

**Experiences of late adolescent volunteers presenting a
child sexual abuse prevention school programme**

Julie Blok

23299258

**Dissertation submitted in fulfillment of the requirements for the
degree Master of Arts in Psychology at the Potchefstroom
Campus of the North-West University**

Supervisor: Prof. C. Boucher

April 2013

ACKNOWLEDGEMENTS

To my parents for your constant love and support, thank you for believing in me and allowing me the opportunity to follow my dreams. Thank you for teaching me to persevere despite challenging circumstances.

To my husband Rutger, the love of my life and best friend. Thank you for being my stability, my safe haven and for your love, understanding, support, and encouragement, I couldn't imagine this being a reality without you.

To my family and friends for their encouragement and support.

To my supervisor Prof Boucher for helping make something that once felt impossible, possible. Thank you for your guidance, care and support, you have been an inspiration. I have thoroughly enjoyed working with you.

To Dr Cecilia du Toit for taking the time and effort to edit my work, it has been a privilege having you as my editor.

To my participants, for your time, for sharing your experiences with me and for your passion to want to make a difference in this world.

Above all to my Lord and Saviour for keeping me focused and motivated to finish, for carrying me through the difficult times and for your constant all-consuming love. Thank you for instilling a passion for the most vulnerable of this world within me, I'm excited for the rest of the journey with you to continue moving one mountain at a time.

SUMMARY

Child Sexual Abuse is a serious and complex issue for South Africa, demonstrating one of the highest prevalence rates in the world. Scarcity of professional resources demands effective intervention through prevention programmes which largely rely on non-profit organisations as a last hope to decrease the excessively high rates of abuse. Due to lack of resources within the non-profit organisations, they largely rely on volunteers who are often from the late adolescent developmental stage to present these prevention programmes.

The aim of this study was to explore the perceptions and experiences of emerging adult volunteers presenting a sensitive child sexual abuse prevention programme in schools in South Africa. The objectives were to gain further insight and understanding into the late adolescent developmental stage in regard to the participants' views of presenting a child sexual abuse prevention programme and to identify what aspects of the programme should be altered, improved or continued to avoid risk and harm to these volunteers.

The research approach was qualitative, with the use of case-study and phenomenological strategies that allowed for in-depth insight into how a small group of late adolescents made sense of their experiences and transformed these into subjective, conscious meanings. Criterion-based sampling was used to find the participants who had previously presented the child sexual abuse prevention programme. Data were collected by means of six semi-structured one-on-one interviews and six open-ended questionnaires with twelve participants between the ages of 18-22.

Common themes, patterns, and regularities that recurred throughout the interviews and open-ended questionnaires were identified and the main themes that were evident formed the overall image reflective of the experiences of the volunteers. The findings suggest that the late adolescent stage may be a good age group for presenting this challenging and imperative task. To allow for the most positive impact and avoid harm it is, however, essential that non-

profit organisations provide adequate psychological and emotional support to the volunteers throughout the duration of the programme. The study shows that late adolescents, who felt they had received adequate psychological support, indicated an overall more beneficial and rewarding experience. Participants who felt they had not received sufficient support, reported feelings of helplessness and depressive thoughts, indicating emotional and possibly psychological harm. The study highlights the necessity for adequate support of the late adolescent volunteers presenting sensitive programmes in the future.

Keywords: Child sexual abuse, emerging adult, late adolescent, prevention of child sexual abuse, prevention school programme, volunteer

OPSOMMING

Seksuele misdrywe teen kinders is 'n ernstige en komplekse vraagstuk in Suid-Afrika, 'n land met een van die hoogste voorkomssyfers daarvan ter wêreld. Die skaarste aan professionele hulpmiddele vereis effektiewe intervensie by wyse van voorkomingsprogramme wat grootliks afhanklik is van nie-winsgewende organisasies as 'n laaste hoop om die buitengewoon hoë voorkoms van seksuele oortredings teen kinders te verminder. As gevolg van die tekort aan hulpmiddele in die nie-winsgewende organisasies, steun hulle vir die aanbieding van die voorkomingsprogramme oorwegend op vrywilligers, wat dikwels in die ontwikkelingsfase van laat-adolessensie (ontluikende volwassenheid) verkeer.

Die doel van hierdie studie was om die persepsies en ervarings te verken van vrywilligers in die fase van ontluikende volwassenheid, wat 'n sensitiewe voorkomingsprogram by skole in Suid-Afrika aanbied rakende seksuele misdrywe teen kinders. Die doelwitte was om verdere insig en begrip in te win van die ontwikkelingsfase van ontluikende volwassenheid rakende die deelnemers se perspektief op die aanbieding van 'n program ter voorkoming van seksuele misdrywe teen kinders, en om dié aspekte van die program te identifiseer wat gewysig, verbeter of volgehou moet word om risiko en nadele rakende die vrywilligers te vermy.

'n Kwalitatiewe navorsingsbenadering is gevolg, met benutting van gevallestudie- en fenomenologiese strategieë, wat die moontlikheid geskep het van 'n in-diepte insig in hoe 'n klein groepie ontluikende volwassenes sin gemaak het van hul ervarings en subjektiewe, bewustelike betekenis daaraan geheg het. Kriterium-gebaseerde steekproeftrekking is gebruik om deelnemers te vind wat reeds die program ter voorkoming van seksuele misdrywe teen kinders aangebied het. Data is met twaalf deelnemers tussen die ouderdomme van 18-22 jaar ingesamel by wyse van ses semi-gestruktureerde individuele onderhoude en ses vraelyste met oop vrae.

Algemene temas, patrone en reëlmatighede wat herhalend in die onderhoude en onvoltooide sinne voorgekom het is geïdentifiseer. Die hoof temas daaruit het die oorkoepelende beeld weerspieël van die vrywilligers se ervarings. Uit die bevindings wil blyk dat die fase van ontluikende volwassenheid moontlik 'n goeie ouderdomsgroep is vir die aanbieding van hierdie uitdagende en belangrike onderwerp. Ten einde die mees positiewe impak te maak en skade te vermy is dit egter essensieel dat die nie-winsgewende organisasies voldoende sielkundige en emosionele ondersteuning sal bied gedurende die duur van die program. Die bevindings toon dat ontluikende volwassenes wat beleef het dat hulle voldoende sielkundige ondersteuning ontvang het in die algemeen blyke gegee het van 'n meer gunstige en lewensverrykende ervaring. Deelnemers wat beleef het dat hulle nie voldoende ondersteun is nie, het melding gemaak van gevoelens van hulpeloosheid en van depressiewe gedagtes, wat kan dui op emosionele en moontlik sielkundige skade. Die studie dui op die noodsaaklikheid van toereikende sielkundige ondersteuning van vrywilligers wat in die fase van ontluikende volwassenheid verkeer, wanneer van hulle verwag word om sensitiewe programme aan te bied.

Sleutelwoorde: Seksuele misbruik van kinders, seksuele misdrywe teen kinders, seksuele mishandeling van kinders, ontluikende volwassene, laat adolessensie, voorkoming van seksuele misbruik van kinders, voorkoming van seksuele misdrywe teen kinders, voorkoming van seksuele mishandeling van kinders, voorkomende skoolprogram, vrywilliger.

PERMISSION TO SUBMIT FOR EXAMINATION PURPOSES**PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES**

I, supervisor of this study, declare that the article written by Julie Blok reflects the research conducted by her on the subject. I hereby grant permission that she may submit this article for examination purposes and thereby confirm that it fulfills the requirements for the degree MA in Psychology.



Prof Cecilia Bouwer

CONTENTS

ACKNOWLEDGEMENTS	ii
SUMMARY	iii
OPSOMMING	v
PERMISSION TO SUBMIT FOR EXAMINATION PURPOSES	vii
SECTION A: GENERAL INTRODUCTION	1
1. Orientation Regarding the Literature	1
1.1. Child Sexual Abuse in Africa with a Focus on the South African Context.....	1
1.2. Intervention and Treatment of CSA.....	5
1.3. CSA School Prevention Programmes	6
1.4. Late Adolescence (Emerging Adulthood)	8
1.5. Volunteer Involvement	10
2. Need for Research.....	11
3. Research Question	11
4. Aim of Research	11
5. Research Methodology	12
5.1 Paradigmatic Considerations	12
5.2 Design	13
5.3 Participants.....	14
5.4 Data Collection	15
5.5 Ethical Measures	16
SECTION B: ARTICLE SUBMITTED FOR EXAMINATION	18
Journal selected and specifications for authors.....	18
Title of article, author and contact particulars	18
Abstract.....	19
Introduction.....	20

Method.....	22
CSA prevention programme	22
Research design	22
Participants	23
Data collection	23
Data analysis	25
Findings.....	25
Experiencing the programme as rewarding and worthwhile	26
Benefits and long-term outcomes of presenting the programme	27
Emerging adulthood as an ideal age for presenting the CSA prevention programme.....	28
Psychological and emotional support of the volunteers	29
Some participants felt adequately supported	29
Some participants felt inadequately supported	31
Discussion	32
Implications for practice	36
Limitations and recommendations for research	37
Conclusion	38
References.....	38
SECTION C	44
REFLECTIVE OVERVIEW OF THE STUDY	44
1. Summary of the Research and Findings	44
2. Reflection on the Research	47
3. Recommendations for Future Research	49
4. Conclusion	50
Additional references for Section A and C	51
ANNEXURES	56
APPENDIX 1: Child Sexual Abuse Programme Outline	56
APPENDIX 2: Email Cover Letter for Participation in Interviews.....	59
APPENDIX 3: Interview Consent Form and Biographical Information Sheet	60

APPENDIX 4: Interview Schedule.....	64
APPENDIX 5: Open-Ended Questionnaire with Email and Information Sheet.....	65
APPENDIX 6: Full specifications of journal.....	70

EXPERIENCES OF LATE ADOLESCENT VOLUNTEERS PRESENTING A CHILD SEXUAL ABUSE PREVENTION SCHOOL PROGRAMME

SECTION A: GENERAL INTRODUCTION

1. Orientation Regarding the Literature

1.1. Child Sexual Abuse in Africa with a Focus on the South African Context

In the South African Children's Act, No. 38 of 2005 (p. 26), child sexual abuse (CSA) is defined as *(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; (c) using a child in or deliberately exposing a child to sexual activities or pornography; or (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.*

CSA is a global dilemma (World Health Organisation [WHO], 2006, p.11), with South Africa presenting one of the highest prevalence rates in the world and CSA escalating into a serious problem for the country and its children (Adar & Stevens, 2000, p.421; Kim & Motsei, 2002, p. 1243; Pierce & Bozalek, 2004, p. 818).

South Africa has legislation in place that stipulates mandatory reporting of child abuse by those in a position of responsibility for a child (RSA Children's Act No 38, 2005). In the South African context, however, this is anything but perfect due to existing problems that include the reluctance of professionals to act on suspicions of abuse and a weak welfare system (Richter & Dawes, 2008, p. 88; WHO, 2006, p. 62). Evidence from previous research indicates that the South African police and justice systems are inadequate and full of gaps in regard to investigating CSA (Peterson, Bhana & McKay, 2005, p. 1242; Richter, 2003, p. 392) and that only between seven and ten percent of CSA cases result in conviction (Richter

& Dawes, 2008, p. 84). The difficulties include the intimidation of victims by families and their community, bribery of police officials, delaying tactics by defence lawyers, the inability of very young children to provide accurate evidence and be cross-examined, poor police work, incompetent collection of biological evidence by medical teams, and a lack of investigation services (Ewing, 2003, p. 73).

The literature suggests that another difficulty which affects CSA in South Africa is the dearth of non-profit organisations (NPOs) in rural parts of the country, which leads to gaps in the provision of welfare services for abused children and inconsistency in the services offered (Save the Children Sweden, 2005, p. 23). Other issues affecting CSA in South Africa are that only few safe houses are available to help integrate the victims back into society (Save the Children Sweden, 2005, p. 24), and that CSA increases the children's risk of contracting HIV (Save the Children Sweden, 2005, p. 39).

HIV has had a detrimental effect on families in South Africa, resulting in many children growing up as orphans and street children, running child-headed households and in turn not having access to reliable and affordable childcare while caregivers are away, making the children more vulnerable to abuse (SADC's study as cited in Banjo, 2009, p. 18; Save the Children Sweden, 2005, p. 32). A study by Rehle *et al.* (2007, p. 198), quoting the statistic of 69 000 new HIV infections being diagnosed annually in South Africa in the age group of two to fourteen years olds, suggests that HIV may be linked to CSA. There appears to have been a return of virginity testing of girls in Kwazulu-Natal and it is argued that this places the responsibility of abstinence on girls and that they may become targets of CSA due to jealousy or because they are more likely to be HIV negative (Save the Children Sweden, 2005, p. 40).

Closely linked to this is the "virgin myth", which is the belief that having unprotected sexual intercourse with a virgin will either cure or prevent HIV (Madu & Peltzer, 2000, p.264; Peterson *et al.*, 2005, p. 1238; Pitcher & Bowley, 2002, p. 274; Richter, 2003, p. 393).

Although the virgin myth is not supported by evidence, a study conducted in Kwazulu-Natal found the belief to be more prevalent in this region than in other areas of South Africa (Save the Children Sweden, 2005, p. 38).

Various studies have investigated the community and societal risk factors that play a role in the South African context. South Africa is a multi-cultural society, where cultural practices dictate behavioural patterns that are acceptable in the communities (Save the Children Sweden, 2005, p. 4; Townsend & Dawes, 2004, p. 73). CSA occurs across cultures where girls are particularly vulnerable to gender-based violence and CSA (Save the Children Sweden, 2005, p. 7; WHO, 2006, p. 37). A commonality across many cultures is the acceptance of gendered roles, where boys learn it is acceptable to dominate and control through sexual aggression, while girls learn to be submissive (Richter & Dawes, 2008, p. 85; Save the Children Sweden, 2005, p. 5; WHO, 2003, p. 10). Another custom permits men to use violence as a means of imposing domination on women and girls in South Africa (Jewkes, Penn-Kekana & Rose-Junius, 2005, p. 1815; Peterson *et al.*, 2005, p. 1238; Save the Children Sweden, 2005, p. 9). Jewkes *et al.* (2005, p. 1815) and Peterson *et al.* (2005, p. 1238) also found that children were sometimes sexually abused as a way to punish their mothers.

Evidence from previous studies in South Africa suggests that there is a strong belief that men cannot control their urges and therefore the responsibility falls on females to prevent rape (Jewkes *et al.*, 2005, p. 1814; Peterson *et al.*, 2005, p. 1238). Further evidence also suggests that children are taught to obey older people without question, putting them at risk of CSA (Jewkes *et al.*, 2005, p. 1813; Save the Children Sweden, 2005, p. 36).

Other situations in which South African children are vulnerable to CSA include children born outside formal marriages, who are then viewed as not worthy of receiving the same measure of protection as the other children in the family (Jewkes *et al.*, 2005, p. 1816;

Richter & Dawes, 2008, p. 85). Children also become vulnerable to rape because their mothers (wives and partners of the abusers) are unavailable for sexual relations due to sickness or conflict (Jewkes *et al.*, 2005, p. 1815). The literature also describes inadequate housing situations with only single rooms available, resulting in children being exposed to sexual relations. Other factors include inadequate social welfare, poor preventative health care, and inadequate parenting (WHO, 2003, p. 76; WHO, 2006, p. 35). Unemployment and poverty are, according to various sources, also a risk factor for vulnerable children when the abuser is the breadwinner and the child is threatened with the loss of financial resources (Richter & Dawes, 2008, p. 86; Save the Children Sweden, 2005, p. 8). Finally, impoverished adults sometimes have to leave their families for long periods for work and income purposes, leaving children alone at home and vulnerable to CSA (Townsend & Dawes, 2002, p. 76).

Research shows that parents who received some form of education are more likely to talk about CSA to their children compared to those who did not (Kenny, Capri, Thakkar-Kolar, Ryan & Runyon, 2008, p. 37). With 7.2% of men and 9.9% of women over the age of 20 in South Africa not having any formal education (Statistics SA, 2011), it appears that many households do not confront this sensitive issue (Meursing *et al.*, 1995, p. 1703). A lack of responsibility and a reluctance to openly discuss CSA with children in South Africa due to stigma and cultural reasons appear to result in this social issue escalating further (Evans, Avery & Pederson, 1999, p. 297; Richter & Dawes, 2008, p. 85).

Various authors suggest that the only way to reduce CSA in South Africa is through simultaneous improvements in social and economic conditions (Richter & Dawes, 2008, p. 79), and addressing structural issues with the aim of improving the safety of the children. Other methods involve community-based interventions, a shift in cultural and societal attitudes and behaviours (Save the Children Sweden, 2005, p. 26), and for those working with

children to receive training to identify and intervene appropriately to CSA (WHO, 2006, p. 51).

1.2. Intervention and Treatment of CSA

Treatment of a child who has been sexually abused generally occurs after the disclosure, through conventional forms of intervention such as individual therapy which requires specialised expertise from trained professionals working in private practice or organisations (Loffell, 2008, p. 87). Intervention treatment requires a great deal of human and financial resources to handle all the cases. Studies, however, have found that there are a shortage of psychological and therapeutic services (Delany, 2005, p. 21) and a hopeless overburdening of social work services for abused children. (Pierce & Bozalek, 2004, p. 820; Richter & Dawes, 2008, p.90). Consequently, considerable backlogs occur (Schmid, 2010, p. 2113), with the minimal resources resulting in weaker service delivery for the children affected by sexual abuse (Loffell, 2008, p. 88). Further evidence from previous research in South Africa indicates that professionals trained in working with sexual abuse victims are struggling to cope with the budget constraints that have resulted in many services being terminated and social workers being expected to handle greater caseloads in the process (Pierce & Bozalek, 2004, p. 820). A study by Thomlison (2003, p. 555) found that if any form of child abuse is left untreated, the negative emotional, behavioural and developmental consequences have multiple effects on the child which are much more difficult to treat later on in life.

The literature indicates that NPOs play an instrumental role in child protection and CSA intervention, as support and services (such as preventative programmes) offered to sexual abuse victims are provided by them (Delany, 2005, p. 19; Loffell, 2008, p. 84). One major problem in South Africa is that preventative programmes that aim to decrease CSA

rates are poorly resourced, if at all (Delany, 2005, p. 23; Schmid, 2010, p. 2106). This lack of resources currently appears to be threatening the total immobilisation of the child welfare system (Schmid 2010, p. 2113).

In South Africa, The Teddy Bear Clinic (TTBC), Child Line, and Kidz Clinic are three of the organisations which provide therapeutic support services on a one-on-one basis to the child victims and their families with the aid of therapists such as social workers, psychologists and counsellors. The statistics of TTBC in Johannesburg indicate that it is operating at maximum capacity, with a two-week waiting list for new clients, and a lack of staff to deal with all the new referrals (Errington, 2011). During January to May 2011, 1921 sexually abused children were dealt with at TTBC, each receiving between 19 to 27 contact sessions, consisting of forensics, therapy and court preparations, signalling that a great deal of funding and therapists are required to handle all the cases.

A study by Delany (2005, p. 23) found that funds made available for CSA in South Africa are limited and tend to be channelled into programmes that focus on the management of the most severe child abuse cases, while prevention programmes that aim to help prevent abuse are poorly resourced, if at all (Schmid, 2010, p. 2106). Richter and Dawes (2008, p. 89) state that in order to address the problem of CSA in South Africa, the country needs to adopt an evidence-based policy and solutions, and to make prevention a priority.

1.3. CSA School Prevention Programmes

The WHO (2006, p. 32) states that an effective CSA prevention programme is one that reduces the incidence of child abuse or at least lowers the rate at which incidence is increasing, with the main aim of reducing underlying causes and risk factors and in turn strengthening the protective factors of the child (p. 34). In respect of the latter aim, prevention programmes globally focus mainly on the following concepts: improving self-

esteem, escaping the situation, learning body safety skills, telling a trusted adult, being able to distinguish between appropriate and non-appropriate touch and learning to say no (Boyle & Lutzker, 2005, p. 57; Roberts & Miltenberger, 1999, p. 85).

Various studies have found that educational prevention programmes have the following positive outcomes for the child: significant gains in knowledge and skills about abuse (Hébert, Lavoie, Piche & Poitras, 2001, p. 516-517; Lalor & McElvaney, 2010, p. 169; Topping & Barron, 2009, p. 457; Wurtele & Owens, 1998, p. 811), being more able to identify potentially abusive situations, and to distinguish between good and bad touch (Boyle & Lutzker, 2005, p. 67). Other studies prove that prevention programmes promote earlier disclosures from the child (Melton, 1992, p. 187) and better child/adult communication (Finkelhor, 2009:180-181; Hebert *et al.*, 2001, p. 516-517) which, according to Plummer and Njuguna (2009, p. 526), is one of the main preventative factors which provide a barrier to CSA. International research found that children who had participated in an education programme were six to seven times more likely to demonstrate self-protective behaviour in simulated situations and showed much lower levels of personal blame than children who had not attended a prevention programme (Finkelhor, 2009, p. 180). Some studies completed in the United States, England and Canada have shown a decline in CSA rates (Finkelhor, 2008) and CSA school prevention programmes have been mentioned as a possible explanation for this decline (Finkelhor & Jones, 2006, p. 700).

Evidence from previous research indicates that for anti-abuse programmes to be most effective, they must be adapted to the specific context they are run in (Save the Children Sweden, 2005, p. 30), they must involve the children in the activities and occur repeatedly over time (Davis & Gidycz, 2000, p. 261). Other suggestions include that the programme consists of at least four to five sessions and involves the child's parents (Topping & Barron,

2009, p. 457). The age group found to benefit most from the CSA prevention programmes ranges between seven and twelve years of age (Daro, 1994, p. 215).

The “I Am Special” programme used during this specific research was run under the auspices of Oasis South Africa and was presented to grade two learners once a week over a six-week period. The programme started by focusing on each child’s uniqueness and individuality in an attempt to build their self-confidence and for them to realise how special each of them was. It addressed the four basic feelings, namely happy, sad, angry and afraid, allowing the children to become more familiar with each one and be able to relate each to different situations. This knowledge was reinforced by the sessions that followed. Other topics included good and bad touch, telling someone about abuse, adults they could trust and ending with a celebration of their uniqueness once again (see Appendix 1).

1.4. Late Adolescence (Emerging Adulthood)

Volunteers in CSA prevention school programmes are often school leavers or university students, ranging between 18 to 22 years of age, who can be considered late adolescents. The developmental period between 18 to 24 years of age was previously called late adolescence by Newman and Newman (1976). The more recent label for this stage, however, is “emerging adulthood” (Arnett, 2000, p. 469; Arnett & Tanner, 2006; Cote, 2006, p. 108). This stage is derived from Erikson’s theory which viewed the transition period between adolescence and adulthood as “prolonged adolescence”, during which time they explore their identities (Arnett, 2007, p. 24; Erikson, 1968, p. 156). Arnett (2000, p. 469) suggests that this is the period when an exploration of potential life directions occurs with regard to love, work and worldviews, when life’s possibilities in adulthood are more open to independent exploration than during other periods in life. The researcher uses the more

recent term of *emerging adulthood* in the study to refer to this specific age group of volunteers, even when drawing on literature denoting “late adolescence”.

The literature indicates that emerging adulthood is indicative of personality trait changes, which occur more frequently here than in any other stage of development (Roberts, Walton & Viechtbauer, 2006, p. 14). Arnett (2004, p. 8) uses five main features to distinguish the period of emerging adulthood: identity exploration, instability, self-focus, the age of feeling in-between and the time of possibilities. Developmental tasks characteristic of emerging adulthood are generally marked by decision making and life style choices, as well as taking on adult responsibility (Frydenburg, 2008, p. 222), while Reinherz, Paradis, Giaconia, Stashwick and Fitzmaurice (2003, p. 2141) define this stage as experimenting with intimacy, forming secure relationships and achieving independence. Previous studies have found that this developmental period offers the best opportunity for self-exploration as emerging adults have to answer less to their parents, nor are they committed to adult responsibilities. Arnett (2007, p. 71) suggests that this may be the ideal time to experiment with different ways of living and being. It is also suggested that this period is characteristic of more assertive, confident individuals, who have higher expectations for their lives than in the past (Twenge, 2006, p. 220).

Another area of research has shown that emerging adults are confronted with greater demands placed on them by society due to greater complexity of adult social and occupational worlds, where they are expected to develop more versatile interpersonal skills and more advanced job skills (Larson, Wilson & Mortimer, 2002, p. 160), while increased global interdependency puts pressure on them to be able to communicate and cooperate across boundaries of ethnicity, race, religion, social class and gender (Larson, *et al.*, 2002, p. 163). Despite these additional demands placed on them, it is suggested that many emerging adults are developing higher skill levels than was common in previous generations, and are

making valuable contributions to their communities in the process (Larson, *et al.*, 2002, p. 160). In the face of all these studies specifying characteristics of the emerging adult age group, the literature underscores the fact that individuals 18 to 24 years of age are diverse in their personal characteristics, and even though some are prepared to make their way forward into the new roles and responsibilities of adulthood, others may need external help to aid them in the transition (Schwartz, Côté & Arnett, 2005, p. 224).

The researcher agrees that this can be a difficult time for late adolescents especially within the South African context where many school leavers struggle to find employment and often appear without much hope and in need of good mentors during this transition. This developmental stage however may pose an ideal period for volunteering in NGOs, to gain work experience, to keep their minds occupied and to develop a larger degree of self-worth and responsibility in making a difference in their communities.

Larson *et al.* (2002, p. 163) suggest that emerging adults represent a tremendous source of positive energy, and have an enormous potential to contribute to the improvement of their societies, allowing NPOs to play an active part in creating new contexts for them to make a difference in their communities.

1.5. Volunteer Involvement

Penner (2002, p. 448) defines volunteerism as a long-term, planned and pro-social behaviour that benefits strangers and occurs within organisations. Research indicates that volunteers play a pivotal role within organisations as they contribute their time, talents and energy, bringing a new interest and enthusiasm to the community they are involved in (Merril, 2005, para. 3), as well as making a substantial social and economic contribution to the country (Finkelstein, Penner & Brannick, 2005, p. 404).

2. Need for Research

Past research in relation to CSA prevention and awareness programmes has focused on teachers, children and parents (Finkelhor, 2009; Greytak, 2009; Reynolds, Mathieson & Topitzes, 2009). This researcher, however, has not come across any studies on how emerging adult volunteers experienced presenting a CSA prevention programme in schools, or the risks or challenges involved for the presenters in this sensitive task. This lack of knowledge could potentially affect the quality of CSA educational prevention programmes, as well as the emerging adult personally, because valuable lessons are not being learnt. It is imperative that more focus and awareness be placed on educational prevention programmes which are resourced by emerging adult volunteers within the school environment. Both the positives of what should be continued and focused on in CSA programmes, as well as insight into what must be altered or improved, are needed for a much greater degree of teaching about CSA in schools in order to start breaking down stigma and wrong perceptions which are becoming ingrained in cultures and thinking throughout South Africa.

3. Research Question

Based on the problem statement above, the following research question was formulated:

How did late adolescent (emerging adult) volunteers experience presenting a CSA prevention school programme?

4. Aim of Research

The purpose of this study was primarily to explore and describe how late adolescent (emerging adult) volunteers experienced presenting a CSA prevention programme in schools. Secondly, the research aimed to contribute to the knowledge base and gain further insight and

understanding into the emerging adult developmental stage within the field of psychology with regard to the participants' experiences of volunteering in a CSA programme. Finally, based on the findings of the investigation, the study aimed to provide appropriate input for the development of guiding principles to organisations which implement CSA prevention programmes in schools with emerging adults in order to better support, equip or encourage this volunteer age group.

5. Research Methodology

5.1 Paradigmatic Considerations

The interpretivist paradigm was chosen for the study as the researcher wanted to gain in-depth insight and understanding into how emerging adults experienced active involvement in presenting a CSA prevention programme. The interpretivist paradigm is based on the assumption that there is no absolute reality or truth, and facts cannot be discovered through pure objective investigation (Ferguson, 1993, p.36). The facts were instead social constructs ascribed by the participants who made sense of their personal realities and experiences by the way they interpreted and constructed meaning through presenting the CSA programme (Ferguson, 1993, p.36). Throughout the study the researcher had to keep in mind the basic principle of interpretivism by remaining objective to prevent affecting the responses of the participants (Schwandt, 2000, p.194). This was achieved by staying open-minded and being aware of her personal bias, despite being involved in the interviews and in a position to influence the participants (Mertens, 2009, p.19). Other principles included the fact that reality is multi-layered and complex, that phenomena are dependent on context, that understanding was gained through the eyes and minds of the late adolescents involved (Heppner & Heppner, 2004, p.145), and that the researcher had her own interpretation of the responses due to her own constructs and experience of the project.

5.2 Design

The researcher chose a qualitative approach as she strove to gain and develop understanding of the phenomenon of the experiences of the late adolescents through rich and descriptive data gathered from each participant (Nieuwenhuis, 2007, p.55). Qualitative research was most appropriate for the study as it focused on the holistic view of how individuals make sense of their world and experience situations (Denzin & Lincoln, 2005, p.3; Creswell, 1998, p. 15). The researcher therefore chose to attain this knowledge as an active agent in a case study with phenomenological strategies (Creswell, 1998).

The case study design allowed the researcher rich, in-depth and detailed insight into the participants' subjectively-constructed experiences. Yin (1989, p.23) characterises the case study design as investigating phenomena in the lived experience, where boundaries between the context and the phenomena are blurry and multiple sources of data are used. Yin (2003) suggests that placing boundaries on a case aids in more specific questions and objectives of the topic. The boundaries set for this study were late adolescents who had presented the 'I Am Special' prevention programme within the last five years through the NGO Oasis SA. The researcher also had to be aware and sensitive to the context of CSA regarding the volunteers' verbal statements as the topic could conjure up various emotional responses from previous life events.

The phenomenological strategy is closely related to a case study as it endeavoured to interpret the meanings the participants gave to presenting the CSA programme, with the focus of exploring in-depth how the emerging adults made sense of their experiences and transformed these understandings into subjective, conscious meanings (Patton, 1990, p.104). The researcher strove to gain understanding and interpret the findings by putting herself in the shoes of those she interviewed, while bracketing her assumptions of the CSA prevention programme in order to fully understand the phenomena and lived experience which the

participants shared (Heppner & Heppner, 2004, p.170). Both the case study design and the phenomenological strategies contributed to the research as the case study focused on a smaller sample while the data were gathered through a phenomenological lens in order to gain deeper understanding and recognise similarities from the meanings and constructs which emerged.

5.3 Participants

The group from whom the sample for the study was drawn consisted of the emerging adult volunteers who had presented a prevention of CSA programme in schools, northwest of Johannesburg. Criterion-based sampling was used (Goetz & LeCompte, 1984, p.71; Heppner & Heppner, 2004, p.172; Patton, 2002:243) to select individuals who had experienced a CSA prevention programme and were able to describe and make sense of their lived experience (Creswell, 1995, p.54).

Participants were therefore chosen according to the following criteria:

- Emerging adults aged between 18 and 25 years.
- Volunteers who worked in the community with Oasis SA (northwest of Johannesburg) and had presented at least one CSA prevention programme.
- Individuals who had the ability to express themselves in English.

Oasis SA¹ (an NPO) was contacted via email for the names of the volunteers who complied with the criteria, and informed permission was requested to conduct interviews as needed. The researcher also emailed all the previous volunteers who were no longer working with the NPO, to explain the research and request their involvement. Consent forms containing information about the study were emailed to all willing parties, and a convenient

¹ Oasis SA, a NPO located northwest of Johannesburg in South Africa, works to empower disadvantaged communities in a variety of ways, including educational programmes such as the CSA prevention programme in schools.

interview date and time was scheduled for each of the six volunteers who finally professed willingness to participate (refer to Appendix 2 & 3).

The participants were volunteers who were between 18 and 22 years of age, consisting of ethnic groups of white and African nationalities from Britain, South Africa and Zimbabwe, with English as either a first or a second language. Contrast was high among the participants in regard to further cultural variables of gender, education, socioeconomic status and personal history.

5.4 Data Collection

Based on the interpretivist paradigm, the researcher collected data in an interactive, communicative way in interviews between herself and each participant, where the subjectivity of both parties played a role in the information gathered. The researcher was interested in capturing the essence of emerging adults' lived experience and points of view regarding the CSA prevention programme through the methods of semi-structured one-on-one interviews and an open-ended questionnaire. The researcher opted for the more meaning-embedded, interactive form of data collection through one-on-one interviews in order to gain understanding by actively conversing with the participants and allowing time and space for them to share how they experienced and constructed the meanings that materialised. The semi-structured one-on-one interviews had various purposes as discussed by Lincoln and Guba (1985, p.268), which included obtaining here-and-now constructions of presenting the programme, reconstruction of past events and projections of the participants' future. Those participants still volunteering at Oasis SA were interviewed at their office in Cosmo City (NW of Johannesburg), while for those participants who had returned to Britain, a Skype interview was organised at their convenience. The interviews lasted between 45 and 60 minutes and were conducted in English. The interviews were audio recorded and

transcribed afterwards along with the researchers' own observation and reflective notes, adding to crystallisation and measures of trustworthiness of the study. The interviews were guided by an interview schedule (Greeff, 2005:315) (refer to Appendix 4) and focused on how volunteers experienced their presentation of a prevention of CSA programme at Oasis SA.

The open-ended questions were another form of data collection (see Appendix 5), utilised with other participants, since they were emailed to the volunteers who had shown little or no interest in the interview. This method allowed those volunteers an opportunity to openly describe their views and experiences of the CSA programme in as much detail as they wished, interpreting the questions in any way they deemed fit, without being influenced by direct interaction with the researcher.

5.5 Ethical Measures

The researcher obtained written consent from the NPO to interview the emerging adults who had presented their programme, "I Am Special". The research project was approved by the Research Committee of the North-West University (NWU-00060-12-S1) and the study also complied with the ethical requirements of the Health Professions Council of South Africa. The researcher obtained each participant's written consent and explained the aim to each participant before the interview began. The researcher made it clear that their participation was voluntary and that they were free to withdraw from the study at any point if they decided to. Any questions or concerns regarding the semi-structured interviews were addressed before starting. Each participant was assured of anonymity and confidentiality. Feedback was given in written form to the NGO Oasis SA. Extra caution was taken to remove ages and nationalities of the participants to allow for added anonymity. Contact

details of the researcher were included to allow for any further queries regarding the results of the study.

SECTION B: ARTICLE SUBMITTED FOR EXAMINATION**Journal selected and specifications for authors**

The content and technical requirements of the article are based on the journal of Child Abuse and Neglect. The International Journal provides an international, multidisciplinary forum on all aspects of child abuse and neglect, with special emphasis on prevention and treatment; the scope extends further to all those aspects of life which either favor or hinder child development.

Full-length manuscripts should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced. This article is 24 pages in total. Refer to Appendix 6 for a full copy of the specifications

Title of article, author and contact particulars

Emerging adults presenting child abuse prevention programmes in South Africa: The necessity for adequate support.

Julie Blok

julieblok@yahoo.com

NorthWest University, South Africa

Institutional Office

Private Bag X1290

Potchefstroom

2520

Supervisor: Prof C. Boucher

njvrens@mweb.co.za

EMERGING ADULTS PRESENTING CHILD ABUSE PREVENTION PROGRAMMES IN SOUTH AFRICA: THE NECESSITY FOR ADEQUATE SUPPORT

Abstract

Objective: This study explored the perceptions and experiences of emerging adult volunteers presenting a sensitive Child Sexual Abuse prevention programme in schools in Johannesburg, South Africa, in order to identify which aspects of the programme should be altered, improved or continued, to avoid risk and harm, in support of the healthy development of volunteers.

Method: Qualitative methods of data collection were employed. Findings are based on six semi-structured one-on-one interviews and six open-ended questionnaires with participants between the ages of 18 and 22 who had presented a child sexual abuse prevention programme at schools.

Results: Emerging adults who felt they received adequate psychological support throughout the programme indicated on the whole a more beneficial and rewarding experience, whereas participants who felt they had not received sufficient support, reported feelings of helplessness and depressive thoughts, indicating emotional and possibly psychological harm.

Conclusion: The experiences of the research participants were found to be useful for providing contextual information about the developmental stage of emerging adulthood with regard to presenting a sensitive programme. It also highlighted the associated necessity for psychological support, indicating that a lack of support could result in psychological harm to the volunteers.

Keywords: Emerging adult, Child Sexual Abuse Prevention

Introduction

South African statistics indicate 28 128 cases of sexual offences against children in the country over a one-year period in 2010-2011. A disturbing 29.4% of these involved children aged between 0 and 10 years (RSA, 2010/2011). Child sexual abuse (CSA) is a reality in many children's lives in South Africa and results from complex cultural and social factors.

South Africa is a multi-cultural society, a fact that leads one to expect cultural practices and behavioural patterns in many contexts (Townsend & Dawes, 2004). Many cultures in South Africa accept gendered roles, in which boys learn to dominate and control through sexual aggression, while girls are submissive (Richter & Dawes, 2008; WHO, 2003). A fairly common variation expects men to have sexual relations to prove their masculinity (Peterson, Bhana & McKay, 2005) and resort to violence, enforcing discipline on women and girls (Jewkes, Penn-Kekana & Rose-Junius, 2005; Peterson *et al.*, 2005).

Factors contributing to CSA include exploitation of children for money, which is associated with unemployment and poverty (Richter & Dawes, 2008), inadequate housing, resulting in children being exposed to sexual relations (WHO, 2003; WHO, 2006), the lack of parental supervision due to their employment some distance from home, substance abuse and limited formal education (Krug, Dahlberg, Mercy, Zwi & Loranzo, 2002). CSA is often opportunistic and non-specific to particular features of the child, occurring when a child is unable to offer resistance to the perpetrator and is seen as an object with a means to an end (Pierce & Bozalek, 2004; Richter, 2003; Richter & Higson-Smith, 2004).

Non-profit organisations (NPOs) play an instrumental role in South Africa in child protection, support services and CSA intervention (Delany, 2005; Loffell, 2008). Early educational prevention programmes are an alternative, long-term and cost-effective approach as opposed to *post-hoc* treatment (Daro, 2003). Preventative programmes that aim to

decrease child abuse rates, however, are poorly resourced, if at all (Delany, 2005; Schmid, 2010), highlighting the need for large-scale CSA programmes with the active involvement of volunteers who are often school leavers from the late adolescent stage.

The literature frequently refers to the developmental stage of 18 to 24 year olds as “late adolescence”, the term coined by Newman and Newman (1976). The current term for the period after adolescence is “emerging adulthood” (Arnett, 2000), covering the period between 18 and 25 years of age. According to Arnett (2004), this stage is distinguished by identity exploration, instability, self-focus, “feeling in-between”, and is the period of possibilities. The emerging adult makes decisions regarding what is important in life, and develops a higher degree of social consciousness (Arnett, 2004), indicative of taking on adult responsibility (Frydenburg, 2008). Conversely, the phase is also characterised by anxiety, confusion and conflict (Smith, Christoffersen, Davidson & Herzog, 2011). The stage of emerging adulthood indicates personality trait changes more frequently than in other developmental stages (Roberts, Walton & Viechtbauer, 2006). It is therefore a very influential period for this age group, suggesting that insight, care and understanding in how to utilise and equip them as volunteers would be of fundamental importance.

Past research on CSA prevention programmes focused on teachers, children and parents (Finkelhor, 2009; Greytak, 2009; Reynolds, Mathieson & Topitzes, 2009). The literature presents no studies on emerging adult volunteers’ experience of presenting a CSA prevention programme, or the risks, challenges or benefits involved in this developmental stage. Lack of such knowledge could affect the quality of CSA prevention programmes and the further development of the emerging adult personally. This study aimed to gain insight and understanding into the emerging adult stage with regard to the participants’ experiences of volunteering in a CSA prevention programme and to provide appropriate input for guiding principles to organisations implementing similar programmes in the future.

Method

CSA prevention programme

Oasis SA, a NPO located northwest of Johannesburg in South Africa, works to empower disadvantaged communities in a variety of ways, including educational programmes such as the CSA prevention programme in schools. The emerging adults volunteered through Oasis SA, where they were involved in presenting the programme to children aged seven to eight in low-income schools, where child abuse is a harsh reality. The sessions initially focused on the children's self-esteem and emotions, and later progressed to the more difficult topics such as "good and bad touch" and disclosing abuse. Each session incorporated interactive activities such as drama, puppet shows and songs to keep the children involved and focused. Prior to the commencement of the programme, volunteers received basic child abuse training on the types of abuse, identifying signs of abuse, disclosures, and steps to reporting and prevention in order to prepare and equip them for the task at hand.

Research design

A qualitative approach with case study and phenomenological strategies were employed (Creswell, 1998). Qualitative semi-structured interviews and an open-ended questionnaire allowed in-depth insight into the participants' subjectively constructed experiences (Gubrium & Holstein, 2002) of presenting the CSA programme, while the case study approach focused on a small sample (Marshall & Rossman, 2010). Phenomenological strategies allowed deeper understanding (Patton, 1990) and recognition of similarities from the meanings and constructs of the emerging adults.

Participants

The participants of the study were chosen using criterion-based sampling (Goetz & LeCompte, 1984; Heppner & Heppner, 2004; Patton, 2002) in terms of the following: emerging adults aged between 18 and 25, volunteers who worked with Oasis SA presenting a CSA programme, and individuals who were able to express themselves in English. Twenty-one volunteers who had completed the programme were emailed to explain the research and request their involvement in interviews, along with consent forms containing information and the ethical undertakings about the study. Six agreed to participate in the research. Unresponsive volunteers were later contacted again in order to request their participation in an open-ended questionnaire. This yielded a further six participants. Table 1 contains the particulars of the participants.

Table 1 indicates that the participants were between 18 and 22 and consisted of African and white ethnic groups. Ten were British from middle-to-upper-class families, whereas one South African and one Zimbabwean were both from a lower socio-economic class. All were Christian in faith. The majority of participants that responded to the interview request were female, while males and females from the lower age range responded to the questionnaire.

Data collection

Semi-structured one-on-one interviews were used for a meaning-embedded, interactive form of data collection (Lewis-Beck, Bryman & Liao, 2004). This approach promoted understanding by conversing with the participants and allowing time and space for them to share their experience of presenting a prevention of CSA programme. One-on-one interviews were held at the Oasis SA office with participants who had continued to volunteer at Oasis, while a Skype interview was conducted with former participants who had returned

Table 1 *Biographical information of participants*

Participant*	Age	Gender	Nationality
<i>Interviews</i>			
Olivia	19	Female	British
Lucy	19	Female	British
Molly	20	Female	British
Sophie	21	Female	British
Precious	22	Female	Zimbabwean
Thabo	21	Male	South African
<i>Open-ended questions</i>			
Jessica	18	Female	British
Emma	19	Female	British
Peter	18	Male	British
Jacob	18	Male	British
Jack	19	Male	British
Daisy	19	Female	British

* *Pseudonyms used to protect participants' identities*

to Britain. Questions and concerns about the research were addressed before starting the interview and each participant was assured of anonymity and confidentiality.

The interviews lasted between 45 and 60 minutes and were conducted in English. The sessions were audio recorded and later transcribed, along with the researcher's own observations and reflective notes, removing identifying details of the participants through the use of pseudonyms. The interviews were guided by an interview schedule (Greeff, 2005) and covered the following topics: personal experiences of participating in the programme and

how it impacted them; experiences before, during and after participation; positives and negatives of the experience; participants' comments about presenting the programme that they felt were specific to the emerging adult developmental stage; and recommendations.

The open-ended questions were emailed to the volunteers who had chosen not to participate in the interviews. The process allowed them an opportunity to anonymously and openly describe their views and experiences of the CSA programme in as much detail as they wished, interpreting the questions in any way they felt inclined, without being influenced by direct interaction with the researcher. The seven questions were: Presenting the programme impacted me; My strongest emotion...; I loved it when...; I found it difficult when...; I felt traumatised when...; I would suggest...; and, I would change...

Data analysis

A thematic content analysis was carried out during the research. The analysis process involved multiple readings of the data, creating of labels, cross-identifying data associated with categories, integrating those which overlapped and development of key themes (Creswell, 2009; Johnson & Christensen, 2010). Common themes, patterns and regularities that recurred throughout the interviews and open-ended questionnaires were identified (Monette, Sullivan & Dejong, 2010) and summarised, using verbatim extracts from the participants' comments.

Findings

Four main themes materialised from the data analysis: (1) experiencing the programme as rewarding and worthwhile; (2) benefits and long-term outcomes of presenting the programme; (3) emerging adulthood – as an ideal age for presenting the programme; and (4) psychological and emotional support provided for the volunteers.

Experiencing the programme as rewarding and worthwhile

A commonality throughout the data was that the experience of presenting the CSA prevention programme in schools was viewed positively. The participants used words such as: “really good”, “really enjoyed it”, “humbling”, “love it with all my heart”, “encouraging”, “worthwhile” and “fun”. The participants felt that they had been involved in an overall rewarding experience, many speaking of “doing it again” if they had the opportunity. This indicated that the programme had been a meaningful, worthwhile experience on a personal level.

The following points were mentioned:

Five participants found it rewarding that they had played a role in having a long-term impact on children’s lives. One participant verified this by stating:

“This was amazing what we were being able to do here for these kids and this is going to have a long-lasting impact” (Olivia).

Three participants felt as if they had made a difference to others:

“I really felt like I was making a difference to children” (Peter)

Five participants expressed the thought that it was rewarding to have given affirmation to the children. One participant verified this by stating:

“(It) was really important to make them aware of how special they are and that God sees them as individuals and that they have a purpose in life” (Molly).

Four spoke of confronting personal fears and the fear of the unknown when presenting the programme. One participant verified this by stating:

“(It) enabled me to step out of my boat” (Molly).

Thabo and Precious were impacted by the programme's message of personal affirmation, taking the message personally and discovering that it had a positive impact on their self-esteem:

"I didn't know before the programme that I'm special, so now I know I'm also special... I started appreciating myself and believing in myself" (Thabo).

"I also feel I am special... I used to be told ...you're a mistake... I am special even though I'm a mistake to them" (Precious).

Benefits and long-term outcomes of presenting the programme

This refers to how the programme benefitted the participants with regard to skills, realising potential, learning from the experience and aid, in the long-term, future employment positions. The participants felt the experience was very beneficial to them overall. The benefits and outcomes included: increased confidence, improved skills on how to handle CSA, clarifying future career choices, and recognising one's personal passion for working with children. Two stated the following:

"I already made my career choice and had been accepted into medical school, but it has made me think about possibly going into paediatrics" (Olivia).

"(It) made me realise that I definitely want to work with kids" (Sophie).

Four participants from Britain mentioned increased awareness and understanding of a different culture, as they described contrasts between British and South African families.

One participant verified this by stating:

"(I am) more aware of the problems with abuse and difference in family relationships between South Africa and home" (Emma).

Eight participants reported increased awareness of CSA, realising the commonality of its occurrence in a country like South Africa, as well as being made aware of its prevalence in Britain. Two stated the following:

“...helping me realising the scale of the problem of child abuse not only in South Africa but my home country too” (Jacob).

Participants mentioned that they would be able to recognise the signs of abuse if confronted with it in the future, and Lucy and Molly described CSA as an “eye opener”:

“...doing nursing in London I have seen quite a lot of abuse, I think that moment in time has prepared me for now” (Molly)

Participants mentioned that it had helped them to gain an increased knowledge and confidence in working with children and working in a team:

“...every time you do a lesson (it’s) scary that the next time just gets better and better, more confident with kids (Sophie).

“(In) my team we had that oneness of working together” (Precious).

Participants demonstrated a realisation of their personal attributes and capabilities, and an improvement of their skills, such as public speaking, leadership, planning lessons and improvising in different situations:

“I’m a good actor and funny too” (Thabo).

“..really shown me that I can do it” (Olivia).

“I think personally as an 18 year old learning to present yourself in front of a group of people can be really really important... to think on your toes as well” (Lucy).

Emerging adulthood as an ideal age for presenting the CSA prevention programme

Participants felt the emerging adult age group is mature enough to handle the sensitive topic of CSA and present the programme:

“That age they’re so much more mature... it’s a good age to do it at” (Sophie)

Four participants spoke of being at the age where they were open to try new things.

One participant verified by stating:

“We are 18, (and) you are at that stage when you think, ‘aah let’s try it, let’s do this and go there” (Olivia).

Three mentioned being more open to being changed at the emerging adulthood stage.

Two stated the following:

“... changes you to a better person” (Thabo).

“...that age you learn from first-hand accounts” (Lucy).

Psychological and emotional support of the volunteers

The research findings showed a direct correlation between the participants’ overall positive perception of presenting a CSA prevention programme and a more negative one, based on the psychological and emotional support that they personally felt they had received from the NPO. Psychological support in this study refers to recognising signs such as depressive thoughts mentioned by the participants in order to avoid psychological harm. Linked to this is the emotional support, which signifies having someone they could speak to after each session to discuss what had occurred and to allow time and space for each volunteer to work through that effectively.

Some participants felt adequately supported. Six participants acknowledged that child abuse was a sensitive topic, but internalised it into a more positive outlook. Three stated the following:

“The lessons taught and discussed through the programme were of particular impact to me as I really felt like I was making a difference to children who find themselves in a ‘difficult situation’ (Peter).

“The message, it wasn’t really tough and I just remember thinking that we kind of had to give that lesson... it wasn’t something that I didn’t want to do, and it was sometimes a difficult message that made me want to do it more” (Olivia).

“Not focusing on the negative I think helped” (Lucy).

Participants who felt they had been adequately supported demonstrated deeper insight and understanding into themselves and were more able to recognise how the experience impacted and changed them as individuals, as evident from the following extracts:

“I think there’s always a bit of anxiety in me whenever I have to kind of lead anything from the front” (Olivia).

“In a way I had been brought up in a bubble away from the reality of what can go on behind closed doors ... opened my eyes in that way ... it was a confidence boost for me” (Molly).

“At the end of the project I was more sensitive and aware” (Lucy).

Five more participants also acknowledged that CSA prevention was a sensitive topic to be teaching, yet felt a degree of responsibility to continue presenting the programme to children. They spoke of having been adequately supported, thereby showing a firmer grasp on their emotional and psychological wellbeing. Two stated the following:

“(It) would have been far worse should we not have faced the issue at all and so although it is difficult, it is definitely an effective way to communicate the message” (Jessica).

“I felt I had a duty to inform children of ‘good and bad touch’ in particular” (Peter).

When reporting about their experience of the programme topic of CSA prevention, volunteers who felt they had been adequately supported nevertheless spoke of it as “not easy”, “horrible”, “sad”, “impactful” and “difficult”.

Some participants felt inadequately supported. By comparison, the three participants who felt they had been ineffectively supported used strong emphasis in their descriptions of the task: “hard, very hard”, “really sensitive”, and “very real”. They were also more equivocal and unsure in their replies to the researcher’s questions regarding their experience. The evasive behaviour was especially evident when the topic of CSA and its impact on them as individuals was raised. When asked about CSA and the more sensitive lessons, they used deflection by speaking in terms of others who were impacted by CSA or of how their team handled it, instead of using their personal experience or their perspective of the programme:

“I think those more directly involved in that week’s role play were more affected than I was” (Lucy).

“I just really wish the teachers and parents would be working together... parents go to work at six o’clock; they don’t see the child and the child is left with the stepfather” (Precious, when asked how child abuse impacted her).

All three felt they had needed more emotional support in the form of someone they could speak to after each session to discuss what had occurred during the session and work through what they had experienced. One participant verified this by stating:

“I would increase the support for the team delivering the programme, with more opportunities to discuss what happened” (Emma).

They thought they had been inadequately supported and specifically suggested more psychological support for future volunteers to avoid psychological harm, such as depressive

thoughts and symptoms. Sophie spoke of exhaustion, repeatedly mentioning how tired she had been:

“... not having energy every week, (being) so tired”.

Precious spoke of depressive thoughts when asked about support and described negative thoughts occupying her after the CSA programme was completed:

“Depression is something that gets into your head...it stays...still stays... just gets into your head...kicks you all the time... ‘wake up, wake up!’”.

When asked whether CSA was a difficult topic to teach, Sophie, Emma and Precious described a sense of helplessness and not feeling able to handle what they were facing in the classroom setting:

“(The NPO) needs to make sure we can respond to the reactions more, instead of just leaving them to just, ... mmm...” (Sophie, speaking of the children).

“...the thought of these children not being treated the same in their own homes and that they may have no one to protect them ...” (Emma).

“A child can say, ‘I’m abused’ at the same time and you can see (in) a child’s eyes that something is going on. It is scary even now” (Precious).

Discussion

CSA is a very challenging and emotionally sensitive topic to grasp at any age (Christianson, 2007; Tavris, 2000) and even though emerging adults most likely have not yet been exposed to CSA, many participants felt they were mature enough to handle the subject of CSA and would recommend the experience to other 18 to 24 year olds. This study shows that emerging adults are at a stage where they are willing to explore the world around them, with the intent of learning and growing from their experiences to find out who they are, what they are capable of and what direction they may take in the future. These findings are

consistent with the viewpoints of Arnett (2007), who describes emerging adulthood as the best opportunity for self-exploration, and of Webber (2011), who found that emerging adults prefer to learn through active involvement rather than learning from others.

Many of the participants reported that they had been apprehensive and anxious at the start of the programme. They were nevertheless willing to “jump in” and tackle the task, with the attitude that they would learn from first-hand experience and that life experiences “prepare one for life”. The participants’ approach to the task seems to demonstrate that emerging adults are at an age when they consciously try to face their fears and the unknown with a deliberately positive outlook and are adaptable and open to being influenced and changed by experiences. These results are consistent with Arnett (2004) and Twenge (2006) who agree that emerging adults are becoming more confident, assertive and able to handle the challenges of identity development than earlier stages. The results furthermore strongly suggest that emerging adults may be a very good age group for volunteering for similar programmes as they are willing to confront challenges with a positive viewpoint.

Further findings suggest that sensitive, challenging topics such as CSA prevention can actually be beneficial to volunteers in a variety of ways, especially as these can equip them for the next stage of life. Participants reported that they had learnt valuable life lessons and skills from presenting the programme, which helped them in their subsequent studies and work. The main benefits that were described included: awareness of CSA, professional interaction with adults, presenting themselves to others, improving communication skills, realisation of their capabilities and personal attributes, and an increased confidence in working with children.

Many of the participants found the task of presenting a difficult and challenging CSA prevention programme to be both rewarding and worthwhile, and described the experience in terms of feeling that they were able to make a valuable contribution to society. They realised

their active involvement impacted on themselves, not only with regard to their self-esteem, but also in terms of being more aware that they could make a difference to those in need around them. The participants appeared to be more aware of others, transitioning from childhood with a self-centered viewpoint to that of adults, taking on a greater degree of social responsibility in the process. This data correlate with studies which found that volunteering at the emerging adult stage can aid an individual's development through strengthening social relatedness and feelings of self-worth, from making a difference in the world and being involved in an activity containing values and beliefs (Yates & Youniss, 1998; Côté & Schwartz, 2002). According to Arnett (2004), emerging adults also benefit from volunteering by developing social cognitive maturity, enabling them to understand themselves and others to a much greater degree. Nevertheless, for the most positive impact to occur without psychological harm, the findings strongly suggest that adequate psychological and emotional support must be in place to aid the volunteers in gaining further insight and understanding of themselves.

The perception of receiving adequate support during volunteering appears to have had a direct impact on how the participants' views of a sensitive topic like CSA were internalised and formed a more positive experience as a whole. The participants who felt supported appeared to have had a more realistic outlook of CSA and were more open to discuss both the positives and negatives of their experience, indicating that they had greater awareness and understanding of presenting the programme. They also indicated that they had dealt with personal emotions during the programme to a greater extent and had found a higher degree of acceptance and closure from what they had discovered. These participants appeared to have noticed how it impacted and changed them as individuals, with deeper insight into themselves and their potential. They also demonstrated a notably stronger sense of personal growth compared to the participants who felt they had needed more support than had been

forthcoming. The participants who perceived adequate support were able to “just get on with it” and do what was necessary to complete the task on hand and to take greater responsibility for their work. The results thus strongly suggest that with adequate support emerging adult volunteers can have a beneficial learning experience both personally and in the skills acquired.

In contrast, participants who perceived less adequate support demonstrated evasive answers and unsure responses when questioned about the impact of CSA on them individually. They used deflection to focus attention on others who were impacted by CSA, or on how their team handled it instead of dwelling on their own personal experiences or perspectives. This suggests that they had not internalised and worked through what they had experienced in presenting the CSA programme, or that they had been so shaken and had thus far not have regained a sense of well-being. A participant who felt inadequately supported described depressive thoughts, of being kept awake at night and feeling overrun by constant negative thinking of CSA. Another spoke of exhaustion and not wanting to continue the programme due to being “too tired”. Such thoughts and physiological symptoms could also be linked to depression as described by the WHO (2012): depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. These warning signs suggest that emotional and psychological support was necessary as these participants appeared “stuck” with regard to how they were impacted, and instead of feeling a sense of accomplishment as the other participants did, were caught up in negative thoughts, which could have a detrimental effect on their psychological health. The literature describes psychological support as a confiding relationship in which emotional expression and in-depth professional contact occur (Nichols, 2006), while emotional support refers to having someone to speak to when difficulties arise and involves empathy, encouragement and nurturing (Westall & Liamputtong, 2011).

Participants who felt less supported also spoke of a sense of helplessness, where it appeared they felt overpowered and helpless as to how to respond when confronted with CSA and they strongly suggested support for future volunteers. Research shows that helplessness is related to discouragement concerning the individual's ability to positively impact the situation and may lead to a state of no change in the self, or to a disengaged self, and that depressive thoughts may interfere with the development and maintenance of stable, intimate relationships in the individual's life (Cox & McAdams, 2012). The literature also describes the impact of depression which may be particularly strong in emerging adulthood because of the developmental task of acquiring closer social relationships during this period (Roisman, Masten, Coatsworth & Tellegen, 2004). These findings suggest there is a clear need for professional involvement to debrief and support volunteer presenters of a CSA prevention programme on a weekly basis, after each class session, to avoid psychological harm. To support the findings, the literature has proven that a clear and constructed sense of identity is related to a positive self-image (Luyckx, Goossens, Soenens, Beyers & Vansteenkiste, 2005), positive social relationships (Zimmer-Gembeck & Petherick, 2006), and a smaller chance of internalisation, such as depression (Schwartz, 2007). Research also indicates that supportive relationships may facilitate successful transitioning to the roles of adulthood (Shulman, Kalnitzki & Shahr, 2009).

This theme of adequate support had a direct impact on the participants' experience and acts as a guideline for NPOs of the importance of support for the emerging adults presenting a sensitive topic in the future.

Implications for practice

NPOs, especially those presenting sensitive programmes with the aid of emerging adult volunteers, need to be more aware that adequate emotional and psychological support

should be a main priority in order to avoid psychological harm to the volunteers. NPOs are encouraged to offer more extensive training on psychological health and well-being for increased awareness and empowering volunteers to avoid a sense of helplessness. There is also a manifest need for mature, trained and competent mentors who are available for compulsory debriefing after each class session. They need to form a professional, close relationship with the volunteers in order for them to feel that they can confide in the mentor and work through what they have experienced for their personal growth to occur. The lack of support may contribute to the depressive thoughts and feelings of helplessness of those participants who have a tendency towards depression. A need is indicated for more careful screening before starting the CSA prevention programme in order to identify possibly vulnerable applicants. The screening results would aid the NPO in recognising vulnerable volunteers who require additional psychological and emotional support after each session.

Limitations and recommendations for research

The study's greatest limitation is that the participants were mainly from Britain, with only one participant from South Africa and one from Zimbabwe. For a broader viewpoint of experiences, more South Africans should be the focus of future research to represent a more balanced population. This should also include individuals from other belief systems besides Christianity, as all participants were Christian in faith, which may have had an impact on their experience. Lastly, only one CSA programme was used in the study. A variety of others should be used to validate the current findings or disprove them, and to allow for a larger sample as only a limited one was available for this study.

Conclusion

It can therefore be concluded that there is a necessity for adequate psychological and emotional support of emerging adults who present CSA prevention school programmes to young children who are likely to have been exposed to abuse, directly or indirectly.

References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.
- Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford Press. doi:10.1093/acprof:oso/9780195309379.001.0001
- Arnett, J. J., & Tanner, J. L. (2006). *Emerging adults in America: Coming of age in the 21st century*. Washington, DC: APA Books.
- Arnett, J. J. (2007). Suffering, selfish, slackers? Myths and reality about emerging adults. *Youth Adolescence*, 36, 23–29. doi: 10.1007/s10964-006-9157-z
- Christianson, S. A. (2007). *Offenders' memories of violent crimes*. West Sussex, England: John Wiley & Sons.
- Côté, J. E., & Schwartz, S. J. (2002). Comparing psychological and sociological approaches to identity: Identity status, identity capital, and the individualization process. *Journal of Adolescence*, 25, 571–586.
- Cox, K., & McAdams, D. P. (2012). The transforming self: Service narratives and identity change in emerging adults. *Journal of Adolescent Research*, 27, 18-43. doi:10.1177/0743558410384732
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed method*

- approach* (3rd ed.). London: Sage Publications.
- Daro, D. (2003). Preventing child sexual abuse: Promising strategies and next steps. *CARSA (Child Abuse Research in South Africa)*, 4(1), 3-7.
- Delany, A. (2005). *Child sexual abuse and exploitation in South Africa*. Researched for Save the Children Sweden. Braamfontein: Community Agency for Social Action.
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169-194.
- Frydenburg, E. (2008). *Adolescent coping: Advances in theory, research and practice*. East Sussex: Routledge.
- Goetz, L., & LeCompte, M. (1984). *Ethnography and qualitative design in educational research*. London: Academic Press.
- Greeff, M. (2005). Information collection: Interviewing. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. Delpont (Eds.). *Research at grass roots: For the social sciences and human service professionals* (3rd ed.) (pp. 286-313). Pretoria: Van Schaik Publishers.
- Greytak, E.A. (2009). Are teachers prepared? Predictors of teachers' readiness to serve as mandated reporters of child abuse. Unpublished doctoral dissertation. Pennsylvania: University of Pennsylvania.
- Gubrium, J. F., & Holstein, J. A. (2002). *Handbook of interview research: Context and method*. London: Sage Publications.
- Heppner, P. P., & Heppner, M. J. (2004). *Writing and publishing your thesis, dissertation & research: A guide for students in helping professions*. Belmont, USA: Brooks/Cole Cengage Learning.
- Jewkes, R., Penn-Kekana, L., & Rose-Junius, H. (2005). "If they rape me, I can't blame them": Reflections on gender in the social context of child rape in South Africa and Namibia. *Social Science & Medicine* 61, 1809–1820.

- Johnson, B., & Christensen, L. (2010). *Educational research: Quantitative, qualitative, and mixed approaches*. London: Sage Publications.
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Loranzo, R. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Lewis-Beck, M. S., Bryman, A. E., & Liao, T. F. (2004). *The sage encyclopedia of social science research methods, volume 1*. London: Sage Publications.
- Loffell, J. (2008). Developmental social welfare and the child protection challenge in South Africa. *Practice: Social work in Action*, 20(2), 83-91.
- Luyckx, K., Goossens, L., Soenens, B., Beyers, W., & Vansteenkiste, M. (2005). Identity statuses based on four rather than two identity dimensions: Extending and refining Marcia's paradigm. *Journal of Youth and Adolescence*, 34, 605–618.
- Marshall, C., & Rossman, G. B. (2010). *Designing qualitative research*. London: Sage Publications.
- Monette, D. R., Sullivan, T. J., & Dejong, C. R. (2010). *Applied social research: A tool for the human services* (8th ed.). Belmont: Brooks & Cole.
- Newman, P. R., & Newman, B. M. (1976). Early adolescence and its conflict: Group identity versus alienation. *Adolescence*, 11(42), 261-274.
- Nichols, K. (2006). *Leading a support group: A practical guide*. England: McGraw-Hill International.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). London: Sage Publications.

- Peterson, I., Bhana, A., & McKay, M. (2005). Sexual violence and youth in South Africa: The need for community-based prevention interventions. *Child Abuse & Neglect, 29*, 1233–1248.
- Pierce, A. L., & Bozalek, B. V. (2004). Child abuse in South Africa: An examination of how child abuse and neglect are defined. *Child Abuse & Neglect, 28*, 817–832.
- Reynolds, A., Mathieson, L., & Topitzes, J. (2009). Do early childhood interventions prevent child maltreatment? A review of research. *Child Maltreatment, 14*(2):182-206.
- Richter, L. M. (2003). Baby rape in South Africa. *Child Abuse Review, 12*, 392-400. doi: 10.1002/car.824
- Richter L., & Higson-Smith, C. (2004). The many kinds of sexual abuse of young children. In L. Richter, A. Dawes, C. Higson-Smith (Eds.). *Sexual abuse of young children in Southern Africa* (pp. 21–35). Cape Town: HSRC Press.
- Richter, L. M., & Dawes, A. R. L. (2008). Child abuse in South Africa: Rights and wrongs. *Child Abuse Review, 17*, 79–93.
- Roberts, B. W., Walton, K. E., & Viechtbauer, W. (2006). Patterns of mean-level change in personality traits across the life course: A meta-analysis of longitudinal studies. *American Psychological Association, 132*(1), 1–25. doi: 10.1037/0033-2909.132.1.1
- Roisman, G. I., Masten, A. S., Coatsworth, J. D., & Tellegen, A. (2004). Salient and emerging developmental tasks in the transition to adulthood. *Child Development, 75*, 123–133. doi:10.1111/j.1467-8624.2004.00658.x
- RSA . SAPS (South African Police Services). (2010/2011). *Crime Statistics for South Africa*. Retrieved from http://www.saps.gov.za/statistics/reports/crimestats/2011/crime_situation_sa.pdf
- Save the Children Sweden. (2005). *Child sexual abuse and exploitation in South Africa*. South Africa: Save the Children Sweden by the Community Agency for Social Enquiry.

- Schmid, J. (2010). A history of the present: Uncovering discourses in South African. *Child Welfare British Journal of Social Work, 40*, 2102–2118.
- Shulman, S., Kalnitzki, E., & Shahar, G. (2009). Meeting developmental challenges during emerging adulthood: The role of personality and social resources. *Journal of Adolescent Research, 24*, 242–267. doi:10.1177/0743558408329303
- Schwartz, S. J. (2007). The structure of identity consolidation: Multiple correlated constructs or one superordinate construct? *Identity: An International Journal of Theory and Research, 7*, 27–49.
- Smith, C., Christoffersen, K., Davidson, H., & Herzog, P. S. (2011). *Lost in transition: The dark side of emerging adulthood*. Oxford: University Press.
- Tavris, C. (2000). “The uproar over sexual abuse research and its findings,” *Transaction, 37*(4).
- Townsend, L., & Dawes, A. (2004). Individual and contextual factors associated with the sexual abuse of children under 12: A review of recent literature. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.). *Sexual abuse of young children in Southern Africa* (pp. 55-94). Cape Town: HSRC Press.
- Twenge, J. M. (2006). *Generation me: Why today’s young Americans are more confident, assertive, and entitled—and more miserable than ever before*. New York: Free Press.
- Webber, R. (2011). Volunteering Among Australian Adolescents: Findings from a national study. *Youth Studies Australia, 30*(1), 9-16.
- Westall, C., & Liamputtong, P. (2011). *Motherhood and postnatal depression: Narratives of women and their partners*. London: Springer.
- WHO (World Health Organisation). (2003). *Guidelines for medico-legal care for victims of sexual violence, 2003*. Retrieved from <http://whqlibdoc.who.int/publications/2004/924154628X.pdf>

- WHO, (World Health Organisation). (2006). *Preventing child maltreatment: A guide to taking action and generating evidence, 2006*. Retrieved from http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf
- WHO, (World Health Organisation). (2012). *Depression Fact sheet N°369*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs369/en/>
- Yates, M., & Youniss, J. (1998). Community service and political identity development in adolescence. *Journal of Social Issues, 54*(3), 495–512.
- Zimmer-Gembeck, M., & Petherick, J. (2006). Intimacy dating goals and relationship satisfaction during adolescence and emerging adulthood: Identity formation, age and sex are moderators. *International Journal of Behavioral Development, 30*, 167–177.

SECTION C

REFLECTIVE OVERVIEW OF THE STUDY

1. Summary of the Research and Findings

Child Sexual Abuse (CSA) is a serious problem for a country such as South Africa, where the harsh reality of the statistics and the scarcity of professional resources necessitate effective intervention through prevention programmes to decrease the excessively high rates of abuse. CSA intervention faces many difficulties and challenges in South Africa and relies to a large extent on NPOs and volunteers for awareness and prevention programmes due to a lack of resources (Delany, 2005, p. 19; Schmid, 2010, p. 2113). The presentation of these programmes often relies on late adolescents, who are shown in this study to need to be managed wisely to avoid psychological harm such as symptoms of depression. Late adolescence, or the more recently labelled “emerging adulthood”, refers to the developmental period between 18 and 24 years of age (Arnett, 2000, p.469; Newman & Newman, 1976). This period is typified by personality trait changes and is described as the best opportunity for self-exploration (Arnett, 2007, p. 71; Roberts, Walton & Viechtbauer, 2006, p. 14).

This study explored the experiences of emerging adults presenting a sensitive CSA prevention programme to children who have most likely been either directly or indirectly exposed to abuse. The objectives were to gain further insight and understanding into the emerging adult developmental stage in the field of psychology in regard to the participants’ views of volunteering in a CSA programme, and to identify what aspects of the programme should be altered, improved or continued to avoid risk and harm to these volunteers. The findings suggest that the emerging adult stage may be a good age group for presenting this challenging and crucial task as they are open and willing to learn from first-hand experience, which lends support to Webber (2011, p. 10), who also found that emerging adults learn through active involvement. Arnett’s (2004, p. 56) research found that this age group benefit

from volunteering as it helps develop their social cognitive maturity, enabling them to understand themselves and others to a much greater degree. Emerging adults are also more likely to face the fear of the unknown with a positive attitude, thereby demonstrating adaptability; they are likely to learn from new experiences which will aid them in future career decisions and in gaining insight into their abilities (Arnett, 2007, p. 71; Webber, 2011, p. 10).

The findings of the study revealed that despite the topic being sensitive and very real, the emerging adult volunteers generally viewed the experience as positive, finding it rewarding and worthwhile to have made a difference to others and a contribution to society. Other positives were benefits and long-term outcomes, such as increased confidence, improved teaching and leadership skills, and increased awareness of CSA and other cultures. The experience helped clarify the participants' future career choices and aided them in realising their capabilities and attributes.

The main finding, however, which needs to be highlighted in the study, suggests that it is essential that NPOs provide adequate psychological and emotional support to the volunteers throughout the duration of the programme to allow for the most positive impact to occur in regard to personal growth and skills learnt without psychological harm.

Psychological support in the literature refers to a confiding relationship in which emotional expression and in-depth professional contact occur (Nichols, 2006, p. 9), while emotional support refers to having someone to speak to when difficulties arise and involves empathy, encouragement and nurturing (Westall & Liamputtong, 2011, p. 32).

The findings suggest that emerging adult volunteers' perception of receiving adequate support could, when compared with a perception of inadequate support, result in a stronger sense of personal growth through greater awareness and understanding of the experience, deeper insight into themselves and their potential, a higher degree of responsibility for the

task of presenting the programme, and more acceptance and closure in regard to both the positive and negative aspects of the experience. The emerging adults who had perceived less adequate support seemed to demonstrate that they had not internalised and worked through what they had experienced in presenting the CSA programme, as was evident through their uncertain replies, deflections and evasive answers. The findings show that this group had experienced a sense of helplessness in how to respond to the CSA which, according to Cox and McAdams (2012, p. 27), may lead to a state of no change or a disengaged self. They also described depressive thoughts, exhaustion and disrupted sleep, symptoms which the WHO (2012) links to depression; all possibly having a detrimental effect on emerging adults' psychological health. These findings confirm the necessity for frequent psychological and emotional support of emerging adult volunteers presenting sensitive programmes to avoid psychological harm and make this an overall beneficial and rewarding learning and growth experience.

For NPOs to gain a deeper understanding into the emerging adults' experience, further findings concerning their fears, struggles and recommendations for future programmes that did not feature in the article merit consideration. Further results indicate that participants had personal fears surrounding the topic and task at hand before the programme began. Their fears included not getting the lesson across to the children, not being heard or understood, not being able to present the programme successfully, not recognising CSA, wrongly presuming CSA, and how the children might react to the topic of CSA prevention. These fears can be addressed in the training or debriefing sessions to support volunteers in being aware of their fears and understanding that what they are feeling is not out of the ordinary. The two most common challenges mentioned were the language barrier and not connecting with children due to different cultures. The participants therefore recommended that volunteers should preferably come from the same cultural group as the

children, and speak the first language of the children, indicating that sensitive topics ideally need to be run by volunteers from the same country as the children, or who have knowledge and experience of working with the particular community and culture. Other recommendations were that the volunteers should have a more enduring relationship with the children due to the sensitivity of the topic, and that arrangements should be in place for disclosures to someone the children knew and trusted. Linked to these suggestions were requests for more contact time with the children, more in-depth training to better prepare the volunteers, and smaller groups of children. These suggestions may aid NPOs in running more successful programmes with volunteers who feel understood and more willing to invest their time and energy in their work.

2. Reflection on the Research

The strengths of the research were that both the interview transcriptions and open-ended questionnaires showed similar findings and common themes were evident throughout. Both positive and negative findings materialised, suggesting a balanced and honest viewpoint from the participants. The participants shared personal emotions and intimate information about themselves with the researcher, suggesting that a high level of trust and relevance was achieved and the interview data were detailed and varied, offering greater insight into the emerging adult experience of presenting the programme.

The main challenges of the study were the limited number of participants, the fact that English was not the first language of some of the participants, and technological malfunctioning during Skype interviews. All previous volunteers in the programme were contacted and their participation in the study was requested, but only six responded for the interview and only six more for the open-ended questionnaire. Since the majority of the participants came from Britain, the sample was less balanced and varied than the researcher

had hoped for. Only two non-British volunteers participated in the research, and even though a few others had demonstrated some willingness when asked to complete the open-ended questions, they did not return the form. South African volunteers appeared not to understand the request, but even after the researcher had followed up and simplified the language to make it more understandable for those who did not use English as a first language; there were still no further responses. Language was also a challenge in interviews where the non-British participants did not understand some of the interview questions, and this suggests that, whenever possible, the interviewer should speak the same first language as participants in future research. The Skype interviews also experienced difficulties as they did not fully enable natural interaction between researcher and participant. Faulty internet connections resulted in one or two of the interviews being disrupted, which interrupted the train of thought for participant and researcher alike.

The researcher had initially played an active role in putting together the Oasis CSA prevention programme and had been involved in training some of the participants, which may have hampered completely open and honest answers from some of the participants. In addition, constant reflection was required from the researcher to avoid bias during the interviews as well as in the analysis and interpretation of the data.

Lincoln and Guba's (1985) criteria of credibility, transferability and dependability, as described in Mouton (2001, p. 108), were used as measures of trustworthiness for the study. Credibility was ensured by using multiple sources of data collection, namely interviews, open-ended questionnaires and researchers' observation notes. The semi-structured one-on-one interviews allowed for here-and-now constructions of the participants' experiences in presenting the programme, the reconstruction of past events and projections of their future. The open-ended questions allowed participants an opportunity to openly describe their views and experiences of the CSA programme in as much detail as they wished, interpreting the

questions in any way they felt inclined to, without being influenced by direct interaction with the researcher. Transferability was achieved by identifying common themes, patterns and regularities that recurred throughout the interviews and open-ended questionnaires (Monette, Sullivan & Dejong, 2010, p. 446), and could be considered to have relevance for similar contexts. Dependability was ensured by explaining in-depth the interview method used and making available all the evidence, such as the researcher's notes, transcripts and data analysis, thus providing an "audit trail" (Bloomberg & Volpe, 2008, p. 78).

3. Recommendations for Future Research

The researcher recommends that further studies be conducted on this topic to develop a larger body of information in order to gain a more comprehensive and balanced understanding of emerging adults' experiences of presenting a CSA prevention programme. It is suggested that future research explores alternative CSA programmes that are presented by other NPOs besides Oasis SA, as well as focusing on other sensitive topics that are presented in addition to CSA prevention. This would allow a greater scope of various programmes and allow understanding into how the content of the programmes may directly affect volunteers according to their involvement and roles; for example, are volunteers who present a programme more impacted or affected compared to those who observe?

As most of this study's participants were from Britain, additional studies that look more closely at South African volunteers would be of interest as they would be more directly affected by the reality of the topic within their own country. In addition, further insight can be gained into volunteers who present a programme in their own country or community. Finally, it is suggested that extensive research be conducted on the diversity of cultures in South Africa in relation to how the different cultural groups perceive, understand and cope with this sensitive and pressing topic of CSA. This may aid NPOs in structuring programmes

with different content and focus more specifically on cultural groups and belief systems in order to have the best impact possible in the prevention of CSA.

4. Conclusion

The purpose of this study was to explore the experiences of emerging adults presenting a sensitive CSA prevention programme. The conclusions from this study follow the research questions and findings. Four main themes materialised: (1) experiencing the programme as rewarding and worthwhile; (2) benefits and long-term outcomes from presenting the programme; (3) emerging adulthood – as an ideal age for presenting the programme; and (4) the necessity for adequate psychological and emotional support of the volunteers. It can therefore be concluded that presenting a CSA prevention school programme to young children who are most likely exposed to abuse directly or indirectly can be a very rewarding and beneficial opportunity to emerging adults on condition they receive adequate support throughout the duration of the programme.

Additional references for Section A and C

- Adar, J. & Stevens, M. (2000). Women's health. In A. Ntuli, N. Crisp, E. Clarke, & P. Barron (Eds.), *South African health review* (pp. 411–427). Durban: Health Systems Trust.
- Arnett, J. J., & Tanner, J. L. (2006). *Emerging adults in America: Coming of age in the 21st century*. Washington, DC: APA Books.
- Banjo, A. (2009). A review of poverty studies, drivers and redressive strategies in Southern Africa. *Journal of Sustainable Development in Africa*, 10(4), 1-30.
- Bloomberg, L. D., & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end*. London: Sage publication.
- Boyle, C., & Lutzker, J. (2005). Teaching young children to discriminate abusive from non-abusive situations using multiple exemplars in a modified discrete trial teaching format. *Journal of Family Violence*, 20(2), 55–69.
- Cotê, J. (2006). Emerging adulthood as an institutionalized moratorium: Risks and benefits to identity formation. In J. J. Arnett, & J. L. Tanner, (Eds.). *Emerging adults in America: Coming of age in the 21st century* (pp 85–116). Washington, DC: American Psychological Association Press.
- Creswell, J. (1995). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Daro, D. (1994). Prevention of child sexual abuse. *The Future of Children*, 4, 198–223.
- Davis, M. K., & Gidycz, C. A. (2000). Child sexual abuse prevention programs: A meta-analysis. *Journal of Clinical Child Psychology*, 29(2), 257–265.
- Denzin, N. K., & Lincoln, Y. S. (2005). *The sage handbook of qualitative research* (3rd ed.). Thousand Oaks, California: Sage.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Errington, S. (2011). (sherie@ttbc.org.za) 4 Jul. Statistics child sexual abuse. E-mail to:

- Florens, J.P. (julesflorens@yahoo.com).
- Evans, R. W., Avery, P. G., & Pederson, P. V. (1999). Taboo topics: Cultural restraint on teaching social issues. *The Clearing House*, 73(5), 295-302.
- Ewing, D. (2003). *Stolen Childhood: Rape and the justice system*. Durban, SA: Children First.
- Ferguson, D. L. (1993). Something a little out of the ordinary: Reflections on becoming an interpretivist researcher. *Remedial & Special Education*. 14(4), 35-43.
- Finkelhor, D. (2008). *Lessons from the decline in sexual abuse*. Paper presented at the St. Clare's Unit & St. Louise's Unit Joint Annual Conference, Dublin.
- Finkelhor, D., & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues*, 62, 685-716.
- Finkelstein, M. A., Penner, L. A., & Brannick, M. T. (2005). Motive, role identity, and prosocial personality as predictors of volunteer activity. *Social Behavior and Personality*, 33(4), 403-418.
- Hébert, M., Lavoie, F., Piche, C., & Poitras, M. (2001). Proximate effects of a child sexual abuse prevention program in elementary school children. *Child Abuse & Neglect*, 25, 505-522.
- Kenny, M. C., Capri, V., Thakkar-Kolar, R. R., Ryan, E. E., & Runyon, M. K. (2008). Child sexual abuse: From prevention to self-protection. *Child Abuse Review*, 17, 36-54. doi: 10.1002/car.1012
- Kim, J., & Motsei, M. (2002). 'Women enjoy punishment': Attitudes and experiences of gender-based violence among PHC nurses in rural South Africa. *Social Science and Medicine* 54(8), 1243-54.

- Lalor, K., & McElvaney, R. (2010). Child sexual abuse, Links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence & Abuse, 11*, 159.
- Larson, R. W., Wilson, S., & Mortimer, J. T. (2002). The world's youth: Adolescence in eight regions of the globe. *Journal of Research on Adolescence, 12*(1), 159–166.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. USA: Sage Publications.
- Madu, S. N., & Peltzer, K. (2000). Risk factors and child sexual abuse among secondary school students in the Northern Province (South Africa). *Child Abuse and Neglect, 24*(2), 259–268.
- Melton, G. (1992). The improbability of prevention of sexual abuse. In D. J. Willis, E. W. Holden, & M. S. Rosenberg (Eds.) *Prevention of child maltreatment: Developmental and ecological perspectives* (pp. 168-189). Oxford, England: John Wiley & Sons.
- Merrill, M. V. (2005). *How volunteers benefit organisations*. Retrieved from <http://www.worldvolunteerweb.org/resources/how-to-guides/manage-volunteers/doc/how-volunteers-benefit-organizations.html>
- Mertens, D. M. (2009). *Transformative research and evaluation*. New York: Guilford.
- Meursing, K., Vos, T., Coutinho, O., Moyo, M., Mpofu, S., Oneko, O., Mundy, V., Dube, S., Mahlangu, T., & Sibindi, F. (1995). Child sexual abuse in Matabeleland, Zimbabwe. *Soc Sci Med, 41*(12), 1693-704.
- Newman, P. R., & Newman, B. M. (1976). Early adolescence and its conflict: Group identity versus alienation. *Adolescence, 11*(42), 261-274.
- Nieuwenhuis, J. (2007). Introducing qualitative research. In K. Maree (Ed.). *First Steps in research* (pp. 47-69). Pretoria, SA: Van Schaik Publishers.
- Penner, L. A. (2002). Dispositional and organizational influences on sustained volunteerism: An interactionist perspective. *Journal of Social Issues, 58*(3), 447—467.

- Pitcher, G., & Bowley, D. (2002). Infant rape in South Africa. *The Lancet*, 359, 274–275.
- Plummer, C. A., & Niugana, W. (2009). Cultural protective and risk factors: Professional perspectives about child sexual abuse in Kenya. *Child Abuse & Neglect*, 33(8), 524-32. doi: 10.1016/j.chiabu.2009.02.005.
- Rehle, T., Shisana, T., Pillay, V., Zuma, K., Puren, A., & Parker W. (2007). National HIV incidence measures—new insights into the South African epidemic. *South African Medical Journal*, 97, 194 –199.
- Reinherz, H. Z., Paradis, A. D., Giaconia, R. M., Stashwick, C. K., Fitzmaurice, G. (2003). Childhood and adolescent predictors of major depression in the transition to adulthood. *Am J Psychiatry*, 160, 2141–2147.
- Roberts, J. A., & Miltenberger, R. G. (1999). Emerging issues in the research on child sexual abuse prevention. *Education & Treatment of Children*, 22(1), 84-102.
- RSA. (2005). *Children's Act*, No. 38. Retrieved October 11, 2011 from <http://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf>
- Save the Children Sweden. (2005). *Child sexual abuse and exploitation in South Africa*. South Africa: Save the Children Sweden by the Community Agency for Social Enquiry.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin and Y. S. Lincoln (Eds.). *Handbook of qualitative research* (2nd ed) (pp. 189-214). Thousand Oaks, California: Sage Publications.
- Schwartz, S. J., Côté, J. E., & Arnett, J. J. (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth Society*, 37, 201. doi: 10.1177/0044118X05275965

Statistics SA (South Africa). (2011). Retrieved from

<http://www.statssa.gov.za/Census2011/Products/Provinces%20at%20a%20glance%2016%20Nov%202012%20corrected.pdf> on 29 July 2013.

Thomlison, B. (2003). Characteristics of evidence based child maltreatment interventions.

Child Welfare, 82(5), 541-569.

Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs:

A review of effectiveness. *Review of Educational Research*, 79, 431-463. doi:
10.3102/0034654308325582

Townsend, L., & Dawes, A. (2002). *What are the individual and contextual factors*

associated with sexually abusive acts involving children under twelve? A review of recent literature (Unpublished paper), Human Sciences Research Council, South Africa.

Wurtele, S., & Owens, J. (1997). Teaching personal safety skills to young children: An

investigation of age and gender across five studies. *Child Abuse & Neglect*, 21(8), 805–814.

Yin, R. K. (1989). *Case study research: Design and methods* (rev. ed.). Beverly Hills, CA:

Sage.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA:

Sage.

ANNEXURES**APPENDIX 1: Child Sexual Abuse Programme Outline**

I AM SPECIAL!

Oasis SA Children At Risk Outreach Programme

Session 1: I AM UNIQUELY AND SPECIALLY MADE BY GOD

AIM OF THE SESSION:

To instill confidence in the children that God loves them just the way they are, that they are unique and special and to demonstrate God's awesome love for the children. The session illustrates God's passion and His greatness in creating each one of us in a very special and unique way. God was expecting us - He was dreaming about us.

OUTLINE:

Starting Out: Introductions	2 min
Activity 1: Role play - God's creation	5 min
Activity 2: Song – I am special	2 – 5 min
Activity 3: Paper people	15 min
Finishing Off: recap	2 min

Session 2: MY FEELINGS

AIM OF THE SESSION:

To introduce the four main feelings with the aid of puppets. For children to be able to identify the four main feelings (happy, sad, afraid, angry), and be able to relate the feelings to certain situations.

OUTLINE:

Starting Out: recap	2 min
Activity 1: Introduce Emotion of 'Happy'	4 min
Activity 2: Introduce Emotion of 'Angry'	3 min

Activity 3: Introduce Emotion of 'Sad'	3 min
Activity 4: Introduce Emotion of 'Afraid'	4 min
Activity 5: Song ' <i>If you're happy and you know it</i> '	3 min
Activity 6: Stickers	6 min
Activity 7: Song <i>I am Special</i>	3 min
Finishing Off: recap	2 min

Session 3: GOOD AND BAD TOUCH

AIM OF THE SESSION:

For children to be able to identify different types of touch, and be able to relate their emotions to good or bad touch. Understanding what bad touch is, and to be able to identify it and tell a trusted adult.

OUTLINE:

Starting Out: recap	1 min
Activity 1: Song	2 min
Activity 2: Introduce Touch	2 min
Activity 3: Introduce Good Touch	5 min
Activity 4: Introduce Bad Touch – aggression	3 min
Activity 5: Introduce Bad Touch – inappropriate touch	5 min
Activity 6: Recap different touches	2 min
Activity 7: Beautiful Unique Special (B.U.S) Cards	8 min
Finishing Off: recap	2 min

Session 4: TELLING SOMEONE

AIM OF THE SESSION:

To encourage child to tell a trusted adult about 'bad touch' and to teach them not to talk to strangers. Drama with the aid of puppets.

OUTLINE:

Starting Out: Recap	2 min
Activity 1: Drama part 1	5 min
Activity 2: Verse of song – if you're happy and you know it	2 min
Activity 3: Drama part 2	5 min

Activity 4: Full Song	4 min
Activity 5: Reinforce themes learnt	4 min
Activity 6: B.U.S cards	6 min
Finishing Off: recap	2 min

Session 5: GOD'S GIFT & PEOPLE I TRUST

AIM OF THE SESSION:

To help children realise that God created them unique by creating them with their own name, feelings, and body. For children to get a deeper sense of their uniqueness and to think about specific adults that they trust in the world.

OUTLINE:

Starting Out: Recap	2 min
Activity 1: Hand Prints	10 min
Activity 2: God's Gift	5 min
Activity 3: Fingerprints	3 min
Activity 4: Hand Prints - people we trust	10 min
Finishing Off: recap	2 min

Session 6: CELEBRATION

AIM OF THE SESSION:

For children to know they are loved, unique and special in Gods' eyes. Acknowledgment and affirmation of each child individually through a fun, celebratory session.

OUTLINE:

Starting Out: recap	2 min
Activity 1: Song - If you're happy and you know it	3 min
Activity 2: Certificates	20 min
Activity 3: Song - I am special	3 min
Finishing Off: endings	2 min

APPENDIX 2: Email Cover Letter for Participation in Interviews

Hi _____

I hope you are keeping well!

The reason for the 'out of the blue' mail is that I am getting hold of some old Global Action Teams who were involved in the I Am Special programme for my research. I know it has been a while since you ran I Am Special, but had to get hold of your team because you guys were great with I Am Special and Wonderful Me lessons. I am looking for willing participants who are free to do a one hour interview via skype with me whenever is convenient.

The idea is to raise awareness around how valuable late adolescents are in running child abuse prevention programmes in SA, in an attempt to try increase education and get down the crazy high rates of sexual abuse. Would you be interested in participating? Happy to answer any questions you have. Basically I'm asking what your overall experience was of running I Am Special.

Please let me know if you're interested

Blessings

Julie

APPENDIX 3: Interview Consent Form and Biographical Information Sheet

Centre for Child, Youth and Family
Studies
Faculty of Health Sciences
North-West University
Potchefstroom
0027 21 864 3593 (tel)
0027 21 864 2654 (fax)
www.nwu.ac.za

NORTH WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)**PARTICIPANTS CONSENT FORM TO PARTICIPATE IN RESEARCH**

Title of the Research: Understanding the experiences of late adolescent volunteer's participation in a child sexual abuse prevention school programme in Johannesburg.

You are asked to participate in a research study conducted by Julie Florens Masters student in Psychology, from the North West University. The results of this study will be in fulfilment of a MA Psychology degree. You have been chosen as a possible participant in this study because of your participation in the I Am Special programme at Oasis South Africa. You were selected to help the researcher gain a better understanding of how you experienced participating in a child sexual abuse prevention programme in schools.

1. PURPOSE OF THE STUDY

The research goal is to understand how you experienced participating in a child sexual abuse prevention programme in a classroom environment in Diepsloot, Cosmo City, or Nooitgedacht primary school. Your input will help to contribute to a broader and more realistic understanding of how volunteers in the late adolescent stage of development experience running an abuse prevention programme can contribute to similar programmes being run through NGO's to educate more children in schools, and try and decrease the high rates of child sexual abuse in the future.

2. PROCEDURES

If you volunteer to participate in this study, you will be asked to participate in an interview via skype, or face-to-face (depending on your location). This will help the researcher gain a better understanding of your experiences of participating in a child sexual abuse programme

in schools. The interview will take place during an agreed upon time. The face-to-face interview will last about 1 hour, be on a one-to-one basis, occur in Cosmo City, be audio recorded with your permission and transcribed (written out). The skype interview with your permission will be audio recorded and then transcribed for evidence. All data (information obtained from the interview) will be stored in a safe place and will only be available to the researcher. Feedback, if you want, will be provided to before the final report is published.

3. POTENTIAL RISKS AND DISCOMFORTS

The study will be using interviews to explore your experience of participating in the I Am Special prevention programme. This may cause you to feel some discomfort when sharing information, or raise awareness of past and current un/satisfactory interactions. You do not have to answer all of the questions and you may choose to stop participating in the research at any time. The researcher will be available to address any queries, issues, concerns and provide you with necessary support in the form of recommendations, information or referrals.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate direct benefits expected from this research. However the interview may help you to gain a deeper understanding into your perceptions and how it has impacted you as an individual. It may also make NGO's and government aware of the need for more child sexual abuse prevention programmes in schools in South Africa. It will give you an opportunity to be heard, and help raise awareness surrounding this sensitive topic.

5. PAYMENT FOR PARTICIPATION

You will not be paid for your participation in this study, nor will you have to pay anything to participate in the research.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will only be revealed with your permission or as required by law. To keep your identity secret pseudo (fake) names will be used for each participant. All data will be labelled with pseudo codes and stored on the researchers PC that is protected by a password only known by the researcher.

Interviews with the participants are to be audio recorded with your permission, for reference purposes and will be destroyed once the research is complete. The participants have the right to review/edit the tapes.

The researcher's supervisor and the university that the researcher is studying at will be able to view the information obtained from the study, however no names of the research participants will be revealed/made known.

The final research report, using pseudo names, will be published at North West University.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you do choose to be in this study, you may withdraw at any time without any consequences. You also do not have to answer questions that you do not want to answer and still remain in the study. If at any stage you feel uncomfortable or change your mind about participating in the research, you may drop out of the study at any stage. The researcher may remove you from this research if circumstances arise which warrant (demand) doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Julie Blok by email (julesflorens@googlemail.com).

9. RIGHTS OF RESEARCH SUBJECTS

You can choose to stop participating at any stage of the research without penalty. You are not breaking any legal claims, rights or remedies because of your participation in this research study.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to [me / the subject/ the participant] by Julie Florens in English and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] was given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction.

[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
 [name of the subject/participant] and/or [his/her] representative _____
 [name of the representative]. [He/she] was encouraged and given ample time to ask me any
 questions. This conversation was conducted in English and [no translator was used/this
 conversation was translated into _____ by _____].

Signature of Investigator

Date

Research Participant Details

BIOGRAPHICAL INFORMATION SHEET FOR INTERVIEW

Please complete and email it to Julie at julieblok@yahoo.com

<i>For administrative purposes only – Not to be completed by research participant</i>	
Research participant Code:	
<i>Please complete the following section as completely as you can. All information is strictly confidential and securely locked away.</i>	
Surname:	
First Name:	
Nationality:	
Age when you participated in I Am Special:	
Gender:	
Religion/ spiritual affiliation:	
Home language:	
Phone/skype address:	
Email address:	

APPENDIX 4: Interview Schedule

1. Tell me about your experiences of participating in the 'I Am Special' programme in regard to yourself personally? How has it impacted you as an individual?
2. Can you describe your experiences Before/During/After participation in the programme? How have your perceptions changed?
3. Thinking back over your experiences, what were the positives / negatives? In regard to the school/children/support, how would you describe these?
4. If you think of your age group, and your experience, what are your comments?
5. Is there anything else you would like to add, anything else that you can remember about your experience? Recommendations?

APPENDIX 5: Open-Ended Questionnaire with Email and Information Sheet

Email cover letter:

Hi _____

I hope you're keeping well! I have a favour to ask in regard to I Am Special research, info below.

I have already completed the interviews for my research on the I Am Special programme and am looking for a few more participants to complete some basic questions in regard to the I Am Special programme with Oasis SA. This shouldn't take much of your time, and would be a great help to learn more about your experience of presenting the I Am Special programme in schools in and around Cosmo City.

There are 7 open-ended questions attached , please take a look and fill in the gaps. You can interpret the sentences in any way you like and can put as much or as little information in as you like and can even add in more lines if the 3 aren't enough. I have sent the questions through as a word doc to save you printing it out etc. And because you remain anonymous in the research there is no need for signature or name even ☺ So feel free to be as honest as you like, I can guarantee that no one will ever know what you said ☺

I have also sent through a more detailed explanation of the research if you are interested, as well as a basic biographical info sheet (same doc as questions) just asking basic details like gender, nationality, education, please fill this in along with the questions and email back to me at julieflorens@gmail.com.

I would really appreciate it if you would complete this for me, as I would love to put in your input in the research (be it good or bad), and hopefully we can persuade NGOs to utilise more youth in the future to help present such an important topic to try bring down the high rates of Child Sexual Abuse in SA, and learn from what we should be doing better so the children can benefit.

If you have any questions whatsoever you can contact me on my email above.

Richest blessings

Julie



Centre for Child, Youth and Family
Studies
Faculty of Health Sciences
North-West University
Potchefstroom
0027 21 864 3593 (tel)
0027 21 864 2654 (fax)
www.nwu.ac.za

NORTH WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

INFORMATION SHEET FOR OPEN-ENDED QUESTIONS

Title of the Research: Understanding how late adolescent volunteer's experienced presenting a child sexual abuse prevention school programme in Johannesburg.

You are asked to participate in a research study conducted by Julie Florens Masters student in Psychology, from the North West University. The results of this study will be in fulfilment of a MA Psychology degree. You have been chosen as a possible participant in this study because of your participation in the I Am Special programme at Oasis South Africa. You were selected to help the researcher gain a better understanding of how you experienced presenting a child sexual abuse prevention programme in schools.

1. PURPOSE OF THE STUDY

The research goal is to understand how you experienced presenting a child sexual abuse prevention programme in a classroom environment in Diepsloot, Cosmo City, or Nooitgedacht primary school. Your input will help to contribute to a broader and more realistic understanding of how volunteers in the late adolescent stage of development experience running an abuse prevention programme and can contribute to similar programmes being run through NGO's to educate more children in schools, and try and decrease the high rates of child sexual abuse in the future.

2. PROCEDURES

As a volunteer participant in this research, you are asked to answer 7 open-ended questions related to how you experienced presenting the I Am Special programme during your time with Oasis South Africa. Feel free to interpret the questions in any way you prefer, and to answer them with as little or as much information as you'd like. You do not have to answer questions that you do not want to answer and still remain in the study. After completing the questions, please email back to Julie at julieflorens@gmail.com, along with the biographical sheet of your basic particulars.

3. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate direct benefits expected from this research. However through completing the sentences (questions) may help you to gain a deeper understanding into your perceptions and how it has impacted you as an individual. It may also make NGO's and government aware of the need for more child sexual abuse prevention programmes in schools in South Africa. It will give you an opportunity to be heard, and help raise awareness surrounding this sensitive topic.

4. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential. To keep your identity secret, pseudo (fake) names will be used for each participant. All data will be labelled with pseudo codes and stored on the researchers PC that is protected by a password only known by the researcher. The final research report, using pseudo names, will be published at North West University.

Let me know if you're interested and I will forward the findings/research when I'm finished 😊

BIOGRAPHICAL INFORMATION

Male or Female (delete one)

Age you were when you did I Am Special _____

Nationality _____

Race and Cultural group _____

Home Language _____

Religion/ spiritual affiliation: _____

Education level you have achieved _____

OPEN-ENDED QUESTIONS:

Please complete each of the following sentences in regard to your experience of the I Am Special programme. You can write as much or as little as you like (please feel free to add more space if needed). Please feel free to type in your answers, it is in a word document to make it more convenient for you and email back to me at julieflorens@gmail.com

1. Presenting the 'I Am special' programme impacted me.....

.....

2. My strongest emotion.....

.....

3. I loved it when.....

.....

4. I found it difficult when.....

.....

.....

5. I felt traumatised when.....

.....

.....

6. I would suggest

.....

.....

7. I would change.....

.....

.....

Thanks for your time and input it is much appreciated!

APPENDIX 6: Full specifications of journal

Child Abuse and Neglect preparation

Use of word processing software. It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text.

Length and Style of Manuscripts. Full-length manuscripts should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Instructions on preparing tables, figures, references, metrics, and abstracts appear in the Publication Manual of the American Psychological Association (6th edition).

Article subdivision. Divide your article into clearly defined sections. Three levels of headings are permitted. Level one and level two headings should appear on its own separate line; level three headings should include punctuation and run in with the first line of the paragraph. **Introduction .** State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Essential title page information • **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. • **Author names and affiliations.** Where the family name may be ambiguous (e.g., a double

name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. • Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author. • Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract. A concise and factual structured abstract is required which is not to exceed 350 words in length. The abstract should include subheadings of Objectives, Methods, Results, Conclusions and state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes. Footnotes The

use of footnotes in the text is not permitted. Footnoted material must be incorporated into the text.

Reference style Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5. List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication. Ensure that the following items are present: One author has been designated as the corresponding author with contact details: • E-mail address • Full postal address • Telephone and fax numbers All necessary files have been uploaded, and contain: • Keywords • All figure captions • All tables (including title, description, footnotes) Further considerations • Manuscript has been 'spell-checked' and 'grammar-checked' • References are in the correct format for this journal • All references mentioned in the Reference list are cited in the text, and vice versa • Permission has been obtained for use of copyrighted material from other sources (including the Web) •