

Childhood Sexual Abuse in Adult Women Survivors: A Literature Review

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SOWK 425: Methods II Social Work Practice with Groups

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February 12, 2023

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Childhood sexual abuse affects individuals far beyond their childhood. Studies show that childhood sexual abuse survivors experience anxiety, post-traumatic stress, depression, self-harm, and suicide. This issue becomes more complex when considering culture. Sexual abuse in Ghana has a low rate of reported sexual assault. After care of sexual assault is vital for the survivor's well-being considering that even years later, they can suffer psychologically. With that being said, services and treatment for sexual trauma are important, but hard to find in Ghana due to the stigma surrounding mental health among their community. Group therapy among child sexual assault survivors has proven to be a successful means of intervention.

Defining the Population and Social Stigmas

The population within this intervention comprises of adult Ghanaian women who are survivors of sexual abuse in their childhood. The articles studied Africa, more specifically Ghanaian adolescent, and young adult female survivors of sexual assault. Research suggests that the culture surrounding mental health in Ghana makes resources limited (Appiah, 2020). Some may be afraid to admit they need help because in Ghana, people with mental health are seen as having an evil spirit over them. Many are sent to prayer camps where they are faced with inhumane treatment (Roxburgh, 2016). With that being said the stereotypes and myths make it harder for survivors to receive help. This issue also makes it hard for those trying to provide services. This information is relevant because women who have experienced sexual trauma often are in need of mental health services. The Ghana Demographic Health Survey, or the Ghana DHS, found that 16.5 % of adolescent girls between 15 and 19 years old reported having experienced sexual violence. One in four women, 25 %, reported that their first sexual

intercourse was forced and happened when they were under 15 years old (Owusu-Addo, et al., 2023).

A significant component that affects the provision of treatment to this population is Ghana's social constructions surrounding what constitutes as childhood sexual abuse. A qualitative study based in the Ga region of Ghana created a focus group of 42 participants, ranging from 20 to 70 years old and composed of 22 women and 20 men (Markwei, 2019). All of the participants accepted Christianity as their spirituality. This focus group sought to examine what the Ga community perceived to be as acceptable sexual activities versus non-acceptable sexual activities. The first topic of the focus group discussion centered around the notion that children are able to consent to sexual relations with adults, meaning the community agrees that adults who sexually involve themselves with children cannot be at fault for their actions if the child consented to it (Markwei, 2019). Another topic that was well agreed upon was that sexual activities that do not involve penetration are not fully acceptable, but are not deemed as a serious wrongdoing due to the idea that the children are not harmed in the process (Markwei, 2019). The topic of transactional sexual activities were accepted in the groups, with the thought process that both parties benefit from the interaction, therefore it is not looked down upon (Markwei, 2019). For unacceptable sexual activities, participants deemed anything involving physical injuries to be abuse (Markwei, 2019). Another topic viewed to be unacceptable would be same sex sexual activities in the belief that the act itself brings a curse upon the individuals, most likely due to their spirituality (Markwei, 2019). A topic that the participants stated was unacceptable was sexual relations with a wide-age gap, with the basis that even though marriage and sexual relations between individuals with an age gap are acceptable and normalized, age gaps that compromise of an adult and an infant or child around five-years-old is seen to be highly

unacceptable (Markwei, 2019). In Ghanaian communities like Ga having ideals that deem nonpenetrative and transactional sexual relations acceptable and that believe that children are able to consent to sexual activities, individuals who have experienced childhood sexual abuse that takes on these forms are unable to voice their experiences without invalidating or ridiculing responses. Not having supportive figures in their life that validate their experiences heightens the internalizations that the survivors may experience and limits their ability to seek help in terms of legal help or psychological treatment. Survivors may have increased levels of suicidal tendencies, self-depreciation, somatic symptoms, and dissociation (Brits et al., 2022). The potential of heightened severity of disorders include anxiety, depression, post-traumatic stress, borderline personality, and eating disorders (Brits et al., 2022). Due to the sexual abuse, adolescents are more likely to develop neurocognitive deficits, greatly affecting their attention and memory (Biedermann et al., 2018).

Literature Critical Review

A well-practiced intervention for this population is a strengths-based psychoeducational group. Compared to support groups, psychoeducational groups offer additional support other than a safe environment composed of those who share similar experiences. Strengths-based psychoeducational groups for adult women survivors of childhood sexual abuse are used to provide the clients with information about how the abuse affected them and coping strategies and skills to provide the intended end result of post-traumatic growth (Fouché & Walker-Williams, 2016). The intervention of Fouché and Walker-Williams (2016) comprised 18 South African women, spanning from ages 18 to 50 years old, separated into two separate groups. Two facilitators, a social worker and a clinical psychologist, led the six sessions, each lasting two hours (Fouché & Walker-Williams, 2016). Each session outlined a particular outcome that

would tie into a strengths-based posttraumatic growth (Fouché & Walker-Williams, 2016). The first session focused on outlining the group context through setting rules and expectations for all members (Fouché & Walker-Williams, 2016). The second session focused on introspection through participants narrating their trauma through a victim role (Fouché & Walker-Williams, 2016). The third session allowed for the participants to process and restructure their internalization through a survivor role (Fouché & Walker-Williams, 2016). The fourth session explored the participants' current coping strategies and built the participants' adaptive coping skills in a strengths-based lens through a survivor role (Fouché & Walker-Williams, 2016). The fifth session used a survivor role to delve into relationships within the participants' life that pose as potential and current support systems (Fouché & Walker-Williams, 2016). The sixth session terminated the support group through defining the participants' posttraumatic growth and identity through a thriver role (Fouché & Walker-Williams, 2016). The strengths of this literature's intervention include the use of a qualitative, visual participatory approach, method and psychological instruments like COPE Inventory, Coping Self-Efficacy Scale, Posttraumatic Growth, the Short Form Mental Health Continuum, the Rosenberg Self-Esteem Scale, and the General Health Questionnaire (Fouché & Walker-Williams, 2016). The use of multiple psychological instruments allows for the literature to give a further-detailed assessment of the intervention's effect on the participants. Compared to the extensive amount of literature on group interventions for women adult survivors of childhood sexual abuse in the West, there is limited literature on group interventions for this population in Ghana, or Africa as a whole. Therefore, a limitation of this literature would be how it takes place in South Africa, rather than Ghana. This is due to the cultural differences surrounding childhood sexual abuse within these two countries. To better address this cultural difference, the group facilitators of this intervention will have to

research and examine the Ghanaian cultural differences and social constructions' effect on the Ghanaian women. Aside from this study's use of the posttraumatic growth, strengths-based, and psychoeducational theoretical approach, this intervention also uses the Wits trauma model, integrated trauma treatment, cognitive-behavioral, and psychodynamic theoretical approach (Fouché & Walker-Williams, 2016). The strengths-based approach was the most mentioned theory throughout the literature. According to Oliver and Charles (2015), the first application of the strengths-based approach in a social work setting took place in the 1980s by the University of Kansas. It is described to be an approach that values self-determination and the usage of internal and external resources through the client's balanced understanding (Oliver & Charles, 2015). The skills of this intervention are built through the practitioner identifying the concerns of the client, and allowing the client to determine what their goals are, and the strategies taken to achieve it (Oliver & Charles, 2015). It is also built through the practitioner rallying the client's resources so that they may utilize such resources for their growth and goals (Oliver & Charles, 2015). The practitioner serves as guidance to the client, advocating for the client's safety and autonomy. For this strengths-based psychoeducational group intervention directed towards Ghanaian women survivors of childhood sexual assault, this approach is seen through the group sessions prioritizing the participants building their coping mechanisms, utilizing their support systems, and acknowledging their identity post-trauma (Fouché & Walker-Williams, 2016).

Fouche and Walker- Williams conducted another study in 2015 examining group intervention for women who experienced childhood sexual abuse in South Africa. The group consisted of ten women six of the members were White and four Black. The ages of participants ranged from 22–50 years old. All participants had experienced sexual abuse by someone known to them. This group held six sessions using the Survivor to Thriver strengths based framework

(Walker-Williams & Fouché, 2015). The goal of these sessions was to guide the members through posttraumatic growth. One of the group's objectives was to educate the members on symptoms, awareness of internalization, and how trauma affects overall functioning. The group created a safe space for participants to share their story, become emotionally aware, and normalize symptoms to reframe traumatic messages (Walker-Williams & Fouché, 2015). The group also worked on coping skills through drawing their inner strengths. The final sessions allowed the members to re-share their trauma stories from a new perspective after learning strengths perspective (Walker-Williams & Fouché, 2015). Fouché and Walker-Williams conducted a qualitative study in 2018 examining loss from childhood sexual trauma in women in South Africa. The study held 16 group treatment sessions consisting of 18 women split into two groups (Walker-Williams & Fouché, 2018). This group, much like Fouché and Walker-Williams 2015 group uses the Survivor to Thrive strengths based framework. Both groups used a thematic analysis of transcripts. The primary outcome of this group was to change members' perceptions of self, experience in relationships, and life philosophy. The researchers found that participants developed inappropriate sexual patterns. Participants also linked their sexual trauma to loss of trust in God, the world, and more specifically men. Overall the participants developed more awareness of how sexual trauma affected their innocence, their relationships, and emotional stability (Walker-Williams & Fouché, 2018). Both groups findings consisted of growth in emotional awareness and reflection, but the 2015 group focused more on shifting participants' narrative of their sexual abuse stories. All treatment groups seem to address post traumatic identity.

Intentions, Ethics, Strengths, Limitations, and Diversity

Like all group interventions, strengths-based psychoeducational group interventions come with its own set of intentions, consequences, ethical dilemmas, strengths, and limitations. The intentions of this intervention include the participants leaving the group with posttraumatic growth and healthy coping strategies brought on through introspection and self-determination. A potential consequence this group may face include the risk behaviors that may arise within the participants of this population, and if seen during the group without proper addressing, it could possibly affect the growth or safety of the other participants (Walker-Williams & Fouché, 2015). To better prepare for any risk behaviors, the facilitators of Walker-Williams & Fouché's (2015) intervention conducted risk assessments and offered support like individual therapy. An ethical dilemma that this intervention may have would be the possibility of confidentiality being breached due to the voice recordings and data storage of the participants (Walker-Williams & Fouché, 2015). To further eliminate the possibility, the research was secured and stored away, and the group itself signed confidentiality contracts (Walker-Williams & Fouché, 2015). Strengths of this intervention include the increased emotional awareness, confidence on internal and external resources, and posttraumatic growth that the participants reported. Another strength is a group environment that offers relation, support, structure, community, and acceptance (Walker-Williams & Fouché, 2015). Limitations of the intervention includes the lack of addressing traumatic sexualization, stigmatized loss, specialty training in childhood sexual abuse, and lack of addressment of mental disorders that may further affect the survivors' posttraumatic growth (Fouché & Walker-Williams, 2016).

It is also important to highlight diverse population considerations. The literature discussed South African women, and given the difference in cultural norms, it would be important to apply research on the culture of Ghana surrounding childhood sexual abuse to this

group intervention. A precaution in working with a separate population than what the literature studied would be to consider the survivor's marital and familial status, and how it affects the survivor's role in their marriage and family (Crump & Byers, 2017). It is also important to be cautious of the survivors' state of mental health, and the effect of potential disorders in connection to culture that could further affect the intervention's application. A potential risk in working with diverse populations is considering the culture, but failing to consider the effects of the abuse on queer Ghanaian survivors versus cisgender-heterosexual Ghanaian women survivors. Benefits of working with diverse populations is the ability for the participants to find shared experiences with others they may not have expected to relate to, and grow closer because of it. Another benefit would be the documentation of the varying perspectives that the participants may divulge in this intervention. With keeping generalization in mind, though the literature of the effect of a strengths-based psychoeducational intervention on South African women is not in direct relation to Ghanaian women, it still shows potentially heightened effectiveness through consistent positive outcomes this intervention imposes on childhood sexual abuse populations of diverse backgrounds.

Conclusion

The population of women survivors of childhood sexual abuse in Ghana need effective group interventions that address their mental health needs. A psychoeducational strengths-based intervention can provide the participants with an environment with limited invalidating social stigmas surrounding mental health and what constitutes as childhood sexual abuse. In this intervention, the participants practiced introspectiveness, healthy coping strategies, connecting to support systems, and defining personal posttraumatic growth. In considering the intentions, consequences, ethics, strengths, limitations, and diverse populations that the intervention encompasses, it allows the careful application onto other populations to be applied in an effective

manner. In applying a strengths-based psychoeducational group intervention to adult Ghanaian women survivors of childhood sexual abuse, social workers can further assist this population to provide the participants with the opportunity for posttraumatic growth to stay with them far after the group's termination

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