient, coping proactively and using adaptive cognitive emotion regulation strategies, their proximal environment does not have the system in which they have developed these strengths.

Jenny and Jolene in Category B, who have not yet dealt with their abuse, have effective levels of interaction with their proximal environment even in comparison with Shelly and Colleen, who clearly articulated having dealt with their childhood abuse. As reported in Chapter 5, Jolene reported a very dysfunctional childhood environment where everyone in the family experienced fear in response to different forms of abuse. Jenny reported a happy childhood home apart from the abuse. The factors in Table 6.1 are important to determine interaction with the proximal environment, but the "form, power, content and direction of the proximal processes effecting development vary systematically as a joint function of the

biopsychological characteristics of the developing person; of the environment, both immediate and more remote, in which the processes are taking place; and the nature of the developmental outcomes under consideration" (Bronfenbrenner, 1995, p. 621). The proximal processes do effect development, but in the context of many other systems.

According to Bronfenbrenner (Tudge *et al.,* 2009) the school is one of the microsystems interacting with the home; constituting "engines of development" (p. 200). These are the systems in which individuals develop their views of the world and learn how to interact within it. If children are being abused in their home as well as failed by the school microsystem, the development of resilience becomes even more remarkable.

Bronfenbrenner (1995) emphasises that proximal processes do not have the power to predict whether someone will develop certain methods of interacting with and within their different systems, but that the organism-environment behavioural interaction drives development and this, in turn, is affected by the developing person and the environmental context. In this sample it is clear that the proximal processes do not exclusively determine whether an individual will develop resilience or not.

It seems as if the participants in this study relied more on personal characteristics than on any of the other contexts. Although demand and force characteristics are always relevant (Bronfenbrenner & Ceci, 1994; Bronfenbrenner 2005), the focus in this study was on resource characteristics, namely the characteristics that relate in part to mental and emotional resources such as past experiences, skills, intelligence and access to material resources. The way the resource characteristics are defined overlaps with what are considered the necessary resources for proactive coping to take place (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002; Hobfoll, Schwarzer & Chon, 1998). All the Category 1 participants, except Shelly, could answer positively to all the questions regarding the different resource characteristics.

In Table 6.2 (p. 116) he individual characteristics are considered from the data gathered directly from the MTRR-I. The Category 2 participants did not have as many positive answers, but their strength does seem to lie in the aspects of the person. Perhaps it is the

fact that faith plays an important role in most of their lives that they can feel optimistic about the future and can see meaning in life. Colleen is an amazing example of someone who displays incredible personal characteristics even though she reported very little positive regarding the proximal processes. Colleen's abuse was extremely severe, especially because she was abused by her biological father and four brothers and received no support from her mother.

When looking at the social context of the individual in the PPCT model (see Table 6.3,p.117), the focus is firstly the home, then the school, and then any other group in which a person spends a great deal of time (Tudge, *et al,* 2009). Most children, especially as young as five, spend most of their time in the home and school context, so the focus should be on these microsystems. What was quite significant was that participants (Bianca, Caron, Christie, Jolene) reported moving from one town to another when they were children. In fact, Caron's parents were missionaries and moved often. Shelly's father died when she was two and after that she remembers moving often and even living in people's back quarters at some stage. Colleen also did not know stable living conditions, as her mother and father divorced and remarried each other three times and the eight children were removed by the welfare and placed back with their parents when conditions were more stable again. Only Jenny and Bianca were not abused by someone within the microsystem of the home. Lindi was abused by her grandfather, who is classified as a primary care-giver, but she did not indicate how often they would spend time there.

Bronfenbrenner's theory (2005) is first and foremost a theory of development, and in this study the development of resilience, proactive coping skills and cognitive emotion regulation strategies cannot be discussed without considering the final element of the PPCT model: time. As discussed in the previous chapter, there are many elements of time that need to be considered and although I acknowledge the importance of the role of time and timing, it is an element that deserves much more research with regard to these concepts.

Jenny and Jolene, for example, are in their mid-50s and seem be struggling more than most of the others to deal with the abuse and to portray the characteristics of resilience. Williams (2007) quotes two studies (Putnam, 2003; Kendall-Tackett, 1993) that state that survivors of child sexual abuse report deterioration in daily functioning behaviours as time passes – some even escalating into destructive behaviours if not treated.

The aspect of time in this study emphasises the importance of the PPCT theory, because it illustrates just how important every aspect or context is in the process of human development, the development of psychopathology or the development of cognitive emotion regulation strategies.

7.3.3.2 The MTRR-I interpretation of resilience

Although it is not possible here to say that all resilient survivors of child sexual abuse, or any other form of trauma, demonstrate the presence of all eight domains of resilience, the likelihood is strengthened that the more they display the presence of these domains, the more likely they are to be resilient.

Table 6.7 (p. 135) is a summary of the levels of resilience of each participant using the eight domains. The totals are plotted in Figure 7.2 below and Category 1 and 2 participants are grouped together to illustrate the tendencies that have emerged. The line graph is the number of times participants mentioned in their individual interviews that they had dealt with and 'got over' their child sexual abuse. Feeling certain that they had dealt with the abuse correlates with the level of resilience.

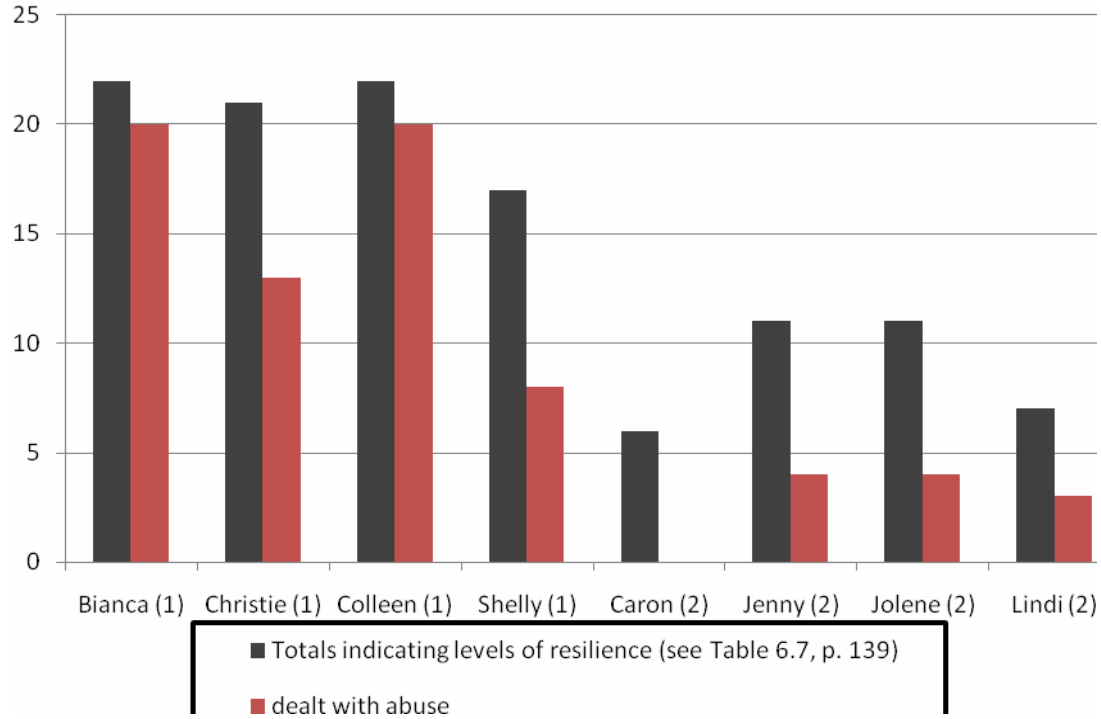

Figure 7.2. Summary of totals indicating the levels of resilience and number of times the participant indicated having dealt with abuse

Therefore, in order to answer the question of what constitutes resilience in survivors of child sexual abuse, resilience in a survivor of child sexual abuse enables an individual to:

- use proactive coping skills;
- make use of adaptive cognitive emotion regulation strategies more than less adaptive strategies;
- demonstrate the tenets of the eight domains as defined by Harvey, *et al.,* (2003) by:
    - being able to recall the past, as well as the traumatic experience of child sexual abuse;
    - being able to remember and verbalise the emotions experienced at the time of the abuse and being able to know how these emotions have changed;
    - being able to experience a whole range of emotions in a controlled and appropriate way;
    - being able to anticipate and manage the symptoms of posttraumatic arousal using positive coping skills;
    - having a healthy self-esteem;
    - experiencing self-cohesion;
    - being able to trust others enough to have healthy, rewarding relationships; and
    - seeing life as meaningful, having hope for the future and leaning on spiritual strength.

7.3.4 New considerations in the light of these data

7.3.4.1 Resilience from a developmental psychopathological perspective

Developmental psychopathology not only focuses on trait continuities over time, but also on the growing psychological cohesion that may extend across traits and the changes that take place with the altered circumstances (Rutter, 2008). Developmental psychopathologists

argue for a lifespan perspective and stresses links between early life experiences and later psychopathology cannot be expected to be simple or direct. The importance of individual patterns that need to be integrated with the most important experiences of a specific developmental period, prior adaptation, maturational change and environmental challenges, must be emphasised

When considering the profiles of Jenny and Jolene who are both in their mid-50s, they are struggling to deal with their abuse more now than what Colleen is in her mid-20s. They are at different points in their maturational cycle and a longitudinal study would best be able to comment on the development of resilience. The more one looks at the profiles of the participants, the more one realises that they have many more differences than similarities in their experiences, stresses, environmental challenges and individual patterns.

Rutter (2008) emphasises the ways in which the topic of resilience goes beyond risk and protective factors but that the study of the development of resilience shares the same focus on individual differences in developmental functioning as in developmental psychopathology.

7.3.4.2 A family resilience framework

Walsh (2002) proposes that a family resilience framework can serve as a valuable conceptual map to guide prevention and intervention efforts in supporting families who are managing stressful conditions. Many researchers quoted by Walsh (2002) conclude that resilience is to be viewed in terms of an interplay of risk and protective processes over time, involving individual, family, and larger sociocultural influences. A family resilience framework also adopts a developmental perspective in the context of the multigenerational system as it moves forward over time (Walsh, 2002).

Many events take place without the family realising that it could be connected to certain symptoms. Each family has a different set of risk and protective factors, their ways of coping with or reacting, as well as their ‘survival’ skills. The family resilience framework focuses on family strengths, acknowledges that no single model fits all families or their situations and, most importantly, that the well-being and the optimal functioning of family members vary over time as challenges unfold and families evolve across the life cycle (Walsh, 2002).

What one person would consider being a functional family may not be so for another. What is most important is that an individual has a caring, significant relationship with an adult who believes in their potential and encourages them to make the most of their lives (Walsh, 2002). Christie considered the emotional abuse she experienced at the hand of her mother as more traumatic, in some ways, than the sexual abuse of her brother. What anchored her was the relationship she experienced with her father. Bianca describes a very close relationship with her parents and when she disclosed the abuse to them, they were immediately supportive of her. Jenny came from a fairly stable family although she was born when her mother was over 40 and her siblings a lot older. Her relationship with her mother was one she cherished, but she died when Jenny was only 18. Jolene comes from a big family where all the children were abused by the father in some way or another; nonetheless, she shared that she had a very close relationship with her mother and siblings. Christie and Bianca are in Category A that used adaptive cognitive emotion regulation strategies and reported having dealt with the abuse. Jenny and Jolene are in Category B and did not display high levels of proactive coping or adaptive cognitive emotion regulation strategies.

Conversely, Shelly, Colleen, Lindi and Caron did not at any point indicate a significant adult in their childhood and all commented on how disjoint their families were and that they were not supported by anyone in particular. These four participants are also in both categories. Of course a family resilience framework can shed new light on how individuals develop resilience, but just as in the case of individual resilience, there are so many variables to consider.

7.3.5 What is the relationship between cognitive emotion regulation, proactive coping and resilience in adult survivors of childhood sexual abuse?

If the answers to the above three questions are synthesised, it becomes clear that these three variables are all inter-linked. Of course there is no way to know on the basis of these data to which extent cognitive emotion regulation strategies will affect proactive coping or what the effect of proactive coping is on resilience.

If all the results and the discussions are taken into consideration, Caron could be perceived as the participant who has the lowest level of resilience, uses adaptive cognitive emotion regulation strategies least often and has the lowest score for proactive coping. Phanichrat

and Townshend (2010) report a high incidence of self-mutilation in survivors of child sexual abuse, which is also very prominent in Caron's life. The way in which this method is used as a coping mechanism to divert painful emotion and reclaim a locus of control. It also allows the individual to feel the shame and the worthlessness they have always lived with (Gladstone, Parker, Mitchell, Malhi, Wilhelm & Austin, 2004). Regardless of this, Caron is a theatre sister in a prestigious hospital and has been allowed by social welfare to adopt a child regardless of the fact that she is a single mother. Caron is an example of someone whose scores and data match the profile of someone who is not as resilient as the rest, yet it does not prevent her from living a meaningful life that does portray resilience in a very unique, individual way.

Individuals who were most resilient with regard to the data gained in the MTRR-I were also the ones who employed adaptive cognitive emotion regulation strategies more often and had higher PCI scores (Bianca, Christie, Colleen and Shelly). Those who clearly stated that they had not dealt with the child sexual abuse tended to use less adaptive cognitive emotion regulation strategies more often and also tended to have lower scores on the PCI and in the MTRR-I (Caron, Jenny, Jolene and Lindi). It is important to reiterate that each individual considers herself to be resilient regardless of the outcome of this study. These findings cannot prove that these individuals are not resilient, because they live relatively successful lives on certain levels. The research does, however; add knowledge to what affects resilience and the importance of cognitive emotion regulation strategies and proactive coping in the development of resilience.

7.4 CONTRIBUTION OF THE STUDY

7.4.1 Consistency with other studies

Few adults do not hold the scars of childhood trauma and these survivors have valuable lessons of resilience and inner strength that can, and must, be captured and incorporated into formal curricula so that the trauma and abuse of the past can be transformed into resilience in the future.

This study has confirmed much of the existing research regarding cognitive emotion regulation strategies (Garnefski, *et al.,* 2003), proactive coping (Greenglass, *et al.,* 1999) and resilience (Harvey, 2007), but their interaction in survivors of child sexual abuse has indicated, on a small scale, that these are powerful tools in the process of dealing with childhood trauma.

The questions set at the outset of the research have been answered. From the data, clear relationships between cognitive emotion regulation, proactive coping and resilience. Although causality cannot be determined, it seems that the more adaptive the cognitive emotion regulation strategy, the more likely an individual is to cope proactively and be at a higher level of resilience. Many variables were considered in this study and yet there is no way any can be isolated to predict any outcomes.

7.4.2 Contributions to existing knowledge

First and foremost it is important to emphasise, as has been done repeatedly throughout the discussions, that the participants were included in the study because they considered themselves to be resilient. Although there is great value in the knowledge that emerged from the data, what the individual considers to be resilient cannot be disregarded or downplayed.

What emerged unexpectedly from the data gathered from these participants is the emphasis they placed on spiritual strength and faith in God. All of them acknowledge the importance of spirituality in their lives (see section 3.2.2.6, p. 34); and not merely the presence of religion. Three of the women clearly stated that they only started dealing with their painful traumatic past after a spiritual conversion. This is confirmed by the research done by Glicken (2006) and Grossman *et al.,* (1999).

It is important to define religion and spirituality in order to differentiate between the two concepts. Religion is a 'system of beliefs with either an institutionalised or a defined pattern of ceremony' (Reber, 1985). This will include the services and rituals practised by a group of people who are members of a religion or a certain culture. Glicken (2006) mentions that individuals who are members of a church or religious affiliation benefit by being part of a group that supports and adds meaningfulness to their lives. Spirituality, however, is more than religiosity. As spirituality is as difficult to define as resilience, I have chosen Delgado's (2005) definition as one that best encapsulates the essence of spirituality: "spirituality may manifest in various degrees influenced inpart by the social and cultural environment. Spirituality for many involvesfaith or the willingness to believe, asearch for meaning and purpose in life,a sense of connection with others, and atranscendence of the self, resulting in asense of inner peace and well-being. Astrong spiritual connection may improve one's sense of satisfaction withlife, or enable accommodation to disability. It may be a powerful resourcefor holistic care" (p. 157).

New research done in Ireland by Fitzpatrick, Carr, Dooley, Flanagan, Tierney, White, Daly, Shevlin and Egan (2010) investigated the different profiles of survivors of severe emotional,

physical and sexual abuse during childhood and determined that survivors of severe child sexual abuse had the most abnormal profile, higher rates of post-traumatic stress disorder, alcohol and substance abuse, antisocial personality disorder and exceptional life problems. Not one of the participants in this study reported any form of substance abuse and this, according to Glicken (2006) and Grossman *et al.,*(1999) (see section 3.2.2.6 on p. 34) is more prevalent in individual who report to have spiritual strength and exercise faith.

Although it has been discussed in Chapter 3, it is important to emphasise here that Glicken (2006) and Grossman *et al.,* (1999) who studied resilience in survivors of child sexual abuse, state that people who are religious, better understand their role in the universe, the purpose of life and develop the courage to endure suffering. They are also less likely to engage in risky sexual behaviour as easily as people who have no religious affiliation. Individuals who are involved in church activities and attend services regularly report that they experience better physical and mental health, not only because of certain prohibitions, but because of their larger social networks and relying on others for help.

McLaughlin and Clarke (2010) used the definition of mental health as used by the British Mental Health Foundation (1999) in their investigating the role of the school in developing the individual holistically: "Mental health is a person's ability to develop psychologically, emotionally, intellectually and spiritually; have a sense of personal well-being; sustain satisfying personal relationships; develop a sense of right and wrong and resolve problems as well as learn from them". This research shows evidence that teacher support can have a significant effect on the mental health development of children.

The Life Orientation curriculum is very intensive and across the twelve years of school, covers very detailed areas of health promotion, social development, personal development, physical development and movement as well as an orientation to the world of work in the senior phases. According to a study done by Rooth (2005) in which the status and practice of Life Orientation in two provinces in South Africa was investigated, . many educators were equating Life Orientation with HIV/Aids education. Although they acknowledge the importance of all the learning areas of Life Orientation, they do not subscribe to the curricula as set out in the National Curriculum statement.

If the Department of Education is placing the responsibility for spiritual development at the parents' door, it is worrying to consider that Bronfenbrenner (2005) observed that the responsibility for the upbringing of children has moved away from the family to other settings

in society. If the school is not responsible for spiritual development, and parents are not doing the job, this is an important aspect that is not being developed.

The message that emerged clearly for educational psychologists to consider is the importance of spirituality, finding meaning in life and having an optimistic view of the future and how these constructs play an important role in developing resilience that all survivors of trauma need to cope. The number of victims of childhood trauma currently still in the education system is astounding; but through timely intervention, many of them can still be taught the valuable skills they need to live fulfilling, successful lives.

7.5 RECOMMENDATIONS

7.5.1 Recommendations for research

1) Although this present study focused on different coping and regulation strategies that influence the development of resilience despite the presence of child sexual abuse, it is recommended that more research be done on different forms of trauma that occur during childhood to investigate whether survivors of other childhood trauma would employ different cognitive emotion regulation strategies and to what extent they also display proactive coping strategies.

2) The role of external factors and other traumatic life events is very significant. More research is needed to explore whether these external factors do not, in fact, play a larger role in the development of resilience than cognitive emotion regulation strategies and proactive coping.

3) How would the conclusions based on this data be different if the focus was physical abuse? How do other forms of childhood trauma, abuse excluded, affect the development of proactive coping strategies and adaptive cognitive emotion regulation strategies differently.

4) Considering the bio-ecological theory of human development, the role of time and timing in the development of resilience, proactive coping and cognitive emotion regulation strategies is relevant. However, it would require longitudinal study which is often a challenge.

4) A great need in this field is lack of research involving male participants. This should not be limited to male survivors of child sexual abuse, but also investigate the role that childhood trauma has played in the development of cognitive emotion regulation strategies and proactive coping strategies in males. Few adults are not survivors of

some form of childhood trauma and more research can only increase the awareness of how prevalent childhood trauma is and the far-reaching effects it will have.

7.5.2 Recommendations for practice

For research such as this to have any impact, it will need to be made applicable so that children who are currently undergoing these traumatic childhood experiences can be assisted, mentored and coached to develop the necessary skills to develop healthy levels of resilience.

1) First and foremost, the lack of reference by the participants to the role of schools is disturbing. None of the participants in this research ever mentioned confiding in or gaining any help from the school system in any way. As Bronfenbrenner (2005) indicates, the school is a microsystem that is an 'engine of development' where children come to make sense of their world (Trudge *et al*., 2009). "De facto responsibility for upbringing has shifted away from the family to other settings in society. While the family still has the primary moral and legal responsibility for developing character in children, the power or opportunity to do the job is lacking" (Bronfenbrenner, 2005, p. 201). In the same chapter, Bronfenbrenner (2005) states that society has become reluctant to assume responsibility for supporting parents and the community is paying the price in crime, neglected children, fractured families and relationships and because of that, the values that we cherish are being weakened. He continues to say that scholars can do something about this by sharing their knowledge with policy makers and by conducting research, new policies and practices can be assessed and put into place (p. 198).

(2) Three of the themes that were emphasised in the research of Harvey (2007) and Grossman *et al*. (1999) are meaningfulness of life, spiritual strength and optimism and hope for the future. Meaningfulness of life is also seen in whether the individual feels that they have significant work and fulfilling relationships.

3) Educators should be aware that at any given time more than half the children in front of them are undergoing some form of abuse. The rate of sexual abuse among girls alone is one in three, and that is not even considering the other forms of abuse or other traumatic life events that could be affecting the child adversely for life. From pre-school to secondary school, teachers should constantly be reminded to be aware and to act proactively themselves in the context of their classes. It would be ideal if teachers could be held responsible in some way if they were aware of abuse and let it pass unreported.

4) Proactive coping skills need to be taught formally at all ages and to both genders. To be able to cope proactively, individuals need to understand what their resources are and how to access them when they are in a crisis situation. Another important aspect of proactive coping is to teach individuals that they are responsible for their own lives and that things do not happen automatically. They must realise the importance of making things happen for themselves. With this comes the teaching of goal-setting and helping individuals with self-regulatory goal attainment and understanding what motivates them to strive for ambitious goals and to learn how to commit themselves to personal quality management (Schwarzer, 1999a).

7.6 LIMITATIONS

When considering the limitation of the sample size in the current research, Phanichrat and Townshend (2010)Panepinto (2004) and Radan (2007) researched the coping strategies of seven, three and thirty survivors of child sexual abuse respectively. Grossman, et al., (1999) stated that it is worth sacrificing the benefits of quantitative research so that the individual voices of participants can emerge; her study included only 10 women who were survivors of child sexual abuse. When considering the rich data that emerged from the 8 participants in this research, the limitation is not so much the size, but the fact that the sample is not a demographic representation of the country's population. Because American culture is mainly Westernised, whether the participants are Caucasian or African American, it does not make it multi-cultural. South African demographics differ remarkably from American in that race in South African often implies different culture, where it is not so in American research.

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

Grossman, et al. (1999) states that their study had to sacrifice the benefits of quantitative research so that the holistic description that emanates from the individual voices of the participants in qualitative research can emerge. Both the instruments that are to be employed in this study have been successfully used in quantitative studies, but because the sample is small, the data will not produce valid statistical projections or conclusions.

7.7 RESEARCHER'S REFLECTION

Firstly, I have to confess that I am not a survivor or child sexual abuse and at the end of this process, I almost feel a sense of guilt that I have been able to do this study as one unaffected by this personal pain. I shared this with a few of my participants. My motivation was not anger or resentment, but the admiration I felt for the girls that I had encountered during my teaching career who had been, and were being so badly hurt, and were yet so strong. From the outset, I believed that survivors of child sexual abuse were exceedingly resilient regardless of whether they had been exposed to therapy or counselling.

For the first two years of the study, while I was busy with the literature study and the proposal, I was drawn into the research process, methodologies and paradigms to the extent that what I was busy with, had become theoretical. If I can quote my own answer when asked how I experienced the first interview: "I was overwhelmed during the first interview when I realised that the many terrible stories I had read in the previous two years belonged to real people like the small, fragile-looking woman in front of me. It was as if the people climbed out of the pages of research and became real women."

What struck me most was the fact that all the women, with the exception of one, did not display any sign of being overwhelmed by any emotion. They could calmly talk about their lives – some even adding the odd humorous line.

I do not know how a researcher can remain unaffected by such stories of survival. I have grown as an individual and have maintained contact with all the women who were part of the study. Two of the participants were known to me before the research and offered to be part of the research after what started as a rather matter-of-fact conversation about what I was busy with.

I have known Jolene all my life and when I was a child she attended the same church I did. I remember attending a concert in which her musical family performed. When I was young adult, she and her family returned to America, her original home. Married to a South African man meant that they would come to South Africa every fifth year or so to visit his family and they would attend their 'home' church. This is where, after not seeing each other for many years she asked about what I was busy with. After a brief, surface explanation she contacted me during the week and offered to be part of the research. I was dumbfounded. I had never suspected any of the horror she had experienced. She was enthusiastic to share her story and saw it as the opportunity she had waited for so that the pain in her past could eventually become meaningful. Jolene found two other participants for the study.

I think the fact that she was the first participant I interviewed, the reality of the way in which people live 'normal' yet secret lives dawned on me. I was not prepared for what I was about to hear and I am convinced that no debriefing could prepare a researcher. I was aware from the outset how incredibly vulnerable the participants were and that I was not just a recorder of data, or a finder of facts, but that I was part of a story. I felt in awe of their strength and remain indebted to them all. After each interview, my respect for each participant grew.

Part of my ethical agreement with the participants was that the research was about resilience and coping and not about the actual abuse and that I would not ask any questions regarding the details of the abuse. I did not ask even one participant who the perpetrator was and yet within the first ten minutes of the interview, very little remained hidden regarding the painful details of their lives. I was not prepared for that because most of my reading entailed the coping and the resilience and not the abuse. It was hard to know how to react to the shocking details because the participants seemed to believe that you know all about the phenomenon. Is it appropriate to sit coldly and ask the next question while the recorder runs? Is it appropriate to respond with interjections of shock or disbelief? That was difficult but each participant's way of sharing her story had a calmness and a comfort of its own.

As I started this thesis with a special word of thanks to these exceptional women, so I end it!

Thank you!

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APPENDIX A – Colour-coded thematic analyses: Themes from MTRR-I

Christie		Bianca		Colleen		Shelly		Caron		Jolene		Jenny		Lindi	
coping	29	acceptance	18	dealing with intens	26	refocus on plann	14	alone-ness	15	acceptance	8	problems i	21	dealing with	28
spiritual stren	20	additional childh	1	spiritual strength	21	dealing with inte	13	low self-estee	15	adult trauma	3	guilt/self-l	19	personal de	15
adult emotior	18	adult emotions c	10	dealt with it/over it	19	need for approva	13	putting into pe	15	alone-ness	9	never gooc	18	low self-est	14
maintain stea	18	adult trauma	4	personal developm	19	acceptance	12	self-abuse/mu	15	anger	6	rumination	18	alone-ness	13
refocus on pla	16	adult views of cs	3	coping	15	adult emotions	11	dealing with ir	14	anxiety	3	putting int	17	anger	12
self-cohesion	14	aggression	10	fear	15	adult trauma	11	rumination	14	avoidance	9	refocus on	17	different to	11
personal deve	12	alone-ness	3	positive support	15	positive refocusi	10	avoidance	12	catastropohisin	7	keep quiet	15	avoidance	10
dealing with i	11	anger	7	childhood emotions	13	dealt with it/ove	9	dissociation	11	childhood emo	10	low self-es	15	cant deal wi	10
positive refoc	14	anxiety	1	putting into perspe	13	personal develop	9	positive refoc	11	claustrophobia	1	avoidance	12	childhood e	10
remembering	11	avoid physical to	2	keep quiet	12	putting into pers	9	refocus on pla	10	clear flashback	8	lasting effe	12	dissociation	10
control in rela	10	avoidance	9	optimism and hope	12	anxiety	8	sarcasm	10	conflict	5	maintain s	12	lasting effec	10
putting into p	10	catastrophising	1	anger	10	coping	8	anger	9	coping	4	no control	12	need for ap	9
acceptance	8	childhood emoti	3	no support	10	alone-ness	7	no relationshi	9	criticism	11	trust nobo	12	positive ref	9
adult emotior	8	clear memories c	10	sharing trauma of se	10	perfectionism	7	numbness	9	damaged goods	1	need for a	11	refocus on p	9
emotional ab	8	closure	4	forgiveness	9	anger	6	coping	8	dealing with in	14	alone-ness	10	still have no	9
healthy habits	8	conflict	7	maintain steady int	9	avoidance	6	personal deve	8	dealt with it/ov	7	feel unattr	10	never good	8
alone-ness	7	control in relatio	6	confrontation	8	maintain steady i	6	keep people a	7	dissociation	9	keep peop	9	no closure	8
anger	7	coping	22	meaningfulness of l	8	optimism and ho	6	spiritual stren	7	don't want to g	2	positive su	9	no support	8
forgiveness	7	damaged goods	1	refocus on planning	8	self-cohesion	6	too much effo	7	don't belong	6	dealing wi	8	optimism ar	8
positive supp	7	dealing with inte	20	self-cohesion	8	trust nobody nob	6	unhealthy hab	7	emotional abu	3	meaningfu	8	other blame	8
stress	6	dealt with it/ove	20	alone-ness	7	control in relatio	5	adult emotion	6	empowerment	6	other blam	8	clear flashb	7
childhood em	5	decision making	5	conflict	7	difficult childhoo	5	catastrophisin	6	envied normali	5	acceptance	7	emotional b	7
conflict	5	emotions have c	10	confusion	7	gaps in memory	5	childhood em	6	fear	9	emotional	7	emotions ha	7
dealt with it/c	5	fear	4	denial	7	rejection	5	dependence o	6	fear/avoidance	2	hopelessn	7	fantasy wor	7
fear	5	fear/avoidance c	4	divorce	7	sadness	5	lasting effects	6	feel unattractiv	5	positive re	7	putting into	7
suppressed m	5	forgiveness	1	acceptance	6	self-blame/guilt	5	maintain steac	6	frustration	2	spiritual st	7	rumination	7
additional chi	4	gaps in memory	1	adult trauma	6	spiritual strength	5	no support	6	gaps in memor	6	still have n	7	additional c	6
decision maki	4	good memories	1	closure	6	stress	5	positive reapp	6	guilt/self-blam	2	unhappy a	7	catastrophis	6
optimism and	4	guilt/self-blame	7	happiness	6	struggle to love	5	suppressed m	6	healthy habits	3	clear flashl	6	enjoys job	6
self-confiden	4	happiness	2	helplessness	6	suppressed mem	5	acceptance	5	helplessness	14	no closure	6	self-cohesic	6
dissociation	3	happy childhood	4	physical abuse	6	dangerous relatic	4	clear flashbacl	5	keep quiet	7	sadness	6	self-confide	6
guilt/self-blar	3	healthy habits	3	additional childhoo	5	dealing with insu	4	confusion	5	lasting effects	4	adult traur	5	gaps in mem	5
whole-ness	3	helplessness	7	avoidance	5	decision making	4	gaps in memo	5	life in danger	4	anger	5	maintain ste	5
adult views of	2	identify triggers	4	clear memories of c	5	emotional abuse	4	rejection	5	low self-esteer	14	coping	5	rejection	5
anxiety	2	impulsive	5	dangerous relations	5	impulsive	4	relationships	5	maintain stead	5	difficult re	5	adjustment	4
gaps in memo	2	keep people at a	10	other blame	5	low self-esteem	4	selective/poo	5	meaningfulnes	9	enjoyed he	5	avoid physic	4
healthy adult	2	lasting effects of	17	suicide	5	meaningfulness	4	self-blame/gu	5	need for appro	19	helplessne	5	coping	4
impulsive	2	maintain steady	5	hiding	4	never good enou	4	avoid physical	4	needs to be car	4	not very er	5	fear	4
meaningfulne	30	meaningfulness	14	low self-esteem	4	self-confidence	4	depression	4	never good enc	9	avoid phys	4	guilt/self-bl	4
perfectionism	2	nightmares	1	positive reappraisal	4	unhappy childho	4	fear	4	nightmares	2	confusion	4	no relations	4
recent trauma	2	numbness	1	self-confidence	4	violence	4	meaningfulne	4	no closure	7	dealt with	4	physical sen	4
Spectrum of e	2	optimism and ho	7	stress	4	wholeness	4	no future view	4	no control in re	22	fear/avoid	4	sadness	4
trust	2	other blame	2	adult emotions	3	childhood emoti	3	not worthy of	4	no freedom	10	not worthy	4	shame	4
damaged goo	1	perfectionism	3	assertiveness	3	conflict	3	positive suppc	4	no job satisfact	2	personal d	4	acceptance	3
friends also s	1	personal develo	16	multiple csa	3	fear	3	stress	4	no support	4	regret	4	anxiety	3
other blame	1	positive reappra	15	positive refocusing	3	helplessness	3	trust nobody	4	not coping	4	remember	4	dealt with it	3
positive reapp	1	positive refocusi	16	Spectrum of emotic	3	identify triggers	3	abandonment	3	numbness	4	self-cohes	4	death	3
rumination	1	positive support	6	trust nobody	3	identity crisis	3	did not deal w	3	obstacles in ach	12	catastroph	3	meaningful	3
self-abuse	1	putting into pers	22	adult views differ fr	2	keep people at a	3	emotions char	3	on guard	1	conflict	3	no friends	3
suicide	1	refocus on plann	23	decision making	2	lasting effects of	3	happy childho	3	other blame	5	death	3	sharing trau	3

Domains of the MTRR-I (colour codes)

Authority over memory

is able to choose to recall, or not recall life experiences and to what extent they recall the details of their past.

The integration of memory and affect

ability to feel in the present the emotions that were felt at the time of the childhood trauma and to experience new emotions in the present not only when recalling the past, but also reflecting upon it.

Affect tolerance and regulation

range of emotions that trauma survivors are able to experience and the extent to which they endure and manage difficult feelings

. A sign that a survivor has recovered from the childhood trauma is when the survivor has gained access to a wide spectrum of emotions in a tolerable range of intensities.

Symptom mastery

degree to which survivors can anticipate, manage, suppress, or prevent the cognitive and emotional disruption that arises from posttraumatic arousal.

but that they have learned to master these symptoms when they do arise.

Self-esteem

level of self-regard survivors display. It is a sign of recovery and resilience if survivors have a positive sense of self-worth by the way they care for themselves.

Self-cohesion

whole beings or as fragmented or disjoint

understand and control the dissociative adaptations that may have occurred earlier.

once organized by secrecy and compartmentalization, which is often the case in child sexual abuse, embrace instead single, integrated expressions of self in the world

Safe attachment

ability of survivors to develop feelings of trust, safety, and enduring connection in relationships with other

Recovery from the trauma of interpersonal violence, or the violation of interpersonal trust

renewed ability for trusting attachment and in the survivors' ability to secure and negotiate personal safety within a relational context.

CERQ themes in the MTRR-I

Christie		Bianca		Colleen		Shelly		Caron		Jolene		Jenny		Lindi	
meaningfulne	30	refocus on plar	23	dealing with ir	26	refocus on planr	14	alone-ness	15	no control in rel	22	problems in ma	21	dealing with i	28
coping	29	coping	22	spiritual stren	21	dealing with int	13	low self-esteem	15	need for approv	19	guilt/self-blame	19	personal deve	15
spiritual stren	20	putting into pe	22	dealt with it/o	19	need for approv	13	putting into per	15	putting into per	19	never good eno	18	low self-estee	14
adult emotior	18	dealing with in	20	personal deve	19	acceptance	12	self-abuse/mut	15	rumination	17	rumination	18	alone-ness	13
maintain stea	18	dealt with it/o	20	coping	15	adult emotions	11	dealing with int	14	positive refocus	16	putting into per	17	anger	12
refocus on pla	16	spiritual streng	20	fear	15	adult trauma	11	rumination	14	positive suppor	16	refocus on plan	17	different to ot	11
self-cohesion	14	acceptance	18	positive suppo	15	positive refocus	10	avoidance	12	dealing with int	14	keep quiet	15	avoidance	10
personal deve	12	lasting effects	17	childhood em	13	dealt with it/ove	9	dissociation	11	helplessness	14	low self-esteen	15	cant deal with	10
positive refoc	14	personal devel	16	putting into pe	13	personal develo	9	positive refocus	11	low self-esteen	14	avoidance	12	childhood em	10
dealing with i	11	positive refocu	16	keep quiet	12	putting into pers	9	refocus on plan	10	problems in ma	13	lasting effects c	12	dissociation	10
remembering	11	rumination	16	optimism and	12	anxiety	8	sarcasm	10	obstacles in ach	12	maintain steady	12	lasting effects	10
control in rela	10	positive reappr	15	anger	10	coping	8	anger	9	criticism	11	no control in rel	12	need for appr	9
putting into p	10	meaningfulnes	14	no support	10	alone-ness	7	no relationships	9	personal develc	11	trust nobody	12	positive refoc	9
acceptance	8	adult emotions	10	sharing trauma	10	perfectionism	7	numbness	9	childhood emot	10	need for approv	11	refocus on pla	9
adult emotior	8	aggression	10	forgiveness	9	anger	6	coping	8	no freedom	10	alone-ness	10	still have not	9
emotional ab	8	clear memorie	10	maintain stead	9	avoidance	6	personal develc	8	alone-ness	9	feel unattractiv	10	never good er	8
healthy habit	8	emotions have	10	confrontation	8	maintain steady	6	keep people at	7	avoidance	9	keep people at	9	no closure	8
alone-ness	7	keep people at	10	meaningfulne	8	optimism and ho	6	spiritual strengt	7	dissociation	9	positive suppor	9	no support	8
anger	7	avoidance	9	refocus on pla	8	self-cohesion	6	too much effort	7	fear	9	dealing with int	8	optimism and	8
forgiveness	7	self-cohesion	9	self-cohesion	8	trust nobody	6	unhealthy habit	7	meaningfulness	9	meaningfulnes	8	other blame	8
positive supp	7	anger	7	alone-ness	7	control in relatic	5	adult emotions	6	never good eno	9	other blame	8	clear flashbac	7
stress	6	conflict	7	conflict	7	difficult childho	5	catastrophising	6	acceptance	8	acceptance	7	emotional bre	7
childhood em	5	guilt/self-blam	7	confusion	7	gaps in memory	5	childhood emot	6	clear flashbacks	8	emotional abus	7	emotions hav	7
conflict	5	helplessness	7	denial	7	rejection	5	dependence on	6	spiritual strengt	8	hopelessness	7	fantasy world,	7
dealt with it/	5	optimism and l	7	divorce	7	sadness	5	lasting effects o	6	catastrophising	7	positive refocus	7	putting into pe	7
fear	5	trust nobody	7	acceptance	6	self-blame/guilt	5	maintain steady	6	dealt with it/ov	7	spiritual strengt	7	rumination	7
suppressed m	5	control in relat	6	adult trauma	6	spiritual strengtl	5	no support	6	keep quiet	7	still have not de	7	additional chil	6
additional chi	4	positive suppo	6	closure	6	stress	5	positive reappra	6	no closure	7	unhappy adulth	7	catastrophisin	6
decision maki	4	decision makir	5	happiness	6	struggle to love	5	suppressed mer	6	physical abuse	7	clear flashbacks	6	enjoys job	6
optimism and	4	impulsive	5	helplessness	6	suppressed mer	5	**acceptance**	**5**	physical illness/	7	no closure	6	self-cohesion	6
self-confiden	4	maintain stead	5	physical abuse	6	dangerous relati	4	clear flashbacks	5	tyranny of fathe	7	sadness	6	self-confiden	6
dissociation	3	adult trauma	4	additional chil	5	dealing with inst	4	confusion	5	anger	6	adult trauma	5	gaps in memo	5
guilt/self-blar	3	closure	4	avoidance	5	decision making	4	gaps in memory	5	don't belong	6	anger	5	maintain stea	5
whole-ness	3	fear	4	clear memorie	5	emotional abuse	4	rejection	5	empowerment	6	coping	5	rejection	5
adult views o	2	fear/avoidance	4	dangerous rela	5	impulsive	4	relationships wi	5	gaps in memory	6	difficult relatio	5	adjustment pr	4
anxiety	2	happy childhoc	4	other blame	5	low self-esteem	4	selective/poor r	5	refocus on plan	6	enjoyed her job	5	avoid physical	4
gaps in memc	2	identify trigger	4	suicide	5	meaningfulness	4	self-blame/guilt	5	rejection	6	helplessness	5	coping	4
healthy adult	2	remembering	4	hiding	4	never good enou	4	avoid physical t	4	still have not de	6	not very emotic	5	fear	4
impulsive	2	sharing trauma	4	low self-estee	4	self-confidence	4	depression	4	suppressed mer	6	avoid physical t	4	guilt/self-blar	4
perfectionism	2	Spectrum of er	4	positive reapp	4	unhappy childhc	4	fear	4	conflict	5	confusion	4	no relationshi	4
recent trauma	2	adult views of	3	self-confidenc	4	violence	4	meaningfulness	4	envied normalit	5	dealt with it/ov	4	physical sensa	4
Spectrum of e	2	alone-ness	3	stress	4	wholeness	4	no future views	4	feel unattractive	5	fear/avoidance	4	sadness	4
trust nobody	2	childhood emc	3	adult emotion	3	childhood emot	3	not worthy of ca	4	maintain steady	5	not worthy of ca	4	shame	4
damaged goo	1	healthy habits	3	assertiveness	3	conflict	3	positive suppor	4	other blame	5	personal develc	4	acceptance	3
friends also se	1	perfectionism	3	multiple csa	3	fear	3	stress	4	spectrum of em	5	regret	4	anxiety	3
other blame	1	running away	3	positive refocu	3	helplessness	3	trust nobody	4	stress	5	remembering e	4	dealt with it/c	3
positive reapp	1	self-confidenc	3	Spectrum of er	3	identify triggers	3	abandonment	3	very few friends	5	self-cohesion	4	death	3
self-abuse	1	avoid physical	2	trust nobody	3	identity crisis	3	**did not deal wit**	**3**	coping	4	catastrophising	3	meaningfulne	3
suicide	1	happiness	2	adult views dit	2	keep people at a	3	**emotions chang**	**3**	lasting effects o	4	conflict	3	no friends	3
rumination	1	other blame	2	decision maki	2	lasting effects o	3	happy childhoo	3	life in danger	4	death	3	sharing traum	3
damaged goo	1	stress	2	healthy adult s	2	not belonging	3	multiple csa	3	needs to be care	4	numbness	3	spiritual stren	3
		additional chil	1	on guard	2	physical abuse	3	no control in rel	3	no support	4	physical illness/	3	suppressed m	3
		anxiety	1	catastrophisin	1	runnning away	3	**not very emotic**	**3**	not coping	4	sharing trauma	3	trust nobody	3
		catastrophising	1	control in relat	1	additional childh	2	panic	3	numbness	4	unnatural views	3	unhappy child	3
		damaged good	1	dissociation	1	hates self-pity	2	suicide	3	sharing trauma	4	don't belong	2	violence	3
		forgiveness	1	fear/avoidanc	1	marriage proble	2	survival	3	still feel the san	4	meaninglessnes	2	adult emotior	2
		gaps in memor	1	feel nothing	1	no friends	2	**vague childhoo**	**3**	struggled with C	4	on guard	2	claustrophobi	2
		good memorie	1	gaps in memo	1	no support	2	**childhood traun**	**2**	adult trauma	3	optimism and h	2	control in rela	2
		nightmares	1	guilt/self-blan	1	numbness	2	**decision-making**	**2**	anxiety	3	relationships w	2	emotional abu	2
		numbness	1	happy childho	1	other blame	2	**denial**	**2**	emotional abus	3	stress	2	healthy adult	2
		suppressed me	1	lasting effects	1	positive reappra	2	fear/avoidance	2	healthy habits	3	damaged goods	1	keep people a	2
				remembering	1	revenge	2	feel nothing	2	remembering e	3	depression	1	multiple csa	2
				self-abuse	1	sharing trauma c	2	memories beco	2	suicide	3	dissociation	1	numbness	2
				wholeness	1	spectrum of em	2	nightmares	2	violence	3	gaps in memory	1	self-pity	2
				emotional abuse		clear flashbacks	1	relive sensation	2	don't want to ge	2	good memories	1	very uncomfo	2
						dissociation	1	self-pity	2	fear/avoidance	2	happy childhoo	1	damaged goo	1
						forgiveness	1	violence	2	frustration	2	no specific reca	1	meaninglessn	1
						friends also sexu	1	**emotions have**	**1**	guilt/self-blame	2	panic	1	memories bec	1
						healthy adult se	1	friends also sex	1	nightmares	2			need for care	1
						healthy habits	1	no blame	1	no job satisfacti	2			nightmares	1
						no closure	1	on guard	1	revenge	2			no control in r	1
						painful	1	sadness	1	self-abuse/mut	2			panic	1
						positive support	1	sharing trauma	1	want to get mer	2			perfectionism	1
						want to get men	1	unnatural views	1	claustrophobia	1			physical illnes	1
										damaged goods	1			positive reapp	1
										on guard	1			spectrum of e	1
										panic	1			suicide	1
										positive reappra	1			unhealthy hab	1
										sadness	1			want to get m	1
										trust nobody	1				
										unnatural views	1				

Nine cognitive emotion regulation strategies (colour-coded in MTRR-I)

Acceptance refers to thoughts of resigning to what has taken place.

Positive Refocusing redirects the thoughts to other more pleasant matters instead of being preoccupied with the negative event

Refocus on Planning involves thinking about what steps need to be taken in order to deal with the event. This is also a proactive coping strategy.

Positive Reappraisal refers to the process of attaching a positive meaning to the event in terms of personal growth.

Putting into Perspective entails thoughts that downplay of the seriousness of the event when compared to other events that the individual has experienced or have been aware of in others.

Other-blame refers to thoughts of blaming others for what has been experienced.

Self-blame is when an individual's thoughts centre around blaming herself for what she has experienced.

Rumination alludes to thinking constantly about the feelings and thoughts associated with the negative event.

Catastrophising involves thoughts that explicitly emphasize the terror of the experience.

PCI themes in MTRR-I

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Christie		Bianca		Colleen		Shelly		Caron		Jolene		Jenny		Lindi	
37		16		26		37		14		19		20		31	
FUTURE OPTIMIST		FUTURE OPTIMIST		FUTURE OPTIMIST		PRESENT OPTIMIST		PRESENT PESSIMIST		PAST PESSIMIST		PAST PESSIMIST		FUTURE OPTIMIST	
CLOSURE		CLOSURE		CLOSURE		NO CLOSURE		NO CLOSURE		NO CLOSURE		NO CLOSURE		NO CLOSURE	
WORLD DANGEROUS		WORLD DANGEROUS		WORLD NOT DAN		WORLD NOT DAN		WORLD DANGEROUS		WORLD DANGER		WORLD NOT DAN		WORLD DANGEROUS	
meaningfulness o	30	acceptance	18	dealing with int	26	refocus on plann	14	alone-ness	15	no control in rel	22	problems in marri	21	dealing with inte	28
coping	29	additional child	1	spiritual strengt	21	dealing with inte	13	low self-esteem	15	need for approv	19	guilt/self-blame	19	personal develop	15
spiritual strength	20	adult emotions	10	dealt with it/ov	19	need for approva	13	putting into perspectiv	15	putting into per	19	never good enoug	18	low self-esteem	14
adult emotions	18	adult trauma	4	personal develo	19	acceptance	12	self-abuse/mutilation	15	rumination	17	rumination	18	alone-ness	13
maintain steady ir	18	adult views of c	3	coping	15	adult emotions	11	dealing with intense e	14	positive refocus	16	putting into perspe	17	anger	12
refocus on plannir	16	aggression	10	fear	15	adult trauma	11	rumination	14	positive support	16	refocus on plannir	17	different to othe	11
self-cohesion	14	alone-ness	3	positive support	15	positive refocusi	10	avoidance	12	dealing with int	14	keep quiet	15	avoidance	10
personal developr	12	anger	7	childhood emot	13	dealt with it/ove	9	dissociation	11	helplessness	14	low self-esteem	15	cant deal with str	10
dealing with inter	11	anxiety	1	putting into per	13	personal develop	9	positive refocusing	11	low self-esteem	14	avoidance	12	childhood emotic	10
positive refocusin	14	avoid physical t	2	keep quiet	12	putting into pers	9	refocus on planning	10	problems in mar	13	lasting effects of c	12	dissociation	10
remembering em	11	avoidance	7	optimism and h	12	anxiety	8	sarcasm	10	obstacles in achi	12	maintain steady in	12	lasting effects of	10
control in relation	10	catastrophising	1	anger	10	coping	8	anger	9	criticism	11	no control in relati	12	need for approva	9
putting into persp	10	childhood emot	3	no support	10	alone-ness	7	no relationships	9	personal develo	11	trust nobody	12	positive refocusi	9
acceptance	8	clear memories	10	sharing trauma c	10	perfectionism	7	numbness	9	childhood emot	10	need for approval	11	refocus on planni	9
adult emotions di	8	closure	4	forgiveness	9	anger	6	coping	8	no freedom	10	alone-ness	10	still have not dea	9
emotional abuse	8	conflict	7	maintain steady	9	avoidance	6	personal developmen	8	alone-ness	9	feel unattractive	10	never good enou	8
healthy habits	8	control in relati	5	confrontation	8	maintain steady i	6	keep people at a dista	7	avoidance	9	keep people at a d	9	no closure	8
alone-ness	7	coping	22	meaningfulness	8	optimism and ho	6	spiritual strength	7	dissociation	9	positive support	9	no support	8
anger	7	damaged goods	1	refocus on plani	8	self-cohesion	6	too much effort	7	fear	9	dealing with inten	8	optimism and ho	8
forgiveness	7	dealing with int	20	self-cohesion	8	trust nobody	6	unhealthy habits	7	meaningfulness	9	meaningfulness o	8	other blame	8
positive support	7	dealt with it/ov	20	alone-ness	7	control in relatio	5	adult emotions differ	6	never good eno	9	other blame	8	clear flashbacks c	7
stress	6	decision making	5	conflict	7	difficult childhoc	5	catastrophising	6	acceptance	8	acceptance	7	emotional breako	7
childhood emotio	5	emotions have	10	confusion	7	gaps in memory	5	childhood emotions/c	6	clear flashbacks	8	emotional abuse	7	emotions have n	7
conflict	5	fear	4	denial	7	rejection	5	dependence on paren	6	spiritual strengt	8	hopelessness	7	fantasy world/dr	7
dealt with it/over	5	fear/avoidance	4	divorce	7	sadness	5	lasting effects of child	6	catastropohising	7	positive refocusin	7	putting into pers	7
fear	5	forgiveness	1	acceptance	6	self-blame/guilt	5	maintain steady intima	6	dealt with it/ove	7	spiritual strength	7	rumination	7
suppressed memo	5	gaps in memory	1	adult trauma	6	spiritual strength	5	no support	6	keep quiet	7	still have not dealt	7	additional childh	6
additional childho	4	good memories	1	closure	6	stress	5	positive reappraisal	6	no closure	7	unhappy adulthoo	7	catastrophising	6
decision making	4	guilt/self-blame	7	happiness	6	struggle to love	5	suppressed memories	6	physical abuse	7	clear flashbacks of	6	enjoys job	6
optimism and hop	4	happiness	2	helplessness	6	suppressed mem	5	acceptance	5	physical illness/	7	no closure	6	self-cohesion	6
self-confidence	4	happy childhoo	4	physical abuse	6	dangerous relati	4	clear flashbacks of chil	5	tyranny of fathe	7	sadness	6	self-confidence	6
dissociation	3	healthy habits	3	additional child	5	dealing with insu	4	confusion	5	anger	6	adult trauma	5	gaps in memory	5
guilt/self-blame	3	helplessness	7	avoidance	5	decision making	4	gaps in memory	5	don't belong	6	anger	5	maintain steady i	5
whole-ness	3	identify triggers	4	clear memories	5	emotional abuse	4	rejection	5	empowerment	6	coping	5	rejection	5
adult views of csa	2	impulsive	5	dangerous relat	5	impulsive	4	relationships with onl	5	gaps in memory	6	difficult relationsh	5	adjustment probl	4
anxiety	2	keep people at	10	other blame	5	low self-esteem	4	selective/poor memol	5	refocus on plann	6	enjoyed her job	5	avoid physical to	4
gaps in memory	2	lasting effects c	17	suicide	5	meaningfulness	4	self-blame/guilt	5	rejection	6	helplessness	5	coping	4
healthy adult sexu	2	maintain steady	5	hiding	4	never good enou	4	avoid physical touch	4	still have not de	6	not very emotiona	5	fear	4
impulsive	2	meaningfulness	14	low self-esteem	4	self-confidence	4	depression	4	suppressed mer	6	avoid physical tou	4	guilt/self-blame	4
perfectionism	2	nightmares	1	positive reappra	4	unhappy childho	4	fear	4	conflict	5	confusion	4	no relationships	4
recent trauma	2	optimism and h	7	self-confidence	4	violence	4	meaningfulness of life	4	envied normalit	5	dealt with it/over	4	physical sensatio	4
Spectrum of emot	2	other blame	2	stress	4	wholeness	4	no future views	4	feel unattractive	5	fear/avoidance of	4	sadness	4
trust nobody nobo	2	perfectionism	3	adult emotions	3	childhood emoti	3	not worthy of care	4	maintain steady	5	not worthy of care	4	shame	4
damaged goods	1	personal develo	16	assertiveness	3	conflict	3	positive support	4	other blame	5	personal developr	4	acceptance	3
friends also sexua	1	positive reappra	15	multiple csa	3	fear	3	stress	4	spectrum of em	5	regret	4	anxiety	3
other blame	1	positive refocus	16	positive refocus	3	helplessness	3	trust nobody	4	stress	5	remembering em	4	dealt with it/ove	3
positive reapprais	1	positive suppor	6	Spectrum of em	3	identify triggers	3	abandonment	3	very few friends	5	self-cohesion	4	death	3
rumination	1	putting into per	22	trust nobody	3	identity crisis	3	**did not deal with hurt**	3	coping	4	catastrophising	3	meaningfulness c	3
self-abuse	1	refocus on plan	23	adult views diff	2	keep people at a	3	**emotions changed**	3	lasting effects o	4	conflict	3	no friends	3
suicide	1	remembering e	4	decision making	2	lasting effects of	3	**happy childhood**	3	life in danger	4	death	3	sharing trauma of	3
		rumination	16	healthy adult se	2	not belonging	3	multiple csa	3	needs to be care	4	numbness	3	spiritual strength	3
		running away	3	on guard	2	physical abuse	3	no control in relations	3	no support	4	physical illness/pa	3	suppressed mem	3
		self-cohesion	9	catastrophising	1	runnning away	3	**not very emotional**	3	not coping	4	sharing trauma of	3	trust nobody	3
		self-confidence	3	control in relati	1	additional childh	2	panic	3	numbness	4	unnatural views or	3	unhappy childho	3
		sharing trauma	4	dissociation	1	hates self-pity	2	suicide	3	sharing trauma c	4	don't belong	2	violence	3
		Spectrum of em	4	fear/avoidance	1	marriage probler	2	survival	3	still feel the san	4	meaninglessness c	2	adult emotions d	2
		spiritual strengt	20	feel nothing	1	no friends	2	**vague childhood mem**	3	struggled with C	4	on guard	2	claustrophobia	2
		stress	2	gaps in memory	1	no support	2	**childhood trauma**	2	adult trauma	3	optimism and hop	2	control in relatio	2
		suppressed mei	1	guilt/self-blame	1	numbness	2	**decision-making**	2	anxiety	3	relationships with	2	emotional abuse	2
		trust nobody	7	happy childhoo	1	other blame	2	**denial**	2	emotional abus	3	stress	2	healthy adult sex	2
				lasting effects o	1	positive reappra	2	fear/avoidance of sex	2	healthy habits	3	damaged goods	1	keep people at a	2
				remembering e	1	revenge	2	feel nothing	2	remembering er	3	depression	1	multiple csa	2
				self-abuse	1	sharing trauma o	2	memories becoming c	2	suicide	3	dissociation	1	numbness	2
				wholeness	1	spectrum of emo	2	nightmares	2	violence	3	gaps in memory	1	self-pity	2
				emotional abuse		clear flashbacks	1	relive sensations	2	don't want to ge	2	good memories	1	very uncomfortal	2
						dissociation	1	self-pity	2	fear/avoidance	2	happy childhood	1	damaged goods	1
						forgiveness	1	violence	2	frustration	2	no specific recall c	1	meaninglessness	1
						friends also sexu	1	**emotions have not cha**	1	guilt/self-blame	2	panic	1	memories becom	1
						healthy adult sex	1	friends also sexually a	1	nightmares	2			need for care	1
						healthy habits	1	no blame	1	no job satisfacti	2			nightmares	1
						no closure	1	on guard	1	revenge	2			no control in rela	1
						painful	1	sadness	1	self-abuse/muti	2			panic	1
						positive support	1	sharing trauma of sexu	1	want to get mer	2			perfectionism	1
						want to get mem	1	unnatural views on se	1	claustrophobia	1			physical illness/p	1
										damaged goods	1			positive reappra	1
										on guard	1			spectrum of emo	1
										panic	1			suicide	1
										positive reappra	1			unhealthy habits	1
										sadness	1			want to get mem	1
										trust nobody	1				
										unnatural views	1				

Aspinwall's tenets of proactive coping (colour-coded)

Aspinwall's tenets of proactive coping (colour-coded)

Resource Accumulation

Accumulating and preserving resources

Effective proactive coping involves the gathering of time, money, planning and organisational skills, social support,

A social network that provides social support is an important resource

appraising situations more effectively, provide tangible aid and emotional support

Interpersonal strength and relational skills are conceptualized as positive coping strengths,

Recognition of potential stressors

person's ability to screen the environment for danger and to be sensitive to physical cues suggesting that threats may arise.

think about and plan for their futures.

information about the anticipated outcomes of the stressor is used in judging current outcomes

be vigilant, sensitised to such stressors and be able to monitor the level of seriousness and action required.

danger: hyper-vigilance which leads individuals to focus on imagined problems and potential threats

Initial appraisal

outlining how the problem will be defined and,

secondly, how arousal will be regulated

the potentially stressful event should be run forward in time to project what its likely progression could be.

An optimistic individual might appraise a situation as less threatening as what a pessimist would do

Danger: A generally anxious person will appraise all situations as more threatening than someone who is not anxious.

Preliminary Coping Efforts

depend directly on what the initial appraisal is

When a situation seems agreeable to change, this will most likely lead to a problem-solving appraisal that will translate into action

believes they are capable of successfully averting the stress

they feel in control of the situation, it will also lead to action. Not coping

Elicitation and use of feedback concerning initial efforts

the acquisition and use of feedback about the development of the stressful event itself,

the effects one's preliminary efforts have had so far on the stressful event, and whether the event requires additional coping efforts

. It is a crucial stage of the proactive coping process to ensure that the process of management continues and the resources are being preserved.

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APPENDIX B: Flyer

100 1908 - 2008

UNIVERSITEIT VAN PRETORIA
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An appeal for research participants to take part in a study to determine how survivors of child sexual abuse develop coping skills to become resilient adults.

AT LEAST ONE IN THREE GIRLS ARE SEXUALLY ABUSED AS CHILDREN.

If you are an adult survivor of child sexual abuse, your story of strength has incredible value! Please share how you have coped.

The aim is to learn more about how women develop inner strength despite their childhood trauma and to eventually help young victimsbecome survivors too.

FOR MORE INFORMATION:

Contact Beverley:
Cell: 079 871 3551
Email:bev28@vodamail.co.za

This research is being done as a requirement for a PhD qualification in Educational Psychology.

*This is does **NOT** entail any counselling or therapy. If you should have the need of therapy or counselling after the interview, a suitable referral will be supplied to you.*

THE AIM:
to learn more about how women develop inner strength despite their childhood trauma and to eventually help young victims become survivors too.

- WHAT DOES IT ENTAIL:
- A short questionnaire about your coping skills
- (± 10 minutes)
- An interview (±90 minutes): focusing on how you deal with emotions and your resilience and strength.
- You remain completely anonymous and your information, confidential.
- You are free to withdraw from the research at any

RESEARCH REQUIREMENTS:

- **You must be 25+ years old**
- **You must have experienced severe sexual abuse as a child**
- **You have NOT had formal psychotherapy**

APPENDIX C: Letter and form for informed consent

1 October 2009

INFORMATION REGARDING THE RESEARCH OF B BUCKLEY-WILLEMSE

Dear Prospective Participant,

Please read the following information thoroughly before deciding whether you would like to participate in this research. If you have any questions, please feel free to ask me for clarification.

What is the research about?

This research investigates the relationship between emotional coping and resilience in adult survivors of child sexual abuse.

The reason for the study:

The primary motivation of this research is to understand what emotional coping skills contribute to resilience in adult survivors of child sexual abuse **who did not have formal therapy** for whatever reason. This may help professionals to encourage the development of the emotional coping skills that seem to be helpful in contributing to resilience.

How were you selected to be a part of this research?

You will choose to participate in this research. Once you have received this document the decision to contact me, the researcher, will be yours alone. I do not know any of the participants as the document will be given to you without my knowing you. So you need not feel obliged to take part. However, if you decide to contact me to take part, the following criteria will be important to be included in this study. Participants in this research must be

adults who can describe themselves as adult survivors of *severe* childhood sexual abuse who have not accessed formal therapy. In this research, *severe* childhood sexual abuse means that you have had **at least three** of the following experiences:

(i) the perpetrator was your father or a loved and trusted figure close to you as a child;
(ii) the abuse took place over a long period of time;
(iii) the abuse involved violence and/or pain;
(iv) you were coerced or bribed to remain silent about the abuse;
(v) penetration (in any form) took place; and/or
(vi) the abuse was experienced as extremely distressing to the point of being perceived as life-threatening to you at the time.

What will be expected of you?

If you agree to participate, I will ask you to participate in the following activities:

1. I would like you to sign a letter of consent to indicate that you participate voluntarily and that you understand what will be expected of you.
2. Complete a questionnaire about yourself, but I will not request or record any identifying data, such as your name, from you.
3. Complete a questionnaire (Cognitive Emotion Regulation Questionnaire) to see which coping skills you use most often in different situations. (20 minutes)
4. The Multidimensional Trauma Recovery and Resiliency Interview (MTRR-I) assesses trauma impact, resilience, and recovery through open-ended questions. This interview could take from 45 minutes to 2 hours. It is important for you to know that this interview has been used to investigate many different kinds of trauma and is not based on child sexual abuse exclusively.

What are the risks of the research?

I will ensure, as far as humanly possible, to minimise the risk of your feeling exposed. The only reference to the actual child sexual abuse is the above reference of the criteria of severe child sexual abuse. Never will it be required of you to divulge which criteria are relevant to you and there will be no further discussion of the actual abuse. Even though there is no need to probe any information pertaining to the child sexual abuse experienced, I will always respect the privacy and sensitivity of this traumatic childhood experience. As I am only a researcher in this project, I cannot assist anyone with counselling or therapy but will ensure that anyone who does express the need of therapy, will receive a suitable

referral. If you cannot afford private therapy, references that will suit you financially will also be supplied.

What are the benefits of the research?

Women who take part in this research can benefit in the knowledge that their participation could have a long-term effect on those who still have not dealt with their pain. It is also a chance to verbally express the positive strengths and coping strategies that you have developed and in so doing, you reinforce your own personal progress. The content of the interview is positive and empowering.

In conclusion, please remember that you will remain completely anonymous and your information will be confidential. This research project is approved by the University of Pretoria and is a requirement for the PhD Educational Psychology.

If you do decide to be part of this research, please contact me at **(079) 871 3551** or **bev28@vodamail.co.za** and we can make the necessary arrangements regarding a suitable time and venue.

I would like to thank you in advance for your willingness to participate in this research. I look forward to meeting you.

Beverley Buckley-Willemse

Under the supervision of:
Salome Human-Vogel, PhD
Email: salome.humanvogel@up.ac.za
Tel: 012 420 2770 (o/h)

INFORMED CONSENT FORM FOR PARTICIPANTS

I_____ voluntarily consent to participate in Beverley Buckley-Willemse's research study regarding the resilience (inner strength) that adult women, who were sexually abused as children, have developed without the help of formal therapy.

I understand and agree to the following terms:

The information will be treated as highly confidential and will be released only to qualified professionals, ONLY with my explicit, **written** permission, *except* in certain situations where maintaining confidentiality would result in clear and imminent danger to myself or others, or as otherwise provided by state law.

Interviews may be audio-taped. All tapes, records and materials concerning clients are confidential and cannot be released to, nor shared with any other agency or individuals without my, the client's, specific **written** permission.

Authorization will be obtained in **writing**, and my signature required, before Beverley Buckley-Willemse will consult with any other professionals.

The purpose of this research is the completion of a PhD research qualification and that the project is under the guidance of a senior supervisor who is also a co-researcher in this project.

Information obtained in interviews may be used for research purposes, presented

anonymously at professional meetings, and/or published in journals or textbooks. At no time will my own or my family members' names or any identifying information whatsoever, be used.

I also understand and accept that the researcher, Beverley Buckley-Willemse, has obtained written approval from the University of Pretoria for this research. She has clarified the nature of the research to me as contained in the attached addendum.

I additionally understand and accept that I am free to participate, or decline to participate or to withdraw from the research at any given time. I understand and accept that the researcher will

provide me with a prompt opportunity to obtain appropriate information regarding the nature, results and conclusions of the research and that she will answer any questions that I may have.

I believe that the information I give will be treated with respect and that the researcher will remember that the information that I divulge is very sensitive and needs to be handled professionally and with a great deal of compassion.

_____	_____
Participant	Researcher
_____	_____
Date	Date

APPENDIX D: Cognitive Emotion Regulation Questionnaire

Cognitive Emotion Regulation Questionnaire

A questionnaire measuring cognitive coping strategies

(Nadia Garnefski; Vivian Kraaij; Philip Spinhoven)

CIRCLE THE OPTION CLOSEST TO CORRECT FOR YOU:

1 = (ALMOST) NEVER, 2 = SOMETIMES, 3 = REGULARLY, 4 = OFTEN OR 5 =(ALMOST) ALWAYS

No.	Statement	1	2	3	4	5
1.	I feel that I am the one to blame for it	1	2	3	4	5
2.	I think that I have to accept that this has happened	1	2	3	4	5
3.	I often think about how I feel about what I have experienced	1	2	3	4	5
4.	I think of nicer things than what I have experienced	1	2	3	4	5
5.	I think of what I can do best	1	2	3	4	5
6.	I think I can learn something from the situation	1	2	3	4	5
7.	I think that it all could have been much worse	1	2	3	4	5
8.	I often think that what I have experienced is much worse than what others have experienced	1	2	3	4	5
9.	I feel that others are to blame for it	1	2	3	4	5
10.	I feel that I am the one who is responsible for what has happened	1	2	3	4	5
11.	I think that I have to accept the situation	1	2	3	4	5
12.	I am preoccupied with what I think and feel about what I have experienced	1	2	3	4	5
13.	I think of pleasant things that have nothing to do with it	1	2	3	4	5
14.	I think about how I can best cope with the situation	1	2	3	4	5
15.	I think that I can become a stronger person as a result of what has happened	1	2	3	4	5
16.	I think that other people go through much worse experiences	1	2	3	4	5

17.	I keep thinking about how terrible it is what I have experienced	1	2	3	4	5
18.	I feel that others are responsible for what has happened	1	2	3	4	5
19.	I think about the mistakes I have made in this matter	1	2	3	4	5
20.	I think that I cannot change anything about it	1	2	3	4	5
21.	I want to understand why I feel the way I do about what I have experienced	1	2	3	4	5
22.	I think of something nice instead of what has happened	1	2	3	4	5
23.	I think about how to change the situation	1	2	3	4	5
24.	I think that the situation also has its positive sides	1	2	3	4	5
25.	I think that it hasn't been too bad compared to other things	1	2	3	4	5
26.	I often think that what I have experienced is the worst that can happen to a person	1	2	3	4	5
27.	I think about the mistakes others have made in this matter	1	2	3	4	5
28.	I think that basically the cause must lie within myself	1	2	3	4	5
29.	I think that I must learn to live with it	1	2	3	4	5
30.	I dwell upon the feelings the situation has evoked in me	1	2	3	4	5
31.	I think about pleasant experiences	1	2	3	4	5
32.	I think about a plan of what I can do best	1	2	3	4	5
33.	I look for the positive sides to the matter	1	2	3	4	5
34.	I tell myself that there are worse things in life	1	2	3	4	5
35.	I continually think how horrible the situation has been	1	2	3	4	5
36.	I feel that basically the cause lies with others	1	2	3	4	5

APPENDIX E: Proactive Coping Inventory

THE PROACTIVE COPING SCALE

Esther Greenglass, Ralf Schwarzer, Dagmara Jakubiec, Lisa Fiksenbaum & Steffen Taubert (1999)

IN SCORING RESPONSES, 1 = not at all true, 2 = barely true, 3 = somewhat true, 4 = completely true

1		I am a "take charge" person.
2		I try to let things work out on their own.
3		After attaining a goal, I look for another, more challenging one.
4		I like challenges and beating the odds.
5		I visualise my dreams and try to achieve them.
6		Despite numerous setbacks, I usually succeed in getting what I want.
7		I try to pinpoint what I need to succeed.
8		I always try to find a way to work around obstacles; nothing really stops me.
9		I often see myself failing so I don't get my hopes up too high.
10		When I apply for a position, I imagine myself filling it.
11		I turn obstacles into positive experiences.
12		If someone tells me I can't do something, you can be sure I will do it.
13		When I experience a problem, I take the initiative in resolving it.
14		When I have a problem, I usually see myself in a no-win situation.

APPENDIX F: Multidimensional Trauma Recovery and Resiliency Interview

Multidimensional Trauma Recovery and Resiliency Interview MTRRI[1]

Harvey, M.R., Westen, D., Lebowitz, L., Saunders, E., Avi-Yonah, O. and Harney, P. (1994) 2000 Version

•Time One Introductory Remarks:

Thank you so much for giving us your time today.

The purpose of this interview is to help us learn more about the impact of traumatic experiences on the lives of individual survivors and, more importantly, to learn something about how people survive, cope with and recover from these experiences.

The interview will take about 90 minutes and will cover many topics –

your history
your memory for events
difficulties you may have
ways in which you cope
your relationships with others
your feelings about yourself
how you make sense of your experiences and your life.

I may move us along from one topic to another in the interest of time; if this ever makes you feel uncomfortable, please let me know.

Also, please know that you are free to decline to answer any question I may ask you.

I also want to remind you that the focus of the research is resilience and not the sexual abuse you experienced. Although you may feel that the question is leading you to speak about the sexual abuse, you do not need to talk about it at all if you don't want to.

Again, thanks so much. Are you ready to begin?

1. HISTORY:

I'd like to begin by asking you some questions about your history.

Could you begin by telling me about your childhood, starting as early as you can remember, and working your way up through your teenage years—almost as if you were telling the story of your life, or writing an autobiography.

Probe: One or two specific memories if person speaks only in generalities.

Probe: Positive or negative memories if one or the other is absent.

2. PAINFUL TRAUMATIC EXPERIENCE

Now, if you can, please tell me about a really painful or traumatic experience from when you were growing up.

Probe: Were there other events in your childhood or teenage years that were painful or traumatic? (consider the participant's ability to access, recall and recount traumatic events from childhood & adolescence.

Prompts: When you recall events like these, as you are now, do you have feelings? For example, do you remember what you felt at the time, or actually re-experience the feelings when you recall the events?

3. ADULT LIFE

Now, can you tell me about your adult life–

- like what you do or have done for work;
- who are, and have been,
- the important people in your life;
- anyother significant events - either good or bad.

Prompt: Are there any gaps in your memory, any long periods that seem to be missing or particularly hazy ?

Prompt: Can you generally remember what happens from day to day? Do you tend to forget recent events rather easily?

Probe: the following domains as appropriate:
(letting the personal narrative determine order of inquiry. Also note the ability to tell a coherent and continuous life story:)

•Work History

Probe:

- Can the person work effectively during stressful times?
- Does she use work to escape distressing feelings or to avoid relationships, etc.?
- Is the person engaged in meaningful work?
- Does the person use work in positive ways (e.g. for structure, routine, financial self-sufficiency, self-esteem)?

•Family Relationships

Probe:

- Does the person continue to have relationships with family of origin?
- Has the person established a family of her/his own?
- Or a friendship network that functions as family (and as different from friendships in general)?

Prompts:
Are there family members (or friends that you feel are like family) who you know you can count on and who know they can count on you?

- Are you able to talk about intimate or important things with members of your family?

- Romantic& Sexual Relationships

Probes:

- The quality of relationships is important--loving, abusive, etc.

Prompts:

- Is it okay if I ask you about sex?
- What's sex like for you?
- Is sex something you generally enjoy, or do you sometimes feel anxious or uncomfortable about it?
- Do you sometimes dread sex or avoid it?

Probes:

- If participant acknowledges being sexually active, probe for information about her ability to negotiate and engage in safe and consensual sexual practices, or tendency to engage in indiscriminate or exploitative sexual behaviors.

Social Life & Quality of Friendships

Prompt:

- Do you have good friends?
- Do you have friends with whom you share intimate and important things?
- Do your friends know about your trauma history?

Probe:

- Does the person have enduring and intimate friendships?

Prompts:

- *Do your friends include both men and women?*
- *Are you equally comfortable with men and women?*
- *Do your friends include other people who have had experiences like yours?*
- *Do you spend time talking with each other about these experiences?*
- *Do you talk about other things, too?*

•Relationships Generally

Probe:

Power dynamics of relationships.

Prompts.

- Do your relationships tend to be equal, or does someone usually have the upper hand?
- Are you able to ask for what you want or need in a relationship?
- Are you comfortable saying "no" when you need to?
- Do you have trouble trusting people?
- Are you ever too trusting?
- Are there ways you take care of other people?
- Are there ways other people take care of you?

- Have you ever been in a relationship with someone who was abusive to you?
- Have other people worried about your well-being in a relationship with someone?
- Do you ever worry about your anger in relationships?
- Have you ever been emotionally, physically, or sexually abusive to anyone?

4. Have there been changes in the nature or quality of your relationships over time?

Probes:

Explorechanges in different kinds of relationships, e.g., with friends, romantic partners, family of origin, etc.

5. Now I'd like you to tell me, if you can, about a painful or traumatic experience you've had as an adult.

Prompts:

- When you recall painful events like these, do you have feelings?
- Do you remember what you felt at the time, or actually re-experience the feelings when you recall the events?

6. You've told me about some very painful experiences [mention what the person has told about painful childhood and adult experiences].Do memories of this or other painful events ever jump into your mind and prevent you from thinking about or doing something else? (If yes, probe how often and how recently.)

Prompt (if appropriate):

- When this happens, are there things you do to try to distract yourself or get away from the memory?
- Do they work?
- Do you have different feelings now as you look back on these events?
- When you are recalling events that you once found frightening, do you ever have surprising reactions, like laughing?
- Have you ever had the sensation that something frightening that happened to you in the past was happening again?
- Do you ever get so upset or overwhelmed by a memory that you can't really function or go to work?

7. Have you experienced any changes in what you remember about your past or in how you remember - like how vividly, or with how much detail?

8. Are there ways you think the painful or traumatic events you've experienced affect your day-to-day life?

Prompts:

- Do you ever have trouble sleeping? Do you ever have nightmares?
- What are your eating habits like? (probe both depression related appetite disturbances and eating disorders)

- Are you easily startled?
- Do you often feel "on guard," like you're keeping your eye out for possible dangers?
- Have you had any traumatic or really frightening events as an adult that are similar to things that happened to you earlier?
- Are there things you deliberately avoid doing to keep from getting upset? (Probe: If yes) Does this ever interfere with your life?
- Have drugs or alcohol ever been a part of your life?

9. What kinds of things do you do to cope or to manage when you get stressed or distressed?

Probe: for both adaptive and maladaptivecoping strategies.

Prompt:

- Are there activities that you do for fun or relaxation or to relieve stress?
- Are there other things you do, likegroups you're a part of, that help you deal with distressing thoughts or feelings?

10. Have you changed in the way you manage your distress or cope with your problems?

11. Now, I'd like to ask you some questions about your feelings and how you handle them. What is your normal mood– that is, how do you usually feel?

Prompt:

- Are you someone who has many different feelings - like happiness, sadness, anger, fear, excitement, and curiosity - or are there emotions you don't often feel?
- Do you often feel sad?
- anxious or panicky?
- ashamed?
- guilty?
- angry?

Probe: specific emotions as applicable

- Are you an emotional person?
- Do your feelings tend to be intense?
- Probe for a specific example

Prompts:

- Are there any feelings that are especially hard for you to handle?
- For example, is it hard for you to feel angry? or to feel happy or hopeful?

Probe: how the participant handles these, asking for specific examples

Prompts:

- Do you ever have trouble knowing what you're feeling?
- For example, are there times when you're feeling stirred up but don't know exactly what the feeling is?
- Do you have periods when you don't feel very much at all or when you just feel numb? Do you ever just seem to shut off your emotions?
- Do you ever have intense feelings or strange bodily sensations that seem to come out of the blue?

12. Has there been any change in what you feel,
howintensely you feel things,
or your ability to deal with difficult feelings?

Probe if yes: What has changed and what caused the changes.

13. Now I'd like to ask you some questions about how you see, feel about, and take care of yourself.
Let's start with feelings. How do you generally feel about yourself?
Do your feelings about yourself change a lot from day to day or moment to moment?

Prompt:

- Do you think of yourself as different or special in any way, either positive or negative?

Probe:

If participant has poor self-esteem, or experiences of self as alien, evil, or damaged.

Prompts:

- Do you feel basically consistent or "whole" as a person, or do you sometimes feel like the different parts of you don't fit together?
- Have you ever gone by another name or given different names to separate parts of yourself?
- Do you ever feel like you are more than one person?
- Do you tend to keep secrets, or work hard to keep different parts of your life quite separate?
- Do you ever feel like you leave your body or that your body feels strange or unreal?
- Do your hopes and goals stay pretty much the same from week to week, or do they change frequently?
- How do you feel about yourself as a woman?
- How do you feel about your body?

- Do you take good care of yourself and your body, or are there ways that you don't?
- How is your physical health?

- Do you often get headaches, back pain, really tight muscles, or stomach aches?
- Do you seek medical help when you need it?
- Do you ever wait too long to see a doctor?
- Do you ever have impulses to hurt yourself, like cut or burn yourself?
- Do you have tattoos, or have you had parts of your body other than your ears pierced?
- Do you ever take unnecessary risks, like driving dangerously or walking alone in dangerous parts of town when you don't really need to, or going home with strangers who could hurt you?
- Do you sometimes find yourself in situations that feel degrading or humiliating?

14. Have your feelings about yourself, the way you see yourself, or the ways you treat yourself or your body changed in any way?

15. Does life feel meaningful to you? Does it ever feel meaningless?

If yes, probe:

for details of intensity and pervasiveness
Prompt:

- What makes life meaningful for you?
- Are there people or groups who give meaning to your life - people with whom you share a sense of common purpose and values?
- Do you feel like you're part of a larger community?
- Are you involved in any community groups, activities, or causes?
- Do you think of yourself as a religious or spiritual person? (If yes) Are religious or spiritual practices an important part of your life?
- Are you engaged in any creative pursuits that give meaning and purpose to your life?

16. How do you understand the painful and traumatic experience/s of your life?

Prompt:

- Who or what do you think is responsible for the traumatic experiences of your life?
- How much does your life now revolve around these experiences?
- Does the world seem like a dangerous place to you?
- Does the way you see the world ever separate you from others or make you feel alone?

17. Has your understanding of these experiences changed over time?
How?
Does life seem more or less meaningful to you than it used to?

18. How do you feel about the future?

Prompts:

- Are you hopeful about how your life will go?
- What do you see yourself doing over the next few years?

- Are you hopeful about the way your life or the lives of other people will unfold?

Probe:

At this point in the interview the interviewer should be exploring sources of meaning and hope and coping that may be quite individual:

- e.g., about the importance of beloved pets,
- the role of ritual, the meaning of parenthood,
- the importance of meditative, spiritual and/or religious practices
- and the part that humor may play in the survivor's efforts to make sense of the past and move on to a more hopeful future.

Closing Question: I really appreciate the time you've taken to answer these questions.

How has this interview been for you?
Are there any other areas of difficulty or sources of strength that we haven't talk about?
Is there anything you'd like to add, or anything you'd like to ask?
Close the interview by thanking the participant, inviting future questions, and assuring her/him of the value and contribution s/he has made to us, to the field, and to other survivors.
Assess mental status and emotional well-being of interviewee, offer support and, as needed, provide appropriate referrals and follow-up.

Appendix G: Disc with transcribed verbatim interviews