

**PSYCHOLOGICAL RESILIENCE AMONG SEXUALLY-MOLESTED  
GIRLS IN THE LATE MIDDLE-CHILDHOOD PERIOD:  
CASE STUDIES**

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## **ABSTRACT**

Sexual child molestation is undoubtedly a traumatic experience. Children, within the context of a wide variety of factors, try to handle such pathological sexual interactions in a variety of ways and using a variety of resources. Behavioral, emotional and even psychiatric disorders may manifest in some children, while others might present without any symptoms. Children who are described as psychologically resilient are able to overcome a negative self-concept, identity confusion, depression, behavioral disorders and personality and sexual disorders which are characteristic long-term effects of sexual child molestation. This study focuses on the extent of adjustment and psychological resilience of seven girls following the trauma of sexual molestation. There is emphasis on the different protective factors that could play a role in this adjustment, and therefore could make a contribution to the development of psychological resilience.

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## OPSOMMING

Seksuele kindermolestering is ongetwyfeld 'n traumatiese ervaring. Kinders, afhangend van 'n wye verskeidenheid faktore, poog om hierdie patologiese seksuele interaksies met 'n verskeidenheid van moontlike bronne beskikbaar, te hanteer. Gedrags-, emosionele- en selfs psigiatriese versteurings kan moontlik by sommige kinders manifesteer terwyl ander weer sonder enige simptome kan presenteer. Kinders wat as psigologies weerbaar bestempel word, oorkom selfbeeldprobleme, identiteitsverwarring, depressie, gedragsversteurings, en persoonlikheids- en seksuele versteurings wat kenmerkende langtermyngevolge van seksuele kindermolestering is. Die studie fokus spesifiek op sewe dogters se mate van aanpassing en psigologiese weerbaarheid na die trauma van seksuele molestering. Klem word gelê op die onderskeie beskermingsfaktore wat 'n rol in hierdie aanpassing kon speel en dus 'n bydrae gelewer het in die daarstelling van psigologiese weerbaarheid.

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## **Psychological resilience among sexually-molested girls in the late middle-childhood period: case studies**

Sexual child molestation is undoubtedly a traumatic experience for most children. Sexual child molestation destroys a child's sense of self and therefore the belief that he/she is a competent person with dignity. Behavioral, emotional and even psychiatric disorders can manifest. Other children, on the other hand, present without any symptoms, and it is postulated that such children have a capacity for psychological resilience. Research in the field of stress, trauma and coping has largely contributed to the concept of psychological resilience. The concept was originally attributed in the 1950s to individuals who had survived stressful and traumatic circumstances emotionally. In this way children who are psychologically resilient can overcome a negative self-concept, identify confusion, depression and personality and sexual disorders which are characteristic of sexual child molestation (Jew, Green & Kroger, 1999).

The construct **psychofortology** plays an essential role in the description and understanding of psychological resilience. The construct fortitude attempts to explain how individuals cope with psychological stressors. This refers to the origins of strength (fortogenesis). According to Strümpher (1995) fortogenesis (fortis = strength, genesis = origins) refers to the origins of psychological strength in general. Pretorius (1997) asserts that fortitude can be defined as the strength to manage stress and stay well. This strength derives from an appraisal of the self, the family and support from others. Therefore,

fortitude refers to the strength derived from appraising our world and ourselves positively, enabling us to cope with life stress (Antonovsky, 1979).

In this study, the results from in-depth interviews with seven parental couples, as well as psychometric instruments applied to both the couples and teachers, and questionnaires completed by the different girls are integrated. Analysis of the above information determined the extent of psychological resilience in each of the children. There was emphasis on the different factors that could possibly play a role in the girls' degree of adjustment following the sexual molestation. Five of the seven participants who had been sexually molested were adjusting well following the trauma, and were, in terms of the information collected, functioning in a psychologically resilient fashion. The remaining two participants indicated, in terms of the data collected, negative and therefore less psychologically resilient behavior. The factors that play an important role in the adjustment and functioning of the girls as obtained by data, can be summarized under five headings, viz. 1) Strong family bonds, 2) an internal locus of control, 3) a positive self-concept, 4) social support and 5) personality factors.

## **PROBLEM STATEMENT**

The extent of sexual molestation of girls is an international problem, which manifests among all populations and socio-economic strata. Some researchers indicate that one out of every ten girls is molested before the age of 18, while others are of the opinion that one out of every four girls is molested (Bass & Davis, 1988; Bierker, 1989). For the purpose of this study sexual child molestation is defined as the involvement of dependent,

developmentally immature children and adolescents in sexual activities that are outside their range of understanding and to which they are not capable of giving informed consent. This includes rape, sodomy, oral-genital contact, fondling and incest. Victims of sexual child molestation face serious short-term and long-term psychological effects. Thakkar and McCanne (2000) and Madu and Peltzer (2000) indicate that the present literature involving sexual child molestation identifies a variety of possible short-term and long-term results. Research with regard to the long-term effects of sexual child molestation is inhibited through the fact that there are too many factors that can influence the child to reveal certain behavioral patterns and it is therefore difficult to attribute the specific behavior that occurs in later years exclusively to sexual child molestation. The trend is to believe that more serious sexual molestation such as, for example, rape, can hold more profound effects for the child than the case would be in the event of fondling of the genitalia. This, however, is an erroneous assumption (Spies, 1994).

Intense long-term effects as a result of the molestation are reported in the literature. These include depression, feelings of guilt, decreased self-worth, apathy, phobias, nightmares, enuresis, social sensitivity, stigmatization and a decrease in moral judgment (Brits, 1997; Doyle, 1994; Draucker, 1992; Finkelhor, 1986; Glaser & Frosh, 1993; Knight, 1993; Middleton, 1991; Robertson, 1989). It also emerges that molestation during the childhood years often has the effect that female victims tend to find it hard to trust others, to manifest sexual maladjustment, or at times to exhibit sexually promiscuous behavior (Faller, 1990; Finkelhor, 1986; Glaser & Frosh, 1993; Green, 1993).

Yet it would seem as if there are some victims of sexual molestation who continue to function relatively well in spite of the trauma. Thakkar and McCanne (2000) maintain, as do Kendall-Tackett and Simon (1988) and Rutter (1995), that about a third of all victims would seem to retain no symptoms following the sexual abuse. These children, however, are in the minority. Lynch and Roberts (cited in Doyle, 1990) found in their research population of molested children that 37% of the victims showed no long-term side-effects – in fact, the children were psychologically sound, revealed self-confidence, were neurologically intact and no interpersonal or behavioral deviations occurred.

In psychological terms these children could be regarded as psychologically resilient. Himelein and McElrath (1996) defined psychological resilience as a person's ability to resist the negative impact of trauma. This therefore implies good functioning in spite of specific traumas, risks and environmental hazards. The concept of psychological resilience is also related to being hardened, having stress resistance and a good psychological recovery rate (Allen, 1998; Ammerman & Hersen, 1990; Liem, James, O'Toole & Boudewyn, 1997; Spaccarelli & Kim, 1995). Psychologically resilient children master stage-specific developmental tasks, and there is an absence of clinical or diagnostic levels of psychopathological symptomatology. Psychological resilience embraces a wide variety of skills, including effective interpersonal functioning, sound intrapsychical functioning, adjustment, stress control and general satisfaction with life (Freitas & Downey, 1998; Masten & Coatsworth, 1998).

It appears that psychological resilience and vulnerability do not come from a single source, but that various interactional factors play a role in its formation. This does not only involve individual genetic predispositions, but also an individual's temperament, personality and intelligence as well as characteristics such as social skills and self-esteem, the latter being formed by a variety of environmental influences (Anon, 1999). Authors working from the developmental perspective describe psychological resilience as an interactive process which unfolds over time and feel that this concept is not necessarily always present in all children (Stein, Fonagy, Ferguson & Wisman, 2000).

Visser (1991) indicates that one should focus more on the facilitation and development of children's mental health than on the remediation of pathology. Children have the right to develop to their full potential and to make a positive contribution to the community. Through the identification and facilitation of mental health the need for social welfare programmes and health care expenses can be decreased in the long term (Black & Krishnakumar, 1998).

This study only included participants in their late middle-childhood years. This phase stretches from Grade 4 to Grade 7 and the ages of about 9 to 12 years. This is seen as a period in which the child's cognitive skills, formation of sex role identity and greater self-knowledge occur in the extension of social and interpersonal skills. This phase also serves as the basis for the developmental crises which often accompany adolescence. Should any emotional problems therefore be addressed in therapeutical terms in this period, the impact of developmental crises during adolescence should be lessened. At the

same time the facilitation and development of strengths and growth possibilities during this period and the transition to adolescence should be facilitated (Du Toit & Kruger, 1991; Visser, 1991).

## **CHARACTERISTICS OF A PSYCHOLOGICALLY RESILIENT CHILD**

There is a critical need to determine the impact of both positive and negative life experiences on children. Together with this there is the question as to why these life experiences elicit such a wide variety of responses from different individuals. Rutter (as quoted by Rak & Patterson, 1996:369) states that: "Many children do not succumb to deprivation, and it is important that we determine why this is so and what it is that protects them from the hazards they face."

It would appear from the literature as if there are a number of factors that occur in the individual, the family and in the social support systems that facilitate psychological resilience, viz.:

### **PERSONALITY FACTORS**

From the literature various components of a psychologically resilient personality are outlined, viz.:

A sense of control refers to the basic belief that an individual can exert control over life events. Psychologists refer to this belief as an **internal locus of control**, and state that

psychologically resilient children do dispose of this construct. Such children assume responsibility for the self and believe that taking control of a situation will lead to handling of the stressor (Garmezy, 1983; Joseph, 1994; Krovetz, 1999).

**A sense of challenge** points to the ability to notice positive aspects of change and to minimize or overcome the negative aspects of a situation. A child who regards life as a challenge is not only positive about life in general but is also capable of seeing the positive aspects of life and positive opportunities embedded in change and adversity (Joseph, 1994).

**A sense of commitment** indicates a child's ability to see meaning in and a purpose for existence. According to Joseph (1994) commitment consists of objectives that the individual sets for him/herself and indicates the extent of exertion that it takes to achieve these objectives. A psychologically resilient child is regarded as positive, responsible, independent, committed and socially skilled. All the above qualities can, according to Joseph (1994), be socialized and reinforced.

The psychologically resilient child develops a quality early on in life that is called a '**sense of coherence**' (Antonovsky, 1979). Antonovsky defines coherence as the basic belief that life is meaningful and that the individual can exert a measure of control over his life. According to Joseph (1994) the 'sense of coherence' offers children the necessary strength even in the hardest of times. Following research by Moskowitz (cited in Rak & Patterson, 1996) it was found that children who had been exposed to the trauma

of concentration camps during the Second World War as well as the loss of a parent were still capable of loving and showing compassion to other people in spite of the horrors surrounding them. According to Moskowitz these children saw a larger purpose for their lives. They sought sense in the suffering, which in turn gave them the ability to keep functioning and coping in spite of their circumstances.

An **above-average intelligence** would seem to be an advantage for a child caught up in unfavourable circumstances (Wolff, 1995). It would appear as if these children compensate for their circumstances by means of their interests, achievements and the approval concomitant to high intelligence. It is felt that a high intelligence quotient plays an essential role among children exposed to multiple traumas and that high intelligence can protect children against pathology (Feinauer & Stuart, 1996; Freitas & Downey, 1998; Jew, Green & Kroger (1999); Kolvin, Miller, Fleeting & Kolvin, 1988; Wyman, Cowen, Work, Hoyt-Meyers, Magnus & Fagen, 1999).

It has been found that stress-resistant children have capacity for **impulse control** and thus to regulate impulsive drives, to postpone immediate gratification of desires and to be future-directed (Hauser, Vieyra, Jacobson & Wertlieb, 1985).

The psychologically resilient child has a **temperament** characterized by a basically positive and optimistic nature. He/she is easily manageable and likes to elicit positive feedback from others through his attitude. According to Garmezy (cited in Howard & Dryden, 1999:4) resilient children "... work well, play well, love well, and expect well."

In the literature it is pointed out that a **sense of humour** as well as **creativity** fulfils an essential task in the development and maintenance of psychological resilience in children. According to Wolin and Wolin (1996) the basis of creativity and humour is dramatic play. By presenting themselves as super-heroes, princesses, discoverers or cruel creatures children overcome feelings of incompetence, insignificance and dependency. It is therefore also maintained that humour can heal the hurt of an unfavourable existence among psychologically resilient children (Darla, 1999).

It is maintained that **critical thinking** is an essential construct of creativity and resilience. LePage-Lees (1997) believes that a child's ability to resolve problems cannot be successful in the absence of critical thinking. Critical thinking allows a child to develop a complete picture and new insights with regard to a problem. While a child makes use of critical thinking to investigate ideas and concepts, creative thinking plays a role in the formation of the above ideas and concepts (Wolin & Wolin, 1996; Luthar & Zigler, 1991). Critical thinking therefore enhances the child's ability to solve problems and resist the negative impact of trauma and adversity.

It is maintained that psychologically resilient children follow pro-active approaches to **problem-solving**, and they therefore tend to take control of the relevant life-situation in which they find themselves. This pro-active approach requires of a child to function independently, but at the same time to ask for suitable help from adults and peer where necessary. The psychologically resilient child is capable of approaching traumatic

experiences in a positive and constructive manner, even though the child experiences them as negative and painful (Joseph, 1994 and Krovetz, 1999).

Rak and Patterson (1996) stress that **self-concept** is one of the most important constructs in the formation and maintenance psychological resilience among children. It has been confirmed that the concept 'self-understanding' is a key variable in the etiology of psychological resilience among children. In affirming the above, Darla (1999), Grotberg (1997) and Brooks (1994) believe that psychologically resilient children dispose of a positive self-concept and refer to positive self-concept as the foundation of psychological resilience. In conjunction with this, Werner (cited in Brooks, 1994:546) believes that: "The central component in the lives of the resilient individuals that contributed to their effective coping in adulthood appeared to be a feeling of confidence that the odds can be surmounted."

Additional factors, apart from the above-mentioned personality factors, are also associated with psychological resilience. Accordingly, there is emphasis on family factors and the role of social support as provided by the peer group, the school setting and role models.

#### **NUCLEAR FAMILY FACTORS**

Children cherished within a family characterized by positive binding, handle stress and traumatic events better (Punamäki, Qouta & Sarraj, 1997). It is also stressed by various researchers that a family characterized by a strong and caring environment plays a critical

role in psychologically resilient outcomes. Reciprocal attention, support and interest within the family are essential for positive outcomes in the context of traumatic circumstances (Grothberg, 1997; Howard & Dryden, 1999; Krovetz, 1999).

It has also generally been found that psychologically resilient families share three specific qualities. In the first place, it has been found that recognition and acknowledgement of core events (for example, birthdays and Christmas) have a stabilizing effect on the family. In the second place members of such families have a strong and durable faith in their ability to take control of their lives, and thirdly, psychologically resilient families maintain routines in terms of a wide variety of activities (Howard & Dryden, 1999).

The importance of bonding with at least one parent, and the emphasis on a meaningful relationship between a positive outcome and successful parental management are mentioned by Booth, Rubin and Rose-Krasnor (1998); Cowen and Work (1988) and Smith and Carlson (1997). This indicates the establishment of consistent expectations, rules, the implementation of effects of behavior and the development of a supervisory system. The parent's ability to offer support and guidance in the midst of stress and adversity influences the extent of psychological resilience shown by children.

In conjunction with this Wyman *et al.* (1999) have shown through their research on psychologically resilient children that variables that reflect both the competence and quality of parenthood are the most sensitive indicators of a psychologically resilient

status. They also point out that parents should have positive expectations with regard to their children`s future.

## **SOCIAL SUPPORT**

Supportive individuals as well as a supportive environment are associated with psychological protection. These include among others psychologists, teachers, supervisors of after-school care, sports trainers, mental health workers and even neighbours. Social support can be divided into three basic categories, viz. the peer group as social support system, the school as social support system and role models as social support systems.

During the middle-childhood years children tend to associate more with children of the same sex and age. This can to a large extent be attributed to the greater familiarity and availability of classmates. These interactions are qualitatively different from adult-child relationships. Children mix with other children for purposes of friendship, affection and for general entertainment, while adult-child relationships are more often based on the child`s need for protection and caring. In contrast to parent-child relationships, children mostly choose their own friends, and also end these relationships when they become dissatisfied with the interactions. Children also tend to practise and refine their social skills during interactions with the peer group than is the case with relationships with adults (Masten & Coatsworth, 1998).

Masten and Coatsworth (1998) are of the opinion that the **peer group** plays a very important role in the development and competence of a child. According to Masten and Coatsworth (1998) acceptance by the peer group and popularity are associated with better school achievements, a higher IQ, various other positive qualities and a history of positive parenthood. Positive relationships with the peer group do not only predict future social competence, but even work competence, a positive self-concept and a sound spirit. As a concomitant of the above, rejection by the peer group is associated with aggressive and inappropriate behavior, externalized disorders such as attention-deficit hyperactivity disorder (ADHD) and other behavioral disorders and poor academic achievement. Positive relationships with the peer group can play a protective role in the development of an individual, seeing that friends can effect positive changes in an attitude, and provide the necessary emotional support in times of adversity (Masten & Coatsworth, 1998).

Valentine and Feinauer (1993) and Grotberg (1997) regard **school** attendance among children as an important protective factor and the school is regarded as a place of security and a sanctuary from painful circumstances. Involvement in school activities is also identified as an essential source for the development of a positive sense of self-value. Instead of the experience of sexual child molestation being regarded as an insurmountable obstacle, the trauma is seen as a learning process and a challenge to function successfully in spite of adverse conditions. The school - and associated scholastic activities – can therefore enhance the child's self-concept, sense of challenge, sense of coherence and critical thinking

Hauser *et al.* (1985) stress the importance of identification with psychologically resilient **role models**. The psychologically resilient child often has a large variety of mentors who offer support outside the family set-up and who reinforce the child's development as a person (Rak & Patterson, 1996). Liem *et al.* (1997) found in their research on psychological resilience and sexual child molestation that the presence of siblings (that serve as role models) offered more protection against the negative effects of sexual child molestation such as depression and the formation of a low self-concept. Howard and Dryden (1999) stress the importance of the role played by teachers in the lives of psychologically resilient children. This study as well as other studies has found that the favourite teacher of psychologically resilient children is regarded as a positive role model. Such teachers are really interested in the child, not only in academic terms, but is also a confidant and a positive model for personal identification.

In recapulation, it can be stated that personality factors, nuclear family factors and social support play an important role in the facilitation of psychological resilience.

The aims of the research were to:

- ◆ Determine how some sexually molested girls function with regard to psychological symptomatology, and whether there were indications of psychological resilience, and
- ◆ determine what factors possibly played a role in the adjustment of some sexually molested girls.

## **METHOD**

### **RESEARCH DESIGN**

A multiple case study design was used.

### **PARTICIPANTS**

#### **◆ Girls**

Seven parental couples whose daughters had at one or other stage been sexually molested were selected for the study. The participants were invited to participate in the project via the Child Protection Unit (CPU), social workers and other psychologists. The population consisted of children in their late middle-childhood (9–12 years) and came from Potchefstroom and environs. Because of the sensitive nature of the study the selection of molested girls was voluntary in nature. Only white parents/primary caregivers gave consent for participation in the study. The socio-economic status of the girls varied largely between average and low. The average age of the girls were 9 years and 8 months. For the purpose of this study only girls were used.

#### **◆ The researcher**

The researcher is a white adult woman and has had six years of tertiary education and has completed a year of clinical internship.

## **DATA-COLLECTION**

### **◆ Qualitative data**

Information was obtained by means of semi-structured in-depth interviews with the parents/primary caregivers, but also through qualitative responses to the psychometric instruments. In-depth interviews consisted of the following typical questions put to the parents/primary caregivers:

- ◆ Would you consider your daughter to be psychologically resilient? (A description of the latter term was first given to the parent/primary care-giver).
- ◆ Why would you regard your daughter as being psychologically resilient or not?
- ◆ Open-ended questions were asked about various aspects of psychological resilience, for example: "How would you describe her self-concept?", "Tell me about her sense of humor", "Who plays an important supportive role?" etc.

### **◆ Quantitative data**

Information was obtained through the use of the following psychometric instruments:

#### **1. The Social Support Appraisal Scale (Dubow & Ullman, 1994)**

Social support is mainly regarded as an important buffer against negative outcomes as a result of trauma (Allen, 1998; Smith & Carlson, 1997). Seeing that a positive correlation has been mentioned between social support and psychologically resilient outcomes, the inclusion of this measuring instrument is critical in the determination of the nature and extent of social support in the midst of participants' handling of trauma.

## **2. Children's Personality Questionnaire (CPQ) (Du Toit & Madge, 1988)**

The CPQ is a measuring instrument that can evaluate children's personality traits at a relatively early age. The CPQ was designed to measure fourteen different personality dimensions or factors, including the above factors associated with a psychologically resilient personality.

## **3. Nowicki-Strickland Locus-of-Control Scale (Nowicki & Strickland, 1973)**

According to Darla (1999); Garmezy (1983); Joseph (1994) an internal locus of control is associated with psychologically resilient outcomes in traumatized children. The Nowicki-Strickland Locus-of-Control Scale is a 40-item questionnaire specifically designed to determine the child's locus of control items define reinforcement situations in interpersonal as well as motivational areas such as affiliation, achievement and dependency.

## **4. Torrance Test of Creative Thinking (Torrance, 1974)**

The Torrance test for creative thinking measures an individual's measure of creative thought on the basis of two basic categories, viz. Verbal and Non-verbal creativity where each of the latter categories consists of sub-tests. As a result of the extent of the psychometric instruments and interviews, only one sub-test from each category was used.

## **5. Child Symptom Inventory- 4 (CSI-4) (Gadow & Sprafkin, 1998)**

The Child Symptom Inventory-4 (CSI-4) is a screening instrument for behavioral, affective and cognitive symptoms of child-psychiatric disorders. Items in the CSI-4 are

based on the diagnostic criteria of the American Psychiatric Association's (1994) Diagnostic and Statistical Manual of Mental Disorders (DSM).

#### **6. Piers-Harris Children's Self-Concept Scale (Piers, 1984)**

The Piers-Harris Children's Self-Concept Scale, with the sub-title "How I feel about myself", provides information regarding the child's self-concept.

### **RELIABILITY AND VALIDITY**

Although the above psychometric instruments have not specifically been standardized for South African conditions, each of the measuring instruments does dispose of the necessary reliability and validity indices.

### **PROCESS**

Phase 1: The participants were invited via the Child Protection Unit (CPU), social workers and other psychologists to participate in the project.

Phase 2: Arrangements were made with the parents/primary caregivers for interviews and completion of the Child Symptom Inventory (CSI-4) – Parent Checklist. The semi-structured interviews with the parents/primary caregivers were tape-recorded.

Phase 3: Arrangements were made with the teachers for the completion of the Child Symptom Inventory (CSI-4) – Teacher Checklist.

Phase 4: The psychometric instruments were given to the girls to complete. This was done under the supervision of a psychometrist.

Phase 5: Data were processed.

## **DATA PROCESSING**

### **◆ Qualitative analysis**

The semi-structured in-depth interviews with the parents/primary caregivers were transcribed, read again and themes and relevant factors identified. Content analysis was done to identify themes that could then, where necessary, be categorized.

### **◆ Quantitative analysis**

With regard to aim 1 the measuring instruments completed by parents/primary caregivers and teachers were analysed in the following way: Specific themes with regard to the psychological symptomatology and psychological resilience were deduced with due consideration of indicators as found in existing literature.

With regard to aim 2, the psychometric instruments as completed by the seven molested girls were analysed. Specific factors that play a role in the measure of adjustment of these girls were determined with due regard to directives and theories derived from literature.

### **◆ Integration of qualitative and quantitative data**

Qualitative and quantitative data were integrated.

## **ETHICAL ASPECTS**

- ◆ The Child Protection Unit (CPU), social workers and psychologists were informed with regard to the nature and purpose of the study. A request was made to them to provide information about the study to the parents/primary caregivers of potential participants. Should the parents/primary caregivers be interested, and had given consent, their names were provided to the researcher by the Child Protection Unit (CPU), social workers and psychologists. Potentially interested parties were contacted telephonically in order to ensure their willingness to participate in the research. Informed and voluntary participation was therefore ensured.
- ◆ There was no focus on the nature and extent of the molestation itself. The children were not stigmatized or traumatized by the study.
- ◆ Should the parents/primary caregivers have required therapeutic help for themselves or their children, therapy would be supplied without any financial implications.
- ◆ During the discussion of the results data were handled in such a way that complete anonymity was ensured.

## **FINDINGS**

Five fundamental themes involving psychological resilience among sexually molested girls emerged from the study. Each of the themes supports the others and aided in obtaining information about the origin and establishment of psychological resilience in these girls. As already mentioned guidelines from the literature were compared with the findings by the researcher. It would appear as if five of the girls did reveal

psychologically resilient qualities. The criteria according to which the status of each in terms of psychological resilience was determined can be summed up as follows:

- ◆ **Psychologically resilient participant:** Those participants who showed an absence of emotional and behavioral disorders as determined by the psychometric testing and the interviews with the parents/primary caregivers.
- ◆ **Non-psychologically resilient participant:** Those participants who showed a presence of emotional and behavioral disorders as determined by the psychometric testing and the interviews with the parents/primary caregivers.

For reference purposes the resiliency status of each girl will be briefly described.

**Table 1: Resilience status of participants**

	GIRL A	GIRL B	GIRL C	GIRL D	GIRL E	GIRL F	GIRL G
<b>RESILIENCY STATUS</b>	<b>Resilient</b>	<b>Resilient</b>	<b>Resilient</b>	<b>Resilient</b>	<b>Resilient</b>	<b>Less Resilient</b>	<b>Less Resilient</b>

NB: Girls E and G are sisters

**Theme one: Close family ties**

As already mentioned, current researchers are of the opinion that families characterized by closeness, involvement, commitment and support presuppose positive outcomes for children in the midst of trauma. Concomitantly, it was found from the interviews as well

as from the related psychometric instruments, that the psychologically resilient girls (Girls A,B,C,D) had close relationships with the mother and in the case of one (Girl E) with the grandmother. In the case of the remaining two less resilient girls (Girls F and G) it was found that not only had the mothers been absent from the children's upbringing, but that no close relationship existed with the mother. It emerged from the results of the Social Support Appraisal Scale (Dubow & Ullman, 1994) that the five resilient girls felt to a greater or lesser extent their families participated in activities together. In contrast with this, the less resilient girls mentioned that their families did not participate in activities together.

According to the results from the Social Support Appraisal Scale (Dubow & Ullman, 1994) it would appear as if the five psychologically resilient girls held positive perceptions with regard to family involvement and support. In contrast with the less resilient girls, the psychologically resilient girls not only felt that they played an important role in the family, but also felt that as family members they "belonged" and were "loved". Although one of the less resilient girls (Girl F) gave predominantly neutral answers, the remaining less resilient girl (Girl G) mentioned in the questionnaire that she felt excluded from the family. It would also appear as if the resilient girls' families are characterized by definite and consistent rules. According to data the resilient girls mostly responded to questions like: "Rules with regard to TV-programmes, choice of videos, friends, clothes, music and the consistent application of these rules" with "many" rather than "few" or "none". The perceptions of the less resilient girls to the above questions were largely "few" or "none". The assumption that traumatized children cope better in

the midst of firm rules and consistent application of rules can thus be ratified. Although children feel safe and cherished in the midst of consistent application of rules, it is important that a measure of freedom also be given to children, as this is a way of developing identity and a firm sense of responsibility.

Two girls (Girls E and G) are sisters. Girl E was considered to be psychologically resilient, while her sister (Girl G) showed poor outcomes and could therefore not be considered as psychologically resilient. They were brought up in the same home environment and suffered the same intensity of sexual molestation for the same period by the same perpetrator. Yet there are clear differences with regard to their handling of the traumatic event. A similarity between the girls is that their mother played an absent role in the family. A difference with regard to close family bonds, especially with regard to maternal love and support is that the resilient girl (Girl E) had adopted and accepted the grandmother as primary caregiver while the less resilient girl (Girl G) tended to have difficulty with accepting the grandmother and largely tended to reject her. According to the grandmother, the less resilient girl had an intense need for her mother's love and attention, but it was in vain. According to the grandmother the father gave equal attention and love to both. According to the grandmother a child has a need of the maternal figure, even if it is the grandmother who fulfils the role and not the biological mother – "I try to be a mother for them".

The remaining less resilient girl (Girl F) is part of a family characterized by ongoing conflict. From the interview it emerged that the girl played an intimidating role in the

family. She manipulated her family by means of threats and regularly indicated that she would approach the police should her parents dare to give her a hiding. From the interview it was clear that the family members lived in isolation from each other. According to the results from the Social Support Appraisal Scale (Dubow & Ullman, 1994) the girl experienced herself as being alone and isolated from the rest of the family. Further information, as obtained from the interviews, indicates that in the case of the five resilient girls the circumstances in which the molestation occurred had immediately been safeguarded by the mothers/primary care-giver in order to prevent further incidents. The perpetrator was barred from the house and legal steps were taken. In the case of one of the resilient girls (Girl E) it was found that she did not want to confide in her mother and that she rather approached her grandmother. The other (Girl F) had repeatedly asked her mother for help and informed her about the situation, after which the mother refused to believe her. This girl (Girl F) had a poor relationship with her mother, characterized by lack of trust and ongoing unpleasantness.

### **Theme Two: Internal locus of control**

As already mentioned in the literature survey, an internal locus of control plays an important role in the origin and establishment of psychological resilience in children (Darla, 1999; Garnezy, 1983; Joseph, 1994).

Concomitant with the above it emerged from the results found from the Nowicki-Strickland Locus of Control Scale (Nowicki & Strickland, 1973) that the five psychologically resilient girls (Girls A-E) all had an internal locus of control, while the

two less psychologically resilient girls (Girls F and G) had an external locus of control. As an example one could mention the two most indicative items, viz. “You are generally blamed for things which are not your fault”, and “Are some children simply born happy?” The psychologically resilient girls responded dominantly “No” to these items, while the two less resilient girls responded “Yes” to these questions.

From the interviews with the parents/primary caregivers of the five resilient girls remarks were made about the fact that their children were being raised in the light of the notions that “the world does not owe me anything”, and “acceptance of responsibility”. Three of the latter parents/primary caregivers were also of the opinion that their mode of upbringing could be characterized by consistent rules and discipline and that this played an important role in the establishment of an internal locus of control.

From the above it is therefore clear that locus of control plays an important role in the children’s measure of adjustment following a trauma.

### **Theme three: Positive self-concept**

As already mentioned, Rak and Patterson (1996) point out that self-concept plays an essential role in the formation and maintenance of psychological resilience in children. It has been confirmed that the concept ‘self-understanding’ is a key variable in the origin of psychological resilience in children. It has been maintained that these children do not only have a large amount of knowledge of themselves but also understanding and genuine peace with the stressful situation in which they find themselves.

In conjunction with the above it is clear from the psychometric instruments that the five psychologically resilient girls do dispose of a positive self-concept. According to the results from the Piers-Harris Children's Self-Concept Scale (Piers, 1984) they feel positive about their physical appearance and character traits. They regard themselves as popular among their friends and feel loved by their teachers and their families. According to this scale, they feel self-assured when it comes to schoolwork and extramural activities. In comparison with this, the less resilient girls have a low sense of self-worth. They regard themselves as unworthy, physically unattractive and unloved among friends, teachers and family. In contrast to the resilient girls, they are unhappy and experience a lesser degree of satisfaction with life. One of them participated in sport and did relatively well, but tended to withdraw immediately from social situations, while the other less resilient girl acted very aggressively towards her peer group, teacher and family.

#### **Theme four: Social support**

As already mentioned, supportive individuals as well as a supportive environment are associated with protection.

According to the results from the Social Support Appraisal Scale (Dubow & Ullman, 1994) completed by the participants, social support plays a positive role in the adjustment of the resilient girls. The psychologically resilient girls (Girls A-E) experience the support as provided by the family, peers and teacher(s) as positive and adequate. These girls had high scores in the determination of social support as provided by these groups.

These girls also disposed of the confidence to talk to families, peers and teachers about their problems and put trust in them to help in difficult times as well as in happier times.

The remaining two less resilient girls regarded their social support resources as inadequate. They did not have any trust in the extent of support offered by their families or peers. The loss of trust in the families and the peers could be regarded as speaking for itself, seeing that both these girls had already been betrayed various times by the significant other individuals in their lives. It can be accepted that these girls have probably developed a sense of mistrust in humanity as whole.

One of the less resilient girls (Girl F) mentioned with regard to the results from the Social Support Appraisal Scale (Dubow & Ullman, 1994) that she could never depend on friends for advice and help when she had problems, and that she was always being teased and made the butt of others. She also mentioned that she had never felt that she belonged in her class and that she always felt excluded during class situations. She added that she never felt close to her teachers and that the teachers mostly made her feel bad.

In view of the above it is clear that social support does play a role in positive adjustment among traumatized children.

#### **Theme five: Personality factors**

As already mentioned, the psychologically resilient child disposes of a temperament marked by a basic goodwill. He/she is easy to manage and likes to elicit positive attention and feedback through his/her attitude. Joseph (1994) characterizes a

psychologically resilient child as positive, responsible, independent, committed and socially skilled.

With regard to the five psychologically resilient girls, the results from the Children's Personality Questionnaire (CPQ) (Du Toit & Madge, 1988) indicates that these girls are predominantly extroverted. In other words, they love people, are adjustable, good-natured and cordial. Secondly, it is also stated that these girls have emotionally stable personalities, pointing to their being realistic and mature individuals. In the third place these girls are also generally calm and balanced. In the fourth place, it emerged clearly that these girls have strong personalities. It would appear as if two out of the five psychologically resilient girls had dominating personalities. All five show a high degree of self-confidence and are mostly independent individuals. In the final instance, these girls had controlled personalities – in other words, they were self-disciplined and acted in a socially appropriate manner.

The less psychologically resilient girls (Girls F and G), however, differed remarkably from the psychologically resilient girls (Girls A-E). According to the results from the Children's Personality Questionnaire (CPQ) (Du Toit & Madge, 1988) as completed by each of the girls, they have withdrawn personalities characterized by contrariness, aggression and a tendency to cry and to sulk. Secondly, they also tended to be emotionally unstable and irritable and often became involved in accidents and fights. In the third place it appeared as if these girls were irritable in temperament. According to the questionnaire they tended to seek attention in an aggressive and demanding way. In

the final instance, they seemed to be undisciplined. They therefore acted irresponsibly and disregarded social protocol.

From the results obtained from the interviews, it was clear that the parents/primary caregivers of each of the psychologically resilient girls responded in line with the results from the psychometric instruments. It was mentioned that the girls had from childhood been pleasant and spontaneous girls. These girls, according to their parents/primary caregivers, had always made friends easily. It was said that the house was always filled with friends. There was no question of bouts of anger, lasting tears and irritable outbursts that are characteristic of sexually-molested children. According to the parents/primary caregivers of the resilient girls there had been emotional and/or behavioral problems immediately following the molestation. As expected the girls had retained symptoms of the trauma for about three to six months. Most of the parents/primary caregivers mentioned that the children had developed night fears and a general mistrust of strangers. Depression as well as aggression at home and at school had manifested but although school marks had gone down there were no longer visible scholastic problems. In similar vein, parents/primary caregivers mentioned that all related symptoms disappeared after three to six months, and that the children did not manifest symptoms any longer.

The grandmother of the two sisters (Girl E and Girl G) regarded her younger, psychologically resilient granddaughter (Girl E) as a “fighter” while the older, less resilient sister (Girl G) was called a “follower”. This was also found from the results of the Children’s Personality Questionnaire (CPQ) (Du Toit & Madge, 1988). The grandmother were of the opinion that children’s respective personalities were of decisive

importance in the handling of sexual trauma. She felt that the less resilient girl (Girl G) had always been a “moody child, prone to crying”. According to the grandmother, her sister (Girl E), on the other hand, is a really spirited girl who fights for what she wants from life. The grandmother considered her resilient granddaughter to be spontaneous, speaking easily and freely if something made her unhappy.

Unfortunately no link could be found between psychological resilience and creativity or psychological resilience and an above-normal intelligence. According to the results from the Children’s Personality Questionnaire (CPQ) (Du Toit & Madge, 1988) it would appear as if all seven girls had above average intelligence levels.

## **CONCLUSION**

Victims of sexual child molestation are affected by a wide range of negative symptoms, viz. a negative self-concept, loss of control and competence as well as an increase in negative emotions – symptoms indicating a poor level of psychological health. And yet certain factors succeed in lessening the destructive effect of sexual child molestation. A sexually molested girl who understands her situation and who can logically deal with the experience, will be able to sustain and possibly further develop an existing sense of competence. Some researchers emphasize their quest to find ways to understand sexual child molestation and to prevent it, while others focus on ways to inculcate the related factors with regard to psychological resilience in order to help children in the midst of a sexual molestation experience to such an extent that can emerge from the experience with good psychological adjustment (Anon, 1999).

This study has possibly shed new light on the origin and establishment of psychological resilience, and the different factors that play an essential role in the sustainment of it. Children are exposed to bad and traumatic circumstances on a daily basis, and although this study focussed on only the experiences of seven sexually molested girls and their families, the information obtained can be extrapolated to children exposed to various psychological traumas.

It is hoped that this document can be utilized by caregivers, educators and parents. It is possible to make a difference in the lives of damaged children through offering the necessary love, support and care and thus to reaffirm trust in the minds of children so that they can in turn fulfil the role of confidant.

The researcher would have liked to have made use of more children in this study but seeing that the participation in the programme was voluntary in the first place, and that in the second place the sensitivity of the issue had to be considered, only seven children were included in the study. In spite of the small scope of participation in the study all the objectives were achieved, the research question was answered and specific factors underlying the etiology of psychological resilience were established.

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