

Exploring meaning making mechanisms in a group of South African women survivors of childhood sexual abuse

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the degree *Master of Health Sciences in Psychology* at the
North-West University

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DEDICATION

I dedicate this dissertation to my husband and my family, who have supported me throughout my life, throughout my education and encouraged me to strive for greater things. You kept my chin up throughout this experience and I am profoundly grateful.

I also dedicate this dissertation to all survivors of childhood sexual abuse; you are braver and stronger than you believe.

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I would like to express my gratitude to my husband Michael, for the continuous support and encouragement you gave me throughout my studies. For reminding me of my strengths and believing in me when I felt overwhelmed. I would not have been able to do this without your support and unconditional love.

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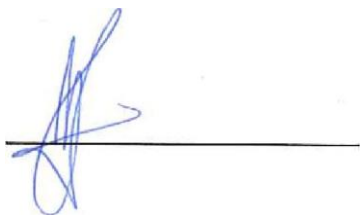
Thank you to all my friends who always show an interest in my studies, supported me when I was feeling low and for always believing in me.

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- To the courageous Survivor to Thriver family, you are an inspiration.
- Mrs Elcke du Plessis-Smit for the language editing of this dissertation.

DECLARATION

I declare that the study "*Exploring meaning making mechanisms in a group of South African women survivors of childhood sexual abuse*" is my own work, and that I followed the referencing style according to the American Psychological Association (APA) 7th edition guidelines to acknowledge all sources used in this dissertation.



Monique Swanepoel

2020/12/18

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Date

PREFACE

THE DISSERTATION CONSISTS OF THREE SECTIONS:

- SECTION A: Overview of the study.
- SECTION B: Two manuscripts, each reporting on a phase of this study:
 - Phase I of this study is described in Manuscript 1, which includes a scoping review.
 - Phase II of this study is described in Manuscript 2, which consists of a qualitative secondary analysis (QSA) conducted on three existing datasets of the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme treatment sessions for women who had experienced childhood sexual abuse (CSA).
 - Each manuscript comprises its own research questions, research objectives, and methodology and is written in article format. The author guidelines for the journal to which the manuscript will be submitted can be found in the addenda. However, the technical and referencing style of the dissertation will remain consistent throughout this dissertation. The manuscripts will be amended for journal publication after feedback is received from examiners.
- SECTION C: Conclusions, contributions, limitations, and recommendations.
- Please note that due to the article method that is followed by the North-West University, there may be some duplication across the three sections. Each section will have its own reference list. A consolidated reference list can be found at the end of Section C, followed by the addenda, which are cross-referenced throughout this dissertation.

EDITOR DECLARATION



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To whom it may concern

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by

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Kind regards

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ABSTRACT

The aim of this study was threefold: firstly, to explore what could be learned from the literature about the meaning making mechanisms of women survivors of childhood sexual abuse (CSA); secondly, to conduct an empirical study on the data obtained from the S2T treatment intervention sessions so as to identify the meaning making mechanisms of a group of South African women survivors of CSA, and lastly, to formulate a conceptual framework. The concept of meaning making mechanisms refers to the factors that enable survivors of CSA to attach a positive meaning to their CSA trauma on their path to recovery. The current study was conducted in two phases by means of exploratory qualitative research and Park and Folkman's (1997) meaning making model was used as a theoretical framework.

In phase one, a scoping review was conducted to explore the literature and provide a summary of what is known with regard to women survivors of CSA's meaning making mechanisms. This scoping review identified four main themes and fourteen sub-themes as sourced from 64 studies, which supported and extended on Park and Folkman's (1997) meaning making model. The four supporting themes were: doing good for others; restoring and empowering the inner self; mobilising external and social resources; and actively integrating the trauma. Sub-themes which extended on the meaning making model (Park & Folkman, 1997) were: providing maternal care; supporting, caring and not blaming the inner self as well as appreciating life; having a positive post trauma intimate and disclosure experience; and defining, confronting and understanding the trauma as well as developing a post trauma identity. These findings informed the formulation of a conceptual framework.

The findings of the scoping review reported only five South African studies, with most studies conducted in developed countries. As such, these findings could not be transferred to a developing country like South Africa, and this motivated for the second phase of this study, which aimed to identify the meaning making mechanisms of a sample of South African women survivors of CSA who attended the Survivor to Thrive (S2T) strengths-based group intervention programme for women survivors of CSA. Due to the sensitivity of the topic and the vulnerability of the participants, the researcher employed qualitative secondary analysis (QSA) in the second phase of this study. QSA was employed on three existing datasets of 26 group treatment intervention sessions with 25 women survivors of CSA ranging from 18 to 54 years, spanning over a five-year period. A draft conceptual framework compiled in the scoping review in phase one of the study was translated into a coding framework and used as a guideline to conduct QSA in the second phase of this study. The thematic analysis of these existing data sets identified two overarching meaning making processes, namely intrapersonal and interpersonal meaning making mechanisms. The intrapersonal meaning making

mechanisms were: recognising their self-worth, attitude of gratitude, finding ways of coping proactively, having a lifelong learning attitude and being autonomous, and lastly accepting and integrating a post trauma identity. The process of integrating a post trauma identity presented with nuanced differences. The interpersonal meaning making mechanisms were: being supported, encouraged and loved by others, having strong faith in a higher power, self-less devotion and embracing post trauma intimate experiences. Two sub-themes found in the scoping review, i.e., *not blaming the self* and *having a positive disclosure experience*, did not arise in the data of the S2T treatment sessions. The draft conceptual framework (compiled in phase one of this study) was then expanded and finalised into a formulated conceptual framework after phase two.

This study contributed towards the global knowledge base on meaning making mechanisms of women survivors of CSA by providing the first known summary of studies to date. In addition, it opened the conversation on meaning making mechanisms of South African women survivors of CSA. It further resulted in the formulation of a conceptual framework to potentially inform practice and the specific treatment needs of women survivors of CSA. Further research is suggested to verify and expand on the findings of this study so as to inform treatment interventions for CSA survivors, specifically within the South African context.

Keywords: childhood sexual abuse, meaning making mechanisms, qualitative secondary analysis, scoping review, South Africa, women

OPSOMMING

Die doel van hierdie studie was drieledig: eerstens om te ondersoek wat uit die literatuur geleer kon word rakende die betekenis-maak meganismes van vroue-oorlewendes van kinder seksuele mishandeling (KSM); tweedens, om 'n empiriese studie te doen oor die data wat van die S2T behandelings intervensie sessies verkry is om die betekenis-maak meganismes te identifiseer van 'n groep Suid-Afrikaanse vroue-oorlewendes van KSM, en laastens om 'n konseptuele raamwerk te formuleer. Die konsep van betekenis-maak meganismes verwys na die faktore wat oorlewendes van KSM in staat stel om 'n positiewe betekenis aan hul KSM trauma te heg op hul pad na herstelling. Die huidige studie is in twee fases gedoen deur middel van verkennende kwalitatiewe navorsing en toegepas op Park en Folkman (1997) se betekenis-maak model as 'n teoretiese raamwerk.

In fase een is 'n bestekopname gedoen om die literatuur te verken en 'n opsomming te bied van wat bekend is met betrekking tot vroue-oorlewendes van KSM se betekenis-maak meganismes. Hierdie bestekopname het vier hoof-temas en veertien sub-temas geïdentifiseer afkomstig van 64 studies, wat Park en Folkman (1997) se betekenis-maak model ondersteun het en op uitgebrei het. Die vier ondersteunende temas was: om goed te doen vir ander; die herstel en bemagtiging van die innerlike self; die mobilisering van eksterne en sosiale hulpbronne; en die trauma aktief te integreer. Sub-temas wat uitgebrei het op die betekenis-maak model (Park en Folkman, 1997) was: die verskaffing van moedersorg; innerlike ondersteuning, omgee en om nie die self te blameer nie, sowel as lewe waardeur; om 'n positiewe post-trauma intieme en openbaarmaking ervaring te hê; en die definiëring, konfrontering en begrip van die trauma asook die ontwikkeling van 'n post-trauma identiteit. Hierdie bevindinge het die formulering van 'n konseptuele raamwerk ingelig.

Die bevindinge van die bestekopname het slegs op vyf Suid-Afrikaanse studies gerapporteer, waar die meeste studies in ontwikkelde lande gedoen was. Dus, kon hierdie bevindinge nie na 'n ontwikkelende land soos Suid-Afrika oorgedra word nie, en dit het gemotiveer vir die tweede fase van hierdie studie, wat daarop gemik is om die betekenis-maak meganismes te identifiseer uit 'n steekproef van Suid-Afrikaanse vroue-oorlewendes van KSM wat die 'Survivor to Thriver (S2T) strengths-based group intervention programme' vir vroue-oorlewendes van KSM bygewoon het. As gevolg van die sensitiwiteit van die onderwerp en die kwesbaarheid van die deelnemers, het die navorser kwalitatiewe sekondêre analise (KSA) in die tweede fase van hierdie studie gebruik. KSA was gebruik op drie bestaande datastelle van 26 groep behandelings intervensie sessies met 25 vroue-oorlewendes van KSM wat wissel van 18 tot 54 jaar, wat oor 'n tydperk van vyf jaar strek. 'n Konseptuele raamwerk wat in die bestekopname in fase een van die studie saamgestel is, is in 'n koderingsraamwerk

vertaal en as riglyn gebruik om KSA in die tweede fase van hierdie studie te doen. Die tematiese ontleding van hierdie bestaande datastelle het twee oorkoepelende betekenis-maak prosesse geïdentifiseer, naamlik intrapersoonlike en interpersoonlike betekenis-maak meganismes. Die intrapersoonlike betekenis-maak meganismes was: erkenning van hul selfwaarde, houding van dankbaarheid, om proaktiewe hanteringsvaardighede te vind, om 'n lewenslange leer houding te hê en om outonomies te wees, en laastens, aanvaaring en integreering van 'n post-trauma identiteit. Die proses om 'n post-trauma identiteit te integreer het genuanserende verskille aangebied. Die interpersoonlike betekenis maak meganismes was: geondersteun, aangemoedig en geliefd te wees deur ander, 'n sterk geloof in 'n hoër krag, onbaatsugtigheid en om post-trauma intieme ervarings te hê. Twee sub-temas wat in die bestekopname gevind was, naamlik, *om nie die self te blameer nie* en *'n positiewe openbaarmakings ervaring te hê*, het nie in die data van die S2T behandelings sessies verskyn nie. Die konseptuele raamwerk (saamgestel in fase een van hierdie studie) is toe uitgebrei en gefinaliseer tot 'n geformuleerde konseptuele raamwerk na fase twee.

Hierdie studie het bygedra tot die wêreldwye kennisbasis oor die betekenis-maak meganismes van vroue-oorlewendes van KSM deur die eerste bekende opsomming van studies tot op hede te verskaf. Daarmee saam het dit die gesprek geopen oor die betekenis-maak meganismes van Suid-Afrikaanse vroue-oorlewendes van KSM. Dit het verder 'n konseptuele raamwerk geformuleer om moontlik die praktyk en die spesifieke behandelingsbehoefte van vroue-oorlewendes van KSM in te lig. Verdere navorsing word voorgestel om die bevindinge van hierdie studie te verifieer en uit te brei ten einde behandelings intervensies vir KSM-oorlewendes, spesifiek binne die Suid-Afrikaanse konteks, in te lig.

Sleutelwoorde: kinder-seksuele-mishandeling, betekenis-maak meganismes, kwalitatiewe sekondêre analise, bestekopname, Suid-Afrika, vroue

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SECTION A

OVERVIEW OF THE STUDY

1. Introduction

The aim of this study was threefold: firstly, to explore what could be learned from the literature about the meaning making mechanisms of women survivors of childhood sexual abuse (CSA); secondly, to conduct an empirical study on the data obtained from the S2T treatment intervention sessions so as to identify the meaning making mechanisms of a group of South African women survivors of CSA, and lastly, to formulate a conceptual framework to enhance the understanding of the global knowledge base on meaning making mechanisms of South African women survivors, in the context of their CSA experiences, and to potentially inform practice as well as the specific treatment needs of women survivors of CSA.

The following section includes an overview and discussion of the background and rationale for this study, conceptualising CSA, conceptualising meaning making, the theoretical framework, research questions, aims and objectives, and research methodology. Thereafter, trustworthiness, ethical considerations, a summary of the findings, limitations, and contributions of the study are discussed, and lastly, the layout of the study is presented.

1.1 Background and rationale for the study

CSA is a serious worldwide issue that affects men and women of all ages and is internationally documented as a prevalent problem. A meta-analysis done by Stoltenborgh et al. (2015) concluded that 11.8% of children worldwide experienced CSA, which means that 118 children in every 1000 are influenced by this problem. There were also gender differences identified in the meta-analysis where 18% of females and 7.9% of males were reportedly affected by this problem (Stoltenborgh et al., 2015). However, the reliability of statistics reporting on the prevalence of CSA remains questionable due to the underreporting and/or non-disclosure of this sensitive and complex trauma (Burke Draucker et al., 2011; Stoltenborgh et al., 2015). Furthermore, in the meta-analysis conducted by Stoltenborgh et al. (2015), the African continent appeared to have the highest combined prevalence of CSA estimated at 20.2% in females and 19.3% in males.

As such, the high CSA prevalence in Africa is of critical concern. In South Africa specifically, it is reported that one in every three individuals has experienced some form of sexual abuse by the age of 17 years (Artz et al., 2016). In a nationally representative study conducted by Artz et al. (2016), there were also identified gender differences in CSA prevalence in South

Africa, where male prevalence rates (36.8%) were higher than female rates (33.9%). These rates speak to the fact that CSA is indeed a social epidemic in South Africa and that this traumatic ordeal is often responsible for leaving victims with long-term devastating outcomes, resulting in survivors requiring treatment with specific needs so as to recover from this traumatic ordeal.

Impact of CSA and treatment approaches

CSA is documented to have dire effects on an individual's functioning, such as, their social functioning, mental health, sexual functioning, and physical well-being in adulthood (Beckenbach et al., 2007; Berger, 2015; O'Dougherty Wright et al., 2007). These long-term negative outcomes thus render treatment intervention essential in the recovery process of CSA victims. However, O'Dougherty Wright et al. (2007) document that despite the numerous negative consequences, some survivors of CSA appear to cope positively with the effects of the aftermath of the abuse, and some even appear to grow and develop strengths after therapeutic intervention.

CSA survivors seek help in many forms of therapeutic treatment modalities, either on an individual level or in a group setting, or both, so as to engage in understanding and healing from their traumatic experiences. Group therapy appears common and is the treatment of choice in the healing process of CSA due to it being cost-effective and the empowerment it provides individuals in a supportive environment where they do not feel alone in the experience (Lange, 2012; Sinanan, 2015). In a review conducted by Kessler et al. (2003), it was found that group therapy has proven to be effective in several empirical studies done with women survivors of CSA and is associated with reduced symptomology regarding the traumatic CSA experience. When survivors connect with others who have some understanding of what they are enduring, there seems to be a significant improvement in the well-being of survivors (Arias & Johnson, 2013; Cavis, 2015; Sinanan, 2015). Group therapy for CSA survivors includes intervention programmes, support groups, and family therapy, to name a few (Bolden, 2014; Karakurt & Silver, 2014; Kwon, 2017; Lange, 2012). Such examples of intervention programmes that have been successful in assisting survivors in healing from childhood trauma like sexual abuse so as to create positive change in their lives include: an intensive intervention programme for survivors of child maltreatment created by Bradley and Davino (2007) called the Women Recovering from Abuse Program (WRAP) for survivors of CSA residing in Canada, and a wellness programme developed by Sigurdardottir et al. (2016) for CSA survivors in Iceland.

Individual therapeutic treatment mostly appears to include the treatment of posttraumatic stress disorder (PTSD) or related negative symptomatology like depression and includes various therapeutic modalities in treating these symptoms (Cavis, 2015; Kaye-Tzadok & Davidson-Arad, 2016b; Phanichrat & Townshend, 2010). With regard to the individual treatment of PTSD symptoms, the following therapeutic approaches are well reported in the literature and include: trauma-focused cognitive behavioural therapy (TF-CBT) (Cohen & Mannarino, 2015; Sinanan, 2015), eye movement desensitisation and reprocessing (EMDR) (Sinanan, 2015), somatic experiencing (SE) (Brom et al., 2017), imagery rescripting (IR) (Smucker et al., 1995) and meaning therapy (Wong, 2010), to name a few.

TF-CBT is a form of therapy that includes psycho-education, emotional regulation, relaxation, and stress-management as well as connecting the individual's thoughts, behaviours, and feelings (Sinanan, 2015). This modality is reportedly the approach with the best evidence of recognising and regulating trauma responses as well as expressing the impact of the traumatic ordeal (Cohen & Mannarino, 2015). In a systematic review conducted by Holtzhausen et al. (2016), it was concluded that even though TF-CBT has proven to be an effective approach to coping with traumatic experiences, a downfall of this approach is that it is often unable to recognise the clinical needs of survivors in underprivileged groups and non-Western cultures.

In a systematic review conducted by Regehr et al. (2013), it was found that prolonged exposure (PE) therapy, which is a form of cognitive behavioural therapy, is a successful and prominent form of intervention for survivors of CSA. This type of therapy focuses on diminishing the negative PTSD symptoms that result from the traumatic ordeal (Hudson, 2011; Ledley et al., 2005; McDonagh et al., 2005). In combination with cognitive behavioural therapy (CBT) and mindfulness intervention, it appears to be very helpful in assisting CSA survivors in healing from the ordeal and this was evidenced in an empirical study by Earley et al. (2014). According to McLean and Foa (2014), the attrition rate for exposure and non-exposure treatments for PTSD is roughly 20-30%, and about 40-50% of individuals do not successfully respond to this treatment method. Furthermore, this therapeutic approach is focused solely on reducing symptoms of PTSD, and thus additional research is required to improve researchers' and practitioners' understanding of this approach in different populations, such as CSA survivors (McLean & Foa, 2014).

Another prominent form of treatment is EMDR, frequently used to improve survivors' coping mechanisms after a traumatic experience (Sinanan, 2015). In a review done by Korn (2009), it was found that the average rate of patients dropping out of EMDR therapy is only 18%, which is one of the lowest dropout rates among multiple therapeutic techniques for complex PTSD symptoms. This form of therapy has proven effective in diminishing PTSD symptoms

and providing patients with control over their treatment process (Schubert & Lee, 2009). However, a limitation of this therapeutic technique is that it only treats PTSD and/or secondary symptoms so as to improve the survivor's global functioning and does not focus on attaching meaning to the traumatic ordeal. As such, Korn (2009) notes that further research is needed to explore the use of this therapeutic technique in patients who are often excluded from research because of their complex PTSD, like CSA survivors.

The therapeutic modality of SE focuses on treating PTSD symptoms, and even though it is not a popular treatment method, an empirical study conducted by Brom et al. (2017) depicts the effectiveness of this treatment method with PTSD patients. However, similarly to the limitations of EMDR, this therapeutic technique is solely focused on treating symptoms and does not move beyond the trauma to explore meaning attached to the traumatic ordeal.

Another approach of individual therapy that has been proven helpful in the treatment of adult survivors of CSA is IR. This therapeutic approach includes recalling the traumatic event and then rescripting the event to create a more positive outcome (Smucker et al., 1995). In a systematic review done by Arntz (2012), it was found that IR is an effective method of treatment used in various treatment protocols because of the broad application thereof and the fact that this modality addresses issues beyond exposure by improving non-fear-related emotions. This therapeutic technique is, however, still in its infancy and more extensive research conducted in larger clinical trials is further required to understand how this technique can be optimised and replicated in other settings (Morina et al., 2017). This treatment modality has been studied in relation to treating the PTSD symptoms in CSA survivors in a study conducted by Smucker et al. (1995) which revealed that survivors felt empowered after mastering the protocols and tasks related to IR but concluded that more empirical research is needed to evaluate the effectiveness of IR in its infancy.

The abovementioned individual therapeutic treatment approaches have all been associated with positive adjustment following CSA and its related traumatic consequences. A further modality, meaning therapy, which focuses on the construction of 'personal meaning' from an integrative positive existential psychology perspective has also been introduced as a possible form of individual therapy (Wong, 2010). Meaning therapy is used in evidence-based counselling practices with the aim of empowering clients to seek meaning, to maintain a strong healing relationship, and to improve their overall well-being (Wong, 2015). No apparent systematic reviews were found in literature on this therapeutic technique; furthermore, a limitation of this therapy is that it places emphasis solely on meaning maintenance and not the specific mechanisms that contribute to arriving at the meaning making process, which is thus indicative of a gap in this therapeutic treatment modality.

According to Burke Draucker et al. (2011), some survivors appear to have an innate motivation to heal from a traumatic experience and to find something meaningful in the process of therapy or intervention. A body of literature noted that when victims are able to view their CSA experience as a meaningful life event, they appear to display fewer negative outcomes and an overall increased sense of well-being (Haffeejee & Theron, 2017; Silver et al., 1983; Simon et al., 2017). According to Simon et al. (2017), meaning derived from a traumatic experience may contribute to improved well-being of the individual and is a continuous process that paves the way to recovering from the negative long-term effects. Thus, an important ingredient of CSA healing appears to be attaching meaning to the devastating ordeal and thus an emphasis on meaning making mechanisms is needed in treating the negative consequences of CSA. As such, meaning making is an important component to be included as a specific treatment outcome for CSA survivors, and therefore requires further investigation. According to Phanichrat and Townshend (2010), positive coping mechanisms by survivors of sexual abuse include seeking support, cognitive engagement, acceptance, and, most importantly, seeking meaning. This emphasises the important role of meaning making in the healing process of survivors of CSA.

There are various models cited in literature, which describe the general experience of meaning making such as: Steger's meaning model (2011), Wong's meaning making model (1998), and the relationality-meaning model of Wissing (2014). Further to this, there exists two specific meaning making models, which incorporate the meaning making process in the face of trauma, namely the meaning maintenance model by Heine et al. (2006) and the meaning making model of Park and Folkman (1997). The latter served as the theoretical framework for understanding meaning making in this study and will be discussed later.

Research on CSA has explored meaning making processes and coping strategies, but very limited research exists on the contributing mechanisms involved when attempting to create meaning from traumatic CSA experiences. A study conducted by Phanichrat and Townshend (2010) focused on exploring the coping strategies of women survivors of CSA and found that seeking meaning, acceptance, cognitive engagement, and support were coping strategies used to cope and recover from the traumatic ordeal. However, in this study, seeking meaning is not discussed in detail and it only mentions that advocating for others provides meaning to survivors of CSA (Phanichrat & Townshend, 2010). In a study conducted by Burke Draucker et al. (2011), it was found that healing from CSA was associated with disclosing the abuse, living a healthy lifestyle, being altruistic, and having a spiritual transformation. This study focuses on healing from CSA by going beyond just coping with the traumatic ordeal; however, this study focuses on healing in a Western and developed context in the United States of

America (USA) and thus findings may not be appropriate for interventions for CSA survivors in South Africa. An additional study conducted by Grossman et al. (2006) which explored meaning making in the context of CSA, with a culturally diverse sample, provided an in-depth focus on the meaning making mechanisms used by survivors to overcome the trauma. However, this study was conducted on male survivors of CSA in the developed country of the USA. Therefore, a body of knowledge exists focusing on general meaning in life and frameworks or models for understanding the process of meaning. However, there is a scarcity of research on meaning and meaning making mechanisms specifically in the context of CSA, and no studies in a South African context specifically pertaining to women survivors of CSA.

Although some authors have previously explored this phenomenon, a summary of all literature specifically focusing on the meaning making mechanisms of women survivors of CSA is not available. As such, this study will report on a scoping review of the meaning making mechanisms of women survivors of CSA in order to explore the gaps in literature and propose a formulated conceptual framework to enhance the understanding of this phenomenon. In light of the scarcity of empirical studies in South Africa, the need arises to conduct an empirical study to identify South African women survivors of CSA's meaning making mechanisms so as to enhance the understanding and ultimately contribute to and expand the overall global knowledge base in this area of research. Gaining access to this population of women survivors of CSA may be challenging and ethically restricting due to the known secrecy surrounding this phenomenon as well as the personal and sensitive nature of exploring such experiences on meaning making mechanisms of women survivors of CSA. Furthermore, it raises several ethical dilemmas when a research study aims to solely explore the CSA survivor's experiences in relation to the trauma. Nevertheless, this should not stop researchers from exploring this sensitive phenomenon; as such, alternative research methods have been considered in this regard. One such method is employing qualitative secondary data analysis (QSA), where existing data is used to provide valuable information on the topic. Therefore, the empirical part of this study documented in manuscript two identified the meaning making mechanisms as reported by three groups of women survivors of CSA who attended the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme (Walker-Williams & Fouché, 2017) by employing QSA on existing and available transcripts of recordings taken during these group treatment intervention sessions.

The S2T intervention programme is a collaborative strengths-based group intervention programme that aims to explore the resilience processes and posttraumatic growth enabling outcomes of South African women survivors of CSA (Walker-Williams & Fouché, 2017). Overall, 26 group intervention sessions were held with 25 participants residing in the

Vanderbijlpark and surrounding Gauteng areas in South Africa (ages ranging from 18 to 54 years), spanning over a five-year period. These treatment sessions were only attended by women, and this S2T collaborative strengths-based group intervention programme was empirically developed specifically for this vulnerable female population. However, the devastating impact on male survivors is not discounted and should receive urgent attention in future research studies. By conducting QSA, any possible harm, secondary trauma, or over-research of this secluded and vulnerable population could be prevented (Irwin & Winterton, 2011; Tripathy, 2013).

In summary, the aim of this study is thus threefold: firstly, to explore what could be learned from the literature about the meaning making mechanisms of women survivors of CSA; secondly, to conduct an empirical study on the data obtained from the S2T treatment intervention sessions so as to identify the meaning making mechanisms of a group of South African women survivors of CSA, and lastly, to formulate a conceptual framework. The findings of this study will expand the existing knowledge base in this regard and also highlight further research gaps that require exploration as well as potentially inform practice and the specific treatment needs of women survivors of CSA. Next, the phenomenon of CSA will be conceptualised.

1.2 Conceptualising childhood sexual abuse

In this section, CSA will be defined, and the prevalence and effects thereof explained.

1.2.1 Defining childhood sexual abuse

CSA is a serious and complex social phenomenon, which has no universal definition; however, similar elements are found internationally. Internationally, CSA can be defined as unwanted, coerced, and inappropriate sexual acts (including touching, kissing, fondling, genital or oral contact, and/or penetration) that occur before the age of 18 years, with the perpetrator being at least five years older than the victim which is indicative of a power imbalance (Brown et al., 2013; Finkelhor, 1994; Zinzlow et al., 2010). According to the World Health Organisation (WHO; 2017), CSA is any sexual activity involving a child or adolescent that is socially inappropriate or taboo, where the child or adolescent does not fully comprehend the activity, the child or adolescent is unable to consent to the act, or the child or adolescent is not yet prepared for the activity on a developmental level.

Many people have the misconception that sexual abuse is limited to penetration, which places more victims in danger because they might not consider themselves victims if there was no penetration involved in the act (Jayapalan et al., 2018). However, sexual abuse can also occur

indirectly; this includes acts like pornography and exhibitionism (Jayapalan et al., 2018). Undoubtedly, CSA is one of the most extreme and most harmful victimisation acts that can happen to an individual (Finkelhor, 2008). Sexual abuse affects an individual's well-being on many levels and can affect them for the rest of their lives (Timmers, 2017). For the purpose of this study, a contextually relevant definition of CSA will be used from the South African Children's Act 38 of 2005 (RSA), described as:

(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; (c) using a child or deliberately exposing a child to sexual activities or pornography; or (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child. (p. 16)

1.2.2 Prevalence

CSA is a serious and complex issue that affects men and women of all ages, all around the world. Internationally, CSA is well documented as a prevalent problem. A meta-analysis done by Stoltenborgh et al. (2015) concluded that 11.8% of children worldwide experienced CSA, which means that 118 children in every 1000 are influenced by this problem. There were also gender differences identified in the meta-analysis where 18% of females and 7.9% of males were reportedly affected by this problem (Stoltenborgh et al., 2015). However, the reliability of statistics reporting on the prevalence of CSA remains questionable due to the underreporting and/or non-disclosure of this sensitive and complex trauma (Burke Draucker et al., 2011; Stoltenborgh et al., 2015). Furthermore, in the meta-analysis conducted by Stoltenborgh et al. (2015), the African continent appeared to have the highest combined prevalence of CSA, estimated at 20.2% in females and 19.3% in males.

As such, the high CSA prevalence in Africa is of critical concern. In South Africa specifically, it is reported that one in every three individuals has experienced some form of sexual abuse by the age of 17 years (Artz et al., 2016). In a nationally representative study conducted by Artz et al. (2016), gender differences were identified in CSA prevalence in South Africa, where male prevalence rates (36.8%) were higher than female rates (33.9%). These rates speak to the fact that CSA is indeed a social epidemic in South Africa and that this traumatic ordeal is often responsible for leaving victims with long-term devastating outcomes.

1.2.3 Effects of childhood sexual abuse

CSA is documented to have devastating long-term negative outcomes on an individual's functioning. The experience affects their intrapersonal functioning (for example, low self-esteem and a poor self-concept), interpersonal functioning (for example, a lack of trusting relationships and social isolation), mental health (for example, depression, anxiety, substance abuse, and posttraumatic stress disorder), sexual functioning (for example, problematic intimate relationships or sexual difficulties), and physical well-being in adulthood (for example, chronic pain; Beckenbach et al., 2007; Berger, 2015; O'Dougherty Wright et al., 2007). These long-term negative effects thus render treatment intervention essential in the recovery process of these CSA survivors. However, O'Dougherty Wright et al. (2007) document that despite the numerous negative consequences, some survivors of CSA appear to cope positively with the effects of the aftermath of the abuse and some even appear to grow and develop strengths after therapeutic intervention.

For the purpose of this study, it is important to conceptualise meaning making and to clarify what is meant by mechanisms, which is the main construct being investigated in the current study, in relation to meaning making.

1.3 Conceptualising meaning making mechanisms

1.3.1 Mechanisms defined

Falleti and Lynch (2009) define mechanisms as an abstract concept that informs a pattern of action or explains how and why an outcome exists. Thus, mechanisms are seen as the causal factor to a specific outcome – in this case, meaning. However, Falleti and Lynch (2009) also state that a mechanism does not exist by itself but is influenced by the context in which it exists. Thus, the context in which an individual finds meaning will determine the mechanisms that contribute to their meaning making process. Fortuin et al. (2017) refer to meaning making mechanisms as determinants of meaning. Thus, in this study, mechanisms are understood as the causes or sources of the outcome of meaningfulness that will be investigated within the relevant context of CSA experiences.

1.3.2 Meaning making defined

Research on meaning and meaning-related topics has been accumulating over the past few decades (Baumeister, 1991; Park, 2014). One of the first and most influential authors to explore this topic is Victor Frankl (1963), who stated that the need for finding meaning is a natural and automatic human function. Frankl (1963) also proposed that meaning is present

when an individual has a clear purpose or goal for their life. In a general sense, meaning derives from what individuals regard as important, what motivates them, and what directs their behaviour. It is thus a combination of emotional, cognitive, existential, and motivational factors that drives a person and allows them to feel worthy and fulfilled (Steger, 2011; Wong, 1998; Wong, 2011). Meaning has further been explained by Peterson (1999) as an individual's understanding of what is going on in their social world, and accounts for the understanding of how they find meaning in knowing why certain things happen in and around them. In order to know why certain things happen as they do, people usually turn to existential means and interpret events as purposeful (Freud, 1927; O'Connor & Chamberlain, 1996; O'Dougherty Wright et al., 2007; Park, 2014). Battista and Almond (1973) indicate that meaning in life is attained when one has a positive view of themselves and the world around them and is able to achieve their life goals. Meaning is argued to have a major influence on a person's well-being, which emphasises the importance of exploring this topic further in order to fully understand what meaning making entails (Ryff & Singer, 1998; Seligman, 2011; Steger, Kashdan & Oishi, 2008). Thus, conceptualising meaning making mechanisms or sources in the context of CSA would be useful to survivors' healing and well-being.

1.3.3 Meaning making mechanisms

In the process of meaning making, there are certain contributing mechanisms of meaning that are not fully understood in the literature (Silver et al., 1983; Steger, 2012). However, some general sources of meaning making mechanisms in life include: culture, support groups, being healthy, positive relationships, religion and spirituality, being a parent, getting therapeutic treatment, appreciating nature, helping others, and having a career (Arias & Johnson, 2013; Banyard & Williams, 2007; Bolden, 2014; Burke Draucker et al., 2011; Cavis, 2015; Debats, 1999; Grossman et al., 2006; Silver et al., 1983; Timmers, 2017; Wilson, 2007). Park and Folkman (1997) discuss meaning making in the context of healing from general traumatic experiences in broad terms as being influenced by mechanisms such as healthy interpersonal relationships, being more empathetic and self-reliant, and improving one's problem-solving and coping skills. Thus, a general idea of meaning making and the sources of such meaning making mechanisms can be identified in broad recovery literature. However, during the preliminary literature search, no studies were found on meaning making mechanisms in the context of women survivors of CSA. As such, this general framework of sources of meaning in life described above will serve as a guideline to this study.

1.3.4 Meaning in trauma theory

Trauma theorists from varying perspectives have considered an individual's efforts to create a comprehensible, integrated, ordered worldview that adaptively incorporates the meaning of the traumatic experience as an essential aspect in treatment and recovery (Ehlers & Clark, 2000; Janoff-Bulman, 1992; Linley & Joseph, 2005; Neimeyer et al., 2002; Park, 2010; Park & Folkman, 1997; Taylor, 1983; van der Kolk & van der Hart, 1991). One of the earliest theories about coping with traumatic events identified three critical steps in recovery: a) making meaning of the experience, b) developing mastery of the experience, and c) regaining self-worth (Taylor, 1983). Many trauma survivors may experience a deep disruption of their basic assumptions (that they live in a fair, logical, caring world), and may therefore struggle to rebuild a system of meaning following a traumatic experience, as this requires of them to understand and make meaning of their suffering while adaptively functioning in life (Janoff-Bulman, 1992). Similarly, Foa and Rothbaum (1998) have also observed that successful recovery from trauma is typically accompanied by an increased meaning and coherence in the post-trauma narrative. Thus, trauma requires the alteration of one's meaning structures for recovery to occur (Linley & Joseph, 2005).

1.3.5 Models on meaning

There are various 'broad' models cited in literature describing the general experience of meaning making. Despite the fact that these models fail to recognise the effects of trauma and/or the CSA traumatic experience they are none-the-less useful in contextualising the overall process of meaning making. However, there are two specific 'trauma related meaning making models' documented in literature which speak to the individual's meaning making process in the face of trauma (Taves et al., 2018), namely the meaning maintenance model of Heine et al. (2006) and the meaning making model of Park and Folkman (1997). The latter will be discussed later as the theoretical framework for this study. Firstly, the 'broad' models will be discussed followed by the specific 'trauma related meaning making models'.

1.3.5.1 'Broad' models on meaning making

Steger's meaning model (2011), consists of two important variables: comprehension as a cognitive element of meaning, and purpose as a motivational element of meaning. Firstly, comprehension is essential to the process of meaning making because it builds on the cognitive awareness and understanding of one's identity, the social world one lives in, and how one fits into that environment (Steger, 2011; Wissing et al., 2014). Secondly, there is an emphasis on having a purpose, defined as an individual's notion of what is important to them,

feeling committed to do the morally right thing and to act on it. Thus, a benefit of this model is that meaning is explained through the unification of core concepts that exist in meaningfulness, and thus provides a more in-depth understanding of what meaning entails. In an empirical study done by Steger, Kashdan, Sullivan et al. (2008), there is a distinction made between experiencing meaning and searching for meaning. As such, Steger, Kashdan, Sullivan et al. (2008) stated that the search for meaning usually occurs when the experienced meaning is disrupted. The search for meaning is a process not fully understood and little research has been done to answer the question as to how exactly people develop a sense of meaning, especially in the face of stressful or traumatic events (Silver et al., 1983; Steger, 2012).

In the current study, the recurring question of what mechanisms contribute to meaning making will be answered in a small sample of women survivors of CSA by analysing transcribed data from the S2T intervention sessions. This, however, is a limited sample and will require further research to fully understand what contributes to the search for meaning, specifically for CSA survivors. An empirical study conducted by Steger and Kashdan (2013) indicated that a limitation to this model is that the correlational study sought to express the difference in importance of stability versus intensity of meaning, which was inconclusive. This indicates room for improvement and a need for further investigation into the context of such meaning and the specific mechanism that motivates this.

Wong's meaning model (Wong, 1998, 2010, 2011) states that meaning is structured as having: purpose (P), understanding (U), responsible action (R), and evaluation (E). Thus, Wong's model follows a PURE approach to understanding meaning. Purpose is the motivational factor in the model and refers to having a sense of direction in life, setting goals, and aspiring to something larger than the self (Wissing et al., 2014; Wong, 2010, 2011). Understanding is a cognitive act that involves the comprehension of the self, the social world, and the self-world fit that will create a sense of familiarity and stability (Wissing et al., 2014; Wong, 2010, 2011). Wong (2010, 2011) further explains responsible action as a component of meaning, which serves as a moral behavioural factor of doing good above oneself. The last structural component of meaning, according to Wong (2010, 2011), is evaluating one's level of happiness and satisfaction with life, since meaning is linked to feeling fulfilled. When an individual is dissatisfied or feeling unfulfilled, positive changes should be made to correct it and restore meaning (Wissing et al., 2014). According to Wong (2014), this model serves as a complete guide to understanding how meaning is structured and how it functions, serving as a helpful component of healing in positive interventions. This model, however, investigates meaning as an existing concept and does not identify where meaning may be derived from

and as this current study aims to identify where CSA survivors' meaning is derived from, it is not supported by the model of Wong (1998, 2010, 2011).

A relationality-meaning model (Wissing, 2014), is the central element of meaning is relations and connectedness, which, in turn, renders a sense of well-being. Thus, a strong correlation exists between positive relationships, meaning, and well-being. However, there is a distinction between meaning to life, meaning in life, and meaning of life (Wissing, 2014; Wissing et al., 2014). In these distinctions, meaning to life is expressed by Wissing (2014) as values that are expressed in daily living and contributes to inner-harmony, self-worth, belonging, giving to others and bonds; meaning in life refers to positive relational well-being and harmony; meaning of life is for an individual to be connected to divinity, which is the ultimate meaning. Wissing et al. (2014) argue that individuals' meaning is influenced by the social world they live in, which emphasises the importance of understanding an individual's unique context before understanding their meaning framework. This is also supported by the empirical work of Schnell (2009) who stated that meaning in life is influenced by socio-demographic factors like education and marital status.

Wissing (2014) mostly conducted empirical studies on students based on convenience and stated that there is a need for further exploration of this model in a more diverse sample to increase its relevance to a larger context. Besides the fact that the model requires further investigation, relationships as an important source of meaning is identified by Wissing (2014) and supported by research as a key mechanism of meaning making (Arias & Johnson, 2013; Banyard & Williams, 2007; Baumeister et al., 2013; Debats, 1999; Delle Fave et al., 2013; Fry & Debats, 2010; Haffejee & Theron, 2017). This study will investigate this in the context of women survivors of CSA.

Overall, a shortcoming of the abovementioned models is that none of these models have been applied to the context of CSA specifically, and they only provide frameworks applying to general meaning in life. This emphasises the need for the current study as well as the gap in literature regarding CSA recovery.

1.3.5.2 Specific 'trauma related meaning making models'

The meaning maintenance model created by Heine et al. (2006) attempts to explain the strategies individuals use to compensate for the 'meaning violations' that occur in an adverse or traumatic situation. Meaning violations are described as instances where individuals' global meaning systems are challenged, resulting in personal distress (Heine et al., 2006; Proulx & Inzlicht, 2012). This model provides a unique perspective on meaning because it focuses on

maintaining meaning and an individual's awareness of their sense-making of their social world (Steger, 2012). When distress is caused by these situations, individuals use one of the following strategies to cope with the distress: resolving or masking the violation, fluid compensation, or looking for meaning elsewhere, and meaning making or creating new meaning systems (Heine et al., 2006; Proulx & Inzlicht, 2012; Steger, 2012; Taves et al., 2018). These coping strategies are supported by compensatory methods, namely the five "A's" of meaning maintenance: assimilation, accommodation, affirmation, abstraction, and assembly, which aim to prevent further meaning violations by maintaining a sense of meaningfulness (Proulx & Inzlicht, 2012). Assimilation occurs when an individual's beliefs about a certain meaning-violating situation are adapted to suit their global meaning system, where, in contrast, accommodation occurs when an individual's global meaning system is adapted because of a meaning violation in the face of adversity or trauma (Proulx & Inzlicht, 2012; Steger, 2012). Individuals also affirm alternative meaning systems to compensate for their current meaning system being disrupted or violated; this is referred to as fluid compensation (Heine et al., 2006; Proulx & Inzlicht, 2012). Individuals also search for (abstract) or create new (assemble) meaning to maintain a sense of equilibrium in their meaning systems. However, there is a lack of empirical research on these methods suggesting that the model is not well understood, which limits the use of this model in the current study (Heine et al., 2006; Proulx & Inzlicht, 2012; Steger, 2012). Furthermore, this model fails to address how meaning is developed and the mechanisms that contribute to this meaning making process (Steger, 2012).

Another, specific trauma model is the meaning making model by Park and Folkman (1997). This model was used as a theoretical framework in understanding meaning making in the context of CSA because of the emphasis it places on meaning making in the context of trauma and will be discussed next.

1.3.6 Theoretical framework

The meaning making model was developed by Park and Folkman (1997) to assist individuals in adjusting positively after an adverse experience. Silver et al. (1983) argued that positive adjustment will only occur after individuals are able to make sense of an adverse experience or attach meaning to the experience that caused the individual distress. The model explains that there are two levels of meaning that an individual applies to understand the experiences they go through, namely situational and global meaning (Park, 2014; Park & Ai, 2006; Park & Folkman, 1997). Situational meaning is explained as an individual's view of a specific situation whereas global meaning is a general orientation towards many situations (Park, 2014; Park & Folkman, 1997). An individual's global meaning system consists of beliefs about themselves

and the social world they live in, and goals and emotions that influence the way they understand the situations they are in, especially stressful ones, on a daily basis (Park & Ai, 2006; Taves et al., 2018). Park and Folkman (1997) explain that meaning making is a way of coping with stressful events that cause disequilibrium in a person's global and situational meaning systems. In order to restore equilibrium, an individual automatically tries to make sense of the stressful event, usually through spiritual coping mechanisms (Park, 2014). Park and Folkman (1997) proposed three broad outcomes of meaning making that arise when attempting to restore equilibrium between an individual's global and situational meaning systems after a traumatic event. These include improved social resources, improved personal resources, and developing coping skills (Park & Folkman, 1997). According to Park and Folkman (1997), the first outcome of meaning includes developing a confidant relationship, improving family relationships or friendships, and building support networks. The second outcome of meaning includes being self-reliant, self-understanding, more mature, empathetic, and altruistic and making changes in priorities (Park & Folkman, 1997). The third and last outcome of meaning includes seeking help, regulating affect, having improved problem-solving skills, and improving one's cognitive coping skills (Park & Folkman, 1997). It should be noted that Park and Folkman's (1997) meaning making model mentions meaning making mechanisms in broad adverse experiences and is not specific enough to apply to the context of specific CSA survivors' experiences. However, this model can be used as a basic structure of understanding the meaning making process in the context of trauma.

This model has contributed to global knowledge by providing a helpful framework for understanding the role of global meaning systems in health psychology in relation to adverse experiences (Park, 2014; Park & Folkman, 1997). Park (2014) continuously emphasises the influence of a person's beliefs, goals, and purposefulness on an individual's health and well-being; however, the research done with this model has only been cross-sectional, thus the findings are somewhat partial. Park (2014) states that it is not yet clear what mechanisms contribute to how meanings are made and why this process happens, suggesting that further research is needed in this area.

The findings from the scoping review of this study support and extend on Park and Folkman's (1997) meaning making model. The meaning making mechanisms identified in the scoping review which support Park and Folkman's (1997) model were: 1) *improved social resources* (finding meaning and helping others); 2) *improved personal resources* (improving self-efficacy by developing skills and being autonomous); and 3) *developing coping skills* (receiving external and social support and meaning in religion and spirituality). The meaning making mechanisms identified in the scoping review which were not included and as such extend on

Park and Folkman's (1997) meaning making model are, namely: 1) *providing maternal care* (doing good for others); 2) *supporting, caring and not blaming the inner self and appreciating life* (restoring and empowering the inner self); 3) *having a positive post-trauma intimate and disclosure experience* (mobilising external and social resources); and 4) *defining, confronting and understanding the trauma and developing a post-trauma identity* (actively integrating the trauma narrative).

1.4 Research questions

The primary research question driving the study is:

What is known from the literature and South African women survivors' meaning making mechanisms in the context of their CSA experiences?

The following secondary research questions were formulated to aid in answering in the primary research question:

- *What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?*
- *What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?*
- *What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?*

Main aim and objectives

The main aim of this study is threefold: firstly, to explore what could be learned from the literature about the meaning making mechanisms of women survivors of CSA; secondly, to conduct an empirical study on the data obtained from the S2T treatment intervention sessions so as to identify the meaning making mechanisms of a group of South African women survivors of CSA, and lastly, to formulate a conceptual framework.

Objectives

To achieve this goal, the following objectives were identified:

- To conduct a scoping review to explore the literature and provide a summary on women survivors' meaning making mechanisms in the context of CSA experiences.

- To conduct qualitative secondary analysis (QSA) on three datasets of the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme treatment sessions, to identify the meaning making mechanisms of South African women survivors of CSA.
- To contextualise findings from the scoping review and QSA by means of formulating a conceptual framework to enhance the understanding of the global knowledge base on meaning making mechanisms of South African women survivors in the context of their CSA experiences.

To assist in answering the research questions and achieving the overall objectives of the study, the following design map was formulated.

Table 1

Design map

Primary research question	What is known from the literature and South African women survivors' meaning making mechanisms in the context of their CSA experiences?	
Secondary research questions	Manuscript 1 – Phase I 1. What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?	Manuscript 2 – Phase II 2. What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions? 3. What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?
Objective	1. To conduct a scoping review to explore the literature and provide a summary on women survivors' meaning making mechanisms in the context of CSA experiences.	2. To conduct qualitative secondary analysis (QSA) on three datasets of the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme treatment sessions, to identify the meaning making mechanisms of South African women survivors of CSA. 3. To contextualise findings from the scoping review and QSA by means of formulating a conceptual framework to enhance the understanding of the global knowledge base on meaning making mechanisms of South African women survivors in the context of their CSA experiences.
Research design	• Scoping review	• Qualitative secondary analysis
Research method	• Search strategy (keywords) • Eligibility criteria (data base and journal search) • Quality appraisal • Extraction of data	• 3 pre-existing datasets of S2T treatment sessions • 26 treatment sessions with women (N=25) survivors of CSA
Data analysis	• Thematic analysis • Inductive coding • Independent coding • Consensus discussions	• Thematic analysis • Deductive using a coding framework based on literature • Inductive coding • Iterative process • Independent coding • Co-coder • Consensus discussions
Outcomes	• First known summary of studies to date on meaning making mechanisms of women survivors of CSA • First known draft conceptual framework is provided • Contributed towards the global knowledge base on this phenomenon	• Opened the conversation on meaning making mechanisms of South African women survivors of CSA • Proposed a formulated conceptual framework to potentially inform specific treatment needs of women survivors of CSA

1.5 Research methodology

According to Creswell (2007), qualitative research is well suited to explaining the meaning and complexity of a given situation. Thus, through understanding the procedures followed in the study and with deep investigation of the topic, the intricacies of meaning making in the context of CSA might be understood. In explaining the procedures followed in the study, the methodology section will discuss the two phases of research using an exploratory qualitative research design. The research methodology was informed by the research paradigm. A paradigm is described as a philosophical and theoretical framework that integrates specific theories relating to a scientific school or discipline and is composed out of a collection of belief categories such as ontological, epistemological, and methodological assumptions (Labonte & Robertson, 1996; Merriam-Webster, n.d.). This study makes use of the constructivist paradigm which argues that human beings construct their own social realities through social interaction, and that this reality is subjective and experiential (Grix, 2002; Labonte & Robertson, 1996; Sarantakos, 2005). Constructivist methodology focuses on the lived experiences of people and on subjective meaning through knowledge as understanding. In constructivist methodology, the researcher forms an essential part of the inquiry (Krauss, 2005; Labonte & Robertson, 1996; Patel, 2012). The individual meaning of the complexity of a particular situation is best explored through qualitative studies (Creswell, 2007).

As such, there are certain characteristics that encompass qualitative research. Denzin and Lincoln (2008) characterise qualitative research as research concerned with: rich descriptions; grasping the essence of an individual's perspective; discarding a positivistic and postmodern perspective; adhering to a postmodern awareness, and finally, inspecting the limitations of everyday life. With these characteristics in mind, the current study was conducted in two phases. In the first phase, a scoping review of existing literature was conducted in order to answer the first research question. Then, in the second phase, QSA was employed (using a coding framework compiled from the scoping review, as seen in Addendum D) on data collected during three groups of S2T collaborative strengths-based group intervention treatment sessions for South African women who experienced CSA, so as to answer the second and third research questions. In the following section, the methodology of phase I (scoping review) will be discussed, after which an explanation of phase II (QSA) will be provided.

1.5.1 Phase I: Scoping review

1.5.1.1 Research design: Scoping review

A scoping literature review is usually done to assess and map the research that is available on a certain topic (Pham et al., 2014). The scoping review thus focused on the research that exists on CSA and meaning making mechanisms in order to summarise the literature found on this topic. Additionally, the scoping review allowed the researcher to identify what is known and unknown about the topic, also known as grey literature, which may initiate further investigation in the future (The Joanna Briggs Institute, 2015). A scoping review aims to gain an overview of a broad topic, with a flexible approach to mapping literature available on the topic (Dijkers, 2015; Peterson et al., 2016). Thus, the researcher summarised information from different studies by exploring key findings to gain a broad understanding of the literature available on meaning making mechanisms. This was done by following the methodological framework for conducting a scoping review by Arksey and O'Malley (as cited in Levac et al., 2010). The steps followed in this framework are as follows: 1) identify the research question to discover the scope of the literature available on the topic; 2) identify studies from multiple sources that are relevant to the research question; 3) study selection which is guided by the inclusion and exclusion criteria; 4) map the data obtained from the included studies; 5) analyse data through descriptive thematic analysis; and 6) consult with stakeholders for additional input above literature (Levac et al., 2010). With regards to consulting with stakeholders, the researcher had regular contact sessions with her supervisors as well as an independent coder to refine and verify the results from the scoping review.

This framework was chosen because of the key strengths it holds and how well it supplements the study's aims. The key strengths of this framework are: firstly, stakeholders provide a deep insight and additional knowledge to the study; secondly, it proves to be time-efficient, and lastly, it provides a clear and easily accessible outline of studies, which allow the researcher to easily identify key points or gaps in the literature (Levac et al., 2010). During the process of the scoping review, the following limitations were taken into account which may have hindered the research done, according to Arksey and O'Malley's (2007) framework: 1) research questions might be too broad; 2) a balance should be created between the extent of the study and the feasibility of resources; 3) the decision-making process of which studies to include might be unclear; 4) the total of possible extracted studies might be unclear; 5) there are multiple steps involved in one stage of the framework; and 6) integrating the stakeholders' knowledge with the findings (as cited in Levac et al., 2010). The above process was employed so as to answer the research question: What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?

1.5.1.2 Search strategy

Databases and journal sources

The research summarised in the scoping review consisted of information gathered from article references, online databases, and academic journal articles. The data was investigated using the following keywords as inclusion criteria: *meaning, meaning making mechanisms, meaning making, sources of meaning, adult women survivors, childhood sexual abuse, child sexual abuse, child sexual assault, rape, childhood sexual trauma, child sexual trauma, and adult female survivor*. The databases which served as information sources relevant to this study were: EbscoHost (Academic Search Premiere, Africa-wide Information, E-Journals, ERIC, PsycARTICLES, PsycINFO, SocINDEX), Scopus, Pro Quest, Science Direct (Social Sciences, Psychology, and Humanities) and Google Scholar. The academic journals relevant to this study include: *Child Abuse & Neglect, Child Maltreatment, Journal of Child Sexual Abuse, Sexual Abuse: A Journal of Research and Treatment, and Women's Studies International Forum*. The abovementioned databases and journals are listed in the addenda and also indicate the number of relevant studies extracted from each according to the searched keywords (Addendum B). The keywords discussed were used to scan and identify article titles and abstracts on the relevant databases that apply to the inclusion and exclusion criteria. After identifying relevant articles according to the inclusion and exclusion criteria, full-length articles were downloaded, and hand searched. The researcher also searched through reference lists for additional data sources.

1.5.1.3 Inclusion and exclusion criteria

The sources of evidence used in this study were narrowed down to a specific topic with specific eligibility criteria in order to make the review more focused on relevant information. The sources of evidence used in this scoping review did not exceed more than twenty years prior to this study in order to ensure that the information is relevant and not outdated. The language of the sources that were accepted was English due to the language limitations of the researcher. There was no limitation on the context of the study sources since national and international articles were needed to provide the broad overview of the topic required in a scoping review (Dijkers, 2015; Peterson et al., 2016). The types of studies included in the scoping review were various forms of literature which included qualitative studies, quantitative studies, mixed method studies, systematic reviews, integrative reviews, meta-analyses, and empirical studies on the intervention of CSA with a focus on meaning making. This is as a result of the phenomenological nature of the research; participants will not have the same subjective experiences of meaning making and for the purposes of the study, the topic is not

quantifiable. Furthermore, the participants and phenomenon relevant to this scoping review are meaning making mechanisms of women survivors that experienced CSA; this was narrowed down by using the keywords and searching the databases. The studies included in the review were related to the topic of studies about women who were sexually abused as children and studies about meaning making or the mechanisms that contribute to meaning making in survivors of CSA. Studies excluded from this scoping review were literature reviews and grey literature. The grey literature includes government documents, book reviews, training manuals, policy statements, research reports, surveys, reference to blogs, reference to books, newsletters, and magazine articles. Studies that include children or solely adult male survivors of CSA were also excluded from this scoping review because the participants relevant to this study is limited to adult women survivors of CSA, specifically. Due to the limited knowledge base on this topic, some studies with a clear focus on meaning making mechanisms conducted on large samples (such as review articles) that included a minority of male survivors were also included in this scoping review.

1.5.1.4 Study selection process

Data collection in scoping reviews involves extracting data from the results of the selected studies, as explained in stage four of Arksey and O'Malley's framework (as cited in Levac et al., 2010). In this stage, the researcher developed a data-charting form (Addendum C) which determined which data to extract, and for the purpose of this scoping review, only data that explained meaning making mechanisms of women CSA survivors was mapped in the data-charting form (Levac et al., 2010). The following items were extracted from the chosen articles: author/s' name/s, date of publication, title of article, journal, country name for study context, approach and methods of the study, contextual factors of sample backgrounds, findings of study, and the quality appraisal score. A quality appraisal of studies included in this study's scoping review is not needed, since a scoping review typically does not include a quality appraisal of studies as in the case of systematic reviews (Levac et al., 2010). However, for the purposes of trustworthiness, a quality appraisal was conducted to improve the quality and integrity of the research.

1.5.1.5 Synthesis of results

Charting the data

The synthesis of results pertains to understanding the process of summarising and analysing the results found in the data collection (The Joanna Briggs Institute, 2015). The studies found in the scoping review were summarised or mapped in a data-charting form (Addendum C;

Levac et al., 2010) which was compiled by searching the literature related to meaning making mechanisms of women survivors of CSA. The following headings were included: author, year of publication, title, journal, country, research approach, method, participants, contextual factors of sample background, categories (themes and sub-themes), key findings, and the quality appraisal score.

Data analysis

Thematic analysis is a form of data analysis commonly used to report rich data in qualitative studies (Braun & Clarke, 2006). This form of analysis was used to search for patterns of meaning making mechanisms in the studies found in the scoping review (Braun & Clarke, 2006). The data was explored to answer the research question at hand; this was done by identifying common themes within the data and creating codes which were used to interpret the meaning of those themes (Braun & Clarke, 2006). Pertaining to finding themes in the literature, Braun and Clarke's (2006) six phases of thematic analysis were followed: 1) the researcher will become familiar with the data by transcribing the data, continuous reading and making notes; 2) initial codes will be created to identify relevant features of the data that are interesting and meaningful; 3) meaningful codes will be sorted into potential themes that might answer the research question; 4) the identified themes will be reviewed and refined to consider whether the coded data forms a clear pattern; 5) the researcher will define and further refine the themes as well as write up an analysis of the meaning of each theme; 6) the final analysis and writing of the report will be done to provide a motivated and logical summary of the overall data. The data found through this process of analysis was summarised and presented in a table to serve as a map of the data extracted from the literature (The Joanna Briggs Institute, 2015). For the purpose of this study, data related to the meaning making mechanisms in the healing experiences of women CSA survivors was coded, grouped into themes, and supported by data extracts from the S2T intervention treatment sessions. Codes were assigned to key features within the data that related to meaning making mechanisms; codes were then created into sub-themes, and then grouped under potential overall themes. The Atlas.ti (Version 8.1, 2017) software programme was used to draw up a report and extract the presenting themes. Each theme was reviewed and coded in accordance with the written investigation of data to assess the significance of the theme. An independent coder who has a master's degree in psychology and is an experienced qualitative researcher was used to assess the eligibility of the included studies for inclusion and helped to verify the codes of the analysis. The researcher identified four themes with fourteen sub-themes after a consensus discussion with the supervisors and the independent coder. The scoping review reported very few ($n = 5$) South African studies, which motivated for the second phase of this study. The draft

conceptual framework compiled in the first phase of this study (Figure 4) was translated into a coding framework and used for deductive coding in phase II of this study.

1.5.2 Phase II: Qualitative Secondary Analysis (QSA)

1.5.2.1 Research design

QSA is a type of analysis that focuses on using existing data from semi-structured interviews, open-ended responses from questionnaires, and field notes taken during research (Heaton, 2008). This is done to develop or answer new questions, or to confirm previous research questions (Heaton, 2008). Thus, QSA entails the use of already produced data to develop new research questions (Heaton, 2008; Irwin & Winterton, 2011) and can be used for two key purposes: to study new or additional research questions, or to confirm the findings of former research (Heaton, 2008). There are three modes of QSA that can be followed by the researcher as stated by Heaton (2008), namely: formal data sharing, informal data sharing, and self-collected data. In this study, formal data sharing will be used, described as using previous data that has been independently collected in an ethical manner (Heaton, 2008). Heaton (2008) further indicates that there are five styles in which existing self-collected datasets could be analysed in QSA: reanalysis (re-examining data findings of primary study to validate and confirm findings); amplified analysis (comparing or combining two or more existing qualitative datasets); assorted analysis (secondary data analysis in combination with the collection and analysis of primary data for the same study); supplementary analysis (to get more in-depth understanding of an aspect(s) not addressed in the original study), and supra analysis (aim and focus of secondary study that exceeds those of the primary study). The researcher used the latter form of analysis in the study as the objectives and aims exceeds the original research (as stated above) which examined the efficacy of the S2T collaborative strengths-based group intervention programme, by looking at the meaning making mechanisms of these women survivors of CSA and hereby answering additional research questions to that of the primary S2T study.

The researcher asked the following secondary research questions while conducting the QSA: What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions? Additionally, what findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?

The primary study focused on evaluating the efficacy of the S2T collaborative strengths-based group intervention programme, to evaluate whether the programme was successful in promoting resilience processes and posttraumatic growth (PTG) enabling outcomes in women survivors of CSA. Thus, by conducting QSA, the researcher is posing a new research question arising from the pre-existing data. Various strengths are associated with secondary analysis, including that: there is no need for sample recruitment and data collection procedures, allowing the researcher to focus on analysis and interpreting the meaning of findings; it is inexpensive and convenient; it contributes to the original research as an extension of the primary study; the data can be used to its full potential because no additional participants are needed when conducting the research, and lastly, the dataset is objectively viewed because of the lack of subjective involvement in the data collection process (Szabo & Strang, 1997). However, doing a study with a group of women survivors of CSA poses significant ethical risks because of the level of vulnerability of the group and the private sensitive nature of the topic, thus the researchers must have the participants' best interest at heart (Camfield & Palmer-Jones, 2013). As such, this may limit research being done on CSA but can be approached in a different manner to ensure a better understanding of CSA in a protective, ethical manner. One way of approaching it from an ethical stance and extending on the original research is to employ QSA on an already existing dataset, where women have been facilitated in their growth and healing process, such as in the S2T collaborative strengths-based group intervention programme. A limitation pertaining to QSA which may hinder the study's progress is that the researcher was not involved in the primary research, thus leading to interpreting the data in a different way or not having the right primary design for the secondary research study (Camfield & Palmer-Jones, 2013; Thorne, 1998). While such limitations are acknowledged, the strengths of QSA appear to outweigh the limitations. These strengths include the fact that QSA eliminates sample selection and data collection so more effort can be placed on analysis and interpretation of findings, it is cost-effective and convenient, it is a credible method of generating knowledge that will contribute to the study and allows for research to continue in an area without having to find additional participants, therefore making maximum use of data, and lastly, analysts have the opportunity to view the dataset from an unbiased viewpoint (Camfield & Palmer-Jones, 2013). Furthermore, the researcher employed a reflexive approach and thus engaged with the data without preconceptions (Irwin & Winterton, 2011).

1.5.2.2 Background on the primary study: The S2T collaborative strengths-based group intervention programme

The purpose of the primary study

The S2T intervention programme is a collaborative strengths-based group intervention programme that applies a strengths-based and supportive approach to facilitating resilience processes and PTG enabling outcomes in women survivors of traumatic CSA experiences (Walker-Williams & Fouché, 2017). The four treatment outcomes covered by this intervention programme are: 1) providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members' experiences (drawing on Cognitive Behavioural Therapy [CBT] and Cognitive Processing Therapy [CPT] principles of cognitive processing); 2) normalising symptoms (emerging from the psychodynamic approach) and reframing trauma messages (CBT and PTG model); 3) active adaptive coping drawing on psychological inner strengths (psychodynamic and PTG model), and 4) transforming from meaning making to personal growth by re-sharing the trauma story "for a change" from a new perspective (PTG model). Participants were women who experienced CSA residing in the Vanderbijlpark region and surrounding areas within the larger Gauteng province in South Africa. A quasi-experimental design was employed during a pilot study conducted in 2013/2014 (Walker-Williams & Fouché, 2017). To further test the benefits of the collaborative strengths-based group intervention programme, the researchers recommended longitudinal research over a five-year period. A second group commenced in 2014/2015 and a third group in 2017/2018; the data from all three groups was analysed for the purpose of this study. Inclusion criteria for the group was: a minimum age of 18 years; disclosure of the CSA; having received some form of crisis intervention (as a child/adult); could understand and respond to English/Afrikaans and were willing to participate voluntarily and take part in the S2T intervention sessions at a central community location. The exclusion criteria for this study's sample was women suffering from psychotic symptoms or substance dependence. This was screened by the informed gatekeepers. These issues were excluded as they were seen to have the potential to hinder the recovery experiences of other women in the group. Overall, there were 26 group intervention sessions with 25 participants (ages ranging from 18 to 54 years), spanning over a five-year period. Ethical clearance was obtained for the primary study (Addendum I; NWU 00041-08-A1 – Group 1-3, 2013-2018). All 26 sessions were professionally transcribed and were checked for accuracy by the two study leaders who facilitated the S2T treatment sessions.

Table 2

Demographic characteristics of participants (N=25)

Characteristic	No.	Characteristic	No.
Age group		Children	
18-25	9	No	17
26-30	3	Yes	8
31-45	10	Type of abuse	
46-50	3	Contact	25
Nationality		Non-contact	0
South African	25	Perpetrator	
Foreign	0	Known	25
Race		Unknown	0
White	14	Age of CSA onset in years	
Black	11	3	2
Other	0	4	1
Level of education		5	3
Higher	19	6	9
Secondary	6	8	3
Occupation		9	4
Employed	15	10	2
Student	8	13	1
Unemployed	2	Duration of abuse in years	
Relationship status		1-2	7
Single	12	3-4	10
Married	10	5-6	4
Cohabiting	2	7-10	4
In a relationship	1		

Table 3

Biographical information of S2T group members

Participants	Total			Nationality	Average age
	Initial	Post-test	Delayed post-test		
Group 1 (pilot study, 2013/2014)	10	7	5	5 Black; 5 White	36 years
Group 2 (2014/2015)	8	5	5	5 Black; 3 White	25 years
Group 3 (2017/2018)	7	4	4	2 Black; 3 White	39 years
Research procedure					
Ethics number	NWU 00041-08-A1 (Group 1, pilot study, 2013/2014)				
	NWU 00041-08-A1 (Group 2, 2014/2015)				
	NWU 0041-08-A1 (Group 3, 2017/2018)				
Ethics	Informed consent (Group 1, pilot study, 2013/2014)				
	Informed consent (Group 2, 2014/2015)				
	Informed consent (Group 3, 2017/2018)				

Research integrity of primary study

The recruitment process for this primary study was as follows. The researchers contacted psychologists in private practice and social workers employed at welfare organisations, trauma centres, or private practice as gatekeepers. These professionals were required to have experience in working with women survivors of CSA. As gatekeepers, they were requested to identify women survivors who complied with the primary study's inclusion criteria. The inclusion criteria were: a minimum age of 18 years; disclosure of the CSA; having received some form of crisis intervention (as a child/adult); being able to understand and respond in English/Afrikaans, and being willing to participate voluntarily and partake in the S2T intervention sessions at a central community location. The gatekeepers were requested to obtain permission from these prospective participants in order to release their personal details to the researchers. Once the gatekeepers had obtained permission, the researchers were emailed with the identifying details of the prospective participants. The researchers then contacted these participants telephonically, explained the research, and invited them to an information session. During the information session, the researchers explained the informed consent form and administered the consent process. There was no cooling off period as the consent was obtained during the information session; however, the participants had the opportunity to withdraw from the research at any time without reprisal. The consent forms for groups two and three included consenting for the transcriptions of the recorded group sessions to be used for qualitative secondary data analysis, which included female post-graduate students working under the primary study's researcher's supervision (supervisors) having access to the transcriptions (where all names would be removed) for research data purposes.

However, for group one, this was not the case and so the researchers sought re-consent. The researchers requested that, during the delayed post-test session, the group one participants consider consenting to the request that: *"The transcriptions of the recorded group sessions may be used for qualitative secondary data analysis. This means that female postgraduate students working under our supervision may have access to the transcriptions for research data purposes. Your names will be removed from the transcripts and a number will be allocated to identify you, for example, P1 for participant one"*.

Confidentiality was encouraged in the group setting by means of group commitments and the voice recordings were transferred from the recording device to the primary researcher's computer. These audio files were shared with a postgraduate student and an external professional transcriber via a password-protected Google Drive file. Once the completed transcriptions were received by the primary researchers, they were checked for accuracy and then anonymised. The audio files were then deleted from the transcriber's and postgraduate

student's computers. The data consists of three- to four-hour-long transcripts of three S2T treatment groups from 26 intervention sessions in total. The transcriptions and consent forms were stored separately in securely locked cabinets in a locked venue in the Social Work building of the North-West University Vanderbijlpark Campus (NWU VC) and the digital recordings were stored in an encrypted file on the primary researchers' computers.

Risks posed to participants were reduced by including only women who had already disclosed their CSA experience and undergone some form of primary therapeutic intervention. However, participating in the S2T collaborative strengths-based group intervention programme could elicit a strong emotional reaction; as such, primary researchers were adequately qualified (clinical psychologist and social worker) to contain and manage such reactions. In addition, externally arranged psychological counselling services were available for any participant who might have experienced abnormal emotional reactions during their participation. Facilitators offered extra support outside the group and group members were also given the telephone numbers of the two facilitators in order to make contact if any difficulties could not be kept until the next group session. Participants were also requested to consent to a support WhatsApp group where communal support discussions could take place between sessions. This group was administered by the primary researchers.

Two publications to date reported on positive resilience processes and PTG-enabling outcomes in group one and two (Walker-Williams & Fouché, 2017, 2018). Preliminary analysis of the qualitative data of group three points to similar findings.

The purpose of this study

The purpose of this study is to conduct QSA on three datasets of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme treatment sessions, to identify the meaning making mechanisms of South African women survivors of CSA.

Participants and sampling

As mentioned above, sampling of participants was not necessary in this study because the data has already been collected from a sample in the primary study. The group intervention sessions done in the treatment programme were voice-recorded and transcribed, making the sample in this study the transcribed datasets, which were electronic documents as well as printed paper versions. The sample was also anonymised by removing the names of the participants on the transcripts so as to follow ethical procedures and ensure confidentiality. The researcher obtained permission from the primary researchers (Addendum H), who obtained consent from the participants with regard to using the data for future research, to use

the transcripts in secondary analysis. In order to use the transcribed datasets, the researcher also signed a confidentiality agreement (Addendum G) that ensures the researcher upholds her responsibility to protect the confidentiality rights of the participants and protect their identities as vulnerable persons (Thorne, 1998).

1.5.2.3 Data collection methods

Three modes of data collection can be used by QSA researchers, namely formal data sharing, informal data sharing, and self-collected data (Heaton, 2008). In this study, formal data sharing was used, mentioned by Heaton (2008) as a method by means of which previous data was collected independently and which fulfilled all ethical requirements, such as obtaining consent for the re-use of data for the secondary analysis. One of the benefits of conducting QSA is that participant sampling is not required, since existing datasets are used (Heaton, 2008). The data used in the study consisted of three datasets from three groups of women that attended the S2T collaborative strengths-based group intervention programme, and that have been made available by the primary researchers. Data was handled and stored in an ethical and professional manner, whereby consent was ensured for the re-use of the data in the secondary study and a confidentiality agreement was signed by the researcher.

Ethical clearance was obtained from the Health Research Ethics Committee (HREC) of the North-West University (NWU). On receiving this clearance, the researcher was provided with three files containing all 26 anonymised transcriptions of the three S2T group treatment sessions. The student signed a confidentiality agreement and was requested to keep any data files in a secure location, for example, a lock-up cabinet, within their workspace. The student was informed to return these files to the primary researchers after data completion where they were once again stored in a locked office in a secure cabinet in the Social Work building of the NWU VC.

Regarding storage of the data and to ensure confidentiality and data safeguarding, electronic versions of the transcripts and audio recordings of intervention sessions were saved electronically in a shared encrypted file in Google Drive, to which only the primary investigators, independent co-coder, and the researcher had access. This ensured that the data was safeguarded in a professional and ethical manner. Any printouts of transcripts that were used for the purpose of coding were secured in a locked cabinet on the NWU premises, to which only the primary investigators had access. When data coding for the current study was completed using printed versions of the transcripts, the researcher and independent co-coder did so under the supervision of the primary investigators on the NWU premises, where transcripts were securely stored after the coding process. When the research process was

finished and the study no longer required the transcripts or audio recordings, the researcher and independent co-coder erased all forms of data and primary investigators revoked their access to the shared file on Google Drive. After the researcher finalised the study report, the electronic data and signed consent forms were submitted to the NWU for safekeeping for five years after the publication of the results. The hard copies of the data will then be submitted to the NWU for destruction as per the institution's policies.

Data collected in the original study

Both quantitative (standardised scales) and qualitative (visual participatory approach) evaluation methods were employed during the pre- and post-tests of the S2T collaborative strengths-based group intervention programme. The quantitative data will be reported once a representative sample is collected. The researchers employed the draw-and-talk and draw-and-write techniques as part of the visual participatory approach (Mitchell et al., 2011). Mitchell et al. (2011) indicate that drawings can assist adults in capturing memories, thoughts, and feelings that are not easily transformed into words. The following instruction was given to the S2T participants: *"Draw a symbol of how you have coped with your traumatic CSA ordeal and what growth (if any) you have experienced as a victim of this childhood trauma? Then, explain in writing (e.g., write down a couple of sentences) what your drawing is saying about how you have coped and grown (if at all) from your CSA experience"*. Participants were asked to repeat this exercise after the last session, and again during the follow up session. To avoid subjective interpretation by the researchers, participants were given the opportunity to interpret their own drawings and narratives, and compare the first, second, and third drawings. All sessions were audio-taped and transcribed.

1.5.2.4 Data analysis

The researcher and an independent co-coder (who has a master's degree in psychology and is an experienced qualitative researcher) were involved in the analysis and coding of the data from transcripts to reduce researcher bias and increase the trustworthiness of the research results. Before the data was analysed by the secondary researcher and the independent co-coder, an ethical declaration was signed by both parties stating that all data will be kept confidential, as per the ethical guidelines according to the Health Professions Act 56 of 1974 (Department of Health, 2006). There were five ways in which existing data could be analysed. The type of secondary analysis used within this section of the study is supra-analysis, which, as described by Heaton (2008), is where the aim and focus of the secondary study exceed that of the primary research. This is because the proposed study brings new empirical

questions to light and adds onto the original research. The data analysis process proceeded as follows:

- Firstly, deductive thematic analysis was conducted using a coding framework compiled from the scoping review in phase I of the study (Addendum D) to guide this process (Elo & Kyngäs, 2008). The meaning making mechanisms were identified by keeping the scoping review results in mind as a guideline but were not limited to those findings. The researcher searched for any source of meaningfulness or positive outcomes (signs of meaning created or reframing occurring) identified by the participants during the intervention sessions so as to identify the meaning making mechanisms in the QSA.
- Secondly, any aspects that did not fit the categories were then coded into their own themes by applying inductive principles according to Elo and Kyngäs (2008).
- Thereafter, inductive analysis was conducted to code new categories of information that did not suit the existing categories (Elo & Kyngäs, 2008). Since the theoretical framework used in this study was the meaning making model by Park and Folkman (1997), the thematic analysis of the transcripts was an iterative process whereby the researcher frequently moved back and forth between the data and the model of Park and Folkman (1997) so as to gain an understanding of the data and also to identify whether the data supported or differed from this theoretical framework (Nieuwenhuis, 2011a).
- As with the scoping review, the six phases of thematic analysis of Braun and Clarke (2006), discussed later, were followed accordingly and the Atlas.ti (Version 8.1, 2017) software programme was used as a tool during the data analysis process.

1.6 Trustworthiness

According to Connelly (2016), *“trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study”* (p. 435). Thus, if research presents a trustworthy interpretation of data then it is more likely to contribute usefully to the field of research. The trustworthiness of a research study is judged according to its: credibility, dependability, confirmability, and transferability (Anney, 2014; Connelly, 2016; Denzin & Lincoln, 2008; Guba, 1981).

Table 4

Trustworthiness

Principle	Definition	Application in this study
Credibility	Credibility is the first and most important criteria in establishing trustworthiness; it can be defined as the confidence that exists in the truth of research findings (Anney, 2014).	The researcher ensured the credibility of this study by allowing the results to be scrutinised by the study leaders who are experienced in the field of CSA (Connelly, 2016). In addition, an independent co-coder (who has a master's degree in psychology and experience in qualitative research) coded the data. Quality appraisal was conducted with an independent person on studies included in phase I of this study to ensure credible findings. A consensus discussion was also held before the themes were finalised.
Dependability	Dependability is established using, among others, an audit trail, stepwise replication, and peer examinations and refers to the stability of findings over time (Korstjens & Moser, 2018).	With regard to dependability, the researcher kept process notes and involved the two study leaders in screening the information collected during the analysis (Connelly, 2016). An audit trail of the coding process in phase two of this study is also provided in Addendum E.
Confirmability	Confirmability refers to the degree to which the results of an inquiry could be confirmed or corroborated by other researchers (Anney, 2014).	To ensure confirmability, the findings were peer-reviewed by the study leaders, who are experts in the field of CSA and were directly involved in the S2T collaborative strengths-based group intervention programme, allowing them to corroborate the findings.
Transferability	Transferability refers to the extent to which the results of qualitative research can be transferred to other contexts with other populations (Korstjens & Moser, 2018).	Transferability was enhanced in this study by providing a detailed description of the research topic, methodology, and procedure in order to provide other researchers with the necessary information to be able to evaluate transferability of the findings to other settings. Also adding to transferability to other contexts is the detailed description provided of the characteristics of the participants in the S2T collaborative strengths-based group intervention programme.

Throughout the process, the researcher consulted with her supervisors, who are experienced in the field of CSA, regarding the coding of the qualitative data to verify the results of the study (Nieuwenhuis, 2011a). Also, peer debriefing sessions were held with these supervisors who were also the facilitators in the primary S2T study to assert that data interpretations were clear and credible (Marshall & Rossman, 2016). Considering all of the above, the study's trustworthiness was ensured.

1.7 Ethical considerations

Before commencing with the research, the researcher obtained ethical clearance from the Health Research Ethics Committee (HREC) of the North-West University (NWU; Ethics number NWU-00480-19-A1; Addendum F) as ethical clearance is required to conduct the scoping review in phase I and the QSA in phase II. In this application, the research problem and the ethical considerations relevant to the study will be discussed. The researcher and her supervisors (Prof. Hayley Walker-Williams and Prof. Ansie Fouché) involved in the research process had undergone and received certification in ethics training, offered by the HREC of the NWU.

Regarding the QSA in phase II, the primary researchers gained informed consent from the participants in the three S2T groups (2013-2018) where they stated voluntary participation and that the data may be used for future research studies. As such, internal and external anonymity and confidentiality were assured in the primary study of S2T (2013-2018) in which the names of participants were not mentioned in the transcripts and the audio recordings were kept in a secure location as stipulated in the Health Professions Act 56 of 1974 (Department of Health, 2006). When data coding for the current study took place with printouts of transcripts, the researcher and independent co-coder did so under the supervision of the primary investigators on the NWU premises, where transcripts were again securely stored after the coding process. When the research process was finished and the study no longer required the transcripts or audio recordings, the researcher and co-coder erased all forms of data and primary investigators revoked their access to the shared file on Google Drive.

Regarding the use of such secondary analysis of data, Grinyer (2009) stated that when participants permit to the use of the data for future research, further demand on the participants to consent is eliminated and no further anxiety or distress can be caused. This is especially important in this case because of the sensitive nature of the topic and vulnerability of this group of participants. There is thus minimal ethical risk regarding harm of participants when it comes to secondary analysis because even though the process does not require direct contact to the vulnerable group of CSA survivors, secondary analysis deals with the data

derived from this vulnerable group. Therefore, research should proceed with caution and should adhere to all the ethical responsibilities discussed in this study to ensure confidentiality and effective safeguarding of the data.

The researcher had regular contact sessions including consensus discussions and consultation sessions with her supervisors (Prof. Walker-Williams and Prof. Fouché) to gain feedback about the research process and to report any problems during the research process; this refers to the effective monitoring of the research being conducted. The progress of the research was also monitored through regular supervision sessions with the study supervisors. This allowed the researcher to discuss any problems that arose during the execution. The researcher also kept a research journal to document the process of research as it happened and to make notes of any problems that needed to be addressed or followed up on. After the implementation of every step of the research, the researcher gave the study supervisors written feedback on each step executed via email. The researcher did not proceed to the next step unless the completion of the previous step had been reported to her study supervisors. The researcher constantly familiarised herself with the agreed upon protocol to make sure that she did in fact comply with the protocol. During supervision, the researcher reported to her study leaders how she complied with this protocol. The researcher will be held accountable for this compliance by submitting an annual progress report to her research entity (Optentia). If there were any amendments that needed to be made, the researcher would first consult with her study supervisors and once any amendments are approved, the researcher would document this in her research journal, and she would formally inform the chairperson of HREC as well as the scientific committee of Optentia. If there were to be any serious or adverse events (this was very unlikely), the researcher would immediately inform her study supervisors in writing and then seek guidance in terms of addressing the concerns. The researcher would also immediately inform the chairperson of HREC and the Optentia Research Committee of any such adverse incidents and the necessary remedial steps to be implemented.

The researcher also signed a confidentiality disclaimer (Addendum G), agreeing to the responsibility to keep the information from the audio recordings and transcripts of the recordings confidential as stipulated in the Health Professions Act 56 of 1974 (Department of Health, 2006). Regarding storage of the data, electronic versions of the transcripts and audio recordings were saved electronically in a shared encrypted file on Google Drive to which only the researcher, primary investigators, and co-coder had access, and any printed versions of transcripts were kept on the NWU premises in a secure location (locked cabinet) to which only the primary investigators have access, which ensured that the data was safeguarded in an ethical manner. After the researcher finalised a study report, the electronic data and the

signed consent forms were submitted to the NWU for safekeeping for five years after the publication of the results. The hard copies of the data will then be submitted to the NWU for destruction as per the institution's policies. After the research process was completed, the key research findings were disseminated back to the participants who were involved in the primary study. This was done via email by the primary researchers who have the contact details of the participants.

1.8 Summary of findings

1.8.1 Manuscript 1

The findings from 64 studies found in the literature by conducting a scoping review that met the inclusion criteria and provided evidence of women survivors of CSA in relation to meaning making mechanisms were summarised in this study. Of the selected studies, 34 were qualitative ($n = 34$), 12 were quantitative ($n = 12$), 10 were mixed method ($n = 10$), and 8 were review articles ($n = 8$). The meaning making mechanisms reported by women survivors of CSA were identified and drafted into a conceptual framework, consisting of four main themes and fourteen sub-themes. The findings from the scoping review support and extend on Park and Folkman's (1997) meaning making model. The meaning making mechanisms identified in the scoping review which support Park and Folkman's (1997) model were: 1) *improved social resources* (finding meaning and helping others); 2) *improved personal resources* (improving self-efficacy by developing skills and being autonomous); and 3) *developing coping skills* (receiving external and social support and meaning in religion and spirituality). The meaning making mechanisms identified in the scoping review which are not included and as such extend on Park and Folkman's (1997) meaning making model are, namely: 1) *providing maternal care* (doing good for others); 2) *supporting, caring and not blaming the inner self and appreciating life* (restoring and empowering the inner self); 3) *having a positive post-trauma intimate and disclosure experience* (mobilising external and social resources); and 4) *defining, confronting and understanding the trauma and developing a post-trauma identity* (actively integrating the trauma narrative).

The findings from the scoping review reported very few South African studies ($n = 5$), with most studies conducted in developed countries. Thus, to honour diversity and context, these findings could not be transferred to a developing South African population. The few studies conducted in South Africa were all focused on topics related to recovery literature and include meaning making as a component of healing in broad terms. However, no studies found in the scoping review focused solely on meaning making in the CSA context and the contributing mechanisms thereof. As such, this motivated the second phase of this study, with the aim of

contributing towards ongoing discussion and exploration of the experiences of women survivors of CSA in relation to meaning making, as well as to inform the knowledge base of how these experiences manifest in a South African population of women survivors of CSA, so as to potentially inform practice and the specific treatment needs of women survivors of CSA. In addition, the draft conceptual framework compiled in the scoping review during the first phase was translated into a coding framework (Addendum D) to inform the deductive coding process in the next phase of this study.

1.8.2 Manuscript 2

A coding framework drafted in manuscript one guided the thematic analysis which was conducted in two phases, deductively and inductively. Two overarching meaning making processes were identified, namely intrapersonal and interpersonal meaning making mechanisms. The intrapersonal meaning making mechanisms were: recognising their self-worth, attitude of gratitude, finding ways of coping proactively, having a lifelong learning attitude and being autonomous, and lastly accepting and integrating a post-trauma identity. The process of integrating a post-trauma identity presented with nuanced differences. The interpersonal meaning making mechanisms were: being supported, encouraged and loved by others, having strong faith in a higher power, selfless devotion and embracing post-trauma intimate experiences. Two sub-themes found in the scoping review, i.e., *not blaming the self* and *having a positive disclosure experience*, did not arise in the data of the S2T treatment sessions. This limitation could be seen as a motivation for future research focusing on meaning making mechanisms as a vital component in the treatment of women survivors of CSA. The draft conceptual framework (compiled in manuscript one) was then expanded and finalised into a formulated conceptual framework after phase two. The formulated conceptual framework contributes to the global knowledge base and opens up discussion in South Africa on the recovery experiences of women survivors of CSA in relation to meaning making mechanisms. The themes found in relation to meaning making mechanisms can be seen as unique tools that can be utilised in the recovery and specific treatment needs of women survivors of CSA.

1.9 Limitations of the study

Scoping review

Only studies published in English were included for the scoping review and this might have excluded important research done in other languages. According to Tricco et al. (2016), scoping reviews have inherent limitations because their focus is on providing the range rather

than the depth of information on a specific topic. However, to answer the primary research question, this method was appropriate, given that the objective was to determine what is written in the literature about the meaning making experiences of women survivors of CSA in order to compare this with the experiences of participants of the S2T intervention programme. The researcher acknowledges that the search strategy utilised in this study may have overlooked some studies. During the scoping review, there were articles that indicated valuable data in the abstract, but after unsuccessful assistance from the research librarians and contacting the authors to gain access, these articles were excluded since no full-text access could be gained.

Qualitative secondary analysis

Due to the vulnerable population and small sample size of women, the amount of data available for the QSA might not have been representative. This contributed to the limitations of the study. However, the in-depth nature of the data collected from these participants via repeated engagements with them would likely moderate this limitation to some extent. A further limitation was that the researcher was not directly involved in collecting the data and was thus not instrumental in terms of questions posed and observations made. Also, given the age of the women in the group, the traumatic impact of their sexual experiences in childhood on their current lives might lack certain aspects and intensity in relation to their meaning making mechanisms, as it would be perhaps in an older age group (Coltart et al., 2013; Finkelhor & Kendall-Tackett, 1997).

1.10 Contributions of the study

This study contributed towards the global knowledge base on meaning making mechanisms of women survivors of CSA by providing the first known summary of studies to date. Also, it opened the conversation on meaning making mechanisms of South African women survivors of CSA. It further proposes a formulated conceptual framework to potentially inform practice and the specific treatment needs of women survivors of CSA.

1.11 Layout of the study

Table 5

Layout of the study

Section A	Overview of the study	
Section B	Manuscript 1	Manuscript 2
	Phase I: Scoping review	Phase II: Qualitative secondary analysis
Journal publication	Sexual abuse: A journal of research and treatment	Journal of Child Sexual Abuse
Section C	Conclusion and recommendations	

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SECTION B

PREFACE

Section B consists of two manuscripts, each answering secondary research questions.

Phase I is a scoping review to answer secondary research question 1.

- *What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?*

Phase II is an empirical study (a qualitative secondary analysis) of an existing dataset to answer secondary research questions 2 and 3

- *What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?*
- *What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?*

All the research reports have been prepared for publication. For the sake of consistency, the formatting remains consistent throughout, irrespective of the journal guidelines for the respective journals.

PHASE I

PREFACE

MANUSCRIPT 1: *Meaning making mechanisms in women survivors of childhood sexual abuse: A scoping review*

This manuscript forms part of a larger study, which consists of two phases:

- Phase I – Scoping review
- Phase II – Qualitative secondary analysis

The manuscript that follows reports on phase I consisting of a scoping review which aims to answer the following research question:

What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?

The manuscript was written in article format, aimed at the journal of: *Sexual Abuse: A Journal of Research and Treatment*. The authors instructions can be found at <https://journals.sagepub.com/home/sax> or in Addendum J of this study.

MANUSCRIPT 1

**MEANING MAKING MECHANISMS IN WOMEN SURVIVORS OF CHILDHOOD SEXUAL
ABUSE: A SCOPING REVIEW**

ABSTRACT

Childhood sexual abuse (CSA) is a complex and prevalent problem with devastating long-term consequences for survivors. Meaning making mechanisms are not reported in the literature as a specific topic of recovery but are only mentioned in general recovery literature. This study extends the understanding of meaning making mechanisms in relation to women survivors of CSA. A scoping review was conducted on publications between January 1989 and December 2019 where 26 542 database articles and 8535 journal articles were identified in accordance with the search terms, adding up to 35077 publications for further analysis. After duplicates were removed and the exclusion criteria were applied, 1249 articles were screened for possible inclusion by reading through the abstracts. A total of 352 articles were screened for full-text review. An additional 13 articles were sourced through reference lists of the full-text articles. Finally, 64 articles were selected for inclusion in this review. Thematic analysis was conducted on the included studies in order to explore meaning making mechanisms. The results of this scoping review found four main themes and fourteen sub-themes describing the meaning making process of women survivors of CSA. Theme one identified doing good for others; theme two identified restoring and empowering the inner self; theme three identified mobilising external and social resources, and lastly, theme four identified actively integrating the trauma narrative. These themes support Park and Folkman's (1997) meaning making model. In addition, sub-themes which extend on Park and Folkman's (1997) meaning making model are providing maternal care; supporting, caring and not blaming the inner self and appreciating life; having a positive post-trauma intimate and disclosure experience; and defining, confronting and understanding the trauma and developing a post-trauma identity. This study contributes towards the global knowledge base on meaning making mechanisms of women survivors of CSA by providing the first known summary of studies to date. It is recommended that future research be conducted to further confirm these findings so as to inform treatment interventions for women survivors of CSA.

Keywords: childhood sexual abuse, meaning making, meaning making mechanism, scoping review, South Africa, survivors, women

2.1 Introduction

The aim of this study was to conduct a scoping review to explore the literature and provide a summary of what is known from published literature on women survivors of CSA's meaning making mechanisms so as to enhance the global knowledge base and identify gaps for further research. In the context of this study, meaning making is understood as a combination of emotional, cognitive, existential, and motivational factors that drive a person and allow them to make sense of the traumatic experience and feel fulfilled (Steger, 2011; Wong, 1998; Wong, 2011).

CSA is a serious issue that has proven to affect individuals in devastating ways long-term. These devastating effects are lifelong issues that affect men and women of all ages worldwide. Global research on CSA indicates that the prevalence worldwide is 11.8%, which means that 118 in every 1000 children are affected by this crisis (Stoltenborgh et al., 2015). During a meta-analysis conducted by Stoltenborgh et al. (2015), it was found that the African continent had the highest prevalence of CSA, estimated at 20.2% in females and 19.3% in males. In South Africa specifically, the first nationally representative study on the prevalence of CSA found that one in every three individuals has experienced some form of sexual abuse by the age of 17 years (Artz et al., 2016). In the same study, gender differences were identified, where males were affected by CSA (36.8%) slightly more than females (33.9%; Artz et al., 2016). These distressing statistics indicate that CSA is indeed a social epidemic in South Africa, more specifically considering the devastating outcomes for the victims of CSA.

A body of research found that the long-term outcomes of CSA include affecting an individual's social functioning, mental health, sexual functioning, and physical well-being (Beckenbach et al., 2007; Berger, 2015; O'Dougherty Wright et al., 2007). However, even in the face of this adversity, some researchers found that some survivors of CSA often appear to cope positively and grow from the experience (O'Dougherty Wright et al., 2007; Park & Folkman, 1997; Walker-Williams & Fouché, 2018). Some survivors deal with these devastating outcomes through various forms of treatment and interventions so as to mediate the effects of the CSA and find something meaningful in the process (Burke Draucker et al., 2011). In this regard, it appears that when survivors are able to view their CSA experience as a meaningful life-event, they may display fewer negative effects and an overall increased sense of well-being (Haffeejee & Theron, 2017; Silver et al., 1983; Simon et al., 2017). Furthermore, according to Simon et al. (2017), meaning derived from a traumatic experience may contribute to the improved well-being of an individual and is a continuous process that paves the way to recovering from the negative long-term effects. Thus, an important ingredient of CSA recovery appears to be attaching some meaning to the struggle with the devastating ordeal and therefore emphasis

on such meaning making mechanisms is needed when treating the negative long-term consequences of CSA. As such, meaning making is an important component to be included as a possible treatment outcome for CSA survivors.

There appears to be a dearth of literature focused on meaning making in general, such as meaning in life and also some research done on meaning making in relation to specific topics (Battista & Almond, 1973; Costin & Vignoles, 2020; Krok, 2015; Li et al., 2020; Park, 2008, Steger, 2016; Wong, 2014). Meaning making has also been found to be a connected outcome of posttraumatic growth and resilience, which are also widely represented in recovery literature (Baty, 2012; Damiani, 2019; Hartley et al., 2016; Kaye-Tzadok & Davidson-Arad, 2016a; Walker-Williams et al., 2014). However, to date, no synthesis of existing literature on the topic was found in order to provide a summary of what is known from published literature on meaning making mechanisms of women survivors of CSA. In the absence of such a published summary, the need was identified to conduct a scoping review to explore what is known from the literature about meaning making mechanisms as experienced by women survivors of CSA, in order to expand the global knowledge base in this regard and to identify gaps in research so as to inform further research studies. The findings from this scoping review may ultimately contribute to theory and treatment needs of women CSA survivors. In addition, the findings will inform a coding framework employed in manuscript two.

2.2 Theoretical framework

The meaning making model by Park and Folkman (1997) will serve as a theoretical framework for understanding meaning making in the context of CSA. This model was chosen because of the emphasis it places on meaning making in the context of trauma. The meaning making model was developed by Park and Folkman (1997) to assist individuals in adjusting positively after an adverse experience such as CSA. Silver et al. (1983) argue that positive adjustment post-trauma may only occur once an individual is able to make sense of the adverse experience and/or attach meaning to the experience causing the individual distress. This model explains that there are two levels of meaning that an individual makes use of to understand the traumatic experiences they go through, namely situational and global meaning (Park, 2014; Park & Ai, 2006; Park & Folkman, 1997). Situational meaning is explained as an individual's view of a specific situation, whereas global meaning is a general orientation towards many situations (Park, 2014; Park & Folkman, 1997). An individual's global meaning system consists of beliefs about themselves and the social world they live in, goals, and emotions that influence the way they understand the situations, especially stressful ones, they are in on a daily basis (Park & Ai, 2006; Taves et al., 2018). Park and Folkman (1997) further explain that meaning making is a way of coping with stressful events that cause disequilibrium

in a person's global and situational meaning systems. In order to restore equilibrium, an individual automatically tries to make sense of the stressful event, usually by utilising spiritual coping mechanisms (Park, 2014).

There are some limitations to this model to take into consideration when conducting research. This model was developed to investigate positive meanings made from a traumatic experience and does not focus on possible negative meanings made (Park, 2010). Therefore, negative coping mechanisms that might make recovery meaningful will not be relevant to this model. This model also does not focus on CSA, but rather focuses on a broader overview of trauma experiences and meaning making thereof (Park & Folkman, 1997). Another limitation to this model, and maybe the most relevant to the current study, is that the model does not focus on the specific mechanisms used to make meaning and only focuses on the reasoning behind meaning making and broad outcomes of meaning making (Park, 2008; Park & Folkman, 1997). Park and Folkman (1997) proposed three broad outcomes of meaning making that arise when restoring equilibrium to the global and situational meaning systems. These include: improved social resources, improved personal resources, and developing coping skills (Park & Folkman, 1997). According to Park and Folkman (1997), the first outcome of meaning includes developing a confidant relationship, improving family relationships or friendships, and building support networks. The second outcome of meaning includes being self-reliant, self-understanding, being more mature, empathetic and altruistic, and making changes in priorities (Park & Folkman, 1997). The third and last outcome of meaning includes seeking help, regulating affect, having improved problem-solving skills, and improving one's cognitive coping skills (Park & Folkman, 1997). Due to Park and Folkman's (1997) meaning making model discussing meaning making mechanisms in broad terms, it is not specific enough to apply to the context of CSA survivors' experiences. However, the current study sheds light on these limitations and gaps in literature regarding the specific underlying meaning making mechanisms, specifically in relation to women survivors of CSA, used in the meaning making process as described by Park and Folkman (1997).

This model assists in understanding the trauma recovery process and the role that global meaning systems play in the healing process (Park, 2014; Park & Folkman, 1997). Park (2014) emphasises that a person's beliefs, goals, and purposefulness is an important factor that contributes to an individual's health and well-being; however, more extensive longitudinal research is needed to enhance the understanding of meaning making in the context of trauma. Park (2014) states that it is not yet clear what mechanisms contribute to how meanings are made and why this process happens, suggesting that further research is needed in this area. The current study aims to contribute to this gap in literature by exploring the meaning making

mechanisms that contribute to meaning making in the context of the experiences of women survivors of CSA.

2.3 Research question

The scoping review was guided by the following research question: What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?

2.4 Methodology

2.4.1 Research design

In order for the researcher to answer the research question, a scoping review was conducted to provide information on what could be learned from what has been written about the topic and to map the literature and identify gaps (Dijkers, 2015; Peterson et al., 2016). This was done by summarising information from different studies and exploring key findings so as to gain a broad understanding of the literature available on meaning making mechanisms in relation to women survivors of CSA. In this section, the methodological framework of Arksey and O'Malley (2007) was followed.

The steps followed in this framework are as follows: 1) identify the research question to cover the extent of the literature; 2) identify relevant studies from multiple sources; 3) study selection of the inclusion and exclusion criteria; 4) chart the data that will be extracted from the included studies; 5) analyse data through descriptive thematic analysis; and 6) consult with stakeholders for additional understandings above literature (as cited in Levac et al., 2010). The researcher followed these steps by formulating the research question and designing the protocol followed in the scoping review, and then searching for data on various databases and journals to iteratively assess the articles for inclusion or exclusion according to the criteria decided on in the scoping review protocol. The chosen studies were then summarised into a data-charting form (Addendum C) to provide a clear and detailed overview of the studies. The researcher also had regular contact sessions with her supervisors, who are experts in the field of Social Work and Psychology and have experience in working with CSA survivors, and independent coder to assess the quality and credibility of the data found in the scoping review and to possibly provide any additional input regarding the topic.

Arksey and O'Malley's (2007) methodological framework was appropriate for this study in that it provided deep insight and additional knowledge on the topic. Furthermore, it was time-efficient and also allowed for the provision of a clear outline of studies available in the literature,

allowing the researcher to identify key points and gaps in the literature with ease (Levac et al., 2010).

One reported limitation of this framework was that the research questions might be too broad; therefore, the PICO tool, which focuses on the population, intervention, comparison and outcomes of an article, was applied in this study (Levac et al., 2010; Davies, 2011). Furthermore, a balance should be created between the completeness of the study and the viability of resources; in this regard, there was a specific time period (1989-2019) used for conducting searches so as to achieve this balance (Levac et al., 2010). Another limitation was that the decision-making process of which studies to include might be unclear; this was prevented by developing clear eligibility criteria beforehand and auditing the included studies. This was conducted by the supervisors (Levac et al., 2010). Furthermore, in utilising this methodological framework, the total of extracted studies might be unclear; therefore, a flow diagram (Figure 1) was developed to provide a clear step-by-step process of the number of included and excluded studies throughout the scoping review process. Another limitation to this framework is that there are multiple steps involved in one stage of the framework; therefore, the researcher constantly made notes documenting the progress of each step (Levac et al., 2010). Lastly, there might be a degree of difficulty when integrating the stakeholders' understandings in the findings in this particular framework, thus the researcher and supervisors evaluated the findings to verify and ensure that all studies included meet the eligibility criteria of the current study (Levac et al., 2010). Overall, with reference to the current study, the strengths appear to outweigh the limitations, hereby making Arksey and O'Malley's (2007) framework suitable for conducting this scoping review.

2.4.2 Search strategy: Scoping review

The information provided in this section can also be seen in Addendum A, where a scoping review process and protocol document was developed to guide the researcher's searches and to ensure that all the criteria decided on for the scoping review were met at all times.

Database and journal search

According to Levac et al. (2010), electronic databases, reference lists as well as scientific journals are used to search for appropriate literature for a scoping review. Electronic databases, academic journals, and reference lists were used to gather information for the scoping review, as suggested by Levac et al. (2010). The following electronic databases were accessed for the scoping review: EbscoHost (Academic Search Premiere, Africa-Wide Information, E-Journals, ERIC, PsycArticles, PsychINFO, SocINDEX), Scopus, Pro Quest,

Science Direct (Social Sciences, Psychology, and Humanities), and Google Scholar. Academic journals included in the search were: *Child Abuse and Neglect*, *Child Maltreatment*, *Journal of Child Sexual Abuse*, *Sexual Abuse: A Journal of Research and Treatment*, and *Women's Studies International Forum*. The abovementioned databases and journals are listed in the addenda and also indicate the number of relevant studies extracted from each according to the searched keywords (Addendum B). Due to the lack of studies related to meaning making mechanisms specifically, studies that reported on meaning making as a topic discussed in general recovery literature on healing from CSA experiences reported by women survivors qualified for inclusion. In this scoping review, meaning making mechanisms were defined by the researcher as the emotional, cognitive, existential, and motivational causal factors that drive people and allow them to feel fulfilled (Steger, 2011; Wong, 1998; Wong, 2011).

Inclusion criteria

For studies to have been selected for the scoping review, studies had to have been published between January 1989 and December 2019. This 20-year gap was chosen as little literature was found within the recommended 10-year search period in the initial literature review. The search gap was thus extended to 20 years to include a wider range of literature. Only peer-reviewed articles that were published in English were selected. The selection of studies was guided by a keyword search, which included: *meaning*, *meaning making mechanisms*, *meaning making*, *sources of meaning*, *adult women survivors*, *childhood sexual abuse*, *child sexual abuse*, *child sexual assault*, *rape*, *childhood sexual trauma*, *child sexual trauma*, and *adult female survivor*. Publication types which were included were empirical studies, case studies, qualitative studies, quantitative studies, mixed method studies, systematic reviews, integrative reviews, scoping reviews, meta-analyses, theses, and dissertations.

Exclusion criteria

Any studies that reported on only males or children as victims of CSA were excluded from this scoping review. However, due to the limited knowledge base on the topic, some studies with a clear focus on meaning making mechanisms conducted in large samples (such as review articles) that included a minority of male survivors were also included in the scoping review. Studies that were not peer reviewed or underwent some form of independent examination were excluded, and lastly, publication types that were excluded from this review were: book reviews, policy statements, government documents, training manuals, literature reviews, research reports, newsletters, reference to blogs, or books and magazine articles.

2.4.3 Study selection process

During the search, 26 542 database articles and 8 535 journal articles were selected for the scoping review according to their relevance to the search terms. Thus, in the initial search, a total of 35 077 articles were selected for further analysis. Articles were sourced from the Boolean phrases presented in the table (Table 6) below. These articles were then exported to EndNote (Version X8) and grouped into their specific journal or database category. Once duplicates were removed and exclusion criteria were applied, 352 full-length articles were selected for further review and analysis. After a thorough and detailed analysis of the full-length articles, sources from reference lists were identified and quality appraisal was applied, and 64 articles were selected for inclusion in the review. Although quality or critical appraisal is not necessary when conducting a scoping review, the researcher decided to include this in the study so as to improve the reliability and quality of the scoping review.

Table 6

Boolean/phrases

(*child sexual abuse* OR *childhood sexual abuse*) AND (*meaning making* OR *meaning making mechanisms*)
(*child sexual assault* OR *rape*) AND (*adult women survivors* OR *adult female survivors*)
(*child sexual assault* OR *rape*) AND (*sources of meaning* OR *meaning*)
(*childhood sexual trauma* OR *child sexual trauma*) AND (*meaning making sources* OR *meaning making*)
(*meaning making* OR *sources of meaning*) AND (*child sexual assault* OR *childhood sexual abuse*) AND (*adult women survivors* OR *adult female survivors*)
(*meaning* OR *meaning making* OR *sources of meaning*) AND (*child sexual abuse* OR *childhood sexual abuse* OR *rape*) AND (*adult survivors* OR *female survivors* OR *women survivors*)

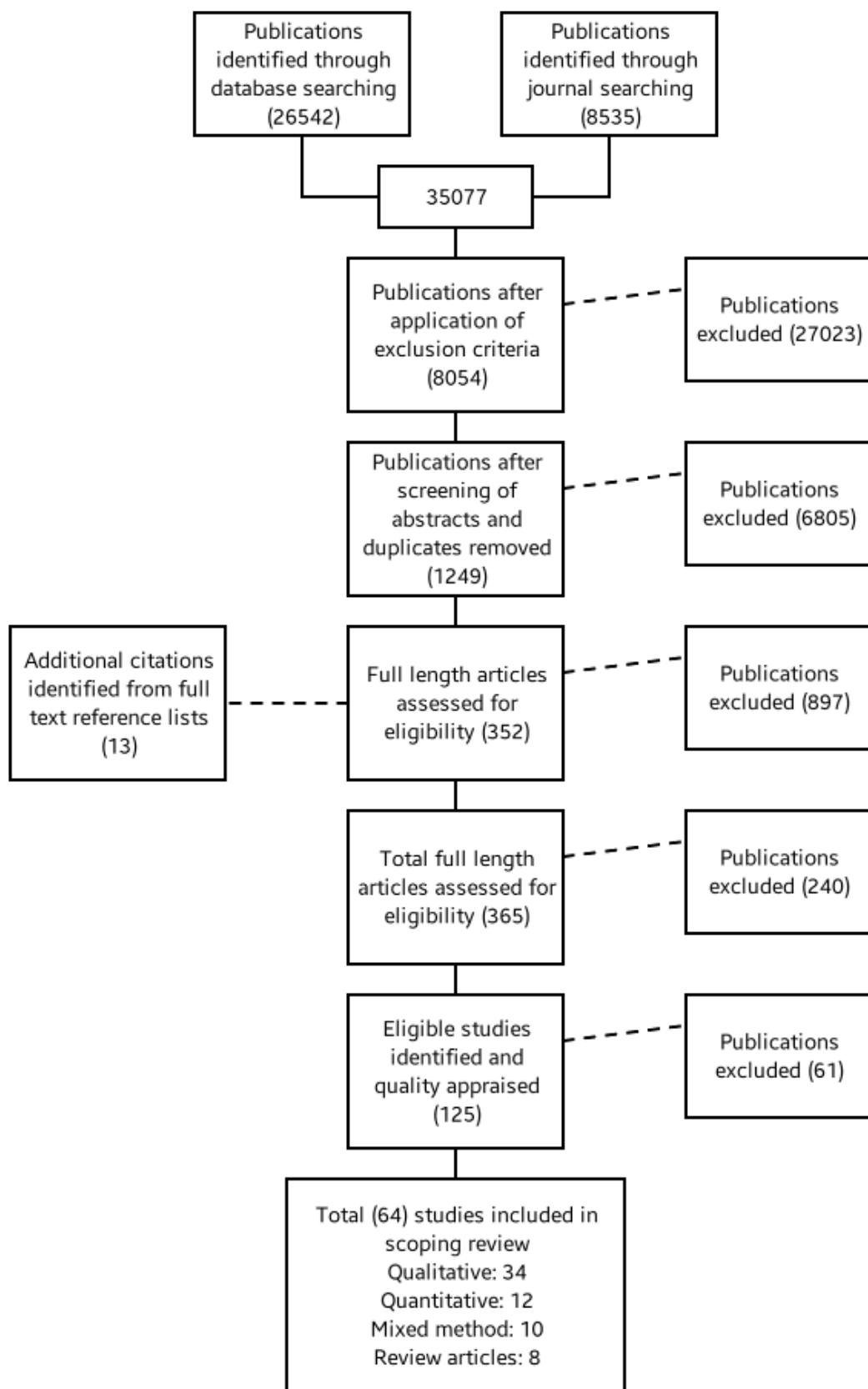


Figure 1. Study selection process – flow diagram.

2.4.4 Charting the data

A data-charting form (Addendum C) was compiled in order to identify data for extraction; data included in this form was related to meaning making mechanisms of women survivors of CSA (Levac et al., 2010). The following headings were included in the form: author, year of publication, title, journal, country, research approach, method, participants, contextual factors of sample background, categories (themes and sub-themes), key findings, and the quality appraisal score. Following the data charting, thematic analysis was utilised in this scoping review to search for themes and detailed descriptions in the dataset. Themes were generated through coding to grasp the essence of meaning in the data (Nieuwenhuis, 2011b). The Atlas.ti (Version 8.1, 2017) software programme was used as a tool in the data analysis process.

Critical appraisal

Although quality or critical appraisal is not necessary for a scoping review, the researcher decided to conduct such an appraisal to improve the reliability and quality of the research study. The Joanna Briggs Institute (JBI, 2015) critical appraisal tools were used to ensure that the themes that emerged in the data were not reliant on low-quality articles. These tools included checklists provided by the JBI (2015) to assess the quality of the content of various types of studies. The quality appraisal was conducted by the researcher as well as an independent researcher with a master's degree in psychology and experience in qualitative research to ensure more trustworthy results. Sixty-one articles were removed from inclusion after the quality appraisal due to lower quality scores (articles that met less than 70% of the criteria were excluded). The studies charted in the data-charting form are thus studies that were included during the quality appraisal.

2.4.5 Data analysis: Collating and summarising the results

Regarding analysis of the data found in the scoping review, Braun and Clarke's (2006) six phases of thematic analysis were utilised to identify themes related to meaning making mechanisms of women survivors of CSA in the selected studies. The researcher conducted analysis to identify themes in the literature by employing the following steps (Braun and Clarke, 2006): 1) the researcher will become familiar with the data by transcribing the data, continuous reading, and making notes; 2) initial codes will be created to identify relevant features of the data that are interesting and meaningful; 3) meaningful codes will be sorted into potential themes that might answer the research question; 4) the identified themes will be reviewed and refined to consider whether the coded data forms a clear pattern; 5) the researcher will define and further refine the themes as well as write up an analysis of the meaning of each theme;

and 6) the final analysis and writing of the report will be done to provide a motivated and logical summary of the overall data.

To achieve the abovementioned steps in the successful analysis of data, firstly, the researcher familiarised herself with the literature through reading and re-reading the titles, abstracts, and findings of literature related to meaning making mechanisms while noting down possible codes for the findings. Once codes were grouped, the researcher identified possible sub-themes and main themes to organise the data found in the literature. Each theme was reviewed by the supervisors and independent coder who has a master's degree in psychology and experience in qualitative research, so as to validate the significance of the themes. The researcher identified four themes with fourteen sub-themes after ongoing analysis and a consensus discussion with the supervisors and the independent coder. The data found through this process of analysis was then summarised and presented in a table to serve as a map of the data extracted from the literature (as seen in Addendum C; JBI, 2015). The Atlas.ti (Version 8.1, 2017) software programme was used to draw up a report and extract the presenting themes.

2.4.6 Trustworthiness

Throughout the scoping review, the researcher aimed to establish trustworthiness by referring to the guidelines in the scoping review protocol (see Addendum A), search strategy, inclusion and exclusion criteria, and data analysis process. During this phase of research, the researcher also had regular contact sessions with her supervisors and an independent coder so as to increase credibility and to validate the data analysis processes followed as well as the relevance of the findings (Marshall & Rossman, 2016; Nieuwenhuis, 2011b). During contact sessions, the supervisors, who are experienced in the field, examined the findings to increase transferability. Transferability was also ensured by providing a thorough account of the research topic and methodology followed in the scoping review. To ensure reliable findings in the scoping review, the researcher conducted a quality/critical appraisal through use of the tools stated in the Joanna Briggs Institute (JBI, 2015). Quality appraisal is not necessary in a scoping review; however, the researcher conducted it to improve the trustworthiness and quality of the data found (O'Brien et al., 2016). The supervisors and independent coder assisted in finalising the findings into themes to ensure that the findings could be interpreted clearly (Marshall & Rossman, 2016; Merriam, 2009).

2.5 Findings

Description of included studies

This section will discuss findings from 64 studies found in the scoping review that met the inclusion criteria and indicated a relation to meaning making mechanisms in women survivors of CSA. It is important to note that the researcher did not find studies solely focused on meaning making, as this appears to be where a major gap exists in the research on this topic. As such, studies that *discussed* meaning making were included, even though this was not the main focus of the studies found. Of the 64 included studies, 34 were qualitative ($n = 34$), 12 were quantitative ($n = 12$), 10 were mixed method studies ($n = 10$), and 8 were review articles ($n = 8$) including scoping reviews and one systematic review. Figure 2 below depicts studies found in the scoping review in relation to the countries they were conducted in.

Across studies found in literature, an average of ethnic groups was calculated according to the available information from the 64 studies included in the scoping review to indicate how different ethnic groups are represented in the literature. On average, samples from the studies consisted of a majority of white participants (69%), followed by black participants (38%), mixed ancestry participants (20%), Hispanic participants (10%), other (10%), biracial participants (6%), and Asian participants (4%).

When assessing the status of countries in which research on meaning making has been conducted, it is important to note that the majority of studies (89%) included in the scoping review were conducted in developed countries. These countries include the United States of America (USA), United Kingdom (UK), Canada, Australia, Israel, Germany, and the United Arab Emirates. The remaining 11% of studies were conducted in developing countries such as South Africa, India, and Zambia. The vast majority of studies on meaning making mechanisms of women survivors of CSA were conducted in the USA ($n = 39$; 60.9%), followed by studies in the UK ($n = 6$; 9.3%), Canada ($n = 5$; 7.8%), South Africa ($n = 5$; 7.8%), Australia ($n = 2$; 3.1%), Israel ($n = 2$; 3.1%), India ($n = 1$; 1.6%), Germany ($n = 1$; 1.6%), UK and USA ($n = 1$; 1.6%), UK and United Arab Emirates ($n = 1$; 1.6%), and Zambia and USA ($n = 1$; 1.6%) as seen in Figure 2 below. Country classifications as developed or developing are based on the United Nations World Economic Situation and Prospects which classifies a country based on high income, upper-middle income, lower-middle income, and low income, with these threshold levels per capita established by the World Bank (United Nations, 2019). Overall, five (7.8%) studies were identified in the developing country of South Africa.

Regarding the methodological integrity of the articles included in the scoping review, some qualitative studies and case reports had limitations in sampling with regard to sample size and demographic representativeness. Some mixed method studies and studies with large sample sizes included some male participants. However, all studies included in the scoping review

were highly relevant to the topic of this study and, overall, representativeness was well established.



Figure 2. Studies on meaning making around the world.

Furthermore, in order to summarise the information found in the scoping review, a framework has been developed which can be found in Figure 3 below. This figure indicates the major themes and sub-themes identified in the scoping review, the number of studies that discussed each sub-theme, as well as a visual depiction of the countries that conducted studies related to each major theme. After conducting the scoping review, the analysis revealed four themes and fourteen sub-themes.

The four main themes identified the following meaning making mechanisms: 1) doing good for others, 2) restoring and empowering the inner self, 3) mobilising external and social resources, and 4) actively integrating the trauma narrative. The first theme identified the following two sub-themes: a) finding meaning in helping others, and b) finding meaning in providing maternal care. Theme two identified five sub-themes, including: a) supporting and caring for the inner self, b) appreciating life, c) improving self-efficacy by developing skills, d) not blaming the self, and e) being autonomous. Theme three identified these four sub-themes: a) receiving external and social support, b) having a positive disclosure experience, c) having a positive post-trauma intimate experience, and d) finding meaning in religion and spirituality. The last theme identified three sub-themes, namely: a) defining and confronting the trauma, b) understanding and integrating the trauma, and c) acceptance and development of a post-trauma identity.



Figure 3. Framework for summary of findings related to each theme and sub-theme.

2.5.1 Theme 1: Doing good for others

Within this theme, two sub-themes were identified, namely: 1) finding meaning in helping others, and 2) finding meaning in providing maternal care. A summary of studies that discussed theme 1 and its sub-themes is provided in Table 7 below.

Table 7

Studies reporting on doing good for others

Theme 1: Doing good for others				
Sub-themes	Studies that discuss the sub-themes			
Finding meaning in helping others	Ahrens et al. (2010) Banyard & Williams (2007) Baty (2012) Burke Draucker et al. (2009) Burke Draucker et al. (2011) Chouliara & Narang (2017) Damiani (2019) Das et al. (2016)	Domhardt et al. (2015) Fleming-Hardy (2017) Hall (2003) Hartley et al. (2016) Hitter (2012) Kaye-Tzadok & Davidson-Arad (2016b) Kramer et al. (2015) Luck (2010)	McMillen et al. (1995) Murphy et al. (2009) O'Daugherty Wright et al. (2007) Phanichrat & Townshend (2010) Phillips & Daniluk (2004) Saha et al. (2011) Strachman Miller (2005)	Summerfield (2011) Vilenica et al. (2013) Walsh et al. (2010) Warner Stidham et al. (2012) Wienholz (2014) Wright & Gabriel (2018)
Finding meaning in providing maternal care	Banyard & Williams (2007) Baty (2012) Burke Draucker et al. (2011) Chouliara & Narang (2019) Damiani (2019) Domhardt et al. (2015)	Fleming-Hardy (2017) Gonzalez (2017) Haffeeje & Theron (2017) Hall (2003) Hartley et al. (2016) Kaye-Tzadok & Davidson-Arad (2016a)	Kramer et al. (2015) McMillen et al. (1995) O'Daugherty Wright et al. (2007) Phanichrat & Townshend (2010) Phillips & Daniluk (2004)	Vilenica et al. (2013) Walker-Williams et al. (2014) Warner Stidham et al. (2012) Wienholz (2014) Wright & Gabriel (2018)

2.5.1.1 Sub-theme 1: Finding meaning in helping others

Survivors of CSA find meaning in helping and giving back to others, making a difference in the community, and assisting people who have had similar CSA experiences (Murphy et al., 2009; Phanichrat & Townshend, 2010; Vilenica et al., 2013; Walsh et al., 2010). As such, mechanisms that contribute to meaning making in terms of helping others involves taking part in altruistic acts like being generally helpful or caring, such as selling or donating old clothes, volunteering at community organisations, and helping friends, family, or other survivors (Ahrens et al., 2010; Banyard & Williams, 2007; Baty, 2012; Chouliara & Narang, 2019; Kaye-Tzadok & Davidson-Arad, 2016a; Krayner et al., 2015; Luck, 2010; Summerfield, 2011; Warner Stidham et al., 2012). Furthermore, helping others appears to be a source of meaning and purpose as the altruistic experience tends to render these women more compassionate and empathetic towards others (Baty, 2012; Burke Draucker et al., 2011; Warner Stidham et al., 2012). This growing sense of compassion towards others further appears to motivate survivors to protect others in similar situations and make a difference in the lives of other survivors. Thus, survivors make an active effort to support, encourage, and provide a listening ear to other survivors of CSA, assist and motivate other survivors to seek justice by testifying and reporting the crimes, contribute to the safety of their community by joining agencies that focus on sexual abuse and advocating for speaking out publicly so as to raise awareness, and instil hope by sharing their stories (Burke Draucker et al., 2009; Burke Draucker et al., 2011; Chouliara & Narang, 2017; Das et al., 2016; Domhardt et al., 2015; Fleming-Hardy, 2017; Hartley et al., 2016; O'Daugherty Wright et al., 2007; Warner Stidham et al., 2012; Wienholz, 2014).

Ultimately, survivors aim to improve the lives of others by spreading kindness, acceptance, compassion, hope, and positive messages based on their struggle to overcome their trauma and what they had learned throughout their recovery process (Chouliara & Narang, 2019; Hall, 2003; Phillips & Daniluk, 2004; Saha et al., 2011; Strachman Miller, 2005; Wright & Gabriel, 2018).

2.5.1.2 Sub-theme 2: Finding meaning in providing maternal care

Protecting, caring for, and feeling more connected to children was identified as a way of making meaning after their CSA experiences (Hall, 2003; Vilenica et al., 2013; Walker-Williams et al., 2014; Wienholz, 2014). It can be argued that survivors whose parents did not protect them strive to be better parents to their own children by nurturing, taking good care of, and protecting their children and by enrolling in parenting classes, being more protective, as well as being more open and understanding about their experiences (O'Daugherty Wright et al., 2007).

Survivors attempt to protect their children and young siblings from this heinous trauma by being protective, educating them on sexual abuse, and keeping them away from known perpetrators or abusive family members (Burke Draucker et al., 2011; Haffejee & Theron, 2017; Kaye-Tzadok & Davidson-Arad, 2016b; Warner Stidham et al., 2012; Wright & Gabriel, 2018). Survivors attempt to create a safe environment for their children by familiarising them with the subject of CSA, and especially on what boundaries should exist in relationships. This includes showing affection in a safe way, making them aware of boundaries in adult relationships, asking them questions, and educating them on healthy sexual contact (Hartley et al., 2016; McMillen et al., 1995; O'Daugherty Wright et al., 2007; Warner Stidham et al., 2012).

Overall, it appears that feeling more connected to children, feeling a need to protect children from harm, and improving their lives is a great source of meaning to CSA survivors (Banyard & Williams, 2007; Baty, 2012; Chouliara & Narang, 2019; Domhardt et al., 2015; Gonzalez, 2017).

2.5.2 Theme 2: Restoring and empowering the inner self

This theme identified five sub-themes, namely: 1) supporting and caring for the inner self, 2) appreciating life, 3) improving self-efficacy by developing skills, 4) not blaming the self, and 5) being autonomous. A summary of studies that discussed theme 2 and its sub-themes is provided in Table 8 below.

Table 8

Studies reporting on restoring and empowering the inner self

Theme 2: Restoring and empowering the inner self				
Sub-themes	Studies that discuss the sub-themes			
Supporting and caring for the inner self	Ahrens et al. (2010) Anderson & Heirsteiner (2008) Banyard & Williams (2007) Batten et al. (2002) Baty (2012) Ben-David & Jonson-Reid (2017) Beveridge & Cheung (2004) Bradley & Follingstad (2001) Burke Draucker et al. (2011)	Chouliara & Narang (2019) Damiani (2019) Domhardt et al. (2015) Fleming-Hardy (2017) Godbey & Hutchinson (1996) Gonzalez (2017)	Hall (2003) Himelein & McElrath (1996) Hitter (2012) Phillips & Daniluk (2004) Price (2001) Pulverman et al. (2017)	Saha et al. (2011) Strachman Miller (2005) Summerfield (2011) Vilenica et al. (2013) Walsh et al. (2010)

Appreciating life	Ahrens et al. (2010) Baty (2012) Ben-David & Jonson-Reid (2017) Bradley & Follingstad (2001) Burke Draucker et al. (2009) Defferary et al. (2018) Fleming-Hardy (2017) Gall et al. (2007)	Gonzalez (2017) Haffejee & Theron (2017) Hartley et al. (2016) Hitter (2012) Kaye-Tzadok & Davidson-Arad (2016a)	Kaye-Tzadok & Davidson-Arad (2016b) Morrow & Smith (1995) Saha et al. (2011) Simpson (2010)	Strachman Miller (2003) Summerfield (2011) Vilenica et al. (2013) Walsh et al. (2010) Wright & Gabriel (2018)
Improving self-efficacy by developing skills	Banyard & Williams (2007) Ben-David & Jonson-Reid (2017) Burke Draucker et al. (2009)	Burke Draucker et al. (2011) Damiani (2009) Das et al. (2016)	Domhardt et al. (2015) Fleming-Hardy (2017) Hartley et al. (2016)	Hyman & Williams (2001) Kaye-Tzadok & Davidson-Arad (2016a)
Not blaming the self	Banyard & Williams (2007) Ben-David & Jonson-Reid (2017) Domhardt et al. (2015) Godbey & Hutchinson (1996)	Haffejee & Theron (2017) Hartley et al. (2016) Hitter (2012) McKenzie-Mohr & Lafrance (2011)	Saha et al. (2011) Summerfield (2011) Thompson (2000)	Vilenica et al. (2013) Walker-Williams et al. (2014) Wright & Gabriel (2018)
Being autonomous	Ben-David & Jonson-Reid (2017) Burke Draucker et al. (2009) Burke Draucker et al. (2011) Damiani (2019) Defferary et al. (2018) Domhardt et al. (2015) Godbey & Hutchinson (1996)	Haffejee & Theron (2017) Kaye-Tzadok & Davidson-Arad (2016a) Kaye-Tzadok & Davidson-Arad (2016b) Kirkner & Ullman (2019)	Murphy et al. (2009) O'Daugherty Wright et al. (2007) Phillips & Daniluk (2004) Saha et al. (2011)	Thompson (2000) Ullman (2014) Walsh et al. (2010) Wienholz (2014) Wright & Gabriel (2018)

2.5.2.1 Sub-theme 1: Supporting and caring for the inner self

Supporting and caring for the inner self allows survivors of CSA to discover meaning in taking care of themselves, loving themselves, and making their happiness, safety, and health a priority (Banyard & Williams, 2007; Burke Draucker et al., 2011; Damiani, 2019; Domhardt et al., 2015; Fleming-Hardy, 2017; Godbey & Hutchinson, 1996; Hall, 2003; Phillips & Daniluk, 2004).

Nurturing the inner self is done in various ways and writing about the abuse or reading materials that educate them on sexual abuse seems to be an effective way of reinforcing self-supportive behaviours (Batten et al., 2002; Hitter, 2012; Vilenica et al., 2013). As such, survivors who engaged in journaling on their abuse and daily progress or writing to their perpetrator or younger victim found these acts meaningful to their recovery process (Anderson & Heirsteiner, 2008; Baty, 2012; Bradley & Follingstad, 2001; Gonzalez, 2017; Himelein & McElrath, 1996; Pulverman et al., 2017; Summerfield, 2011). Reading about other CSA survivors' stories also made their recovery meaningful because they felt less alone (Chouliara & Narang, 2017).

Positive internal coping mechanisms also appeared to assist survivors in making meaning and feeling less alone. This may include introspecting, making use of self-talk, expressing and releasing emotions through, for example, yelling when feeling overwhelmed, creating art, singing, dancing, doing yoga, engaging in hobbies or travelling, and reading about others' stories or educational materials (Baty, 2012; Chouliara & Narang, 2019; Damiani, 2019; Domhardt et al., 2015; Fleming-Hardy, 2017; O'Daugherty Wright et al., 2007; Strachman Miller, 2005; Summerfield, 2011). Another way of loving and caring for themselves seems to be in taking care of their physical appearance like colouring their hair, wearing jewellery, and wearing colourful clothing (Gonzalez, 2017).

Survivors also appear to protect and support themselves through standing up for themselves, avoiding calls from the perpetrator, and being careful about trusting too easily in relationships (Beveridge & Cheung, 2004; Bradley & Follingstad, 2001; McMillen et al., 1995). This links to the recovery process where survivors learned to care for themselves by 'parenting' themselves, hereby learning to guide or improve their behaviour, comfort themselves, protect themselves from harmful or abusive people, and be strict on themselves when needed in different situations (Beveridge & Cheung, 2004). Some CSA survivors decide to be more kind to themselves by taking care of their health, resting and relaxing when they need to, and taking care of their needs as a priority (Price, 2001; Saha et al., 2011; Walsh et al., 2010).

This theme appears to emphasise that prioritising self-care seems to be an important mechanism of meaning making throughout the recovery process from survivors' traumatic CSA experiences.

2.5.2.2. Sub-theme 2: Appreciating life

When survivors of CSA attempt to make sense of and integrate their trauma, there is an apparent change in their mindset and perception about their lives (Baty, 2012; Defferary et al., 2018; Summerfield, 2011; Walsh et al., 2010). This change in mindset appears to stem from their sense of being grateful for a second chance at life or being appreciative of what they have and thus more

satisfied with their lives and the people they have chosen to include in their lives (Baty, 2012; Gonzalez, 2017).

As such, survivors appear to appreciate life and themselves more, and this includes their bodies and capabilities (Hitter, 2012). Survivors appear to feel more positive, hopeful, and optimistic about their future and feel an innate desire to improve their lives (Ahrens et al., 2010; Ben-David & Jonson-Reid, 2017; Bradley & Follingstad, 2001; Burke Draucker et al., 2009; Domhardt et al., 2015; Fleming-Hardy, 2017; Gall et al., 2007; Haffejee & Theron, 2017; Hartley et al., 2016; Simpson, 2010). When survivors aspire, plan their future, and set goals for themselves, it makes them feel determined and thus hopeful for their future (Haffejee & Theron, 2017; Horn, 2019; Kaye-Tzadok & Davidson-Arad, 2016b; Morrow & Smith, 1995; Saha et al., 2011; Wright & Gabriel, 2018). Another way in which survivors seem to have appreciated their progress and resilience in a meaningful way is to create a visual representation (like a collage) comparing their recovery journey's start and finish as well as their emotions felt in group sessions while working through the traumatic experience (Gonzalez, 2017).

Therefore, this theme indicates how survivors appear to feel grateful for the positive development they can reflect on while struggling to overcome and recover from their traumatic experience, and so in time they may feel stronger for going through it and recognise that it gave them meaning in life (Strachman Miller, 2005; Vilenica et al., 2013; Wright & Gabriel, 2018).

2.5.2.3 Sub-theme 3: Improving self-efficacy by developing skills

This theme discusses how survivors find meaning in actively pursuing their goals, investing in their abilities, competence, and skills to create opportunity for themselves and ensure a better future (Banyard & Williams, 2007; Chouliara & Narang, 2019).

For survivors, meaning seems to be made in securing a better future for themselves, which ranges from focusing on improving their education or academic achievements, feeling financially secure, and improving their career to give them a sense of purpose and accomplishment (Ben-David & Jonson-Reid, 2017; Burke Draucker et al., 2011; Damiani, 2019; Das et al., 2016; Domhardt et al., 2015; Fleming-Hardy, 2017; Hyman & Williams, 2001; Kaye-Tzadok & Davidson-Arad, 2016a).

This theme thus indicates the importance of developing survivors' skills and competence, and the importance of investing in their self-efficacy to improve their lives and make meaning.

2.5.2.4 Sub-theme 4: Not blaming the self

In this theme, it appeared that it is a source of meaning for survivors to externalise blame for the CSA to the perpetrator in order for them to feel less shame and guilt (Banyard & Williams, 2007;

Ben-David & Jonson-Reid, 2017; Domhardt et al., 2015; Godbey & Hutchinson, 1996; Haffejee & Theron, 2017; Hartley et al., 2016). This allows them to understand that they were hurt, making it meaningful to their recovery because they can move forward without the weight of guilt on their shoulders.

The awareness and admittance of who is truly to blame appears to make survivors of CSA feel empowered (McKenzie-Mohr & Lafrance, 2011; Saha et al., 2011; Summerfield, 2011; Thompson, 2000; Vilenica et al., 2013). Externalising the blame is a method of coping positively with the abuse and a sign of moving forward from it (Hitter, 2012; Walker-Williams et al., 2014; Wright & Gabriel, 2018).

Therefore, it is important for survivors to know what their position and role was in the abuse; to know that they were the victim in the experience. This is important because many survivors blame themselves and feel guilty for what happened, which is not the case.

2.5.2.5 Sub-theme 5: Being autonomous

It is apparent in literature that feeling some sense of control and mastery over one's recovery, life choices, and relationships generates a sense of meaning in the lives of survivors of CSA (Ben-David & Jonson-Reid, 2017; Domhardt et al., 2015; Kaye-Tzadok & Davidson-Arad, 2016b; Phillips & Daniluk, 2004; Summerfield, 2011; Walsh et al., 2010; Wright & Gabriel, 2018). Thus, survivors find meaning in being independent, feeling self-sufficient, and being able to take control of their lives and choices. This empowers survivors because they are in control and do not solely depend on others to protect them.

As survivors strive to protect themselves and seek safety, a sense of control is needed to do this. An example hereof is to move away from the perpetrator, being in control of their temptations (choosing to be sober), and forgiving their past mistakes (Burke Draucker et al., 2009; Chouliara & Narang, 2019; Damiani, 2019; Defferary et al., 2018; Godbey & Hutchinson, 1996; Hall, 2003; Kaye-Tzadok & Davidson-Arad, 2016a; Kirkner & Ullman, 2019; Murphy et al., 2009; Wienholz, 2014). According to Thompson (2000), putting on weight also gives CSA survivors control over their bodies and gives them a sense of power over their lives. Another form of taking control is to control their emotional reactions and behaviours in situations where they feel vulnerable (Saha et al., 2011). Survivors also feel a sense of mastery in seeking justice or taking legal action to deal with their traumatic experience; this makes them feel in control of defending themselves and resolving the trauma (Haffejee & Theron, 2017; O'Daugherty Wright et al., 2007; Ullman, 2014).

The literature found on the topic of autonomy thus indicates that survivors appear to find meaning in being less dependent on others and establishing an independent and strong identity as a woman (Walker-Williams et al., 2014).

2.5.3 Theme 3: Mobilising external and social resources

This theme identified four sub-themes, namely: 1) receiving external and social support, 2) having a positive disclosure experience, 3) having a positive post-trauma intimate experience, and 4) finding meaning in religion and spirituality. These sub-themes can be seen in Table 9 below.

Table 9

Studies reporting on mobilising external and social resources

Theme 3: Mobilising external and social resources				
Sub-themes	Studies that discuss the sub-themes			
Receiving external and social support	Ahrens et al. (2010) Anderson & Hiersteiner (2008) Banyard & Williams (2007) Barber (2012) Baty (2012) Ben-David & Jonson-Reid (2017) Beveridge & Cheung (2004) Boyle & McKinzie (2015) Bradley & Follingstad (2001) Bryant-Davis (2011) Burke Draucker et al. (2009) Burke Draucker et al. (2011)	Chouliara & Narang (2017) Das et al. (2016) Defferary et al. (2018) Domhardt et al. (2015) Duma et al. (2007) Fetty (2016) Fleming-Hardy (2017) Gall (2006) Godbey & Hutchinson (1996) Gonzalez (2017) Haffejee & Theron (2017) Hall (2003) Hartley et al. (2016) Himelein & McElrath (1996) Hitter (2012)	Hyman & Williams (2001) Kirkner & Ullman (2019) Krayner et al. (2015) McClure et al. (2007) Moore & Vilet (2019) O'Daugherty Wright et al. (2007) Padmanabhanunni & Edwards (2015) Phanichrat & Townshend (2010) Phillips & Daniluk (2004) Price (2005) Saha et al. (2011) Simpson (2010) Strachman Miller (2005)	Summerfield (2011) Ullman (1999) Ullman (2014) Vilenica et al. (2013) Walker-Williams et al. (2014) Walsh et al. (2010) Wienholz (2014) Wright & Gabriel (2018) Zrally & Nyirazinyoye (2010)

Having a positive disclosure experience	Anderson & Hiersteiner (2008) Barber (2012) Ben-David & Jonson-Reid (2017) Bradley & Follingstad (2001)	Burke Draucker et al. (2009) Burke Draucker et al. (2011) Chouliara & Narang (2017)	Defferary et al. (2018) Gonzalez (2017) Himelein & McElrath (1996) Phanichrat & Townshend (2010)	Strachman Miller (2005) Ullman (2014) Vilenica et al. (2013)
Having a positive post-trauma intimate experience	Burke Draucker et al. (2009) Chouliara & Narang (2017)	Hitter (2012) Wright & Gabriel (2018) Beveridge & Cheung (2004)		
Finding meaning in religion and spirituality	Ahrens et al. (2010) Baty (2012) Ben-David & Jonson-Reid (2017) Beveridge & Cheung (2004) Burke Draucker et al. (2011) Chouliara & Narang (2017)	Domhardt et al. (2015) Duma et al. (2007) Fetty (2016) Fleming-Hardy (2017) Gall (2006) Gonzalez (2017)	Haffejee & Theron (2017) Hall (2003) Hall (2010) Hartley et al. (2016) Kirkner & Ullman (2019) Krayner et al. (2015) Luck (2010)	O'Daugherty Wright et al. (2007) Phanichrat & Townshend (2010) Summerfield (2011) Walker-Williams et al. (2014) Walsh et al. (2010) Wienholz (2014)

2.5.3.1 Sub-theme 1: Receiving external and social support

The current theme revealed how creating and maintaining safe and positive interpersonal relationships, family relationships, and intimate relationships was a source of meaning making experiences for CSA survivors.

Such interactions, including taking part in social and recreational activities, attending support groups, going to therapy, and other external resources, made CSA survivors' recovery possible and helped them to derive meaning from the experience (Banyard & Williams, 2007; Phanichrat & Townshend, 2010). It thus appears that safe interpersonal relationships provide CSA survivors with meaningful support and allow survivors to feel that they belong and are supported and no longer judged (O'Daugherty Wright et al., 2007). As such, survivors report that their self-worth is validated in these relationships (Wright & Gabriel, 2018). Thus, support received from family, friends, and professionals appears to assist CSA survivors in realising they are not to blame for the abuse, hereby empowering them to feel more like worthy, independent individuals (Burke Draucker et al.,

2011; Defferary et al., 2018; Duma et al., 2007; Krayner et al., 2015; Strachman Miller, 2005; Ullman, 2014; Wienholz, 2014).

Friendships or peer relationships seem to be a positive source of social support when there is a trusting, encouraging, safe, and accepting atmosphere in the relationship (Baty, 2012; Boyle & McKinzie, 2015; Bryant-Davis et al., 2011; Haffeejee & Theron, 2017; Hartley et al., 2016; Hitter, 2012; Zraly & Nyirazinyoye, 2010). In a study done by Hyman and Williams (2001), an interesting finding was that a group of survivors found more solace and safety in female friendships than male friendships. Two studies included in the scoping review indicated that family was not seen as a great source of meaning because of the lack of support in those specific relationships; rather, survivors relied more on friends for support and empathy (Barber, 2012; Hall, 2003). Despite this finding, the majority of other studies from the scoping review in relation to social support found that a source of meaning making is found in family members who support these women in their healing journeys as well as a supportive and trusting intimate partner relationship (Ben-David & Jonson-Reid, 2017; Das et al., 2016; Fetty, 2016; Gonzalez, 2017; Hartley et al., 2016; Hyman & Williams, 2001). When they have a stable and supportive family, where communication is healthy and positive, CSA survivors seem to thrive (Domhardt et al., 2015; Fetty, 2016).

Having awareness in social situations and having good social skills was an important characteristic in improving family dynamics and environmental mastery, like solving social problems and doing well at university (McClure et al., 2007). Seemingly, it was found meaningful when survivors could relate to important others, whether it was forming new relationships, visiting online chatrooms, or staying connected to important people (even those responsible for the abuse) to feel connected to, accepted, and loved by someone and to not feel alone in the recovery process (Burke Draucker et al., 2009; Hitter, 2012; Hyman & Williams, 2001; Zraly & Nyirazinyoye, 2010).

Focus groups and support groups attended by women survivors of CSA were also a source of meaning because of the feelings of safety, not feeling alone in the experience, and having people who are understanding and empathetic towards their experience (Baty, 2012; Bradley & Follingstad, 2001; Fleming-Hardy, 2017; O'Daugherty Wright et al., 2007; Saha et al., 2011; Ullman, 2014; Wienholz, 2014). Hearing other survivors' recovery stories also made them understand their own experience, helped them acknowledge it as sexual assault or rape, and made them feel comfortable to reach out and share their stories (Hyman & Williams, 2001; Padmanabhanunni & Edwards, 2015). According to Luck (2010), survivors connect to people who will support them, pray for them, pray with them, and make them feel worthy and strong. Support from the community also seemed to help survivors cope with the trauma as social, legal, and health systems intervened to support the survivor in the immediate aftermath (Duma et al., 2007; Hitter, 2012; Simpson, 2010; Ullman, 1999).

Therapy seems to be a useful way to talk about the abuse, develop skills to help the recovery process, and make meaning of the trauma in a safe, supportive, and positive environment with a trusting person (Bradley & Follingstad, 2001; Chouliara & Narang, 2017; Fleming-Hardy, 2017; Phillips & Daniluk, 2004; Strachman Miller, 2005; Summerfield, 2011; Walker-Williams et al., 2014; Wright & Gabriel, 2018). Therapy helps survivors to become more aware of their beliefs and biases and how they affect their behaviour, as well as become educated on healthy boundaries and communication, improving their interpersonal relationships (Beveridge & Cheung, 2004; Godbey & Hutchinson, 1996; Walker-Williams et al., 2014). Therapy helped them to connect with painful memories and work through the painful memories to accept their pain (Godbey & Hutchinson, 1996). There, they are educated on their experience, which helps them to understand and work through their trauma in a trusted and safe relationship established with the therapist (Price, 2005).

Survivors also seem to find meaning in taking part in social, leisure, and recreational activities like doing sport, doing tai chi, reading, being alone, creating art, or meditating (Ben-David & Jonson-Reid, 2017; Haffejee & Theron, 2017; Summerfield, 2011; Vilenica et al., 2013; Wienholz, 2014). Survivors seem to find peace and meaning in nature and doing activities in nature as well. These include harvesting, baling hay, gardening, listening to the wind, walking on the beach, horseriding, using crystals, talking to the trees, laying in the sun, and looking at the clouds (Moore & Vilet, 2019; Summerfield, 2011; Vilenica et al., 2013). Being in nature made them feel like their problems were small and that there is a bigger purpose for their lives.

2.5.3.2 Sub-theme 2: Having a positive disclosure experience

This theme discusses how women CSA survivors found meaning in a disclosure experience where there were positive, warm, empathetic, and accepting reactions to their disclosure. In many cases, survivors have a negative disclosure experience that could hinder their recovery from the trauma; despite this, survivors want to break their silence and share their story so as to not feel alone and get help (Burke Draucker et al., 2009; Hartley et al., 2016; Phanichrat & Townshend, 2010; Strachman Miller, 2005; Summerfield, 2011; Wienholz, 2014; Wright & Gabriel, 2018). Survivors report that surrounding themselves with people who are empathetic, non-judgemental, accepting of their experience, and willing to support them makes their disclosure experiences more positive, and also more meaningful because of their accepting and affirming reactions to the abuse (Anderson & Hiersteiner, 2008; Ben-David & Jonson-Reid, 2017; Bradley & Follingstad, 2001; Chouliara & Narang, 2017; Defferary et al., 2018; Gonzalez, 2017; Himelein & McElrath, 1996; Ullman, 2014; Vilenica et al., 2013). Barber (2012) found that friends were more supportive and empathetic towards survivors' disclosure than family members in their disclosure experience. However, this may not always be the case, as noted in sub-theme 1. Survivors also want to share

their experience to pass on wisdom, lessons learned, and meaning made from the abuse (Burke Draucker et al., 2009). This way, they can affirm their progress and reinforce their recovery.

2.5.3.3 Sub-theme 3: Having a positive post-trauma intimate experience

Sexual experiences after a traumatic experience such as CSA may be challenging for survivors. In order to experience sex in a safe and positive way, certain aspects need to be taken into consideration to make sex a meaningful experience. Setting emotional and physical boundaries and limiting access to their bodies in an intimate setting seems to be an important way of having positive sexual experiences (Beveridge & Cheung, 2004; Burke Draucker et al., 2009; Wright & Gabriel, 2018). According to Chouliara and Narang (2017), survivors also find meaning in accepting their sexuality and intimacy needs. However, they only found this meaning in having acceptable and appropriate touch in a safe intimate relationship. Hitter (2012) found that survivors heal in safe, intimate relationships where the partner is loving, supportive and open to sexual exploration in safe ways. Hitter (2012) describes that survivors realise that sex can be enjoyable when they are in control and can freely embrace their sexual self by talking about their sexuality or having sex with the lights on.

2.5.3.4 Sub-theme 4: Finding meaning in religion and spirituality

This theme discusses the influence that religion and spirituality have on CSA survivors' healing and meaning making. Spirituality as a mechanism for meaning and purpose is widely covered in the literature and is an evident empowering source of meaning and harmony for CSA survivors (Ahrens et al., 2010; Baty, 2012; Hartley et al., 2016; Krayner et al., 2015; Luck, 2010; O'Daugherty Wright et al., 2007; Phanichrat & Townshend, 2010; Summerfield, 2011; Walsh et al., 2010). Religion seemed to give survivors a sense of optimism, purpose, and hope that there will be ultimate justice for the perpetrator and his actions (Fetty, 2016). Their religion helped them to make sense of the trauma and made them feel like the trauma happened for a reason and that it is part of a bigger plan for their lives (Haffejee & Theron, 2017). Survivors feel that God has a plan for them, and this experience happened for a reason; this gives them hope (Zrally & Nyirazinyoye, 2010). The fact that they feel the experience was meaningful to their lives helps them to accept the trauma and also practise forgiveness (Haffejee & Theron, 2017). They also feel that God forgives their mistakes, which makes them feel stronger, peaceful, and joyful (Luck, 2010).

Survivors make use of religious and spiritual acts like prayer, worship, seeking clergy support, going to church, reading religious magazines and literature, reading the Bible, and living according to the principles in the Bible as a mechanism of meaning making to deal with their trauma (Baty, 2012; Ben-David & Jonson-Reid, 2017; Burke Draucker et al., 2009; Fleming-Hardy, 2017;

Gonzalez, 2017; Haffejee & Theron, 2017; Hall, 2003; Kirkner & Ullman, 2019; Luck, 2010; Walker-Williams et al., 2014). Spirituality and religion seem to help survivors to be more trusting of people, be less fearful of others and the world, and forgive others (Beveridge & Cheung, 2004). It also made survivors less angry and less anxious, having a positive influence on their emotional well-being (Gall, 2006). Overall, relying on religion and spirituality helped survivors in their recovery process to cope with stress and made them resilient (Domhardt et al., 2015; Duma et al., 2007; Gall et al., 2007).

2.5.4 Theme 4: Actively integrating the trauma narrative

The following three sub-themes were identified in this theme and can be found in Table 10 below: 1) defining and confronting the trauma, 2) understanding and integrating the trauma, and 3) acceptance and development of a post-trauma identity.

Table 10

Studies reporting on actively integrating the trauma narrative

Theme 4: Actively integrating the trauma narrative				
Sub-themes	Studies that discuss the sub-themes			
Defining and confronting the trauma	Ben-David & Jonson-Reid (2017) Boyle & McKinzie (2015) Burke-Draucker et al. (2009) Chouliara & Narang (2017) Damiani (2019)	Defferary et al. (2018) Himelein & McElrath (1996) Horn (2019) McKenzie-Mohr & Lafrance (2011) Morrow & Smith (1995)	O'Daugherty-Wright et al. (2007) Phanichrat & Townshend (2010) Phillips & Daniluk (2004) Strachman Miller (2005) Summerfield (2011)	Thompson (2000) Vilenica et al. (2013) Walker-Williams et al. (2014) Wright & Gabriel (2018)
Understanding and integrating the trauma	Anderson & Hiersteiner (2008) Ben-David & Jonson-Reid (2017) Bradley & Follingstad (2001) Burke-Draucker et al. (2009) Chouliara & Narang (2017)	Godbey & Hutchinson (1996) Haffejee & Theron (2017) Hall (2003) Kaye-Tzadok & Davidson-Arad (2016a) Kirkner & Ullman (2019)	Morrow & Smith (1995) Murphy et al. (2009) Padmanabhanunni & Edwards (2015) Phanichrat & Townshend (2010) Phillips & Daniluk (2004)	Strachman Miller (2005) Summerfield (2011) Thompson (2000) Ullman (2014) Vilenica et al. (2013) Walker-Williams et al. (2014) Wright & Gabriel (2018)

	Damiani (2019) Domhardt et al. (2015)	Krayer et al. (2015) McKenzie-Mohr & Lafrance (2011)	Pulverman et al. (2017) Saha et al. (2011)	
Acceptance and development of a post-trauma identity	Anderson & Hiersteiner (2008) Baty (2012) Ben-David & Jonson-Reid (2017) Bradley & Follingstad (2001) Burke-Draucker et al. (2009) Chouliara & Narang (2017) Damiani (2019) Domhardt et al. (2015)	Haffejee & Theron (2017) Hartley et al. (2016) Himelein & McElrath (1996) Hitter (2012) Horn (2019) Krayer et al. (2015) Luck (2010) Morrow & Smith (1995) Phillips & Daniluk (2004)	Murphy et al. (2009) O'Daugherty-Wright et al. (2007) Phanichrat & Townshend (2010) Price (2001) Price (2005) Pulverman et al. (2017) Saha et al. (2011)	Strachman Miller (2005) Summerfield (2011) Thompson (2000) Ullman (2014) Vilenica et al. (2013) Walker-Williams et al. (2014) Wright & Gabriel (2018)

2.5.4.1 Sub-theme 1: Defining and confronting the trauma

When survivors confront and address the trauma, they aim to seek the truth and acknowledge and recognise what happened to them (Damiani, 2019; O'Daugherty-Wright et al., 2007; Phillips & Daniluk, 2004; Summerfield, 2011; Vilenica et al., 2013). Many studies mention the importance of survivors confronting their trauma and realising that it was sexual assault or rape (Ben-David & Jonson-Reid, 2017). It appears that survivors need to acknowledge their role in the abuse, the role of the perpetrator, the role of the community, family, etc. in the abuse, for them to work through the abuse (Burke Draucker et al., 2009; McKenzie-Mohr & Lafrance, 2011; Thompson, 2000).

Survivors need to define the event as sexual assault or rape before they can face the trauma and pain, process it, and move forward from this traumatic experience despite what the perpetrator or others might say or think (Boyle & McKinzie, 2015; Burke Draucker et al., 2009; Chouliara & Narang, 2017; Horn, 2019; Morrow & Smith, 1995; Thompson, 2000). Literature indicates that meaning can be found in tackling the trauma, acknowledging the abuse, and knowing that action needs to be taken to recover from it (Defferary et al., 2018; Phanichrat & Townshend, 2010; Strachman Miller, 2005; Wright & Gabriel, 2018).

When survivors know what they need to work on by addressing the trauma, survivors become motivated to overcome their trauma and this instils determination to recover, fight, and grow from the experience (Chouliara & Narang, 2017; Walker-Williams et al., 2014).

2.5.4.2 Sub-theme 2: Understanding and integrating the trauma

Many studies mention the importance of understanding the trauma and making sense of the trauma so as to build a resilient survivor (Anderson & Hiersteiner, 2008; Ben-David & Jonson-Reid, 2017; Domhardt et al., 2015; Morrow & Smith, 1995; Murphy et al., 2009; Pulverman et al., 2017; Ullman, 2014). This entails knowing what makes it CSA, knowing the myths of CSA, understanding why it might have happened, how it has influenced their lives, thinking, negative behaviours, stress, attitudes etc. and how to reframe this traumatic experience to make it meaningful (Burke Draucker et al., 2009; Chouliara & Narang, 2017; Murphy et al., 2009; Strachman Miller, 2005; Vilenica et al., 2013; Wright & Gabriel, 2018).

In a study done by Thompson (2000), it was found that survivors processed their trauma by knowing their experience could have been worse; this made them feel motivated to fight their pain. When fighting against the pain caused by the trauma, survivors seem to need to recall the event and reflect on the influence it had on their lives in the past, present, and the influence it will have on their future for them to process the abuse (Bradley & Follingstad, 2001; Phillips & Daniluk, 2004; Summerfield, 2011).

It is understood in the literature that the experience has distorted survivors' thoughts and core beliefs about themselves and the world they live in, which needs to change for them to recover from the trauma (Kirkner & Ullman, 2019; Wright & Gabriel, 2018). Thus, another important meaning making mechanism when survivors process the trauma seems to be to reframe the experience in a positive light and focus on lessons learned from the experience (Burke Draucker et al., 2009; Ben-David & Jonson-Reid, 2017; Domhardt et al., 2015; Haffejee & Theron, 2017; Hall, 2003; Himelein & McElrath, 1996; Kaye-Tzadok & Davidson-Arad, 2016b; Padmanabhanunni & Edwards, 2015; Phanichrat & Townshend, 2010; Saha et al., 2011; Walker-Williams et al., 2014). To assist in reframing the events, survivors can use positive language to make the narrative more constructive and imagine themselves talking to or writing to their younger self to be a protector and provide guidance and protection to their younger self (Bradley & Follingstad, 2001; Godbey & Hutchinson, 1996; McKenzie-Mohr & Lafrance, 2011; Phanichrat & Townshend, 2010).

As such, survivors seem to find meaning in making sense of the trauma, processing the lasting effects it had and will have on them and to view the trauma in a positive light by searching for something meaningful in the traumatic CSA experience.

2.5.4.3 Sub-theme 3: Acceptance and development of a post-trauma identity

This theme discusses how survivors move from victim to survivor to thriver, which is the most accurate representation of making the trauma meaningful (Ben-David & Jonson-Reid, 2017; Krayner

et al., 2015; Phillips & Daniluk, 2004; Wright & Gabriel, 2018). During this time of a CSA survivor's progress, they have most probably processed the trauma well, overcome most challenges faced after such a trauma, and are moving closer to being self-actualised and creating a happy life after the CSA experience. There is some feeling of resolution of the trauma when survivors identify as 'thriving' (Gall et al., 2007).

When survivors accept their trauma, a source of meaning is found in surrendering to the trauma and knowing that it will always be a part of them but not define them (Burke-Draucker et al., 2009; Chouliara & Narang, 2017; Himelein & McElrath, 1996; Hitter, 2012; Krayner et al., 2015; Luck, 2010; Price, 2005; Pulverman et al., 2017; Strachman Miller, 2005; Summerfield, 2011; Vilenica et al., 2013; Wright & Gabriel, 2018). Rather, survivors acknowledge that the abuse made them who they are and that it shaped them and helped them grow (Phillips & Daniluk, 2004). It is important that survivors accept what happened to them to move forward and find meaning or purpose out of the experience (Baty, 2012; Haffeejee & Theron, 2017; Hartley et al., 2016; Morrow & Smith, 1995; Murphy et al., 2009; Phanichrat & Townshend, 2010; Walker-Williams et al., 2014).

Identifying as a thriver represents a change in CSA survivors' post-trauma identity. This usually happens parallel to a change in their ways (behaviours, attitudes, etc.), by changing their old, negative ways to an improved, positive way of living (Baty, 2012). As a result of establishing a new and more positive identity, survivors gain a better self-image, higher self-esteem, awareness of their emotions, awareness of body, more self-confidence, self-acceptance, and self-awareness (Ben-David & Jonson-Reid, 2017; Bradley & Follingstad, 2001; Chouliara & Narang, 2017; Domhardt et al., 2015; Price, 2001; Price, 2005; Saha et al., 2011; Strachman Miller, 2005; Thompson, 2000; Vilenica et al., 2013). Survivors become more self-reliant and independent, determined to pursue their dreams and reach their full potential (Chouliara & Narang, 2017; Damiani, 2019). This newfound identity gives them a sense of wisdom and creativity and helped them to feel beautiful, strong, talented, smart, competent, and worthy and appreciate themselves more (O'Daugherty-Wright et al., 2007; Phanichrat & Townshend, 2010; Saha et al., 2011). When developing a trauma identity, survivors seem to be able to identify their strengths and use them to reinforce their growth and progress (Summerfield, 2011). Their change in identity reflects their posttraumatic growth achieved through accepting and making meaning from the abuse (Horn, 2019; Padmanabhanunni & Edwards, 2015).

2.6 Discussion

The current study provides a valuable summary of the meaning making mechanisms experienced by women survivors of CSA based on the scoping review and what is available in the literature to date. These findings are summarised in the draft conceptual framework depicted in Figure 4.

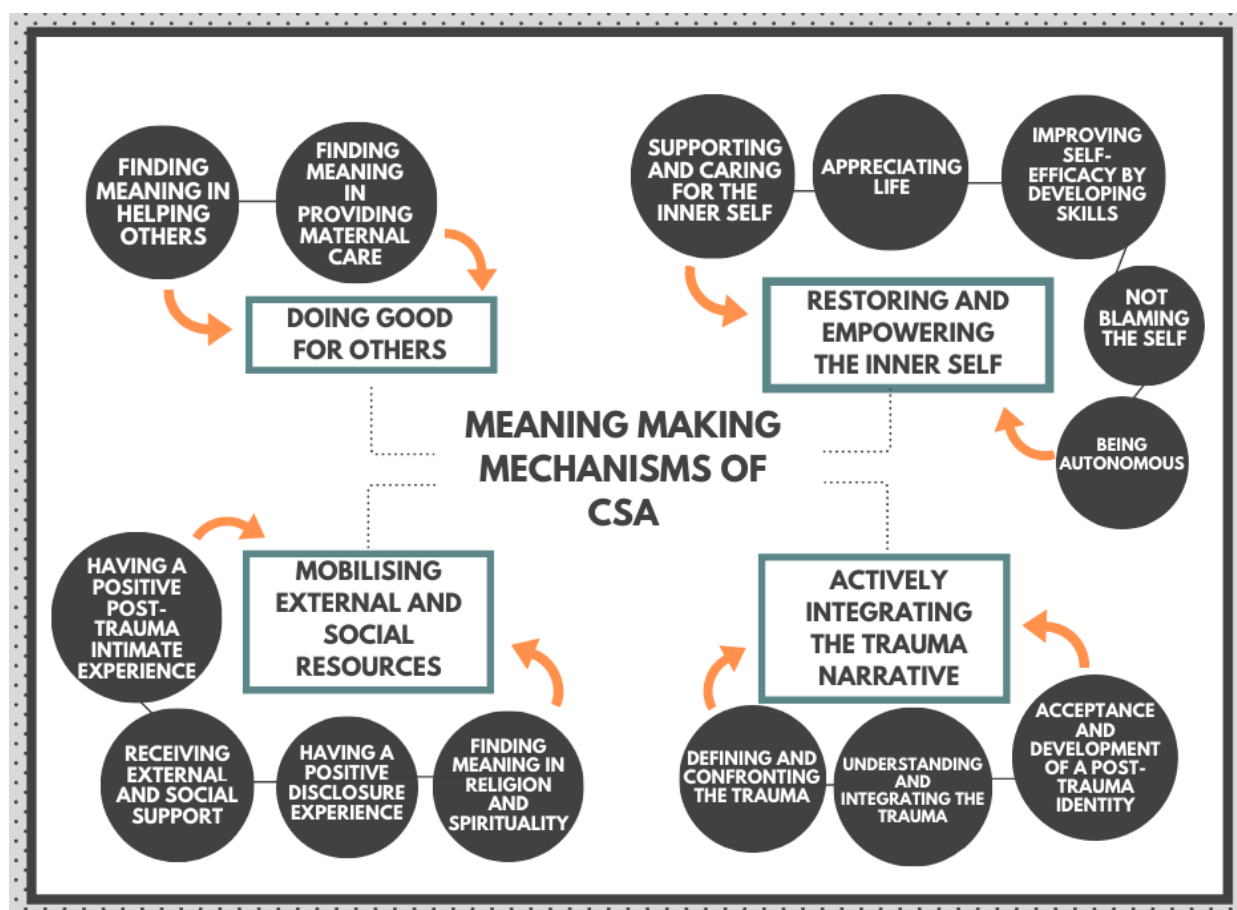


Figure 4. Draft conceptual framework of meaning making mechanisms in relation to women survivors of CSA as reported in literature.

Most of the studies found in the scoping review were qualitative studies ($n = 34$), which is advantageous to the exploration and study of meaning making in the context of CSA because such a subjective and unique experience is best understood qualitatively. However, most of these qualitative studies were conducted with small samples and findings cannot be characterised as representative of all CSA women survivors' meaning making processes. Furthermore, to date, no qualitative studies focus solely on meaning making in the context of CSA in a South African context. This indicates that there is still a need for further research in this area. Other studies found in the scoping review such as quantitative studies, mixed method studies, and review articles pose the same limitation where there is a lack of studies focusing on meaning making mechanisms discovered by women survivors of CSA in the South African context.

Theoretical analysis

The findings from the scoping review support and extend on Park and Folkman's (1997) meaning making model. The meaning making mechanisms identified in the scoping review which support Park and Folkman's (1997) model were: 1) *improved social resources* (finding meaning and helping

others); 2) *improved personal resources* (improving self-efficacy by developing skills and being autonomous); and 3) *developing coping skills* (receiving external and social support and meaning in religion and spirituality). The meaning making mechanisms identified in the scoping review which were not included and as such extend on Park and Folkman's (1997) meaning making model are, namely: 1) *providing maternal care* (doing good for others); 2) *supporting, caring and not blaming the inner self and appreciating life* (restoring and empowering the inner self); 3) *having a positive post-trauma intimate and disclosure experience* (mobilising external and social resources); and 4) *defining, confronting and understanding the trauma and developing a post-trauma identity* (actively integrating the trauma narrative). These are highlighted in yellow in Figure 5 (in phase II).

Thus, the contribution this study makes is offering a detailed overview of the mechanisms used to make meaning after a traumatic experience like CSA. This is something overlooked in Park and Folkman's (1997) model of meaning making. This study thus offers a description of meaning making mechanisms in the context of women's CSA experiences, where Park and Folkman's model solely focused on trauma in general (Park & Folkman, 1997).

As most studies available on the topic were conducted in developed countries, the knowledge on the topic cannot be transferred to a developing country like South Africa. Furthermore, the few studies available on meaning making conducted in South Africa ($n = 5$) only focus on general recovery literature like PTG, resilience, and healing. No known studies to date were conducted specifically on meaning making mechanisms in the diverse South African context. Thus, it is evident that the scoping review provides insight on a major research gap on the topic of meaning making and highlights a need to conduct empirical research in order to identify and better understand the relevant meaning making mechanisms of women survivors in South Africa, where CSA is a detrimental and common issue.

While conducting this study, it was clear that there is a connection in the findings from recovery literature regarding the topic of meaning making. As mentioned before, survivors appear to have an innate desire to improve their lives and attach some positive meaning to their traumatic experience (Ahrens et al., 2010; Ben-David & Jonson-Reid, 2017; Burke Draucker et al., 2009; Domhardt et al., 2015; Fleming-Hardy, 2017; Gall et al., 2007; Hartley et al., 2016). This is evident in the studies included in the scoping review. It appears that survivors of CSA have an inclination to find meaning in certain aspects of their lives, including being a compassionate person, caring for themselves and others, being supported by others and their environment, and tackling the traumatic effects of CSA to improve their quality of life. Thus, meaning making for women survivors of CSA encompasses being able to build supportive relationships, being there for others by advocating for and tending to others who have been in similar situations, creating a post-trauma identity by acknowledging the strengths born from this struggle to cope with the CSA.

In closing, this study contributes to the literature as the first known scoping review focused on meaning making mechanisms in the context of women survivors of CSA and provides a draft conceptual framework as depicted in Figure 4. This study also identifies gaps in the literature such as limited empirical studies conducted on large samples, studies conducted on the topic of meaning making specifically, studies conducted in the context of CSA, and studies conducted in the South African context. These highlighted gaps and limitations in the global knowledge base on the topic may offer possible future directions for research by informing treatment interventions on the specific treatment needs of women survivors of CSA.

2.7 Limitations

Only studies conducted in English were included in the scoping review, which could have led to the exclusion of important studies in other languages. In addition, due to the lack of studies focused on meaning making mechanisms specifically, the search had to be conducted by including studies with a broader scope of terminology related to recovery literature.

2.8 Conclusions and recommendations

In the current study, a scoping review was conducted to summarise the literature about women survivors' meaning making mechanisms in the context of their CSA experiences. The findings from the scoping review provide a better understanding of this topic, which could be included in specific recovery treatment interventions addressing the meaning making experiences of CSA survivors. These findings may also be included in the enhancement of treatment interventions focused on trauma recovery, such as the S2T collaborative strengths-based group intervention programme for women survivors of CSA. Only 7.8% of studies in the scoping review which focus on resilience, PTG, and recovery in general terms were conducted in South Africa. Thus, no studies from South Africa focused solely on meaning making in relation to women survivors' CSA experiences, and this informed phase two of this research study. Phase two aims to explore this topic using the existing datasets of three groups of South African women survivors of CSA who participated in the S2T collaborative strengths-based group intervention programme. The draft conceptual framework (Figure 4) from this manuscript was utilised as a coding framework for coding purposes in manuscript two. The following manuscript reports on the findings from the qualitative secondary analysis (QSA) conducted on the existing datasets of three groups of South African women survivors of CSA who participated in the S2T collaborative strengths-based group intervention programme treatment sessions.

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PHASE II

PREFACE

MANUSCRIPT 2: Meaning making mechanisms in women survivors of childhood sexual abuse: Qualitative secondary analysis

This manuscript forms part of a larger study, which consists of two phases:

- Phase I – Scoping review
- Phase II – Qualitative secondary analysis

The manuscript that follows reports on phase II which consists of a qualitative secondary analysis (QSA) and the formulation of a conceptual framework to answer the following research questions:

What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?

What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?

The manuscript was written in article format, aimed at the *Journal of Child Sexual Abuse*. The authors' instructions can be found at <https://www.tandfonline.com/loi/wcsa20> or in Addendum K of this study.

MANUSCRIPT 2

**MEANING MAKING MECHANISMS IN WOMEN SURVIVORS OF CHILDHOOD SEXUAL
ABUSE: QUALITATIVE SECONDARY ANALYSIS**

ABSTRACT

Childhood sexual abuse (CSA) is a complex and prevalent problem that has devastating long-term consequences for men and women globally. The purpose of this study was to identify the meaning making mechanisms of a sample of South African women survivors of CSA. The women survivors involved in this study participated in the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme. Qualitative secondary analysis was employed on three existing datasets of 26 group treatment intervention sessions with 25 women survivors of CSA ranging from 18 to 54 years, spanning over a five-year period. A coding framework formulated from literature (manuscript one: scoping review) was used to conduct thematic analysis. Thematic analysis was employed in two phases: deductively and inductively. Two overarching meaning making processes were identified in this study, namely intrapersonal and interpersonal meaning making mechanisms. The intrapersonal meaning making mechanisms were: recognising their self-worth, attitude of gratitude, finding ways of coping proactively, having a lifelong learning attitude and being autonomous, and lastly accepting and integrating a post-trauma identity. The process of integrating a post-trauma identity presented with nuanced differences. The interpersonal meaning making mechanisms were: being supported, encouraged and loved by others, having strong faith in a higher power, selfless devotion and embracing post-trauma intimate experiences. Two sub-themes found in the scoping review, i.e., *not blaming the self* and *having a positive disclosure experience*, did not arise in the data of the S2T treatment sessions. The formulated conceptual framework contributes to the global knowledge base and opens up discussion in South Africa on the recovery experiences of women survivors of CSA in relation to meaning making mechanisms. The themes found in relation to meaning making mechanisms can be seen as unique tools that can be utilised in the recovery and specific treatment needs of women survivors of CSA.

Keywords: childhood sexual abuse, women, qualitative secondary analysis, South Africa, meaning making mechanisms, meaning making, survivors

3.1 Introduction

Childhood sexual abuse (CSA) is a complex phenomenon that affects the lives of individuals globally. A meta-analysis done by Stoltenborgh et al. (2015) concluded that 11.8% of children worldwide experienced CSA, which means that 118 children in every 1000 are influenced by this problem. However, the reliability of statistics reporting on the prevalence of CSA remains questionable due to the underreporting and/or non-disclosure of this sensitive and complex trauma (Burke Draucker et al., 2011; Stoltenborgh et al., 2015). Furthermore, in the meta-analysis conducted by Stoltenborgh et al. (2015) the African continent appeared to have the highest combined prevalence of CSA, estimated at 20.2% in females and 19.3% in males. Even though the effects of CSA on men are concerning, the current study focuses on women survivors of CSA. In South Africa specifically, it is reported that one in every three individuals have experienced some form of sexual abuse by the age of 17 (Artz et al., 2016). This suggests that CSA is a prevalent and serious problem in South Africa.

CSA leads to various negative long-term consequences affecting survivors' social functioning (for example, social isolation), mental health (for example, depression, anxiety, substance abuse, negative self-image and self-destructive behaviour), sexual functioning (for example, problematic intimate relationships), and physical well-being in adulthood (for example, chronic pain), thus treatment interventions are vital in assisting survivors to recover and heal from the devastating ordeal (Beckenbach et al., 2007; Berger, 2015; O'Dougherty Wright et al., 2007). An important component of such healing appears to be finding meaning in the trauma. According to Simon et al. (2017), meaning derived from a traumatic experience may contribute to improved well-being of the individual and is a continuous process that paves the way to recovering from the negative long-term effects. Although meaning making is such a valuable tool in the healing process, there appears to be very limited research on the contributing mechanisms involved when attempting to create meaning from traumatic experiences (Grossman et al., 2006; Park & Folkman, 1997; Perrott et al., 1998; Phanichrat & Townshend, 2010).

According to the meaning making model by Park and Folkman (1997), meaning making is a way of coping with stressful events that cause disequilibrium in a person's global and situational meaning systems. In order to restore equilibrium, an individual automatically tries to make sense of the stressful event. These general themes of meaning making after a traumatic experience were also supported and expanded on during the scoping review, conducted in manuscript one of this study.

Due to the limited knowledge synthesis on the topic, manuscript one reported on a scoping review which reported on four meaning making mechanisms. Firstly, *doing good for others* as a meaning

making mechanism suggested that helping, protecting, and being compassionate to children and others, as well as making a positive impact in the community and advocating for and tending to people who had similar CSA experiences made a meaningful impact on CSA survivors healing journeys (Murphy et al., 2009; Phanichrat & Townshend, 2010; Vilenica et al., 2013; Walsh et al., 2010). *Restoring and empowering the inner self* indicated that survivors of CSA seem to discover meaning in taking control of their lives, focusing on their future, and making their happiness, safety, and health a priority in the healing process (Banyard & Williams, 2007; Burke Draucker et al., 2011; Damiani, 2019; Domhardt et al., 2015; Fleming-Hardy, 2017; Fouché & Walker-Williams, 2016; Godbey & Hutchinson, 1996; Hall, 2003; Phillips & Daniluk, 2004). The third theme, *mobilising external and social* resources, reported that survivors find meaning in surrounding themselves with people who are empathetic, non-judgemental, and willing to support them throughout their healing journey (Anderson & Hiersteiner, 2008; Ben-David & Jonson-Reid, 2017; Bradley & Follingstad, 2001; Chouliara & Narang, 2017; Defferary et al., 2018; Gonzalez, 2017; Himelein & McElrath, 1996; Ullman, 2014; Vilenica et al., 2013). Another significant external resource found in the literature seems to be finding hope and meaning in religious and spiritual acts like prayer, worship, seeking clergy support, going to church, reading religious magazines and literature, reading the Bible, and living according to the principles in the Bible (Baty, 2012; Ben-David & Jonson-Reid, 2017; Burke Draucker et al., 2009; Fleming-Hardy, 2017; Gonzalez, 2017; Haffejee & Theron, 2017; Hall, 2003; Kirkner & Ullman, 2019; Luck, 2010; Walker-Williams et al., 2014). Lastly, *actively integrating the trauma narrative* suggested that survivors need to acknowledge the abuse and define it before undertaking the recovery process; thereafter, survivors can process and accept the trauma (Defferary et al., 2018; Phanichrat & Townshend, 2010; Strachman Miller, 2005; Wright & Gabriel, 2018). After the trauma is surrendered, defined, processed, and accepted, reframing takes place to view the experience in a more positive light, and survivors start focusing on lessons learned from the experience (Ben-David & Jonson-Reid, 2017; Burke Draucker et al., 2009; Domhardt et al., 2015; Haffejee & Theron, 2017; Hall, 2003; Himelein & McElrath, 1996; Kaye-Tzadok & Davidson-Arad, 2016b; Padmanabhanunni & Edwards, 2015; Phanichrat & Townshend, 2010; Saha et al., 2011; Walker-Williams et al., 2014).

The four themes found in the scoping review assist in conceptualising meaning as it is understood in the literature, which is also depicted in the draft conceptual framework in Figure 5 below.

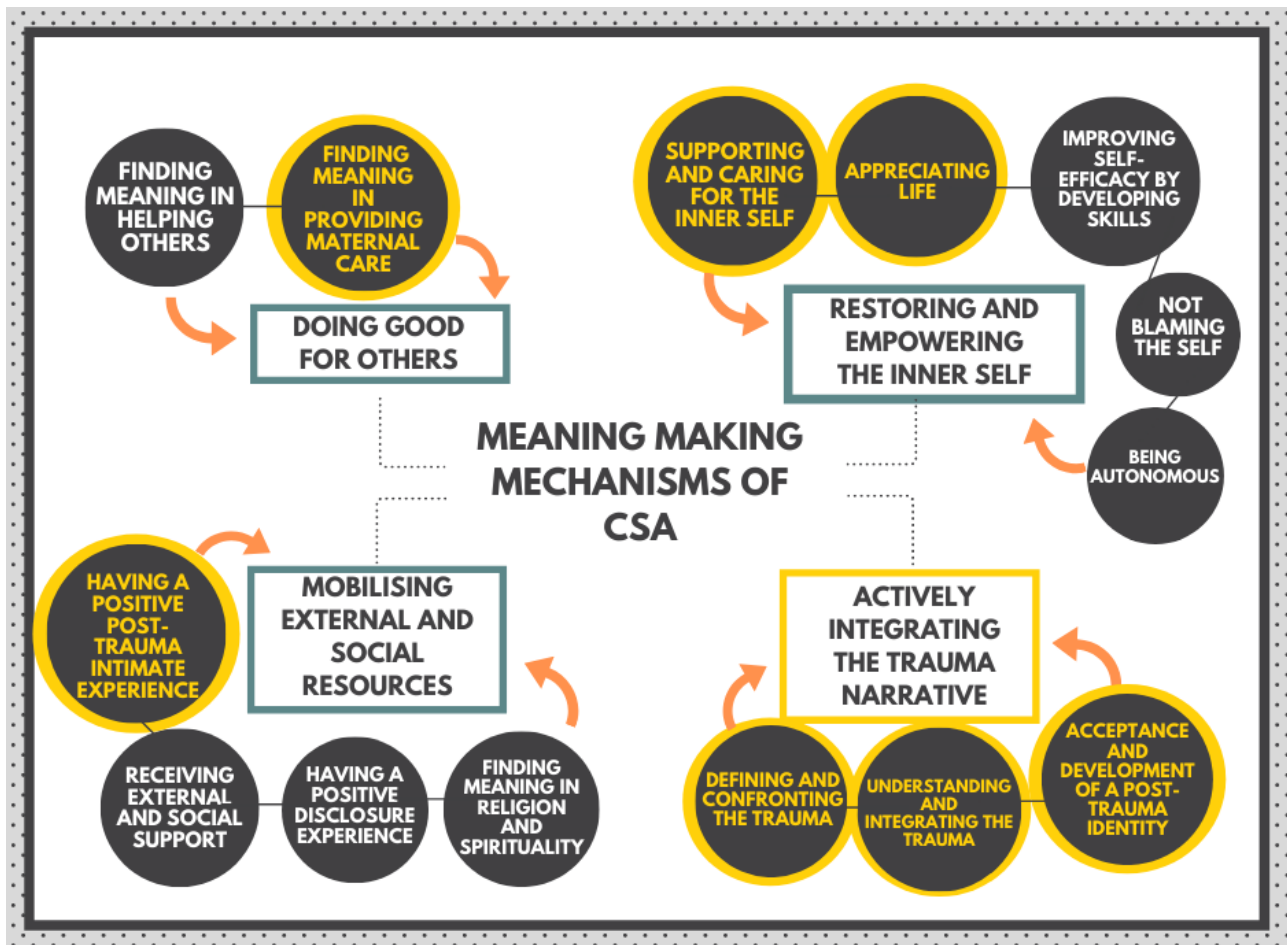


Figure 5. Draft conceptual framework of meaning making mechanisms in relation to women survivors of CSA as reported in the literature.

The scoping review identified gaps in the literature that may provide recommendations for further research. The findings from the scoping review, as depicted in Figure 2, show that the majority of studies available in literature on the topic of meaning making mechanisms were conducted in developed countries, and thus cannot be transferred to CSA treatment interventions in South Africa. Furthermore, the few studies that were found in the literature that were conducted in South Africa do not focus on meaning making specifically, indicating a gap in South African literature on the topic of meaning making mechanisms in the context of CSA healing.

Most of the studies found in the scoping review were qualitative studies ($n = 34$), which is advantageous to the exploration and study of meaning making in the context of CSA because such a subjective and unique experience is best understood qualitatively. However, most of these qualitative studies were conducted with small samples and thus the findings cannot be characterised as representative of all CSA women survivors' meaning making processes. Furthermore, to date, no qualitative studies conducted focus solely on meaning making in the context of CSA in a South African context. Other studies found in the scoping review such as

quantitative studies, mixed method studies, and review articles pose the same limitation where there is a lack of studies conducted in the South African context that focus on meaning making mechanisms discovered by women survivors of CSA. This indicates that there is still a need for further research in this area. Therefore, there appears to be a need for empirical research on CSA survivors' meaning making mechanisms in the South African context in order to honour diversity and contribute to the global knowledge base on the topic.

Due to the sensitive topic of CSA and the underreporting of such cases in South Africa, access to CSA survivors as a population for research is somewhat challenging. Thus, accessing existing databases is a way of conducting research on the sensitive topic without imposing any form of harm to participants. The researcher obtained permission from the primary researchers to access data collected in the S2T collaborative strengths-based group intervention sessions for CSA women survivors (Walker-Williams & Fouché, 2017). As such, the study focuses on women, as it was the data that was available and also the rationale for narrowing the scoping review reported in manuscript one to studies that include only women survivors of CSA. Thus, the current study employed qualitative secondary analysis (QSA) on three existing datasets of the S2T collaborative strengths-based group intervention programme treatment sessions for women survivors of CSA in South Africa. The aim of this study was thus to identify the meaning making mechanisms reported by women survivors in these treatment sessions.

The aim of the study is described next, followed by the methodology that grounds this study. Thereafter, the ethical considerations and findings are provided and discussed, followed by the limitations and recommendations of the study.

3.2 Aim of the current study

The aim of this study was to conduct qualitative secondary analysis (QSA) on three existing datasets of the S2T collaborative strengths-based group intervention programme treatment sessions, to identify the meaning making mechanisms of South African women survivors of CSA. This study aims to answer the following questions:

- What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?
- What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on the topic?

3.3 Methodology

For the purpose of this study, QSA was conducted using three existing qualitative datasets from the S2T collaborative strengths-based group intervention programme treatment sessions, conducted over a period of five years with 25 South African women who experienced CSA (Walker-Williams & Fouché, 2017). QSA consists of re-using pre-existing qualitative data collected for a previous study and may consist of semi-structured interviews, open-ended questions in questionnaires, field notes, focus groups, etc. (Tarrant, 2016). The purpose of this type of study is to explore new or additional research questions or to confirm the findings of previous research (Heaton, 2008).

3.3.1 Sampling and data collection

Since QSA uses pre-existing data sets, sampling of participants was not required or necessary. The researcher's sample consisted of transcripts of audio recordings from the three existing datasets of the S2T collaborative strengths-based group intervention programme treatment sessions for women survivors of CSA ($N = 25$). Formal data sharing was applied whereby the pre-existing data was collected independently, which also met the ethical requirements of obtaining consent for re-using data for QSA in the future (Heaton, 2008). The researcher signed a confidentiality agreement in this regard (Addendum G). Transcripts were anonymised and kept in a secure folder on Google Drive, to which only the researcher, primary researchers, and co-coder had access. Access to the transcripts was revoked after conducting the study to ensure that ethical requirements were met.

3.3.2 Data analysis

The aim of this study was to identify the meaning making mechanisms reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based intervention programme treatment sessions. Thus, the analysis component was women survivors of CSA, as they have shared experiences on the topic (Creswell, 2007). Quotes from participants were used to explore the relationship between the theory and findings from the scoping review. Supra analysis was used whereby the focus of the current study exceeds the aim of the original study (Heaton, 2008). The original study examined the efficacy of the S2T collaborative strengths-based group intervention treatment sessions, where the current study focuses on the experiences of women survivors of CSA in relation to meaning making mechanisms.

The QSA was conducted in two phases. Firstly, deductive thematic analysis was conducted to analyse the existing datasets in the context of finding meaning making mechanisms. From the scoping review, a draft conceptual framework was developed and compiled based on literature

findings, which was used as a coding framework in the current study (Addendum D). Thereafter, transcripts from the S2T collaborative strengths-based group intervention treatment sessions were coded to determine whether they corresponded with the identified themes from the scoping review (Elo & Kyngäs, 2008).

The six phases of thematic analysis of Braun and Clarke (2006) were used accordingly: 1) the researcher ensured a deep understanding of the data by familiarising and immersing herself in the data as well as transcribing a portion of the latest collected data and noting down possible codes while reading and re-reading the data; 2) initial codes were generated to identify features of the data that were relevant to meaning making mechanisms; 3) these codes were sorted into potential themes which appeared to correlate with the coding framework, and all significant coded data extracts were organised within each identified theme; 4) the identified themes were reviewed and refined to consider whether the coded data extracted formed a clear pattern and to assess the validity of each theme in comparison to the entire dataset; 5) the researcher then defined and further refined the themes in order to identify a shared meaning of each theme; 6) the final analysis and writing of the report was completed in order to provide a summarised, logical, and motivating account of the story central to the data.

After deductive thematic analysis was conducted, inductive analysis was conducted whereby information that did not fit into the themes were coded into their own themes applying inductive analysis principles (Elo & Kyngäs, 2008). Through reflexive thematic analysis, an iterative process was followed during the analysis process whereby the researcher frequently moved back and forth between the data and the coding framework developed in the scoping review to explore whether data supported or strayed from the theoretical framework (Nieuwenhuis, 2011a). The datasets were also analysed by an independent coder who has a master's degree in psychology and experience in qualitative research. The final themes and sub-themes were contextualised within the draft conceptual framework (Figure 5). An example of the audit trail for theme development is illustrated in Addendum E.

3.4 Trustworthiness

The primary S2T researchers involved in the original study obtained written consent from the participants of the S2T collaborative strengths-based group intervention programme in which permission was granted to make use of the three datasets for future use. The researcher also frequently consulted with her supervisors who are experienced in the field of CSA research and have experience in working with survivors of CSA. Consensus discussions were also held with an independent coder to verify results. Peer debriefing sessions with helping professionals in the field

of CSA (supervisors) were held to ensure that the research was clear and trustworthy and to verify the results found, as suggested by Marshall and Rossman (2016).

3.5 Background to datasets

The primary study from which the datasets were obtained aimed at evaluating the effectiveness of the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme. The S2T collaborative strengths-based group intervention programme follows a strengths-based approach and thus focuses on the strengths of women survivors of CSA in order to facilitate resilience processes and posttraumatic growth outcomes from their traumatic CSA experiences (Fouché & Walker-Williams, 2016). This intervention covers four treatment outcomes (Fouché & Walker-Williams, 2016): 1) providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members' experiences (drawing on cognitive-behavioural therapy [CBT] and cognitive-processing therapy [CPT] principles of cognitive processing); 2) normalising symptoms (emerging from the psychodynamic approach) and reframing trauma messages (CBT and posttraumatic growth [PTG] model); 3) active adaptive coping, drawing on psychological inner strengths (psychodynamic and PTG model), and 4) transforming from meaning making to personal growth by re-sharing the trauma story "*for a change*" from a new perspective (PTG model).

The participants of the S2T were women who resided in the Vanderbijlpark region and surrounding areas within the Gauteng province in South Africa. A quasi-experimental design was employed during a pilot study conducted in 2013/2014 (Walker-Williams & Fouché, 2017). To further test the benefits of this collaborative strengths-based group intervention programme, the researchers recommended longitudinal research over a five-year period. A second group commenced in 2014/2015 and a third group in 2017/2018; the data from all three groups were analysed for this study. Initially, 25 participants commenced with the group sessions, after which eight withdrew. The participants experienced contact sexual abuse and the perpetrator was known to them. Inclusion criteria for entry into the group intervention were: a minimum age of 18 years, disclosure of CSA, having received some form of crisis intervention (as child/adult); being able to understand and respond in English/ Afrikaans, and being willing to participate voluntarily and partake in the S2T intervention sessions at a central community location. Demographic characteristics of participants are represented in Table 11. Overall, this intervention consisted of 26 group intervention sessions with 25 participants (ages ranging from 18 to 57 years), spanning over a five-year period. Table 12 indicates the biographical information of the groups and research procedure of the S2T intervention programme of Walker-Williams and Fouché (2017). Ethical clearance was obtained for the original study (Addendum I; NWU 00041-08-A1 Group 1-3, 2013-2018). All 26 sessions were professionally transcribed from commencement to end (approximately two to three

hours per session) and were checked for accuracy by the two study leaders who also facilitated the S2T treatment sessions.

Table 11

Demographic characteristics of participants (N=25)

Characteristic	No.	Characteristic	No.
Age group		Children	
18-25	9	No	17
26-30	3	Yes	8
31-45	10	Type of abuse	
46-50	3	Contact	25
Nationality		Non-contact	0
South African	25	Perpetrator	
Foreign	0	Known	25
Race		Unknown	0
White	14	Age of CSA onset in years	
Black	11	3	2
Other	0	4	1
Level of education		5	3
Higher	19	6	9
Secondary	6	8	3
Occupation		9	4
Employed	15	10	2
Student	8	13	1
Unemployed	2	Duration of abuse in years	
Relationship status		1-2	7
Single	12	3-4	10
Married	10	5-6	4
Cohabiting	2	7-10	4
In a relationship	1		

Table 12

Biographical information of S2T group members

Participants	Total			Nationality	Average age
	Initial	Post-test	Delayed post-test		
Group 1 (pilot study, 2013/2014)	10	7	5	5 Black; 5 White	36 years
Group 2 (2014/2015)	8	5	5	5 Black; 3 White	25 years
Group 3 (2017/2018)	7	4	4	2 Black; 3 White	39 years
Research procedure					
Ethics number	NWU 00041-08-A1 (Group 1, pilot study, 2013/2014)				
	NWU 00041-08-A1 (Group 2, 2014/2015)				
	NWU 0041-08-A1 (Group 3, 2017/2018)				
Ethics	Informed consent (Group 1, pilot study, 2013/2014)				
	Informed consent (Group 2, 2014/2015)				
	Informed consent (Group 3, 2017/2018)				

3.6 Ethical considerations

Ethical approval was obtained from the Health Research Ethics committee (HREC) of the North-West University (NWU) in order to conduct the QSA in phase two of the current study (Ethics number: NWU-00480-19-A1; Addendum F). As discussed, the primary researcher obtained consent from the participants that took part of the S2T treatment sessions (2013-2018), who consented to voluntary participation in the research and for data to be used as secondary data in future studies. Internal and external anonymity was encouraged in all the S2T treatment sessions, where names of participants were not mentioned in transcripts, the audio recordings were kept in a secure location on the NWU premises, and digital copies shared with the researcher were password-protected in a secure folder on Google Drive as per the guidelines of the Health Professions Act 56 of 1974 (Department of Health, 2006). The researcher also signed a consent form and obtained written consent from the primary researchers before obtaining access to data from the S2T collaborative strengths-based group intervention programme treatment sessions for the QSA (Addendum H).

3.7 Findings

The findings presented various meaning making mechanisms that allowed participants to heal parts of themselves, maintain positive relationships, and overcome their struggle with the CSA trauma itself. The findings were divided into two main themes, identified as: intrapersonal meaning making mechanisms and interpersonal meaning making mechanisms.

3.7.1 Theme 1: Intrapersonal meaning making mechanisms

Intrapersonal meaning making mechanisms reported by the participants refer to the meaning making processes within themselves and specifically to self-agency, such as: acknowledging their sense of worth, embracing their sensual self, self-nurturing, being thankful, embracing lifelong learning, and creating a post-trauma identity.

3.7.1.1 Recognising their self-worth

A strong theme within the data was that survivors reported making meaning by acknowledging their sense of worth, which encompasses improving themselves and prioritising their own well-being. This involves the decision to put yourself first, nurturing and loving who you are despite the negative things that happened to you.

Putting yourself first and feeling worthy

The importance of learning to accept your value or worth and making yourself a priority is illustrated by participants in all three groups. Participant 2 (Group 2) illustrated that she has learned to appreciate herself and recognise her value through her healing journey: *“I’ve learned to appreciate my value”*. This is also evident from three other participants who realised that they were good enough and worthy women after their traumatic experience: *“I am actually worth being on this earth being a woman”* (Participant 1, Group 3), *“Ek is goed genoeg, ek is belangrik”* (Translation: “I am good enough and I am important”) (Participant 2, Group 3), and *“I am who I am and that’s good enough. That’s good enough. That’s more than good enough”* (Participant 1, Group 2). Participant 3 (Group 3) learned to accept and love herself despite the opinions of others: *“I learned that I must love myself and myself and don’t worry what other people think because I’m who I am... and that other people can see the good in me and that I’m there for other people as well”*, and participant 2 (Group 3) shared the same sentiment when she explained: *“I don’t need others to love me in order to love myself, I don’t need anyone’s approval, acceptance or opinion for that matter”*. It appears that the participants’ self-image improved after realising their worth, as is evident through participant 1 (Group 1) who reaffirms herself every morning by acknowledging her beauty: *“I look in the mirror every morning and I tell myself you look good today”*, as well as participant 5 (Group 1) who engages in this using self-talk: *“I felt very good inside, I even told myself you are, I think I am beautiful even if I don’t recognise it. You are beautiful, you are a nice person, you are good”*. Throughout their healing journey, survivors appeared to have realised that they need to prioritise their own needs and happiness; the following participant acknowledged that it was time to care for herself and love herself as a priority: *“It’s now my turn, it’s my turn to look after myself. Time to love myself”* (Participant 2, Group 3). Overall, the importance of prioritising one’s happiness is evident from these survivors’ experiences, which allows them to nurture themselves and take care of themselves.

Self-nurturing

The importance of engaging in self-nurturing is indicated by Participant 4 (Group 1) who highlights: *“It is time to, to nurture myself more than I used to nurture myself. Go back to what has happened and what we’ve been doing in the sessions and nurture myself more than I did”*. Similarly, participant 2 (Group 3) gives specific examples of important self-nurturing activities: *“have a bath and relax, taking time for myself and putting on cream, having a chocolate... and looking at myself in the mirror, and that was literally taking care of small me by self-nurturing”*. Participant 7 (Group 1) confirms this urgency of self-care in the healing process: *“So, the fragile me that needs nurturance and care. I’m taking care of it now”*. As survivors nurture themselves in the healing process, a more positive and hopeful outlook on life appears to motivate and guide their future.

Future perspective/sense of purpose

The importance of creating a future perspective in the meaning making process as well as appreciating being able to recover from the trauma is illustrated by Participant 5 (Group 1) who highlights: *"I have so much hope for the future and I take more time to relax and have me-time... I'm grateful, I'm grateful for what have happened to me, that pain, I'm grateful for that. Because in a way they've taught me so many things that not everybody in that age had been taught"*. Participant 7 (Group 1) relates this to a sense of purpose when being future-minded: *"it indicates more self-awareness, a positive view"*. The idea of having a future allows these survivors to engage in learning more about themselves.

Learning about oneself

Some realisations or changes in the participants' meaning-making processes were stimulated by group treatment sessions where survivors felt inspired by other survivors' growth and meaning making. Thus, for some survivors, self-nurturance and realising their self-worth was facilitated by learning more about themselves in a group setting, as mentioned by the following two participants: *"One thing I had to learn is that I can't take responsibility for everything or everybody. But I start to realise I need time for myself"* (Participant 1, Group 1) and *"I have learned so much about myself and especially that the past do not have to hold me in chains anymore, because I am worthy and so much better. I am able now to look into the mirror not in disgust, but in pride, for I can. I now reach for the stars and do not find comfort in the dark shadows anymore. I am a winner"* (Participant 7, Group 1). As survivors learn more about themselves in this group setting, they come to be their authentic self.

Being authentic

Participants were able to realise and embrace their strengths as seen in their being more comfortable to live as and accept their authentic, empowered self by being real. Participant 2 (Group 3) indicates that she is no longer putting up a façade, which she feels is meaningful: *"Dis lekker om nie meer fake te wees nie"* (Translation: "It's nice not to be fake anymore"). The following participants indicate that they are content with who they are and show self-acceptance by stating: *"So a part of me is really come to accept that. Maybe that's just the way that I am"* (Participant 4, Group 2) and *"I'm no longer shy, so that lie is gone. I don't have to perform, it's not a race, so I'm just me"* (Participant 1, Group 2). Survivors who live as their true self feel no need to hide who they are or how they feel, and emotional catharsis is a by-product of living authentically.

Emotional catharsis

A part of being authentic and true to themselves was evident in how these women learned to express their emotions instead of suppressing them. Participants from groups 1 and 3 described the importance of such emotional catharsis: *"If I want to cry, I cry. If I do it ten times a day that's fine"* (Participant 3, Group 3), *"But I really enjoyed that emotion coming out"* (Participant 2, Group 1), *"I allow myself lately to breakdown and cry, close the door"* (Participant 1, Group 1), and *"I have to be positive. And it's something I have realised, I don't suppress things, I don't suppress things"* (Participant 4, Group 1). This appeared to result in survivors becoming more independent women as seen by participant 6 (Group 2): *"You can say whatever you want to say about me, but I choose what I want to be"*.

Overall, the above meaning making mechanisms appeared to be instrumental in the women being able to embrace an attitude of gratitude.

3.7.1.2 Attitude of gratitude

Also emerging in the data as a meaning making mechanism was the survivors' ability to be grateful for their lives and even for their struggle to overcome the traumatic experience of CSA. This involved a sense of appreciation and gratitude and positively affected their view of themselves and their significant others.

Feeling grateful to have survived

A sense of value and hope for their future is evident from participant 6 (Group 2) who realised that she still has a chance to grow after the traumatic experience: *"when I sit down and just look like on my life and look back where I've been all of that, I'm just thankful that I'm still alive. That I still have the chance to grow and become a better person and yes. So, I'm thankful because I believe that, you know, God is still giving me a chance"*. Viewing life after the abuse as a second chance at life also inspired other participants and allowed them to feel grateful for their lives. The following three participants relayed this point: *"Now I'm grateful for everything"* (Participant 7, Group 1), *"I'll be able to tell them without shame and fear. I feel that I am strong. I feel so much joy, I feel I, I am grateful in some way for what happened. I mean, I wouldn't be feeling this way if I didn't go through what I went through"* (Participant 5, Group 1), and *"So I am living. I must be grateful for that and all the positive things around me"* (Participant 8, Group 2). Overall, this generation of hope appeared to motivate women to make the decisive action to cope proactively.

3.7.1.3 Finding ways of coping proactively

Another theme emerging from the data was making use of various coping mechanisms to assist in their meaning making process. This involved finding meaning in nature, engaging in leisure activities, and finding alternative coping mechanisms.

Finding meaning in being in nature

Two survivors appeared to find it meaningful to be in nature and their changed perspective on life seemed to have instilled a deep appreciation for their surroundings: *"I learned that my anchors in life was I really just nature"* (Participant 3, Group 3), and *"Appreciate life and nature around me"* (Participant 3, Group 1).

Having a healthy outlet

Coping by engaging in work or leisure activities appeared to be a meaning making mechanism and was an outlet for some survivors' pain and frustration. Participant 3 (Group 3) learnt to do needlework and gardening: *"My kind het my geleer hekel... goed wat ek nie altyd gedoen het nie (laughs) en verder het ek nou n liefde ontdek vir vetplante. My man se hy weet wanneer ek op my laagste is, want dan is ek op my hardste besig om vetplante te plant"* (Translation: "My child taught me to crochet...things I did not always do (laughs) and furthermore I have now discovered a love for succulents. My husband says he knows when I'm at my lowest, because then I'm at my hardest planting succulents"). Similarly, participant 3 (Group 1) also found needle work healing: *"I call it my healing cross-stitching"*. Participant 2 (Group 3) found refuge in reading and going to the gym: *"Lees want dit was my plekkie om te gaan wegkruip"* (Translation: "Reading because it was my hiding place") and *"At the end of the day, when I had a tough day, I take it out at the gym. And I felt so good with the endorphins that are released"*. Similarly, other participants engaged in house chores as a coping mechanism: *"Yes try to do a breathing exercise OK, have a chat with my husband and my do um try to do my morning chores, uh music makes me feel better"* (Participant 5, Group 3), and *"I tend to turn to work and tend to clean around myself and my outer space to get my inner space organised"* (Participant 1, Group 1). Participant 7 (Group 1) engaged in sport, studies, and art as a coping technique: *"And later on I focused on my athletics and hockey which kept me very busy. My parents, 'til today doesn't know what happened to me, so they pushed us in athletics, academics. Yes, so, that was a way of coping for me"* and *"And um, I also use my writing skills, or I still develop it, to write down my thoughts, a way of escape and coping for me... and my studies, and my paintings, that's one way to cope with the pain"*. Similarly, participant 2 (Group 2) also felt a great release from journaling and composing music: *"Somebody suggested to me, I just wrote and wrote and wrote all sorts of things. And I felt a huge release then, and I've*

never felt it before, I mean since then” and *“and music is a good thing too, and I did pick up my guitar and played”*. As such, survivors appeared to alter their internal coping repertoires, and this appeared to lead to them altering their attitude towards life and becoming more independent.

3.7.1.4 Having a lifelong learning attitude and being autonomous

Developing an attitude of continuously learning and improving themselves personally also stood out as a dominant theme in the data. This process of empowering themselves involved survivors finding meaning in their ability to develop hope and the determination to achieve more, while improving their future and regaining back some measure of control over their life course.

Feeling hopeful

Participant 5 (Group 1) and participant 7 (Group 1) highlighted feeling hopeful and having a new-found appreciation for their lives filled with new possibilities and an inclination to assist by instilling hope in other survivors: *“I have so much hope for the future”* and *“My future and goals are at the horizon...never ending”*.

Paving the way for a better future

As survivors feel more hopeful for their future, they make decisions accordingly to improve their lives as independent and empowered women. The following quotes indicate the determination survivors have for an improved future that they hold in their hands: *“they said I’m not university material, I will show them that I am. Because they said this, I will do this. When will I live my life for me? Not for another person, for me. Just for me to be happy”* (Participant 6, Group 2) and *“You are not helpless and powerless. You are now an adult woman; you are not that little girl. I can make decisions that can benefit me. Not dependent on adults to do it for me”* (Participant 2, Group 1). Holding their future in their own hands seemed to have made these survivors feel more independent and more capable of being in control of their lives.

Taking back control of their lives

A notable part of improving their lives and healing from the trauma seemed to be regaining some measure of control over their lives. The important meaning making mechanism of feeling in control and being able to make one’s own decisions is noted by participants from all three S2T groups. Participant 2 (Group 3) and participant 7 (Group 1) indicated that they felt trapped and that their life was in someone else’s control; however, they then became empowered by taking back control: *“I’ve taken control, I’ve taken my life back”* and *“I’m in control now. Like I’ve said I’ve broken the chains”*. Part of regaining control and their womanhood was by making their own decisions and regaining a sense of independence as indicated by participant 3 (Group 1) *“I am better. Uhm, I feel*

like a woman. I take my own decision, or I make my own decisions"; participant 4 (Group 2) shares this sentiment: *"I decide how I want to live"*. Participant 3 (Group 3) indicated that the abuse would always remain a part of her life; however, she stated that this scar of her past experiences does not control her any longer: *"I've taken control of my situation, but it always will be there, it will be part of your life"*. Overall, it appeared that the ability to take back some measure of control empowered these survivors to reintegrate their struggle with the CSA trauma into their current life narrative.

3.7.1.5 Accepting and integrating a post-trauma identity

An additional theme in the data was that survivors reported making meaning by embracing their pasts and attempting to integrate the trauma into their current lives. This involved them being able to understand how the CSA trauma affected them, altering their coping repertoires and feeling motivated to grow by moving from a victim identity (where they had no control) to survivor (regaining a measure of control), and finally, thriver identity (feeling stronger and empowered).

Learning how the trauma affected them

Participant 3 (Group 1) illustrated how the trauma affected her life and that she had to learn how this affected her current behaviour: *"as you work with them you know... like they taught us... educate us the reasons why we behave the way we behave"*.

Integrating positive coping mechanisms

The integration of positive coping mechanisms was an important component of reintegrating the CSA trauma into their current life narrative. Integrating this trauma into their lives appeared to help survivors to better cope with the trauma, as illustrated by participant 6 (Group 2): *"I saw that positivity changes everything. So, for me I would say it was a coping mechanism"*. Participant 4 (Group 3) mentions that being more positive, patient, and in control of her emotions helped her to cope with the daily stresses she faced: *"I've also been positive, and I think I've also found better ways to cope with whatever comes my way. I no longer get angry easily, I observe more"*. As mentioned by participant 1 (Group 3), positive coping mechanisms were learnt in the group setting of the S2T treatment sessions by being present with other survivors of CSA: *"as the sessions progress you learn more positive coping"*. Participant 4 (Group 3) further indicated that she is determined to eliminate the bad coping mechanisms she has in order to live in a more positive and healthy way: *"I'm getting rid of my bad coping mechanisms"*. Focusing on the positive coping skills and the healing experienced in the S2T groups allowed survivors to harness their strengths.

Feeling stronger after embracing the past

Embracing their past by making their trauma experiences a part of their lives appeared to make survivors feel stronger. This was evident in the growth displayed by participants from all three groups. Participant 5 (Group 3) illustrated how her brokenness reflected her strengths: *"I drew a broken vase. It says: in Japan broken objects are often prepared with gold. The flaw is seen as a unique piece of the object's history. Which adds to its beauty... I consider this true in broken... whatever life gives me, even if there's... I act strong like I'm ok because I know strong walls shake, but never collapse. I'm thankful for my struggles because without it I wouldn't have stumbled across my strengths"*. Similarly, Participant 1 (Group 3) saw her pain as a revelation: *"I've been broken since childhood and it was like a revelation... pain made me a believer of myself, others, struggle... pain is like your water"*. Participant 6 (Group 3) illustrated how her trauma has made her stronger: *"I've grown to be a stronger person, a stronger woman... and it feels good"* as well as participant 7 (Group 1): *"My past did shape me but for the better. I wouldn't be the strong person I am today if it didn't happen"*. Other participants reflected their move from a victim to survivor to thriver identity: *"So I've literally become a thriver not just a survivor in this group. So, the difference here, my picture that I've got today, is a flower. 'Cause I've blossomed into the lady that God needed for me to be. Um I literally feel that I'm ... I've never felt so much peace in my life"* (Participant 2, Group 3); *"I really felt like a victim. Now I feel wow. Tremendous growth"* (Participant 2, Group 1); *"I'm a thriver now, I was a victim, not anymore, I am a survivor yes, but I am a thriver now"* (Participant 2, Group 3); *"I'm a thriver"* (Participant 2, Group 2). In this role as a thriver, participant 1 (Group 1) described herself as: *"I've come from a used person to be the queen of my world"* (Participant 1, Group 1). Participant 7 (Group 1) wished to maintain this growth: *"So I'm committed to keep filling the pot of gold, to keep on growing"* and participant 6 (Group 3) illustrated her determination to never give up by stating: *"one thing I've told myself is that I'm never gonna give up because what happened to me doesn't define me. I choose to be who I want to be. That has been me all these years, I've never said to myself... or tried to give up"*. Participant 3 (Group 1) sums it up well by saying: *"You come at a point is, the scar mustn't rule your life anymore. It should be a scar that remember you what you went through and that you are in the healing process. This thing is new, and you can carry on with life"*. Moving past the trauma and accepting it as part of your life's journey also made some survivors realise the importance of forgiving those who hurt them in the past.

Forgiveness

Forgiveness seemed to have an impact on survivors' meaning making and growth and assisted them in overcoming the trauma. Participant 6 (Group 2) illustrated forgiveness in a powerful way by writing a letter to her perpetrator to prove how she is in control of her life, how she is no longer living in fear of him: *"But today I take back my time, I take back my life, my love, my happiness."*

And I will stand up to you at all times. I know that it won't – it's not going to be easy. It took a brave girl to try, it took the new me to see. Now that I know and that I see, you will no longer control my life. This is my life to live and I know what's best for me. I know what's best for me. Yes, you will try your way but this time I will not let you. I'm letting go of fear, I'm letting go of the fear of an unknown future for a known God. Therefore, for all you have done to me, I forgive you".

Participant 2 (Group 3) and Participant 2 (Group 2) highlighted the importance of forgiveness for the sake of their own healing and growth: *"I had to learn to forgive and it's not because he's there, or when he was there while I was going through all these emotions that I literally wanted to stab him in the neck and see the blood against the walls (laughs) I sort of, I don't want to say that I understand him, and I know that it's an illness, but I don't care about him because I didn't do it for him, I did it for me. I had to forgive him, and I had to forgive my mother"* and *"And if I let go and forgive, I am actually five steps further ahead of them"*. Participant 3 (Group 1) indicated that after forgiveness she has learned to have the emotional control to live with the perpetrator in her life: *"With my grandfather, I've told you, I forgave him totally. I, because he can come today here and sit with me. I'll give him a hug; I will be able to talk to him and it will be fine. I will have no problem talking to my grandfather"*. Participant 4 (Group 1) sums it up by saying *"Now I understand, now I understand the way of forgiveness"*. Forgiveness thus appeared instrumental in rebuilding trust within themselves, the world, and others.

Learning to trust others again

Another meaning making mechanism for integrating and finding meaning in their trauma experiences appeared to be overcoming trust issues created as a result of their traumatic childhood ordeal. Participant 4 (Group 3) has started taking a leap in trusting others to help her without expecting anything in return: *"I've actually started daring more and stepping out and actually asking people for help and them saying yes...only now I'm able to accept that people can do something for me without wanting something in return"*. Participant 2 (Group 3) and participant 2 (Group 2) indicated that they are allowing themselves to trust other people and that this is a source of strength for them: *"to trust myself, allow myself to trust others, to see the good in others"* and *"I started to trust people... You know I am starting to feel stronger"*. Overall, the search for an integrated trauma and improved inner self also led these survivors to reflect on their interpersonal interaction experiences.

3.7.2 Theme 2: Interpersonal meaning making mechanisms

Interpersonal meaning making mechanisms reported by the participants refer to the meaning making processes relating to relationships or communication between themselves and others,

such as: being supported, encouraged, and loved by others, having faith in a higher power, coping proactively, and selfless devotion.

3.7.2.1 Being supported, encouraged, and loved by others

A strong theme within the S2T data was the meaning making mechanism of being supported and cared for by others. Survivors who had a trusted confidant and felt safe and supported by significant others appeared encouraged to heal and grow within this safe relational space.

Confiding in others

The importance of building a trusting relationship with others, and hereby feeling safe to share and open up about their experiences, was evident as a meaning making mechanism. Participant 3 (Group 3) expressed how her relationship with her mother-in-law allowed her to confide in her and bring them to a trusting relationship: *"I talked to my mother-in-law the other day... she's my ear, luckily, because she's not my mother-in-law, she's my mother"*. Participant 5 (Group 3) emphasised the importance of having a confidant: *"So, I need friends. I said that no one is an island. You need a confidant. A person you can confide in without fear of being judged. A person can share your deepest thought. That's what I have, and I really appreciate that. So, with this group I learned quite a lot. I'm out of my comfort zone"*. Furthermore, participant 3 (Group 1) found a confidant at a religious camp where she felt safe and encouraged to express what had happened to her: *"I talked a lot. I used to go to the church camps, and I dealt with a lot of my things, of what happened, there was a lot of pain. And I think that's where I got my meaning from, because I talked a lot about it, I got feedback in a different way"*. Thus, survivors seem to find solace in having a safe space where they can be open about their experiences to people who they trust and can confide in.

Feeling loved and safe around others

The support and compassion survivors received from their spouses, friends, and family members seemed instrumental to their meaning making mechanisms. This made them feel loved and assisted in their healing by creating a safe space where they can live free of judgement. Participant 4 (Group 3) indicated that her wife had been a vital source of support in her healing process: *"She's [wife] been very instrumental in my healing thus far"*. Participant 3 (Group 3) highlights the important role her children, grandchildren, and family members played in her healing journey through providing a safe haven for her at home: *"So it's me and the children, but I think with them around, it usually makes me happy. A safe place. I always say if I get home, that is my safety net"*, Participant 5 (Group 3) agreed with this notion by stating: *"Also my safe haven is at my home"*. Another participant acknowledged that being in nature and the love and care from her grandmother was a major source of support and helped keep her grounded: *"I think that was the biggest thing*

that I learned through my life and for surviving I think um I learned that my anchors in life was I really just nature and the love that I got from my grandmother" (Participant 3, Group 3). Participant 7 (Group 1) felt awestruck by the support she has received from others because she has lived so long without it: *"Because I never shared anything, I was a loner. That support, it's like wow"*. Thus, obtaining support and feeling contained was an important meaning making mechanism for survivors to move beyond the trauma.

3.7.2.2 Having strong faith in a higher power

An essential mechanism of meaning making and healing from the trauma which appeared in the data was that of religion and spirituality. This component appeared to assist survivors in making sense of the CSA trauma by engaging in spiritual acts and having a relationship with a higher power.

Doing spiritual acts

Survivors appeared to find meaning in engaging in spiritual and religious acts like praying, forgiving, and reading the Bible. This empowered them to restore and build on their faith and find solace despite their devastating past. Participant 5 (Group 1) indicated that prayer helped guide her healing journey: *"I find peace in praying for guidance"* as well as participant 4 (Group 2) who confided in God: *"I pray a lot. I pray because there's no one I can talk to outside of these walls"* and participant 2 (Group 2) who found strength in talking to God: *"And I think that talking to God has been my strength"*. The survivors' faith thus helped them to feel less alone in the face of difficulty during the traumatic ordeal, and participant 6 (Group 3) sums it up by indicating that her faith in God and prayer helped her overcome her trauma: *"Because the god within us is greater than anything, that any obstacle, than any trial than any tribulation. Prayer was my daily life and prayer got me through anything"*. For participant 2 (Group 1), reading the Bible was enough to empower her: *"I open the Bible. That's it"*.

Survivors also seemed to have found the strength to forgive others by applying their faith; this is indicated by participants in all three groups. Participant 6 (Group 3) indicated that her faith and belief in forgiveness allowed her to keep a positive mindset: *"I think I just didn't let those things get to my head and I prayed, I believe in God, I believe in forgiveness"*. Participant 2 (Group 2) felt that it was time to forgive her perpetrators because she had received a message from God to help her move past this traumatic ordeal: *"I knew it was God's way of saying to me now is the time you need to forgive them for what they did"*. In the case of participant 7 (Group 1), forgiveness occurred knowing that the perpetrator will one day be judged by God and pay for his actions: *"A few years ago I gave my life to Jesus. A year ago, I forgave my cousin for what he did. But today, the act,*

that he will be someday, will be judged". Forgiving others seemed to stem from the idea that the perpetrators would one day be judged by God. Therefore, survivors appeared to give control over to God and their faith.

Accepting that a higher power is in control of their fate

Accepting that their lives are in the hands of God or a higher power and attempting to live as God had intended for their lives appeared to assist these survivors as an important meaning making mechanism. This included survivors accepting that the trauma happened for a reason and that they may be stronger because of it, as illustrated by two participants who stated: *"Some things we don't want them to happen, but they just happen, I don't know why. But it brought me closer and closer to God 'cause I'm grateful, I'm grateful for what have happened to me, that pain, I'm grateful for that. Because in a way they've taught me so many things that not everybody in that age had been taught"* (Participant 5, Group 1) and *"I had this thing of the people only want what is the best for you. So, I put the Lord in that same position, and He knows what good for me. Although this bad thing happened to me, He's the one who can bring something good out of it. Something bad that happened to you is going to be used somewhere in a positive way"* (Participant 3, Group 1).

Furthermore, meaning found through their faith in a higher power was evident through participant 2 (Group 3) and participant 3 (Group 3) who believed God to be their anchor in life, guiding them in their healing journey: *"My biggest pillar was always my belief in God"* and *"like 9 years ago I gave my life to the Lord. So, we have a very deep bond. So yes, I can lay everything at his feet and he's the one that's guided me, and I believe everybody that's coming to me that he's sent them to me for help. So, God is my number one"*. This was also highlighted by participant 6 (Group 3) who stated: *"I think more than anything my trust in God helped me through everything"*. Participant 1 (Group 2) found meaning in relinquishing control to a higher power: *"Everything was about control. And the moment I said okay now I am not in control, God is in control, that is when the acceptance was so easy. It was just so easy. It was easy to just wake up in the morning and not feel this pressure, like I need to do something great today, or I've got to"*. Spiritual awareness appeared to lead these survivors to serving others.

3.7.2.3 Selfless devotion

In addition, the data appeared to indicate that being compassionate and serving others was an important meaning making mechanism. This appeared to include finding meaning and purpose when advocating for others, giving back to others, helping others to overcome their adversity, and making a positive impact in the lives of other survivors of CSA. Although significant meaning and healing is found in being there for yourself, many survivors found meaning in being selfless.

Advocating for other survivors

Survivors find it meaningful to help others by sharing their story, being an advocate for other survivors, and inspiring other survivors to confront their trauma and start working on their own healing journey which is evident in this quote by Participant 2 (Group 3): *"I've found self-worth in helping others, that I, not that I have a problem with self-worth, I'm fine with it in general. So that's fine. But I feel good, firstly, to help others and um God's just sending these ladies to me"* as well as Participant 2 (Group 2) who states that: *"I also found much strength in helping others"*. Participant 2 (Group 3) also illustrated how they could be part of a bigger future by assisting others: *"I want to be part of something bigger that will make a difference in someone's life. If you publish this, I'm going to be so eager to go show my husband; look! Because if it can help one person, reach one person I will be happy, but it can help millions of people because it's so common hey"*. Helping other survivors to heal from the trauma that they have also experienced seemed to be a source of meaning to these survivors; they also found it meaningful to make a positive impact on the lives of others, devoting themselves to being altruistic and good people.

Making a positive impact on others' lives

Survivors seemed to have found meaning, self-worth, and purpose in helping others, giving back to the community and making a difference in others' lives. Wanting to help others and have a positive impact on their lives is illustrated by Participant 1 (Group 1) who states that: *"I've learned, I think I've learned finally how to be cruel to be kind...to help somebody else, in a positive way"*. Giving up one's free time was also an important meaning making mechanism as illustrated by Participant 2 (Group 1) in the following quotes: *"Volunteering is a huge stimulator"* and *"I am going to get involved in helping other people and giving them hope"*. For Participant 1 (Group 2), a sense of meaning was found in helping others and inspiring others with her trauma-healing journey, and this drives her to keep having a positive impact on others' lives; this is illustrated in the following quotes from this participant: *"I said if my suffering oozes good things by helping other people then it will have been worth it...and in that act of helping someone else to find hope, you find meaning ...I don't know, it's a mystery, I don't know exactly how to explain exactly how you find that meaning, but you do"* and *"but now you know I'm capable of being there for others that need me, that can relate to me. I want to be there"*. Survivors who felt that they could have a positive impact on the lives of others appeared to become more empathetic and understanding.

Being more empathetic and understanding

The motivation for helping others seemed to stem from a harnessed sensitivity towards others displayed in being empathetic. Survivors appeared to become more understanding and cognisant

of others' pain and tribulations after living through their own traumatic experience while witnessing those of the other participants. Participants from Groups 1 and 2 indicated that they were more empathetic towards others and that they had an inclination to help them through giving advice and praying for them. Participant 3 (Group 1) indicated that she feels others' pain and that she tries to assist in relieving this pain by providing advice and praying for them: *"I can feel others' pain, and usually when I get in conversations with people that has pain, I really feel their pain and I don't always have the words to help them get better, but I, sometimes I give some advice. Yes. And I pray a lot for them"*. Participant 7 (Group 1) also indicated an increased sense of empathy for others after her traumatic ordeal: *"I'm better at understanding people now, and able to empathise with them"*. Participant 2 (Group 2) feels the same way and indicates that because of her troubling past, she is able to be more understanding and counsel others in their difficulties: *"I've always had a lot of empathy with people, even more so now, but with more understanding, I've always been able to counsel people"*.

Protecting others from harm

Another way of helping others and being selfless which contributed to these women's meaning making mechanisms seemed to be that survivors stand up for others and protect them to ensure their safety, as seen through Participant 2 (Group 3): *"So yesterday was a very liberating day, I told him [perpetrator] he could go and get off and I stood up for my family and I feel good today"* and *"He needed to see that he was worth it for somebody to stand up for him [brother], he needs to acknowledge it. So, I've stepped in as protector with him, I don't care what anybody says, that's my role with him"*. Participant 3 (Group 3) was adamant on protecting her granddaughter and ensuring other children's safety as illustrated in her quotes: *"I've got three daughters and 'til today they are big women, but I am still overprotective of them. Now I've got a granddaughter, and that's even worse because I don't trust anyone around her"* and *"Um I want to nourish my children and I want to be there for them"*. Similarly, Participant 1 (Group) feels a sense of responsibility to ensure other children's safety: *"I feel responsible for other children's safety. I'm taking responsibility for them which is a big thing. Because they never take responsibility"*. Overall, the above meaning making mechanisms appeared to be instrumental in the women being able to embrace their own post-trauma intimate experiences.

3.7.2.4 Embracing post-trauma intimate experiences

Another key theme emerging in the data that appeared to contribute to the survivors' meaning making process was that of feeling safe and comfortable in their intimate relationships, which involved regaining a measure of control over their sense of safety in intimate settings and feeling

supported and engaged with their loving partner, allowing them to express themselves sexually. However, this remained a sensitive issue to some survivors.

Feeling safe and supported in intimate relationships

Participant 2 (Group 3) and participant 6 (Group 1) highlight the importance of feeling safe and comfortable in an intimate setting: *“I’m more comfortable sexually”* and *“And it was the first time we had sex in a year and a half and that was for me a highlight of this group”*. This safe and supported setting appeared to initiate a changed self-attitude.

3.8 Discussion

The aim of this study was to identify the meaning making mechanisms in a sample of women survivors of CSA who participated in the S2T collaborative strengths-based group intervention programme. The findings were developed into two overarching meaning making processes, namely intrapersonal and interpersonal mechanisms of meaning making.

Intrapersonal meaning making mechanisms included: recognising their self-worth, attitude of gratitude, finding ways of coping proactively, having a lifelong learning attitude and being autonomous, and lastly accepting and integrating a post-trauma identity. Most of the intrapersonal meaning making mechanisms found in the current study have been reported in previous studies: recognising their self-worth; attitude of gratitude; finding ways of coping proactively; having a lifelong learning attitude and being autonomous (Banyard & Williams, 2007; Burke Draucker et al., 2011; Damiani, 2019; Domhardt et al., 2015; Fleming-Hardy, 2017; Fouché & Walker-Williams, 2016; Godbey & Hutchinson, 1996; Hall, 2003; Phillips & Daniluk, 2004); and accepting and integrating a post-trauma identity (Defferary et al., 2018; Phanichrat & Townshend, 2010; Strachman Miller, 2005; Wright & Gabriel, 2018). However, in this study some nuanced differences were observed. For example, an important meaning making mechanism identified by the survivors in the S2T intervention group sessions appeared to be to accept and integrate a post-trauma identity by reframing the trauma and attaching positive meaning to it (moving from a victim to survivor to thriver narrative) and no longer allowing the trauma to define them. However, it should be acknowledged that this emphasis on the post-trauma narrative may have been due to the women survivors’ participation in a strengths-based intervention. One sub-theme found in the scoping review, *not blaming the self*, was not identified in the S2T datasets. One explanation for this could be that most survivors in the S2T study do not blame themselves for the abuse and understand that the perpetrator and/or non-offending significant others who played a role in their traumatic experience are to blame for their pain and silence.

Interpersonal meaning making mechanisms included: being supported, encouraged, and loved by others; having strong faith in a higher power; selfless devotion; and embracing post-trauma intimate experiences. Most of these mechanisms were reported in previous studies: being supported, encouraged, and loved by others; having strong faith in a higher power, and embracing post-trauma intimate experiences (Anderson & Hiersteiner, 2008; Ben-David & Jonson-Reid, 2017; Bradley & Follingstad, 2001; Chouliara & Narang, 2017; Defferary et al., 2018; Gonzalez, 2017; Himelein & McElrath, 1996; Ullman, 2014; Vilenica et al., 2013); and selfless devotion (Murphy et al., 2009; Phanichrat & Townshend, 2010; Vilenica et al., 2013; Walsh et al., 2010). Moreover, one sub-theme found in the scoping review, *having a positive disclosure experience*, was not identified in the S2T datasets. This could be that positive reactions to survivors' disclosure do not have a meaningful impact on their recovery. However, a more likely explanation for this deviation could be that in the S2T datasets, survivors were not directly asked about their disclosure experiences and the meaning derived from that experience. This is understandable as the primary study was not specifically designed for the current study and may thus pose a limitation for the findings in the datasets. This limitation could be seen as a motivation for future research and intervention programmes to focus on meaning making and the mechanisms and/or processes that may have contributed to meaningful healing from the CSA trauma experience.

Theoretical contribution

When contextualising this study within the draft conceptual framework (Figure 5) which includes findings from the scoping review and Park and Folkman's (1997) meaning making model, it was observed that this framework could be amended to differentiate between intrapersonal and interpersonal meaning making mechanisms. As such, Figure 6 proposed a formulated conceptual framework incorporating the findings of manuscript one and two.

Contributions to practice

It appears as if survivors who have not resolved issues of blame towards the perpetrator may experience difficulties in making meaning of the CSA experience. Furthermore, disclosure experiences may need to be dealt with separately to meaning making for some women survivors of CSA. In addition, this framework could potentially inform specific treatment outcomes for women survivors of CSA. For example, in treatment it would be beneficial to commence with the intrapersonal meaning making processes and then move on to the interpersonal meaning making processes.

The research conducted in this study may inform and assist helping professionals in practice or those conducting intervention programmes with women survivors of CSA to focus on the specific

treatment needs for aiding in finding positive meaning in the aftermath of the CSA traumatic ordeal. The limited data on the topic of meaning making mechanisms could also inform future research and motivate the exploration of meaning making mechanisms specifically in an intervention programme like the S2T collaborative strengths-based group intervention programme to promote CSA women survivors' healing through meaning making. The findings from the QSA on the three existing datasets of the S2T group intervention treatment sessions have been summarised and formulated into a conceptual framework, found below (Figure 6).

In summary, the formulated conceptual framework (Figure 6) appears to contribute to the global knowledge base, providing for a more detailed framework for understanding meaning making in the context of CSA, and may potentially inform practice and the specific treatment needs of women survivors of CSA.

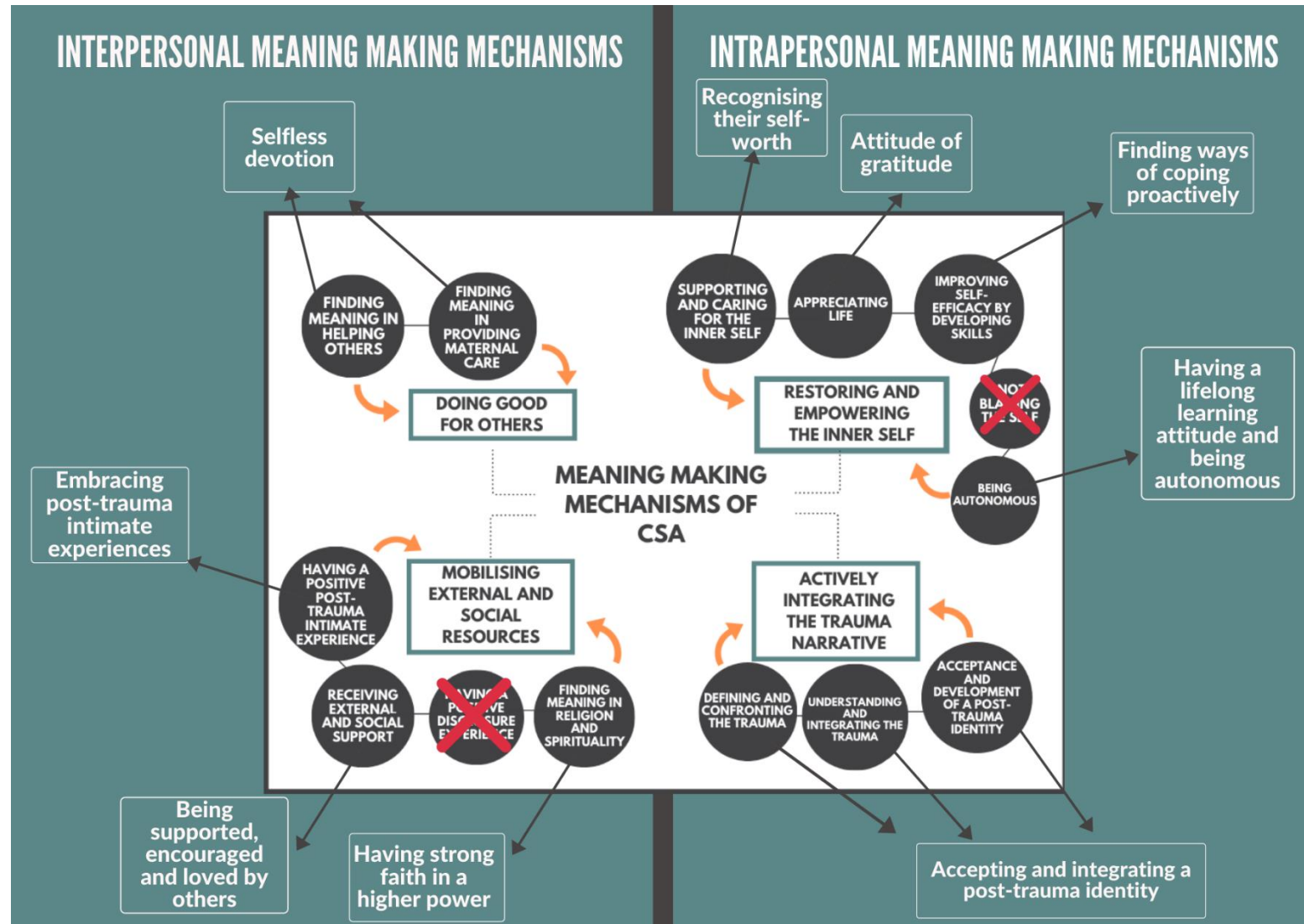


Figure 6. Formulated conceptual framework of women survivors of CSA participating in S2T in relation to meaning making mechanisms compared to the draft conceptual framework of meaning making mechanisms as reported in the literature.

3.9 Limitations

The S2T treatment sessions were not focused on meaning making specifically, which poses a limitation on the data collected regarding meaning making mechanisms. The sample size of the S2T intervention groups was rather small, which also poses a potential limitation to the current study. Furthermore, the researcher was not directly involved in the primary study's data collection and thus was unable to ask specific questions and make observations. Also, as the survivors of the group did not know each other, there could be a possible limitation to how comfortable they were to share their thoughts in the group treatment sessions.

3.10 Conclusion

The current study explored the meaning making mechanisms in a group of women survivors of CSA. This research was warranted as this is a topic that is not widely discussed in the literature and thus the literature cited could not be applied to a diverse context of South African women. What emerged from a group of women survivors of CSA is two overarching meaning making processes, namely intrapersonal and interpersonal mechanisms of meaning making. These mechanisms included recognising their worth, being grateful for their lives, coping proactively, being independent, accepting a post-trauma narrative, surrounding themselves with support and caring for themselves and others, and having faith. A conceptual framework was formulated to provide a clear interpretation of these experiences of women survivors of CSA in relation to meaning making mechanisms so as to inform the global knowledge base and potentially practice on the specific treatment needs of women survivors of CSA.

3.11 Recommendations

Due to the limitations posed on this study, the research recommends that further qualitative research be conducted on the topic of meaning making mechanisms in the context of CSA survivors in the South African context. The findings from this QSA provide a better understanding of this topic, which could be included in specific treatment interventions that address the recovery and meaning making of this CSA traumatic experience. These findings may also be included in the enhancement of the S2T collaborative strengths-based group intervention programme for women survivors of CSA.

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SECTION C

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Table 13

Unfolding of the study

Section A: Overview	Section B: Empirical research	Section C: Conclusions
- Rationale - Research questions and objectives - Methodology	- Manuscript 1: Scoping review - Manuscript 2: Qualitative secondary analysis (QSA)	Meaning making mechanisms of childhood sexual abuse (CSA): - Intrapersonal meaning making mechanisms - Interpersonal meaning making mechanisms

4.1 Introduction

The current qualitative explorative research study aimed at exploring what is known from the literature and South African women survivors' meaning making mechanisms in the context of their childhood sexual abuse (CSA) experiences. The objectives of the study were as follows: 1) to conduct a scoping review to explore the literature and provide a summary on women survivors' meaning making mechanisms in the context of CSA experiences; 2) to conduct qualitative secondary analysis (QSA) on three existing datasets of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme treatment sessions to identify the meaning making mechanisms of a sample of South African women survivors of CSA; 3) to contextualise findings from the scoping review and QSA by means of formulating a conceptual framework to enhance the understanding of the global knowledge base on meaning making mechanisms of South African women survivors in the context of their CSA experiences and potentially inform practice and the specific treatment needs of women survivors of CSA.

To achieve the three above mentioned objectives, the study was divided into two phases. Phase I of the study consisted of a scoping review conducted to achieve the first objective. To achieve the second objective, a draft conceptual framework developed and compiled in manuscript one was translated into a coding framework (as an outcome of the first objective) and used in Phase II to employ qualitative secondary analysis (QSA) on three existing datasets of the S2T collaborative strengths-based group intervention programme treatment sessions. Lastly, to achieve the third

objective, the findings from the QSA were formulated into a conceptual framework for understanding meaning making in the context of South African women survivors of CSA.

In the following sections, an overview of the research questions considered for the study will be discussed. Thereafter, the conclusions that emanated from the study as well as the limitations and recommendations for future research will be presented. Finally, a personal reflection is provided.

4.2 Research questions considered

The current study was guided by a primary research question and secondary research questions, as represented in the schematic representation in Table 14 below.

Table 14

A schematic representation of how research questions were explored

Experiences of women survivors of childhood sexual abuse in relation to meaning making mechanisms		
Primary research question	Secondary research question	Manuscript 1
What is known from the literature and South African women survivors' meaning making mechanisms in the context of their CSA experiences?	What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?	• A scoping review was conducted on publications in databases and journals between January 1989 and December 2019. • Sixty-four studies that reported meaning making mechanisms by women survivors of CSA were selected. • A draft conceptual framework was developed and translated into a coding framework to guide Phase II of this study (Manuscript 2). • Four themes and 14 sub-themes of meaning making mechanisms were identified in women survivors of CSA.
	What meaning making mechanisms were reported by a sample of South African women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions? What findings relating to women survivors of CSA's experiences in relation to meaning making mechanisms could further inform the formulation of a conceptual framework in order to enhance the global knowledge base on this topic?	<u>Manuscript 2</u> • QSA was conducted using transcripts of three existing S2T collaborative strengths-based group intervention sessions for women survivors of CSA. • The transcripts were deductively and inductively analysed to explore how meaning making mechanisms manifest in women survivors of CSA in a South African context. • The analysis identified two overarching meaning making processes that correlated with literature (one process showed a nuanced difference), except for two sub-themes identified in the scoping review.

4.3 Conclusions emanating from the study

4.3.1 Manuscript 1

Manuscript one reported on the results of the scoping review conducted with the aim of exploring and summarising the findings from literature with regard to the meaning making mechanisms found in women survivors of CSA.

The findings emanating from the study appeared to support and extend on Park and Folkman's (1997) meaning making model. The meaning making mechanisms identified in the scoping review which support Park and Folkman's (1997) model were: 1) *improved social resources* (finding meaning and helping others); 2) *improved personal resources* (improving self-efficacy by developing skills and being autonomous); and 3) *developing coping skills* (receiving external and social support and meaning in religion and spirituality). The meaning making mechanisms identified in the scoping review which were not included and as such extend on Park and Folkman's (1997) meaning making model are, namely: 1) *providing maternal care* (doing good for others); 2) *supporting, caring and not blaming the inner self and appreciating life* (restoring and empowering the inner self); 3) *having a positive post-trauma intimate and disclosure experience* (mobilising external and social resources); and 4) *defining, confronting and understanding the trauma and developing a post-trauma identity* (actively integrating the trauma narrative).

A draft conceptual framework developed from the scoping review findings was translated into a coding framework (Addendum D) and was used as a guideline to conduct QSA in the second manuscript.

4.3.2 Manuscript 2

The results of the QSA on the three existing datasets of the S2T collaborative strengths-based group intervention programme treatment sessions corresponded with the four main themes found in the scoping review on the meaning making mechanisms reported in the literature with regard to women survivors of CSA. These themes were clear in the data and could be categorised into two overarching meaning making processes, namely intrapersonal and interpersonal mechanisms of meaning making. Intrapersonal meaning making mechanisms included: recognising their self-worth, attitude of gratitude, finding ways of coping proactively, having a lifelong learning attitude and being autonomous, and lastly accepting and integrating a post-trauma identity. The latter process of accepting and integrating a post-trauma identity appeared to present with nuanced differences. As such, survivors appeared to accept and integrate a post-trauma identity by reframing the trauma and attaching positive meaning to it (moving from a victim to survivor to thriver narrative) and no longer allowing the trauma to define them. However, it should be acknowledged

that this emphasis on the post-trauma narrative may have been due to the women survivors' participation in a strengths-based intervention. Interpersonal meaning making mechanisms included: being supported, encouraged, and loved by others; having strong faith in a higher power; selfless devotion; and embracing post-trauma intimate experiences. Two sub-themes found in the scoping review, i.e., *not blaming the self* and *having a positive disclosure experience*, did not arise in the data of the S2T treatment sessions. A likely explanation for this deviation could be that in the S2T datasets, survivors could understand that they were not to blame for their traumatic experience nor were they directly asked about their disclosure experiences and/or the meaning derived from such experiences. As such, the current study's formulated conceptual framework is the first South African study on the topic, which contributes to the global knowledge base and opens up discussion in South Africa on the healing experiences of women survivors of CSA in relation to meaning making mechanisms. Furthermore, it potentially contributes to practice and highlights the specific treatment needs of women survivors of CSA.

4.3.3 Overall conclusion

The overall conclusion drawn from the study is that the meaning making experiences reported by women survivors of CSA, can be understood by two overarching meaning making processes, namely intrapersonal and interpersonal meaning making mechanisms. This study provides evidence of the meaning making experiences of CSA survivors in the literature and those reported by women in the S2T collaborative strengths-based group intervention programme, thus offering a deeper understanding of meaning making as an important treatment need in the recovery of women survivors of CSA in a South African context. This appears to be a scarcely researched topic in the literature worldwide and emphasises important focal points for inclusion in CSA treatment interventions so as to enable recovery by finding meaning in lived CSA traumatic experiences.

4.4 Limitations to the current study

4.4.1 Manuscript 1

The inclusion criteria used to identify studies in the scoping review are acknowledged as a possible limitation. Only studies conducted in English were included in the scoping review, which could have led to the exclusion of important studies in other languages. This study also restricted the search for relevant studies to online databases and journals, possibly excluding other valuable resources. Furthermore, because of the lack of studies focused on meaning making mechanisms specifically, the search had to be conducted by including studies with a broader scope of terminology related to recovery literature.

4.4.2 Manuscript 2

The foremost limitation of this study is that the S2T treatment sessions were not focused on meaning making specifically, and therefore pose a limitation on the questions asked in the treatment sessions and thus the data collected regarding meaning making mechanisms. Furthermore, the sample size of the S2T intervention groups was quite small, which also serves as a limitation to the current study. Lastly, the researcher was not directly involved in the primary study's data collection and thus was unable to ask specific questions and make observations.

4.5 Contributions of the study

To the researcher's knowledge, this study provided the first known summary of the meaning making mechanisms experienced by women survivors of CSA. The draft conceptual framework was developed from literature reported in the scoping review, contributed to the global knowledge base on the topic, identified gaps in literature, and opened up the discussion on CSA women survivors' meaning making experiences in South Africa. Despite the limitations of this study, the findings support and extend on the meaning making model of Park and Folkman (1997). Therefore, the study contributes to the existing knowledge base by providing further evidence of the underlying meaning making mechanisms that promote CSA survivors' recovery from the traumatic ordeal.

Furthermore, the formulated conceptual framework indicating the findings from the secondary qualitative analysis of the existing S2T datasets emphasise two overarching meaning making processes, namely intrapersonal and interpersonal mechanisms of meaning making. Thus, this study could potentially inform practice on the specific treatment needs of women survivors of CSA which could be incorporated into intervention programmes such as the S2T collaborative strengths-based group intervention programme to promote recovery from this CSA traumatic ordeal.

4.6 Recommendations for future research

To further explore this topic, a larger study is recommended to develop and expand on the mechanisms contributing to meaning making in the recovery of South African women survivors of CSA. It would also be meaningful to explore how this topic can be integrated with treatment outcomes to improve intervention programmes tailored to CSA survivors. Moreover, a primary study should be conducted to identify meaning making mechanisms reported by women survivors of CSA in the South African context. It would further be beneficial to conduct a replica study on male survivors of CSA, especially because of the high prevalence of CSA among men in South Africa.

4.7 Personal reflection

Upon reflection of the current study, one cannot deny the high prevalence of CSA in South Africa and the devastating effects this traumatic experience has on survivors. It is difficult to comprehend how one can overcome this devastating experience and move on with one's life, living contently. The current study and the survivors of CSA who participated in the S2T collaborative strengths-based group intervention programme helped me to realise that there is hope for survivors on their journey to recovery and that survivors have an innate desire to live a meaningful life after the traumatic ordeal.

In conducting the scoping review, it was challenging to conceptualise and define meaning making mechanisms as limited studies have been conducted on the topic. However, the contribution this study might make on the knowledge base of the topic and the lives of CSA survivors motivated me to persevere. Throughout the process, although challenging, I had support from my husband, family, friends, and supervisors (Prof. Hayley Walker-Williams and Prof. Ansie Fouch  d), without whom this study would not have been possible. Overall, this study was a positive and meaningful experience to me because of the learning that occurred and the confidence I gained in my abilities as a researcher.

I hope that this study encourages survivors of CSA to find meaning in their trauma, helps them realise that they are stronger than they believe, gives voice to their experiences, and helps them to realise that they can heal from this devastating ordeal and become thrivers. I have a deep appreciation and respect for the courageous women survivors of CSA who participated in each study found in the literature, because without them speaking up and sharing their experiences, we as researchers would not be able to build on our understanding of this phenomenon that impacts so many girls, boys, women, and men around the world. Together, we can break the silence and make the world a better and more understanding place.

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ADDENDUM A

Scoping review process and protocol

1) Review title:

Meaning making mechanisms in women survivors of childhood sexual abuse: A scoping review

2) Reviewer:

Monique Swanepoel

3) Centre conducting the review:

North-West University- Vaal Triangle Campus

4) Review question:

What could be learned from literature about women survivors' meaning making mechanisms in the context of their CSA experiences?

Inclusion criteria:

a) Participants:

- i. Studies that include women survivors of childhood sexual abuse

b) Phenomenon of interest:

- i. Studies that include child/childhood sexual abuse
- ii. Studies that include meaning making mechanisms/sources of meaning

c) Type of outcome:

- i. Studies that indicate meaning making mechanisms/sources of meaning in adult women survivors of child/childhood sexual abuse

d) Type of studies:

- i. Empirical studies
- ii. Case studies
- iii. Qualitative
- iv. Quantitative
- v. Mixed method
- vi. Systematic reviews
- vii. Integrative reviews
- viii. Scoping reviews
- ix. Meta-analyses
- x. Theses and dissertations

- e) Publication dates of studies:** January 1989– August 2019: This 20-year gap was chosen as very little literature was found within the recommended 10-year search

period in the initial literature review. The search gap was thus extended to 20 years to include a wider range of literature, and still be relevant to current times.

f) **Language of studies:** English

g) Key terms

- i. (*child sexual abuse* OR *childhood sexual abuse*) AND (*meaning making* OR *meaning making mechanisms*)
- ii. (*child sexual assault* OR *rape*) AND (*adult women survivors* OR *adult female survivors*)
- iii. (*child sexual assault* OR *rape*) AND (*sources of meaning* OR *meaning*)
- iv. (*childhood sexual trauma* OR *child sexual trauma*) AND (*meaning making sources* OR *meaning making*)
- v. (*meaning making* OR *sources of meaning*) AND (*child sexual assault* OR *childhood sexual abuse*) AND (*adult women survivors* OR *adult female survivors*)
- vi. (*meaning* OR *meaning making* OR *sources of meaning*) AND (*child sexual abuse* OR *childhood sexual abuse* OR *rape*) AND (*adult survivors* OR *female survivors* OR *women survivors*)

h) **Sources**

Data base search

1. EbscoHost
 - a) Academic Search Premiere
 - b) Africa-wide Information
 - c) E-Journals
 - d) ERIC
 - e) PsycARTICLES
 - f) PsycINFO
 - g) SocINDEX
2. Scopus
3. Pro quest
4. Science Direct (Social Sciences, Psychology and Humanities)
5. Google scholar

Academic journals search

6. *Child Abuse & Neglect*
7. *Child Maltreatment*
8. *Journal of Child Sexual Abuse*
9. *Sexual Abuse: A Journal of Research and Treatment*

10. *Women's Studies International Forum*

**** Reference lists of all studies included in the scoping review**

5) Exclusion criteria:

a) Participants:

- i. Studies that include only children or adult male survivors of CSA

b) Type of studies:

- i. Book reviews
- ii. Policy statements
- iii. Government documents
- iv. Training manuals
- v. Literature reviews

c) Publications: Studies that were not peer reviewed or that did not undergo some form of independent examination

d) Sources:

- i. Research reports
- ii. Newsletters
- iii. Reference to blogs
- iv. Reference to books
- v. Magazine articles

6) Study selection process:

- a) Identify publications through data base searches using key terms
- b) Identify publications through academic journal searches using key terms
 - i. Remove duplicates
- c) Screen titles and abstracts for eligibility criteria
- d) Access and assess full text studies for eligibility criteria
 - i. Exclude studies that do not meet inclusion criteria
 - ii. Exclude studies that do not answer the research question
- e) Reviewer applies inclusion and exclusion criteria to full text studies to validate eligibility
- f) Identify additional citations from the reference lists of studies included in the scoping review
 - i. Apply inclusion and exclusion criteria
- g) Indicate studies for inclusion in scoping review

7) Search strategy:

- a. Analysis of text words contained in the title and abstract
- b. Index terms used to describe article

- c. Identified keywords and index terms
- d. Reference list of all relevant identified reports and articles included in the scoping review

8) Charting the data:

Extraction and mapping of data from the selected studies in the data-charting form. The items included in the charting form are the author/s' name/s, date of publication, title of article, country name for study context, methods of the study and findings of study.

9) Consultation with professionals

Regular discussions with supervisors who are professionals working in the field of childhood sexual abuse.

ADDENDUM B

Identified database and journal studies

Key – Boolean/phrases	
Search term 1	(*child sexual abuse* OR *childhood sexual abuse*) AND (*meaning making* OR *meaning making mechanisms*)
Search term 2	(*child sexual assault* OR *rape*) AND (*adult women survivors* OR *adult female survivors*)
Search term 3	(*child sexual assault* OR *rape*) AND (*sources of meaning* OR *meaning*)
Search term 4	(*childhood sexual trauma* OR *child sexual trauma*) AND (*meaning making sources* OR *meaning making*)
Search term 5	(*meaning making* OR *sources of meaning*) AND (*child sexual assault* OR *childhood sexual abuse*) AND (*adult women survivors* OR *adult female survivors*)
Search term 6	(*meaning* OR *meaning making* OR *sources of meaning*) AND (*child sexual abuse* OR *childhood sexual abuse* OR *rape*) AND (*adult survivors* OR *female survivors* OR *women survivors*)

Database	Search term 1	Search term 2	Search term 3	Search term 4	Search term 5	Search term 6	Total
Ebscohost							
Academic search premiere	13	1	25	0	1	0	40
Africa Wide Info	1	1	6	0	0	0	8
E-Journals	11	0	13	0	0	0	24
ERIC	1	2	1	1	0	0	5
PsycArticles	2	0	1	0	0	0	3
PsycInfo	0	0	2	0	0	0	2
SocIndex	5	4	10	1	1	4	25
Science direct	645	302	569	348	197	177	2238
SCOPUS	1	13	1	6	1	0	22
Google Scholar	-	-	-	-	-	500	500

Journals	Search term 1	Search term 2	Search term 3	Search term 4	Search term 5	Search term 6	Total
Proquest							
Child Abuse and Neglect	83	176	69	180	54	191	753
Women's Studies International Forum	68	128	43	117	65	131	552
Journal of Child Sexual Abuse	237	164	159	282	104	205	1151
Sexual Abuse: A Journal of Research and Treatment	236	101	162	87	216	327	1129
Child Maltreatment	208	137	354	282	147	474	1602

Totals	Database and journal searches	35077
	Title and abstract screening (application of exclusion criteria)	8054
	Duplicates removed	6805
	Total	1249
	Studies excluded	897
	Full text assessed	352
	Additional articles in full text reference lists	13
	Total	365
	Eligible studies that were quality appraised	125
	Studies included in scoping review	64

ADDENDUM C
Data-charting form

Studies summary on meaning making mechanisms

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
1	Ahrens, C. E., Abeling, S., Ahmad, S. & Hinman, J. (2010). Spirituality and Well-Being: The Relationship Between Religious Coping and Recovery from Sexual Assault	Journal of interpersonal Violence	USA, CA	Mixed method N=100	Average age of participants: Over 18 Race: Black (37%) Asian (7%), Latina (11%), and Caucasian (38%) Perpetrator: 28% assaulted by a friend or acquaintance, and 42% assaulted by a romantic involvement Average age of onset of assault: 37.55 Assault characteristics: On average, these assaults took place 8.87 (SD = 8.45) years ago. Other: Most recent rape after 14	Religious & spiritual coping to find meaning, solace, and support.	Good deeds that involve active participation in church, helping others, and trying to lead a better life. Black survivors use more religious and spiritual coping mechanisms than white survivors. Did not necessarily gain more from it	Quantitative result: 6/8 Qualitative result: 8/10
2	Anderson, K. M. & Hiersteiner, C. (2008). Recovering from Childhood Sexual Abuse: Is a "Storybook Ending" Possible?	The American Journal of Family Therapy	USA, MO	Qualitative; grounded theory narratives. N=27	Average age of participants: 26-68 Race: 1 biracial, 1 black, rest white Gender: 2 males, 25 females Perpetrator: 56% by parental figures, 59% multiple perpetrators Average age of onset of assault: 1-11	They can't heal, but recover, recovery factors: Disclosure Meaning making	Breaking silence and gaining power through talking about their stories Understanding the experience, knowing they're not alone by reading others' stories, journal keeping	8/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Supportive relationships	Formal and informal support, having things in common with support group this confirmed their self-worth and help feel empowered to give voice	
3	Banyard, V. L., & Williams, L. M. (2007). Women's voices on recovery: A multi-method study of the complexity of recovery from child sexual abuse	Child Abuse & Neglect	USA, MA	Mixed method; longitudinal study, structured and open-ended interviews. N=80	Wave 1: conducted 1973–1975 with girls (aged 10 months to 12 years) and their caregivers who had been seen at a large city hospital because of child sexual abuse. N= 206 Wave 2: In 1990, a second wave of the study followed up with 136 of these girls age 18-31 Wave 3: In 1997 (wave 3 of the study and 23 years after the initial report of the abuse), 87 of the original 206 girls from the 1970's study was contacted and interviewed. Of these women, 80 had also been interviewed at wave 2 in 1990.	Connections Advocacy Making a commitment to feel better Opportunities in the environment	Feel connected to children, safe intimate relationships Helping others, selling clothes, donating clothes Less guilt and shame, but never fully recovered it is a lifelong process, have to commit, love yourself Being competent	Qualitative results: 9/10 Quantitative results: 6/8
4	Barber, A. (2012). Working with Adult Survivors of Childhood Sexual Abuse: Mental Health Professional and Survivor Perspectives	Thesis	Australia, Footscray	Qualitative; semi-structured interviews. N=3	Average age of participants: 25-35 Gender: Female	Supportive disclosure Seek therapy to find meaning or different meaning and start healing and improve self-concept	Friends sometimes provided them with empathy, not family Goo to therapy because of flashbacks, their child being the same age as them when they were abused, significant life	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
							events, reminders, when their coping becomes ineffective, stage of life they are in (30 up usually)	
5	Batten, S. V., Follette, V. M., Hall, M. L. R. & Palm, K. M. (2002). Physical and Psychological Effects of Written Disclosure Among Sexual Abuse Survivors	Behavior Therapy	USA, NV	Quantitative N=61	Average age of participants: Mean age 35 Race: 82% white Gender: Female Perpetrator: Most participants had multiple CSA perpetrators, with the most frequent initial perpetrators being fathers/stepfathers, other relatives, and neighbours/friends of the family. Fifty-six percent of participants also reported unwanted sexual contact with a boyfriend or date before the age of 18. Only 1 participant endorsed the sexual abuse by a boyfriend as her only CSA experience. Length of assault: Eighty-two percent of participants reported that the CSA continued for over 1 year and 67% indicated duration over 2 years. Average age of onset of assault: Mean age of onset 6.84 Assault characteristics: 92%	Writing about experiences	women who wrote about their CSA history reported their study participation had been significantly more valuable/meaningful to them than women who wrote about time management	Quantitative result: 6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					reported experiencing CSA involving vaginal, anal, or oral penetration. Other: Half (51%) of the study participants also reported a history of severe physical abuse by a family member or caregiver before the age of 18. Almost two- thirds (66%) of the current sample reported an experience of adult sexual victimization after the age of 18 that involved penetration. Some level of physical aggression by a current or past dating partner or spouse had been experienced by 61% of all participants, with 59% having experienced physical aggression by a past partner, and 13% reporting physical aggression by a current partner.			
6	Baty, S. D. (2012). Healing the Invisible Wound: Examining Spirituality in the Posttraumatic Growth of Sexual Trauma Survivors	Dissertation	USA, AZ	Qualitative; focus group. N=8	Average age of participants: 35-56 Perpetrator: mostly father, male cousin and other (family friend, acquaintance) and clergy/religious leader.	Connection with others	Build trust, opening up, helping others by being compassionate focus group helped support and encourage them, feel safe and accepted, helped one connect more with kids and friends.	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Personal growth Personal freedom Personal restoration Appreciating life New beginnings	Spiritual empowerment, insight, hope, internal change (journaling, praying) more self-aware Expressing themselves, thankfulness for second chance, forgiveness, surrendering (accepting), experienced catharsis through writing and yelling at the sky. Dance, yoga and releasing emotions. Sense of purpose (protecting others, hospice patients, helping friends and family), being saved, healing (prayer) and finding meaning (telling others their stories). Thankful, appreciate each day, thankful to the group Changing old ways and starting over	
7	Ben-David, V. & Jonson-Reid, M. (2017). Resilience among adult survivors of childhood neglect: A missing piece in the resilience literature	Children and Youth Services Review	USA, MO	Review; N quant=41 N qual=45 N total= 86	Databases: MEDLINE, PsycINFO and ERIC databases aimed at identifying relevant studies up to April 2017 Description of studies: Of the 41 quantitative studies, 25 studies (60%) included men and women participants and fourteen studies	Factors associated with resilience	Supportive partner relationships, social relationships, adaptive coping mechanisms, trusted persons, optimism, self-esteem, control, not blaming self, less family stress, going from victim to survivor, education and career focus, sports, religion and spirituality, understanding and making	8/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
9	Boyle, K. M., McKinzie, A. E. (2015). Resolving Negative Affect and Restoring Meaning: Responses to Deflection Produced by Unwanted Sexual Experiences	Social Psychology Quarterly	USA, GA	Mixed method; closed-ended survey data and narratives. N=115	Assault characteristics: Forty-four percent of respondents experienced one or more incidents of unwanted sexual touch or oral, anal, or vaginal penetration in their lifetime.	Protecting self Define event as rape	'I don't answer when he calls', avoid perpetrator, will never put up with such behaviour again, now have healthy relationships Admit what happened	Quantitative result: 4/8 Qualitative result: 9/10
10	Bradley, R. G. & Follingstad, D. R. (2001). Utilizing disclosure in the treatment of the sequelae of childhood sexual abuse: A theoretical and empirical review	Clinical Psychology Review	USA, IL, SC	Review N=13	Inclusion criteria: Studies that address therapy for symptoms from CSA, last decade published, included a defined treatment approach, that there was some systematic form of gathering outcome information and evaluating this data beyond clinical observation.	Disclosure through description disclosure through rethinking Disclosure in relationship	Recall event in order to work through it, describing it to therapist. Understand impact it had on them, writing about abuse Therapist helps challenge distorted thought they have because of abuse, like their worth, safety, reflecting and integrating past, present and future experiences to help cope and make it meaningful, increased self-esteem, more hope, re-scripting abuse by imagining herself as an adult entering the scene and protecting the child self Connecting to others, better interpersonal relationships, non-judgemental communication in groups where people have the same understanding, New representation of sense of self and others	8/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
11	Bryant-Davis, T., Ullman, S. E., Tsong, Y. & Gobin, R. (2011). Surviving the Storm: The Role of Social Support and Religious Coping in Sexual Assault Recovery of African American Women	Violence Against Women	USA, CA	Quantitative; analytical cross-sectional study. N=413	Average age of participants: 18-71 Race: black Gender: females Assault characteristics: (74%) of the women reported having given into unwanted sex act (fondling, kissing or petting, but no intercourse) due to continual arguments and pressure, 35.8% due to a man using his position of authority, and 64.2% due to threat or physical force. Almost 71 % (70.9%) of the women reported experiencing attempted sexual intercourse with threat or force, and 42 % with being given alcohol or drugs. For those women who reported having unwanted sexual intercourse, 76.8% were due to man's continual arguments and pressure, 29% were due to a man using his position of authority, 43.4% were due to being given alcohol or drugs, and 75.4% were due to threat or force. Lastly, 36% of women	Social support	Less psychological effects, influencing by African American collectivistic culture, helps to diminish shame, affirm their worth and value, safety.	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					reported having sex acts (anal or oral intercourse or penetration by objects other than the penis) due to threat or physical force.			
12	Burke Draucker, C., Martsofl, D.S., Ross, R., Bensen Cook, C., Warner Stidham, A. & Mweemba, P. (2009). The Essence of Healing from Sexual Violence: A Qualitative Metasynthesis	Research in Nursing & Health	Zambia, Lusaka/USA, OH	Metasynthesis N=51	Databases: CINAHL, PsychInfo, Medline, Sociological Abstracts Inclusion criteria: Qualitative studies (a) conducted with participants of any race, ethnicity, nationality, or class conducted in the United States or Canada, (b) published in refereed venues prior to January 1, 2009, and (c) focused on adults' responses to sexual violence of any type experienced at any point in the lifespan. Search strategy: Used a variety of search strategies (e.g., footnote chasing, citation searching, author searching, subject searching).	Managing memories Relating to important others	Calling it rape/abuse, contextualising it by considering the role of community/family etc... in the abuse. Understand how it contributed to their stress. Finding a positive outcome/making meaning from lessons learned They maintained or resumed contact with important others, even those who were responsible for the violence; formed new relationships, particularly with others who had also experienced violence; and sought out intimate or sexual relationships, often so they could feel loved. They discussed their violence with others to not feel alone, despite the risk of negative or hurtful responses. Set boundaries, limited access from others to their bodies. Disclosed in a selective way.	9/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Seeking safety	Engage in new activities to seek safety, focus on obtaining justice, testifying at trial, reporting crime, speaking out publicly, contribute to community safety like agencies that work with sexual violence, more future-oriented	
						Re-evaluating self	Confronted abuse and stated that it did not affect their core self, it will not define them	
13	Burke Draucker, C., Martsolf, D. S., Roller, C., Knapik, G., Ross, R. & Warner Stidham, A. (2011). Healing from Childhood Sexual Abuse: A Theoretical Model	Journal of Child Sexual Abuse	USA, OH	Qualitative; semi-structured and in-depth interviews. N=48 Female N=47 Male N total=95	Average age of participants: 18-62 Perpetrator: family member, a close family acquaintance, or a care provider, many cases were multiple perpetrators Length of assault: Ranging from single episode to ongoing through childhood and adolescence Other: The sexual abuse most often occurred in the context of other types of childhood adversity, including parental substance abuse, mental illness, and incarceration; physical and emotional abuse and neglect; and family instability	Life patterns Parenting Disclosure Spirituality	What enabled them to move to meaning making? Someone who helped them realise that they were not to blame, and it was wrong. Support from professional, friends, family. Accomplishments, academic, occupational, relationships, sobriety, healthy lifestyle Be protective, nurturing, communicate about abuse, keep away from abusive family members Share to understand it, then to pass on new perspective and wisdom on it to family, friends, and counsellors Relied on divinity, praying, clergy support, not being	9/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Altruism	alone, happened to make them stronger. Helping others being abused, more compassion, support and encourage others, speaking in public and joining victims' organisations	
14	Chouliara, Z. & Narang, J. (2017). Recovery from child sexual abuse (CSA) in India: A relational framework for practice	Children and Youth Services Review	UK, Scotland	Qualitative; semi-structured interviews. N=20	Average age of participants: 24-54 Gender: 6 males, 14 females Average age of onset of assault: before age 18	Moment of impact/turning points Reaching out/disclosure Positive sexual experiences	Moment of realising they were hurt (it was abuse) and why they behave the way they do (how it impacted them); realise they need help. Therapy made an impact on understanding what they went through, reading about others' stories, accept their realities and facing pain. a 'listening ear' or acceptance of their experiences, led to the development of a sense of safety and acknowledgment and affirmation of their experiences. Telling someone, like family, helped self-awareness and self-acceptance if their reaction was positive The right type of touching in a safe intimate relationship, accepting sexual orientation	9/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Re-connecting with self and growing Trusting again Survive vs thrive Integrating the experience into their lives Higher sense of self and purpose	Owning your recovery (knowing what you need to work on, overcoming barriers like trust issues, expressing, and crying about it, being motivated, and determined to recover, interpersonal relationships, taking responsibility for your life Negotiate boundaries, take risks of trusting others again Being self-reliant, defining themselves, pursuing their goals and connecting with others in a healthy way Feeling more empowered and confident, I am my own person, not in victim mode, know how to handle it even though it is not gone. Show compassion to others, being an activist	
15	Damiani, T. N. (2019). Posttraumatic Growth, Purpose, and Trauma in Survivors of Sexual Assault	Dissertation	USA, CA	Qualitative N=278	Average age of onset of abuse: Sexually assaulted at or after 18	Having a sense of purpose entails: Being self-oriented	Self-actualization (realize full potential, use strengths, attain knowledge, goals, grow through experiences and find truth) Education (gives me drive to improve) Career	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Beyond the self	Interests (travel, hobbies) Financial (for a stable environment for family) Health Happiness Safety Improving the world by spreading kindness, positivity, and love. Solve societal problems (oppressed communities, foster care system, government participation) Improve lives of others (children, survivors) Relationships (Family support, taking care of own family) Spiritual	
16	Das, S., Pramanik, S., Ray, D., & Banerjee, M. (2016). The process of meaning making from trauma generated out of sexual abuse in childhood	Indian Journal of Positive Psychology	India, Jamshedpur & Kolkata	Qualitative; intensive interviews. N=3	Average age of participants: 30 Average age of onset of assault: Repeated sexual abuse in adolescence and childhood	Support Advocacy Accomplishments	Mother was a source of strength for the client by fighting for her. Helping and listening to others, empathy towards others. Professional accomplishments that empower them, academic accomplishment	10/10
17	Defferary, T. E. M., Howcroft, J. G. & Stroud, L., A. (2018). Redefining Resilience: A Process-centered Approach for Interventions with Child Sexual Abuse Survivors	Universal Journal of Psychology	SA, Port Elizabeth	Mixed method; Quantitative N=90 CSA before 16 (incident group) and 190 non-incident group Qualitative N=9 interviews. N total=99	Race: Four of the participants were black, three were white, and two were of mixed ancestry. Gender: Qualitative 2 males, 7 females	Disclosure	Things that affect how their resilience: manner of disclosure, reasons for delayed disclosure, relationship to the confidant, confidant's response to disclosure, effects of the response to disclosure, the impact of	Quantitative result: 6/8 Qualitative result: 10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Positive coping mechanisms (internal) Coping mechanisms (external)	the CSA upon the survivor, impact of the CSA on relationships, advice to professionals, the confidant, and the survivor praying, and taking charge, or taking control of their lives, self-talk, self-affirmations, and self-forgiveness eliciting support through social support networks comprising of parents, friends, and partners. change in their mind-set at some point during the recovery process	
18	Domhardt, M., Munzer, A., Fegert, J. M. & Goldbeck, L. (2015). Resilience in Survivors of Child Sexual Abuse: A Systematic Review of the Literature	Trauma, Violence & Abuse	Germany, Ulm	Review N=37	Databases: PsycINFO, PubMed, Web of Science, and PSYINDEX Inclusion criteria: (1) The study had to have been published in English, German, or French in a journal that complies with the peer review policy. (2) The study investigated resilience after CSA. All definitions of CSA (e.g., contact, or noncontact and different legal ages) were accepted. If child maltreatment in general was examined, then part of the data	Factors associated with resilience across studies	Optimism, hope, control beliefs, active coping, externalizing blame, understanding trauma, changing beliefs about trauma and cognitions, education and schooling, emotional intelligence, competence and trust, social attachments, self-esteem, religion and spirituality, abiding laws, cultural activities, economic status, being healthy, family being stable and having good connections, satisfying relationships, sense of community, good parenting, feeling safe	11/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					analyses must have been specific to CSA. (3) Resilience was conceptualized as adaptive functioning and/or the absence of psychological disorders. (4) Main outcomes had been assessed using standardized instruments, that is, prior psychometric evaluation and publication of the main outcome instrument. (5) Only quantitative studies were included. (6) Sample sizes had to be at least 20 participants. (7) Studies investigating short-term resilience during childhood and adolescence as well as long-term resilience into adulthood were included. (8) Studies with different sample characteristics (e.g., representative, community, clinical, child protective services, at-risk people, and others) were included.			
19	Duma, S. E., Mekwa, J. N., & Denny, L. D. (2007). Women's journey of recovery from sexual assault	Curationis	SA	Qualitative In-depth interviews Grounded theory N=10	Other: women who presented within the first week following sexual assault, between April and May	Awakening Pragmatic acceptance Turning point	This journey is influenced by the women's personal biographies such as culture, religious beliefs and values. It is also	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	trauma: a grounded theory				2005, at one of the sexual assault management centres in the Western Cape Province of South Africa. These included women who either presented to the centre for the first time or those who were returning to get their HIV and STIs blood results and postexposure prophylaxis (PEP) medications.	Reclaiming what was lost Defining landmarks of healing Readiness for closure Returning to the self	influenced by how much support they receive from significant others, family, community and other systems (health, legal, social).	
20	Fetty, D. G. (2016). Is there justice for sexual trauma? A structural model to examine factors influencing posttraumatic growth and distress.	Dissertation	USA, IL	Quantitative; analytical cross-sectional study online survey. N=217	Assault characteristics: Experiences of oral rape 158, vaginal rape 192, anal rape 91	Personal resources Social resources Coping resources	Ultimate justice. Supportive spirituality: provides meaning, purpose, hope, esteem, and belonging. Optimism helped them cope Supportive relationships: Functioned as a strategy of appraisal and coping, alongside problem solving, optimism, and the presence of meaning Counselling: promote adaptive coping/appraisal strategies and foster intentional cognitive/emotional processing of the trauma. Friends and family were seen as an environmental coping mechanism. Better	8/8

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Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Community connection	educational material that motivated them, seeking therapy to gain coping skills and cognitive re-constructing, or by reading and practicing the principles laid out in the Bible, advocating or helping other victims Giving back, justice for other victims, yoga, church, sharing their story, advocating, pursuing such a career.	
22	Gall, T. L. (2006). Spirituality and coping with life stress among adult survivors of childhood sexual abuse	Child Abuse & Neglect	Canada, Ontario	Quantitative; analytical cross-sectional study, questionnaire. N=101	Average age of participants: 43,2 Gender: 17.8% men. Perpetrator: The majority (60.4%) reported that the perpetrator had been a close family member (e.g., father) while 13.9% reported that the abuse had been by another family member (e.g., uncle), 23.8% by a non-family member (e.g., teacher) and 2% by a stranger. A large proportion of the survivors (44.6%) reported having been abused by perpetrators in more than one of these categories. Of this percentage, 34.6% reported having been a victim of close familial	Spiritual support coping	Being older at time of abuse was associated with more spiritual coping. These survivors were less angry and anxious, also predicted more cognitive appraisal, social support as a coping mechanism	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					incest in addition to other incidents Length of assault: Average was 7.2 years Average age of onset of assault: 6.1 Other: 19-66 60.4% reported having been physically as well as sexually abused (self-defined)			
23	Gall, T. L., Basque, V., Damasceno-Scott, M. & Vardy, G. (2007). Spirituality and the Current Adjustment of Adult Survivors of Childhood Sexual Abuse	Journal for the Scientific Study of Religion	Canada, Ontario	Quantitative; analytical cross-sectional questionnaires. N=101	Average age of participants: 19-66 Perpetrator: (60.4 percent) reported that the perpetrator had been a close family member (e.g., father) while 13.9 percent reported that the abuse had been by another family member (e.g., uncle), 23.8 percent by a nonfamily member (e.g., teacher), or 2 percent by a stranger Length of assault: average duration being 7.2 years. Average age of onset of assault: Abuse before 18. Mean age of onset for the sexual abuse was 6.1 years with the average duration being 7.2 years. Other: (44.6 percent) reported having been abused by perpetrators in more than one of	Spirituality	Used as a coping mechanism to handle stress, source of secure attachment, hope, self-acceptance, interpersonal relationships improved. more positive life attitude, stronger sense of self, and some resolution of the abuse	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					these categories of abuse with 34.6 percent having been victims of close familial incest in addition to other incidents.			
24	Godbey, J. K., & Hutchinson, S. A. (1996). Healing from Incest: Resurrecting the Buried Self	Archives of Psychiatric Nursing	USA, FL	Qualitative; in-depth interviews. N=10	Perpetrator: Incest experiences	Recognising that self has been hurt and betrayed Long process of support from friends, family, and therapist	Gaining knowledge in therapy, connect with painful memories to bury them, accept pain and grief, changing negative behaviours, externalising the blame, connecting with their younger self to understand better, forgive and love themselves	10/10
25	Gonzalez, C. (2017). Recovering Process from Child Sexual Abuse During Adulthood from an Integrative Approach to Solution-Focused Therapy: A Case Study	Journal of Child Sexual Abuse	Australia, Queensland	Case report; longitudinal study. N=1	Average age of participant: late 40's Gender: female Perpetrator: father	Disclosure Action steps/activities Relationships	Relief, letting go of it and sharing it was vital to healing Reading a religious magazine, helped her self-evaluate, making a collage of all the positive emotions experience in the sessions Protective of children and improved relationship with husband by spending more time together, got a sewing machine to start working from home, writing letters to child self about what messages she needed to hear	7/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Self-improvement	Started working on personal appearance, colouring hair, wearing jewellery, colourful clothes, better self-concept, appreciate herself and her future	
26	Haffejee, S. & Theron, L. (2017). Resilience processes in sexually abused adolescent girls: A scoping review of the literature	South African Journal of Science	SA, Gauteng	Scoping review N=11	Databases: OneSearch, which is a comprehensive electronic search platform that accesses multiple resources, including online resources, journals, and books, in one search. Databases in OneSearch that we selected were ERIC, JSTOR, MEDLINE, PsychINFO, PsychARTICLES, ScienceDirect, Academic Search Premier and CINHALL. We also ran separate searches in Scopus, ScienceDirect, JSTOR and Web of Science. Inclusion criteria: English, primary studies, adolescent girls 13-19 mean age of sample below 20, CSA survivors, resilience, gained a functional outcome, between 1995-2016	Individual factors: meaning-making, self-regulation, and self-efficacy Optimistic future Agency and motivational mastery Protective ecologies: Attachment relationships Culture and religion Social, community and educational systems	accepting trauma, disclosure, reframing, hope, optimism, controlling emotions, owning up to behaviour, not blaming self. Goals and aspirations, planning future Seek and access social and legal resource to deal with trauma Maintains school performance, peer, family, comfort and protects, girls in similar situations for guidance, safe spaces, not feel alone Helped make meaning of it and understand it, acceptance, church, forgiveness Being successful in education, commitment to schooling, self-knowledge, self-regard, strong sense	9/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
							of ethnic identity, recreational and educational activities created sense of belonging, self-esteem, and confidence, future orientated	
27	Hall, J. M. (2003). Positive Self-Transitions in Women Child Abuse Survivors	Issues in Mental Health Nursing	USA, TN	Qualitative N=55	Average age of participants: 35 Gender: Female Assault characteristics: Other: Three women had experienced rapes, at gunpoint, by strangers in adulthood. Thus, these women faced continued interpersonal violence in adulthood. Half of the participants had in the six months prior to interview been involved with a physically or sexually abusive male partner, and a few still had contact with that person. Usually these relationships had ended when the participant had sought assistance for substance misuse.	Through epiphanies and maintaining their momentum they gained: Self-catering Ownership Interpersonal insulation Wilfulness Seeing options	(focusing on themselves, self-esteem, loving themselves Taking care of children, not being controlled, having defence (a) avoid dangerous persons, (b) protect one's self and children from harm from such persons, and (c) locate and connect with supportive, trustworthy persons Defining your path in life, relying on yourself for action, holding strong opinions, having an impact, or causing change in the environment (a) expanding one's awareness of alternatives, (b) experiencing revelations through accessing information, and (c) making conscious	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Spiritual connection	choices among alternatives Positive value assigned to negative experiences, church to communicate with others and accessing God, growing relationship to nature, and describing the body in a mythical way	
28	Hartley, S., Johnco, C., Hofmeyr, M. & Berry, A. (2016). The Nature of Posttraumatic Growth in Adult Survivors of Child Sexual Abuse	Journal of Child Sexual Abuse	UK, Oxford & Northampton/ USA, FL	Mixed method; in depth structured interviews and questionnaires. N=6	Perpetrator: In order of participants: brother, brother, uncle, (mother, father, and male cousin), (father and grandfather), (brother in law and gang rape) Length of assault: In order of participants: 2 occasions, stopped at 19, stopped at 9/10, stopped at 15, stopped at 13, stopped at 19/20 Average age of onset of assault: In order of participants: 14, 7-10, under 5, 4, 3, 14	Making sense of abuse Relating to self in a new way	Acceptance of what happened. Talking about the abuse in the context of society (opening up, listening to others with the same experiences) Growth in relation to religion Growth in relation to culture New emotional experience, having a dream, recognizing the positive and learning to think about self in a new way, not holding it in, not feeling guilt or shameful (visualisation exercises helped), being determined to reach a goal or follow their beliefs, taking risks like new career opportunities, making herself think positively Relationship with children (express love safely, feeling love, setting boundaries, protect them),	Quantitative result: 5/8 Qualitative result: 10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Relationships with others	family (being supported, not judged when talking about it, feel more assertive and confident, intimate relationship with women who were more nurturing than men (brother), friendships that help them feel supported)	
29	Himelein, M. J., McElrath, A. V. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion	Child Abuse & Neglect	USA, NC	Mixed method; Quant N=180 Qual N=20 N total=200	Abuse characteristics: (26%) reported a history of contact CSA ranging from fondling to rape	Disclosing positive reframing Refusing to dwell on the experience	(85%) had disclosed their CSA experience to friends or family members in the intervening time period, and most reported that talking to others had been extremely helpful in their attempts to cope Learning and growing from the experience, god having a purpose for you, everything happens for a reason. To go on, not letting it rule your life, not forgetting but accepting it happened, write about it	Quantitative result: 6/8 Qualitative result: 9/10
30	Hitter, T. L. (2012). Exploring positive sexual self-schemas of women survivors of childhood sexual abuse	Dissertation	USA, NM	Qualitative; interviews and self-journals. N=9	Average age of participants: 28-45 Perpetrator: Abuse experiences ranged from a dozen instances with a family friend to 17 years of ongoing sexual abuse. Length of assault: abuse continued as late as age 19	Healing sexual relationships	Some participants described relationships with first partners who were kind, supportive, loving, and open to sexual exploration. There was an element of fun and a sense of freedom in the descriptions of these relationships, choosing sexual partners or not having sex gave a	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					Average age of onset of assault: Age of initial abuse ranged from before age 6 to 13 years of age	Support Counselling Embracing sexual self	sense of control and power Community support groups, chat rooms, friends, or non-sexual relationships Knowledge found, reading, Re-owning and accepting (I love my body, even in imperfections they are grateful for their bodies-it carried their children) (don't beat myself up, can now see them naked with the lights on, sex can be fun) Share and talk about sexuality because they claimed it for themselves.	
31	Horn, N. K. (2019). Finding meaning after rape: An examination of meaning-making strategies and consequences in rape survivors	Dissertation	USA, OH	Quantitative N=273	Race: The racial and ethnic makeup of the final sample was 80.6% White/European-American, 5.5% Asian or Asian-American, 5.1% Bi-racial, 4.8%, Hispanic/Latina, 3.3% Black/African American, and .7% Other Assault characteristics: and 82.4% also reported experiencing other forms of unwanted sexual contact during the rape	Strategies: Engaged problem solving coping strategies Cognitive restructuring Expressing emotion Social support	By-products: PTG and control, changed identity, goals, acknowledging the rape	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					Other: 89.4% also reported experiencing verbal coercion			
32	Hyman, B. & Williams, L. (2001). Resilience Among Women Survivors of Child Sexual Abuse	AFFILIA	USA, CA	Mixed method N=136	Average age of participants: 31-81 Race: 86% black Gender: female Perpetrator: The perpetrator was a member of the immediate or extended family in 34% of the cases, an acquaintance or friend of the family in 27%, a peer in 14%, and a stranger in 25%. All male Assault characteristics: Intercourse and fondling. Sexual penetration was reported in 60% of the cases Other: Some type of physical force (pushing, shoving, slapping, beating, or choking) by the perpetrators was reported in 62% of the cases. Medical evidence of some physical trauma was present in 34% of the cases.	Psychological well-being Relationships Economic well-being Social support Education	Improved self-esteem and self-perception Relationships with partners, success as a parent, relationships with female friends, and participation in social activities Earning a good salary, working full time and being able to support herself Receiving support from a special person at some point was associated with resilience Resilient women were more likely to have finished high school. Also, having positive relationships in school with teachers	Quantitative result: 6/8 Qualitative result: 8/10
33	Kaye-Tzadok, A & Davidson-Arad (2016b). Posttraumatic	Psychological Trauma: Theory, Research, Practice, and Policy.	Israel, Emek Hefer & Tel Aviv-Yafo	Quantitative; analytical cross-sectional study,	Average age of participants: 18-30 Gender: female	Control perceived (realistic or unrealistic)	All of these variables were associated with higher PTG and resilience	Quantitative result: 6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	Growth Among Women Survivors of Childhood Sexual Abuse: Its Relation to Cognitive Strategies, Posttraumatic Symptoms, and Resilience			self-report questionnaires. N=100	Perpetrator: in almost half the cases (42%) the abuser was a family member Length of assault: abusive period ranged from the age of 3 to the age of 24. (74%) the abuse was ongoing Average age of onset of assault: The mean age for abuse onset was 11.19 Assault characteristics: Other: Most of the participants (68%) reported that the abuser had also used physical force during abuse, and in a third of the cases (32%) the sexual abuse was reported to the police.	Hope Protecting younger siblings from abuse (being altruistic) Reframing		
34	Kaye-Tzadok, A. & Davidson-Arad, B. (2016a). The Contribution of Cognitive Strategies to the Resilience of Women Survivors of Childhood Sexual Abuse and Non-Abused Women	Violence Against Women	Israel, Emek Hefer & Tel Aviv-Yafo	Quantitative; analytical cross sectional Compare N=100 CSA survivors to N=84 non-sexually abused women. N total=184	Average age of participants: 18-30	Self-forgiveness Unrealistic control & Realistic control Financial status	Self-forgiveness and hope were significantly seen to improve resilience in CSA survivors even though it was lower than non-CSA survivors. Control was not significant to resilience in this study, unexpected finding was that financial status improved resilience	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
35	Kirkner, A. & Ullman, S. E. (2019). Sexual Assault Survivors' Post-Traumatic Growth: Individual and Community-Level Differences	Violence against women	USA, NJ & IL	Quantitative; analytical cross-sectional study that used data from a longitudinal study. N=1863	Average age of participants: 18-71 Assault characteristics: 80% of women experienced completed rape, 7% attempted rape, 8% coercion, 4% unwanted contact, and 1% did not endorse any items, but had some other unspecified unwanted sexual experience.	more disrupted core beliefs (negative beliefs), perceived control over recovery, religious coping, and positive social coping	Factors were highly correlated with higher PTG	6/8
36	Krayer, A., Seddon, D., Robinson, C. A., & Gwilym, H. (2015). The Influence of Child Sexual Abuse on the Self from Adult Narrative Perspectives	Journal of Child Sexual Abuse	UK, Bangor	Qualitative; narrative interviews. N=30	Average age of participants: Over 18 Perpetrator: N=25 mentioned someone known to them Generally this was a father, stepfather, mother's new partner, or an uncle. A brother or stepbrother was mentioned three times and a mother once. Other: Several mentioned emotional or physical abuse as well.	Meaning making is created by the self, there were 3 identified. For this study, we focus on the: Potential/developed self	Positive self-image, 'I know who I am', the experience made them who they are. Turning point that lead them to be determined to change their life course. Choose not to be a victim, meaning in life, feelings of agency, and/or interpersonal connections. Those who focused on personal growth and spirituality have a more positive outlook on life. Helping others (volunteering). It will never be gone, but it does not define me.	10/10
37	Luck, S.M. (2010). Spirituality as a coping resource in adult	Dissertation	USA, MN	Qualitative; Interviews. N=8	Average age of participants: Age 26-83	Nature	It's understood that someone had to create this. God had painted this	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	female survivors of childhood sexual abuse					Prayer and worship Forgiveness Support Spirituality brings purpose	incredible picture for everyone to see and it charges you with stronger emotions and allows you to connect with your innermost self. "I feel God's presence ... in worship. It is peace and joy all at the same time, prayer helps reflect, helps them feel better about themselves He will forgive and survivors forgive (Without the forgiveness you can't even move on really), You can forgive a person and love them and it brings healing and hopefully it brings salvation for them but that doesn't mean forgetting. I really only want the advice of people that are striving to be Christ-like like me, because I'm going to benefit from that, and they are going to lift me up and help me hope, courage, strength, peace, joy, grace, trusting god, understanding, ability, humility, wholeness, and love as resulting from their spirituality and beliefs, sometimes I feel	

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Altruism Coping through spirituality	that people are all put on the earth for a certain reason and Basically, when we are born, and God has made us, He knows right from the start what that reason is, the purpose He has put us here, there is a better future I believe I should be doing good in this world, I should be helping other people or making a big difference increased sense of self-worth and self care, making healthier choices, Prayer, attending church, meditation, reading spiritual literature, or connecting with others, seeking help (someone to pray with, someone to pray for the participant, wisdom and advice from peers or counselling), trusting god,	
38	McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J. & Matosian, A. (2007). Resilience in Sexually Abused Women: Risk and Protective Factors	Journal of Family Violence	USA, CA	Quantitative; analytical cross-sectional study. N=177	Average age of participants: 18-64 Gender: female	Family characteristics	Support and cohesion reduce psychological distress, enhances self-esteem, and promoted social competence, sense of competence and face challenges, helps with environmental mastery (did better at university), more productive, fulfilling, and meaningful	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Abuse characteristics	subjects who had experienced several different abusive incidents (e.g., being kissed, fondled, asked to engage in oral sex) felt more accepting of themselves and also felt competent in managing their lives' daily routines and demands	
39	McKenzie-Mohr, S. & Lafrance, M. N. (2011). Telling stories without the words: 'Tightrope talk' in women's accounts of coming to live well after rape or depression	Feminism & Psychology	Canada, New Brunswick	Qualitative; narrative design. N=10	Average age of participants: 22-66	Empowered Meaning making	By not blaming themselves for the abuse, understanding their role in the abuse The language we use is important for how we construct and make meaning of an experience. Help master their narratives and make it more positive	9/10
40	McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived Benefit from Child Sexual Abuse	Journal of Consulting and Clinical Psychology	USA, WA & MD	Qualitative N=154	Perpetrator: Family and non-family members Average age of onset of assault: Before age 14	Protecting children Self-protection Knowledge Stronger	Teach them about sexual abuse, control contact with adults, open relationships, genital caution More awareness, less trusting, careful in relationships, trust instincts Understand trauma	8/10
41	Moore, C. L. & Vilet, J. V. (2019). Women's Experiences of Nature as a Pathway to	Journal of Humanistic Psychology	Canada, Alberta	Qualitative; narrative approach. N=4	Average age of participants: Late 20's-mid40's	Found peace in nature	Viewing pictures of nature, making collages to feel safe. Growing up on a farm, found healing in	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	Recovery from Sexual Assault				Perpetrator: P1: childhood CSA from teacher, resident in apartment building, strangers she came into contact with on a bus. P2: Family member, father, boy at a party		harvesting, baling hay, listening to the wind, riding horses. Use of crystals, talking to trees (meditating), living a healthy green lifestyle, yoga. Looking at the clouds, laying in the sun, accepting what happened, wear it proudly, love myself even the ugly parts. Nature makes you realise that small issues like theirs doesn't matter	
42	Morrow, S. L., Smith, M. L. (1995). Constructions of Survival and Coping by Women Who Have Survived Childhood Sexual Abuse	Journal of Counselling Psychology	USA, AZ & UT	Qualitative; focus group and interviews. N=11	Perpetrator: abuse by multiple perpetrators. Length of assault: Abuse experiences varied from a single incident of molestation by a family friend to 18 years of ongoing sadistic abuse Average age of onset of assault: Age of initial abuse ranged from infancy to 12 years of age, abuse continued as late as age 19	Coping by managing helplessness and powerlessness & trying not to feel overwhelmed, threatened	Survived, coped, lived, healed, feeling hopeful, empowered and whole- they made meaning by collectively working through the experience	9/10
43	Murphy, S. B., Moynihan, M. M., Banyard, V. L. (2009). Moving Within the Spiral: The Process of Surviving	Journal of Women and Social Work	USA, NH	Qualitative N=12	Average age of participants: 19-49 Average age of onset of assault: 18 and over	Meaning making Going beyond themselves Pattern/spiral	Accepting it happened, talking to yourself, understanding it Understanding rape myths, pursuit of justice, forgiveness	9/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
							Moving away, helping victims, process of back and forth	
44	O'Daugherty Wright, M., Crawford, E. & Sebastian, K. (2007). Positive Resolution of Childhood Sexual Abuse Experiences: The Role of Coping, Benefit-Finding and Meaning-Making	Journal of Family Violence	USA, OH	Mixed method N=60	Average age of participants: 38.83 Race: Predominantly white 91.7% Gender: Female	Personal growth Spiritual and religious growth Knowledge on sexual abuse Improved relationships Important coping skills Improved parenting skills	Wiser, creative, positive self-regard, feeling strong, I've learned that I am beautiful, talented, smart, lovable, capable, competent. I've learned about forgiveness. They are loving themselves now. religious faith had grown, while others noted that their ethics and morals had been positively affected. Other women mentioned character development, and others reported that their capabilities for forgiveness had grown. read information, attend support groups, go to parenting classes, and individual therapy. Help recognize sexual abuse, educate others more sensitive, accepting, less judgemental, support and help others. self-protection, self-reliance, dissociation, being in-control, and being submissive/compliant. More protective of children	Quantitative result: 6/8 Qualitative result: 10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Shattered assumption about world Positive outcome	meaning I have learned is that life may not always be fair and although there are few answers for the “whys”, we can still move forward and recover on a continual basis. I have learned that evil does exist, but it is possible to survive and use experiences to help others not have to suffer alone I want my suffering not to be in vain, so I will use what I have been through to help others, to raise my children just a little better than my parents raised me and my siblings, and to be caring and understanding of the suffering that other people go through.	
45	Padmanabhanunni, A. & Edwards, D. (2015). Rape Survivors' Experiences of the Silent Protest: Implications for Promoting Healing and Resilience	Qualitative Health Research	SA, Cape Town	Qualitative; semi-structured interviews (Synoptic case narratives written). N=9	Average age of participants: CSA survivors= age 21-22, adolescent sexual abuse survivors=age 20-23, adult sexual abuse survivors=age 21-51 Average age of onset of assault: CSA survivors=3-7, adolescent sexual abuse survivors=13-14, adult sexual abuse survivors=18-35	Seeking meaning Empowering the self Seeking support	Some were abused by romantic partners, this was confusing. Hearing other people's stories made them understand it was rape Empowered through the silent protest Hearing other women's stories made them more aware, allow them to reach out and not feel alone	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					Assault characteristics: N=3 experienced repeated CSA, N=3 experienced adolescent sexual abuse and N=3 experienced adult sexual abuse			
46	Phanichrat, T., Townshend, J. M. (2010). Coping Strategies Used by Survivors of Childhood Sexual Abuse on the Journey to Recovery	Journal of Child Sexual Abuse	UK, Surrey & Brentford	Qualitative; interviews. N=7	Average age of participants: 23-57	Seeking meaning Acceptance Cognitive engagement Seeking support	Helping others, advocacy Self, the abuse, and coping skills Reframe, reflection, positive thinking, externalising abuse Sharing, disclosure, Support groups, spiritual support	10/10
47	Phillips, A., Daniluk, J. C. (2004). Beyond "Survivor": How Childhood Sexual Abuse Informs the Identity of Adult Women at the End of the Therapeutic Process	Journal of Counselling and Development	Canada, British Columbia	Qualitative; in depth Interviews. N=7	Gender: Females Perpetrator: Father Length of assault: Long-term period	Self-definition & Self-acceptance Sense of connection, congruence, and visibility Current worldview Resiliency and growth	Survivor, not victim, this gave them identity, having positive and healthy experiences, agency 'now I know I'm not invisible. I am a person who has an impact on people', not feeling invisible through connecting with others Less fearful of the world, safe with a therapist, positive relationship Grateful for the skills learned, wisdom,	9/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
							compassion, finding their way through the pain made them who they are	
48	Price, C. (2001). Body-oriented therapy as an adjunct to psychotherapy in childhood abuse recovery: A case study	Journal of Bodywork & Movement Therapies	USA, WA	Case report; pre and post-test self-report measures multi method. Questionnaires, written questionnaire, interview. N=1	Average age of participant: Female Race: White Gender: Female Average age of onset of assault: Abused at 6, 7 and various accounts in young adulthood	Safe inner place Listening to her body Emotional insight	Satisfying, feel safer in the world and feel that safety is a gift Now takes better care of herself, needed rest, listen to the child within By relaxing, introspecting, becoming aware of emotions and self	8/8
49	Price, C. (2005). Body-oriented therapy in sexual abuse recovery: A pilot-test comparison	School of nursing	USA, WA	Randomized control trial (experimental and wait-list control group) with mixed method approach. N=8	28-52 years 1 black, 7 white Average age of participants: 28-52 Race: 1 black, 7 white	Secure sense of self Deep accelerated psychotherapeutic progress	Aware of body, emotional awareness, noticing fears with intimacy, explore own body and is not defined by someone else Gave a chance to access emotional issues, being more pro-active to recovering. Helped make sense of difficulty with having sex. Personal insight, more empowered	10/13
50	Pulverman, C. S., Boyd, R. L., Stanton, A. M. & Meston, C. M. (2017). Changes in the sexual self-schema of women with a history of childhood sexual abuse following expressive writing treatment	Psychological Trauma	USA, TX	Mixed method N=138	Average age of participants: 19-63 Race: 56% white, 14% Hispanic, 10% black, 2% Asian, 11% biracial	Expressive writing Existentialism	Improved their mental health, helped acknowledged the abuse and process it Expressive writing was associated with meaning making because of reflections, understanding, growing etc.	Quantitative result: 6/8 Qualitative result: 8/10
51	Saha, S., Cheung Chung, M., Thorne, L. (2011). A narrative exploration of the	Counselling Psychology Quarterly	UK, Torquay & Exeter/ United Arab Emirates, Abu Dhabi	Qualitative; group intervention programme	Average age of participants: 34-61 Race: White Gender: Female	Sense of self, Self-understanding, sense of identity	Self-awareness, self-acceptance, self-confidence 'I don't feel like I am a failure', 'be in my	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	sense of self of women recovering from childhood sexual abuse.			semi-structured interviews. N=4	Perpetrator: Two of the participants had experienced incest, involving father and brother in one case and maternal grandfather in the other. The two other participants had been abused by someone outside the family including an 18-year old neighbour who had carried out a single incident of molestation and godparents who had been involved in ongoing sadistic abuse by multiple perpetrators. One of the participants experienced domestic violence and sexual abuse in her marriage and also sexual assault and rape in her later adult life. Length of assault: Incest survivors: Abuse for both women continued until they were in their teens. continued as late as age 15 Average age of onset of assault: The age of initial abuse for the four participants ranged from 1 year to 7 years of age	Externalising abuse Sense of community Regain control and power	own space and be calm and relaxed and feel safe', 'I have now realised that one of my strengths is my determination and my sense of hope for the future and my compassion towards other people', 'taking my time, really reflecting', 'boosted my self-esteem', 'be kind to yourself' gain self-control over emotions 'I don't beat myself up like I did, I don't blame myself like I did' 'other people had similar experiences and it made me also realise that I was not alone', solidarity and commonality Optimistic about future, looking for work, studying	

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Processing in the interview	psychologist; creating- art, singing (letting it out); dreams; writing; reading) External (Acknowledge the abuse (by self or family members); spill over-disclosure; process how it has affected them, thinking of ways to move forward-growing, time is short, benefit from experience stronger, more compassionate, gaining knowledge through reading about abuse,; abuse doesn't define me, accepting and liking yourself) talking in a group about it, seeing therapist, feeling safe, not suffering alone, being proud of themselves for applying what they learned in group/therapy outside of group/therapy	
54	Summerfield, M. V. (2011). Recovering from the effects of childhood sexual abuse	Dissertation	USA, MN	Qualitative; in-depth interviews. N= 10	Average age of participants: 42-67 Perpetrator, length of assault and average age of onset of assault: age 5-10 by father, 6-12 by brother, 5-12 father, 7-10 father, 5-10 father, 7-13 father, 11 student, 7-12 father, 7-12 father, 8-12 father	Seeking help Treatment modalities	Sharing and expressing, professional help, inspired by events in their life that helped them realize there is hope Individual therapy, helped them realise they are not guilty, feel stronger, being listened to and able to share, being believed. Skills learned like being able to organize thoughts, interacting with people, self-confidence, being	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Challenges Personal strengths and stable characteristics Healthy coping Turing points Spirituality/religion	positive, gave them purpose Discovering how to feel safe, striving for fulfilment and purpose, stop running and breaking down barriers, disclosing, putting themselves first, expressing themselves, learning to trust Endurance, determination (study, help others), having faith, persistence, courage to reach out for help, confidence to heal, compassion for others, knowing my self-worth Self-talk, reading, takingof mind through imagination (using art was empowering), journal writing gave voice, gardening, tai chi, guided imagery, express emotions Grieve the loss of their childhood to move on, accept their reality, knowing there is more to them than being a victim, I am worth it, managing emotions Faith, mindfulness, living in the moment, Buddhism, meditation, sense of belonging, strength and harmony came from this	

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Emotional intelligence	Mindfulness, awareness of being trapped in past, change thought and feelings, feeling pain without viewing them as victims, grieve their childhood	
53	Thompson, M. (2000). Life after rape: A chance to speak?	Sexual and relationship Therapy	UK, Uxbridge	Qualitative N=5	Average age of participants: 24-60 Perpetrator: Three of the participants had been raped by men whom they were friends with before the rape, and two participants had been raped by strangers Average age of onset of assault: Age raped ranged from 6-40	Assuming a survivor identity Power Empowerment Validating accounts Understanding rape myths	Reviewed meaning and their position in the rape, greater sense of self, enriched them and gained self-knowledge Determination, like my own company, being tough, put on weight Knowing it could have been worse, overcoming the trauma by fighting (won't let perpetrator win) Knowing they were raped, even though perpetrator might deny, talking to others Not blaming themselves, not question or doubt themselves	10/10
55	Ullman, S. E. (1999). Social support and recovery from sexual assault: A Review	Aggression & Violent Behavior	USA, IL	Review N=13	Inclusion criteria: Victims of sexual assault, social reactions reported from disclosure, some physical and psychological recovery was made, statistically analysed studies	Social support	Living with family=less emotionally traumatized. Living alone or with spouse depended more on friends. Being listened to, believed, validate. Police, physicians help with immediate aftermath	10/11

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
56	Ullman, S. E. (2014). Correlates of Posttraumatic Growth in Adult Sexual Assault Victims	Traumatology (Tallahass Fla)	USA, IL	Quantitative; analytical cross-sectional study. N=1863	Race: 45% African American, 35% White, 2% Asian, 8.1% other; 14% Hispanic	Cognitive (control) Social reactions to disclosure Support	Having more perceived control over recovery was related to PTG (clinicians can help process meaning of abuse, support coping mechanism that are adaptive, support groups/social networks) Positive reactions were related to PTG Positive support related to PTG	6/8
57	Vilenica, S., Shakespeare-Finch, J., Obst, P. (2013). Exploring the process of meaning making in healing and growth after childhood sexual assault: A case study approach	Counselling Psychology quarterly	Australia, Brisbane	Case report. N=2	Average age of participants: 52 and 44 Gender: Females Perpetrator: Older brothers, man known to the participant Length of assault: One participant, ongoing from early childhood to adolescence, other participant 2 separate instances, one at 14 and one at 15 Average age of onset of assault: Ongoing from early childhood to adolescence, 14	<u>Healing</u> Turning points Aware of inner world Counselling <u>Meaning Making</u> Self-disclosure Self-understanding & validation	Self-help books, admitting it was rape, accepting trauma Not be afraid of being themselves, accepting faults, knowing they are not guilty, meditate by reading, walking on the beach, being alone. Working on yourself, talking about it Focusing on themselves, introspecting, being more positive Helped externalise and validate their experience Value their survival skills, understanding their beliefs and protecting themselves	6/8

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Psychological well-being and positive strengths	Redefining themselves, being in control, not being dependent on someone else, self-efficacy, getting to know themselves (accepting them), being strong, making meaning of the experiences (happened for a reason), looking at the positive in it, build healthy self-esteem	
60	Warner Stidham, A., Burke Draucker, C., Martsof, D. S., Mullen, L.P. (2012). Altruism in Survivors of Sexual Violence: The Typology of Helping Others	Journal of the American Psychiatric Nurses Association	USA, OH	Qualitative; grounded theory. N=121	Average age of participants: 18-62 Race: 49 black, 52 white, 20 other Gender: 64 women, 57 men Other: More than two thirds of the participants (N = 84) described helping others in some way	Protecting children Participating in the study Being understanding Thinking about helping Helping profession Providing guidance Advocacy Stopping perpetrators	questioning or talking to them about violence, keeping children home-bound to ensure their safety Feeling like their helping others Compassion, listening, showing special insight to others' abuse experiences Returning help, give hope How to heal, encourage to leave abusive relationships volunteering, give back to community reported violence or abuse to authorities, helping to get justice	10/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
						Speaking publicly	Sharing at a university, treatment centres, giving hope, educating	
61	Walsh, K., Fortier, M. A. & DiLillo, D. (2010). Adult Coping with Childhood Sexual Abuse: A Theoretical and Empirical Review	Aggression and Violent Behaviour	USA, CA & NE	Review N=39	Databases: Inclusion criteria: PsychINFO, PILOTS, ERIC, and Medline databases Description of studies: eleven descriptive studies of the coping strategies employed by individuals with a history of CSA, eighteen correlational studies of the relationship between coping strategies and long-term functioning of CSA victims, and ten investigations in which coping was examined as a mediational factor in relation to long-term	cognitive adaptation (search for meaning, mastery, self-enhancement) and partaking in group therapy for survivors Social support, paternal support Perceptions of realistic and unrealistic control	the ability to find meaning and regain a sense of mastery was related to better psychological adjustment in adulthood helps adjust and cope, positive changes like self-improvements (take care of self, self-worth), better relationships, positive life philosophy or spirituality (purpose in life) more empathy (concern for others in similar situation) better adjustment, unrealistic optimism can be a protective factor. Having internal locus of control tend to use positive coping ((e.g., problem-focused coping, seeking social support, and focus on the positive)	8/11
62	Wienholz, B. R., (2014). Journeys after childhood sexual abuse: A phenomenological	Thesis	USA, WY	Qualitative; unstructured interviews. N=10	Average age of participants: 21-80 Perpetrator: family members, acquaintance, strangers	Connectedness Control	Feel valued and safe with Family, friends, spouse, spirituality Moving away to be safe, talking about abuse,	10/10

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Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
					Australia, or New Zealand.	Integration Congruence Relational agency	accepting self was part of meaning making, more positive self-image, self-care, feeling at peace discover the real me, part of their lives but does not define them, therapy helped find themselves counsellors helped them find and change core beliefs, negative beliefs and why they have them. Introspecting trust, connection, setting emotional and physical boundaries, safer, able to open up, feel accepted, understand, intimacy, supported, protecting children, empathy, compassion, helping others, accepting others, control social functioning feeling more personal agency, feel hope and excitement for future, different outlook on life, empowered, free to make choices because they are in control, optimistic person, meaning in life	
64	Zrally, M., & Nyirazinyoye, L. (2010). Don't let the suffering make you fade away" An ethnographic study of resilience among	Social Science & Medicine	USA, PA	Qualitative; semi-structured interviews. N=57	Average age of participants: Not near or over 50 years old Average age of onset of assault: Between 6-12 at tie of genocide	Connection	Not feeling alone, having a friend to comfort them and talk to (had a social media group) Sharing the same problem with members of the group	9/10

Nr	Author / Year of publication / Title	Journal	Country	Research approach / Method / Participants	Contextual factors of sample background	Categories (themes and sub-themes)	Key Findings	Quality Appraisal Score
	survivors of genocide-rape in southern Rwanda					Meaning making Control thoughts	It happened for a reason, there is a reason you survived it (God's plan) Try not to think about it	

ADDENDUM D

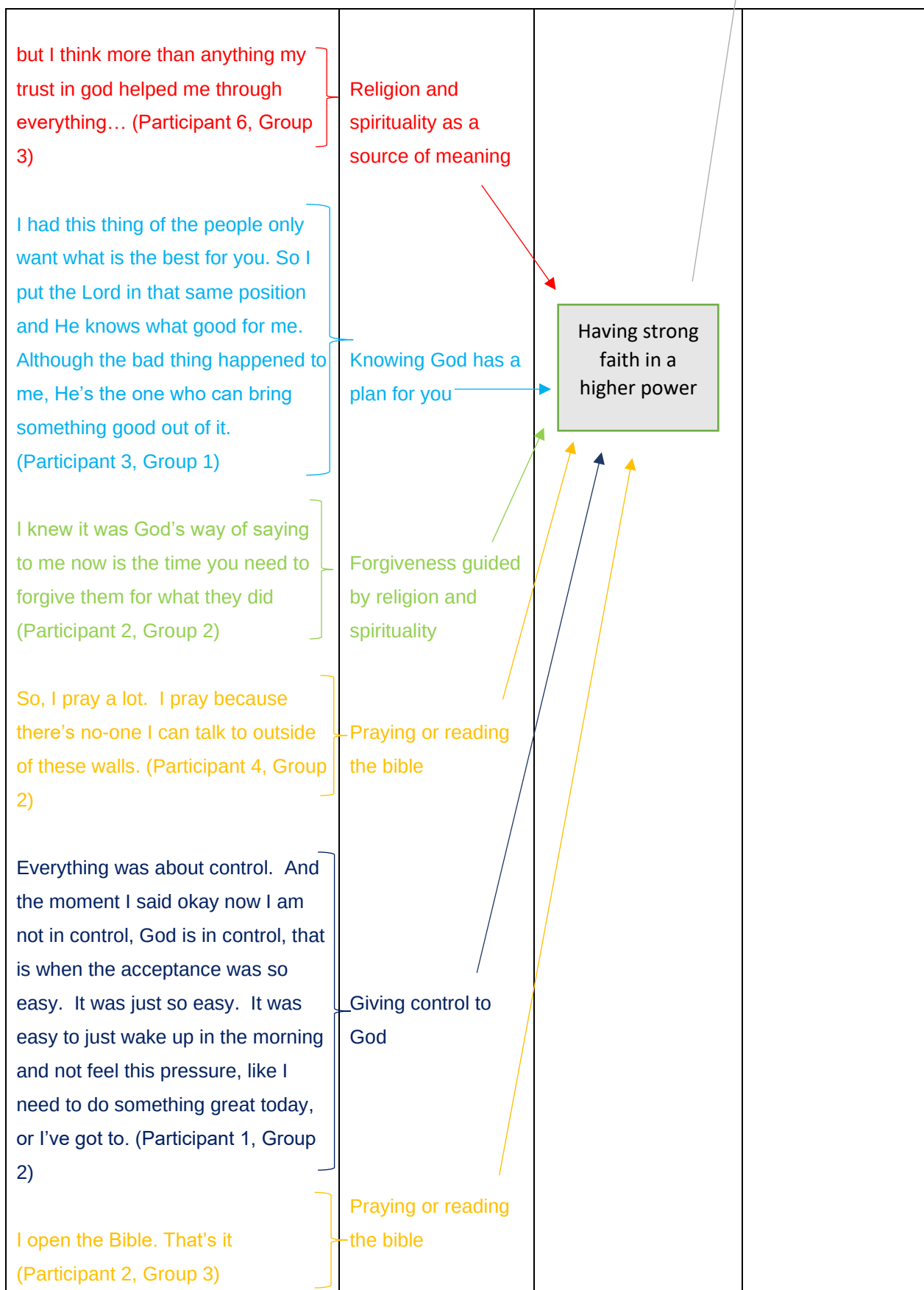
Coding framework

Code	Description
Intrapersonal meaning making mechanisms	
Recognising their self-worth	Any reference to: Expressing their feelings and needs, feeling like a worthy woman and wife, not allowing others to take advantage of them, loving themselves and caring for themselves, putting themselves first, soothing themselves and accepting their faults, being themselves, realising their strengths, standing up for themselves.
Finding ways of coping proactively	Any reference to: Feeling peace in doing activities like gardening, music, knitting, sports, being in nature... anything that helped them when feeling low, changing negative coping like drinking.
Attitude of gratitude	Any reference to: Being thankful for their second chance, family, jobs, studies, etc.
Having a lifelong learning attitude and being autonomous	Any reference to: Not being stuck in the past, future oriented thinking like studying, work, accomplishments and taking control of their lives.
Accepting and integrating a post-trauma identity	Any reference to: Thriving after the trauma, moving forward, accepting trauma, feeling stronger after trauma, focusing on the positive, understanding why they cope destructively, learning that the perpetrator is ill and forgiving, trusting others to help them, knowing they are not defined by the trauma, not giving up on healing.
Interpersonal meaning making mechanisms	
Being supported, encouraged and loved by others	Any reference to: Feeling safe with others, having positive and trusting relationships with family members, spouses, friends, therapists etc. Feeling

	connected, supported, and being open with other survivors in a group, reconnecting with family.
Having strong faith in a higher power	Any reference to: Spirituality, faith, religious activities like worship, prayer, reading the bible etc.
Embracing post-trauma intimate experiences	Any reference to: Embracing sexuality, feeling empowered by choosing when, how and whom to have sex with.
Selfless devotion	Any reference to: Being aware of others' pain, being compassionate, helping community, protect family from harm, advocating for other survivors like being involved in research, helping them get justice, supporting them and standing up for them, protecting children

ADDENDUM E **Audit trail of theme development**

Data segment from interview transcript	List of open codes	Axial coding (Similar open codes grouped)	Emerging theme
<i>I feel responsible for other children's safety. I'm taking responsibility for them which is a big thing. Because they never take responsibility (Participant 1, Group 1)</i> <i>But after I came out after twenty years, or sixteen years, all of the girls, well not all of the girls, most of them, came out and said it also happened to them. (Participant 6, Group 1)</i> <i>and he needed to see that he was worth it for somebody to stand up for him, he needs to acknowledge it. So, I've stepped in as protector with him, I don't care what anybody says, that's my role with him. (Participant 2, Group 3)</i> <i>And in that act of helping someone else to find hope, you find meaning ... I don't know, it's a mystery, I don't know exactly how to explain exactly how you find that meaning, but you do. (Participant 1, Group 2)</i> <i>I can feel others' pain, and usually when I get in conversations with people that has pain, I really feel their pain and I don't always have the words to help them get better, but I, sometimes I give some advice. (Participant 3, Group 1)</i>	Protecting children Being an advocate for other survivors Protecting family Giving back to others Being compassionate and empathetic	Selfless devotion	Interpersonal meaning making mechanisms



ADDENDUM F

Ethics approval letter



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**North-West University Health Research Ethics
Committee (NWU-HREC)**

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Email: Ethics-HRECAppl@nwu.ac.za (for human
studies)

4 October 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 04/10/2019, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Exploring meaning making mechanisms in a group of South African women survivors of childhood sexual abuse

Principal Investigator/Study Supervisor/Researcher: Prof HJ Walker-Williams

Student: M Swanepoel-26086085

Ethics number:

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Insitution Study Number Year Status
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;
A = Authorisation

Application Type: Single study

Commencement date: 04/10/2019

Expiry date: 31/10/2020

Risk:

Minimal

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. A monitoring report is due at the end of October annually until completion.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:
 - Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-HREC reserves the right to:

- request access to any information or data at any time during the course or after completion of the study;
- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
- withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the annual monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via Ethics-HRECAppl@nwu.ac.za or 018 299 1206

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,



Digitally signed by Wayne
Towers
Date: 2019.10.04
15:14:29 +02'00'

Prof Wayne Towers
Chairperson NWU-HREC



Digitally signed by
Prof Minnie Greeff
Date: 2019.10.07
19:51:21 +02'00'

Prof Minnie Greeff
Head of the Faculty of Health Sciences Ethics Office

Current details:(2329522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019

File Reference: 9.1.5.4.2

ADDENDUM G
Confidentiality agreement



Faculty of Health Sciences
School of Psychosocial Health
Tel: (016) 016 910 3416
Email: Ansie.Fouche@nwu.ac.za

17 April 2019

Dear Miss Monique Swanepoel

MSc Student Confidentiality Agreement

This study, *The Benefit of a Survivor to Thrive (S2T) Strengths-Based Group Intervention Programme for Women who experienced Childhood Sexual Abuse (Ethical Clearance Number: NWU-00041-0B-A1)*, is being undertaken by Prof Hayley Walker-Williams and Prof Ansie Fouche at North-West University, Vanderbijlpark Campus.

The study focusses on the implementation of a strengths-based group intervention programme for women who experienced childhood sexual abuse. You will have access to the audio files of S2T group treatment sessions (Group 3) in order to transcribe these sessions. Kindly read and accept the conditions stated below.

I, Miss Monique Swanepoel (name of MSc student), agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. transcripts) with anyone other than Profs Hayley Walker-Williams and Ansie Fouche;
2. Keep all research information (audio files and transcripts) in any form or format secure while it is in my possession;
3. Return all research information in any form or format to Prof Hayley Walker-Williams and Prof Ansie Fouche when I have completed the research task.

Monique Swanepoel: _____

17/04/2019

Prof. Hayley Walker-Williams: _____

17/04/2019

Prof. Ansie Fouché: _____

17/04/2019

If you have any questions or concerns about this study, please contact:

Prof Hayley Walker-Williams
Deputy Director:

School of Psychosocial Health
Associate Professor:
Psychology Faculty of Health
Sciences

North-West University, Vanderbijlpark Campus
Hayley.williams@nwu.ac.za

(016) 910 3416

Prof Ansie Fouche

Associate Professor: Social
Work School of Psychosocial
Health Faculty of Health
Sciences

North-West University, Vanderbijlpark Campus
Ansie.fouche@nwu.ac.za

(016) 910 3428

ADDENDUM H
Consent to use S2T data



Faculty of Health Sciences
School of Psychosocial Health
Psychology Department
Tel: (016) 016 910 3416
Email: Hayley.williams@nwu.ac.za
17 April 2019

Dear Miss Monique Swanepoel

CONSENT TO USE TRANSCRIPTIONS OF S2T TREATMENT SESSIONS (GROUP 1-3):

RESEARCH PROJECT: The Benefit of a Survivor to Thrive (S2T) Strengths-Based Group Intervention Programme for Women Who Experienced Childhood Sexual Abuse

NWU ETHICAL CLEARANCE NUMBER: NWU 00041-08-A1

PRINCIPAL INVESTIGATOR: Prof Hayley Walker-Williams

CO-INVESTIGATOR: Prof Ansie Fouché

ADDRESS: North-West University, School of Psychosocial Health, Faculty of Health,
Hendrik Van Eck Blvd, Vanderbijlpark, 1900

CONTACT NUMBER: 016 910 3416/ 016 910 3428

We hereby grant permission to Miss Monique Swanepoel (Student number: 26086085) a Masters of Health Sciences in Psychology student in the above research project, consent to the following:

- To have access to the transcriptions of the recorded S2T group treatment sessions for groups one, two, and three for which group participants have provided their written consent. Access will be made available once her proposal has been approved by the Optentia's committee for advanced degrees and ethical clearance has been obtained.
- To make use of the above transcriptions for qualitative secondary data analysis for the purpose of her proposed research study

Conditions for consent:

- Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. transcripts) with anyone other than Prof Hayley Walker-Williams and Prof Ansie Fouché;

- Keep all research information (biographical questionnaires and transcripts) in any form or format secure while it is in my possession;
- Return all research information in any form or format to Prof Hayley Walker-Williams and Prof Ansie Fouché when I have completed the research tasks;
- The data will be treated confidentially and kept in a lock up facility;
- The data will be treated with sensitivity.

Prof H.J. Walker-Williams



17/04/2019

Prof. Ansie Fouché



17/04/2019

ADDENDUM I

Ethics approval letter of the S2T collaborative strengths-based group intervention programme



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Ethics Committee

Tel: +27 18 299 4852
Email: Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: The Efficacy of a Survivor to Thrive Strengths-based Intervention Programme facilitating Posttraumatic Growth in Women who experienced Childhood Sexual Abuse																																													
Project Leader: Dr H Walker-Williams																																													
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>4</td><td>1</td><td>-</td><td>0</td><td>8</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="6">Project Number</td><td colspan="2">Year</td><td colspan="3">Status</td></tr><tr><td colspan="15">Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</td></tr></table>	N	W	U	-	0	0	0	4	1	-	0	8	-	A	1	Institution			Project Number						Year		Status			Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation														
N	W	U	-	0	0	0	4	1	-	0	8	-	A	1																															
Institution			Project Number						Year		Status																																		
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																																													
Approval date: 2014-10-01	Expiry date: 2019-09-30																																												

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Amanda Lourens

(chair NWU Research Ethics Regulatory Committee (RERC))

ADDENDUM J
Instructions to contributors
Sexual Abuse: A Journal of Research and Treatment

Manuscript style

Type double-spaced using generous margins on all sides. The entire manuscript, including quotations, references, figure-caption list, and tables, should be double-spaced. Number all pages consecutively with Arabic numerals, with the title page being page 1. In order to facilitate masked (previously termed "*double-blind*") review, leave all identifying information off the manuscript, including the title page and the electronic file name. Appropriate identifying information is attached automatically to the electronic file. Upon initial submission, the title page should include only the title of the article.

An additional title page should be uploaded as a separate submission item and should include the title of the article, author's name (no degrees), and author's affiliation. Academic affiliations of all authors should be included. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the author's name. This title page should also include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs.

An abstract is to be provided, preferably no more than 250 words.

A list of 4–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

Illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals and cited in numerical order in the text. Photographs should be high-contrast and drawings should be dark, sharp, and clear. Artwork for each figure should be provided on a separate page. Each figure should have an accompanying caption. The captions for illustrations should be listed on a separate page.

Tables should be numbered (with Roman numerals) and referred to by number in the text. Each table should be typed on a separate page. Centre the title above the table, and type explanatory footnotes (indicated by superscript lowercase letters) below the table.

List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors,

year published, title of article, name of publication, volume number, and inclusive pages. The style and punctuation of the references should conform to strict APA style.

ADDENDUM K
Instructions to contributors
Journal of Child Sexual Abuse

Manuscript style

Manuscript Format: All manuscripts submitted to the Journal of Child Sexual Abuse must be written in English, APA format, and should not exceed 30 double-spaced pages, including abstract, references, tables, and figures. All parts of the manuscript should be type written in Times New Roman font, size 12pt, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50-character spaces. Headings must follow APA format with bold, italics, and indentation as appropriate. Each article should be summarized in an abstract of 150 words (recommended) to 250 words (maximum) and should include eight keywords or phrases for abstracting. Avoid abbreviations, diagrams, and reference to the text in the abstract. Please consult our guidelines on keywords here. The title page for each manuscript should be uploaded in ScholarOne as a separate document. The title page should include the full title of the manuscript along with an author note identifying each author's name, affiliations, address and other contact information for correspondence.

Peer Review Process: All manuscripts submitted via ScholarOne go through a double-blind peer review process. The author and reviewer are both anonymous to one another; therefore, we ask that you remove any author identifying information from your manuscript before submitting online. This process ensures the quality and integrity of the reviews authors receive as well as the overall content of the journals.

References: References, citations, and general style of manuscripts should be prepared in accordance with the most recent APA Publication Manual. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article.

Illustrations: Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:

300 dpi or higher

Sized to fit on journal page

EPS, TIFF, or PSD format only

Submitted as separate files, not embedded in text files

Color Reproduction: Color art will be reproduced in the online production at no additional cost to the author. Color illustrations will also be considered for the print publication; however, the author will bear the full cost involved in color art reproduction. Please note that color reprints can only be ordered if the print reproduction costs are paid. Art not supplied at a minimum of 300 dpi will not be considered for print. Print Rates: \$900 for the first page of color; \$450 for the next 3 pages of color. A custom quote will be provided for authors with more than 4 pages of color. Please ensure that color figures and images submitted for publication will render clearly in black and white conversion for print.

Tables and Figures: Tables and figures (illustrations) should not be embedded in the text but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labelled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.