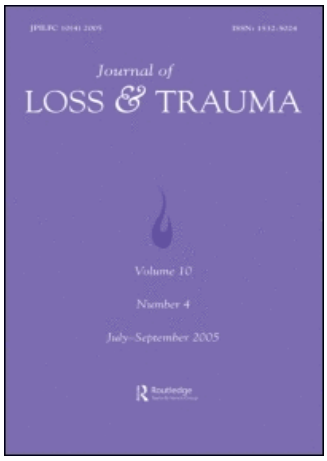

Journal of Loss and Trauma
International Perspectives on Stress & Coping
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713723445

POSTTRAUMATIC GROWTH AMONG FEMALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE IN RELATION TO THE PERPETRATOR IDENTITY

Rachel Lev-Wiesel [a]; Marianne Amir [b]; Avi Besser [c]
[a] Associate Professor, Department of Social Work, Ben-Gurion University. Beer Sheva. Israel
[b] Formerlly Professor, Departments of Behavioral Sciences and Social Work, Ben-Gurion University. Beer Sheva. Israel
[c] Senior Lecturer, Sapir College. Shaar Hanegev. Israel

To cite this Article: Lev-Wiesel, Rachel, Amir, Marianne and Besser, Avi , 'POSTTRAUMATIC GROWTH AMONG FEMALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE IN RELATION TO THE PERPETRATOR IDENTITY', Journal of Loss and Trauma, 10:1, 7 - 17
To link to this article: DOI: 10.1080/15325020490890606
URL: http://dx.doi.org/10.1080/15325020490890606

Journal of Loss and Trauma, 10: 7–17, 2005

ISSN: 1532-5024 print/1532-5032 online
DOI: 10.1080/15325020490890606

BrunnerRoutledge Taylor & Francis healthsciences

POSTTRAUMATIC GROWTH AMONG FEMALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE IN RELATION TO THE PERPETRATOR IDENTITY

RACHEL LEV-WIESEL

Associate Professor, Department of Social Work, Ben-Gurion University, Beer Sheva, Israel

MARIANNE AMIR

Formerlly Professor, Departments of Behavioral Sciences and Social Work, Ben-Gurion University, Beer Sheva, Israel

AVI BESSER

Senior Lecturer, Sapir College, Shaar Hanegev, Israel

The objective of this study was to examine the extent of posttraumatic stress disorder (PTSD) symptomatology and posttraumatic growth in young adult female survivors of childhood sexual abuse in relation to the identity of the perpetrator. Two hundred and forty-six non-clinical female university students were administered self-report questionnaires with regard to negative life events, PTSD symptoms, and posttraumatic growth. A sample of 93 participants who reported having been sexually abused during childhood either by a family member or a stranger were drawn for the study purpose. Comparison between the survivors in relation to the identity of the perpetrator, family member versus a stranger, revealed that the levels of PTSD and posttraumatic growth were both higher among survivors who were sexually abused by a family member compared to those who were sexually abused by a stranger. Mediational analysis revealed that levels of PTSD mediated the identity of the perpetrator effect on posttraumatic growth.

In memory of our friend and colleague, Professor Marianne Amir, who died of cancer on January 7, 2004. Professor Marianne Amir was a staff member of Ben-Gurion University's Behavioral Science and Social Work Departments. Professor Amir studied the fields of trauma, posttraumatic disorder, and quality of life. She was highly admired by her students and colleagues. Prof. Amir documented her own illness experience and coping process with the hope that this would be used by her fellow lecturers as a teaching aid. We all miss her.

Address correspondence to Rachel Lev-Wiesel, Ph.D., Associate Professor, Department of Social Work, Ben-Gurion University, Beer Sheva, Israel. E-mail: rachellv@bgumail.bgu.ac.il

Reviews of the vast array of studies examining the long-term sequelae of childhood sexual abuse (Akande, 2000; Banyard, Williams, Siegel, & West, 2002; Janoff-Bulman & McPharson-Frantz, 1997; Neumann, Houskamp, Pollock, & Briere, 1996) list numerous psychological, behavioral, and social difficulties in adults that range from depression, anxiety, guilt, sleep disturbances, dissociation, sexual concerns, intrusive symptoms, post-traumatic stress disorder, eating disorders, and an impaired sense of self. In relation to the long-term negative impact on the abused child's personal resources, Diehl (2002) investigated the effects of sexual abuse on the development of self-efficacy during middle childhood. He found that child sexual abuse of a child damages the individual's self-efficacy beliefs, isolates the child from his or her peers and family, and negatively impacts upon the child's cognitive and emotional development.

Recognizing that child-abuse experiences are not all alike, some writers have begun to examine the influences that contribute to differences in individuals' adjustment following victimization. Factors such as social support from family or peers were found to contribute more to resilience than the sense of mastery (Hobfoll et al., 2002; Rosenthal, Feiring, & Taska, 2003). Other factors related to aspects of the abusive situation itself such as severity, use of force, relationship to the offender, perpetrator substance abuse, duration of the abuse and revictimization, and the victim's age, all appear to influence resilience in later life (Banyard, Williams, Seigel, & West, 2002; Runtz & Schallow, 1997).

Based on literature indicating that secure relationships in childhood are a significant factor in the promotion of more adaptive functioning (Aberle, 2002), the present study attempts to investigate posttraumatic growth among female survivors of childhood sexual abuse in relation to the identity of the perpetrator (a family member or a stranger). In addition, a mechanism model for a possible mediational role of PTSD in the association between the identity of the perpetrator and participants' reported levels of PTG was explored.

The Concept of Posttraumatic Growth

The concept of posttraumatic growth (PTG) is regarded as both process and outcome in which people not only bounce back from trauma but also manage to further develop and grow. Tedeschi, Park, and Calhoun (1998) view post-traumatic growth as developing out of a cognitive process that is initiated to cope with traumatic events that extract an extreme cognitive and emotional

toll. According to Janoff-Bulman's (1992) concept, traumatic events cause changes through the shattering and rebuilding of assumptive worlds. Traumatic events produce a significant upheaval in the individual's understanding of the world and the prior worldview may become invalidated by the occurrence of loss and tragedy (Calhoun & Tedeschi, 1999). Inherent in traumatic experiences are losses of loved ones, capabilities, or fundamental accepted ways of understanding life. In the face of such losses, some people manage to establish new psychological constructs that incorporate the possibility of such traumas and better ways to cope with them (Taylor & Brown, 1988). Posttraumatic growth is often seen as the antithesis of posttraumatic stress disorder, emphasizing that growth outcomes are reported even in the aftermath of the most traumatic circumstances, and even though distress coexists with the growth (Greenberg, 1995). According to Lev-Wiesel and Amir (2003) who studied PTG among Holocaust child survivors, survivors who suffered higher levels of arousal (one of the sub-categories of posttraumatic stress disorder) showed higher levels of PTG. They suggest that arousal is an active response to trauma, contrary to intrusive thoughts and avoidance, which are considered to be passive responses thereby possibly serving as incentives for the person's growth.

Yet, data on the relationship of growth domains (changes in perception of self, changed relationships with others, and changed philosophy of life) and psychological well-being after trauma are inconsistent (Calhoun & Tedeschi, 1998). PTG has been studied in a variety of populations, such as Holocaust survivors (Lev-Wiesel & Amir, 2003), stroke victims (Thompson, 1991), family members of motor vehicle accident victims (Lehman, Davis, Delongis, et al., 1993), and medical patients (e.g., Cordova, Cunningham, Carlson & Andrykowski, 2001).

In relation to posttraumatic growth among survivors of sexual abuse, previous research suggests that attributions of blame to the perpetrator were associated with higher levels of potency (Lev-Wiesel, 1999) and higher levels of resilience and growth (Lejeune, 2003). Moeller and Steel (2002), who investigated the outcome of cognitive restructuring for adult survivors of childhood sexual abuse in terms of clinically significant change, found that relationship to the perpetrator, whether a close family member or a stranger, and pre-treatment irrational evaluative beliefs were the best predictors of treatment outcome in terms of growth. According to Leehy, Pretty, and Tenenbaum (2003), resolving traumatic attachment to the perpetrator may be the core therapeutic task, complicating the process of reclaiming trust, expressing grief and anger, and developing empowered meaning attributions.

Recently, Flynn (2003) analyzed the process of posttraumatic growth and creation of a resilient self of adult survivors of sexual abuse. She found that the development of resiliency after trauma depended on mastery of specific tasks and reorganization of self-structures. This might be achieved through the process of undoing the damage of the abuse and creating new aspects of self and experience that contributed, in turn, to a felt sense of well-being and strength.

Based on the assumptions that the child is physically and emotionally dependant on his or her family framework and that sexual abuse perpetrated by a family member is likely to shake the entire emotional existence of the child as the home becomes a place of terror rather than a place of comfort and security (Davis, Petretic-Jackson, & Ting, 2001), we hypothesize that the severity of posttraumatic symptomatology among survivors of intrafamilial childhood abuse will be higher when compared to survivors whose perpetrator was a stranger. Consequently, the level of posttraumatic growth among survivors whose perpetrator was a family member will be higher than among survivors of extrafamilial violence. Thus, it is expected that PTSD would mediate the effects of the identity of the perpetrator on PTG.

Method

Participants

Ninety-three female survivors of childhood sexual abuse were drawn from a randomly sampled group of 246 female university students, average age 24.96 ($SD = 4.45$), who participated in the study. Seventy-eight percent of the participants were single, 87% were born in Israel. With regards to the type of sexual abuse, 46% reported having been sexually harassed, 24% were raped, and 30% reported sexual exploitation. The identity of the perpetrator was as follows: 40% were abused by a family member (86% by a parent, 14% by a sibling) and 60% were abused by a stranger or by an acquaintance.

Instruments

Participants were administered self-report questionnaires. All instruments have been extensively used in Hebrew (e.g., Lev-Wiesel & Amir, 2003).

The Traumatic Events Questionnaire

This self-report questionnaire was compiled for the present study based on other questionnaires from non-clinical samples (Norris, 1992;

Vrana & Lauterbach, 1994). The events were all of a magnitude to potentially fulfill Criterion A for PTSD (APA, 1994). Respondents were told that the study concerned their personal experiences regarding exposure to traumatic events. Among the traumatic events, three types of sexual abuse events were presented: rape, sexual harassment, and sexual exploitation. The questionnaire explained that in order to answer in the affirmative, the respondent must have been personally exposed to the event. Respondents could check any number of categories of events. In a given category, the respondent could report only one event and state the age at the time of occurrence and the offender's identity if applied to the type of event. For the purpose of this study, participants who reported having been exposed to childhood sexual abuse (the age cutoff for the childhood sexual abuse was 16), were selected.

PTSD-Scale

The 17-item PTSD inventory used in the study was a self-report scale adapted from Horowitz, Wilner and Alvarez (1979). The PTSD-Scale is based on DSM-III-R criteria (APA, 1994) for the diagnosis of PTSD. The PTSD-Scale measures the intensity of the three primary symptom groups during the last month: intrusion, avoidance, and arousal. In the present study the respondent was also given one mean score of the 17 items. Cronbach's α in this study was .90, .89, and .92 for the three subscales, respectively, and .89 for the whole scale.

The Posttraumatic Growth Inventory (PTGI)

The PTGI (Tedeschi & Calhoun, 1996) is a 21-item scale that measures the degree of reported positive changes experienced in the struggle with major life crises. The scale includes 5 dimensions that assess the degree to which the individual reports specific positive changes attributed to the struggle with trauma: personal strength, relationships with others, spiritual change, appreciation for life, and new priorities. Cronbach's alpha in each dimension was higher than .90.

Results

Four stages of analyses were performed: The first stage was a correlation analysis between the study variables; the second stage was a t-test comparing PTSD and posttraumatic growth in the two groups of female victims of sexual abuse. In the third stage, a regression analysis was conducted in which PTG

was the dependent variable and age, the identity of the perpetrator, and PTSD symptoms were the predictors. Finally, a mediational analysis was performed to explore the role of PTSD.

Pearson correlations among the study variables show positive high correlation between PTSD and PTG ($r = .53$, $p < .001$), and moderate negative correlations between the identity of the perpetrator (a dummy variable: "by a *stranger*" was coded as 0 and "by a *family member*" was coded as 1), PTSD and PTG ($r = -.35$, $p < .001$; $r = -.29$, $p < .01$; respectively). PTSD ($M = 3.94$, $SD = 1.24$; $M = 3.28$, $SD = .94$ respectively) and PTG ($M = 3.23$, $SD = 1.20$; $M = 2.35$, $SD = 1.13$ respectively) mean scores were found to be higher in survivors of intrafamilial sexual abuse than survivors who were victimized by a stranger [PTSD $t(2,91) = 2.89$; $p < .01$; PTG $t(2,91) = 3.56$; $p < .001$]. PTSD mean score and the identity of the perpetrator were found to contribute significantly to the level of PTG ($\beta = .46, -.20$, respectively) [$F(3,91) = 15.03$; $p < .001$; $R^2 = .31$].

Mediational Analysis

A mediational model, as described by Baron and Kenny (1986), was tested. The model postulated that the identity of the perpetrator would determine the PTG levels. Thus, participants who reported that the identity of the perpetrator was a family member would be expected to report significantly high levels of PTG. Also, we postulated that identity of the perpetrator relates to levels of PTSD and this would mediate the effects of the identity of the perpetrator on PTG. Thus, participants who reported that the identity of the perpetrator was a family member would be expected to report significantly high levels of PTSD that in turn affected their levels of PTG. According to the above proposition, a three-step analysis, checking for mediational model, was conducted (Baron & Kenny, 1986—criteria for mediation).

The first test of a mediational model is to determine if the predictor (identity of the perpetrator) does have an impact on the dependent variable (PTG) [Analysis of the direct effect model]. Results revealed significant effect of the predictor (identity) on criterion PTG ($\beta = .35$, $t = 3.58$, $p < .0001$) explained 12% in the variance of PTG (see Figure 1). The second step is to ensure that the independent variable (identity of the perpetrator) can predict the hypothesized mediator (PTSD) and that the mediator does impact upon the dependent variable [the analysis of the direct-indirect (mediational) effect model]. Results indicated significant effect of the predictor (identity) on mediator (PTSD) and of mediator on outcome (PTG): Identity of the

FIGURE 1 Direct effect model.

perpetrator effect levels of PTSD ($\beta = .29$, $t = 2.91$, $p < .004$) explained 8% in the variance of PTSD. In addition, levels of PTSD in turn were found to significantly affect PTG scores ($\beta = .47$, $t = 5.26$, $p < .00001$). The final model was found to explain 33% of the variance in levels of PTG (see Figure 2).

The final analysis step is to examine whether the hypothesized mediator does mediate the relationship between the predictor variable and outcome variable. If a mediator is shown to significantly attenuate the direct effect of a predictor on a criterion, then mediation may be said to occur (Baron & Kenny, 1986). Figure 1 shows that the direct effect of identity of the perpetrator on participants' levels of PTG was significant. Figure 2 shows that when the mediator PTSD was controlled, this effect was reduced. After taking into account the mediating role of PTSD, Sobel's (1982) test demonstrated that a significant drop occurred in the coefficients for the association between identity of the perpetrator and PTG; Sobel $z = 2.54$, $p < .01$. Thus, PTSD plays a mediating role in the association between identity of the perpetrator and high levels of PTG, although not exclusively. Participants who reported that the identity of the perpetrator was a family member also reported significantly high levels of PTSD, which in turn affected their levels of PTG.

Discussion

Consistent with previous studies (e.g., Lev-Wiesel & Amir, 2003), the current findings revealed that the PTSD and PTG coexist. Lev-Wiesel & Amir (2003) speculated in a previous study that similar to the biological role of vagal functions to regulate the energy balance and energy content in the body in a state of hunger in order to track food (Szekely, 2000), anxiety is

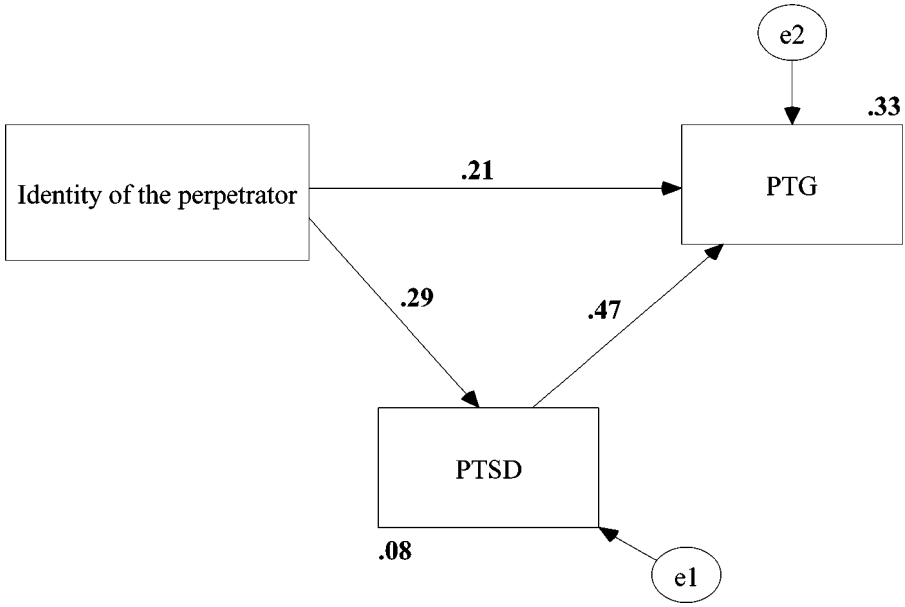

FIGURE 2 Direct and indirect effect model: The mediating role of PTSD.

externalized into activity (Hanney & Kozlowska, 2002) and turns into "doing" similar to Bandura's (1993) concept of self-efficacy. This is likely to enhance feelings of mastery and competence—or a sense of growth.

The findings indicated, as hypothesized, that survivors of intrafamilial abuse had higher levels of PTSD. Yet, they also indicated that those who were abused at home, by a family member, had higher levels of PTG compared to those who were abused by a non-family member. According to Hobfoll (1998), social support is an important coping resource for the victim and serves as a buffer against psychological damage. Consequently, having been abused by a family member inherently heightens the vulnerability of the victim who is deprived of his/her natural social support system.

One way to explain the fact that PTSD mediates between the abuse and PTG may be associated with the mechanism of dissociation employed as a defense against such severe trauma as intrafamilial childhood abuse (Putnam, 1993). Dissociative mechanism is defined as emotional disengagement that involves the separation of functions such as thought, memory, emotion, and behavior (APA, 1994). Zomer and Zomer (1997) suggested that when the traumatic event occurs repeatedly and often (as often the case of intrafamilial childhood abuse) and the victim is continually exposed to the adverse

situation, there is no choice but to learn to escape. When this is physically impossible, the way in which escape occurs is by shutting the self off within one area of the emotional world, and escaping into a world of fantasy and daydreams (Cloitre, Scarvalone, & Difede, 1997). Constant escape and dissociation of this kind allow the child to function in other areas of life, such that it is often difficult for the surrounding environment to discern the child's suffering. Possibly these mechanisms enable the survivor to have a higher level of PTG, i.e., to perceive him/herself fortunate to have survived the traumatic experience expressed in the concept of PTG. This supposition may suggest that PTG is actually a defense against psychological distress. Clearly, these speculations require further examination.

References

Aberle, C. C. (2002). Revictimization and resilience: The relationship with childhood emotional support and traumatic sexualization. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *62*(12-B), 5951.

Akande, A. (2000). Effects of exposure to violence and poverty on young children: The Southern African context. *Early Child Development and Care*, *163*, 61–78.

APA. (1994). *Diagnostic and Statistical Manual of Mental Disorder*, 4th Edition (1994). US: American Psychiatry Association.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, *28*(2), 117–148.

Banyard, V. L., Williams, L. M., Siegel, J. A., & West, C. M. (2002). Childhood sexual abuse in the lives of Black women: Risk and resilience in a longitudinal study. *Women and Therapy*, *25*(3-4), 45–58.

Baron, R. M. & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, *51*(6), 1173–1182.

Calhoun, L. G. & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications for clinical practice and research. *Journal of Social Issues*, *54*, 323–337.

Calhoun, L. G. & Tedeschi R. G. (1999). *Facilitating posttraumatic growth*. Mahwah, NJ: Lawrence Erlbaum Associates.

Cloitre, M., Scarvalone, P., & Difede, J. (1997). Posttraumatic stress disorder, self- and interpersonal dysfunction among sexually retraumatized women. *Journal of Traumatic Stress*, *10*(3), 437–451.

Cordova, M. J., Cunningham, L. C., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. *Health Psychology*, *20*(3), 176–185.

Davis, J. L., Petretic-Jackson, P. A., & Ting, L. (2001). Intimacy dysfunction and trauma symptomatology: Long-term correlates of different types of child abuse. *Journal of Traumatic Stress*, *14*(1), 63–80.

Diehl, A. S. (2002). Self-efficacy and learned optimism: The treatment of posttraumatic stress disorder in children. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 62*(11-B), 4217.

Greenberg, M. A. (1995). Cognitive processing of traumas: The role of intrusive thoughts and reappraisals. *Journal of Applied Social Psychology, 25*, 1262–1296.

Flynn, L. C. (2003). Soul sifting and the process toward resiliency in response to childhood sexual abuse. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 64*(3-B), 1488.

Hobfoll, S. E. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. New York: Plenum.

Hobfoll, S. E., Bansal, A., Schurg, R., Young, S., Pierce, C. A., Hobfoll, I., & Johnson, R. (2002). *Journal of Consulting and Clinical Psychology, 70*(1), 252–257.

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: Measure of subjective stress. *Psychosomatic Medicine, 41*, 209–218.

Janoff-Bulman, R. (1992). *Shattered assumptions*. New York: The Free Press.

Janoff-Bulman, R. & McPharson-Frantz, C. (1997). The impact of trauma on meaning: From meaningless world to meaningful life. In M. J. Power, & C. R. Brewin (Eds.), *The transformation of meaning in psychological therapies: Integrating theory and practice* (pp. 91–106). New York: John Wiley.

Lehman, D. R., Davis, C. G., Delongis, A., Wortman, C. B., Bluck, S., Mandel, D., & Ellard, J. H. (1993). Positive and negative life changes following bereavement and their relations to adjustment. *Journal of Social and Clinical Psychology, 12*, 90–112.

Leehy, T., Pretty, G., & Tenenbaum, G. (2003). Childhood sexual abuse narratives in clinically and nonclinically distressed adult survivors. *Professional Psychology Research and Practice, 34*(6), 657–665.

Lejeune, J. T. (2003). Attributions of blame among childhood sexual abuse survivors: A narrative analysis. *Dissertation Abstracts International: Section B: The Science and Engineering, 63*(10-B), 4910.

Lev-Wiesel, R. (1999). The impact of personal resources—potency and perceived social support—on abstinent behavior among members of Narcotics Anonymous. *Journal of Social Work Research and Evaluation, 1*(1), 1–9.

Lev-Wiesel, R. & Amir, M. (2003). Post-traumatic growth among Holocaust child survivors. *Journal of Loss and Trauma, 8*(4), 229–237.

Moeller, A. T. & Steell, H. R. (2002). Clinically significant change after cognitive restructuring for adult survivors of childhood sexual abuse. *Journal of Rational Emotive and Cognitive Behavior Therapy, 20*(1), 49–64.

Neumann, D.A., Houskamp, B.M., Pollock, V.E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment, 1*, 6–16.

Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60*, 409–418.

Park, C. L., Cohen, L. H., & Murch, R. (1996). Assessment and prediction of stress-related growth. *Journal of Personality, 64*, 71–105.

Putnam, F. W. (1993). Dissociative disorders in children: Profiles and problems. *Child Abuse and Neglect, 17*, 39–45.

Rosenthal, S., Feiring, C., & Taska, L. (2003). Emotional support and adjustment over a year's time following sexual abuse discovery. *Child Abuse and Neglect, 27*(6), 641–661.

Runtz, M. & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse and Neglect*, (21)2, 211–226.

Sigal, J. J. (1998). Long-term effects of the Holocaust: Empirical evidence for resilience in the first, second, and third generation. *Psychoanalytic Review, 85*(4), 579–585.

Sobel, M. E. (1982). Asymptotic confidence intervals for indirect effects in structural equation models. In S. Leinhardt (Ed.), *Sociological methodology* (pp. 290–312). San Francisco, CA: Jossey-Bass.

Szekely, M. (2000). The vagus nerve in thermoregulation and energy metabolism. *Autonomic Neuroscience Basic and Clinical*, *85*(1-3), 26–38.

Taylor, S. & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103*, 193–210.

Tedeschi, R. G. & Calhoun, L. G. (1996). The posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*, 455–471.

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Lawrence.

Thompson, S. C. (1991). Finding positive meaning in stressful events and coping. *Basic and Applied Social Psychology, 6*, 279–295.

Vrana, S. & Lauterbach, D. (1994). Prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 7*(2), 289–302.

Zomer, E. & Zomer, L. (1997). Dissociative disorder psychodynamic dimensions in art therapy. *Sihot*, *11*(3), 183–195 (Hebrew).

Rachel Lev-Wiesel, Ph.D., is an Associate Professor in the Department of Social Work, Ben Gurion University. She serves as the Director of the Graduate Art Therapy Program and the Undergraduate Social Work Program. Her main research interests are trauma, PTSD, and coping.

Avi Besser, Ph.D., is a Senior Lecturer in the Department of Behavioral Sciences at Sapir Academic College, D.N. Hof Ashkelon, Israel. His main research interest is in the area of personality and social psychology, specifically, vulnerability factors to depression across the lifespan and interpersonal functioning.