

Journey Towards Growth: The Development and Effectiveness of a Logotherapy – Based Intervention in Achieving Posttraumatic Growth Among Filipino Adolescent Survivors of Child Sexual Abuse

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Abstract

The sexual abuse of children is a global catastrophe. Several research have already established the detrimental effects of child sexual abuse on the survivors, ranging from physical to psychological repercussions. As a result, survivors of trauma utilize different coping techniques to deal with the negative impacts of the trauma, such as confronting these challenges and viewing them as an opportunity for personal development which can be referred to as posttraumatic growth. It is therefore the goal of this study to facilitate posttraumatic growth among Filipino survivors of child sexual abuse through a logotherapy – based intervention. This study included 50 Filipino child sexual abuse survivors who were mostly female and within the age range of 11 – 17 years old. The Posttraumatic Growth Inventory and the National Stressful Events Survey PTSD Short Scale were administered to assess the variables in this study. Using an independent sample t – test, results revealed that there is a significant difference in the posttraumatic symptoms and posttraumatic growth between the groups. This implies that the logotherapy – based treatment plan was an effective tool to reduce the posttraumatic symptoms and improve the posttraumatic growth of the experimental group.

Introduction

The term "child sexual abuse" is used to describe when a child (someone younger than 18 years old) is subjected to sexual activity that is against the law or considered inappropriate by society, and that the child either does not understand enough to give informed consent for, or is not developmentally ready for and therefore cannot give consent to (World Health Organization, 2002). It encompasses a wide range of behaviors, such as exposing or involving a child in pornographic material, asking a child to participate

in sexual activity, or inserting one's penis, finger, or any object into a child's vagina or anus (Christensen, 2017). Child sexual abuse continues to be a major public health and social issue around the world, with an alarmingly high reported incidence rate. In fact, according to a 2013 meta-analysis on sexual abuse among children younger than 18 years old, roughly 9% of girls and 3% of boys experience threatened or fully forced intercourse, and 13% of girls and 6% of boys have experienced some form of sexual abuse (Barth, Bermetz, Heim, Trelle, & Tonia, 2013).

Additionally, the prevalence of sexual abuse among Filipino children and adolescents is also alarmingly high, with estimates ranging from 21.5 to 24.7 percent for males and 18.2 to 23.1 percent for girls, according to a recent statewide survey (Tarroja, Lapeña, Ong, Resurreccion, & Roldan 2016). Child sexual abuse operates in a way that is distinct from sexual abuse of adults. Hardly can children report sexual abuse shortly after the occurrence. In a society where victim shaming is common, the mental and physical toll that these survivors must bear is unfathomable. Despite this, child sexual abuse is widely overlooked and ignored instead of being dealt with directly resulting to vast majority of cases being unrecorded. It is for this reason that child sexual abuse is referred to as "a silent epidemic" (Reynolds, 2003). Given the traumatic nature of the experience, several research studies have proven the detrimental physical and psychological effects of child sexual abuse. The Centers for Disease Control and Prevention (CDC) links negative early experiences to a variety of prolonged health consequences (Liveri, Dagla, Sarantaki, Orovou, & Antoniou, 2023), such as cardiovascular illnesses (Jakubowski, Murray, Stokes, & Thurston, 2021), and reproductive health problems such as pregnancies, contracting sexually transmitted infections and having abortion (Abera, Aliye, Tadesse, & Guta, 2021). Apart from the detrimental effects to their physical health, survivors also face a number of negative psychosocial outcomes, including insomnia, hypervigilance, depression, suicidal behaviors, and social stigma (Quing, 2021). They may also suffer a decrease in self-esteem as a result of this traumatic incident (Okunlola, Odukoya, Gesinde, 2020), and research has linked this to a decline in health-related quality of life (Downing, Akinlotan, & Thornhill, 2021).

Clearly, there is overwhelming evidence on the negative effects of child sexual abuse ranging from physical to psychological adversities. Despite these challenges, there is a hypothesis that these traumatic occurrences may result in a positive transition when the survivors have learned to cope and discovered a greater meaning and appreciation for life. This phenomenon is referred to as posttraumatic growth which is developed by Richard Tedeschi and Lawrence Calhoun (Tedeschi & Calhoun, 1996).

Finding meaning in suffering is not a novel phenomenon. In fact, it is one of the central tenets of Victor Frankl's existentialism that a person's primary drive is to search for their life's purpose and find meaning despite adversity (Bushkin, van Niekerk, & Stroud, 2021). Not all trauma survivors, however, achieve posttraumatic growth; trauma survivors must fight through their crisis and seek new meaning and importance in their lives (Wulandari, Poerwandari, & Basri, 2019), which can be attained through logotherapy. In fact, in a study by Asagba (2015), it was revealed that logotherapeutic strategies were seen as effective interventions for victims of sexual assault in Nigeria. Unfortunately, studies investigating the effectiveness of logotherapy in the Philippines have only been linked to those who are suffering from physical illness such as myasthenia gravis (Aguinaldo & de Guzmán, 2014) and paralyzed patients (Julom & de Guzmán, 2013). Little is known on the effectiveness of logotherapy in promoting posttraumatic growth among Filipino adolescent survivors of child sexual abuse. Possibly this is due to the fact that incidences of sexual violence are still underreported because of the social stigma experienced by trauma survivors, making it more difficult to perform studies of this nature. The paucity of research on child sexual abuse and its treatment frequently results in a lack of understanding of the obstacles faced by trauma survivors, hence fostering stigmatization. Due to these circumstances, researcher intends to give new knowledge and evidence to the research and mental health communities, by assessing the posttraumatic symptoms and evaluating the effectiveness of logotherapy in achieving the posttraumatic growth among Filipino adolescent survivors of child sexual abuse.

Methods

Research Design

The researcher utilized a true experimental research design for this study. A true experimental study is the most appropriate research design when there is a treatment or a procedure that is intentionally introduced and the outcome is observed and studied.

A pretest and a posttest were also given to assess the improvement in the posttraumatic growth levels of the trauma survivors in the experimental group.

Participants

The researcher used a purposive sample method to choose 50 participants for the study. The researcher used the following inclusion criteria to determine who will take part in the study:

- a) Must be 11 -17 years old;
- b) Must be a Filipino;
- c) Must be residing in Quezon Province;
- d) The incident of child sexual abuse happened at least one year ago, if repeated abuse, the last incident of the abuse should happen at least one year ago.

Research Instruments

This research utilized two assessment tools. The researcher formulated a self-made questionnaire which was used to collect the demographic profiles of the participants. The first instrument that was used is the Posttraumatic Growth Inventory (PTGI), which was administered to evaluate the levels of posttraumatic growth of the participants. It is a 21 – item questionnaire that measures five domains of posttraumatic growth such as: relating to others, new opportunities, personal strength, spiritual change and understanding of life (Tedeschi & Calhoun, 1996). Evidence for the internal consistency of the PTGI has been reported, with a Cronbach's Alpha of .90, indicating strong reliability (Tedeschi & Calhoun, 1996). Moreover, in terms of its validity, Linley & Joseph (2004) maintained that the PTGI remains to be one of the most used instruments for measuring the presence or absence of posttraumatic growth. Lastly, the second tool that was used is the National Stressful Events Survey PTSD Short Scale which is a brief measure for PTSD symptoms and was anchored with the DSM – 5 (Kilpatrick, Resnick, & Friedman, 2013). It is a 9 – item test that measures the severity of posttraumatic disorder in children who are 11 – 17 years old. The total score can range from 0

to 36, with higher scores meaning increased severity of posttraumatic stress disorder. In terms of its psychometric properties, it was shown to good internal consistency ($\alpha=.81$) and with high convergent validity (Kim, Kim, Kim, & Park, 2022).

Data Gathering Procedures

To conduct this study, the researcher undertook several steps. Initially, a letter of request was submitted to the concerned local government units seeking permission to conduct interviews, test administrations, and treatment sessions with trauma survivors placed in intervention centers. Upon receiving approval, a schedule was arranged to screen the trauma survivors to identify those meeting the study's inclusion criteria, and informed consent forms were distributed to these individuals. Subsequently, initial interviews were conducted to gather case history background information, followed by the administration of the Posttraumatic Growth Inventory and the National Stressful Events Survey PTSD Short Scale to each participant. Participants were then randomly assigned to either the control or experimental group. Weekly therapy sessions were scheduled for the experimental group, while the control group continued their usual group sessions at the intervention crisis centers. During the termination phase, the Posttraumatic Growth Inventory and National Stressful Events Survey PTSD Short Scale were re-administered to all participants to assess any significant differences in their levels of meaning in life. Finally, after computing and interpreting the test scores, the collected data were analyzed using the Independent Samples T-test to determine whether the null hypothesis should be accepted or rejected.

Results Of The Study

Part I. Profile Of The Participants

The demographic profiles of the participants of this study are shown below.

Table 1: Frequency and percentage distribution of the participants' demographic profile in terms of age

Age	Frequency	Percentage
11	9	18
12	8	16

Table 1: Frequency and percentage distribution of the participants' demographic profile in terms of age

Age	Frequency	Percentage
13	9	18
14	6	12
15	5	10
16	6	12
17	7	14
Total	50	100

Table 1 shows that the participants were all aged 11 – 17 years old. Table 1 shows that The participants were all female aged 11 – 17 years old. Majority of

the participants were aged 11 years old (18%) and 13 years old (18%), while there were only 10% who were 15 years old.

Table 2: Frequency and percentage distribution of the participants' demographic profile in terms of age when the abuse happened

Age when the abused happened	Frequency	Percentage
4 – 8	18	36
9 – 13	24	48
14 – 18	8	16
Total	50	100

Table 2 demonstrates that most of the participants experienced sexual abuse at the age of 9 – 13 years old (48%), while 36% of the participants were sexually abused between 4 – 8 years old. Lastly, 16% of the participants reported that they experienced the abuse when they were 14 – 17 years old. This is

consistent with a study conducted by Solehati, Pramukti, Hermayanti, Kosasih, & Median. (2021) which stated that most research studies reported that the age when the victims experienced their first sexual abuse is during their pre – adolescent stage or under 12 years old.

Table 3: Frequency and percentage distribution of the participants' demographic profile in terms of gender

Gender	Frequency	Percentage
Female	47	94
Lesbian	3	6
Total	50	100

Table 3 illustrates that majority of the participants were female (94%), while three of the participants (6%) identified themselves as lesbians. Several research studies have demonstrated the prevalence rate of child sexual abuse among girls is generally higher than boys (Moody et al., 2018). The prevalence of CSA in females is significantly influenced by personality traits that are common in girls, such as timidity, obedient behavior and fear of being stigmatized (Carson, Foster, & Tripathi, 2013). Although there are also male victims of sexual abuse, it is more common for boys and men to postpone

reporting abuse and have a lower likelihood of reporting it (Alaggia, Collin-Vézina, & Lateef, 2019). Perhaps this is because men are less likely to be recognized as possible victims of violence, particularly sexual violence, because of the sociocultural standards that guide what it means to be masculine (Andersen, 2013). For instance, in the Philippines, which is a patriarchal society that considers males as strong individuals, it is difficult for men to confess whether they have been through any traumatic experiences and even more difficult for them to ask for help when they need it.

Table 4: Frequency and percentage distribution of the participants' demographic profile in terms of frequency

Frequency of the abuse	Frequency	Percentage
Once	7	14
Twice	2	4
Thrice	1	2
More than thrice	40	80
Total	50	100

Table 4 shows that majority of the participants (80%) experienced repeated sexual abuse while some of the participants experienced the traumatic event once (14%), twice (4%) or thrice (2%). Many people who have been victims of CSA go on to experience more sexual victimization when they are adolescents and young adults. In fact, Walker, Freud, Ellis, Fraine, & Wilson. (2019) came to the conclusion that the

prevalence of being re-victimized reached over half of all of the instances. One possible explanation for this is because according to Livingston, Testa, & VanZile-Tamsen. (2007), victims of sexual abuse may be more victimized since they are less likely to be aggressive when rejecting sexual approaches from others.

Table 5: Frequency and percentage distribution of the participants' demographic profile in terms of the relationship of the participants to

Relationship to the Perpetrator	Frequency	Percentage
Biologically related (e.g. father, uncle)	43	86
Not biologically related (e.g. neighbor, construction worker)	7	14
Total	50	100

Table 5 reveals that more than half the participants' perpetrators (86%) were biologically related to them such as their father, grandfather, uncle or cousin. On the other hand, some of the participants reported that their perpetrators were not related to them (14%) like their neighbor, construction worker, and tricycle

drivers. The vast majority of people who commit acts of CSA are known to the victim, being either relatives or acquaintances and neighbors of the victim's family as supported by scientific studies (Pereda, Guilera, Forns, Gómez-Benito, 2009).

Part II. Levels Of Posttraumatic Symptoms And Posttraumatic Growth

Table 6: Mean and SD of the participant's level of posttraumatic symptoms

Variable	Pre – test	Post – test
	Mean \pm SD	Mean \pm SD
Experimental Group (n=25)	27.16 \pm 2.27	13.76 \pm 2.37
Control Group (n=25)	29.28 \pm 2.64	28.64 \pm 2.12

National Stressful Events Survey PTSD Short Scale, a higher score indicating higher levels of posttraumatic symptoms.

Table 6 shows the experimental and control groups' pre-test and post-test average scores and standard deviation values for posttraumatic symptoms. During the pre – test, both the experimental and control group showed high scores indicating presence of posttraumatic symptoms. However, after undergoing logotherapy intervention for 10 weeks, the experi-

mental group's post – test results showed a significant decline in their average scores which is 13.76 (SD = 2.37) which indicates low levels of posttraumatic symptoms. On the other hand, the control group which received their usual treatment from the intervention crisis centers also showed a minimal decrease in their post – test results which is 28.64 (SD = 2.12).

Table 7: Mean and SD of the participant's level of posttraumatic growth

Variable	Pre – test	Post – test
	Mean \pm SD	Mean \pm SD
Experimental Group (n=25)	23.58 \pm 2.70	38.29 \pm 3.74
Control Group (n=25)	27.54 \pm 4.13	26.33 \pm 3.51

Posttraumatic Growth Inventory, a higher score indicating higher levels of posttraumatic symptoms.

Table 7 illustrates the pre-test and post-test levels of posttraumatic growth in the experimental and control groups. Scores obtained by both the experimental and control groups showed very little posttraumatic development. However, it is clear that the post-test results for the experimental group revealed an increase in their posttraumatic growth, which was calculated to be 38.29 (SD = 3.74) after they were

given the logotherapy treatment. On the other hand, members of the control group did not exhibit any signs of improvement in their posttraumatic growth levels. In fact, their post-test results, which were calculated to be 26.33 (SD = 3.51), showed a slight decrease when compared to their pre-test findings, which were calculated to be 27.54 (SD = 4.13).

Part III. Significant Difference Between The Posttraumatic Symptoms And Posttraumatic Growth Between The Experimental And Control Groups

Table 8: Independent samples T – test results for the posttraumatic symptoms and posttraumatic growth

Variable	t critical	p	Cohen's d
Posttraumatic symptoms	2.010	.004*	.59
Posttraumatic growth	2.012	.008*	.62

* $p < .05$

Table 8 demonstrates the independent samples t – test results for the posttraumatic symptoms and posttraumatic growth levels between the experimental and control group. Based on the results, a statistically significant difference ($p = .004$, sig. $< .05$) was observed between the experimental and control group's levels of posttraumatic symptoms, that is, logotherapy has significantly reduced the posttraumatic symptoms of the experimental group compared with the control group which did not receive the said intervention. The effect size of the existing difference also represents a medium effect size ($d = .59$). The results also indicated a statistically significant difference ($p = .008$, sig. $< .05$) between the experimental and control group's posttraumatic growth levels. It can be seen that those who received the logotherapy treatment had an improved posttraumatic growth compared to those who did not. Results also showed a medium effect size in this existing difference ($d = .62$).

Discussion

Sexual abuse of children is a major social issue and a traumatic event for the children. The psychological, emotional, and behavioral effects of childhood sexual abuse can last a lifetime. This may have immediate as well as long-term effects on a person's physical, mental, and behavioral health. Results of this study have confirmed that most child sexual abuse cases happen before the age of 12 years old (Guziak, 2020; Cortés Arboleda, Cantón Duarte, & Cantón-Cortés, 2011). This is unsurprising because children are by nature vulnerable to adults because they are often perceived as weak and easier to be manipulated compared to older victims. As previously discussed, females are more at risk than males to be victims of sexual abuse which is also consistent with the results of this study. According to sociocultural theories, gender inequality is at the root of the problem of sexual violence against women (Chwo et al., 2022). Specifically, Reeves Sanday. (2020) argued that sexual assault has been used as a means of controlling

and dominating women, thereby preserving men's superior social position. Moreover, women are always expected to display submissive behavior or to be more passive to men, making them more vulnerable to abuse. Based on the gathered data, results have also shown that majority of the participants' perpetrators are known and related to them. This incident in which the perpetrator is related to the victim is known as intrafamilial child sexual abuse or incestuous abuse which has been reported to be prevalent among cases of child sexual abuse (Kloppen, Mæhle, Kvælo, Haugland, & Breivik, 2015; Neutze & Osterheider, 2015; Latzman, Viljoen, Scalora, & Ullman, 2011). Contrary to what most people expect that perpetrators of child sexual abuse are strangers, empirical evidence shows that the vast majority of child sexual abuse offenders were known to the victim, either as relatives, friends, or neighbors (Selengia, Thuy, & Mushi, 2020). Additionally, intrafamilial offenders are associated with greater severity child sexual abuse than unknown individuals, as well as repeated abusive experiences, earlier onset, and more health implications (Guziak, 2020).

The majority of the traumatic events had occurred more than once, with some of the cases even lasted for years. According to Ferragut, Ortiz-Tallo, & Blanca. (2021), when the abuse involves touching private areas or having sexual contact, victims are more likely to experience a prolonged or repetitive situation with the same perpetrator. This tragic incident is especially true if the perpetrator is someone you are living with or someone who lives close by, as is the case with intrafamilial child sexual abuse. It is therefore not surprising that victims of child sexual abuse experience mental health issues including posttraumatic symptoms given the devastating nature of this abuse. As demonstrated by the results of this study, it was revealed that the participants had high levels of posttraumatic symptoms such as experiencing flashbacks, hypervigilance, difficulties in sleeping, and distress which are in line with several research studies (Hébert, Lavoie, & Blais, 2014). Since majority of the perpetrators are related to the victims, the high levels of posttraumatic symptoms that occurred can be explained by the betrayal trauma theory. Betrayal trauma theory highlights the importance of

the relational setting in which trauma arises. Trauma from betrayal occurs when a trusted caretaker or partner causes harm to the victim (Freyd, DePrince, & Gleaves, 2007). Higher degrees of betrayal have been repeatedly linked to more severe symptoms of psychiatric conditions including posttraumatic stress than have been linked to any other type of trauma (Edwards, Freyd, Dube, Anda, & Felitti 2012; Goldsmith, Chesney, Heath, & Barlow, 2013; Gómez, Kaehler, & Freyd, 2014). Despite the undeniable consequences of child sexual abuse, studies have documented accounts of beneficial gains or transformations, referred to as post-traumatic growth. Posttraumatic growth as defined by Tedeschi & Calhoun (2004) refers to the likelihood to present positive improvements following traumatic occurrences. These transformations extend beyond the typical adjusting to a new normal that follows a traumatic experience; they show up as a heightened sense of gratitude for life, rearranged priorities, strengthened bonds with others, a belief in one's own resilience and potential, and an optimistic outlook on the future (Tedeschi & Calhoun, 2004; Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018). In this study, results show that the participants had low levels of posttraumatic growth after experiencing traumatic event which is quite expected since achieving posttraumatic growth is not instantaneous. According to Tedeschi & Calhoun (1996), rather than merely surviving traumatic experiences, people undergo transformation as a result of their interactions with these experiences which can be seen in improvements in interpersonal connections, an increased awareness of one's own unique qualities, and a newfound appreciation for one's place in the world (Tedeschi & Calhoun, 2004; Tedeschi et al., 2018). One of the ways to achieve posttraumatic growth is through cognitive reappraisal which involves reframing, having a new way of understanding and interpreting the event which was previously viewed as traumatic or negative (Southwick, Lowthert, & Gruber, 2016). In logotherapy, positive cognitive reappraisal is a typical coping technique. For instance, stress and anxiety are seen as positive experiences that contribute to personal development and the attainment of one's life's purpose (Southwick et al.,

2016). One of logotherapy's most compelling uses of cognitive reappraisal is in its approach to what it calls "inescapable suffering." Frankl argues that suffering is unnecessary for learning, but that failing to draw meaning from adversity might lead to a meaningless existence (Frankl, 1992). Given these theoretical underpinnings, a logotherapy treatment plan was designed to facilitate posttraumatic growth among the participants.

The logotherapy treatment plan is composed of eight sessions which aim to foster the following domains namely – a greater appreciation of life, being more open to new possibilities and opportunities, improved personal strength, enhancement in spiritual life, and meaningful relationships with others. The first session was intended to identify common trauma reactions and its life impacts. During this session, participants were asked to list down the situations in which they experienced the trauma symptoms and how it affected them. Psychoeducation was used to provide information on the common reactions to traumatic events. The second session included identification of the trauma triggers of the participants, their reactions towards these triggers and their coping mechanisms. Participants were also taught relaxation techniques to manage these trauma triggers. Derelection was also utilized throughout this session. In the third session, participants were aided to understand and reduce the negative trauma reactions by helping them find meaning in their suffering. Derelection and Socratic dialogue were used during this session to facilitate the positive cognitive reappraisal. The fourth session was aimed to discover one's distinct characteristics, talents and abilities which can help in enhancing their personal strength. Enhancing one's relationship to others using paradoxical intention, derefaction and Socratic dialogue were done during the fifth session. In the sixth session, participants were encouraged to explore and develop a change of attitude towards the traumatic event by accepting what cannot be changed. These activities were done to improve their spirituality. Next session was done by encouraging the participants to complete the My Goal Planner activity which aims to enhance their awareness of their life's purpose and values. Lastly, this session was conducted to summarize what

transpired during the whole session and to discuss the impacts of the intervention. After administering the logotherapy treatment plan to the experimental group, results show that there was a decrease in their posttraumatic symptoms and an increase in their posttraumatic growth which were revealed during their post – test. On the other hand, post – test of the control group revealed that there was a slight decrease in their posttraumatic symptoms although their scores still fell within the high levels of posttraumatic symptoms. Additionally, the control group's post – test results also show that there was a decrease in their posttraumatic growth. Furthermore, there was also a significant difference in posttraumatic growth between the experimental and control groups with a medium effect size.

Conclusion

Child sexual abuse is a traumatic experience that can cause broad and complex effects. The purpose of this experimental study is to evaluate the effectiveness of the logotherapy treatment plan in fostering posttraumatic growth for survivors of childhood sexual abuse by assessing the levels of posttraumatic symptoms and posttraumatic growth of the experimental group and compare it to the test results of control group. Based on the results of this study, it was found that the majority of victims were female, and that most had their first sexual abuse experience before the age of 15. The vast majority of study participants were also re-victimized. In addition, based on the gathered data, most of the perpetrators are either related to the participants or are otherwise familiar to them. The findings of the pre-test showed that all of the subjects suffered from significant posttraumatic symptoms and low levels of posttraumatic growth. The post - test results showed that the experimental group had reduced posttraumatic symptoms and increased posttraumatic growth after receiving the logotherapy treatment plan compared to the control group. The statistical comparisons between the two groups also revealed a moderately significant difference in the levels of posttraumatic growth. Moreover, this study's findings can be used to back up claims that an intervention

plan based on logotherapy can be an efficient tool for reducing posttraumatic symptoms and promoting posttraumatic growth among adolescent survivors of child sexual abuse in the Philippines. Furthermore, given the nature and characteristics of the respondents, the results of this study are limited to female survivors of sexual abuse. It is highly recommended to apply the therapeutic intervention examined in this study to other forms of abuse and to victims of different gender groups for broader applicability and validation.

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