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‘I am a victim without symptoms’: Perceived attributes of resilience for female survivors of child sexual abuse in rural Uganda

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ABSTRACT

Child sexual abuse has been associated with various health and social consequences. Despite the traumatic effects of the abuse, previous studies have revealed that some victims adapt, recover and become resilient. However, literature has emphasised the need for exploring resilience in the context within which it develops. This study therefore set out to explore perceptions of resilience in adult female survivors of child sexual abuse. A case study design utilizing qualitative research methods was adopted. Narrative inquiry was used to collect data from 14 purposively selected survivors of child sexual abuse. Six in-depth interviews were also held with purposively selected service providers. Interviews were audio recorded and transcribed and analysed using themes and quotes. Some participants associated resilience with improved ability to avoid thoughts about the abuse, positive emotional adjustment, increased ability to talk about one's experience of sexual abuse and feeling hopeful for the future. Survivors shared similarities in personal meanings of the consequences and attributes of resilience which were mainly psychological. They majorly associated resilience with internal attributes including positive emotions. The negative consequences of the abuse force survivors to adopt strategies that enable them to be resilient.

KEY TERMS: attributes, child sexual abuse, consequences, meanings, resilience

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INTRODUCTION

Quantitative studies and standard measuring frameworks dominate studies on resilience. It has been urged that qualitative studies are needed to understand multiple culturally relevant meanings attached to resilience. While resilience has been studied in conflict settings, there is need to adopt methods that address the overall construct of resilience. This study sought to explore attributes of resilience against the consequences of child sexual abuse (CSA) based on lived experiences of adult survivors in a rural context in Uganda. The study mainly found that resilience is a psychological process which is enhanced overtime. This paper expounds on this finding and highlights its implications for social work.

BACKGROUND

Globally, an estimated 120 million females aged below 20 years have experienced some form of sexual abuse (World Health Organization, 2020). A review of studies shows that the African region records highest rates of sexual abuse (45.6%) followed by Southeast Asia (40.2%). While both males and females are exposed to abuse, females are at high risk of abuse compared to males. In Uganda, the 2018 Violence Against Children survey reported that more than 1 in 3 young women aged 18-24 had experienced sexual abuse during their childhood with 36.7% of girls and 35.8% of boys experiencing their first incident of sexual abuse at or before the age of 13 (MoGLSD, 2018).

CSA has been associated with various health effects including increased risk of developmental and mental health problems (Fry & Elliott, 2017). The consequences of sexual abuse do not only affect the survivors but are equally precarious to their communities and to society as it affects the social standing of survivors and their families by exposing them to stigma and discrimination. Studies like, Muhid et al., (2017) have associated child sexual abuse with a host of adverse developmental outcomes including aggression, juvenile delinquency, substance use and Post-Traumatic Syndrome Disorder in the future. Despite the traumatic experiences, it is fortunate that some victims adapt and recover. Masten and Wright (2010) found that some children who experience sexual abuse develop normally without repeating patterns of abuse and do not exhibit mental or behavioural problems. Survivors who succeed in negotiating their lives and overcoming the negative impacts of abuse, have been described as “resilient”. Such survivors are able to focus on the positive aspects of their experiences and accept themselves and are able to maintain their social worlds. This ability to adapt and make positive progress from unpleasant experiences is referred to as resilience (Moletsane & Theron, 2017).

Resilience has been conceptualised into five essential spheres including physical health, mental health, interpersonal relationships, adherence to community standards and economic well-being (Newsom, 2017). From the mental health perspective, resilience is understood to mean an individual’s personality traits and capacity to ‘bounce back’ in the face of adversity while from the sociological perspective, resilience looks at the individual’s personal agency and resistance to adversity (Shaikh and Kauppi, 2010). Resilience among children exposed to sexual abuse is present when they show a normal range of competence across several domains of functioning. This implies that resilience is both the innate capacity of the individual as well as the quality of their family systems to cope following exposure to abuse. This implies that resilience describes the functioning of an individual who has encountered some type of risk but continues to function competently, nonetheless.

Borrowing from the resilience theory, this study appreciates that everyone brings to developmental processes a set of biographical assets. The theory proposes that these assets include the personal, familial, and other environmental protective factors which have served them well in the past. Relatedly, past risk factors, such as belonging to a family with a higher likelihood of encountering adversity may have effects on individual development (Toomey et al., 1993). The resilience theory acknowledges the strengths that people and systems demonstrate that enable them to rise above adversity. This implies that resilience can be defined differently depending on the context within which it is assessed.

Literature has emphasised that conceptualisation of resilience should not be uniform across cultures and contexts. However, studies focusing on resilience carried out in Uganda have mainly focused on conflict-related sexual abuse, HIV and violence in schools. For example, Namy et al. (2017) assessed teacher violence resilience while Nanfuka, Kyaddondo, Ssali & Asingwire, (2018), assessed social capital and resilience among people living on antiretroviral therapy in Uganda. Therefore, basing on the narratives of adult survivors of CSA, the main research question that this study attempted to respond to was *what attributes of resilience against the consequences of child sexual abuse have survivors experienced?* This study is important to inform programming and provide the necessary evidence on how such resilience can be fostered.

METHODOLOGY

Study design and area

This was a case study design that utilised qualitative methods to investigate lived experiences of resilience among female survivors of CSA. Qualitative methods were used because they facilitate a deeper understanding of the survivor's childhood experiences, feelings, meanings and attributes of resilience (Patton, 2002). This study was conducted in Luuka, a rural district in the Eastern region of Uganda. Luuka District was selected because it has been ranked among districts with highest rates of child sexual abuse with more than 40% of women having experienced CSA before the age of 15 years (UBOS, 2016).

Study population

Fourteen adult female survivors who had experienced penile penetration as described by Faller, (2003) between the ages of 13 and 17 were interviewed. This age category was preferred to avoid recall bias. Purposive sampling was used to select survivors. Participants were recruited through governmental and non-governmental institutions in Luuka district which directly supports survivors of sexual abuse. Recruitment forms detailing the subject of the study were distributed to representatives of the organisations who distributed the forms to survivors and those who were willing to participate were advised to contact the researcher on the phone numbers that were contained in the forms. Participants who contacted the researcher were assessed for eligibility and those who met the criteria were consented and interviewed. While 14 survivors were interviewed, this article presents experiences of 8 (eight) survivors who believed that they had experienced attributes of resilience against the consequences of child sexual abuse. Six service providers directly providing services to survivors were interviewed. They included social workers, health workers, police in charge of children and family protection. Service providers were purposive sampled and participated in in-depth-interviews.

Data collection

Data was collected between January to May 2023. Data from survivors was collected using narrative inquiry method. Narratives help to reconstruct and situate data about the experiences of survivors and the meanings they attach to their experiences (Elliott, 2005). All participants were consented, and they allowed the use of digital recorders during the interview in addition to field notes that were taken by the research assistants. On average narrative interviews lasted 70 minutes. To preserve anonymity, Pseudonyms chosen by the participants were used. In-depth interviews with service providers, particularly social workers, police and health workers, facilitated collection of rich and detailed information on survivors' experiences (Shneiderman, 2005). They lasted between 40-55 minutes. This study adhered to ethical requirements of confidentiality and obtained informed consent from participants. All participants verbally consented and signed consent forms before the interviews started. This study was approved by the Makerere University School of Social Sciences Research Ethics Committee as protocol number MAKSSREC 02.2024.634 and the Uganda National Council for Science and Technology as protocol number SS1720ES.

Data analysis

Audio recordings were transcribed by two research assistants and the transcripts were analysed using thematic analysis (Braun and Clarke, 2006). The development of themes followed different stages which started with reading transcripts and highlighting meaning units, sorting, grouping, and re-grouping of the data facilitating development of story lines about resilience attributes against the consequences of sexual abuse (Bryman, 2008). After determining how information fits logically with one another, main themes were developed, each containing sub-themes of the research.

FINDINGS

Demographic characteristics of participants

Table 1: Demographic characteristics of participants

| Pseudonyms | Age at time of abuse | Age at the time of study | Relationship with perpetrator |
|------------|----------------------|--------------------------|-------------------------------|
| Brenda | 16 | 25 | Employer |
| Caroline | 14 | 22 | Neighbour |
| Catherine | 17 | 22 | Intimate Partner |
| Clare | 13 | 22 | Family member |
| Hana | 14 | 35 | Relative |
| Kelen | 17 | 27 | Stranger |
| Shamim | 17 | 21 | Intimate Partner |
| Shantel | 14 | 19 | Stranger |

Four themes emerged relating to attributes of resilience. Survivors linked resilience to improved ability to avoid thoughts about the abuse, developing hope for the future and pursuing goals, positive emotional adjustment and improved ability to talk about the abuse.

Improved ability to avoid thoughts about the abuse

Avoiding thoughts about the abuse meant adoption of strategies that enabled them to gradually distract themselves from constantly thinking about the event. They consciously focused on other things, recognised that they are not responsible for the abuse and decided to let go of the painful thoughts. They focused on re-directing their attention onto other aspects of their lives. The narratives of participants suggest that resilience was getting convinced that they were not responsible for the abuse and that the abuse was beyond their control and hence did not have to affect their decisions later in life.

I stopped thinking about that thing and what happened...I decided to let go of all the thoughts. I just know that I have to let go of what happened and focus on other things and looking after my child (Catherine)

I began to take my attention off that incident. I am now focusing on finding ways and looking for someone that can help and take me back to school... I have recovered from that, I have forgotten about it (Shantel)

From the survivor's perspectives, developing resilience involves a conscious effort to move forward instead of succumbing to the effects of the abuse. Letting go of the negative emotions and thoughts is essential in reclaiming personal power and facilitates the positive journey towards recovery from sexual abuse. These findings show that resilience involves a personal skill or trait which enhances positive adjustment.

You need to make sure you are strong yourself...because even if someone else counsels you when you have not made the decision yourself to forget about it, you can never recover from it (Kelen)

The findings also point to the fact that resilience may not mean that the survivor does not have psychological distress from the abuse, but they don't succumb to its negative effects. This implies that, resilience may be present to differing degrees across multiple domains of life. Re-interpreting the abuse was essential in developing self-confidence, and self-acceptance. Survivors appreciated that CSA was part of events that they underwent but was not part of their entire lives. This helped survivors to build their self-worth and move towards normal functioning.

Developing hope for the better future and pursuing goals

Reinterpreting the abuse in an adaptive way, faith and religious affiliation, social relationships and friendships are some of the factors that contributed to feeling hopeful. Reinterpreting the abuse was important in overcoming self-pity and getting committed to achieving better goals in life. Resilience was associated with focusing on the future and setting goals to achieve irrespective of the traumatic experience. Having dreams instilled hope that life would be better. Setting goals and focusing on them offered survivors the opportunity to focus their thoughts and

energy on something positive other than the abuse they underwent, thus minimising and eventually eliminating its impact.

Also, when it had just happened, I was thinking about a lot of things but when (name of the social worker) continued counselling me, I now have hope that I will be okay in the future ... I feel I am okay now. I see where I am going. I see that my life is going to change. I used to feel really small, I was thinking too much... I feel at peace now (Shamim)

Psychosocial support especially counselling was instrumental in enabling survivors to feel hopeful. Participants received counselling from informal and formal sources including friends, social workers and health workers.

I am strong now, I have hope... they counselled us, I don't break down... My heart changed now, and I am strong (Shamim)

Having hope implies that the future matters much more than the past in determining their present well-being. Survivors were encouraged to work and achieve what they thought they had lost due to abused. Resilience meant that survivors made sense of the future prospects and reinterpreted the abuse in an adaptive and useful way. For some survivors, being free from sexually transmitted diseases such as HIV/AIDS gave them hope that the future was bright.

Originally I was worried about the pregnancy and contracting sexually transmitted diseases. You know some people contract HIV from rape. I worried that what if I was positive from that man. But when I went for antenatal care I was tested, and they told me that I was HIV negative (Brenda).

I am a victim without symptoms...I changed, I used to cry whenever those thoughts came but now I moved on...I have a future to save (Kelen).

The fact that the survivors were free from infections helped them to pursue life goals including studies. They focused on academic goals and pursued them which offered a sense of self fulfilment and appreciation that they would be able to engage in meaningful employment in future. Brenda reported that:

They asked me whether I still wanted to study, and I said yes...I want to finish the tailoring course and establish my own business of tailoring.

Education contributed to the development of a positive future orientation that enables participants to make realistic plans. To some participants, the ability to continue with education after undergoing the abuse was a significant demonstration that they were resilient as one of the social workers narrated.

When they recover, a child will not fear to go to school she is free, she moves even in the community she won't fear people.

Access to education following sexual abuse was considered important in shaping future trajectories and offered survivors hope that they had not lost it all.

Emotional adjustment

Emotional adjustment was used in reference to progress from feelings of shame and self-blame. Participants narratives highlight the importance of psychological support from social workers, friends and family as a critical factor in developing resilience. For all participants, the months and years that preceded the abuse were characterised by depressive symptoms. Many participants reported feelings of grief and sadness and suicidal ideation. Resilience was associated with positive changes in feelings and emotions experienced overtime. Catherine noticed that her turning point was when she realised that she was no longer thinking about committing suicide.

I don't have those thoughts of wanting to kill myself anymore. I no longer feel bad. I am not moody like I used to be.

Suicide ideation and mood swings were not being experienced. This was a significant change that she believes was an indication that she had recovered from sexual abuse. Clare reported that she had recovered from the abuse because she was happy and did not have sad emotions as Clare narrated:

No anger, I am happy...I no longer cry, I used to cry (Clare)

The findings suggest that survivors monitor how their feelings and emotions change overtime. Most survivors attributed improvement in emotions to the psychological support they received from various sources especially social workers and their family members. Regarding this Shamim narrated:

My mother took time, and she talked to me, she counselled me, that made me strong. I got the support of my elder sister, she was there for me always, and we talk with each other.

Feeling strong meant that survivors reflected on their emotions and focused on the positive aspects of life which was essential in the process of recovering from the abuse. Counselling from the people they trust built their confidence and facilitated emotional adjustments. Fear was another consequence of the abuse that survivors reported reduced overtime. Speaking further on this, Kelen reported that:

I feel better now because before I would be moving around the village and the moment I find a man I would always think that maybe this is the man who raped me. Whenever I would meet men...that thought would come, my heart would beat so fast, but I no longer have that. I no longer feel it.

Fear was more pronounced in cases where survivors were raped by strangers. From the perspectives of the survivors, emotional adjustment is linked to time and distance from the event of sexual abuse. Survivor's narratives indicate that resilience is a process that continues to grow as more time passes.

Talking about the abuse

After experiencing sexual abuse, some participants were afraid of being blamed for the abuse, were angry and some withdrew from their friends. However, as they coped and adapted to the situation some participants were able to acknowledge themselves and their situation instead of denying and repressing the trauma of sexual abuse. They were able to recognize that they had been subjected to abuse and were putting the trauma and injustice into words. Talking about the abuse was helpful in sharing the distress they had gone through instead of restricting it to themselves. Catherine believed that resilience is when one is able to confidently talk about the abuse without attracting negative emotions.

When I started telling people about it...that is when I realized that I had recovered...when you share your problem with other people, you can get advice from these people, and you become strong.

Hana did not only disclose the abuse she underwent; she was also able to talk about HIV/AIDS contracted from the abuse. Hana was serving as an expert client at the time of the study and was involved in counselling other patients and encouraged other survivors of rape to test for HIV/AIDS and live a healthy life.

I no longer feel stigma and low self-esteem ended. Now I can talk to colleagues, they know that I have HIV, and I encourage them to also test and produce healthy babies.

Talking about the abuse was associated with increased ability to challenge social stigma attached to sexual abuse. It also reflects the growth in self-esteem which are key attributes of resilience. Service providers also emphasised how confidence in sharing experiences was a major indicator that survivors were getting better and recovering from the abuse. The Community Development Officer, Bulongo sub county reported:

Actually, admitting that yes it happened, and my life must continue. If they are willing to speak about it, to encourage other fellow girls who have gone through it, then we know that this person is recovering.

Talking about the abuse validates freedom from trauma and self-blame. How the survivor understands their abuse experience is important and facilitates reframing the abuse with less emotional pain. In general, survivor's narratives reveal that resilience means self-acceptance, development of a sense of worth and self-confidence. Talking about the abuse facilitates some form of collective processing of their experiences with other survivors hence facilitating emotional support as it involves sharing one's problem and getting advice from their colleagues.

DISCUSSION AND IMPLICATIONS

This study provides data on the attributes of resilience as described by participants. The findings show that the resilience process involves participants transiting unpleasant emotions developed after experiencing sexual abuse. Resilience is associated with the ability of individuals to cope with external stress. Participants revealed that in situations where they were stigmatised, rejected and blamed by community members, they downplayed such disturbances.

As emphasized by the resilience theory, most participants first underwent the stress phase which is considered as the first stage of resilience (Hendriani, 2013). This phase is dominated by negative feelings including fear, anxiety, low self-esteem, suicide ideation, anger and self-blame. The findings of this study align with other studies that have previously explored resilience. In a study by Inayah & Palila, (2022), participants felt guilty, shocked, withdrew from society and were worried that the abuse might happen again.

The narratives show that after the phase of stress, survivors internally mobilize themselves to overcome the trauma. The perceptions of participants indicate that they did not give in and bury themselves in emotions and did not take on the role of a victim. This was instrumental in setting future developmental plans. The findings imply that survivors did not withstand the effects of the abuse but adopted various strategies to accommodate risk. Replacing long-standing feelings of rejection and poor self-image with a new sense of agency and reclaiming a positive identity from a “damaged” self-definition is a great milestone in the recovery from child sexual abuse (Harvey, Mishler, Koenen, and Harney, 2000). Previous research has indicated that resilience is a dynamic process in which survivors continuously respond to new vulnerabilities to adapt to changing circumstances (Pulvirenti & Mason, 2018). Participants exhibited strong willpower of coping and adapting in a negative environment. The notion of accepting oneself and feeling valued as a person was greatly evident and facilitated resilience. Optimism, hope and avoidance of negative thoughts serve as protective factors for survivors but also demonstrate survivor’s strengthened ability to cope with the trauma of sexual abuse (Domhardt et al., 2015).

Relatedly, the findings reveal that the meaning that survivors attach to the abuse significantly influences their resilience process. Participants who acknowledge the abuse, were able to overcome self-blame and hence able to claim their power to function normally. The ability to become hopeful and optimistic demonstrates progress in the resilience process. The findings correspond with a study by Phasha, (2010) who reported that reinterpreting the abuse in a positive manner relieves the “I am a victim” attitude which can result into hopelessness. The study indicates that those who maintain a self-blaming attitude may be overwhelmed by feelings of guilt and anger. The participant’s attitude in relation to resilience shows that they did not take on the “position of a victim”, implying that the interpretation of the traumatic event may serve as a promoter for resilience.

Narratives from survivors also suggested that resilience relates to individual capacities and is something intrinsic to the individual. The findings reflect individual actions to absorb disturbances, enhance learning from their experiences, re-organize themselves and adapt to the new demands. Relatedly, Masten, (2014) has linked resilience to individual capacity and skills, such as agency or social proficiency. Such propositions place the onus for positive outcomes on individuals rather than the family, community and society. These studies support our findings which show that survivors adopted various strategies such as avoiding negative thoughts about the abuse to be able to recover from the trauma of abuse. This implies that while protective factors in the survivor’s environment are instrumental in their recovery process, survivors must take a personal initiative to adopt from the traumatic event. Similarly, as proposed by the resilience theory, while individual strengths are important in the resilient process, the theory emphasises the mediating processes involving systems that enable individuals to achieve better outcomes than expected in the face of greater adversity. In addition to focusing on individual strength, the theory appreciates resources in the survivor’s environment (Haffejee & Theron, 2019).

The experiences of participants indicate that resilience is a psychological process. In this study participants felt emotional relief when they started telling other people about their experiences. Counselling received from their peers was a prominent resilience-enabler. Understanding that other people were going through the abuse helped survivors to understand and reinterpret their experiences. Consistent with previous literature, social support facilitates emotional adjustment (Inayah & Palila, 2022). It facilitates the process of re-building their self-worth and moving forward towards normal functioning.

The findings of this study have significant policy and practice implications for social work practice. Research on resilience in the aftermath of sexual abuse can provide valuable information for designing treatment and prevention programs against the adverse effects of CSA. Social work is concerned with facilitating change, focusing on resilience helps the profession in understanding how adversity impacts negatively on the lives of the people they serve.

Resilience facilitates appreciation of local and indigenous knowledge which is in line with the decolonisation agenda. Studying resilience in the face of child sexual abuse, is helpful in identifying local resources that enable survivors to navigate trauma resulting from vulnerability to adversity. Resilience is also associated with adherence to community standards which are essential for the social work profession and can guide development of culturally relevant instruction materials.

Study limitations

This study only focused on female survivors of CSA who were purposively selected from service networks providing services to survivors of sexual abuse. The participants also originated from one district in the eastern region of Uganda. This limitation may constrain the generalizability of the findings to broader populations of survivors of CSA beyond the confines of Luuka district. This implies that a larger sample size including males and females from different regions of the country would provide a broader and richer picture of resilience in relation to child sexual abuse.

CONCLUSION

Participants in this study shared similarities in personal meanings of the consequences of CSA and resilience attributes. They majorly associated resilience with psychological and internal attributes including participants' goals and plans for the future, positive emotions and thoughts. The negative experiences that survivors experience force them to adopt self-organising strategies that enable them to be resilient. Participants initiated their coping strategies which enabled them to feel better about themselves. The findings from this study support and relate to the three parameters that provide mechanisms for making meaning to the resilience process including 1) supporting and caring for the inner self; 2) having a positive post-trauma experience; and 3) confronting, understanding the trauma and developing a post-trauma identity. Resilience is a complex process that is supported by personal capabilities at the same time a dynamic learning process reflected in the ability to adjust and cope with adverse situations.

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