

# Embodied care pathways: Feminist restorative therapeutic approaches for adult women survivors of childhood sexual abuse in marginalised contexts

**Leona Morgan**

Thesis submitted to fulfil the requirements  
for the joint degree of Doctor in Ethics and  
Doctor in Health Sciences

Academic year 2025/2026



## Supervisors

**Prof. Dr. Sarojini Nadar**

University of the Western Cape

**Prof. Dr. Ines Keygnaert**

Ghent University

**Chair of the jury**

**Prof. Dr. Sorana Toma**

Ghent University

**Jury members**

**Prof. Dr. Puleng Segalo**

University of South Africa (UNISA)

**Prof. Dr. Traci West**

Drew University Theological School

**Dr Anne Nobels, MD**

Ghent University Hospital

**Prof. Dr. Lucia De Haene**

KU Leuven



## CONTACT

**Leona Morgan**

Affiliated to the Desmond Tutu South African  
Research Chair Initiative [SARChi] in Religion and  
Social Justice, University of the Western Cape,  
Cape Town

## **SOUTH AFRICA**

International Centre for Reproductive Health  
(ICRH) and VIORESC, Faculty of Medicine and  
Health Sciences, Ghent University, Ghent

## **BELGIUM**

leona.morgan@ugent.be

T +27 0832593178

PhD Publications Link



## Summary

The study developed an Integrative Trauma-Informed Care (ITIC) model for adult women survivors of childhood sexual abuse (CSA) in structurally marginalised Cape Flats communities, Cape Town, South Africa. Using a feminist, decolonial and embodied approach, community-centred therapeutic care pathways integrated spirituality, relational safety and somatic awareness to promote culturally responsive trauma recovery. In addition to its immediate contributions, the study findings suggest the ITIC model as a guiding framework for future evaluation studies focussing on complex trauma associated with CSA in marginalised contexts. The model offers a structured yet adaptable foundation for assessing trauma-informed interventions in settings marked by systemic inequity. Future research could further explore the application, relevance and scalability of the ITIC model across wider contexts within the Cape Flats, as well as in comparable communities globally, including studies involving diverse gender groups and victim-survivor populations.

**Introduction** South Africa's Cape Flats communities is a region severely impacted by the structural discrimination and oppression instituted during the apartheid era, which continue to perpetuate health inequities and limit access to specialized trauma recovery services. Sexual violence (SV) and CSA are among the most pervasive and devastating forms of trauma, often resulting in long-term psychological, physical and relational harm. In marginalised communities, such as those on the Cape Flats, survivors frequently face barriers to trauma recovery.

Current therapeutic models may fail to adequately address the embodied, spiritual and socio-political dimensions of individuals' trauma in such contexts. This study responded to the urgent need to address this gap in specialised trauma care provision.

**Methods** The research engaged 13 women who were adult victim-survivors of CSA in a series of therapeutic sessions, supported by clinical histories, participant narratives and co-developed recovery pathways. Methodologically, the study adopted a community-based qualitative design to ensure that the research was not extractive but collaborative, with survivors actively shaping the intervention model. Through thematic analysis of narratives and process evaluation of intervention phases, the study captured both the subjective, lived experiences of survivors and the broader systemic conditions influencing their recovery.

**Findings** The study results reveal the complex physical and psychological needs of survivors, particularly where long periods had elapsed since abuse, and the significance of addressing prolonged suppression of trauma. A multi-component qualitative Integrative Trauma-Informed Care (ITIC) care model that recognises systemic violence, intergenerational trauma and individual variability in physical and psychological vulnerabilities was tested. The development of the ITIC model followed a three-stage development process. It began by drawing on the foundational principles of Trauma-Informed Care (TIC), a widely recognised approach to trauma recovery. This integration operationalized TIC into ITIC as a comprehensive, community-centred model that combines evidence-based trauma care with justice-oriented, culturally responsive therapeutic practices.

By emphasising tailored, culturally responsive and survivor-led interventions, the study contributes to the theoretical modelling of trauma-informed care to develop integrative trauma informed care and offers an equity-driven approach to trauma recovery in resource-constrained and marginalised contexts. Central to this approach is the integration of feminist psychotherapeutic praxis with community-based approaches. This integrative approach has implications not only for clinical practice, but also for the training of primary care practitioners, policy development and the design of trauma recovery services in resource-constrained settings.

**Conclusions** The study makes four main contributions. The first contribution is the impact of the study's methodological rigor, as the co-development of trauma-informed care pathways foreground embodiment, intergenerational knowledge and culturally responsive practices. A second main contribution is that this study found that facilitating spaces of integrative silence enhanced embodied trauma awareness and provided safe contexts for self-reflection while enabling participants to challenge normative, religious and stigmatising narratives. A third main contribution is the insight the study provides into how religion shapes trauma experiences and healing processes on the Cape Flats and a fourth main contribution is the development of the integrative trauma-informed care (ITIC) model over the course of the study.

