

# Effectiveness of Brief Psychotherapy in Enhancing Resilience among Gender Based Violence Survivors in Meru County, Kenya

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## ABSTRACT

Gender-Based Violence (GBV) remains a pervasive global concern with psychological ramifications such as post-traumatic stress, anxiety and diminished resilience. Psycho-therapeutic interventions have shown potential in enhancing psychological resilience yet empirical evidence specific to GBV populations, particularly in low-resource contexts, remains limited. This study sought to bridge this gap by empirically examining the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors in Meru County in Kenya. The study employed pre-test/post-test quasi-experimental research design where a total of 304 participants were selected via simple random sampling. A standardized resilience scale was administered at baseline and following the intervention. The experimental group received a Brief psycho-therapeutic intervention, whereas the control group was not exposed to any treatment. The independent samples t-test statistic was used to determine if there were any significant differences in mean scores of the experimental group and control group. The findings indicated that survivors of GBV who received brief psychotherapy showed statistically significant improvement in resilience compared to the control group hence demonstrating the effectiveness of the intervention in enhancing resilience. These findings point to the importance of psychotherapy in moderating the resilience of the GBV survivors. It was recommended that there was the need to incorporate training and capacity building initiatives for health workers on delivery of culturally sensitive psychotherapy to enhance the quality and effectiveness of mental health care for GBV survivors in Meru County in Kenya.

**Key words:** Brief psychotherapy, GBV survivors, Mental wellbeing, Resilience.

## INTRODUCTION

GBV remains a global public health issue with far reaching psychological consequences. Survivors often face trauma, post-traumatic stress disorder, depression, suicide, diminished self-worth and anxiety (WHO, 2021). This makes psychological intervention critical in enhancing mental wellbeing of GBV survivors. The survivors may struggle with feelings of shame, guilt, low self-esteem and helplessness (Tjaden & Thoennes, 2011). These mental health struggles not only affect the immediate well-being of survivors but also hinder their ability to function in daily life, make decisions or pursue social and economic opportunities. Among other indicators of mental wellbeing, resilience is a key among GBV survivors. The American Psychological Association reveals that resilience entails the process of successfully adapting to adversity, trauma, tragedy, threats or significant stressors encompassing familial and relational challenges, serious health issues or occupational and financial strains. Psychotherapy assists individuals by elucidating their perceptions and emotions regarding challenging situations and promoting the utilization of effective coping strategies. Clients gain resilience through adversity hence augmenting their readiness for forthcoming problems (Cicchetti, 2010). The process of strengthening resilience in survivors of gender-based violence is both cognitive and emotional. It pertains to the metamorphosis through which clients see their identities, experiences and existence. Resilience may seem like something you are born with but it is actually a skill that can be learned and improved over time. This is because resilience is a skill that includes competence, confidence, connection, character, contribution, coping and control (Bhaskar, 2008). all these are qualities that can be enhanced through psychotherapy.

Interventions that aim to restore mental wellbeing among GBV survivors are therefore essential in mitigating the long-term psychosocial consequences of abuse. Psychotherapy aids in the rebuilding of lives, thereby enhancing resilience, psychological empowerment, perspective shift, and promoting emotional, behavioral, and interpersonal changes. Increased awareness, emotional relief and the cognitive and emotional processing of GBV experiences can lead to significant reconstruction (Charles, 2019). Survivors of gender-based violence experience terrible events that require the rebuilding of their life to attain a fulfilling and high quality existence. Resilience alleviates sadness and anxiety, combats apathy and learned helplessness, and cultivates coping skills and enhanced engagement with life in the face of challenges (Dias, 2019). Acceptance and Commitment Therapy (ACT) emphasizes acceptance as a strategy for confronting distressing thoughts, emotions, symptoms, or circumstances. When individuals who have been abused face difficult thoughts, feelings, sensations, and internal experiences and are encouraged to act in ways that are consistent with their values, they become more resilient (Kvalsvig, 2018). Resilience may seem like something an individual is born with, but it is actually a skill that can be learned and improved over time. Power, Perspective, and Perseverance are the three things that make up resilience. Additionally, resilience is a skill that includes competence, confidence, connection, character, contribution, coping, and control (Bhaskar, 2008). With the help of a therapist, a survivor can learn how to deal with future problems by developing coping skills that are specific to the abuse.

Reports from the Ministry of Health show that the number of GBV cases in Meru County went up from 520 in 2022 to 1,468 in 2023. The Meru County Government has put in place medical, legal and psychological interventions for the GBV survivors. While seeking treatment and support, GBV survivors often face challenges like stigma, inadequate staffing and the lack of mental health integration in primary care settings (KDHS 2023). This is the case in Meru County where GBV survivors fear reporting and only seek help after serious injuries due to resource scarcity and cultural barriers. The injustices and socioeconomic disparities in clinical mental health research may overlook the special needs of individuals with less social power in psychotherapy, thereby making mental health services less accessible to the GBV survivors (Joanna, 2021). This alludes to the distress experienced by GBV survivors in Meru County when striving to report cases of violence as well as seeking treatment. Yalcinoz-Ucan (2021) asserts that information about how accessible and effective mental health therapies are for GBV survivors from marginalized and underprivileged groups has not been fully put together and analyzed. In addition, Greene (2019) says that researchers have called for more studies on how well psychotherapy works to improve the mental health of survivors of gender-based violence. This points to the need to evaluate the effectiveness of the brief psychotherapy offered to escalated numbers of GBV survivors in Meru County. It is against this background that this study sought to assess the effectiveness of Brief psychotherapy in enhancing resilience among GBV survivors in Meru County in Kenya.

### **Objective of the Study**

The objective of this study was examine the effectiveness of brief psychotherapy in enhancing resilience among gender-based violence survivors in Meru County in Kenya.

### **Hypothesis of the Study**

This study sought to test whether is no statistically significant difference in the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors who received treatment and those who did not in Meru County in Kenya.

## **METHODOLOGY**

The study employed the Pretest/Posttest Quasi Experimental design. The population of the study was 1,468 respondents comprising of GBV survivors and nine counsellors. Purposive and simple random sampling techniques were employed to select a sample size of 304 GBV survivors and nine counsellors from Hospitals in Meru County in Kenya. The GBV survivors assigned to the control were 152 and those for the experimental group were 152. A Brief resilience scale, a questionnaire and an interview guide were used to collect the desired data. Ethical clearance was sought, a permit acquired and necessary permissions granted before actual data collection. Participation was voluntary and respondents were assured of confidentiality which was

maintained throughout the research process. The data were analyzed by use of independent samples t-test, descriptive statistics and thematic analysis with the aid of SPSS version 26. The analyzed data were presented on tables as well as through prose narration of qualitative responses.

## RESULTS AND DISCUSSIONS

The following are the results and discussions of the study

### Demographic Characteristics of the Respondents

The analyzed demographic characteristics included age, gender, religious affiliation, marital status, highest level of education and work experience. The gender of the GBV survivors who participated in the study comprised of 41.5% male and 58.5% female. This implies that more female faced gender based violence as compared to their male counterparts. Majority of the GBV survivors were in the age group 18 to 45 years of age. Regarding the marital status 59.3% were single and 40.7% married. The GBV survivors who affiliated with Christianity were 88.1% with a limited number 9.6% affiliating with the Muslim faith while the rest did not affiliate with any religious group. The highest level of education for the GBV survivors comprised of 37.8% secondary school level, 29.6% primary school, 28.1% Bachelor's degree and 0.7% PhD and Diploma level. The employed respondents were 31.9%, self-employed constituted 30.4% while 24.4% relied on parents or guardians.

The counsellors who participated in the study were 33% male and 67% female. The age constitution revealed 67% were between 18 and 35 years while the rest 33% were between 36 and 45 years old. Regarding marital status, 18% of the counsellors were single while 82% were married. Majority of the counsellors affiliated with Christianity (87%) while the rest were either Muslim (10%) and others (3%). The counsellors with less than 10 years of work experience were 83% while the rest had between 11 and 20 years. Regarding the highest level of education, the majority (83%) had Diploma while 17% had master's degree. These results reveal that the respondents had the knowledge, skills and experience to inform the study.

### Effectiveness of Brief Psychotherapy in Enhancing Resilience

The study sought to determine whether the brief psychotherapy offered to GBV survivors in Meru County in Kenya is effective in enhancing resilience in the clients. The resilience scores were obtained by administering the brief resilience scale to the GBV survivors. The null hypothesis tested to determine the effectiveness is  $H_0$ : There is no statistically significant difference in the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors who received treatment and those who did not in Meru County in Kenya. The pre-test and post-test scores between and within the control and experimental groups was done to determine the effectiveness of the brief psychotherapy in enhancing resilience among GBV survivors in Meru County in Kenya.

An independent samples t-test statistic was done to determine whether there was a statistically significant difference between the control and the experimental groups before the treatment. The Control/ Experimental Groups pre-test data analysis results are presented in Table 1.

Table 1: Control/ Experimental Groups Pre-test Independent Samples t-test Statistics

	Group Type	N	Mean	Std. Deviation	T	df	Sig
Brief Resilience	Control	135	2.9173	0.15220	1.775	268	0.077
	Experimental	135	2.8420	0.46890			

Information in Table 1 indicates a disparity between the pre-test means for the control group (2.9173) and experimental group (2.8420). The t-test statistic value was 1.775 meaning that the mean for the control group was higher than for the mean of the experimental group. The P-Value was 0.077 which exceeded the

significance level of  $\alpha=0.05$ . Since the  $p>0.05$ , there is no statistically significant difference between the pre-test means of the control and experimental groups. This demonstrates that the difference in resilience between the control and experimental groups was not statistically significant before intervention. These results are consistent with Field (2018) explanation that t-values  $<\pm 1.96$  ( $\alpha=0.05$ ) with  $p>0.05$  indicate no statistically significant difference between the groups. The high variability reflected in the t-statistic contributed to this outcome thus confirming the baseline equivalent before interventions. There was need to determine whether there was a difference between the pre-test and post-test scores for the control group.

A control group pre-test/post-test independent samples t-test statistics was conducted to determine whether other factors other than the brief psychotherapy intervention contributed to enhancement of resilience among the GBV survivors in Meru county in Kenya. The control group pre-test/post-test independent samples t-test statistics results are presented in table 2.

Table 2: Control Group Pre-test/Post-test Independent Samples t-test Statistics

Tests		N	Mean	Std. Deviation	t	df	Sig
Control Group	Pre-test	135	2.9173	0.15220	-5.574	268	<0.001
	Post-test	135	3.1358	0.46707			

Data analysis in Table 2 shows that there was a difference between the pre-test and post-test means of the Control group. The pre-test and post-test means were 2.9173 and 3.1358 respectively. The t-test statistic value was -5.574 meaning that the mean for the post-test was higher than for the pre-test. The P-value was 0.001 which was less than the significance level of  $\alpha=0.05$ . Since  $p<0.05$ , there is a statistically significant difference between the pre-test and the post-test means within the control group. This shows that other factors other than brief psychotherapy did not moderate resilience among GBV survivors in the control group who did not receive the treatment. These findings points to the importance of psychotherapy in moderating the resilience of the GBV survivors. Alemayehu (2024) emphasizes the crucial role of psychosocial support and psychotherapy in aiding the recovery and resilience of GBV survivors by noting that the absence of such interventions leaves survivors at greater risk of ongoing mental health challenges. therefore, it was necessary to determine whether there was a difference between the pre-test and post-test scores for the experimental group.

The experimental group pre-test/post-test independent samples t-test statistics was conducted to determine whether the brief psychotherapy intervention contributed to enhancement of resilience among the GBV survivors in Meru county in Kenya. The experimental group pre-test/post-test independent samples t-test statistics results are presented in table 3.

Table 3: Experimental Group Pre-test/Post-test Independent Samples t-test Statistics

Tests		N	Mean	Std. Deviation	T	df	Sig
Experimental Group	Pre-test	135	2.8420	0.46890	-2.347	254	< 0.001
	Post-test	135	3.3457	0.65235			

Information in Table 3 shows that there was a difference between the pre-test and post-test means of the experimental group. The pre-test and post-test means were 2.8420 and 3.3457 respectively. The t-test statistic value was -2.347 meaning that the mean for the post-test was higher than for the pre-test. The P-value was 0.001 which was less than the significance level of  $\alpha=0.05$ . Since  $p<0.05$ , there is a statistically significant difference between the pre-test and the post-test means within the experimental group. This suggests that there was an improvement in resilience of the experimental group after receiving brief psychotherapy. This is consistent with Lakioti, (2016) who found out that, psychotherapy cultivates a heightened commitment to constructive activities that resonate with an individual's values or goals leading to enhancement of resilience.

Additionally, the constrictive activities included taking concrete steps to make changes that promoted positive personal development. This demonstrates the effectiveness of psychotherapy in enhancing resilience among GBV survivors in Meru County in Kenya. To determine whether the brief psychotherapy offered to GBV survivors in Meru County in Kenya is effective in enhancing resilience in the clients, it was essential to conduct a control/experimental groups post-test independent samples t-test.

An independent samples t-test statistic was done to determine whether there was a statistically significant difference between the control and the experimental groups after the treatment. The Control/ Experimental Groups post-test data analysis results are presented in Table 4.

Table 4: Control/Experimental Groups Post-test Independent Samples t-test Statistics

	Group Type	N	Mean	Std. Deviation	T	df	Sig
Brief Resilience	Control	135	3.1358	0.46707	-3.035	268	<0.011
	Experimental	135	3.3457	0.65368			

Information in Table 4 indicates a disparity between the post-test means for the control group (3.1358) and experimental group (3.3457). The t-test statistic value was -3.035 meaning that the mean for the experimental group was greater than for the mean of the control group. The P-Value was 0.011 which was less than the significance level of  $\alpha=0.05$ . Since the  $p<0.05$ , there is statistically significant difference between the post-test means of the control and experimental groups. This means that the difference in resilience between the control and experimental groups was statistically significant after intervention. Since the mean of the experimental group was greater than for the mean of the control group, it means that the resilience of respondents in the experimental group was significantly enhanced by the brief psychotherapy. Consequently, the null hypothesis was rejected. This means that there is statistically significant difference in the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors who received treatment and those who did not in Meru County in Kenya. The finding is consistent with Bass *et al.*, (2022) who demonstrated sustained improvements in mental and functional outcomes, including resilience among women survivors of sexual violence who received cognitive processing therapy, with statistically significant difference compared to the control group.

An item in the questionnaire required respondents to rate the extent to which they agreed or disagreed with each statement using a five-point scale for which SD (Strongly Disagree), D (Disagree), N (Neutral), A (Agree) and SA (Strongly Agree). The data analysis results are presented in Table 5.

Table 5: GBV Survivors Perception on Resilience and Psychotherapy

Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
I am guilty of the GBV abuse that happened in my life and blame myself despite the psychotherapy sessions.	15.6	18.5	15.6	38	13.3
I assume that one negative event of GBV creates a general rule for my life that people are not to be trusted in future despite the psychotherapy sessions.	8.9	11.1	20	41.5	18.5
I am able to express my feelings and needs about my abuse because of the psychotherapy sessions.	0.7	3	15.6	51.1	29.6
Psychotherapy has helped me to be hopeful about my future life regardless of the abuse I have encountered	0	1.5	8.9	59.3	30.4

Psychotherapy has helped me to remain calm when facing difficult situations because I rely on my coping abilities regardless of the GBV.	0	3.7	13.3	54.1	28.9
Psychotherapy has helped me to be able to endure stress and setbacks hence gaining resilience despite the GBV.	0.7	0.7	12.6	53.3	32.6

The data analysis results in Table 5 indicates that most GBV survivors agreed or strongly agreed that brief psychotherapy had enhanced resilience despite the violence. Majority of the GBV survivors (50.3%) agreed or strongly agreed that psychotherapy did not assist in limiting guilt and self-blame occasioned by GBV. However, 49.7% were of the contrary opinion. This means that brief psychotherapy offered to GBV survivors in Meru County in Kenya moderately enhanced resilience among the clients. These results are consistent with earlier research indicating that the effectiveness of psychotherapy for GBV survivors can vary widely, depending on factors such as the type of therapeutic approach used, the therapist’s skills, the length of treatment, and the survivor’s own readiness to engage in the healing process (Campbell *et al.*, 2019; Cloitre *et al.*, 2011). For some survivors, it may be challenging to absorb and apply therapeutic insights because of engraved shame, emotional attachment to the abuser or continued exposure to harmful environments all of which can sustain feelings of self-blame and slow the recovery process (Herman, 2015; Van der Kolk, 2014). Majority of the respondents (60%) agreed and strongly agreed that one negative event of GBV created a general rule for their life that people are not to be trusted in future despite the psychotherapy sessions. These results are consistent with earlier studies showing that survivors of interpersonal trauma frequently developed deep-seated mistrust and negative perceptions of the world following experiences of betrayal and emotional harm (Janoff-Bulman, 1992; Freyd, 1996). According to Beck (2011) and Herman (2015), such trauma can foster cognitive distortions that lead survivors to form broad, self-protective beliefs such as the conviction that no one can be trusted which often endure even after therapeutic intervention. Similarly, Ullman (2010) and Cloitre *et al.*, (2011) highlight that rebuilding trust and re-establishing a sense of interpersonal safety represent some of the most demanding aspects of trauma recovery, typically requiring ongoing therapy and strong, supportive relationships. The persistent presence of generalized mistrust among GBV survivors who have undergone psychotherapy underscores the importance of trauma-informed care that integrates both cognitive and relational healing.

Moreover, 80.7% agreed or strongly agreed that they are able to express their feelings and needs about their abuse because of the psychotherapy sessions. 89.7% agreed or strongly agreed that psychotherapy has helped them to be hopeful about their future life regardless of the abuse they have encountered. Similarly, 83% of the respondents agreed or strongly agreed that Psychotherapy has helped them to remain calm when facing difficult situations because they rely on their coping abilities regardless of the GBV. These results align with existing literature highlighting the empowering role of psychotherapy in strengthening emotional expression, self-confidence and resilience among trauma survivors. Herman (2015) and Courtois and Ford (2020) note that well-structured therapeutic environments provide survivors with a sense of safety that allows them to express emotions that may have been suppressed by fear, shame, or stigma. Most GBV survivors (85.9%) endorsed the statement that psychotherapy has helped them to be able to endure stress and setbacks hence gaining resilience despite the GBV. This indicates that brief psychotherapy was effective in enhancing resilience among GBV survivors. These findings affirm the views of Brown *et al.*, (2022) on integrated standardized resilience assessments with narrative diaries in a longitudinal study of psychotherapy clients in which quantitative data indicated substantial improvements in resilience ratings, whilst qualitative data revealed gradual modifications in cognitive evaluations and stress management techniques.

The counsellors who offered brief psychotherapy in Meru County in Kenya were interviewed with the aim of triangulating the findings from the GBV survivors. In depth information about the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors was obtained and presented In prose narration. The counsellors were asked how effective brief psychotherapy was in enhancing resilience among GBV survivors in Meru County in Kenya. Counsellor A stated that “*Psychotherapy has helped survivors regain resilience because they are able to forgive themselves hence are able to bounce back to normal functioning in their work and families. Coping skills imparted in form of psychoeducation were self-care, seeking therapy.*

*Maintaining support systems and leaving the toxic relationship where possible. There are some relapse cases especially when the survivor is not able to leave the toxic environment".* This sentiment is similar to what the GBV survivors results that brief psychotherapy helped them to remain calm when facing difficult situations. This finding resonates with the views of Bass *et al.*, (2022) therapy enables clients recover from setbacks without relapsing back to psychological and social dysfunctional behaviour and mental processes. Counsellor F added that *"The coping skills taught included spiritual alignment, surrounding themselves with support systems and self-care. This enabled the survivors to bounce back to their normal functioning. Sometimes relapses occur when the abuse continues. Some survivors have been able to go back to their daily routines and have been productive at work, school and family set up after"*. The GBV survivors alluded to the importance of brief psychotherapy in enduring stress and setback related to the violence. In line with this Johnson (2019) emphasized the effectiveness of psychological interventions in the recovery of clients in regard to emotional, cognitive and social functioning.

In spite of the brief psychotherapy, some GBV survivors in Meru County in Kenya were not resilient enough to prevent relapse in the dysfunctional mental and social states. Counsellor C affirmed by suggesting that *"For survivors to improve in resilience, therapy and support system proved to be quite necessary. Those who leave the toxic environment are able to bounce back to normal functioning"*. In relation to the same line of thought, Counsellor G responded *"Some survivors needed not only therapy but a support system and enough time for them to recover. Coping skills were taught in psychoeducation including maintain a support system and self-care. Survivors were helped by individual and group counseling to bounce back to normal functioning"*. It is clear that follow up care and social support systems were crucial in sustaining gains from brief psychotherapy by the GBV survivors. This is because persistent feelings of self-blame are often linked to sociocultural norms that reinforce victim-blaming, which can weaken the healing process even after receiving therapy (Ullman, 2010; Kaminer & Eagle, 2017). Many survivors internalize these societal judgments, making it harder for them to fully benefit from therapeutic interventions. This highlights the importance of developing culturally responsive, survivor-focused, and empowerment-oriented approaches that address both the emotional and social aspects of recovery.

The recovery of GBV survivors had instances of re-victimization as alluded to by Counsellor B opined that *"There were cases of relapse reported due to re-victimization. 'Time and therapy heals'. Therapy and patience are requirements for recovery and bouncing back to normal functioning and daily routine. The most appropriate coping skills were self-care and a support system both formal and informal. Many Survivors I have encountered are not able to return back to normal life for example relationship because of trust issues"*. This response accounts for the GBV survivors who felt that the brief psychotherapy was not effective in fostering resilience. In the same vein Counsellor G suggested that *"Relapses normally occur due to continuous abuse however, some survivors have been helped by both individual and group counseling to regain resilience. Coping skills necessary include self-care, support system and leaving the toxic relationship."* This is evidence enough that Self-care techniques are essential in the recovery process of GBV survivors, providing both physiological and emotional relief. These techniques include mindfulness meditation, journaling, physical activity, creative expression and adequate sleep which function as mechanisms for managing powerful emotions and alleviating stress reactions that frequently persist following trauma. Pillay (2022) asserts that these deliberate activities enable survivors to reestablish a connection with their bodies, foster self-worth, and restore a sense of control over their internal states. When persistently incorporated into everyday practices, self-care cultivates emotional resilience and restores impaired self-esteem, enabling GBV survivors to transition from just coping to flourishing. Furthermore, participating in self-care affirms that survivors deserve care and compassion both from themselves and from others which can be profoundly restorative in the recovery journey.

## RECOMMENDATIONS

The following recommendations were made based on the findings of the study.

- i. The policy makers in the Ministry of Health may consider integrating psychotherapy into the existing GBV survivors support response programs to comprehensively address the mental impacts of GBV.

- ii. Educators in the fields psychology need to incorporate training and capacity building initiatives for health workers on delivery of culturally sensitive psychotherapy to enhance the quality and effectiveness of mental health care.
- iii. Mental health professionals may consider adoption of holistic, GBV survivor centered approach as a core component of care to enhance psychological, emotional and physical health.
- iv. There is need for promotion of continuous monitoring and follow-ups by the mental health professionals to regularly assess GBV survivors' mental health progress for tailored interventions.

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