

**Experiences of Adolescent Girls Who Have Been Sexually Abused That Influence Help-
Seeking Behaviour**

by

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Declaration

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I declare that

EXPERIENCES OF ADOLESCENT GIRLS WHO HAVE BEEN SEXUALLY ABUSED
THAT INFLUENCE HELP-SEEKING BEHAVIOUR

is my own work and that all the sources that I have used or quoted have been indicated and
acknowledged by means of complete referencing.

Ms Robyn Elizabeth Weimar



SIGNATURE

Date: 28 October 2021

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I would like to thank my mom for standing with me throughout this journey, without her I would never have made it. I would like to thank my brother for his energy and presence. To my aunts, Gaylene Deiner, Corina Deiner and Ronel Visser, thank you for staying up with me and finding the words that were lost to me. Thank you for Father Johnathan for never giving up on me. Thank you, Sarah Connolly, and Tarryn Whittaker for being the best friends a girl could ask for. Your weekly video calls from around the world make all this possible. Cyrus Salem, thank you. To my supervisor, Prof Maretha Visser, thank you, your patience and guidance never fading. To Dr. Danie Breedt and Dr. Estie van Rensburg, thank you for affording me the space to work on my research, plus much more.

In loving memory of my dad, Robert Paul Weimar.

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Abstract

This research aimed to explore the barriers and facilitators in help-seeking of adolescent girls following a sexual abuse incident in South Africa. The rationale for this research is illustrated through the review of current literature on the topic of help-seeking and the impact of any delays in the help-seeking journey. The review demonstrated a gap in the literature regarding this topic, with literature particularly lacking for this adolescent age group in the South African context.

Addressing the issue in the delay of meaningful, swift actions in help-seeking was the primary objective of this research. The aim of the research was to explore the actions and reactions of the girls directly after their sexual abuse incident, with the intention of finding commonalities which would form the barriers and/or facilitators to help-seeking. The intention behind the research was to change, prevent or minimize the barriers identified in order to prevent future survivors of sexual abuse from experiencing a similar traumatic ordeal in regards to help-seeking.

Six adolescent girls from the Teddy Bear Clinic were interviewed with the use of semi-structured interviews. The recruitment of the girls was largely dependent on the assistance of the social workers at the Teddy Bear Clinic. The social workers identified the research participants based on a selection criterion provided to them.

Interpretative Phenomenological Analysis (IPA) was used as the method for an in-depth, individualised analysis of the data, where four superordinate themes were created: “having to go alone”, “realisation hits home”, “considering the best option” and “joining forces”. Within each superordinate theme there are subthemes which support the need and complexities in working with this specific group of vulnerable girls. The analysis established the challenges faced by the girls in their help-seeking journey, namely: they felt helpless, were being threatened or faced the fear of further danger. Especially when they had no knowledge as to where to go get help and did not have a positive relationship with someone they trusted that could help them look for supportive services. This delayed disclosure could have increased their psychological damage if they eventually disclosed and were faced with an uncoordinated support system that did not refer them to appropriate services for support.

The analysis demonstrated the facilitators to help-seeking, namely: that they had a positive relationship with someone they could trust. It had to be a person who understood them and who would notice emotional reactions and changes in their behaviour. They expected that the person would help and not judge them if they listened to that “gut feeling” to disclose earlier rather than later. It would help the girls if such a person would take them seriously and seek support on their behalf. It would also help if a solid network of support was available.

This research provides an insight into the unique help-seeking experiences of adolescent girls who had been sexually abused, and offers contributions to policy change, training, awareness and education. Increasing community awareness and encouraging educational workshops to all those involved in child care, should prevent this already vulnerable group from being further exploited and abused.

Key words: sexual abuse, adolescence, girls, help-seeking behaviours, barriers, facilitators, qualitative, Interpretative Phenomenological Analysis, semi-structured interviews

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Chapter 1: Introduction

1.1 Introduction

The World Health Organisation [WHO] (2016) reported that one in five women and one in thirteen men reported that they have been sexually abused as a child. “South Africa is reported to have one of the highest rates of sexual assault in the world, with girls between the ages of 12–15 having the highest risk” (Smith et al., 2010, p. 225) A study among 3 515 children aged 10 to 17 years from two South African provinces, Mpumalanga and the Western Cape, noted a nine percent lifetime prevalence for sexual abuse (Meinck et al., 2016). The provinces with the highest incidence of sexual abuse seems to be Gauteng and Mpumalanga (Burton et al., 2015). Girls are more likely to experience forced and penetrative sexual abuse by an abuser, whereas boys were more likely to report forced exposure to sexual acts and material (Meinck et al., 2016). Many adolescents who have been sexually abused remain silent about the abuse, and may even deny it ever happened (London et al., 2005).

Research findings show that young, male children who have not disclosed previous incidents of abuse, are at a greater risk of not disclosing sexual abuse incidents at all. These risk factors result in more than one third of children not disclosing sexual offences or seeking help (Azzopardi et al., 2018; Meinck et al., 2016). Due to these alarming high rates of sexual abuse and the apparent silence of the adolescents, the aim of this study is to explore why adolescent girls in South Africa do not seek professional help after having been sexually abused. The rationale for focusing on girls is the high number of reported cases in comparison to cases reported by boys.

It is important to understand what hinders adolescent girls who were sexually abused from getting help as it may contribute to closing the service gap in mental health services (Shtapura-Ibrah & Benish-Weisman, 2019). Barriers to seeking help impacts the effectiveness of interventions, and by knowing what the barriers are, they can be removed to prevent ineffective interventions (Rickwood & Thomas, 2012). The study of help-seeking is crucial as many individuals do not access professional services for incidences of sexual offence, and the reasons for this and ways to intervene need to be investigated (Rickwood & Thomas, 2012). Even in countries with good access to mental health care, there is still a marked reluctance to access these services for mental health problems (Rickwood & Thomas, 2012). In South Africa, with limited resources, and other barriers to seeking help, a continuous cycle is created of vulnerable individuals remaining vulnerable. The researcher has had personal experiences with children

who had been sexually abused and observed the consequences of sexual abuse. These experiences motivated the conduct of this study.

1.2 Research Problem and Objectives

It seems as though many adolescent girls are hesitant to disclose their sexual abuse experiences and do not actively seek psychological help, or any help for that matter. Based on this observation, the purpose of this qualitative study became about exploring the patterns of help-seeking behaviours of sexually abused adolescent girls. The research question is: ‘What are the patterns of help-seeking behaviour of sexually abused adolescent girls in South Africa?’

The objective of the study is to identify the various factors that both inhibit and/or facilitate experiences of adolescent girls who have experienced sexual abuse that influence their help-seeking behaviours. The research aims to achieve this objective by exploring the reactions and actions of the girls directly after the sexual abuse incident. This will be done through semi-structured interviews conducted with six adolescent girls who have experienced sexual abuse at some point during their lives. The research explores experiences of sexually abused adolescent girls that both inhibit and facilitate help seeking behaviour.

The results of this study will provide much needed information and a better understanding of the processes that follow a sexual abuse incident which could influence help seeking behaviour. This in turn could influence policy and clinical practices aimed at making mental health care relating to sexually abused adolescents more readily available (Rickwood & Thomas, 2012; Smith et al., 2010).

The research will explore the reaction of adolescent girls after sexual abuse and how these reactions and experiences influence their help-seeking behaviour. This research aims to investigate the concept and process of disclosure and help-seeking patterns of sexual abused adolescent girls using Interpretative Phenomenological Analysis (IPA). The aim is to pursue an in-depth understanding of their experiences, with due consideration to factors which both inhibit or elicit the help-seeking journey of these adolescent girls.

1.3 Justification and Relevance of the Research

In view of the hesitation of adolescent girls to disclose their experiences of sexual abuse and seek psychological help, the thesis of this work is to investigate the patterns of help-seeking behaviour of adolescents who have been sexually abused with the intent to understand the processes which follow a sexual abuse incident which in turn could influence help-seeking

behaviour. The investigation into help-seeking behaviours may contribute to change processes so that girls can receive the psychological help needed to aid emotional and psychological well-being without delay. The investigation may in turn influence the long-term objective of influencing policy and practices aimed at making mental health care more readily available for adolescent girls.

Most studies on help-seeking behaviour are either quantitative, or focussed on mental health issues, or primarily conducted with adult samples reflecting back, or were not specifically done in South Africa (Magaard et al., 2017). Previous qualitative research was conducted in a retrospective manner by asking adults to think back about their childhood traumas. Such data is limited by the accuracy of memories. Some studies focus more on investigating the risk factors which place women - adults or adolescents - at higher risk for a sexual abuse incident to occur. These studies homed in on the events leading up to the incident, not what happened after the incident (Harner & Rosenbluth, 2003).

Several studies have focused on supportive services available to women on campuses of universities which provide their own medical, counselling and other services for students (Fisher et al., 2016). This study is one of a few focussing on the supportive services available to adolescents in South African communities.

Other studies investigated the events of help-seeking in Western societies, with few considering minority ethnic groups (Okur et al., 2016). This study did not stipulate which ethnic group would be considered or omitted. Lastly, sexual abuse during childhood has lasting and serious mental health consequences, often persisting into adulthood. As Ward and colleagues (2018) identified, supportive services in South Africa are overburdened and under-resourced. This situation further highlights the need for more research to be conducted to investigate facilitators and barriers to help-seeking adolescents who have experienced a sexual abuse incident.

1.4 Terminology

The two terms used consistently throughout this research paper are “sexual abuse incident” and “help-seeking”. Defining the terms beforehand should make it easier to understand and follow the remainder of the thesis paper.

1.4.1 Sexual Abuse Incident

The Children's Act 38 of 2005 (2005, p. 16) defines sexual abuse 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.*

The sexual abuse experiences of the participants in this study meet the definition set out by the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, to be discussed in Chapter 2. The girls were unlawfully and intentionally forced into penetrative sex without consent.

1.4.2 Help Seeking

Help-seeking behaviour is generally defined as:

Communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. Help-seeking is a form of coping that relies on other people and is therefore often based on social relationships and interpersonal skills (Rickwood et al., 2005, p. 4).

1.5 Conclusion and Outline of the Chapters

This chapter introduces the research and the rationale of the research. Chapter one outlines the context and aims of this research study. It begins the research journey by providing the background information of the study focussing on adolescent girls who have experienced a sexual abuse incident(s), relating specifically to their help-seeking patterns, as well as the rationale, objections to and justifications for the study.

Chapter two surveys current literature regarding sexual abuse in general, then narrows down the focus on specific adolescent sexual abuse incidents. The definition of help-seeking sets off the remainder of the chapter, which includes: typical cycles of disclosure and help-seeking as well as specific help-seeking cycles in South Africa. The possible reasons that prevent adolescent girls from seeking out help as well as the possible facilitators aiding in the process of help-seeking are discussed.

Chapter three discusses in detail the methodology selected for this specific study. The chapter includes the paradigmatic assumptions of the study, the rationale and limitations of the

selected data analysis as well as the research design. The data collection procedure follows suit in which the recruitment process of participants is discussed as well as the interviews conducted. The chapter entails a discussion on how the trustworthiness and quality of the research will be achieved and concludes with the ethical considerations and how to overcome and manage the considerations identified,

The aim of chapter four is to provide an in-depth understanding of the unique stories of each research participant. The data analysis of choice was IPA. The discursive accounts provided by the participants were critically analysed as a means to identify emerging themes, enabling the researching to create a final list of superordinate themes. Extracts from the discursive accounts were used to support the themes identified to provide more detail to the stories shared.

Chapter five aspires to present the results of the study in a clear and succinct fashion. The discussion begins within the current literature, as explored in chapter two, whilst identifying themes that occur in existing studies, or themes not found in current literature. Critically discussing this study and existing studies adds to the richness of the study. The study is critically evaluated and relevant recommendations for future research and clinical use are given. In the next chapter, the literature on the phenomenon under study is reviewed and discussed.

Chapter 2: Literature Review

2.1 Introduction

Children across all ages, economic backgrounds, and cultures may experience violence in a range of settings, from various perpetrators, including, but not limited to, their parents/guardians, peers or strangers (Pereira et al., 2020). There is a high prevalence of emotional, physical and sexual abuse experienced by children in South Africa (Meinck et al., 2017). The survivors of any abuse can experience a number of psychological, physical and behavioural consequences that can persist into adulthood if they do not receive appropriate treatment (Meinck et al., 2017; Pereira et al., 2020). Help-seeking, however, is a complex process and not all children seek and receive appropriate treatment.

This chapter will provide both relevant and recent literature on help-seeking patterns of sexual abused adolescent girls. This chapter also sets the context of the research by first defining what sexual abuse is. The statistics of sexual violence follows suit so as to highlight both the global as well as the local pandemic of sexual violence. The psychological impact of sexual abuse emphasizes its damaging nature. Lastly, barriers to as well as facilitators for help-seeking are discussed. The decision to include both barriers and facilitators was made to create the bigger picture of what the adolescent girls face during this traumatic period of their lives. It also aids in setting the background for the later chapters.

2.2 Definition of Sexual Abuse

The definition of sexual abuse was provided in chapter one. The definition supplied by the Criminal Law Act has been added to this chapter. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (2007, p. 10) defines sexual abuse (rape) as *any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B), without the consent of B, is guilty of the offence of rape*. In simple terms, the sexual abuse is committed against another individual who is unable to and/or does not give consent (Child Justice Act, 2008; National Health Service [NHS], 2016; WHO, 2020). The Children's Act 38 of 2005 (2005, p. 16) defines sexual abuse 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.

The South African Police Service [SAPS] (2019) definition of sexual offences is broader and includes attempted sexual offences. Their definition of sexual offences include: rape, compelled rape, sexual assault, compelled sexual assault, compelled self-sexual assault, incest, bestiality, sexual act with a corpse, acts of consensual sexual penetration with children can be define as statutory rape, or acts of consensual sexual violation with children can be defined as statutory sexual assault (Statistics South Africa, 2019, p. 92).

2.3 Statistics of Sexual Violence

Gender-based violence (GBV) is found in all corners of the earth. South Africa is one of those corners with the highest prevalence rates (De Vries et al., 2014; Ndenze, 2019). The Centre for the Study of Violence and Reconciliation [CSRV] (2019, p. 4) defines gender-based violence as “any act that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”.

Sexual violence is the most common form of GBV (CSRV, 2019; South African Human Rights Commission [SAHRC], 2018). Sexual violence (which includes rape) is often referred to as the “silent epidemic” as the crime is frequently underreported to police (Ameral et al., 2017; Meinck et al., 2017; Ward et al., 2018).

South Africa has been labelled the “rape capital of the world” due to the alarmingly high rates of sexual offences, with adolescent girls between 12 to 17 having high risk (de Toledo Blake et al., 2014; Statistics South Africa, 2018). The number of sexual violence cases being reported to the police is on the rise (National Strategic Plan [NSP], 2020). However, under-reporting is common for sexual violence crimes, with one study finding that only one in 23 women report their abuse to the police (NSP, 2020). From the periods between 2018/19 and 2019/20, the number of sexual offence cases reported went up by 872. The total number of sexual offence cases reported in the period 2018/19 was 52 420. The total number of cases in the period 2019/20 was 53 293. Eighty percent (80%) of the reported sexual offences were rape (Statistics South Africa, 2018).

Worldwide estimates report that up to one billion children aged 2 to 17 experienced physical, sexual or emotional violence or neglect in the year 2014 (Hillis et al., 2016; WHO, 2020). A recent Violence Against Children Surveys (VACS) report showed that a lifetime

prevalence of sexual violence among children aged 13 to 17 years ranged from 6% to 36% (Pereira et al., 2020). An American study by the U.S. Department of Justice found that in the period of 2015 to 2018, the rate of rape or sexual assault doubled for victims aged 12 and older (Morgan & Oudekerk, 2019).

The true numbers of children who have been sexually violated before the age of 15 years are not known and in fact are likely to be significantly higher than reported (NSP, 2020). The United Nations Children's Fund [UNICEF] (2014) termed this phenomena "hidden in plain sight" due to the serious underreporting and under acknowledgement of cases of sexual violence against children. The Hidden in Plain Sight report (UNICEF, 2014) found that a significant number (32% to 69%) of girls aged between 15 and 19 years never disclosed or sought help following a sexual violence incident.

According to Vetten et al. (2008) age substantially affects the features of rapes reported in Gauteng: 60.2% of rape cases reported involved adult victims; 25.2% of the cases were adolescent girls (ages 12 to 17); and 14.6% of cases were girls aged between 0 to 11 years. In nearly half of the adolescent rape cases the perpetrators were friends or neighbours. In 12.5% of the adolescent cases, the girls were raped more than once by the same perpetrator (Vetten et al., 2008).

The estimates vary depending on methods, definitions and location of the studies (Gialopsos, 2017). One study found a prevalence of 1.6% and another of 39.1% (Ward et al., 2018). Another study found 9% of children reported lifetime sexual abuse and 12.8% reported sexual harassment in the preceding year (Meinck et al., 2016). The Optimus Study in South Africa found in a survey that 35.4%, which is one in every three adolescents, reported experiencing some form of sexual abuse at some point in their lives (Artz et al., 2018). Accurately measuring the true extent of sexual abuse can help to dispel the myth that such abuse is a rare occurrence (Gialopsos, 2017). Multiple researchers have found that the correct label of a certain experience, such as sexual abuse, may contribute to an increase in the number of cases reported, which in turn would result in victims getting the help they need (Gialopsos, 2017; Hust et al., 2017; Khan et al., 2018; LeMaire et al., 2016; Muehlenhard et al., 2016; Orchowski et al., 2013).

It is shocking and alarming that the Independent Police Investigative Directorate (IPID) recently reported an increase in the number of rapes committed by a police officer (Bruce, 2020; NSP, 2020) and the South African Council for Educators [SACE] reported a 230% increase of sexual abuse cases perpetrated by teachers in the last five years (SACE, 2019). As

will be discussed later in this chapter, this alarming situation is highly likely to contribute to the barriers of help-seeking.

The estimated cost of GBV in South Africa ranges between R24 to R42 billion annually (NSP, 2020), which is severely underestimated as the additional social costs as well as reproductive health, mental health, productivity and social well-being are not fully incorporated.

As seen throughout this chapter, GBV, sexual assault, or rape has serious psychological and physical consequences for the victims (De Vries et al., 2014). As De Vries et al. (2014) point out, various attitudes, gender roles and practices in South Africa, create an environment that allows for the abuse to continue (Hust et al., 2017; Shafe & Hutchinson, 2014). The gender power inequality found in South Africa results in the high prevalence of forced sex (De Vries et al., 2014; Petersen et al., 2005). Jewkes, Penn-Kekana, and Rose-Junius (2005) found that many communities placed an emphasis on toughness, strength and male dominance. Men are expected to be in control of women and violence may be used as a tool to gain control (De Vries et al., 2014; Jewkes et al., 2005; Petersen et al., 2005). In the study, boys associated forced sex with a show of love and a way to satisfy their sexual urges (De Vries et al., 2014; Petersen et al., 2005). Men are excused for behaving “like men do”, or the act was rationalised as being less serious than it may appear (Jewkes et al., 2005; Petersen et al., 2005).

Children are considered as vulnerable to abuse due to the environment created which favours male patriarchy (Jewkes et al., 2005; Petersen et al., 2005). The value status of men, compared to that of girls, results in their vulnerability and it reduces the ability of girls to refuse sex (Jewkes et al., 2005).

2.4 Psychological Effects of Sexual Abuse

Due to the alarmingly high rates of sexual abuse a lot of research has been done on the impact of sexual abuse on children. The wide range of negative consequences of sexual abuse is well documented (Gialopsos, 2017). These negative consequences, both long-term and short-term, can be life altering and devastating for the victims (Gialopsos, 2017).

The psychological difficulties that children who have been sexually abused may experience, include post-traumatic stress disorder, depression, anxiety, dissociation, isolation, stigmatization, guilt and suicidal ideation (Fisher et al., 2016; Norman et al., 2012; Rowe et al., 2014). Other victim reactions to sexual abuse include self-blame, distrust, an increase in alcohol abuse (Meinck et al., 2017; Pereira et al., 2020), poor school performance, an increase

in absenteeism, and sleep disturbances (Gialopsos, 2017). Adolescent victims may feel they were responsible for the rape and feel confused about labelling the event as sexual abuse (Meinck et al., 2017; Pereira et al., 2020).

Psychotherapy can assist individuals in working through their difficulties such as the trauma of experiencing sexual abuse. The therapeutic space can provide support for the individuals to live more adaptive and productive lives despite the abuse (American Psychological Association [APA], 2019; Oh et al., 2020).

2.5 Definition of Help-seeking

Understanding the factors that influence help-seeking is the first crucial step for making changes to combat the issue of low reporting and the reluctance of adolescent girls seek help (Ameral et al., 2017). One of the challenges in studying help-seeking, is the lack of an agreed upon definition of help-seeking, as well as the lack of valid and reliable measures to assess the patterns of help-seeking (Dearing & Twaragowski, 2010; Rickwood & Thomas, 2012).

Help-seeking behaviour is generally defined as:

Communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. Help-seeking is a form of coping that relies on other people and is therefore often based on social relationships and interpersonal skills (Rickwood et al., 2005, p. 4).

Disclosure of the problem is seen as a form of help-seeking behaviour. By sharing their story, victims of sexual abuse are in fact reaching out for help.

2.6 Typical Cycles of Disclosure and Help-seeking

Disclosure of Child Sexual Abuse (CSA) is complicated, sensitive, often delayed and has implications for long-term recovery from the aforementioned psychological effects of abuse (Fontes & Plummer, 2010). CSA is found in almost all cultures and is shrouded in secrecy, silence and shame (Ahrens et al., 2010; Fontes & Plummer, 2010; McCart et al., 2010; Okur et al., 2016). The processes and outcomes of disclosures of sexual abuse greatly vary by culture, age and gender (Bicanic et al., 2015; Fontes & Plummer, 2010; Shtapura-Ifrah & Benish-Weisman, 2019). Child victims of sexual abuse may face the risk of secondary trauma in the crisis of discovering and disclosing the abuse (Husky, 2018; Summit, 2013). A difficulty in understanding the disclosure and help-seeking processes is amplified by the phenomenon of

children remaining silent about the abuse as well as the sensitive nature of child abuse (Okur et al., 2016).

CSA may be revealed in many ways, one of which is direct disclosure by the child to an adult when seeking help or protection (Bicanic et al., 2015; Fontes & Plummer, 2010). The disclosure often happens via multiple routes rather than by just one route (Fontes & Plummer, 2010). The most common way the abuse comes to light is when a family member senses something is “not right” based on the child’s behaviours, but does not suspect abuse straight away (Fontes & Plummer, 2010; Meinck et al., 2017). The family member, most commonly the mother of the child, will then try make sense of their suspicions by speaking to friends or family, by trying to gather more information about the suspected abuse, by more carefully observing the child, by confronting the suspected abuser and by talking to the child (Fontes & Plummer, 2010). The child’s mother may even take the child to see a professional in attempts to figure out what is the cause of the child’s sudden behaviour change (Fontes & Plummer, 2010; Ward et al., 2018). However, even after children have been interviewed by highly skilled professionals, children may still deny any abuse. A study by Ward et al. (2018) found that the disclosure of sexual abuse will more likely be disclosed in self-report questionnaires administered in schools than in personal interviews. Sometimes abuse may only be discovered through a diagnosis of a Sexually Transmitted Disease (STD) (Fontes & Plummer, 2010).

Studies on the disclosure process describe disclosure or help-seeking as a multi-non-linear process which is delayed by many factors (Allnock & Miller, 2013; Meinck et al., 2016). Specific barriers to help-seeking are discussed later in this chapter. The Child Sexual Abuse Accommodation Syndrome (CSAAS) (Summit, 2013) explains the complexities of the disclosure process. The child will at first be in denial, followed by reluctance to inform anyone of the event. The child will then disclose the incident, but will soon recant their story, possibly because of the reaction they get and finally, through reaffirmation they will disclose their story again (Husky, 2018; Meinck et al., 2017). This model may assist clinicians to understand the disclosure process.

Ahrens et al. (2010) discovered that two-thirds to three-quarters of adult sexual assault victims eventually disclosed their abuse. Less than half disclosed within the first three days and up to one-third waited over a year (Ahrens et al., 2010). In comparison to those who disclosed their abuse early, victims who delayed their disclosure were less likely to make use of medical services and to report the abuse to the police (Bicanic et al., 2015; Fisher et al., 2016).

A study by Ahrens, Stansell and Jennings (2010) on disclosure timing, examined disclosure in terms of how long victims continued to keep disclosing, whom they disclosed to,

and the types of reactions received during disclosure. Results of the study revealed four disclosure patterns: non-disclosers; slow starters; crisis disclosers and ongoing disclosers (Ahrens et al., 2010). The abuse details and abuse acknowledgement differentiated non-disclosers and slow starters from the other two disclosure groups (Ahrens et al., 2010). Slow starters were found to be less likely to disclose to the police or to seek medical aid and received fewer negative reactions (Ahrens et al., 2010). Non-disclosers experienced more psychological symptoms of depression and PTSD than the other groups (Ahrens et al., 2010; Bicanic et al., 2015; Fisher et al., 2016).

Crisis disclosers are often victims who disclose the event immediately after it happened but then stop disclosing. Ahrens et al. (2010) found that crisis disclosers may have stopped disclosing due to negative reactions they received upon disclosure. Ongoing disclosers disclosed within the first week after the event and continued to do so (Ahrens et al., 2010). There was no noticeable difference as to which disclosure group received more positive reactions (Ahrens et al., 2010).

A study conducted by Allnock and Miller (2013) found that 80% of children in their study tried to tell someone about their experience of sexual abuse. On average, it took them an average of seven years to disclose, with many keeping the secret into adulthood. Child victims have high rates of non-disclosure exceeding 25% and their rate of delayed disclosure is around 50% (Ahrens et al., 2010). International research suggests that the younger the child, the longer the delay between the abuse and disclosure (Bicanic et al., 2015; Meinck et al., 2017).

A study by Pereira et al. (2020) conducted in six developing countries, found that the prevalence for help-seeking behaviours in child survivors of sexual abuse ranged from 23% to 54% for informal disclosures (to family, friends, neighbours, community, or religious leaders) and 1% to 25% for formal disclosures or help-seeking (at hospitals, police, or social workers). The same study found that 16% to 28% of children knew where to seek formal help (health, social or legal services) but that only 1% to 11% of children received formal help (Pereira et al., 2020).

2.7 Specific Studies in South Africa on Disclosure and Help-Seeking Cycles

An earlier South African study by Vetten et al. (2008) examined 2 064 case dockets which included cases of adults, adolescents and young children. The study found that over 50% of the rapes were reported within hours of the rape. Three-quarters of the victims of rape reported the crime to the police within one day of the rape. The longest time lapse before reporting a rape

was five years (Vetten et al., 2008). The study found a general correlation between longer time lapses of reporting with ongoing, chronic sexual abuse (Vetten et al., 2008). Younger girls and adolescents reported not bringing the rape to the attention of the police after being told to tell no-one (Vetten et al., 2008).

A South African study by Meinck et al. (2017) reported results which were slightly higher than those of the Pereira et al. (2020) study. In the survey of Meinck et al. (2017) every household within the two South African provinces selected were visited to recruit children aged 10 to 17 (3 514 in total) for participation. Their sample was not specific to children who had experienced sexual abuse. Meinck et al. (2017) found that 98.6% of the children in the study could name at least one suitable confidante or formal service where they could disclose the abuse (most likely due to school psychoeducation programmes). Of the entire study only 20% of children who experienced any form of abuse, disclosed and requested help, but only 72% of these children who disclosed actually received help (Meinck et al., 2017). This study noted that although children in South Africa know where to find available services and how to access them, the recourse to identified services was generally low (Artz et al., 2016; Meinck et al., 2017). This study highlights the need for children to first disclose sexual abuse in order to receive the necessary help needed.

The children most commonly disclosed to their caregivers/parents and teachers, rather than to professionals (Ahrens et al., 2010; Allnock & Miller, 2013; Bicanic et al., 2015; Fisher et al., 2016; Gialopsos, 2017; Meinck et al., 2017). Adolescents are shown to disclose to their friends, followed by family, then teachers and finally professionals (Ahrens et al., 2010; Bicanic et al., 2015; Fisher et al., 2016; Gialopsos, 2017; Husky, 2018; Pisani et al., 2012). In the past two decades people of South Africa have experienced rapid urbanisation, villages took on new social structures and many people moved into new urban settlements (Jewkes et al., 2005). This change resulted in less traditional child care with less family members being around to take care of the children (Jewkes et al., 2005). Children are consequently left alone without supervision, which increases their vulnerability to abuse (Jewkes et al., 2005).

Research conducted by Mathews, Hendricks, and Abrahams (2016) found that children may disclose strategically to friends with the purposeful intention of their friend telling a parent on their behalf. They do this because of the fear of parental reactions. The child is likely to go this route to help-seeking as the child may be fearful of not being believed or may have feelings of self-blame (Allnock & Miller, 2013; Artz et al., 2016; Meinck et al., 2016; Pereira et al., 2020; Smith et al., 2010). Notably some children were forced into admission to disclose

through threats or beatings by caregivers/parents when the caregiver/parents noticed something was not right with their child (Mathews et al., 2016; Meinck et al., 2017).

Of the entire population covered in the study of Meinck et al. (2017), 9% or 306 children experienced sexual abuse. Of those 306 children, 2.8% (21 children) reported the abuse to the police and 2.1% (16 children) reported being assisted by medical or social services (Meinck et al., 2017). The children who received help, received help from the community (7.1%), not from governmental services (Artz et al., 2016; Meinck et al., 2017). Help received by the community was in the form of community members chasing the perpetrator away, beating the perpetrator or pooling together financial aid for the family of the child. Aid and help from the community was notably more than the aid from social work, psychology and policing put together (Meinck et al., 2017). The perception of ineffective services may be the reason why abuse cases are reported to the community more frequently than to police or social services (McCart et al., 2010; Meinck et al., 2017; NSP, 2020; Smith et al., 2010).

Adults who are the first to hear of the disclosure are often unprepared to respond appropriately (Fontes & Plummer, 2010). In contrast, disclosures that are made to professionals can result in swift action. The children also reported the experience with professionals as most helpful (Allnock & Miller, 2013; Meinck et al., 2017). When the children received help from professionals they were told the plan on the way forward, they were listened to and they experienced empathy (Allnock & Miller, 2013; Meinck et al., 2017). A supportive disclosure is different to that of receiving actual help (Allnock & Miller, 2013; Meinck et al., 2017). Children in informal settlements or those who made use of services after hours, received significantly less psychotherapy or social work support (Meinck et al., 2017; Pereira et al., 2020).

It is horrific to note that only 4% of the perpetrators of all the CSA cases in the Gauteng province are reported to have been sent to prison as determined by reviewing court docket paperwork (Meinck et al., 2017; Vetten et al., 2008). A study mentioned earlier by Vetten et al. (2008) noted that of the 2 064 cases in their study, 50.5% resulted in arrests, but only 42.8% of perpetrators were charged and 15.6% of the perpetrators convicted of rape received less than the mandated minimum sentence of 10 years. Life imprisonment was seldomly observed (Vetten et al., 2008). More than half of the rape cases were thrown out by the courts (Vetten et al., 2008). In cases which involved young girls, the perpetrator was more often found guilty in comparison to adult cases (Jewkes et al., 2009; Vetten et al., 2008).

Vetten et al. (2008) argue that the low conviction rate is more often attributed to sloppy police work. Their study observed that the victims' actions immediately after the rape

influenced the criminal justice system's reaction to the case. The chances of arrest were higher if the rape was reported to the police immediately as it was deemed easier to locate the suspect (Jewkes et al., 2009; Vetten et al., 2008).

2.8 Possible Reasons for Not Seeking Help

Do individuals easily seek help or do they experience barriers? Barriers in seeking help can be differentiated between labelling, psychological, sociocultural and economic barriers. There are limited studies focusing on help-seeking by girls who have been sexually abused, specifically in South Africa. Adolescent sexual abuse is often not disclosed to anyone for many years, and in some cases never disclosed. When there is disclosure, it often occurs as a process, not a single event. The barriers to disclosure and help-seeking identified in literature will be discussed below.

2.8.1 Labelling

In many cases women who experience acts that are consistent with the legal definition of rape or sexual assault may not label their experience as such. As a result, they do not see themselves as being sexually abused and therefore do not report these crimes to the police, nor do they seek out therapeutic resources. In many of these cases, women who experience these acts do not define themselves as victims, because their experience differs from their personal definitions of what constitutes rape and sexual assault (Khan et al., 2018; LeMaire et al., 2016; Mallicoat, 2019; Peterson & Muehlenhard, 2011). Older women were found to label their experience as rape more often than younger women (LeMaire et al., 2016).

Sexual abuse is a deeply complicated topic with numerous factors playing an important role in whether or not a victim will label their experience as rape or sexual abuse (LeMaire et al., 2016; Orchowski et al., 2013). A study by LeMaire and colleagues (2016) found that of 276 female college students that had been raped, less than half labelled their experience as rape. The study by Orchowski et al. (2013) found similar results, with numbers ranging between 42% and 78% of rape victims that did not label their experience as rape. Khan and colleagues (2018, p. 433) define labelling as “categorizing an experience as an assault”; “telling” as communicating that experience to someone else; and “reporting” as communicating that experience to an official who holds a position that carries a responsibility to investigate or act. The action of labelling does not need to be done by the person who was sexually abused, but it

could be by someone else (Khan et al., 2018). The question to ask is whether self-labelling is an important component for disclosing and seeking help?

The victim may not label their experience as rape. They may experience feelings of being responsible, distress, fear, guilt and stigma, to name a few (LeMaire et al., 2016). Victims may not feel they resisted enough; they may not feel the incident was forceful enough or they may feel partially responsible (Khan et al., 2018; LeMaire et al., 2016). Other victims reported that they wanted to avoid feeling worse or wanted to avoid having to report the experience as a means to prevent the traumatisation of the rape incident (LeMaire et al., 2016). The act of labelling, telling and reporting make the act of sexual abuse real, formalised and concrete. This may result in the victim being re-victimised, re-traumatised and made to feel worse (Khan et al., 2018). Although some victims feel empowered by labelling their experience, for many not labelling means they can keep their current identities; maintain their social relationships; and avoid derailing their current or future goals (Khan et al., 2018). Lastly, women who are deeply imbedded in environments where women are treated differently and are seen as inferior to men, are less likely to identify their experience as rape (LeMaire et al., 2016).

Consent is another factor. Men and women may negotiate sexual consent according to different gendered behaviours as defined by a heterosexual sexual script (Hust et al., 2017; Muehlenhard et al., 2016). These scripts reflect the gendered differences in which men can be considered to have the higher status (Muehlenhard et al., 2016). The sexual script for men would follow the logic of a sexual conquest; male dominance in sexual interactions; objectification of women; and avoidance of commitment (Hust et al., 2017; Muehlenhard et al., 2016). The script for women may be that they should be passive; be responsible for setting sexual boundaries; use their appearance to attract men; and to be highly focused on obtaining a committed relationship (Hust et al., 2017). Every time that someone is exposed to this, these scripts are maintained in the socialisation process by some individuals and can influence their labelling of abuse. However, not all individuals follow these cultural “scripts”.

Peterson and Muehlenhard (2011) explain the concept of labelling using the match-and-motivation model. According to this model labelling depends on two processes. First, the match between the victim’s individual experience and the victim’s script for potential labels of the experience. Secondly, the victim’s motivation to use or not use a label based on their expectation of the consequences of applying the label. The implication of this processing model is that women who do not deem their experience as rape - based on their history, background and individual life experiences - will more than likely not reach the point of disclosure as these women will in all likelihood not deem this a crime or violation towards them.

A number of studies looked at the consequences of labelling or not labelling sexual abuse (Ameral et al., 2017; Khan et al., 2018; LeMaire et al., 2016; Peterson & Muehlenhand, 2011; Valandra et al., 2019). There are various subsequent mental health consequences if the experience is not labelled as rape (Bicanic et al., 2015; LeMaire et al., 2016; Peterson & Muehlenhand, 2011). The mental health consequences may include an increase of alcohol consumption, alcohol abuse and misuse; isolating behaviours; feeling out of control, underlying or suppressed feelings; PTSD and major depression (Bicanic et al., 2015; LeMaire et al., 2016).

On the other hand, there are mixed conclusions on whether labelling sexual abuse has any benefits for victims (LeMaire et al., 2016; Peterson & Muehlenhand, 2011). Labelling the experience as rape may also have psychological and emotional consequences as well as implications related to the pursuit of justice (Fisher et al., 2016; Orchowski et al., 2013).

One study found an increase in alcohol consumption and abuse by women who do not label their experience as rape (LeMaire et al., 2016). Women who reported their rape were found to have less psychological problems as interference in their work and social activities; they felt significantly better overall and had more social support (LeMaire et al., 2016; Peterson & Muehlenhand, 2011). In addition, women who labelled their traumatic experience felt happier and engaged less in self-blame behaviours (Peterson & Muehlenhand, 2011). Mixed results have been found in terms of Posttraumatic Stress Disorder (PTSD) symptoms when comparing women who label and women who do not label their experience as sexual abuse (LeMaire et al., 2016; Orchowski et al., 2013).

As labelling has such an impact on victims of rape, understanding the factors related to labelling may create a better understanding to help the victims in turn to understand their experience (Orchowski et al., 2013; Peterson & Muehlenhand, 2011). It is possible that providing victims with such information may lead to an increase in reporting, thus improving the chances of legal justice and prevention of future incidences (Orchowski et al., 2013).

2.8.2 Shame, Stigma and Embarrassment

Following the abuse, the girls may feel threatened by the abuser and fear they will not be believed (Meinck et al., 2017) because of the negative attitudes and perceived stigma related to sexual abuse in the society (McCart et al., 2010; Pereira et al., 2020). Some girls may feel embarrassed knowing others will know of their sexual abuse experience. The girls may be

made to feel weak, ashamed or that they deserve what happened (Allnock & Miller, 2013; Meinck et al., 2016; Pereira et al., 2020; Smith et al., 2010).

Ahrens et al. (2010) found three reasons for silence related to sexual abuse. The first is negative reactions from professionals or authorities which led the child to question whether the disclosure was worth it. Secondly, negative reactions from friends and family which reinforce the belief of self-blame. Thirdly, negative reactions from either professionals, family or friends which reinforced the child's uncertainty as to whether their experience was actually sexual abuse (labelling) (Ahrens et al., 2010). These reasons for silence can be detrimental to the child, and can, to an extent, result in secondary victimisation by the very people that should help the child (Ahrens et al., 2010).

The girls may want to avoid thinking about, remembering or talking about the sexual abuse, because it is emotionally too painful (Allnock & Miller, 2013). Older girls are more aware that following a disclosure, authorities will be contacted and will become involved. Fear that they may not be believed by the authorities and other role players and that they are in fact at risk of being blamed for the incident, are possible reasons for girls not disclosing that they were abused (Allnock & Miller, 2013; Meinck et al., 2016; Smith et al., 2010). In addition, they feel that nothing will be done to the perpetrator and that there is consequently no point in disclosing the incident (Allnock & Miller, 2013; Meinck et al., 2016).

2.8.3 Lack of Support and Perceived Helplessness

The lack of trust, lack of support (not having anyone to turn to), perceived helplessness (thinking nothing will change) or avoidance to burden others negatively, influence disclosing and help-seeking (Gulliver et al., 2010; Okur et al., 2016; Pereira et al., 2020; Rowe et al., 2014). Girls are also less likely to report the experience if it occurred when they were alone (UNICEF, 2014).

2.8.4 Fear of Repercussions and Self-Blame

Some girls may fear that they will be punished by their parents or the community, which can result in the girls remaining silent about the abuse (Smith et al., 2010). Children may be punished for being perceived as telling a lie (Fontes & Plummer, 2010). Children may be sent away to protect them from the perpetrator, which makes them feel as if they are being banished. This may result in the child stopping to speak of the abuse (Fontes & Plummer, 2010; Smith et

al., 2010). These negative feelings may extend beyond the girls onto their families who may fear being shunned by their community (Smith et al., 2010).

Rape is often considered an act of punishment used to demonstrate power over girls (Jewkes et al., 2005). Girls are also rendered vulnerable as they come from communities in which the likelihood of the perpetrator being prosecuted is very low. The girls are often blamed, and in some cases the perpetrator is protected (Jewkes et al., 2005; Petersen et al., 2005). Girls may feel partly responsible in that they did something to contribute to the sexual abuse, especially if the perpetrator was someone they knew. By the time the abuse has become severe, the child may feel responsible, or guilty, for not saying anything sooner; or the child may have become inappropriately used to the abuse as a normal part of life; or the child may even enjoy certain aspects of the relationship and take steps to protect the perpetrator; or the child is threatened frequently not to tell (Fontes & Plummer, 2010). This may result in the girls failing to recognise the perpetrator as the person responsible (Allnock & Miller, 2013; Meinck et al., 2016; Pereira et al., 2020).

2.8.5 Lack of Awareness

Due to the trauma girls may feel shocked and confused. They may not be able to remember details of the abuse which may influence their disclosure. They also fear no one will believe them if they cannot remember the details (Allnock & Miller, 2013; Fontes & Plummer, 2010; Meinck et al., 2016). The girls may not have the language or cognitive abilities to understand what happened. Children may dismiss what happened as “a dream” or “nightmare”, or just their imagination (Fontes & Plummer, 2010; Pereira et al., 2020). The rape often came to light as changes in their behaviour were recognised by others, or because the girls reported symptoms indicative of sexual assault (Mathews et al., 2016; Meinck et al., 2017; Vetten et al., 2008).

Limited access to education and information results in girls being uninformed and unaware of the signs and consequences of rape. Girls with higher levels of education are more likely to report sexual abuse than older girls with little or no education (Allnock & Miller, 2013; McCart et al., 2010; Meinck et al., 2016; Smith et al., 2010). Victims may not believe the incident was serious enough to seek help as they may not have the knowledge required to define what sexual assault is, or they do not know that services are available to assist them (Ameral et al., 2017; Fisher et al., 2016; McCart et al., 2010). Failure to recognise their experience as a problem,

failure to believe services are needed, and a lack of vocabulary to describe the act contributes to the growing problem of not seeking help (Pereira et al., 2020).

2.8.6 Community Attitudes/Belief towards Professional Help/Psychologists - Influences of Cultural Values, Beliefs and Norms

Cultural values, beliefs and norms plays an important role in the help-seeking process (De Luca et al., 2019; Shtapura-Ifrac & Benish-Weisman, 2019). It could be argued that the attitudes of the communities not only shape and define the girls' attitudes as they grow up, but the way rape is labelled, managed and reported is also affected by the larger communities' attitudes toward the act as discussed at length in the section on labelling sexual abuse.

2.8.7 Power Inequalities

The power inequality between men and women often results in women not feeling empowered to seek help and often blame themselves for being a victim. Smith et al. (2010) argue that women feel that they will not be heard and that justice will not be served. The power imbalance that exists generally values women less and supposedly leaves them at a disadvantage in comparison to men (De Luca et al., 2019; Shtapura-Ifrac & Benish-Weisman, 2019). It is further argued that rape is a form of physical expression and emphasises the domination within this power inequality which can be traced back into history and the deeply rooted sociocultural norms revolving around the patriarchal code of respect (De Luca et al., 2019; Shtapura-Ifrac & Benish-Weisman, 2019; Smith et al., 2010). This patriarchal code may be a contributing factor to the sense of shame and self-blame experienced by many women who have been abused (De Luca et al., 2019; Shtapura-Ifrac & Benish-Weisman, 2019).

The study by Smith et al. (2020) put forward the notion that many South African communities have perceptions of normalising rape as the definition of rape is dependent on the sociocultural norms of each community. The study continues by stating that so many girls are forced or tricked into performing sexual acts that the commonality of unwanted sexual acts may be creating a sense of normalcy throughout the generations, continuously being passed on from one generation to the next (Smith et al., 2010). This community perception may result in children feeling that they do not have the right to prevent or refuse sex (De Luca et al., 2019; Pereira et al., 2020; Smith et al., 2010).

2.8.8 Lack of Available and Quality Services

The lack of treatment programmes and access to services present as a barrier to help-seeking (Pereira et al., 2020). This sociocultural barrier covers the negative attitudes towards the health care system as well as accessibility and affordability of mental health services. The study done by the NSP (2020) highlighted the unfair notion that girls from lower economic backgrounds have significantly less access to quality services and resources as compared to girls from higher economic backgrounds. An increase in help-seeking was observed if the treatment was paid for and covered by third parties or offered as a free service (McCart et al., 2010). Even where basic support services exist, they are typically underfunded and deficient in quality. There is also a lack of qualified staff to provide the necessary support and care for the girls. All of which contribute to unnecessary re-traumatisation (NSP, 2020). Added to this, girls may not be able to make weekly appointments due to work, school and other personal engagements (McCart et al., 2010).

Victim unfriendly services remain a problem at many victim support centres, specifically at the Thuthuzela Care Centres (TCC). Such services can contribute to re-traumatisation of victims (Bougard & Booyens, 2015; NSP, 2020). These authors report that the unfriendliness is not limited to victim support centres but is widely prevalent in emergency medical services (EMS) and the police (Bougard & Booyens, 2015; Meinck et al., 2017; NSP, 2020; Smith et al., 2010). The attitudes of police influenced whether a victim would report their abuse or not. O’Neal and Hayes (2020) reported that the majority of their research participants, active police officers, believed most adolescents commonly lie about their sexual abuse. These attitudes result in the climate of victim-blaming, where the victim is held accountable and not the perpetrator (O’Neal & Hayes, 2020).

The NSP (2020) report found that only half of all TCCs have a private space for the girls to receive support or to report a crime. In addition, perpetrators use the same entrance as the girls. An even larger problem is that the NSP (2020) found evidence supporting the notion that the TCCs are not child friendly, despite handling 60% of child cases.

This deficiency which results in a delay of treatment can be observed in almost all areas of service delivery in South Africa, from timely healthcare, police response, access to justice (including legal aid), safe accommodation, shelters and youth care centres (McCart et al., 2010; NSP, 2020; Smith et al., 2010).

2.8.9 Financial Constraints

Girls who have a background of low socioeconomic status may be financially dependent on the perpetrator. This dependency increases their vulnerability to sexual coercion and therefore they may not seek help for the rape for fear of losing their economic safety net (Bougard & Booyens, 2015; McCart et al., 2010; Shafe & Hutchinson, 2014; Smith et al., 2010). Unfortunately, a girl in need of money to support her family can easily fall victim to rape in providing sexual favours to survive. The girls will likely not disclose the rape experience due to the belief that their silence will be in the best interests of supporting their family. From another perspective, girls who live in poverty may engage in sex work for money. This not only perpetuates their risk of being raped or sexually assaulted, but it may also discourage them from disclosing and seeking help due to the legal ramifications associated with sex work (McCart et al., 2010; Smith et al., 2010). Secondly, multiple studies have found that cost of transport and perceptions of available resources have a major influence on seeking help (Meinck et al., 2017; Pisani et al., 2012).

2.9 Possible Facilitators for Help-seeking

2.9.1 Demographic Characteristics

Ameral and colleagues (2017) argue that there are a number of demographic characteristics which increase the likelihood of victims seeking help. Age appears to be an important variable in predicting disclosure. Evidence suggests that younger children are at higher risk of delaying their disclosure compared to adolescents (Bicanic et al., 2015).

The study results of Pereira et al. (2020) suggested that the household composition influenced the level of help-seeking behaviour. Where there are more adult females in a household and where a biological father is absent, it consistently correlates with promoted help-seeking behaviours. It is possible that the absence of a patriarchal order implies that the girls feel more willing and safe to share.

2.9.2 Knowledge and Awareness

Victims who defined or labelled their sexual abuse according to the legal definition of rape, were more likely to disclose without much delay, compared to those who did not feel their rape met the definition (Ahrens et al., 2010). Typically, stereotypical assaults that involved force or physical harm were more likely to be labelled as rape. Victims of past abuses, who did not label the assault as rape, are less likely to disclose, or will disclose only after a delay (Ahrens et al., 2010).

2.9.3 Investigation, Self-preservation and Protection

Adolescents who were asked about their sexual abuse, grew more mature and found the power to speak out. They did not want to put up with the abuse any further and wanted to protect others from the same abuse (Allnock & Miller, 2013; Meinck et al., 2016; Pereira et al., 2020).

Girls who experienced negative psychological and medical consequences as a result of the abuse will be more likely to contact any resource available for the purposes of getting help compared to those who suffered none or little consequences (Fisher et al., 2016). Girls whose academic performance decreased and who experienced difficulty concentrating were also more likely to seek help (Fisher et al., 2016; Meinck et al., 2016).

2.10 Help-seeking Models

2.10.1 Cauce's help-seeking model

The model of Cauce et al. (2002) for help-seeking considers how the process of formal and informal help-seeking after CSA, is influenced by cultural attitudes (McCart et al., 2010; Okur et al., 2016). This model suggests that there are three different phases in help-seeking:

- The first phase is that the child recognizes that there is a problem.
- The second phase is the child deciding whether seeking help is the right choice or not.
- The last phase is the child deciding what kind of help is appropriate (McCart et al., 2010; Okur et al., 2016).

Culture and context are said to affect all three phases of this model. For instance, in phase one, the definition and perceptions of what CSA is, may differ between ethnic groups and in different situations. This will determine if the child labels it as a problem. In Phase two, the cultural attitudes concerning shame, a women's status and patriarchy may impede a child's willingness to seek help. If the family finds it difficult to discuss sex-related matters, the child may do the same by not disclosing the abuse. In the last phase the strength of family networks, or the lack thereof, may determine if the child will seek help within the family or whether they will look for it outside of the family (McCart et al., 2010; Okur et al., 2016).

2.10.2 The Health Behaviours/ Belief Model (HBM)

The Health Behaviours/Belief Model (HBM) is a model more commonly used in the health education field and is seen as a useful theoretical framework for understanding help-seeking patterns and behaviours in victims of sexual offences crimes (Ameral et al., 2017). The HBM framework has been widely used to explain and predict proactive health-related behaviours

(O'Connor et al., 2014; Salari & Filius, 2017). The HBM would argue help-seeking and disclosure of sexual abuse revolves around the victims' perceptions about the event and the costs or benefits associated with seeking help (Ameral et al., 2017; Kim & Zane, 2016). According to the HBM proactive health behaviours depend on an individual's:

- 1) Level of perceived susceptibility to an illness or condition;
- 2) Perceived degree of severity of the consequences resulting from the condition;
- 3) Levels of perceived benefits for seeking out help with aims to reduce the susceptibility or severity;
- 4) Level of perceived costs related to the health behaviour; and
- 5) General motivation towards one's health (O'Conner et al., 2014).

This model claims further credibility as it has been proven successful to predict help-seeking patterns in other contexts by not limiting behaviour to specific age groups, financial status or education (Ameral et al., 2017; O'Conner et al., 2014).

The perceived severity and seriousness of the violent act as well as the mixed perceptions of the benefits of help available are barriers to girls disclosing and seeking help (De Luca et al., 2019; Fleming & Resick, 2016; Kim & Zane, 2016; Pereira et al., 2020; Smith et al., 2010). Hence, if victims perceive the act and its consequences as serious and if they think the help will be effective, chances are increased that they will seek help (De Luca et al., 2019; Fleming & Resick, 2016; Pereira et al., 2020; Smith et al., 2010).

2.10.3 The Social Ecological Model (SEM)

The Social Ecological Model (SEM) examines help-seeking through various domains, namely societal, organisational and individual and the interaction between the domains. The model looks at how groups and social networks create the contexts which contribute to an individual's beliefs and actions (Khan et al., 2018; O'Neal & Hayes, 2020). The first level of SEM takes into account the contextual life history which influences an individual's response to personal relationships, behaviours and reactions to society (Khan et al., 2018; O'Neal & Hayes, 2020). This would include societal norms and values such as gender roles and male dominance. The second level includes the relationship between friends, and family members that could increase an individual's risk of abuse and limited support needed to create an environment conducive for disclosure, which is considered crucial as beliefs are constructed

through these interactions (Khan et al., 2018; O’Neal & Hayes, 2020). This includes ideas which facilitate the acceptance of sexual abuse (O’Neal & Hayes, 2020).

The third level considers the broader societal factors that may increase the risk of sexual abuse (Khan et al., 2018; O’Neal & Hayes, 2020). This level of SEM includes the community which facilitates the development and maintenance of norms and beliefs of sexual abuse (Khan et al., 2018; O’Neal & Hayes, 2020). The norms and beliefs may revolve around the idea of gender, sexuality, rigid gender roles and masculinity (O’Neal & Hayes, 2020). For example, communities who support a patriarchal social order may not identify the abuse experienced as wrong or criminal. As such this belief may have an influence over an individual’s disclosure and help-seeking behaviour in such a way that disclosure does not occur as the behaviour is normalised. As such no disclosure occurs and therefore there is no concept to seek help.

The result of having this view is that the acts of abuse may become imbedded and normalised within the broader society (Khan et al., 2018; LeMaire et al., 2016; O’Neal & Hayes, 2020). Generationally this embedment may become accepted as a norm (LeMaire et al., 2016). As such, members of this society may not define the act as abuse or abuse according to the legal definition (LeMaire et al., 2016; O’Neal & Hayes, 2020). The larger consequence of this is that the status quo is maintained and is likely to be passed on from one generation to the next.

2.10.4 The Social-cognitive Theory of Planned Behaviour (TPB)

The social-cognitive Theory of Planned Behaviour (TPB) is a social cognitive model, developed by Ajzen (2011). The model was developed to predict and explain the behaviours of individuals (Mtenga et al., 2015). According to Mtenga et al. (2015) the TPB model has been extensively tested and validated in various cultural contexts. In addition, the TPB model has proven successful in predicting intention and behaviour for most health problems and health care settings (Ajzen, 2011; Sassen et al., 2015).

The TPB model consists of three core constructs: attitude, perceived behaviour control, and subjective norms. Attitude is deemed the evaluation of both the advantages and disadvantages of behaviour. Perceived behaviour control relates to the confidence of the individual in their ability to perform the behaviour. Lastly, subjective norms are the perceived social approval attached to behaviour (Mtenga et al., 2015; Sassen et al., 2015). Each of the three core constructs correlate to intention. Intention is crucial to the TPB model, as it prompts the individual to engage or not engage in behaviour (Sassen et al., 2015).

In summary, the TPB model argues that most individuals tend to engage in health behaviours after evaluating their behaviours as positive (attitudes) when they consider their behaviour to be under their personal control (perceived behaviour control) and when the people of significance to them noted their positive behaviour to be meaningful (subjective norms) (Sassen et al., 2015).

2.11 Conclusion

The number of child abuse cases is increasing every year and is drawing a substantial amount of attention from society. Child abuse has been deemed an international pandemic. This chapter focused on the definition of sexual abuse and the alarmingly high rates of sexual abuse around the world and specifically in South Africa. It was found that the rate of disclosure and help-seeking do not match the high level of abuse. Reasons for low help-seeking are discussed in the form of barriers and facilitators of help-seeking.

In summary the barriers for not seeking help can be categorized as follows:

- 1) Lack of awareness;
- 2) Lack of access to services;
- 3) Fear of repercussions (getting in trouble, feeling threatened);
- 4) Shame, stigma and embarrassment;
- 5) Self-blame (the child feeling responsible);
- 6) Finances (unable to afford services and/transport);
- 7) Perceived helplessness;
- 8) Not labelling the event as a problem; and
- 9) Lack of support (fear of abandonment and no trust).

The facilitators to help-seeking were:

- 1) Investigation, Self-preservation and Protection;
- 2) Demographic Characteristics; and
- 3) Knowledge and Awareness.

In the last section of this chapter different disclosure models were discussed. Overall a small number of South African studies have been conducted on the process of disclosure and service delivery (Mathews et al., 2016; Meinck et al, 2016; Smith et al., 2010). The majority of these studies were quantitative in nature. They were also from a retrospective approach and

did not explicitly investigate the quality and availability of mental health services following the disclosure of sexual abuse. This type of data excluded the insight and experiences of adolescents who have been sexually abused and their help-seeking behaviours. Thus, the aim of this research is to gain a better understanding of an adolescent's unique, personal experiences, behaviour and interpretations of the process of help-seeking. The goal being to assist them to seek and receive help to ultimately protect other children from having to go through similar grotesque and unpleasant experiences.

Chapter 3: Research Methodology

3.1 Introduction

In this chapter the method of how the results and conclusions of this research were achieved is discussed. The purpose of this qualitative research study was to explore the experiences and behaviour of help-seeking sexually abused adolescent girls. Based on the previous chapter it seems that many of the adolescent girls refrain from disclosing their sexual abuse which subsequently results in the girls not receiving the much-needed support to navigate through this traumatic experience. The goal of this research was to explore the experiences of the girls in an attempt to identify and highlight factors which inhibit and facilitate the behaviours of help-seeking. This in turn would answer the research question of “What are the experiences contributing to the help-seeking behaviours of sexually abused adolescent girls in South Africa?”

The chapter begins with the research design, namely qualitative research, followed by a description of the phenomenological methodology to introduce the Interpretative Phenomenological Analysis (IPA) approach. The elements to the methodology include the sampling criteria, research instrument of interviewing, what data is to be collected as well as the selected data analysis technique. Following this, the limitations and strengths of the selected methodology, including the validity and quality of the research are discussed. The last section of this chapter will include the ethical considerations when implementing the research.

3.2 Paradigmatic Assumptions

Epistemology asks the question: How does one create knowledge? (Creswell, 2014; Merriam & Tisdell, 2015). In creating knowledge the nature of knowledge itself, the scope, and the validity and reliability of claims to this knowledge must be considered (Willig, 2013). As a philosophical belief system an epistemological research design embodies the role of the researcher, as well as the interaction between the researcher and the research participants (Leavy, 2014; Spencer et al., 2014). The research is not considered neutral or objective, rather the researcher acknowledges their influence on the research (Leavy, 2014; Spencer et al., 2014). This research aimed to create knowledge on the unique help-seeking patterns of girls who have been sexually abused.

Research design is a term which can be used in many ways. In a narrow sense, a design refers to the method of collecting evidence (Vogt et al., 2012). More broadly, a research design

is a detailed plan for conducting and organizing an investigation which covers all the steps from the research question to data analysis (Toledo-Pereyra, 2012; Vogt et al., 2012).

The research design is of a qualitative nature and was used to explore the experiences of sexually abused adolescent girls in order to understand their perspective of the sexual abuse and processes involved in their decisions to seek help. The research employed a phenomenological framework using semi-structured interviews to gather the data. The qualitative data was then analysed using an Interpretive Phenomenological Analysis (IPA) approach.

3.2.1 Rationale for Qualitative Research Design

This study used a qualitative, semi-structured interview-based design, within an Interpretive Phenomenological Analysis (IPA) approach. Qualitative research refers to a variety of methods. The most common approaches used in the social sciences are Grounded Theory, Narrative Analysis, and Interpretive Phenomenological Analysis (Creswell, 2014; Merriam & Tisdell, 2015; Spencer et al., 2014; Willig, 2013). These most common approaches share a number of fundamental assumptions including the following:

- 1) The underlying notion is that there is no objective reality or universal truth (Willig, 2013);
- 2) The researcher, the participants, and broader societal structures make up the largest parts of the context and the phenomenon under investigation (Mrkaljevic, 2017; Pietkiewicz & Smith, 2014; Rowe et al., 2014; Willig, 2013).

Qualitative researchers are mainly interested in the meaning people attach to a phenomenon, how individuals make sense of their world and experience events, and how each individual uniquely interprets these experiences (Merriam & Tisdell, 2015; Pietkiewicz & Smith, 2014; Smith, 2011; Willig, 2013). This type of research is more concerned with the quality of experience rather than causal relationships or predictions (Pietkiewicz & Smith, 2014; Rowe et al., 2014; Willig, 2013).

As discussed in the previous chapter, there is limited literature and studies that explore the experiences of girls who have been sexually abused and their help-seeking patterns. Therefore, the use of a qualitative research design was deemed appropriate in order to learn from the individualised experiences of the girls in their unique pathways to finding help. In addition, exploring the subjective experiences of the girls is likely to contribute to preventing the same experiences being repeated when other girls in similar situations seek help. The current

research study was aimed at enhancing the understudied understanding of help-seeking experiences among this population of girls by using a qualitative research design, which also fits the researcher's worldview and epistemological stance (Mrkaljevic, 2017).

Various qualitative research methods are distinguishable based on different paradigms and philosophical assumptions. This research used an interpretive paradigm. The techniques of the interpretive paradigm seek to find meaning, not the frequency of certain phenomena (Merriam & Tisdell, 2015). More information on the interpretive approach is given below.

3.2.2 Epistemological Stance

The epistemological stance of this research falls within the interpretive approach. The interpretive approach is the most common type of qualitative research. It assumes that reality is a social construct that needs to be interpreted. Reality is both culturally derived and historically situated (Merriam & Tisdell, 2015; Moon & Blackman, 2014). The purpose of an interpretive approach is to describe, interpret and understand, not to find knowledge, but rather to construct it (Merriam & Tisdell, 2015). The interpretive approach assumes that there are multiple realities, or interpretations of a single event (Merriam & Tisdell, 2015). With the view of multiple realities there can be no objectivity as each individual has their own unique subjective view.

The meaning of the multiple realities is constructed by both the participants and the researcher (Merriam & Tisdell, 2015). This research study aimed to explore and understand the individual experiences of the girls who have been sexually abused and their distinctive pathways to find help. By meaning being constructed in this manner, the researcher's reality was considered, which acknowledges the influence researchers have on the phenomena under investigation as well as the interpretations derived from the information (data) (Merriam & Tisdell, 2015). The researcher herself has worked as counsellor at the Teddy Bear Clinic for Abused Children (TTBC) to prepare adolescent girls who have been sexually abused to testify in court. The researcher has first-hand knowledge of the limited resources available to these children. The researcher also has her own unique constructed reality as to what the girls may or may not be experiencing, with an added bias to wanting these girls to have the best care and support available. This bias was the primary reason for conducting the research study.

3.2.3 Method: Interpretive Phenomenological Analysis (IPA)

Interpretive Phenomenological Analysis (IPA) is theoretically rooted in the interpretive approach. It is an in-depth approach to analysing data and streams of consciousness in

phenomenological studies. According to Smith et al. (2009, p. 159) a researcher uses IPA to explore “experiences where the individual is prompted to contemplate, take stock, worry and try to make sense of what is happening”. Therefore, IPA could be used as a method in gaining a better understanding of how participants make sense of a significant experience(s) (Willig, 2013). According to Willig (2013, p. 87) “IPA is the version of the phenomenological method that accepts the impossibility of gaining direct access to research participants’ life worlds”. In saying that, the researcher aimed to gain access, where possible, by fully immersing them in the participant’s unique life world during the interview. The researcher suspended their biases and experiences in order to achieve this access, a phenomenon termed bracketing (Alase, 2017; Pietkiewicz & Smith, 2014; Smith et al., 2009).

The researcher used IPA to investigate how individuals make sense of their personal lived experiences by gaining an insider perspective of the phenomenon being studied, whilst acknowledging that the researcher is the primary analytical tool (Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2015). The researcher’s beliefs are not biases, but instead are necessary elements for making sense of the participants’ experiences (Smith & Osborn, 2015). The concept of gaining an insider perspective as well as incorporating the researcher’s beliefs is referred to as “double hermeneutics”, a two-stage interpretation process. First, as the participant is encouraged to make sense of their experiences, the researcher is attempting to make sense of how the participant is trying to make sense of their world (Mrkaljevic, 2017; Smith & Osborn, 2015; Willig, 2013). Secondly, the researcher will make empathic, critical interpretations of the material being analysed (Smith & Osborn, 2015). The combination of the two stages results in a richer analysis.

The focus is on direct lived experiences rather than prescribed pre-existing theoretical preconceptions, and how the meanings made from the experiences are products of the social world (Smith & Osborn, 2015). IPA is about “meaning making” and “sense making” as they relate to close, personal experiences. IPA is also the preferred methodology for investigating emotionally loaded topics (Smith & Osborn, 2015) and it provides the opportunity to explore participants’ understandings, experiences, views and perceptions. IPA primarily uses a qualitative methodology, interviews and text mediums of participants as the basis for investigation (Mrkaljevic, 2017; Smith & Osborn, 2015; Willig, 2013). The phenomenological analysis produced is an interpretation of the participants’ experiences (Willig, 2013). The researcher tries to make sense of the experience as it is narrated by the participant. The objective is not to validate nor invalidate the experience. It is also not about calling into question the facticity of the experience. It is a retrospective recollection of the experience, as

shared by the participant, on their own terms, in their own words (Behal, 2015; Smith & Osborn, 2015). IPA analyses thick, emotional data, discursive accounts, and evocative descriptions. It does not attempt to hypothesise, validate, refute, define or theorize (Behal, 2015).

3.2.4 Theoretical Underpinnings of IPA

There are three major philosophical underpinnings in IPA: Phenomenology, Hermeneutic phenomenology, and Ideography (Smith et al., 2009). The following section addresses these theoretical underpinnings in more detail, including how they relate to IPA.

3.2.4.1 Phenomenology

Phenomenology is a “philosophical approach to the study of experience” (Smith et al., 2009, p. 13). Husserl, Heidegger, Merleau-Ponty and Sartre are founding figures in phenomenological philosophy. Husserl’s ideas highlight the importance of focusing on experiences and the perceptions of them. Heidegger, Merleau-Ponty and Sartre built on Husserl’s work by emphasising how perceptions are embedded in objects, interactions, language and cultures. The three authors evolved IPA into a more interpretative, worldly stance. This new stance focused on understanding the direct involvement individuals have in their lived worlds, which is increasingly involved in interactions not in isolation (Smith et al., 2009). It means understanding the essence of a phenomenon from the first-person point of view.

Phenomenology focuses on the individual’s unique lived experiences of situations and attempts to understand what it is like to stand in the shoes of the research participants (whilst acknowledging this is never completely possible) (Moon & Blackman, 2014; Noon, 2018; Pietkiewicz & Smith, 2014; Smith et al., 2009). Interpretations are used to make sense of the subject’s personal world (Pietkiewicz & Smith, 2014; Smith, 2011). Each experience is subjectively interpreted as there is no objective truth, rather experiences and perceptions are the real truth, and all knowledge comes from experiences (Merriam & Tisdell, 2015; Noon, 2018; Spencer et al., 2014). Phenomenologists would argue against categorizing, simplifying, and reducing phenomena to absolutes (Merriam & Tisdell, 2015; Willig, 2013). Phenomenologists argue that there are multiple realities due to the multi-verse of perspectives which could occur in the same experience or event (Spencer et al., 2014; Willig, 2013). The researcher was interested in what the world was like for each participant (Willig, 2013).

The aim of phenomenological research is to create knowledge about the individual experiences of the research participants (Merriam & Tisdell, 2015; Moon & Blackman, 2014; Spencer et al., 2014; Willig, 2013). Willig (2013, p. 8) emphasizes that the researcher is “concerned with the quality and texture of experience (with ‘what it is like’ to have the experience)”. The accuracy of what happened to the research participant is not the core issue, instead it is what the participant experienced following an event that is the true phenomenological knowledge the researcher is seeking (Spencer et al., 2014; Willig, 2013). In this research study, the researcher is interested in the events following the sexual abuse, not the abuse itself. The researcher is aiming to neither validate nor invalidate what the participant has said (Spencer et al., 2014). If a phenomenological researcher only considers the “now”, the opportunity is missed to understand the unique path which brought the research participant to where they are now (Spencer et al., 2014).

Research studies which draw from the phenomenological paradigm use various tools to reach shared essences of individuals (Creswell, 2014). According to Merriam and Tisdell (2015, p. 26) these essences are “core meanings mutually understood through a phenomenon commonly experienced”. As the phenomenological researcher strives to capture feelings, thoughts and perceptions which make up a participant’s experience, the researcher does not make any claims as to what caused the feelings, thoughts, and perceptions (Willig, 2013). The experiences of different individuals are bracketed, analysed, and compared to find the essence of the phenomenon (Creswell, 2014; Merriam & Tisdell, 2015; Moon & Blackman, 2014; Noon, 2018). The phenomenological paradigm is often used to study intense experiences (Merriam & Tisdell, 2015; Spencer et al., 2014) such as the experiences of girls who have been sexually abused.

3.2.4.2 Hermeneutics

The second major theoretical underpinning of IPA is Hermeneutics. Hermeneutics is the “theory of interpretation” (Smith et al., 2009, p. 21) or the practice of interpretation, be it written, verbal, and non-verbal (Noon, 2018). IPA recognizes that the analysis of the data involves interpretation, as such it is heavily connected to hermeneutics in that the researcher is the central component linked to the analysis (Noon, 2018). Hermeneutics was originally developed to interpret biblical texts in attempts to answer questions as to what the author’s intentions were or to determine the relevance of the original text to today’s times (Smith et al., 2009). Heidegger argued that IPA is concerned with investigating how a phenomenon appears,

and that the analyst (the researcher) facilitates the meaning making of the appearance (Smith et al., 2009).

To be able to achieve the concept of hermeneutics, the hermeneutic circle must first be understood. The hermeneutic circle concerns the relationship between the part and the whole (Smith et al., 2009). An IPA researcher is encouraged to look at the whole in order to understand the parts. This way of thinking describes the method of the IPA researcher, which is the process of moving back and forth through a range of different thoughts on the same data, rather than the traditional linear motion of following steps (Moon & Blackman, 2014; Smith et al., 2009).

The IPA analytical process is described as using a dual interpretation process as the participants make meaning of their world and as the researcher subjectively attempts to make sense of the participants trying to make sense of their world (Brinkmann et al., 2014; Pietkiewicz & Smith, 2014; Smith, 2011). This concept of gaining an insider perspective of the participants' experiences is referred to as double hermeneutics (Noon, 2018). As the research study contains parts of both types of interpretation, the analysis becomes more comprehensive and richer (Brinkmann et al., 2014; Pietkiewicz & Smith, 2014; Smith et al., 2009).

To be able to achieve the process of double hermeneutics, any pre-existing beliefs about abuse against children were temporarily bracketed (put aside) to avoid any bias placed on the essences or experiences shared by the participants (Creswell, 2014; Merriam & Tisdell, 2015; Willig, 2013). Temporarily suspending beliefs enabled the researcher to fully explore and examine the retrospective reflections made during the interviews by the participants on their abuse experience (Merriam & Tisdell, 2015; Willig, 2013). The aim of this research was to get as close as possible to the research participant's true experience and emotional ties by stepping into their shoes, which can only be achieved through the researcher suspending their own beliefs and opinions (Willig, 2013). In essence the process of double hermeneutics works as follows: the adolescent girls have at some point reflected on their abuse. The interview and the questions asked moves the adolescent girls into further retro-reflection. As the adolescent girls are reflecting on what happened, the researcher is reflecting on that reflection. Bringing in one's own beliefs, opinions and values taints the true nature of this reflective process. As such through the suspension mentioned, the researcher can congruently and accurately understand the experiences shared during the interview.

3.2.4.3 *Idiography*

The third major theoretical underpinning of IPA is idiography. IPA makes use of idiography, as the researcher is concerned with the particular and detailed rather than the generalised or the establishment of general rules on human behaviour (Creswell, 2014; Noon, 2018; Smith et al., 2009; Willig, 2013). Idiography is understanding an individual's retrospective account on their own terms, in their own words. Every individual is a separate entity. In line with what has already been said about this research design, the researcher uses idiography as a research method to understand how a certain phenomenon or event was experienced or understood by a certain individual in a certain context (Smith et al., 2009). As qualitative research has been called into question for its limited ability to generalise, idiography combats this by allowing a more cautious means of developing generalisations by placing them in the particular (Mrkaljevic, 2017; Smith et al., 2009).

This in turn provides the opportunity to develop and understand generic themes in the analysis, which are not limited to the understanding of an individual. Whilst at the same time the opportunity is provided to explore the individual stories of a participant's experiences. The dual interpretation was made possible as the participant was able to account for their personal relationships to, or involvement in, the phenomenon under investigation (Mrkaljevic, 2017; Smith et al., 2009). IPA relies on idiography for an in-depth analysis of single cases and investigating individual perspectives of research participants in their unique contexts (Noon, 2018; Pietkiewicz & Smith, 2014; Smith, 2011). The essential principle of the idiographic approach is to explore every case before producing any general statements (Noon, 2018; Pietkiewicz & Smith, 2014; Smith et al., 2009). As a consequence, IPA employs small, purposively-selected and carefully collected samples (Smith et al., 2009).

3.2.5 Rationale for Using IPA

Through IPA the researcher aims to investigate the experiences and meanings of the participants in attempts to identify core themes (Smith & Osborn, 2015). IPA was deemed the most appropriate theoretical approach to collect and analyse the data for several reasons. First, IPA provides the method to explore the connections between how the participants describe their experiences, their perceptions, and their behaviour (Mrkaljevic, 2017; Smith et al., 2009), specifically around both the individual and shared perceptions of the help-seeking experience. Secondly, as mentioned previously, IPA is the preferred methodology for exploring sensitive topics (Pringle et al., 2011; Smith & Osborn, 2015). Therefore, IPA would be a useful approach

to explore the experiences of the girls who have been sexually abused - an extremely traumatic and sensitive event.

3.2.6 Limitations of the IPA

The IPA has proven its worth as a good quality research methodology. Multiple successful research studies have used IPA. However, IPA is not without its critiques. Willig (2013), Pringle et al. (2011) and Noon (2018) highlight several conceptual and practical limitations of IPA. Concerns on language, the suitability of accounts and generalisability are the primary critiques.

Phenomenological research relies on language as the participants attempt to share their experiences with the researcher (for example text, semi-structured interviews) (Noon, 2018; Willig, 2013). The critique on language is that the participants selectively choose their words to describe their experiences. Each version of the story can be slightly different (Willig, 2013). Willig (2013) proposes that participants choose the words to describe their experience which constructs their version of the experience. “The same event can be described in many different ways” (Willig, 2013, p. 94). Interpreting the interview transcripts reveals more about the way the participant speaks, rather than the experience itself (Willig, 2013). Young children, individuals with speech difficulties and those whose first language is not English, may have difficulties in expressing exactly what they mean in English. The research may then have difficulty to interpret what the participant meant (Noon, 2018).

Phenomenological research claims to be concerned with textured, thick experiences (Noon, 2018; Willig, 2013). The aim of IPA research is to investigate the quality of the experience in order to gain a better understanding of what it was like at that particular moment (Willig, 2013). In a similar vein in respect of language as a critique, authors would argue for the suitability of the accounts provided by the participants. In other words, are the accounts of the participants a true reflection of their real experiences; are the participants able to successfully share their experiences in a textured manner; do the participants have the vocabulary to share in a way that creates textured text? (Willig, 2013). Some participants who struggle to express their thoughts, perceptions and feelings in words might find it difficult to express their experiences. This may lead to the in-depth and thick stories required for meaningful data analysis, not being produced. This may result in a limited record of experiences with thin data which restricts the interpretation process (Willig, 2013).

A critique which is not limited to phenomenological research, but which is applicable to all qualitative research designs, is the inability to generalise results. The results of small samples in IPA, where each individualized experience is the focus, cannot be generalised to the larger population under investigation (Noon, 2018; Pringle et al., 2011). It is not the goal of IPA research to generalise, but to understand the experiences of individuals which may eventually lead to a broader understanding of the phenomenon under investigation.

3.3 Research Design

3.3.1 Sampling - Selection of the Organisation and Participants

A total of six participants were recruited in the study using non-probability sampling, specifically purposeful sampling. It is common for IPA research to make use of this type of sampling as the point of the research is to explore, discover and gain insight into a particular topic and population (Merriam & Tisdell, 2015). Purposeful sampling is the deliberate selection of participants who have experiences in the topic under investigation (Merriam & Tisdell, 2015; Vogt et al., 2012; Willig, 2013). As the participants are selected in this manner, the sample is homogenous in nature as the participants share an experience of a particular event (Willig, 2013). Purposeful and homogeneous samples ensure the research gives weight to relevant and personal stories of participants, which enables particular details to be captured on the specific experiences of the participants (Noon, 2018). The selection of participants was based on their particular experience of sexual abuse and their paths to help-seeking.

The primary objective in using IPA is to give full appreciation to each research participant (Pietkiewicz & Smith, 2014). There is no definitive guide on sample sizes although samples in IPA research are typically small, which facilitates a detailed and very-time consuming case-by-case analysis about a particular participant's experiences (Pietkiewicz & Smith, 2014; Smith, 2011). As the sample size is small, an in-depth examination of help-seeking in adolescent girls who have been sexually abused, could be achieved (Pietkiewicz & Smith, 2014). Pragmatic restrictions in this study are due to the limited access to adolescent girls aged between 13 and 18 who have been sexually abused. This led to a sample group of three to six girls which is sufficient for an IPA study (Smith et al., 2009). This sample size allows an opportunity to examine the similarities and differences between the research participants (Pietkiewicz & Smith, 2014; Smith, 2011).

3.3.2 Considerations on Participant Recruiting

It was originally planned to recruit research participants from a Thuthuzela Care Centre (TCC) in the Tshwane area. TCCs are one-stop facilities where medical, social and legal services are combined for rape victims. TCC facilities are managed by the District Health Department in each province across South Africa. The aim of the centre is to reduce secondary victimisation by eliminating the need for the victim to tell the story to many people and to increase the chances of prosecution. Ethical approval for the research was required from the Gauteng District Health Department using an online portal. Due to the sudden global COVID-19 pandemic the health department was rightfully pre-occupied with fighting the virus. As a result, the Department provided no feedback on the ethical clearance required.

In attempts to continue with the research, the Teddy Bear Clinic for Abused Children (TTBC) was approached to recruit participants. TTBC is a Non-Profit Organisation (NPO) which offers children of abuse forensic medical examinations, forensic assessments, preparation for court, counselling, and psychological testing. TTBC offers these services to children of all ages. The services are primarily offered by social workers. The social workers accompany the children from the first medical examination right through to court proceedings, with counselling continuously offered in between.

The primary reason for recruiting adolescent girls from a facility which offers services to children of abuse, either TCC or TTBC, was that the researcher wanted to investigate why adolescent girls do not disclose and what their help-seeking patterns were. It is not possible to recruit adolescent girls who have not disclosed or come forward as they kept their experience a secret. Therefore, the focus was on adolescent girls who already had disclosed their experience of abuse, to understand how they decided to seek help, what challenges they experienced and what facilitated their disclosure and help-seeking.

To begin the process of purposeful sampling the selection criteria was provided to the clinical director of the TTBC. The clinical director then enlisted the help of the social workers to identify potential candidates. The inclusion criteria to select participants were:

- 1) Adolescents girls who have experienced a form of sexual abuse;
- 2) Girls between the ages of 13 and 18;
- 3) Girls making use of supportive services and emotionally capable to take part in the research; and
- 4) Girls able to express themselves in English to avoid using translators (due to the sensitive nature of the research topic, as well the effect translators may have on data collected).

It is believed that adolescents in this age range have the cognitive ability to reason, verbalise and reflect on their experiences which will enable them to formulate their own experiences (APA, 2002). Participants that are too emotionally unstable before or during the research would be excluded from the study and referred for psychological help. Participants will be referred to by pseudonyms to protect their identities.

Following the criteria sent, the social workers were requested to identify girls who fit the criteria. A list of potential participants was sent to the researcher, including the contact details of their parents/caregivers. The researcher had no particular order in which the parents/caregivers on the list provided by the social workers were selected. Each parent/caregiver was phoned by the researcher. During the phone call a brief outline was provided on what the research study aimed to achieve as well as how the girls would add great benefit to the research. The parent or caregiver either declined or agreed to an interview over the phone. If the parent or caregiver agreed to the interview, a time and date was set that best suited the parent/caregiver and adolescent. The researcher tried to coordinate the interview with a day the adolescent already had a scheduled appointment at the TTBC. In doing this, the parent/caregiver and adolescent did not need to spend additional financial resources and time in coming to the clinic on different days. Once a date and time was set, a message was sent to the parent/caregiver two days in advance to remind them of the interview. The procedure of selection of participants is described in section 3.4.1. The process from here on is discussed later in the chapter.

3.3.3 Semi-Structured Interviews

The main concern of an IPA researcher is to elicit rich, detailed, and first-person accounts of experiences and the phenomena under investigation. Traditionally, semi-structured, in-depth, one-on-one interviews are the most popular method used to achieve the detailed and personal accounts (Galletta, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009). Semi-structured interviews allow the researcher and the participant to engage in dialogue in real-time, without the researcher completely directing or steering the conversation (Galletta, 2012; Pietkiewicz & Smith, 2014). The participants are considered experts in their own lives and are given the opportunity to share their experiences (Noon, 2018; Pietkiewicz & Smith, 2014; Smith et al., 2009). The emphasis is on the co-creation of understanding and interpretation (Behal, 2015). The researcher is hands-on during an interaction in which the researcher impacts and is impacted by the participant (Behal, 2015; Noon, 2018).

The advantage of semi-structured interviews is the flexibility involved to develop rapport and to allow participants to think, speak and be heard and to allow for experiencing emotional distress during the interview (Pietkiewicz & Smith, 2014; Smith et al., 2009). Due to the flexible nature of this data collection method, the researcher is able to engage in dialogue that is able to be modified by the participant's responses. As such a new line of enquiry can be followed during the interview (Galletta, 2012; Smith et al., 2009). Semi-structured interviews allow for theory building, theory testing and theory verification within the same interview session (O'Neal & Hayes, 2020).

Before the interview, a warm-up, causal discussion was conducted to reduce the participant's tension and to ready them to discuss the sensitive topic of their sexual abuse experience, as well as building rapport (Pietkiewicz & Smith, 2014; Smith et al., 2009). Fontes and Plummer (2010) provide suggestions on how to interview children who have suffered sexual abuse. Both Fontes and Plummer (2010) and Pietkiewicz and Smith (2014) argue that cultural competence is crucial for an effective interview with children. As South Africa is so diverse, aiming to be culturally competent is a challenge (Fontes & Plummer, 2010). Having knowledge on the different cultures is not enough. The researcher needs to be aware of the specific culture's value systems, biases and presumed knowledge of other cultures (Fontes & Plummer, 2010). Equally crucial is the warmth and supportive environment that has to be created to enable the adolescent to share their experiences more accurately and meaningfully with the researcher (Fontes & Plummer, 2010; Pietkiewicz & Smith, 2014). This type of environment allowed the adolescent to correct the researcher's assumptions or reflections made during the interview (Fontes & Plummer, 2010; Pietkiewicz & Smith, 2014).

During the interviews, the researcher made use of active listening and asked open-ended, non-directive questions to encourage lengthy discussions in order to build rapport and gain trust from the participant (Pietkiewicz & Smith, 2014). The primary purpose was to enable the participants to share their personal experiences on the topic under investigation. At the same time the researcher attempted to enter the life of the participant to understand their experiences (Willig, 2013).

3.3.4 Interview Schedule Guide

An interview schedule was used to guide the natural flow of conversation. The schedule contained key questions for the researcher to address and discuss with emphasis on the participant as a co-creator rather than a pure respondent (Pietkiewicz & Smith, 2014; Smith et

al., 2009). Refer to Appendix C for the full interview schedule questions. The researcher followed the guidelines outlined by Smith et al. (2009). An interview schedule outlines the important questions that need to be a part of the interview. The exact order need not be followed, as it is not a structured interview (Noon, 2018; Smith & Osborn, 2015). The interview schedule adds to the success by facilitating the atmosphere necessary for a safe interaction with the participants, which in turn will increase the success of a detailed account of their experiences on help-seeking (Smith et al., 2009; Smith & Osborn, 2015).

Before the interview, it was explained to the girls that they need not explain what happened to them, as the researcher was only interested in what happened after the incident(s) in terms of them seeking help. Before the first set of questions was asked, the researcher engaged the participants in casual conversation. The researcher found that if this was done, rapport was more easily established which resulted in a more fruitful interview. The first set of questions was directed at increasing the participants' comfort in talking by asking about their general experiences in help-seeking, rather than zooming straight in on the sensitive details (Smith et al., 2009). The process then proceeded to more detailed questions on the specifics of what happened directly after the sexual act, without placing any emphasis on the act itself. These sensitive questions were deliberately placed at this point of the interview, as at this point the participants were more comfortable to answer meaningfully. The questions were phrased to avoid making presumptions about the experience, as the overall aim of the research was to explore the unique experiences of each participant. Following this, more in-depth questions zoomed into the facilitators of and barriers to their help-seeking. Very gently, the participants were asked if they wished they could have done anything differently, minimizing judgement as much as possible.

During the interview the researcher was exploring, probing, and clarifying the participants' help-seeking experience, rather than directing the encounter. An advantage of semi-structured interviews is just that. The interviews provided the girls a space to share as much as they felt comfortable with, whilst providing some direction to hone in on the information needed to answer the research question (Galletta, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2015). The questions were deliberately phrased and designed to not make assumptions about the participants' experiences in order to avoid steering the participants into a particular direction (Galletta, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2015). Each semi-structured interview lasted between 60 and 90 minutes, each following a similar structure beginning with casual discussion, moving to general questions on their help-seeking process and finally asking what aided or disrupted their journey to ask for

help. The interviews were conducted face-to-face, with no other persons present in the room as a means to enhance participant comfort and privacy. The interviews were audio recorded with the permission of the participant and transcribed verbatim.

3.3.5 Role of the Researcher

A researcher has several distinctive roles when conducting IPA research. The researcher is the instrument of the success or failure in collecting the information required to explore the phenomenon under investigation. First, during the interview, the researcher needs to ensure that an atmosphere of trust, warmth and sense of safety is established to enhance the chances of the participants sharing their experiences (Creswell, 2014; Fontes & Plummer, 2010; Pietkiewicz & Smith, 2014). To create this atmosphere the researcher informed the participants prior to the interview about the following:

- 1) The purpose of the study;
- 2) That the results would be made available to them if they so wished;
- 3) None of their personal details would be mentioned in order to protect their privacy;
- 4) They had the right to withdraw at any time;
- 5) The approximate duration of the interview;
- 6) The interview would be audio recorded; and that
- 7) Consent had been obtained from their parents/caregivers.

The participants gave assent before the interviews were conducted. In addition, the interviews were conducted in a private space at the TTBC to ensure the comfort and privacy of the participants. The participants were informed from the beginning that they would not be asked to describe their adverse experience, but rather their process of seeking and receiving help.

The relationship between the participants and the researcher was built from the start of the conversation. The researcher introduced herself to the participant and the caregiver. The caregiver was invited into the space only to discuss the consent form. The caregiver was afforded the opportunity to ask questions. After the consent form had been signed, the caregiver left the room. The participants were encouraged to sit wherever they felt most comfortable in the room. The researcher began the session with pleasantries and introductions. It was emphasised continuously that the participants could leave at any point and that they could take a break if needed. Soft voice tones and easy questions were used to start the interview. As the interviews continued, the more difficult questions were asked. If gentle encouragement was

required it was offered. Empathy on the challenge of the interview was ever present during the interview. If the participant appeared distressed, short breaks were offered until the participant felt ready to continue. Lastly, it was made clear that by taking part in the interview the participants were potentially helping other girls in similar predicaments. This appeared to create a sense of purpose as they felt they could help others.

Secondly, as the researcher is the data analysis instrument, the researcher had to perform the concept of double hermeneutics (Mrkaljevic, 2017; Noon, 2018; Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2015; Willig, 2013). As such the researcher played an active role in influencing the extent of access to the participants' experiences, and to what extent they would be able to make sense of their personal world in this interaction, whilst simultaneously bracketing themselves from influencing the content shared (Alase, 2017; Pietkiewicz & Smith, 2014; Smith et al., 2009). Alase (2017, p. 11) explains that the "researcher, like the participant, is a human being drawing on everyday human resources in order to make sense of the world". However, the researcher is not a participant. The researcher only has access to what the participant reports on, with the researcher's own lens impacting the interpretation of this access (Alase, 2017). The researcher is then required to amplify the lived experiences the participants have shared (Alase, 2017; Pietkiewicz & Smith, 2014; Smith et al., 2009). The exact method on how the researcher will analyse the data is explained later in the chapter.

As already stated, the researcher's personal experiences will influence the research process. However, for the purposes of the research and analysis, their assumptions, notions and bias are set aside – bracketing. Being aware of one's own biases and assumptions, allows for the researcher's reflexivity to surface, and to make careful notes as to what extent the researcher is impacting or being impacted by the study (Alase, 2017; Behal, 2015). The researcher has a professional history of working with girls who have been sexually abused. This professional working history sparked the curiosity and the drive to conduct the research study as an attempt to improve the help available to the girls in this population. The researcher's personal experiences which influence their perspectives on sexual abuse include the feeling of injustice. The researcher feels not enough is being done to protect girls against such a crime. As such when the perpetrator is mentioned, or the lack of help offered is spoken of, the researcher knows that she struggles to hide her judgment or disappointment.

3.4 Data Collection Procedure

3.4.1 Recruitment of Participants

The participants of the research were recruited from the TTBC. The director of clinical services was contacted and provided with the inclusion criteria listed earlier. The director enlisted the help of the social workers to identify potential participants. The social workers created a list of eight potential participants for the study.

Following a phone call to each parent/caregiver, the parent/caregiver was asked if they thought their child would be interested in volunteering for a research study. Of the eight parents/guardians, one parent/caregiver did not answer. Another parent/caregiver declined the interview. The remaining six parents/caregivers agreed to the interview. Once the parent/caregiver agreed to the interview an interview was scheduled for a specific date and time. After informed consent was provided, the parent/caregiver left the interview room before the start of the interview. The assent form was discussed with the participant and adequate time was allowed for the participant to ask questions. After all questions were adequately addressed the participant signed the assent form. The participant was invited to keep the information booklet, which listed both the researcher's and supervisors' details, should any need arise for the participant to make contact after the interview.

3.4.2 Conducting Interviews

The participants were asked to come to the TTBC on the same day as their scheduled appointment with their social worker. During the initial phone call with the parent/caregiver, it was explained that the interview was a once-off, one-on-one face-to-face interview. The TTBC was selected as the most suitable venue to conduct the interviews for reasons of privacy and convenience as the participants were already familiar with the TTBC in that they were already making use of the services provided by the clinic. No extra costs would be incurred by the family to attend the interviews as the participants would have been visiting the clinic anyway.

All six interviews were conducted in a private office at the clinic. On arrival of the parent/caregiver and the adolescent, they were welcomed and escorted to the quiet, private interview room. Once in the room the parent/caregiver consent form was discussed with both the parent/caregiver and adolescent. The parent/caregiver and adolescent were invited to ask questions. The parent/caregiver signed the consent form before leaving the interview room.

The participants were again informed on the purpose and possible risks of their research participation. The atmosphere described above was created in keeping with the principles of sensitive interviewing to ensure the utmost comfort for the participants. The participants were

monitored closely for any signs of emotional distress. The participants were provided the space to pause during the interview and to resume when they were ready. The interviews ended with the participants having the space to close of their interview by reflecting back on the interview to conclude the process. The participants were reminded that if they felt any emotional distress had surfaced, they could contact their social workers for the appropriate support. In conclusion the participants were thanked for their participation and directed to their information sheet provided before the interview which contained the contact details of the researcher and supervisor involved in the study, should they want access to the results of the study or if any concerns arose. The interviews were transcribed for record keeping and for the data analysis phase of the research.

3.5 Data Analysis

The data analysis followed the guidelines developed by Smith et al. (2009). The analytical process using the IPA framework is complex and time-consuming. Pietkiewicz and Smith (2014) recommend researchers to totally immerse themselves into the data, through stepping into the participants' shoes as far as possible. When the IPA data was analysed, the concept of double hermeneutics was involved (Pietkiewicz & Smith, 2014; Smith et al., 2009). The researcher moved between the emic and etic positions. In the former (inside) position the researcher began by hearing the participants' stories and placed an emphasis on their world view (Pietkiewicz & Smith, 2014). In the latter (outside) position, the researcher attempted to make sense of the participants' lived experiences in such a way that it answers the research question (Noon, 2018; Pietkiewicz & Smith, 2014; Smith et al., 2009).

Pietkiewicz and Smith (2014) provided a set of flexible IPA guidelines for the researcher to follow when completing the data analysis. The initial stage was *multiple reading and making notes*. During this stage the researcher listened to the audio recording whilst reading through the transcript. The transcript was then printed out to be analysed closely. (Noon, 2018; O'Neal & Hayes, 2020; Pietkiewicz & Smith, 2014; Smith et al., 2009; Willig, 2013). The researcher began by identifying themes and recurring patterns in the first transcript. Using the left side of the margin of the transcript, all words, phrases, ideas, and patterns were listed - while keeping the study phenomenon in mind. This would become the raw data. During this stage, the researcher was reading the transcripts blinding. The researcher was not aiming to draw conclusions just yet. The researcher stepped back from the research for a while before going back to the first transcript to reread it. The researcher then went through the transcript again

with a different coloured pen, aiming to further analyse and draw connections between the words, phrases and ideas initially identified. These thoughts were added to the right margin of the transcript.

Transforming notes into emergent themes was the next stage. From this stage the researcher consulted the first transcript once again (Noon, 2018; Pietkiewicz & Smith, 2014). The emerging themes were generated by looking for the connections, patterns and interrelationships displayed on the page of the first transcript (VanScoy & Evenstad, 2015). A separate piece of paper was used and titled “transcript #1” [refer to Appendix F for a sample of the first transcript]. A list of emergent themes or phrases was listed on this piece of paper. At this point, making connections between themes was not done. The focus was only on what was emerging from the first transcript.

The last stage was *seeking relationships and clustering themes*. The researcher was looking for connections between the emerging themes found in the previous stage (Pietkiewicz & Smith, 2014). Careful examination was done to avoid redundancy and repetition. An excel spreadsheet was created, listing each emergent theme in a new tab on the spreadsheet. Extracts from the first transcript together with the page and line number, were listed under each emergent theme. By using an excel spreadsheet, the researcher was able to visually display the extracts under each emergent theme. The visual representation made it easier for the researcher to identify the more predominate themes, as well as which participant said what.

Using the above steps, this process was repeated for all the remaining transcripts, carefully noting the emergent themes and clusters of themes. Once this was done with the remaining five transcripts, a comprehensive master list of superordinate themes was created from all the transcripts. This process involved looking for patterns across the cases (VanScoy & Evenstad, 2015). Smith et al. (2009, p. 101) suggest asking the following questions “What connections are there across cases? How does a theme in one case help illuminate a different case? Which themes are the most potent?” Themes were grouped together according to conceptual similarities and given a descriptive label (Pietkiewicz & Smith, 2014; Smith et al., 2009). Based on the excel spreadsheet, themes that listed only a few extracts from the transcripts were dropped. The reason for them being dropped was that due to the minimal number of extracts, the theme was either considered redundant or lacked sufficient evidence to become a theme. The transcripts are available on request. The transcripts have deliberately been left out of the paper to protect and respect the stories shared by the girls.

3.5.1 Quality of the Research

To ensure the quality of research results, four main principles found in the works of Lincoln and Guba (1985), Lincoln (1995) and Anney (2014) were used for assessing the quality of qualitative research. This includes “trustworthiness”; “transferability”; “dependability” and “confirmability”. This section will provide an overview of each criterion, and how it was built into this research.

3.5.1.1 Trustworthiness

Trustworthiness of research results involves the following: Credibility described as “the confidence that can be placed in the truth of the research findings” (Anney, 2014, p. 276). Trustworthiness is whereby the methods of the research are visible, plausible and thus auditable (Gunawan, 2015; Korstjens & Moser, 2018; Pandey & Patnaik, 2014). The audit trail was established by keeping the materials and notes used in the research process that documented the researcher’s decisions, interpretations and assumptions (Cope, 2014). For example, the interview transcripts were printed out to perform the analysis in the margins. Should a future researcher require further information on how the superordinate themes were discovered, the notes of the researcher would visibly show the process. The audit trail enhances credibility should another researcher want to review the study (Cope, 2014; Gunawan, 2015). The audit trail is available on request.

Gunawan (2015) argues credibility to be the truth of the participants’ views, and the accurate interpretation and representation thereof by the researcher. This was achieved through the establishment of rapport, trust and a safe environment to ensure honest responses from the participants (prolonged engagement) (Cope, 2014; Pandey & Patnaik, 2014). Those few extra moments in the beginning of the interview to create this atmosphere benefited the credibility of the research (Pandey & Patnaik, 2014). Credibility in data interpretation was established by using a reflective diary where the researcher noted her reaction to the participants’ responses and possible biases in interpretation (Cope, 2014). Using more than one interpreter and discussing the findings can contribute to less bias in the interpretation (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018; Moon et al., 2016). However, in this research study this method for establishing credibility was not applied.

The process of trustworthiness begins from the moment the participants’ are recruited. This includes setting up the recording device to capture the interview and keeping detailed notes. The process of ensuring trustworthiness begins when the recordings are played back and

basic interpretations are made. The stage for credibility and trustworthiness is already set if detailed transcription methods and systematic planning are provided as to how the themes were identified (Connelly, 2016; Cope, 2014; Gunawan, 2015). The final step was to provide rich descriptions of the transcripts, including quotes made from participants (Cope, 2014; Pandey & Patnaik, 2014).

3.5.1.2 Transferability

Transferability is the relevance and applicability of the study's findings to other research in another setting (Connelly, 2016; Cope, 2014; Korstjens & Moser, 2018; Moon et al., 2016; Pandey & Patnaik, 2014). Transferability is not generalisation (Moon et al., 2016). It is not the aim of IPA research to be applicable to other populations or situations (Moon et al. 2016; Pandey & Patnaik, 2014). IPA research rather focuses on a specific group of individuals and their stories (Connelly, 2016; Cope, 2014; Moon et al., 2016). Transferability can be achieved through the detailed, rich and vivid write up of the study (thick descriptions) so that the research can be duplicated in other similar contexts – although the results may be different because it depends on the specific participants (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018).

Transferability could be essential if the research findings were to be used to influence policies (Moon et al., 2016). The participants' experiences, the conclusions drawn and the recommendations would be used to substantiate the need for change in policy (Moon et al., 2016). Hence, the importance of clearly stating the research findings in such a way that it could be easily understood, followed or replicated if such an event were to occur again.

3.5.1.3 Dependability

Dependability refers to the stability and consistency of the findings over time (Anney, 2014; Connelly, 2016; Cope, 2014; Elo et al., 2014; Korstjens & Moser, 2018; Pandey & Patnaik, 2014). Dependability was achieved by clearly stating the processes and criteria used to select the research participants. The same applies to the interpretations and recommendations. Transferability was also achieved as it is possible to replicate the study (Cope, 2014; Elo et al., 2014). If the processes and criteria are clearly stipulated an audit trail is conveniently developed (Connelly, 2016). The audit trail is what another researcher will use to replicate or review, or critique the study's findings (Connelly, 2016; Cope, 2014; Gunawan, 2015; Moon et al., 2016; Pandey & Patnaik, 2014).

Dependability is particularly important to studies such as IPA-research as the focus is individualised and emphasis is placed on the unique experiences of the participants. Due to the individualised nature and purpose of the study the resources for the study to be replicated or duplicated are limited (Moon et al., 2016).

3.5.1.4 Confirmability

Confirmability refers to the degree to which the results of the study can be confirmed by other researchers (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018). Korstjens and Moser (2018, p. 121) explain the importance of ensuring the research has concrete, solid backing and that the participants' stories and the interpretation of said stories are not just "figments of the inquirer's imagination". Confirmability also refers to the demonstration that the participants' experiences truly represent them, and not the researcher's perspective, interests or biases (Cope, 2014; Moon et al., 2016; Pandey & Patnaik, 2014). Reflexivity comes into play at this point. The researcher would not have been able to separate and navigate through their own perspectives, interests and biases if these were not reflected on prior to the interpretation of the research participants' experiences (Moon et al., 2016; Pandey & Patnaik, 2014).

The process of interpretation and analysis begins during the interview stage. As the interviews press on, the researcher is already making sense of the participants' meaning of the phenomenon under investigation. As a result of this process, the researcher's own perspectives, opinions, biases and interests unconsciously surface. The advantage of how this process plays out is that the researcher is able to separate and navigate through their own perspectives and opinions prior to the interpretation. The outcome is that the analysis of the participants' lived experiences was not tainted by the researcher's views. As such confirmability was achieved.

Confirmability was secured through the use of a reflexive journal, audit trail and the use of quotes (from the participants' transcripts) (Connelly, 2016; Pandey & Patnaik, 2014). In addition, the researcher described how the conclusions and interpretations were researched and showed that the findings were sourced from the participants' experiences, using vivid descriptions and direct quotes (Anney, 2014; Connelly, 2016; Cope, 2014; Korstjens & Moser, 2018). For purposes of replication this outline of the interpretation of data provides a clear link to the conclusions by laying out the processes followed (Moon et al., 2016).

3.6 Ethical Considerations

The researcher needed to consider all the risks and how to address these risks adequately. The research proposal was approved by the Ethics Committee of the Faculty of Humanities. Permission to do the research was obtained from the TTBC. The inclusion criteria for recruitment of the participants were provided to the director of clinical services at the TTBC. The director enlisted the help of the social workers to identify potential participants. The participants were asked if they would be interested in volunteering for the research. Once the participants agreed, the researcher was sent the contact details of the participants and their parents/caregivers. The parents/caregivers were contacted with the information on the research to ensure informed consent. After informed consent was provided in writing, the adolescent girls provided assent before the interviews were scheduled.

The researcher was aware that the study might provoke unpleasant emotions for the girls due to the topic. However, a study by Biddle and colleagues (2013) found that there is healing in story sharing, with a general result of mood upliftment following the interview. Even though the research is not explicitly about the sexual incident(s), healing may still be achieved through the talking about other factors involved in the participants' interaction with the researcher. Each participant was carefully monitored during the interview to pick up any effects of the interview on them (Noon, 2018). If the participant became emotionally distressed during the interview, she was supported and contained. The interview was paused until the participant agreed to continue. If the participant indicated that it was too much, the interview would have been adjourned and rescheduled. None of the participants indicated feeling too overwhelmed to continue or requested a rescheduling of the interview.

The participants' identities were protected by using pseudonyms in the transcriptions of the interviews. In order to maintain confidentiality, the transcripts will be kept in a locked cupboard, to which only the researcher and supervisor have access. The transcripts will be stored in the archive of the Department of Psychology for 15 years. A participant information sheet and consent form was provided to each participant and all the information regarding anonymity and confidentiality was explained in detail by the researcher in the face-to-face interaction with the research participants as well as their parents/caregivers (Ryan et al., 2007). All the participants were directed to their social workers working for the TTBC to assist them with processing their experience of the abuse and the interview should they wish to do so.

3.7 Conclusion

In this chapter the primary epistemological stance, the research design and the method used in this study were discussed. A benefit of conducting qualitative research is that it provides the study a space for being flexible and responsive to changing conditions in the study progress (Merriam & Tisdell, 2015). The appropriateness or rationale for the selected design and philosophical approach was related to the research aims of the study. The theoretical underpinnings of IPA were described, including Phenomenology, Hermeneutics and Idiography and how these elements form the basis of IPA. The procedures of how of the research study was conducted were also discussed and as well as how the research participants' experiences (the data) were analysed using the stages set out by Smith et al. (2009). The ethical considerations concerned were elaborated on. Finally, how the trustworthiness and quality of the research was achieved were listed and explained.

In summary, qualitative research, more specifically IPA, suits the research aims as the researcher was able to gain in-depth, individualised and unique experiences of the participants' inner world. The next section outlines the results of the analysis presented in this chapter.

Chapter 4: Results

4.1 Introduction

The purpose of this research study was to understand the help-seeking patterns of adolescent girls who had been sexually abused. Interpretive Phenomenological Analysis (IPA) was used to understand both the facilitators and barriers which helped, delayed or prevented the girls in seeking help. The analysis and interpretation of the data was drawn from semi-structured interviews conducted with each girl.

Before the four superordinate themes are listed and identified, the background of each participant's story is given briefly:

Amber: Age at incident 14, current age 16

Amber's ordeal began when staying with her sister, and her sister's family. The night of the incident a man stayed over. After the incident, the perpetrator threatened to hurt her if she spoke out. Within an hour of the incident Amber's thought processes contemplated the threat whereupon she decided to text her sister and asked her to come to the room. Amber stated that she knew she needed to tell someone - for her own sake and also to protect others from the perpetrator. Her sister immediately noticed that something was wrong. Her sister's response and Amber's instinct to tell her sister resulted in Amber reporting her case to the police and being referred to the TTBC by the police. She was placed into the care of the TTBC within a month of the incident.

Faith: Age at incident 14, current age 16

Faith's painful experience began in December 2019. She thought she was going to a man, regarded as an uncle, to dance for him, as she and many other girls had done before. When she arrived she was alone with him. He then overpowered and sexually assaulted her. Faith expressed that on her way home her thought processes ranged from a gut feeling that she had to tell someone, but at the same time she feared her parents' reaction. She decided that she needed time to process the incident and to tell her older sister what happened. Once she got home she told her sister, but made the latter promise not to tell their parents. Seven months later she "fell ill". The community was "whispering in her mother's ear" which prompted her mother to take Faith to the clinic where it was determined that she was seven months pregnant. Her mother only found out about the incident on learning that she was pregnant. Her mother's first reaction was judgemental and she wanted to know with whom she had been sleeping. Faith thereupon disclosed the abuse to her mother. Her family subsequently moved away from

the area to get Faith away from the threat. In the same month, she attended her first session at the TTBC. Faith's landlord, a social worker, referred Faith to the TTBC.

Lesego: Age at incident 13, current age 14

In February 2021, Lesego went to a studio with the intention to sing, as she had done before. On arrival there was a man and no other children. She was alone with him. Shortly after she arrived something happened. She cannot remember details. Her only recollection is waking up from a deep sleep. The man was still in the room, but he did not say anything. She was aware that her genital area was sore. On her way home, Lesego reported having no particular thoughts on what had just occurred. Once home, she informed her older sister about her pain, but her sister just comforted her. Shortly after the incident at the studio, Lesego had menstrual concerns and sought medical attention. At the hospital Lesego was informed that she was pregnant. Her mother wanted to know with whom she had slept. Lesego then made the decision to terminate the pregnancy. The nursing staff at the hospital referred Lesego to the TTBC. She has been in the care of the TTBC since April 2021. The period that elapsed from the incident to treatment had been less than two months.

Olwethu: Age at incident 8, current age 15

Olwethu's torment began seven years prior to the interview. Her perpetrator was a neighbour, a person her grandparents, whom she stayed with, deeply trusted. She was eight at the time of the first incident. The abuse continued for four years, three days a week. It stopped at the age of 12. She expressed that at the age of 11 she realised that what was happening to her was wrong. She put an end to the abuse by avoiding the perpetrator completely and by isolating herself in her room. She knew she needed to tell someone but she could not tell her grandparents as she was concerned about how they would react. As her environment was not conducive to sharing such news, she did not know where to find help and feeling helpless and stuck in attempts of self-help, she made a conscious decision to hide in plain sight. When she moved to her parents' home in Gauteng, she turned to her parents for help - although she was unsure if she could trust them. In addition to Olwethu placing trust in her parents, her mother's intuition that something was wrong, opened the doors for communication on the abuse. Olwethu's parents did not know where to go for help, but after a number of calls, her mother found the TTBC. A few weeks after turning to her parents for help, she was placed in the care of the TTBC.

Kuhle: Age at incident 14, current age 15

Kuhle's trauma began in August 2020. She was victimised and harassed by a tenant renting a room from her mother. After the incident he took unsolicited pictures of her in a compromised

position. Kuhle was helpless in preventing him from taking the pictures. She knew she needed help. She also knew she could go to the clinic, but the thought of how her mother would react, stopped her. Shortly after the incident, the perpetrator's wife posted the pictures on social media. Her aunt discovered it and accused Kuhle of being a witch. When Kuhle was forced to divulge what happened as a means to stop the beatings, only then did her family realise that Kuhle had been sexually abused. Kuhle was referred to the TTBC by the nursing sisters at the hospital where she found out that she had contracted a Sexually Transmitted Disease (STD).

Mathapelo: Age at incident 13, current age 16

Mathapelo was first sexually abused by her stepfather in 2018. She wanted to tell her mother, but she did not do so as her stepfather threatened her that her mother would die if she was to know what had happened. When she and her sister were alone with the stepfather two years later, he again attempted to sexually abuse Mathapelo, but this time she fought him off. Following a negative change in Mathapelo's attitude towards her stepfather, Mathapelo's mother accused her of disrespecting her husband. Mathapelo then told her mother what had happened, but her mother did not do anything. This resulted in Mathapelo confiding in her best friend, who in turn told her mother, who then informed her aunt. They contacted Mathapelo's estranged father, who reacted by removing Mathapelo from her mothers' home. He also took her to the hospital. The following day two police officers visited Mathapelo's home to take her statement. Mathapelo was referred to the TTBC by the nursing sisters at the hospital that she went to for a check-up.

From the analysis, four superordinate themes were revealed. The four superordinate themes are listed below:

1. Having to Go Alone
2. Realisation Hits Home
3. Considering the Best Option
4. Joining Forces

Each superordinate theme has several inter-related sub-themes. Not all the participants expressed these sub-themes, however, the superordinate themes were present in each participant's personal, discursive account of their sexual abuse experience. The table of themes (refer to Appendix H) visually displays the identified themes, along with the occurrence and prevalence of each sub-theme across the participants who participated in the study. As the themes are inter-connected and inter-related, shared commonalities are present. The themes aim to capture and reveal the girls' experiences in help-seeking after experiencing sexual abuse.

It is important to note that the analysis was conducted by the interpretation of the data at two levels. The levels of interpretation involve the concept of “double hermeneutics” - the theory of interpretation. Behal (2015) describes the first level as the “hermeneutics of meaning-collection”, and the second level as “hermeneutics of suspicion”. The first level aimed to provide a true disclosure of the participants’ discursive accounts as the participants made sense of their experience. The second level involved going deeper, whilst keeping in mind the phenomenon being studied in order to understand and interpret the deeper meaning. At this level of analysis, the researcher is attempting to make sense of the phenomenon from the participants’ own account of their experience as they endeavour to make sense of the phenomenon from their own frame of reference (Behal, 2015). This process is known as “double hermeneutics”.

In an IPA study, the researcher is deeply immersed and involved in each part of the study. Due to the intensity and complexity of this process, it is not surprising that the researcher’s biases and pre-established beliefs may interfere with the trustworthiness and quality of the data collected, analysed, and interpreted. In view of this, the researcher carefully reflected on and bracketed her own frame of reference, beliefs, and opinions with regard to services and stories of girls attempting to seek help.

The researcher acknowledges and recognises that the themes identified are subjective interpretations of the researcher; and that other researchers may identify and list alternative themes from the same source of data.

This chapter will describe and discuss these themes with the use of direct extracts from the data to illustrate and provide evidence to the themes identified. The themes were constructed through an extensive and thorough analysis of each individual transcript as well as analyses conducted across all the participants. Due to the large amount of data available, only the most prominent areas of the participants’ accounts are presented in this chapter. All identifying information has been removed or changed, and pseudonyms have been used to protect and preserve the anonymity and confidentiality of the participants.

4.2 The Themes

The four superordinate themes, each with subthemes, constructed from the analysis of the data of the six interviews conducted with the girls, are displayed in Table 1. Prevalence of the themes is discussed throughout this chapter. The phrase “all participants” refers to all six of the girls. “Most participants” refers to at least five of the girls, and “more than half of the

participants” refers to at least four of the girls. The order of the four superordinate themes displays and describes the processes each girl experienced before finally receiving support. The different subthemes could be described as a board game. It could be argued that if many of the middle processes were absent, or that if more favourable factors were present, the girls may have landed on the final step of the board game without much delay in seeking help and treatment.

Table 1 Superordinate and subordinate themes

Superordinate themes	Subordinate themes
1. Having to Go Alone	1. Hidden in plain sight 2. Observations made or missed 3. Attempts at self-help 4. Feelings of helplessness
2. Realisation Hits Home	1. Contemplation and time to process 2. Fear and threats 3. Assumption or expectation of reaction 4. Shaming, blaming and judgement 5. Intuitive knowledge/that ‘gut feeling’
3. Considering the Best Option	1. Means, method, and choice of disclosure 2. Timing of disclosure 3. A close and accepting relationship 4. Trust or lack of trust
4. Joining Forces	1. Disclosure reaction 2. Being uninformed and becoming informed 3. Network of support 4. Availability and quality of services

4.3 Findings from the IPA

4.3.1 Superordinate Theme 1: Having to Go Alone

The first superordinate theme “having to go alone” explores the notion that the girls felt they had no one in their corner who could help them through their traumatic ordeal. This is characterised by the conscious decision made by the girls to remain silent, and to hide the incident from their parents/caregivers. The notion is also that observations made or missed by

those closest to the girls could have drastically changed the trajectory of the girls' help-seeking journey. Following the conscious decision to hide the incident and no one noticing a change in the girls' behaviour, often resulted in the girls attempting to help themselves, often unsuccessfully. This left them with feelings of helplessness and hopelessness. These feelings either kept the girls stuck in the same position or motivated them to seek other sources of help.

The decision to remain silent, failed attempts at self-help and the feelings of helplessness had a profound impact on the girls' experiences and healing journey. This theme permeates the whole analysis and as such it is offered as the first superordinate theme. It sets the scene for the rest of the analysis.

4.3.1.1 Hidden in Plain Sight

The first subtheme relates to the extreme methods the girls took to hide what happened in attempts to avoid anyone finding out they were sexually abused. Faith highlights this point by telling her sister this:

Interviewer: What happened after you told your sister?

"After that I took a bath." [Struggling to speak.]

Interviewer: And then?

"Then we pretended that there was nothing, nothing happened." [Pressured speech.] (Faith)

Olwethu said:

"At home. They are fine. Like they thought I was a very fine person. They didn't suspect anything at all. I was a very good person. They thought like I was fine. There was no bad circumstances at all. It was just that me growing up as me and my brother growing up and moving this side was just that. Yeah." (Olwethu)

Kuhle describes her thought processes in staying silent as follows:

"So I'm like okay, let me be patient. I will see like. Face my books and read and then maybe my dreams will come true. When I get the chance I will tell my truth and everything will be well." (Kuhle)

In the first subtheme more than half of the girls made conscious attempts to at first hide their experience from their families. The high success rate achieved in hiding these incidents should be noted. Possible reasons for this form of behaviour are explained in later themes and

subthemes. For now, the extracts are clear evidence of the findings of the commonality of these young girls in being able to hide in plain sight. In most of the occurrences it was a conscious decision. In the case of Olwethu, she was able to hide in plain sight for eight years without detection. It could be argued that “hidden in plain sight” constitutes a barrier to help-seeking.

4.3.1.2 Observations Made or Missed

This subtheme pertains to the observations made or missed by parents, caregivers or friends of the girls. The case extracts show that the observations made or missed can be both a facilitator and a barrier to help-seeking. Three of the participants reported that their sexual abuse incident was discovered through a sudden change in their behaviour or mood. They did not explicitly report the abuse. Their behaviour change was enough for their parents/caregivers to warrant further investigation. The other three reported that no one observed changes in their behaviour. The incident thus remained undiscovered. This was mostly related to the girls’ conscious decisions for it to remain hidden. For example, Amber’s sister noticed the sudden change in Amber’s demeanour. With her sister making a comment on the change, Amber instantly disclosed her sexual abuse incident:

“I didn’t look myself. My sister thought I was sick and I told her, I don’t feel well because something happened and then I had to tell her, so I burst out in tears.”
(Amber)

Faith’s sister also spotted a difference in her following her return to the family home:

Interviewer: She did not even say anything and you just told her?

“She said what what’s happened? and I explained everything.” (Faith)

Interviewer: Could your sister see that something was wrong or did you just see your sister and you felt as if you had to tell her?

“She saw and then I told her.” (Faith)

Mathapelo’s help-seeking story was different from the story of the other girls. Mathapelo waited two years before telling anyone. To an extent this is similar to Olwethu’s response. However, Mathapelo made two attempts in seeking help. In both attempts her mother and friend were able to pick up on her sudden behaviour change. She explained what her mother said:

Interviewer: Did they [her family and mom] say over the last two years that you look different, or you behave different?

“Yes. My mom would say that the most.” (Mathapelo)

Regarding the change her mother noticed, help-seeking was not elevated as her mother did not pursue the matter further. Her friend also noticed a difference:

“And my mom had said some things to me that like, that evening, my mom said some things to me. And then my friend, she like had a feeling, she asked me what was wrong. She said “Mathapelo talk to me. What is wrong?” That’s when I broke down and I told her everything.” (Mathapelo)

Upon her friend noticing a change, the friend continued probing, which aided in Mathapelo’s help-seeking journey.

In the case of Olwethu, she advised the parents of all girls, not only those who have experienced a sexual abuse incident, to be on the lookout. She explained how her mom spotted a difference, even after many years of not living with her daughter:

“I just woke up and felt not very happy. I just didn’t like the day. I just didn’t like the day as it was. We were going shopping that day. Grocery shopping. Uh yeah, uh my mom sat me down that morning, she tells me that I can tell her anything and everything that is bothering me I can tell her. My dad said the same thing. Coincidence? I think not. I think they found something weird that is happening to me, I think. I do not know.” (Olwethu)

In the same vein as Amber, Faith, and Mathapelo, Olwethu’s parents opened the door for the conversation to take place. Olwethu was of the opinion that parents should be more observant of behaviour changes in girls of her age. If parents are not more observant or attentive, girls her age are prone to bouts of depression and suicidal ideation. Through the keen eye and attentive nature of the girls’ family members, an avenue was created for the girls to open up and disclose their abuse.

4.3.1.3 Attempts at Self-Help

More than half of the participants made attempts, mostly unsuccessful, at helping themselves after their sexual abuse incident. The girls reported trying to resolve the issue themselves, often with undesirable outcomes. Faith noted how she tried to help herself:

“I was reading the books, trying to forget about it but it was too hard.” (Faith)

Olwethu made attempts to help herself by withdrawing from the world. She reported not liking to go outside or meeting new people. Her means of self-help revolved around isolating herself from everyone. Mathapelo described similar behaviour. She explained that she would stay in her room. It is likely they both did this as a means of self-protection - to hide away in their safe space. Kuhle continuously mentioned during her interview how she turned to God to help her. In her prayers she used the words “*God have mercy...things can go well with me*” and “*God to control me so that thing don’t go wrong in my life*”. She also attempted to help herself. She explained that:

“I was going to research about the rape and what to do about it.” (Kuhle)

Amber herself did not make attempts at helping herself. She did however have the insight to advise other girls to talk about it and to seek help:

“someone that they are really close to...” and “they really need help, because it’s difficult for them to process all that difficulty, and girls our ages, little girls, needs to go get help because that’s really something that they can’t keep for themselves. They will depression, some of them won’t think they deserve life, and take their life.” (Amber)

Based on what the girls had said, attempting self-help was a means to cope. They felt they had nowhere to turn to, as they perceived they had no support and that they could not trust anyone enough with this experience. Having these feelings likely resulted in them turning to themselves to help themselves, as they felt, or perceived, that they could not rely on anyone else. It appears that the girls knew help was needed, but at the time they could only depend on themselves. They thus thought it best to try to manage and cope on their own, although it was not successful. Later in the chapter it will become clear that the choice to self-help resulted in further suffering and eventually desperation to seek other sources of help.

4.3.1.4 Feelings of Helplessness

Girls that did not disclose and tried to cope on their own expressed feelings of helplessness at some point during their traumatic experience. The intensity of this emotion often resulted in the girls not being able to keep the memory to themselves. Many used phrases such as “*my heart was too heavy*” or “*I could not keep going alone*”. Amber said this about her feeling helpless:

“I don’t really think about it because I felt like inside I really need help, because I can’t, I feel like something is holding me inside, that is making me depression and all that. I asked my mom even that she can get me help because I didn’t like the feeling.” (Amber)

She made use of an example of someone in her support group whose feelings of helplessness resulted in a disastrous turn of events:

“I know somebody, I was on a group that they put me in, and that girl couldn’t handle it, and she poisoned herself. So, I suggest that they [other girls who have been sexually abused] need help, and that they need to talk to somebody because it’s really urgent. That could have happened to me but I decided to get help.” (Amber)

Faith’s feelings of helplessness resulted in her wanting to commit suicide. She could not see any other way out of her situation. When asked why she had the need to tell someone what had happened, she simply replied, *“it was hard”* and she *“wanted to feel better”*. Her mental health took a drastic turn for the worse. Mathapelo used similar words *“it was getting too much”* and *“my heart was heavy”*. Yet, despite her emotions she could still not reach out. Lesego used the phrase *“I felt like I was going to drive crazy. I didn’t know what was happening.”* Again, despite feeling as though she was spinning out of control, she did not reach out. Olwethu had similar sentiments as she recalled wanting to end her own life. Her words were: *“can someone do it for me, since no one wants me to do it to myself”*. She explained the catalyst for her decision to seek help as follows:

“Well um, the thing is that it because it got too much. The voices became louder. I couldn’t even notice myself in myself anymore. I just wanted to breathe.” (Olwethu)
“This has to happen. The things have to stop. I have to brave up and look at it from a different perspective and take a leap of faith.” (Olwethu)
“If I think back now, yes [telling her mom sooner]. If I didn’t tell my mom I would either have been in a very deeper stage of depression or I would have eventually killed myself.” (Olwethu)

The pattern which appears to emerge is that the outcome of the sexual abuse incident results in feelings of helplessness. This feeling is further exacerbated by limited, or lack of, knowledge of available services - including supportive services. The entire situation seems to leave those involved feeling stuck with no sense of direction other than desperately knowing

that some form of action needs to be taken. As such, having the feeling of helplessness can be argued either as facilitator or barrier for help-seeking. It could be argued as being a facilitator when it sparks the process of help-seeking. It could, however, also be a barrier when the girls feel so lost they remain stuck.

To begin the process of help-seeking, the girls need to reach out, either by means of a disclosure or by finding appropriate support services. Alternatively, as highlighted, a parent, caregiver, family member or friend observes a sudden change in the girls resulting in dialogue leading to disclosure. In the case of the four participants who indicated their conscious attempts to hide in plain sight, this presented a barrier as help was delayed. In addition to this, where girls are left to their own devices it may lead to failed self-help attempts and devastating long term psychological harm.

4.3.2 Superordinate Theme 2: Realisation Hits Home

The second superordinate theme “realisation hits home” explores the mental debate and internal battle the girls are faced with when it dawns on them that they need to reach out for help. This is characterised by the conscious time set aside to process not only the incident, but also whom to reach out to. If threats were made or fear is present, how does this in turn influence the help-seeking process? The girls’ perceived or anticipated attitudes of their parents/caregivers as well as that of their community on disclosing the abuse, is explored further. Lastly, the idea that the girls had intuitive knowledge - a “gut feeling” - to move towards seeking help is discussed.

As conflicting emotions go, fear and the thought of being threatened trumped their need to seek help. Some of the perpetrators threatened to harm the girls or to harm their families. The ultimate result was that the girls stayed silent out of fear - a true barrier to help-seeking as it did not motivate any help-seeking. The last sub-theme relates to the shaming, blaming and judgement by the community, and in some cases by the girls’ own families, whether it be factual or perceptual. Nonetheless, the shame and blame described by the girls was enough for them to remain silent.

4.3.2.1 Contemplation and Time to Process

Most of the girls struggled with an internal battle on what to do after their sexual abuse incident. The time the girls took to contemplate and process what happened could be argued as constituting either a facilitator or barrier. In some instances, the internal battle revolved around

the anticipated reaction of their loved ones. In other instances, the internal battle simply revolved around what to do next as they had never had such an experience before. There was nothing in their life repertoire for them to fall back on. This is what Amber experienced:

“I, I went to the other room and I started thinking, what should I do? Should I message her [her sister]? What should I tell her, because this is something that’s so important to tell her because this can go to other people.” (Amber)

For Amber, contemplation likely resulted in her making the right choice in finding a person to seek help from. She knew it was important enough to tell someone. The question was put to Faith as to what she would have done if she had not fallen pregnant, would she ever have told her mother and father? Faith replied:

“I would have told them. I wanted to take time to thinking about it.” (Faith)

In reading between the lines and from what has already been discussed regarding Faith, it is possible she was trying to figure out how to inform her parents as to what happened with her and bear the brunt of her parents’ reaction. It almost appears as though Faith needed to slow down time, to really think about all her options before choosing her path. Her pregnancy, however did not allow for this. For Faith, contemplation and taking the time to process may have been more of a form of denial, hoping it will all go away, rather than having to face the issue. Kuhle may have gone through a similar process. Throughout her story she provided examples of how she was either taking time to process what happened or contemplating what to do next. She contemplated that it would likely never work to tell her mother as she perceived her mother as being too strict:

“Let me take time. I was like I am taking time and then from nowhere [slaps her hands together] [photos were posted]. Then they found out.” (Kuhle)

She continued to convince herself that it was the best option:

“I will do it when time goes.” (Kuhle).

“When I get the chance I will tell my truth and everything will be well.” (Kuhle)

As seen from the aforesaid and a few other examples from Kuhle’s story, it is likely that she would not have told anyone what happened. What was said for Faith, could be applied to Kuhle. These girls struggled and took time to contemplate and process what had occurred and

what they wanted to do next. The elements from other factors most certainly impacted their need to debate and contemplate what to do next.

Olwethu explained that due to trust concerns she took time contemplating whether she should tell her mother after having remained silent for eight years:

“I thought about it first and then I told her. It was just a long time between me and my mind, and my heart. Then after that fight between the three, I just took a leap of faith.” (Olwethu)

Olwethu was debating on whether or not she could trust the person in front of her. She was weighing the cost of getting hurt again against receiving the help she so desperately yearned for. In the end, she took a leap of faith, and it paid off. It was worth it. She had, just as Amber had, selected the right person to kick start her help-seeking journey. The notion of contemplation and process timing should not be taking lightly. The girls probably had to face one of the toughest choices in their lives, with no certainty or guarantee how it would pan out. Their choices resulted in a favourable or less favourable outcome.

4.3.2.2 Fear and Threats

Some of the participants reported experiencing immense fear and receiving threats from the perpetrator of the sexual abuse. The number of girls who received threats was less than expected according to numbers mentioned in other research studies (Mathews et al., 2016; Meinck et al., 2017). Amber explained how her perpetrator threatened to hurt her if she should “*tell anybody*”. His threat caused enough fear for her to consider remaining silent. But, that same night, responding to her sister’s attentive nature, she spoke out.

Mathapelo however was frightened enough to remain silent for two years, even while staying in the same house as the perpetrator. She recalls what happened following the first sexual abuse incident:

“Cause um, after what happened, he my stepdad, he threatened that if my mom was to ever find out what he did, she would probably die. So, at the time I was young, I thought she would die if she knew of anything of what happened to me. So, I had a thing of maybe she would die if she found out everything, stuff like that.” (Mathapelo)

As evident from the interviews, the threats to the girls were enough to have an impact on them. Whether or not the threats were to be carried out is not the point. As far as the girls were

concerned they were protecting either themselves or their families. This subtheme is without a doubt a barrier to help-seeking. The threat in itself is a means of control over the girls, without even being near them. It is unimaginable to comprehend how much courage it took both these girls to speak out - to break free from the chains shackled to them by their perpetrators.

4.3.2.3 Assumption or Expectations of Reaction

From the information provided by the girls it is evident that assumption of a reaction, is a major inhibiting factor to help-seeking. Every girl assumed a negative reaction from others, especially from their parents, to the extent that they wanted to avoid help-seeking altogether. The girls wholeheartedly believed that facing their parents' reaction would be worse than the trauma and emotional suffering ahead of them. Faith describes this scenario by saying:

“I went home. I told my sister. Then I was scared to tell my parents. That maybe they can beat me. Question me to why did I go there alone. Stuff like that [voice disappears]. And I told her [her sister] that she must not tell my parents because they are going to beat me or shouted at me.” (Faith)

Faith could not speak for a few moments after recalling how scared she was of her father finding out what happened. Faith remembered not only how afraid she was of what her father would do, she also did not want to face her parents' disappointment and judgement. She consistently used the word judge throughout her storytelling, not only directing it towards her parents. She described having the same reluctance in respect of her teachers, principal and friends. She specifically said:

“Because at that time, they loved shouting at us, then I thought that he would beat me, or kick out of the house. I decided to keep quiet.” (Faith)

“I thought that they were going to judge me for everything that had happened. So I choose to keep quiet, not tell anyone.” (Faith)

Olwethu believed that she could not disclose what happened as in her house *“we cannot speak about things because it makes us feel very awkward...We can't. It is just the way it has been.”* For Olwethu her family's faith meant she could not broach the topic of what happened to her. She assumed her family would be left feeling uncomfortable and unable to sit through the decision necessary to plan the next steps. She explained her thought processes:

“Yeah, in my head I considered how my mom would react and how people would react if I came out.” (Olwethu)

The outcome of this assumption was that she remained silent for eight years. She felt she could only share what occurred when she moved to her mother's house from her grandmother's house. The reasoning behind this will be explained in a later subtheme.

Kuhle's assumptions about her mother's reaction, was unfortunately correct. Her mother's disclosure reaction will be elaborated on later. She started off by saying:

“And then the reason I didn't tell my mom was yoh, she is so strict [fear emanating from her body].” (Kuhle)

“Because my mom is so strict so I didn't have to take it out. I thought that maybe she will kill me what.” (Kuhle)

Fear of the consequences and repercussions to follow was sufficient for Kuhle to remain silent in her suffering. Kuhle's mother's supposed and assumed reaction prevented Kuhle from feeling she could speak up and seek out help.

Mathapelo's assumption of her parents' reaction was not coming from a place of fear, but rather that she would not be believed. She mentioned twice that she did not think her mother would believe her if she told her,

“At first I thought she wouldn't believe me and things like that.” (Mathapelo)

Mathapelo assumed her mother would side with her stepfather against her. Her assumption put herself into a difficult position in that she could not speak out. She could not rely on the one person she trusted the most. She even said how her mother was the first person she thought of telling, as her mother was the closest person in her life, yet her assumptions got in the way of seeking help.

The trouble with assumptions is that they are often incorrect. As seen from the girls' stories, this was the case most of the time, except for Kuhle. Their parents' true reaction was generally the opposite of what they thought it would be. Their assumptions likely resulted in the delay in seeking and receiving help. Their fear of what their parents would do on finding out what happened was enough motivation to remain silent and to struggle alone. The assumption of reaction likely developed because of past reactions from their parents, which were exaggerated by the girls during a time of crisis where rational thinking was clearly difficult.

Amber was the only participant who did not analyse her assumption as to how her family members would react as she disclosed at an early stage while she was still very emotional. It is

likely that because of this she had no concerns or second thoughts about telling her sister. She had no fear of repercussions or consequences like the other girls. The actual reactions of the girls' parents/caregivers will be discussed in the next subtheme and will be used to analyse the process of disclosure.

4.3.2.4 *Shaming, Blaming and Judgement*

The shame, blame and judgement discussed in this subtheme relates to the girls' perception of attitudes of parents, family members and their larger community. Not many of the girls expressed feeling shame or blame towards themselves. In fact, if they did report feeling shame and blame, it was often sparked and fueled by others and then internalized.

There were three different levels of shaming, blaming and judgment. In some cases, the girls experienced all three levels. Amber's family appeared only to be supportive. She explained how she did not want to share her experience with her friends, as she was afraid,

“They're gonna rejection me and tell me, oh that's nonsense you didn't do it, you made something that he will do that to you.” (Amber)

The same was confirmed by Faith and Lesego. As developmental theory explains, this stage of adolescence stems and revolves around peer support (Fontes & Plummer, 2010; Masten et al., 2012; Pereira et al., 2020). Adolescents make sense of their world and navigate through their life challenges using their friends as sounding boards. In the case of Amber, Faith and Lesego, their concerns of being judged and rejected limited their perceived peer support. Not only was their sexual abuse incident traumatic in itself, they experienced isolation from friends which may have compounded their experience.

Faith and Kuhle were both concerned with what the larger community would think about their experience. Faith explained *“people were talking”* about her and how this prompted, or one could say forced her, to seek out help in an attempt to calm the rumours. Kuhle mentioned how her community was saying she was *“talking lies”*, when she walked through the community she could hear them saying *“Yoh that girl is passing”* and that *“all find out that I'm pregnant”* as if it is too shameful to even imagine. Kuhle carries on as she describes her mother wanting to move away as her mother perceived that other *“People will know and look at me”*. She also stated: *“My mom didn't want us to go back home”*.

The way Faith spoke about her mother's reaction to the news of her sexual abuse incident was said in such a way that it also indicated her mother's judgmental attitude towards Faith.

Her mother's first question after hearing the news of the pregnancy was: "*who slept with you?*" Faith expressed that these four words instantly made her feel as though her mother did not believe her. Faith continued on the trajectory of feeling shame, blame and judgment by describing her experience with the police and social worker at the hospital. She said:

[Visibly upset.] "It was like I am being judged." (Faith)

She continued with the police's line of questioning:

"Yeah, like why did I went there." *[Tears formed in her eyes.]* (Faith)

She recalled her experience with the social worker:

"That social worker made me feel as if she was judging me cause her questions."

[Her voice disappeared as she gulped for air.] (Faith)

"They asked me why did I go there alone, this means you were dating." *[Shame swept over her face.]* (Faith)

Faith described a similar assumption as that of Amber, in which Amber believed that her friends would not believe her or that they would judge her. Faith had similar perceptions about her friends, expecting her friends to judge her:

Interviewer: And what about your friends?

"They love gossiping." *[Painful expression on her face.]* (Faith)

Faith went as far as reporting how she expected that her teachers and principal would judge her and that kept her from sharing her story. Faith expressed that:

"No. I didn't tell them. Those people love to judge. Especially if they saw you pregnant." (Faith, 9; 278-279)

She continued by sharing her thoughts on the walk home after the incident:

"I was embarrassed [shameful tone]. I started to blame myself for what happened. Why did I go there by myself today? Why did I let him do this to me? Why did you feel you needed to tell someone what happened?" (Faith)

Faith's story clearly shows the number of ways, forms and angles in which shame, blame and judgement present themselves. Each girl in some way perceived the community to be judgemental, but they were not always able to supply real incidents of this perception. Shaming, blaming and judgement can be construed as both internal as well as external forces which only add pressure to an already tense situation. Their experience was perceived and perhaps based

on previous observations. Shaming, blaming and judgement only create an environment which breeds isolation and does harm to the girls in question. It is detrimental to the help-seeking process.

4.3.2.5 Intuitive Knowledge / That “Gut Feeling”

All the girls described this “gut feeling” in one way or another. The basic essence of this subtheme was that each girl knew what happened to them was wrong. Each girl also knew they needed to get help, even if they did not know where to get help. The girls could not explain how they knew, most just simply said “*it just felt wrong*” or “*it was the right thing to do*”. For instance, Amber knew she needed to inform someone, anyone of what happened:

“I started thinking. What should I do? Must I message her? What should I tell her, because this is something that’s so important to tell her because this can go to other people. He can hurt other people, like he hurt me.” (Amber)

Faith expressed the same sentiments twice:

Interviewer: Did you think you needed to tell someone, someone needs to know?

“Yeah, that is why I told my sister.” (Faith)

Interviewer: Do you think telling your sister was a good thing?

“Yeah, but I was supposed to tell my parents so that they can help me immediately.” (Faith)

As already mentioned above, the young Olwethu could not explain nor understand what happened to her following the sexual abuse incident. She did, however, know what had taken place was inappropriate:

“Yeah, it just didn’t feel as usual. It just didn’t feel normal as I used to.” [Pulled back demeanour.] [Softer tone.] (Olwethu)

“It felt out of place and it just didn’t feel right at all.” (Olwethu)

Kuhle expressed that she was not clear on what he was doing during the sexual abuse incident. She was able to recognise that it was rape as she “*didn’t like the things he was doing*” and that he was “*forcing*” her. Her body instinctively reacted by shielding her during and after the event, it was an unconscious, uncontrollable response.

What begins to emerge is a pattern of recognition of a feeling which most of the girls are often unable to identify at the time. The feeling is powerful enough to warrant the girls to reflect

back on the incident and then question what occurred. In most of the cases even if the girls could not comprehend the event which occurred, they knew something had to be done about it. It could be assumed the girls developed this type of sixth sense through life experience as well as from lessons learnt from their parents on safety during their childhood. Whichever it may be, the girls knew the event which occurred was upsetting and that they needed to inform someone of the event for their own safety and protection. It is almost a built in safety alarm to create a response to the incident. This internal safety alarm is often strong enough to push the girls to seek help, even if it is only to disclose what occurred. As such, this intuitive knowledge or “gut feeling” is a facilitator to help-seeking.

4.3.3 Superordinate Theme 3: Considering the Best Options

The third superordinate theme, “considering the best options” explores next steps in the help-seeking processes, including the decision the girls had made in divulging the sexual abuse incident as well as who they feel safest with in sharing the incident. One of the elements involved in this subtheme is the means, method, and choice of disclosure. The idea of sharing this experience with another person, especially if the girl has made a conscious decision to hide in plain sight, or made attempts to help herself, or assumed that the reaction would be negative, or does not have anyone she can trust enough to share her story, often results in an emotionally loaded experience. The girl may find it difficult to communicate and express her experiences. As such the girl is likely to seriously consider how she delivers the news, when to deliver the news as well as with whom to share the news.

Another element in this subtheme focuses on trust and relationships. This theme investigates the weight behind a close and accepting relationship, as well as the impact of trust or lack of trust in a relationship. The theme considers the importance of timing involved in help-seeking. This theme focuses on the girls and their relationships. It puts aside all other elements and zooms in on their closest relationships.

4.3.3.1 Means, Method, and Choice of Disclosure

Each of the girls’ means, method and choice of sharing their story were different. It is difficult to simply say which is the right or the wrong way of going about sharing such sensitive information with loved ones or the authorities. Rather, it should be looked at in terms of the consequences. In view of this, this subtheme is more of a facilitator than a barrier. Amber freely chose to share what happened the night of the incident, as well as who she selected as the best

match to jump start her help-seeking journey. The consequences of this were that she began her help-seeking journey almost instantly, resulting in less psychological turmoil. Thus, her means, method and choice of disclosure were a facilitator to her help-seeking journey.

For Faith, Lesego and Kuhle their choice of disclosure was taken away from them. For Faith and Lesego falling pregnant meant they could not keep on hiding what happened or pretend that it did not happen. Faith initially disclosed to her sister, who agreed to remain quiet. However, when Faith began getting sick, her mother discovered she was pregnant:

Interviewer: How long did you pretend that nothing happened?

“Until it was June 2020, I was pregnant, seven months. Then my mother took me to the clinic to test then I test positive. I am pregnant for seven months. My mother was shocked and then she cried.” (Faith)

Her pregnancy was the means of disclosure. Her method was through the clinic in an unplanned or safe space, and her choice was not her own. Faith endured seven months of emotional turmoil in silence. Her help-seeking journey was delayed by seven months.

As already mentioned, Lesego was unclear on what had happened to her. Her sister’s disclosure reaction put to bed any concerns. It was only until a few months later that she found out that she was pregnant. Her means, method and choice of disclosure follows a similar trajectory as Faith’s. External factors determined the beginning of her help-seeking journey.

Kuhle’s external factor was not pregnancy, but her aunt seeing her naked photos on social media platforms. Kuhle had no choice in disclosing to her family her horrific and continued ordeal. The method was publicly displayed photos, the means social media and she had no choice to disclose. Kuhle’s family could not even comprehend what happened:

“They [her auntie] saw them on Facebook.” (Kuhle)

“And then she [the perpetrator’s wife] posted them on social media. I was crying yoh.” (Kuhle)

It is likely, that if these external factors were not present, Faith, Lesego and Kuhle probably would never have told anyone which would have caused untold psychological damage. Due to Faith, Lesego and Kuhle’s lesser chances of receiving supportive services, being pushed into disclosing may have been what was needed if the girls were to receive any form of meaningful help.

4.3.3.2 Timing of Disclosure

The subtheme related to the timing of disclosure may appear obvious, however it is extremely important in minimizing emotional damage to the girls. Put simply, the sooner a girl asks for help, whether that be in the form of sharing what happened, the sooner supportive services are found and used, and less damage should be done. Once again, as mentioned in the previous subthemes, Amber's swift thinking in conjunction with many other factors, meant she was quickly placed into the care of supportive services. She mentioned that she was afraid of the dark and could not sleep in her own room for many months, which is not surprising given the traumatic event she experienced. However, she also reported how much better she was doing, only months after the event. She felt that she could continue to live a meaningful life. Proving that early disclosure is a facilitator to help-seeking.

Faith and Lesego too immediately disclosed to their sisters what happened to them. Faith explained: *"I went to go home. I told my sister."* (Faith)

Unfortunately, Faith's sister was unclear on how to help her, delaying the use of meaningful supportive services.

Lesego said:

"I told my sister my private part is painful. She said, maybe it was nothing serious."
(Lesego)

Lesego's sister did not realise the significance of the event that had just occurred, delaying the use of meaningful supportive services. This shows that even with early disclosure, the disclosure should be done in the presence of the most appropriate person and environment.

Olwethu was the girl who remained silent for the longest time. She remained silent for eight years. She commented that only when she moved away from her grandparents she was able to talk about it:

"I finally told my mom this year because this year I moved to this side." (Olwethu)

The consequence of remaining silent for so many years resulted in Olwethu completely isolating herself from everyone. She was in emotional turmoil for eight years. Because of the many years in turmoil, it is highly likely that she will have difficulty to lessen her psychological scars. Kuhle on the other hand had no choice in when she wanted to disclose. Before Kuhle had the chance to share her story, she was confronted with judgement and blame, which created

further psychological scars. The matter of whether Kuhle would have ever asked for help is questionable, however, it was still her story to tell.

Mathapelo waited two years before sharing her story. When she was asked if she would have done anything differently, she replied:

“I would have told my mom earlier.” (Mathapelo)

Mathapelo expressed her remorse for not having asked for help sooner. It must have been difficult for her, considering all the other factors involved, such as having to disclose twice as her first attempt at seeking help failed, and that her family was threatened by her perpetrator if she told anyone. Faith expressed her regret for letting her assumptions surpass her thoughts on reaching out for help from her parents. She advised other girls to disclose:

“I would give that they should talk immediately. Talk to someone, a teacher, or their parents so that they can get help immediately.” (Mathapelo)

The girls noted how different their supportive journey would have been if they had asked for help sooner than they did. They were only able to benefit later from the decision they took once the scars had already formed. Timing of disclosure weaves well into the contemplation done by the girls on their situation as well as the brief pause they consciously took to process their experiences.

4.3.3.3 A Close and Accepting Relationship

A close and accepting relationship refers to a relationship where distance is either created or removed and where congruence, accurate empathy and unconditional positive regard are present (Vorster et al., 2013). Each condition contributes to creating a strong bond between two or more people. The presence or lack of a strong bond is what determines this subtheme as a facilitator or barrier to help-seeking. Amber’s relationship with her mother, grandmother and sister was impactful enough in that she had no hesitancy in sharing her ordeal. The safety net was already there, and she knew if anything bad had to happen she could rely on it. Amber explained why it was so natural and easy to ask her sister for help:

“I just think that part that she’s really close to me and that I can tell her, almost everything that I go through she is always there for me.” (Amber).

Lesego cried when she recounted how badly she wanted to tell her grandmother. When questioned on why her grandmother was the first person she thought of, she said:

“Cause, cause, uh [tears started to well up] [pause] [wiped her tears], cause, cause, I can talk to my granny.” (Lesego).

“Cause she can understand.” (Lesego).

As previously mentioned, Lesego selected her sister as the person to help her navigate her experience. She explained why that was:

“Cause my sister always talk to me about boys, how life is.” (Lesego)

Lesego’s selection of people was based on the elements laid out above which entail the characteristics of a close and accepting relationship. She described the elements of closeness, genuineness, accurate understanding and unconditional acceptance, no matter what she had to say. Lesego knew she would be safe and that her story would be kept safe. Mathapelo clarified why she selected her friend for the second round of asking for help:

“She’s, she’s closer to me than anyone else.” (Mathapelo)

When Olwethu was explaining what parents should do to aid their daughters she highlighted the importance of the characteristics of a good relationship:

“Keep trying too much. Keep addressing it because once you keep on trying too much you show them that you actually do really care, you will not give up no matter what.” (Olwethu)

She continued by accentuating another factor of a good and accepting relationship, namely unconditional acceptance. She explained that by her mother having more of an open mind and unconditional acceptance, she felt safer in sharing her incident. Olwethu felt of all the people in her life, her mother would be the most understanding. She said:

“Sense of relief. Sense that she can help me with whatever is bugging me.” (Olwethu)

Kuhle expressed the same thoughts on relationships being open, but she had a different experience:

“Eish, my mother she is too strict. You can’t be open with her. Even her, when you ask a question, like she doesn’t say anything.” (Kuhle)

Olwethu highlighted the fact that the characteristics of a good relationship do not pertain only to parents, but also to extended families such as aunts. She emphasized how speaking to

aunts may be less threatening, or that aunts were closer to her. Kuhle shared the same sentiments in saying:

“I was going to tell my auntie cause, cause um I have a relationship with her mostly. Yeah so that’s why I always talk to my auntie.” (Kuhle)

Whom the girls seek out for help is based on the relationship elements mentioned above, not on family structure. If the aforementioned elements are present in any given relationship, the chances of help-seeking are considerably higher. Inversely, if the elements are not present, chances of help-seeking are minimal. In fact, it often results in further difficulties, like isolation, depression, and feelings of helplessness. Being alone during such a crisis is not conducive to finding help and often more detrimental than one could even imagine.

4.3.3.4 Trust or Lack of Trust

Trust is a factor which could be part of a good relationship; however, it was considered a subtheme on its own due to the immense power it holds in both facilitating as well as inhibiting help-seeking. Based on what each girl said, trust was possibly the most meaningful factor in determining the trajectory of the help-seeking process, especially in the beginning. One needs to understand that the experience each girl went through tarnished any trust they once had. The world they knew became unsafe; their sense of safety became shattered. Many of the girls felt themselves asking the question, if they could not trust their own family, who could they trust? Without trust, there is no base for a close and accepting relationship, and therefore no safe place to ask for help.

Olwethu comments on how she was abused by someone her family trusted completely, yet she was hurt by him. She mentions the word trust 23 times in her story. She made the comment:

“I didn’t trust anyone as it is. I felt like if he can do this to me what is like stopping my own family member from doing it to me as well. So, I just didn’t trust anyone.” (Olwethu)

Faith commented on how she did not even consider a teacher or religious leader to disclose to, as she did not trust them. Olwethu noted just how strong her trust was in her mother and father in that it brought her out of her vow of silence for the preceding eight years:

“So, I felt I could trust them. I felt like I could open my heart to them. There is maybe one person I can trust.” (Olwethu)

Olwethu is extremely wise in her observations on the necessity of trust:

“I would say build a trust circle between you and your children because that is the only thing that will help them to balance on. That is only going to help them in their decisions to tell you or not. Build a trust circle, make them comfortable with you being there.” (Olwethu)

Kuhle expressed a lack of trust. She was concerned that her mother had no trust in her, and she had no trust in her mother. She put off seeking out help due to her mother’s suspicious nature and accusations towards Kuhle.

The attitude and animosity Kuhle felt towards her mother, diminished any chances of trust being rebuilt. Kuhle explained how she was trying to be more open with her mother, and trying to lean on her for help, however it was difficult. Kuhle and Mathapelo showed that when trust is destroyed, it is very unlikely to be rekindled and would only hurt those most closely involved. Mathapelo reports her mother being the first person she thought of after her sexual abuse incident. Even though the perpetrator was married to her mother, she trusted her mother to help her. When her mother did not react the way Mathapelo needed her to, she expressed the feelings of disappointment and betrayal she now felt towards her mother:

“... that’s when I started like getting second thoughts. Is she really gonna help me with this or is she just trying to like protect her uh man?” (Mathapelo)

Following her mom’s betrayal, Mathapelo doubted whether she would ever get help:

“I didn’t think I would get help.” (Mathapelo).

In addition to her delays in receiving supportive services, her mother’s action left her feeling alone and it tarnished the relationship with her mother. She reported not being as close to her mother any more. From this it is evident that trust is crucial in facilitating help-seeking. If trust is not present, it delays all aspects of the help-seeking process. Furthermore, if it is not present or where it is broken, it continues to have an impact on the girls.

4.3.4 Superordinate Theme 4: Joining Forces

The last superordinate theme, “joining forces”, explores the actual act of disclosing the sexual abuse incident to another person, after contemplating all the factors above, as well as the next steps which resulted in help being accessed or not accessed. This is characterised by the real reaction after disclosure by those with whom they shared their story. Another element is the notion of being uninformed about available help services and becoming informed - what

previous knowledge did the girls and/or their parents/caregivers possess on the topic of help-seeking, and how did this influence the help-seeking journey? The last elements to be discussed in this theme is the efficiency in the network of support, and the availability and quality of the services offered within the network.

4.3.4.1 Real Disclosure Reaction

The reaction the girls received after disclosing their sexual abuse incident determined whether this subtheme was deemed a facilitator or barrier to help-seeking. In the cases of Amber, Faith and Olwethu the reaction after disclosure was a facilitator to help-seeking. Amber's sister's reaction to her sharing what happened immediately created a sense of relief for Amber. Her sister showed her protectiveness over Amber by demanding the perpetrator leave the house. Amber described feeling instant healing and reparation based on her sister's initial reaction. There was no judgment, blame or doubt.

Faith was petrified of her parent's reaction, resulting in her remaining silent until her unexpected pregnancy forced her hand. However, Faith's parents' reaction was not as she assumed. Her parents believed her. They did not shout at her. They moved houses to take her away from the threatening situation. She expressed:

"They comforted me. They said don't worry, it will be fine. We will support you and your kid." (Faith)

Olwethu explained that she carefully selected who she would tell about her sexual abuse incident. She decided against her grandparents, whom she was living with at the time, as she assumed they would not be able to handle the news. She knew once she moved back home with her parents, they would be more understanding. Their disclosure reaction confirmed this. Her parents jumped into action by searching for sources of help. As with Amber, there was no judgment, blame or disbelief. Steps into the next part of her help-seeking journey went smoothly, likely because of her parents' support.

For Lesego, Kuhle and Mathapelo the reaction to disclosure could be deemed as a barrier to help-seeking. Lesego's disclosure reaction was not necessarily negative, but rather it stunted her from going any further in her help-seeking journey. As Lesego could not remember what happened during her sexual abuse incident, she was unable to tell her story until she fell ill. The only clue she had was that her body was extremely painful. She relayed this information to her sister who did not put the pieces together, she tried to calm Lesego by saying "*it is*

probably nothing serious". Her response ended the help-seeking journey before it could begin. Lesego's help-seeking journey began as a result of pressure from external sources, such as her unexpected pregnancy.

Kuhle described her family members' reaction upon finding out what happened to her:

"Then my auntie beat me cause of this thing. So I'm like okay, they beat me, beat me. They said they going to kill me." (Kuhle)

She continued by explaining how her family wanted to know the truth as if her family had doubts on her honesty, as if she was lying to them:

"Then my mom she came in cause she by work at that time. Then she beat me with her bag.

She was like 'why are you doing this?'" (Kuhle)

"She was angry. She was angry. Yoh she was beating me. Even the auntie was like planning that they must kill me. Because they think that I am a witch what." (Kuhle)

Kuhle's disclosure reaction was so extreme as she recounts the night her family found out what happened. She almost appears numb and as if she is not in the room anymore. Kuhle did eventually receive help from supportive services, after her mother calmed down and began to believe Kuhle. Kuhle's mother and aunts accompanied her to the clinic after she fell ill. The cause of her ailment was the contraction of an STD. She states that she has grown closer to her mother and that they have agreed to be more open with one another. Again, the same with Lesego, no judgement is intended to be cast on how the family reacted, it is more to highlight how significant the disclosure reaction is in setting the tone for the remainder of the help-seeking journey.

As already mentioned, Mathapelo disclosed on two different occasions, as the first time was not sufficient to make her feel supported. She first disclosed to her mother. Mathapelo's explains:

"Um, I wouldn't say that from my mom. My mom, at first my mom acted like she believed me but then her actions later said something different." (Mathapelo)

At first her mother appeared to want to help her. However, as time went by, Mathapelo explained she began making excuses which eventually led to nothing happening. Mathapelo reached a point where she could not remain abandoned and stuck any longer. She made the decision to disclose to her friend. Her friend's reaction was what she wanted. She felt comforted and secure. She had no way of predicting that it would reach her father. Putting aside this fact,

her father's reaction is what she wanted from the very beginning. She explained how her father believed her and that this was healing to her. From that moment on there were no more delays, she had full access to supportive services.

The processes and experiences described in this subtheme can be observed where parents or caregivers are not sure where to find help for their daughters.

4.3.4.2 Being Uninformed and Becoming Informed

Being uninformed of the services available and simply what the next step should be, appeared to be a significant barrier in help-seeking among the girls and their families. Amber and her family knew what to do, but struggled to find support services:

Interviewer: Who suggested that your sister's husband take you to the hospital and the police, is that something your sister thought of?

"My sister said it because she was looking after little kids, especially her own." [The understanding was that due to her sister's work with children and having children of her own, her sister knew where to get help. Her sister directed her husband to take Amber to the hospital and the police station.] (Amber).

Interviewer: Did you know of any other places you could get help?

"No. My mom told me I could see a therapist to help me but we were looking for a therapist but we didn't know where to look." (Amber)

Amber's sister had prior knowledge on what to do next due to her job, and her mother knew Amber would benefit from therapy, but her mother did not know where to find a therapist. In attempts to find the help she wanted, she turned to the police who referred Amber to the TTBC. Her actions could be understood as a process of becoming informed. Amber's mother was arming herself with knowledge and information for Amber's next stage of help-seeking - healing.

Faith's father followed the same path for further assistance. Faith described him as being stuck, with no knowledge as where to go next. Faith herself admitted to not knowing of any places she could get support. As a result, Faith's father turned to his landlord as he knew she was a social worker. He too consciously sought out knowledge and information for the purpose of directing Faith to meaningful supportive services. The landlord ran with the request to the extent that she threatened Faith's parents with jail time should they not pursue additional help:

“The landlord she is a social worker. Then she phoned another social worker. That social worker told her that I must come here [TTBC]. The social worker said that if my parents don’t take me to the TTBC she will arrest my parents.” (Faith)

Olwethu’s sexual abuse incident differed from that of the rest of the girls as she was eight years old the first time she was abused. Despite this, as she grew older she actively tried to become more informed and knowledgeable. During her interview she acknowledged that she did not have the knowledge to understand what had happened to her:

“Yeah. Um, um, it took me a while to quite understand what had happened, has been happening. So when I got to the age of 11 I finally got to grasped over what is happening to me. Uh, got it.” (Olwethu)

“I was scared, confused. I just didn’t know what was happening. I was just confused, very much and scared, and I just didn’t know what to say about it. I just didn’t know.” (Olwethu)

She later explains how she became informed and equipped herself with information and knowledge to help herself:

“11, um, 11 was when I could say I got my freedom. Because that is when I started watching those PG movies and all those movies. I started getting actual research on what is actually wrong with me.” (Olwethu)

Interviewer: Is that when you started putting the pieces together that this is what this man was doing?

“Yeah this is what is happening to me.” (Olwethu)

Olwethu’s mother showed similar behaviours to that of Amber and Faith’s parents. In her attempts to become more informed she sought further assistance by calling on different supportive services which ultimately led to Olwethu being provided with care.

A concern was flagged following Lesego’s, Olwethu’s and Kuhle’s mentioning of the school programmes available at their schools - such as the Girls Club and the school syllabus whereby school pupils are taught and informed on the definition of rape, types of abuse as well as where to seek help. The concern was raised as in the interviews, Lesego reported not knowing where to go following their sexual abuse incident, nor did she identify her sexual abuse incident as sexual abuse or rape. She did not believe what had happened was a matter of concern:

“Me too I thought that it was nothing serious so ja.” (Lesego)

Interviewer: How did you learn about rape?

“At school.” (Lesego)

Kuhle could name the types of abuse. She was aware that sexual abuse does not only happen to girls and she knew where to get help if an incident such as this had to happen:

“I learnt from uh my experience, that when a person is, there is a physical abuse, emotional abuse and other one, sexual abuse.” (Kuhle)

“It does happen to other girls. It also happens to other boys.” (Kuhle)

“If ever you get a therapist, or you go to the TTBC or you go to the general clinic to get a social worker and they will help.” (Kuhle)

It had the researcher thinking what is missing? Where is the disconnect? What is happening that these extra-mural programmes offered at the schools as well as syllabus are not effective and efficient? What could be interpreted from Amber and Faith’s experience is, that having even the smallest amount of knowledge of help-seeking, prior or newly learnt, appears to result in meaningful and effective help. It is likely that Lesego’s delay in seeking help could have been avoided. It is also possible that the incident she experienced could have been prevented if the school programmes were better.

This subtheme continued to develop and evolve beyond the girls just feeling helpless. In one or two incidences, after the parents of the girls became aware of the abuse, the parents too felt helpless and way out of their depth. Following which some eventually found solutions to the problem before them. Olwethu described a pinnacle moment in her help-seeking journey. Shortly after disclosing to her parents the events which took place over the preceding eight years, she described how her parents were trying to handle the information they just received:

“Well, I told mom and dad. Tried to kill myself. They found out more about this. That is actually much more painful. That it is more deep. That it is more scarred.” (Olwethu)

Mathapelo’s efforts to get help went through five different people. Each person was unable to hold onto what she shared as it was too much for them, leaving them feeling just as helpless as Mathapelo. The people involved in Mathapelo’s help-seeking journey did not know what to do and thus spoke to other people to figure out the way forward. She describes this notion as follows:

*Interviewer: What was your friend's reaction when she listened to the voice note?
"I was told by her mom that she started crying. That's how her mom found out
cause my friend was crying and in shock." (Mathapelo)*

*"She [her mom's friend] started by telling my aunt cause she was closer to her at
the time." (Mathapelo)*

4.3.4.3 Network of Support

All participants interviewed reported finding a source of supportive services at some point along their help-seeking path which all recommended and referred them to the Teddy Bear Clinic (TTBC). The majority of the girls first went to a hospital for a medical check-up following the sexual abuse incident or after falling ill due to unexpected pregnancies. One girl went straight to the TTBC and another went straight to her local police station.

An effective network of support could be considered a facilitator to help-seeking while an ineffective network could be construed as a barrier to help-seeking. For Amber a network of support was a facilitator. She reported that the high number of supportive services working in conjunction in her help-seeking process, ultimately led to swift action and healing:

*"The police station, told me and my gran about the TTBC, so they offered me to get
some help, and special attention to get my feelings back to normal because I wasn't
feeling myself, I was getting depression, for what happened to me and they really
helped me." (Amber)*

Amber's recording of the events clearly demonstrated the number of supportive services involved in her care, which ultimately resulted in her avoiding further traumatisation.

Mathapelo described a few of the parties involved in her help-seeking journey:

*"And then the next day um two police, a policewoman and policeman took my
statement, and then we went to the hospital to go get checked for like any diseases
that he could have given me from those few years. And then that's when they went
to open the case because at the time I was still writing exams, so they say that they
would open a case after my school exams." (Mathapelo)*

Mathapelo, Faith, and Kuhle discussed and highlighted the large number of parties involved in their help-seeking journey. These included hospitals, the police and social workers. Faith's journey, however, started from a different source. Her father turned to their landlord as a source of referral for help. The point being made in this theme is that the beginning of the

journey is just as important as the rest of the journey. Local support services working together in an organised fashion is more likely to result in the best outcomes for the girls than individual, uncoordinated support services.

Unfortunately, in the case of Lesego, she experienced uncoordinated support services and the pitfalls of having so many parties involved in the help-seeking process. Her network of supportive services resulted in a “pillar to post” experience, which delayed action as well as healing:

“Uhm, uhm, someone at the hospital, uhm, told us to go to the Hillbrow police station. So we went to the Yeoville police station. They told us to go to Jeppe police station. They then took me to the hospital.” (Lesego)

Interviewer: “Why did Yeoville send you to Jeppe?”

“Cause the case wasn’t their case, it was for Jeppe.” (Lesego).

Interviewer: The incident happened in the same area as the Jeppe police station. After arriving at the Jeppe police station, what happened?

“There was no one there so we went home to sleep.” (Lesego)

Lesego’s experience of being passed on to the next person or service resulted in a delay of effective and meaningful support. As a result of this experience, Lesego did not want to continue the process of seeking help. It was almost as though she had given up on the process before it had even began:

Interviewer: When you were going between all these police stations, how did you feel?

“I felt tired cause uh, I didn’t want to go to the police station.” (Lesego)

Lesego endured an unnecessarily dragged out process before receiving the help she desperately needed following her sexual abuse. By the time she found her way to a hospital, a social worker was able to direct her to the TTBC for individual therapy and further support.

4.3.4.4 Availability and Quality of Services

Once the girls had identified some form and type of service network, and between themselves and their parents/caregivers, had moved from the space of being uninformed to becoming more informed about support services. The availability and quality of the services used by the girls were further explored based on the number of times the girls made reference to the helpfulness or unhelpfulness of these services. For the majority of the girls, the

availability and quality of the services were definite facilitators in their help-seeking journey. There are numerous extracts praising those who positively impacted their emotional well-being and who increased their sense of safety and normality through the services offered and used. Many used the phrase: *“I could feel I am becoming myself again.”* Amber’s mother’s quick thinking in finding a source of help resulted in her receiving counselling within a month of the date of the incident. In addition to the swift action and help received, she described the services offered:

“We just came. Well my mom did call the TTBC to phone for appointment that they can see me. You need to phone to get an appointment, and then they will see you. But if we didn't have an appointment, they will still see you.” (Amber)

“They were really welcoming, and they made me feel safe and they asked me what was happening and they wanted to hear my story and they asked how am I feeling. How was the past days going, they go through you for steps and everything. They help you to prepare for court, and they help you through everything that you need to go through.”(Amber)

“... and I’m feeling really better, a little bit, and it really helps me going there when I feel sad I go there, and every time I come back home I feel relieved. It feels like the sadness left my body, and I’m feeling like joy is inside of me and I’m okay. Everything will be okay they’re telling me, I’m gonna be happy. Everything will be okay.” (Amber)

Lesego describes a similar experience:

“They can hear you, they can understand.” (Lesego)

“I felt like, why am I going to the TTBC. Then when they spoke to me, I felt yeah I could speak to them.” (Lesego)

Amber uses the terms *“safe”*, *“feeling really better”*, and *“sadness left my body”* following her help experience with the TTBC. Lesego notes that *“they can understand”* and that she *“could speak to them”*. It could be said that by receiving quality and meaningful help from all parties, contributed to the girls’ journey to healing being successful. The fact that the services were swiftly available was an added bonus in preventing further trauma and emotional damage.

Mathapelo was the only participant to compliment the police on their approach in taking her statement:

Interviewer: What was the experience like when they [the police] came to the house to take your statement?

“It was okay because I wasn’t feeling overwhelmed. Their approach was like kind. Yeah.” (Mathapelo)

Olwethu, who totally internalised the matter without sharing the experience for a period of eight years, has suffered serious emotional turmoil to the point that long term psychotherapy is required. Olwethu described her emotional wellbeing:

“Went through a series of self-doubt, anger, just self-ashamed body wise, emotional wise, mental wise. I just didn’t trust myself, I just doubted what I was. Got confused with my personalities for a couple of months. Stayed in the depressed stage for year, still am getting through [eight years later].” (Olwethu)

“Yeah, a work in progress. Mentally, physically, emotionally, it is just a work in progress. I might not know who I am, at this moment, but I am getting there. Bit by bit.” (Olwethu)

Olwethu’s help-seeking journey has many facets. Focusing on one factor, access to available and quality services, and the extended period of not accessing meaningful supportive services has likely resulted in her detrimental and long lasting emotional suffering. It will likely take much more effort and work for Olwethu to resolve her concerns and worries through the supportive services afforded to her.

In the case of Faith, Lesego and Kuhle, the availability and quality of services presented both sides of the argument. Whilst all three eventually received quality services, they had to endure a broken system in their efforts to get help. The legal matters of their cases remain unattended to. Faith in particular, knows that her perpetrator is still on the loose. When Faith would mention the perpetrator in telling her story, her body language indicated immense fear. She was worried that he would try to hurt her again. She highlighted the brokenness of the law enforcement of the country:

“Maybe he stayed for three weeks, after that he was released. He was back.” [Took a deep breath.] (Faith)

“I don’t know what’s, what’s happening now, because he’s out there.” [There referring to her perpetrator being out of jail.] (Faith)

“I want him to go to jail. He must pay for his sins, so that he cannot do this to other girls outside.” (Faith)

Kuhle's case is slightly more complicated, yet the services available to her should not be of lesser quality:

“Because they [the perpetrator and his wife] at Zimbabwe and my mom opened a case and they [the police] can't find them, so I don't know what.” (Kuhle)

A possible consequence of the broken system is that Faith constantly feels unsafe, even though her ordeal is supposedly over. Lesego cannot close the harrowing chapter as her court process has yet to begin. Kuhle and her mother's reputation continues to remain tarnished. Help-seeking in respect of this research is not limited to psychotherapy. Help-seeking involves multiple parties and supportive services, and when one chain in the link is broken, the emotional damage is incomprehensible and poses great difficulties in resolving the issue and finding comfort. The non-action of the police and other law enforcement agencies (for example public prosecutors) in persecuting and charging the girls' perpetrators, significantly influenced the ability of Faith and Lesego to find closure.

It is highly likely that due to the availability and quality of the services offered by the TTBC, the clinic has developed a wide-reaching reputation across the Gauteng province extending to all other support services such as the police, hospital staff and social workers. The only chance for a girl who lives outside of the Gauteng area, to access the TTBC is if their abuse case was opened in Gauteng and falls under Gauteng's jurisdiction. It is unfortunate that TTBC only operates in Gauteng. All the girls, from different districts in Johannesburg, reported being referred to the TTBC. The girls in other provinces have access to other services.

4.4 Summary of the Findings

The girls' experiences in seeking help after they were sexually abused were summarised in terms of the process most of them went through in coming to terms with what happened to them, considering seeking help and eventually disclosing to at least one person that could assist them in obtaining the help they needed. There are four subthemes under the superordinate theme of the “having to go alone”. In the first phase of help-seeking, the abuse was internalised and disguised with such efficacy that the abuse was often missed. Through the internalisation of the abuse there were failed attempts at self-help and subsequent feelings of hopelessness.

There are five subthemes in the second superordinate theme, “realization hits home”, linked to the thought process of each girl in determining their readiness to seek out help, through the contemplation of many factors. As a part of contemplation, girls take into account

being threatened and their fear of the perpetrator as well as the anticipated reaction of family and community members on disclosing their experience.

The third superordinate theme, “considering the best option”, with four subthemes, addresses the thought processes and decision making considerations following the moment the girls realised they needed more support than they could access themselves. The girls realised they needed to select the best method, the best time and the person they trusted the most if they wished to have access to supportive services.

The last superordinate theme, “joining forces”, with four subthemes, argues that disclosure is a form of help-seeking. Disclosing the event to whomever it may be, is a form of seeking help. As a part of disclosing, the disclosure reaction, information available, partnership in services and quality of services were vital to complete the help-seeking cycle.

4.5 Conclusion

This chapter provided the results of the research study based on semi-structured interviews with six young girls who had experienced a sexual abuse incident. The data gathered was identified and interpreted into four superordinate themes, namely: “having to go alone”, “realisation hits home”, “considering the best option” and “joining forces”. Each superordinate theme had interconnected and interrelated subthemes, all centered around the research question: what are the facilitators and barriers to help-seeking of adolescent girls who had been sexually abused?

A number of facilitators and barriers were identified following the interpretation of the transcripts. What was soon discovered is that each subtheme could be construed as either a facilitator, a barrier, or both. What helped the girls in seeking help was when they had a positive relationship with someone they could trust. It had to be a person who understood them and who would notice emotional reactions and changes in their behaviour. They expected that the person would help and not judge them if they listened to that ‘gut’ feeling to disclose earlier rather than later. It would help the girls if such a person would take them seriously and seek support on their behalf. It would also help if a solid network of support was available.

Girls had difficulty in seeking help when: they felt helpless, were being threatened or faced the fear of further danger. Especially when they had no knowledge as to where to go get help and did not have a positive relationship with someone they trusted that could help them look for supportive services. This delayed disclosure could have likely increased their psychological

damage if they eventually disclose and are faced with an uncoordinated support system that does not refer them to appropriate services for support.

Each girl in this study has her own unique and individualised story, yet there are commonalities in their help-seeking behaviours and patterns. The overall lesson to be learnt from this chapter is that without trust, without a non-judgemental and totally accepting environment (family and community), the girls will remain silent. The psychological toll emanating from their silence will have a great impact on them and their families. This will also impact the community and mental health services with difficulties and challenges for many years to come.

Chapter 5: Discussion

5.1 Introduction

This study aimed to explore the help-seeking journey of sexually abused adolescent girls. Six in-depth interviews were conducted with adolescent girls that received help from the TTBC after having been abused in order to explore their journey to eventually getting help. An IPA analysis of the interviews was done. What became apparent during the analysis of the results was that the themes that were generated often overlapped. The result of this intertwined occurrence was that multiple extracts could be placed under several superordinate themes. It is argued that the complexity of the help-seeking process is proved by the overlap of themes. As such the themes that are discussed in this chapter are interconnected and aim to capture the richness of the lived experiences of the girls who have experienced a sexual abuse incident.

In this chapter the results of the study are discussed in the context of existing and available literature. Included in the chapter is the revision of the research aims and a summary of the key findings. In addition, the quality of the research is evaluated with regard to its strengths and limitations, including methodological and analytical considerations. The chapter will also expound the reflexive process of the researcher focussing on the researcher's impact on the study. Implications of this research are also discussed with specific attention to clinical practice and policy changes. The chapter concludes with suggestions for future research.

5.2 Research aims

The main aim of this research was to explore the patterns of help-seeking behaviours of sexually abused adolescent girls. The research aimed to explore the reactions and actions of the adolescent girls directly after their sexual abuse experience and how these reactions and actions influenced the girls' help-seeking journey.

An additional aim was to pursue a more in-depth understanding of the girls' experiences in order to identify both barriers and facilitators in their help-seeking journey. The objective of the study was to gather meaningful information from the girls in an attempt to better understand the help-seeking journey, including factors which positively or negatively affected their journey after their sexual abuse incident. This information could in turn influence policy and practices aimed at improving and making mental health care relating to sexually abused adolescents more readily available (Rickwood & Thomas, 2012; Smith et al., 2010).

5.3 Summary of the key findings

The findings of this study identified four superordinate themes to describe the adolescent girls' help-seeking journey directly after their sexual abuse experience. The four superordinate themes identified were: "Having to Go Alone", "Realisation Hits Home", "Considering the Best Option" and "Joining Forces". The themes made it easier to discuss the process of help-seeking. Overall, from the girls' discursive accounts of their experiences in relation to their help-seeking journey, the researcher was able to identify barriers as well as facilitators to help-seeking in both accessing and utilizing supportive services currently available in the South African context.

The data suggests that most of the girls made conscious choices to hide their experience from their parents or caregivers. This links with the data suggesting that parents or caregivers can miss subtle signs, no matter how attentive or observant they are. In addition, the analysis indicates that attempts at self-help are often unsuccessful and usually result in longer delays in receiving professional help. The data suggests that the girls' feelings of helplessness can either be an escalating factor or debilitating one.

The study demonstrates a connection between trust in parents or caregivers and a successful journey of help-seeking. In particular, they identified specific characteristics and features that had to be present in their relations with their parents or caregivers to enable them to disclose their traumatic experience.

The data suggests that most of the girls felt they needed time to contemplate what happened, as well as plan the best time to ask for help. Fear and threats, anticipated shaming, blaming and judgement was related to the delayed disclosure. The negative assumptions or expectations girls have about their caregiver's or other people's reaction to disclosure is a significant barrier to help-seeking. The anticipated actions and reactions of others often resulted in the girls remaining silent and hesitant to reach out for help. The data suggests that each girl had a "gut feeling" that she needed to seek help. The analysis indicates that the means, method, and choice of disclosure influences the help-seeking journey from the beginning to the end.

The disclosure reaction of parents/caregivers often determine the trajectory of the help-seeking journey, resulting in the disclosure reaction either being a barrier or facilitator. The girls identified that lack of knowledge about available help was a barrier to help-seeking. Many caregivers or parents who were not informed, found means to get information and help. The data suggests that effective collaboration between different supportive services (such as the police, health facilities, legal system and specialised services) constitutes a significant benefit

to the girls. In line with this, when supportive services are available and known to the greater community, the girls are more likely to know where to go and whom to seek help from.

In the following section these findings are discussed under the four main themes, each theme being discussed separately. Particular focus will be placed on the existing and current literature which either supports, builds or contradicts the present findings.

5.4 Discussion of findings in context

5.4.1 Having to Go Alone

Understanding the help-seeking process is amplified by the girls remaining silent about the abuse, especially due to the sensitive nature of such an experience (Okur et al., 2016). Of the six girls, only one girl disclosed her abuse immediately. The remaining girls consciously decided to remain silent for their own different reasons. The reasons for remaining silent are described throughout this chapter. One reason stated by the girls was a conscious decision to hide in plain sight. Faith shared her story with her sister, following which she immediately made her sister keep the news to herself. Olwethu expressed her deliberate attempts at hiding her story from her family, even going to extreme lengths to continue life as if nothing had happened.

Bicanic et al. (2015) and Fontes and Plummer (2010) found that sexual abuse in childhood is often revealed through a direct disclosure with the intention of seeking help or protection. Another common way the abuse comes to the surface is when a family member notices a sudden change in the behaviour or demeanour of their daughter or sister (Fontes & Plummer, 2010; Mathews et al., 2016; Meinck et al., 2017; Vetten et al., 2008).

This study would suggest the same pattern. Amber, Faith and Mathapelo described how either their sisters or friends noticed a change in their behaviour and/or mood. Based on the observations made, their family member or friend would make a comment, which opened the door for conversation on the topic. The girls took the bait and shared their story. Attentive family members who are in tune with their children or siblings are likely to notice a change and would therefore want to investigate the change. These thought processes prove to be a facilitator in help-seeking as it creates a situation where the girls are approached first, which may take away the pressure from them to come forward.

Fontes and Plummer (2010) explain the process of a family member, most commonly their mother, who will try to make sense of their suspicions by speaking to friends in order to gather more information, or by observing the child more carefully, or by talking with the child, or by taking their child to a professional to narrow down the causes of suspicion. In this study, the

elements were slightly different. First, it was their sisters who more often noticed the change. Secondly, irrespective of who (parent/caregiver or sister) noticed the change, sexual abuse was not even on their minds. Thirdly, none of the parents/caregivers or sisters sought out professional help to work out the puzzle in front of them. The similarity was that their parent/caregiver or sister opened the channels for communication. This led to the sharing of their story, which in turn began the journey of help-seeking. The possible reasons for different responses when sexual abuse is suspected, are explored and explained later under the fourth theme. The likely reasoning for the parent/caregiver or sister not seeking professional help is possibly due to them being uninformed as to where and whom to go to.

A theme identified in this research that was not present in the literature was attempts at self-help. Available literature does not include attempts at self-help by young girls before seeking out supportive services. More than half of the girls in this study reported attempting to help themselves before reaching out. In most cases the girls only reached out when their attempts were unsuccessful. It appears that the major factor was when the psychological effects of the sexual abuse incident became too debilitating, it forced the girls to reach out. Faith noted how she tried to help herself until it became “*too hard*”. The potential reasons for the girls feeling they could only rely on themselves are explained in more detail in the third superordinate theme.

As Fontes and Plummer (2010) put it, the effects of sexual abuse during childhood are complicated, sensitive, and long lasting. The implications of long-term recovery from the psychological effects of the abuse are difficult to treat and to fully recover from. Sexual abuse during childhood is masked in secrecy and shame, often leading to the girls remaining silent (Ahrens et al., 2010; Fontes & Plummer, 2010; McCart et al., 2010; Okur et al., 2016). In this study the results are similar. Each girl in the study reported some form of psychological scarring. Amber described her experience as “making me depression”. Faith expressed how at one point before reaching out for help, she believed her only option was to commit suicide. Olwethu reflected on how she would have gone “*into a deeper stage of depression*” if she had not reached out when she did. Allnock and Miller (2013) claim this to be typical behaviour. According to them the reason that the girls remained silent is that they wanted to avoid thinking about, remembering, or talking about the sexual abuse because it was emotionally too painful.

It appears from the data that these intense feelings often resulted in the girls feeling utterly helpless and hopeless, lonely and isolated. The intensity of these feelings usually gave rise to the girls seeking help. In this way these feelings are considered a facilitator to help-seeking.

Fisher et al. (2016) found similar results. In their study, girls who experienced negative psychological and medical consequences because of the abuse, are more likely to contact supportive services, compared to those who experienced fewer to no consequences (Fisher et al., 2016). The intense feelings could also be construed as a barrier as they appear to initially create a situation where the girls felt stuck with nowhere to go. The feelings also appear to create a space where the girls feel more isolated and alone. It is only when they shatter this dark space that they are able to reach out and receive the help they need. This delay could result in untold damage to the girls' mental wellbeing. Other studies would agree (Ahrens et al., 2010; Bicanic et al., 2015; Fisher et al., 2016). Girls who did not reach out experienced more psychological symptoms of depression and PTSD than those who did.

5.4.2 Realisation Hits Home

Ahrens et al. (2010) noted that eventually most adult sexual abuse survivors disclosed their abuse. The average disclosure time ranged from the first three days to over one year (Ahrens et al., 2010). Other studies found survivors who delayed their disclosure received less medical attention and were less likely to report the case to the police (Bicanic et al., 2015; Fisher et al., 2016). Moving away from adults to children, Allnock and Miller (2013) discovered that nearly all children tried to tell someone. In their study, the average period was seven years before they shared their story, with many keeping the news a secret until adulthood. In this study the disclosure period ranged from hours to eight years. Amber made the decision to ask for help almost instantly, whereas Olwethu waited eight years before asking for help.

The remaining four girls hinted that they may never have disclosed the event if it had not been for the external pressure which forced their hand. This study possibly indicates higher numbers than the Ahrens et al. (2010) study. In the Ahrens et al. (2010) study the non-disclosure rate was 25%. An international (Bicanic et al., 2015) as well as a South African (Meinck et al., 2017) study suggested that the younger the child, the longer the delay in disclosing the abuse and the longer the period of ongoing abuse. The average age of the girls in this study was 14. The youngest age at which a sexual abuse incident occurred was at the age of eight (Olwethu). This study therefore cannot comment on the correlations proposed by Bicanic et al. (2015) and Meinck et al. (2017). The research can deduct from what has already been established in this chapter, that a younger child may not possess the vocabulary or cognitive insight to understand the event or to seek help. The study by Pereira et al. (2020)

indicated the same finding. In the same light, the results of this study could argue that the older a girl, the more reluctant she is to seek help.

This proposition was founded on a clear message the girls kept repeating. The first message was that they needed to contemplate what to do next, weighing out the consequences and benefits of seeking help. The second message was that they needed time to process what had happened, a thought pattern which likely develops with age. Faith was adamant that she would eventually have shared her story with her parents, she “*wanted to take time to thinking about it*”. Kuhle also made the conscious decision to “*take time*” before asking for help. Olwethu spoke about the internal battle between her heart, mind, and soul in reaching out. She explained that it took a gigantic leap of faith before she could share her story with her mother. It is possible that the older the girls are, the more concern they have for those around them. This leads to more constraint in asking for help as they are more aware of what this type of news could do to their families. In the same vein, as the girls develop more insight into the event, they are more prone to denial, wishing it will all go away by pretending it never happened.

The above description of one form of help-seeking behaviour fits well with a model developed by Cauce et al. (2002). This model suggests three phases in help-seeking. Firstly, the child recognizes there is a problem. Secondly, the child makes the decision on whether seeking help is right or not. Lastly, the child decides what help is the most appropriate (McCart et al., 2010; Okur et al., 2016). As can be seen, this model describes the thought processes of Faith, Kuhle and Olwethu and emphasises the internal debate that they had with themselves. It is likely that the girls asked themselves “is it worth it?” For Amber the answer to that question was yes, resulting in her immediately disclosing it to her sister. For the remaining girls the answer was no, it was not worth asking for help, each with their own personal reasons as to why not. The Health Behaviours/Belief Model (HBM) concurs with this proposition. The HBM theorizes that girls who believe that there are benefits in seeking help, are more likely to ask for help as opposed to those who believe there are only negative repercussions in asking for help (De Luca et al., 2019; Fleming & Resick, 2016; Kim & Zane, 2016; Pereira et al., 2020; Smith et al., 2010).

In a study, Meinck and colleagues (2017) found that girls may feel threatened by the abuser. Amber described how her perpetrator threatened to hurt her should she tell anyone what happened. Mathapelo explained she remained silent out of fear that her perpetrator would come after her family. The threats of fear were enough to create a barrier to help-seeking. Other studies found that the girls may feel responsible that they contributed to the abuse, particularly

if it was someone they knew. The studies also reported that children might only respond due to the abuse becoming severe or due to feelings of guilt for not saying anything sooner (Allnock & Miller, 2013; Fontes & Plummer, 2010; Meinck et al., 2016). This study does not show the same results.

In this study all the girls knew it was not their fault. All the girls blamed the perpetrator, and no one felt guilty for not saying anything sooner. It appeared it was primarily more about fear and how the fear restrained them from speaking out. The likely reason for the girls not taking responsibility for the act is probably due to them having enough intuition to know they did nothing wrong. It is just as likely that the therapy the girls received, dissolved and dissipated many of these thoughts. Olwethu was the only girl who suffered repeated incidents of abuse, however in spite of this, she continued to remain silent and did not report any escalation of abuse. A recommendation for future research might be to focus on multiple sexual abuse incidents as additional information may be discovered to either match or contrast the above studies. The impact of natural instinct and other elements to disclosure are discussed next.

Husky (2018) and Summit (2013) noted how children who have experienced a sexual abuse incident can experience secondary trauma in the crisis of discovery and disclosure of the abuse. This study highlighted the secondary trauma in the crisis of discovery. This study defined the crisis of discovery in terms of assumption of reaction. Most of the girls deliberately withheld their disclosure out of pure fear of their parental/caregiver reaction. The assumptions the girls made likely resulted in creating the feeling that a crisis would occur if their families were to find out. Smith et al. (2010) noted how some girls fear being punished by their families or their community, which results in the girls remaining silent. Faith spoke of her parents' reaction whilst shaking with fear. She described the fear as intensive enough for her to have kept quiet. Olwethu expressed mixed thoughts on asking for help as she was not sure how her family would react.

Amber was the only participant who had no assumptions as to her parents/caregivers' reaction. The result of this was that she instantly told her sister as she had no fear of the consequences nor the repercussions. In terms of studies by Husky (2018) and Summit (2013) Amber did not experience a crisis of discovery. The data may suggest that if the thoughts of crises or assumption of reaction are removed, the girls are more likely to ask for help from their family. If the thoughts remain, silence follows.

Continuing on the path of choice of disclosure and assumption of reaction, research conducted by Mathews and colleagues (2016) found that children strategically disclosed to their friends with the intention that their friends would tell a parent on their behalf. Mathapelo

shared her experience with her friend, following the unsuccessful disclosure to her mother months earlier. Mathapelo denied telling her friend with the intention that her friend should inform her mother as was found in the study of Mathews et al. (2016). However, it is possible that Mathapelo subconsciously selected this route of help-seeking. Regardless of the intention or lack of intention, Mathapelo finally received the help she needed. Other studies, however, confirm the findings of Mathews et al. (2016). The child is said to choose this means of disclosure as they are fearful of not being believed or are experiencing blame from their parents. Multiple studies concur with this idea. Fearing not being believed, or such an assumption, is enough to almost guarantee silence (Allnock & Miller, 2013; Fontes & Plummer, 2010; Meinck et al., 2016). The pattern described above is in line with what Fontes and Plummer (2010) found in their study, which is that the disclosure often happens along multiple routes, rather than just one.

Most of the above, assumption of reaction, choice of disclosure and disclosure reaction mostly corresponds with the study by Ahrens et al. (2010). In their study, they found three reasons for silence following a sexual abuse incident. In their study, reactions were pivotal in the next steps of help-seeking. Girls are already hesitant to ask for help through disclosure. The assumptions they have, create a block, a barrier. Whether or not the assumptions are true, which according to the data was true only with Kuhle. The assumptions cause a great deal of harm to the girls' chances of accessing supportive services. Their assumptions set them up to fail before they have the chance for alternative outcomes.

Studies conducted by Artz et al. (2016) and Meinck et al. (2017) respectively, found that children who received help, received help from the community, more so than from governmental services. They identified help from the community as coming in the forms of community members pushing the perpetrator away or beating the perpetrator or pooling money to financially support the family (Artz et al., 2016; Meinck et al., 2017). Meinck et al. (2017) argued that aid was more notable from the community than from the social workers, psychologists and police. The results from this study are slightly in contrast to the findings of Artz et al. (2016) and Meinck et al. (2017). However, it is possible that this was due to the sampling method. This research cannot account for the girls who did not receive help from the TTBC.

The girls reported feeling shame, blame and judgement from the community rather than help throughout their help-seeking journey. Many of the girls reported staying silent because of the fear they felt of being blamed and judged. In addition, many of the girls described a situation where they felt blamed and judged after disclosing the abuse. Studies by Allnock and

Miller (2013), Pereira et al. (2020) and Smith et al. (2010) agree with this study. They noted how some girls felt embarrassed about knowing other people will know about their sexual abuse experience. In addition, the girls reported not wanting to feel weak, ashamed, or made to feel that they were responsible for what happened. Kuhle mentioned how her community said she was “*talking lies*” once her story was revealed. Faith said people were “*talking about her*”. The experiences expressed by the girls were not in line with the abovementioned study of Meinck et al. (2017).

The possible reasons for the difference might be due to a lack of a sense of community in the area where the girls stayed. Another reason might be that the girls perceived blame and judgement by the community. A recommendation for future research might be to further investigate this difference and to delve deeper into perceived or actual community separation.

A possible new finding was identified during this study - “the gut feeling”. Merriam-Webster (n.d.) defines intuition, or “the gut feeling” as “the power or faculty of attaining direct knowledge or cognition without evident rational thought and inference”. Intuition in reference to this study is that of the girls knowing something was not right with them and that they needed help. Each girl knew that what had happened, putting aside vocabulary and cognition, was upsetting. In addition, each girl had this instinctual force driving them to seek help. Amber laid out her thought processes immediately after the sexual abuse incident. During her thought processes she figured out for herself that she needed to remove herself from the dangerous situation, and the best way of achieving this was to ask for her sister's help. Although Faith consciously delayed telling her parents, she knew straight after the event occurred that she needed to tell someone. That person being her sister. At the tender age of eight, Olwethu knew what had happened to her was inappropriate. She acknowledged she had neither the vocabulary nor cognitive abilities to understand the event. Yet somehow, she knew she needed to get herself out of the unsafe place. During the incident Kuhle already identified that what was happening to her was wrong. She instinctively knew she needed to get away.

Keeping in mind the definition of intuition, an ability to understand or know something instantly based on feeling rather than facts, could be a recommendation for future research. The question on where this instinctive feeling originated from could be explored further. Initial thoughts are based on prior exposure, either through schooling or television, or on something a friend had said. Could it be a natural instinct women are born with? Future research will likely be very interesting in this regard. For the purpose of this study however, the takeaway message is that this intuition held by the girls likely began the process of help-seeking without them realizing it. If the other factors were in place, as discussed above and still to be discussed,

intuition would be the core fire starter, possibly even before the sexual abuse incident took place. Lesego's, Khule's, Faith's and Mathapelo's ordeals may have been prevented if they were equipped with more knowledge on predators. In conjunction with the factors identified in this research study it would allow their intuition to take them away and guide them into safety.

5.4.3 Considering the Best Option

A South African study by Ward and colleagues (2018) found that childhood sexual abuse was more often shared in self-reporting questionnaires administered in schools in comparison to children disclosing directly to their parents or caregivers. The abuse is sometimes discovered through the diagnosis of Sexually Transmitted Diseases (STDs) (Fontes & Plummer, 2010). In this study, a similar incident occurred. For Faith and Lesego their abuse was discovered when they were taken to hospital after they had fallen sick. The true cause of their symptoms was due to them being pregnant. At this point their choice to disclose was no longer there. Nursing staff divulged the news to their parents as the girls were minors. The pregnancies proved to be external pressures to their discovery. In some cases, the girls speculated that if their pregnancies were not the reason for the discovery, they may never have said anything. Being forced into admission was also found in other studies (Mathews et al., 2016; Meinck et al., 2017), although the circumstances were different. Forced admissions were mentioned due to threats or beatings from parents/caregivers when their parents/caregivers noticed a change in their mood, behaviour or symptoms of pregnancy (Mathews et al., 2016; Meinck et al., 2017). The girls in this study did not mention such forced admissions as pregnancy was the primary force.

Choice is important in the help-seeking journey - choice being either a facilitator or barrier to help-seeking. The barrier may be that if the choice is stripped away from the girls, the consequences of betrayal may create more havoc. Alternatively, if the incident is discovered unwittingly, it sets the help-seeking journey in motion. As mentioned already, Faith, Lesego and Kuhle may never have sought help if external pressures were not in play. Future research may consider investigating the impact of choice in the help-seeking process.

A South African study by Vetten et al. (2008) inspected 2 064 case docketts (police records) of rape. Docketts included adult, adolescent, and child rape cases. The study found that over 50% of cases were reported to the police within hours. Three-quarters of the cases were reported within one day of the rape, with five years being the longest time span between the incident and reporting. The delays recorded in this study often meant that cases were not reported for many weeks. The shortest time recorded was a couple of hours, and the longest

eight years. A difference which was found in this study as compared to the findings of Vetten et al. (2008) was that the girls often sought help from hospitals, not the police. In most cases, as is explained earlier the choice to report was not made by the girls. The choice was often not theirs. This study agrees with the findings of Vetten et al. (2008) in that if the girls were threatened by the perpetrator, then most of them told no one, especially not the police. Amber was the exception to this notion.

Taking into consideration the contemplation of timing and time to process, this leads to timing of the disclosure. Timing of the disclosure plays an important role in the help-seeking journey. This study suggests that immediate disclosure often results in quick action, limited psychological scarring and lasting healing. Amber's help-seeking trajectory followed this path. In her own words she acknowledged how her quick thinking likely set the positive direction for her future life. The other five girls not only had to manage the consequences of their decision to remain silent for extended periods of time, but the regret of their inaction will continue to haunt them. Mathapelo expressed regret on not telling her mother sooner. Faith wished she could turn back the time to tell her parents. She acknowledged how assumptions as to her parent's reaction delayed her chances of receiving help and her path to psychological healing. Vetten et al. (2008), Okur et al. (2016), Meinck et al. (2017) and many others corroborate this finding.

A study by Pereira et al. (2020) found that most children decided to disclose their abuse to informal sources (family, friends, neighbours or pastors). Adolescents were found to disclose to their friends first, followed by their family and then teachers, and then only professionals. A noteworthy smaller number of children made the decision to disclose to formal sources (police, social workers). Several studies are in agreement with the disclosure findings of Pereira et al. (2020) (Ahrens et al., 2010; Allnock & Miller, 2013; Bicanic et al., 2015; Fisher et al., 2016; Gialopsos, 2017; Meinck et al., 2017).

An interesting finding in this study which continues the line of thinking on judgement and deliberation in selecting whom to ask for help, is the anticipated rejection by friends. Many of the girls divulged not wanting to go to their friends for help as they feared being rejected by their friends. Faith and Amber both implied that if they had to ask their friends for help, that their friends would reject them. For them losing their friends was not an option, this led them to consciously decide to hide their experience from their friends. This finding further complicates the help-seeking picture. The above studies (Ahrens et al., 2010, Allnock & Miller, 2013, Bicanic et al., 2015, Fisher et al., 2016, Gialopsos, 2017, Meinck et al., 2017; Pereira's et al., 2020) assert that girls turn to their friends frequently for help, this finding could be a

reason for concern. Isolation is not helpful in any way during the help-seeking process. The possible reason for the contradiction to the findings of the aforementioned studies may be that the girls anticipated judgement - not that it was real. One girl disclosed to her friend and received the desired response. Future researchers may want to investigate this phenomenon further.

This study took the next step to identify who children specifically selected when asking for help. The study identified two key factors which no other study seems to have considered as yet. The first is the presence of a close and accepting relationship. The second is trust or the lack thereof. The existence of a close and accepting relationship consists of three core elements: accurate empathy, genuineness and unconditional acceptance (Vorster et al., 2013). The three core conditions are emphasized by Carl Rogers (1957). Vorster and his colleagues (2013) emphasized any relationship in which these three core elements are present, all of those involved in the relationship would benefit. In addition, the three core elements contribute to a mentally healthy and stable relationship. The opposite of course is also true, absence of empathy, genuineness or conditional acceptance can be detrimental to both the relationship itself as well as to those involved in the relationship (Du Plooy, 2014; Vorster et al., 2013). This study proposes that if there is a solid relationship between the girls and anyone close to them, this will likely increase the chances of the girls selecting that person to help them.

Amber and Lesego described their relationships with their sisters as close. This closeness was the determining factor for them when selecting their sisters as points of contact for help. Lesego expressed she would have asked her grandmother for help as her grandmother “*would understand*”. It is possible what she was trying to say behind those words was that her grandmother would show her unconditional acceptance, which incorporates no judgment nor blame. Olwethu advised other parents to “*keep at it, to keep trying, to not give up*”, in context to keeping a good relationship with their children. It is likely she was trying to express the same sentiments as Lesego. Kuhle expressed the other side of the coin. Kuhle described her mother as rigid and narrow minded. The ramification of this is that Kuhle has a distant relationship with her mother, so distant that she refused to tell her mother, as she was fearful that her mother would not show her any empathy. As an alternative she thought of her aunt, whom she believed was more likely to display accurate empathy, congruence and unconditional acceptance. The absence of at least one relationship which contains these three core elements could be confirmed as being detrimental to the help-seeking process.

The presence or absence of trust is the second element identified through the analysis of this data determining whether or not the girls would reach out for help. Multiple studies align

with this statement in that the absence of trust can negatively influence the disclosure and help-seeking process (Gulliver et al., 2010; Okur et al., 2016; Pereira et al., 2020; Rowe et al., 2014). If trust was present most of the hesitation was removed when making the decision to ask for help. For Olwethu, trust was so important that she mentioned the word 23 times. Olwethu revealed the frailty of trust and how quickly it can be diminished. She specifically mentioned not knowing how she could trust anyone, after a person her family trusted, hurt her - *“I didn’t trust anyone as it is. I felt like if he can do this to me what is like stopping my own family member from doing it to me as well. So, I just didn’t trust anyone”*. Kuhle’s relationship with her mother appears to not only to be distant but also not conducive for trust to develop. As already stated, Kuhle strongly felt she could not turn to her mother for help. Mathapelo’s story also reflects the delicacy of trust. Initially she turned to her mother for help, but once Mathapelo felt the lag in her help-seeking journey due to her mother’s inaction, the trust she had in her mother was shattered. The betrayal was enough to have done irreparable damage to their relationship. Amber’s complete trust in her sister minimized any constraints to her seeking help. The data suggests the absence of trust could be confirmed as being unfavourable in the help-seeking journey of these girls.

From what Kuhle, Olwethu and Lesego had said, environments or homes, that provide that small channel of communication without any judgment or blame and that unconditional acceptance of whatever is said or has happened, lay the foundation for a conducive environment to promote effective and meaningful help-seeking patterns. Other studies correspond with this observation (Allnock & Miller, 2013; Meinck et al., 2016; Pereira et al., 2020). These studies suggest that adolescents who are asked about the abuse following the start of their help-seeking journey are said to grow more mature, are found to be more empowered to keep talking, and exhibit signs of psychological healing.

Another component of trust in conjunction with a close and accepting relationship was the provision of a safe space and setting for the girls. A responsibility that could be argued should be provided by the girls’ parents or caregivers. Studies by Fontes and Plummer (2010) and Smith et al. (2010) suggest that girls may feel punished by their parents’ actions of sending them away to protect them from the perpetrator. This appeared to not be the case in this study. In this study, most parents or caregivers reacted in a way which the girls perceived as loving them more. Faith noted how despite the assumptions she made in respect of her parents’ reaction to her story, they responded in the opposite manner. They moved houses to keep Faith physically away from the perpetrator. Physical safety is high up on the list in the creation of a conducive environment.

Allnock and Miller (2013) found that where there were a number of adult females in the home and where the biological father was absent, it seemed to promote help-seeking behaviours. They argue that with the absence of a male presence, the girls felt more willing and safer to share (Allnock & Miller, 2013). The study cannot confirm or comment on these results, but it can comment on the fact that most of the girls turned to their older sisters for support, with only a few of the girls having biological fathers present in their family unit. Their sisters represented an older female whom they trusted, had a close relationship with, could rely on and likely knew where they could get the help they needed.

5.4.4 Joining Forces

Another factor to help-seeking, which could be deemed as either as a barrier or facilitator to help-seeking is the disclosure reaction. The Child Sexual Abuse Accommodation Syndrome (CSAAS) described by Summit (2013) explains a possible trajectory to help-seeking amongst children. According to the CSAAS, a child will first be in denial, followed by reluctance to share their story. The child will then eventually disclose the event. The concern for Summit (2013) is the disclosure reaction. Husky (2018) and Meinck et al. (2017) had the same concerns. They theorize if the reaction is negative, judgmental, or blaming, there is a high chance the child will recant their story. If, however, the disclosure reaction is positive and affirming, the child will continue to disclose and possibly even provide more details (Husky, 2018; Meinck et al., 2017; Summit, 2013).

The type of reaction following the disclosure determines if this factor is a barrier or facilitator. In the case of Amber, Faith and Olwethu, the person they disclosed to reaffirmed their experience. The reaction they received was a significant facilitator in setting off the girls' help-seeking journey. Amber reports feeling relieved once she told her sister. Faith's anxiety dropped considerably after she told her parents. Her greatest worry was that her parents would not believe her. This worry dissipated instantly after her disclosure. With regards to Lesego, Kuhle and Mathapelo the reactions they described were less affirming and more blaming. Lesego's sister responded in a nonchalant demeanour, she did not deem her sister's sharing as serious enough to warrant further action. The misinterpretation of the severity of the event is not uncommon. Unfortunately, the misinterpretation results in supportive services being delayed and psychological scarring deepening (Ameral et al., 2017; Fisher et al., 2016; McCart et al., 2010).

Following Kuhle's disclosure, she was met with a beating and accusations of witchcraft. Kuhle's immediate response was panic. In addition to the disclosure response, Kuhle's choice to disclose was stripped from her. Mathapelo felt she needed to disclose twice, as the initial disclosure was insufficient in satisfying her on an emotional level, as well as no effort being made towards further help-seeking.

Multiple studies found that many women do not describe nor identify their experience as rape or a sexual assault (Khan et al., 2018; LeMaire et al., 2016; Mallicoat, 2019; Peterson & Muehlenhard, 2011). The result of this, is that their experiences are firstly not reported, and secondly help is not actively sought out. This study did not yield the same results. Only Lesego reported that her experience was not considered serious enough to seek help. It was not even considered rape. The other five girls knew instinctively that what had occurred was problematic and required help beyond what they could offer themselves. This study did not completely dismiss the idea of the girls' misunderstanding or misinterpreting their experience. As Fonte and Plummer (2010) and Pereira et al. (2020) explain, girls may not have the language or cognitive abilities to understand what happened. Olwethu described her confusion following the first sexual abuse incident, as she was eight years old at the time. She was not sure what had happened. Kuhle explained how she could not wrap her head around what took place. Olwethu and Kuhle demonstrated what Fonte and Plummer (2010) and Pereira et al. (2020) found in their studies. Limited vocabulary and knowledge of such experiences can result in the delay of receiving supportive services.

An Africa focussed study by Pereira et al. (2020) found that 16% to 28% of children knew where to seek formal help. A study by Meinck et al. (2017) based on South African data found that 98.6% of children could name at least one confidante or service where they could share their story, and ascribed this high result to school programmes. In contrast various other studies acknowledge girls may not know of the supportive services available to them (Ameral et al., 2017; Fisher et al., 2016; & McCart et al., 2010). The girls in this study reported not knowing where to seek help, professional or informal. Lesego, Olwethu and Kuhle acknowledged attending school programmes (e.g., Girls Club) or attending classes in school intended to explain all forms of abuse, and where to seek help if that ever had to occur. Yet, despite this the girls claimed to not know where to go. It is possible that the classes or clubs were not practical and informative enough. The information may have been more abstract than practical. It is also possible that at the time of the information sessions the girl believed it would not happen to them and as such paid less attention and missed the nuances of what was being taught.

The study of Vetten et al. (2008) additionally found that even though the children in South Africa had the knowledge of where to find available services and how to access them, the use of these identifiable services was generally low. A study by Artz et al. (2016) conducted eight years after that of Vetten et al. (2008), produced similar results. This study, as already suggested, found that the girls did not have prior knowledge on where to seek help. Even once they shared their story with a family member or friend, they themselves as well as their parents/caregivers did not know where to seek help. As Fontes and Plummer (2010) found, adults who are the first to hear the girl's story, are often unprepared to respond effectively. Most of the girls' parents or caregivers felt just as uninformed as the girls. Olwethu's, Faith's and Amber's parents admitted to searching for help or asking for help from someone else. Faith's father turned to their landlord, who was also a social worker, to find help. Olwethu's mother phoned different supportive services to figure out what to do next.

The girls participating in this study had mixed experiences in utilizing supportive services, and each one had a different help-seeking journey, often having a different point of departure but finishing in the same way. Each girl described a scenario in which, if their first point of action was successful, their help-seeking journey tied together with a positive healing result. In addition to the girls selecting the best person to ask for help, effective collaboration between the multiple parties involved in the help-seeking journey is crucial in the avoidance of staggered and delayed help. As Pereira et al. (2020) highlighted, disclosure is the first step to help-seeking. It is the catalyst that sets off their journey. For most of the girls, sharing their story with someone else leads to them to receive the support needed to firstly process what had happened and to, secondly close the chapter through some form of justice.

The lack of treatment programmes and access to supportive services in South Africa was identified as a barrier to help-seeking (Pereira et al., 2020). This study proposes that in addition to limited programmes, collaboration efforts are equally as important. Lesego described her experience of being thrown back and forth between different supportive services. The outcome of this experience was that her help-seeking journey was further delayed as well as her losing momentum in the journey. Each supportive service has a role to play in the process, if the parties are not in sync, it is often the person in need of help who suffers most. A study by the NSP (2020) drew attention to the unfair notion that girls from lower socio-economic backgrounds had significantly less access to good quality services in comparison to those of higher socio-economic status. This study cannot comment on the specifics of the NSP's (2020) findings.

What the study can offer is that good quality, safe and availability of supportive services significantly contribute to the psychological healing of the girls. All the girls reported healing and growth which started once they received appropriate and effective supportive services. The girls used common phrases such as “*I was feeling like myself again*” or “*they were really welcoming, and I felt safe*”. These experiences by the girls are in contrast with the findings of Bougard and Booyens (2015) that conclude that unfriendly services are common, which further contribute to the girls’ existing trauma. O’Neal and Hayes (2020) reported on the attitudes of the police in influencing whether a rape incident is reported. The majority of the girls in this study reported receiving friendly and safe services across the different supportive services. Faith was the only one to report receiving judgement from the first social worker she had contact with. Lesego was sent from one police station to the next, with each police station claiming they could not help her. The rest could not stop praising the services they received. Mathapelo complimented the police on the kind way the dealt with her.

The NSP’s (2020) study found that the services available are typically underfunded, of insufficient quality and lacking qualified staff to provide the necessary care for the girls. Added to this, the appointments are generally scheduled during the week, when the girls and their parents/caregivers have other commitments (McCart et al., 2010). Pisani et al. (2012) added to that the cost of transport was a major factor in help-seeking. This study cannot deny nor confirm whether the supportive services offered were underfunded or that transport was an issue. The study can, however, conclude that according to the girls, the quality of the supportive services provided was of a high standard.

5.5 Quality of the Research Evaluation and quality

The criteria for good quality qualitative research “trustworthiness”; “transferability”; “dependability” and “confirmability”, as outlined by Lincoln and Guba (1985), Lincoln (1995) and Anney (2014) will be used to evaluate the quality of this research.

5.5.1 Trustworthiness

Trustworthiness is said to place emphasis on the confidence which can be placed in the truth of the research findings (Anney, 2014). Trustworthiness is achieved when the methods of the research are transparent, credible and thus easily able to be audited (Gunawan, 2015; Korstjens & Moser, 2018). The researcher created an audit trail through the keeping of transcripts, audio recordings and all notes used during the entire research process. These

documents recorded the researcher's decisions, thought processes, interpretation methods and assumptions (Cope, 2014). The analysed transcripts, with notes made during the analysis and write up of the study can be provided on request.

The reader should be able to follow the thought processes of the researcher, and the interpretation process which resulted in the discovery and identification of the superordinate themes by examining and reading through these documents. In producing an audit trail, the researcher has enhanced the credibility of the research should another researcher wish to review or replicate the study (Cope, 2014; Gunawan, 2015).

The second component of trustworthiness is providing credibility to the truth of the research participants' views, which includes the accuracy of interpretation and representation by the researcher (Gunawan, 2015). The researcher achieved this by establishing good rapport and trust building between the researcher and participants and also by providing a safe environment to encourage honest responses from the participants (Cope, 2014; Pandey & Patnaik, 2014). The extra time set aside for casual conversation at the beginning of the interviews proved to be fruitful in creating the safe and trusting environment envisaged. The outcome of this atmosphere resulted in prolonged engagement and honest responses.

The process of enhancing trustworthiness began from the moment the participants were recruited right up to the final write up of results. The researcher ensured that the interviews were correctly audio recorded to capture the interviews. Meticulous notes were also taken. As the researcher made detailed and implicit notes throughout the entire research process, the credibility and trustworthiness of this study can be deemed to have been managed effectively.

5.5.2 Transferability

Transferability refers to the relevance and applicability of a research study's findings should the study be replicated for other research in another setting (Connelly, 2016; Cope, 2014; Korstjens & Moser, 2018; Moon et al., 2016; Pandey & Patnaik, 2014). Moon et al. (2016) emphasises that transferability does not mean generalisation. The aim of this research is not for the study to be applicable to other groups or situations, as is the common nature of IPA studies (Moon et al., 2016; Pandey & Patnaik, 2014). The aim of the study is to explore and accurately understand the personal experiences of the girls in this study. This study attempted to achieve the criteria of transferability by thoroughly detailing the write up of the study through rich and thick descriptions (refer back to Chapter 4 for the vivid and detailed discussion on the results of the study).

The detailed write up provides the opportunity for other researchers to duplicate the study with their unique participants in terms of methodology and to compare results, but not to replicate. IPA studies focus on the uniqueness, not generality (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018).

5.5.3 Dependability

Dependability in this sense refers to the stability and consistency of the research study findings over time (Anney, 2014; Connelly, 2016; Cope, 2014; Elo et al., 2014; Korstjens & Moser, 2018; Pandey & Patnaik, 2014). This research study attempted to achieve dependability by factually and clearly describing the processes followed and criteria sent to the Teddy Bear Clinic in the selection of participants, the methods and techniques used during the interpretation process (reference to Chapter 3) and how the recommendations were reached (Chapters 4 and 5). In providing the specifics, future researchers may be able to replicate the study, thus achieving both dependability and transferability (Cope, 2014; Elo et al., 2014).

Moon et al. (2016) argues that dependability is particularly important due to the emphasis on individualism in IPA research. Individualism limits the means to which an IPA study can be replicated or copied. However, in providing the specifics of the research, from beginning to end, the study can be used as a reference for future studies.

5.5.4 Confirmability

The last criteria used to evaluate this research is confirmability. Confirmability means the results of this study can be confirmed by other researchers (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018). Keeping confirmability in the forefront of IPA research is crucial. IPA studies rely heavily on the researcher's interpretation of the data, which invariably includes human biases and assumptions. Risk comes in when the researcher sees what she wants to see, rather than interpreting the data as it really is (Korstjens & Moser, 2018). Achieving confirmability means the researcher has truly demonstrated the participants' experiences as the true views of the participants, and not that of the researcher (Cope, 2014; Moon et al., 2016; Pandey & Patnaik, 2014).

Reflexivity forms a part of confirmability. Moon et al. (2016) proclaim that through the process of reflexivity, the researcher is better able to sift through what their biases, interests and opinions might be as well as those of the participants. This separation is vital for the interpretation and analytical process. The researcher had to acknowledge from the onset of the

study that she has a personal connection to the phenomenon under study. Her personal work with girls who have been sexually abused was the driving force behind the research. The researcher had an agenda before the study started. The agenda being to change the system to benefit the girls. With such specific attitudes towards the phenomenon, the researcher consistently and consciously had to separate her opinions and that of the experiences of the girls. Acknowledgment of this already places the researcher in a better position to manage her impact on the study, and the study's impact on her. The end result is that to the best of the researcher's ability, the lived experiences expressed by the girls were not tainted by the researcher's own views. With that, confirmability was achieved.

In addition, through the audit trail produced and the use of direct quotes from the research transcripts, confirmability was strengthened as evidence and proof was provided to correlate the researcher's interpretations of the data (Connelly, 2016; Pandey & Patnaik, 2014). The evidence used demonstrates the clear link to the conclusions drawn, laying out the processes followed, all with the intent of enabling other researchers to copy or replicate the study (Moon et al., 2016).

5.6 Methodological and analytical considerations

The use of the IPA methodology in this study was deemed most appropriate to achieve the aims of this research. Using IPA as the selected methodology enabled the researcher to explore the help-seeking patterns of the sexually abused adolescent girls in such a way that rich, unique and detailed descriptions could be gained. In line with the three major underpinnings of the IPA, this research is idiographic in nature and intends to make sense of the individual experiences of each participant in order to add knowledge, rather than develop a theory (Pietkiewicz & Smith, 2014).

5.6.1 Methodological considerations

This research study has contributed to the further understanding of the help-seeking patterns of sexually abused adolescent girls. However, the study does not dismiss that the research has limitations regarding the design and procedures followed. The study focused specifically on the help-seeking patterns ensuing from a sexual abuse incident. The decision was made to not discuss the sexual incident, only what happened directly after and later on. The researcher was emphatically aware that if the line of questioning addressed the abuse itself it could provoke unpleasant and traumatic emotions to surface. Despite a study by Biddle and

colleagues (2013) which found that in sharing there is healing, even during an interview, the researcher wanted to separate her role as researcher from that of the social workers who focussed on psychological healing.

This study focussed on adolescent girls who had experienced a sexual abuse incident. Other age groups and genders were not included. The intention was to limit it so as to not bring in too many factors that could possibly detract from the desired outcomes of this study and the original research question. The limitation of this intention is that generalisability would prove difficult for other genders and age groups. A limitation is that the results are not applicable to girls who did not receive help at all - as they could not be traced and reached for research. The results are thus for girls who were eventually helped. Participants who were under the age of 12 were not included. The girls were required to be in an existing therapeutic process and able to express themselves in English. Thus, girls who have not started their help-seeking process as they were not in a therapeutic process, might have untapped valuable knowledge. The same is applicable to girls who cannot express themselves in English. The question of generalisability comes in again. Nonetheless, the purpose of this study was to gain an in-depth understanding about the unique help-seeking patterns of each girl.

Another limitation was identified in the recruitment of participants. The social workers at the TTBC were provided with the inclusion criteria before selecting the girls. Even with the best intentions of the social workers, selection bias cannot be avoided completely. Selection bias is defined by Tripepi et al. (2010, p. 95) as “any error in selecting the study participants and/or from factors affecting the study participation”. The social workers may have unconsciously selected girls who were under their care, or girls whom they felt might gain more from the interview experience. However, to minimize such bias, the researcher randomly selected participants from the list of names submitted by the social workers. By doing this, the influence of the social workers in the selection of the final participants was minimised.

The last methodological consideration for this study was that the girls retrospectively described their help-seeking journey, relying on their memories. As such, memory bias is possible in the recalling of past experiences. However, the majority of the sexual abuse incidents and the start of the help-seeking journeys occurred within the preceding year, thus the memories were more readily available and accessible.

5.6.2 Limitations of the IPA

IPA as a research methodology has proven itself successful over the years. However, IPA is not without its limitations. Refer to point 3.2.6 in Chapter 3 for a more in-depth discussion of the critiques of IPA. In brief, concerns for the IPA are on language, the suitability of accounts and generalisability.

Phenomenological research relies on language as the girls attempt to retell their story (Noon, 2018; Willig, 2013). Language ability is called into question when the researcher and the participant do not speak the same language. The language barrier not only makes the interview more difficult, but the way language is used usually results in the deeper meanings of the message being missed (Willig, 2013). The small nuances of what is trying to be described is missed if the researcher does not understand their participants' language.

The second critique regarding IPA is the suitability of accounts. The researcher relied on the true statement of each girl with accurate depictions of what happened to them. As a result of this, the researcher had to trust that they would be provided with the true reflection as to what occurred, otherwise the data would not be meaningful enough to produce quality research (Willig, 2013).

The last critique which is found in most qualitative studies is the sample size. This study had a small sample of six girls. Whilst the data was rich and individualized, the issue of generalizability is raised (Noon, 2018; Pringle et al., 2011). The goal of IPA is to not to generalize, rather to deeply understand the experiences of the girls in this study.

5.7 Reflexivity

My interest in the study topic began when I worked with the Teddy Bear Clinic as a student registered counsellor. My responsibilities at the time were to aid the children in preparing to testify in court. Whilst I was not there to hear the stories of these children, the trauma they experienced was clearly written on their faces. My true motive for the study began after learning how low the conviction rate was and how many of the children faced an average of five years in the judicial system. In most cases the children were dragged in and out of court with more postponements than convictions. What I witnessed was only the tail end of their help-seeking journey. I started to wonder what had happened before they reached the TTBC. I was interested in exploring the help-seeking process from the beginning up to this point, with the intention of improving the process to save the girls from more trauma.

I noticed during my time at the TTBC how under resourced and underfunded the clinic was. The clinic was attempting to run a good programme for court preparation whilst providing psychological support to the girls in their care. The ratio of social workers to children was extremely skewed. My frustrations continued to grow when the other parties involved did not show the same enthusiasm, dedication and support as the clinic. Families would eagerly contact the police officer assigned to their case and wait patiently for the date of their child's court appearance – as time passed it drained their hope that something would happen. At the time I could not offer psychological support, so I opted to try make a change through research. Creating awareness of the broken system in an attempt to correct it, is the primary purpose of my research.

As I started researching the phenomenon of help-seeking, I was shocked at the lack of research in help-seeking for this population and specifically in South Africa. There was plenty of research on the horrific numbers of abuse cases in South Africa, but not how to better the system in getting the girls the swift help they needed. I therefore wanted to conduct a qualitative study to spotlight this issue. My objective was to bring attention to the severely lacking services available to the girls and to show the importance of teamwork in assisting these girls. I hoped to be able to achieve the objective by talking to the girls themselves. Their stories deserved to be heard so as to spark the much-needed change.

According to Smith, Flowers and Larkin (2009) one cannot be neutral in qualitative research, especially from an Interpretative Phenomenological Analysis (IPA) perspective. Research is also conducted from a certain position (Mrkaljevic, 2017). I acknowledge that my personal experience in working with these children might have had an influence on the research in several ways. My experiences with individual psychotherapy provided me with an advantage during the interviews. An IPA interview is conducted in a similar way as a psychotherapy session. Emphasis is placed on empathy, congruence and nonjudgement. With my experience of psychotherapy sessions, building rapport and showing warmth was not difficult. It probably contributed to the success of the interviews and therefore the data collected.

However, with my motive explained in my reasons for wanting to conduct the research, I had to constantly watch myself not to be judgemental of any decision they made. I could only try to understand what they went through; I could never fully experience it. It was not for me to say what was right or wrong in how the girls went about seeking help. During the analysis stage, including the interpretation of themes, I had to ensure I did not place my intentions on the page. According to Behal (2015) reflexivity enables the researcher to acknowledge their impact on the study. Reflexivity is the means to “bracket” the researcher's biases and

assumptions (Alase, 2017; Pietkiewicz & Smith, 2014; Smith et al., 2009). In order to manage these concerns, reflexivity was constantly used to keep my emotions, biases and interests in check. During the analysis stage I kept a reflective diary to be more aware of my own perspectives, attitudes and beliefs in attempts to avoid tainting the interpretation process (Cope, 2014).

By using the diary I was able to reflect on my thoughts to understand and identify how my biases may have impacted the analytical process, particularly in the creation of themes (Mrkaljevic, 2017). The diary entries meant I was able to amend any theme which I felt was too influenced by my opinions, biases and worldview. The aim of interpretation is to ensure that the development of themes is closely connected the girls' accounts of their story.

5.8 Implications and Recommendations

5.8.1 Clinical implications

The first clinical implication focuses on those providing the supportive services to the girls in the study. As the study results indicated, the availability and quality of services play an important role in the help-seeking process. The results propose that the lack of services place all vulnerable persons at further risk of psychologically scarring and deepening trauma symptoms. The quality of services was deemed equally important to the successful healing and growth of those utilizing the services. Burnout and desensitization pose a high risk in preventing service availability and increases the chances of poor quality of service. Burnout and desensitization are a common occurrence found in the population of those who are involved in supportive services (Sánchez-Moreno et al., 2015).

A study by Hamama (2012) found that 126 social workers who were involved directly in treating children and adolescents had moderate levels of burnout. Policemen and women are prone to the development of burnout given how stressful and demanding their occupation is (Williams & Clarke, 2019). Queirós et al. (2020) noted in their study how this stress can negatively impact a police officers' emotional and physical health, work performance and interaction with the public. The study of Dall'Ora et al. (2020) found that burnout in nurses often resulted in reduced job performance, poorer quality of care and poorer patient safety. It also had dangerous effects such as medication errors, higher rates of infection and an increase in patient falls. Burnout is often associated with desensitisation (Williams & Clarke, 2019). Social workers, police officers and nurses who work in the traumatic space of aiding children who have been sexually abused, often become desensitised to the trauma unfolding in front of them (Kheswa, 2019; Masson, 2019). This leaves the young children feeling unsupported and

perceiving that their social worker is unapproachable (Kheswa, 2019; Masson, 2019). Colleague and supervisor support, access to individual and group psychotherapy as well as regular workshops on the prevention of burnout and desensitization, can assist in managing and combating burnout and desensitisation (Hamama, 2012; Williams & Clarke, 2019).

The second clinical implication is that knowledge on abuse during childhood should be made available to parents, teachers and communities. One of the barriers to help-seeking is that parents and family members do not observe signs of abuse, resulting in many girls hiding their sexual abuse experience. They reported on how, if their parents/caregivers noticed a sudden change in their behaviours or mood, a comment was made which ultimately opened the door for further conversation. The opening of this conversation often resulted in the girls finding their way to supportive services. Rudolph et al. (2018) propose that educating parents can help their children in two ways: first, knowledge of the signs of abuse will increase parents' means in supervision, monitoring and involvement. Secondly, parents will be empowered with the necessary skills to aid their children to increase their self-esteem and well-being (Rudolph et al., 2018). This in turn, should result in their children becoming less likely targets for abuse, to disclose sooner and to respond more appropriately (Rudolph et al., 2018). Childline South Africa (n.d.) offers programmes which include training for social workers, psychologists, parents and community leaders.

Schols et al. (2013) assert that teachers play a vital role in the detection of child abuse, particularly due to the extensive time they spend with children. Schols et al. (2013) suggested through their research that in-depth, regular workshops should be offered both to teachers and parents on the topic of abuse. It is proposed that through these workshops, teachers and parents will feel more prepared and better informed not only in spotting the signs of abuse, but also to find supportive services for their children (Sainz et al., 2020). Sainz et al. (2020) propose that the syllabus for student teachers should involve more information on child abuse as a means to better prepare them and equip them before they enter the workplace. Bringing in the community would likely increase the chances of girls reaching out. In addition, if the community is knowledgeable of all forms of abuse, vigilance is likely to increase, which could aid in the prevention of abuse.

5.8.2 Policy implications

The first policy implication which may result in positive change is increasing awareness. Increasing awareness of the process many of the girls went through before finding help will

aid all parties involved in protecting children from harm (parents, caregivers, teachers, police etc.) in that they will have a better understanding of where to intervene. Increasing awareness is not limited to those listed above. Many members of the general public, politicians and community leaders are not aware of the hardships these girls endure (Fontes & Plummer, 2010; Mrkaljevic, 2017). Increasing awareness at all levels is crucial to the establishment of both prevention and treatment strategies, as well as how to increase the optimal responses to sexual abuse (Mathews & Collin-Vézina, 2016; Mrkaljevic, 2017). As Mathews and Collin-Vézina, (2016) noted, policymakers cannot make changes to policies if the sexual abuse is hidden. The results of this study not only highlight the high number of girls who have experienced a sexual abuse incident, but in addition it also highlights the saddening help-seeking journey many girls go through.

Mathews and Collin-Vézina (2016) propose different levels to increase awareness. The first, at the broader societal level. As mentioned in Chapter 2, only 4% of the perpetrators of all the child sexual abuse cases in the Gauteng province are reported as having been sent to prison (Meinck et al., 2017; Vetten et al., 2008). If the enforcement of laws and policies are weak, it contributes to making the vulnerable more vulnerable (Mathews & Collin-Vézina, 2016; Mrkaljevic, 2017).

At the institutional level, such as schools, religious institutions, and social welfare, educating and empowering teachers, religious leaders and social workers aid in the preventing, and identification of sexual abuse and serves to promote support of children in the care of these institutions (Mathews & Collin-Vézina, 2016; Mrkaljevic, 2017). In addition, increasing the awareness and understanding of how one responds to a child, in daily live, not only during a crisis, already places the child in a better position should they find themselves in a situation where they need to ask for help. “Responding sensitively to survivors of Child Sexual Abuse” is a report compiled by Sneddon, Wager and Allnock (2016) and is a good start in changing the way anyone involved in the care of children manages the disclosure made by a child who has experienced sexual abuse. While these guidelines are valuable, as stated above, parents, caregivers and teachers need hands on facilitation to understand and apply these guidelines. As the results of this study propose, the reaction of the person to whom the girls disclose is pivotal in how the rest of their help-seeking journey plays out (Rudolph et al., 2018).

The second policy implication is improving the programmes available to children when educating them on abuse. As the results of this study propose, many of the girls did not have the knowledge of where to find help. This study is one of the few which attempted to understand the help-seeking process of adolescent girls who had experienced a sexual abuse. In this regard,

truly listening and taking note of what they say, provides each supportive service with an insider perspective of how to best aid these girls. Educational programmes have been developed and implemented throughout schools, churches or communities. However, as these results imply, these are either not effective enough or they are not far reaching enough.

Morris et al. (2017) believe a child sexual abuse prevention programme is deemed successful and effective when there is an increase in abuse disclosures and more protective behaviours are displayed by those who attended the programme. In the case of this study, despite the majority of the girls participating in programmes offered at school, it did not increase the number of disclosures. Another advantage of offering these programmes is that the girls have a safe place to learn, to process and disclose the abuse. Many of the girls believed they could not turn to their parents for support. Providing these programmes may counteract this issue (Morris et al., 2017).

Schools offer the best locations for the facilitation of these programmes. Hosting the programmes at schools means a large number of children can participate in the programme, the costs are less and less resources are needed (Morris et al., 2017; Walsh et al., 2015). Passing on the programme to a teacher would mean that the programme is sustainable, manageable and long lasting (Morris et al., 2017). In addition to the programme providing support and possibly reducing sexual abuse cases, it can also increase personal safety, decrease self-blame and reduce the probability of future victimization (Morris et al., 2017; Walsh et al., 2015). The policy implication would indicate that more needs to be done to prevent sexual abuse from occurring by better equipping the girls to protect themselves through knowledge and empowerment. Should sexual abuse occur, the path the girls can take for safety and assistance would be clearly outlined and ingrained in the girls.

The last policy implication emphasizes the need for collaboration and visibility of services. The findings of this study suggest collaboration and partnership is crucial to ensure that the girls have the best chance of receiving quality support services. Herbert and Bromfield (2019) assert that a multi-disciplinary response is the most effective when dealing with child sexual abuse. Constant collaboration between services should ensure that no girl slips through the cracks, and that quick referrals are made to the next line in the help-seeking process. In addition, supportive services which are well-known and have a good reputation, such as the TTBC, were often found through other sources. It could be argued that by increasing the visibility of support services the number of girls not knowing where to seek help would be reduced, and it could also elevate the chances of girls asking for help with less delay. Specificity

aligns with visibility. Supportive services should explicitly indicate that they offer support to children who have experienced sexual abuse (Mrkaljevic, 2017).

5.8.3 Recommendations for future research

This study focused on the help-seeking patterns of sexually abused adolescent girls. Future studies should explore boys' experiences and behaviours in help-seeking in order to compare the differences or similarities across the genders. The Optimus Study argues that boys are equally at risk and vulnerable to sexual abuse as girls (Artz et al., 2016). Should gender differences present themselves in the data, it is pivotal that these be considered when structuring support services that will best suit boys.

The average age of the research participants was 14 years. Previous research indicated that age levels may influence the disclosure process (Ahrens et al., 2010; Allnock & Miller, 2013; Artz et al., 2016; Meinck et al., 2017). As such this is likely to be the same for help-seeking behaviours. Furthermore, the study only included participants with a proficiency in English. Thus, a large portion of the South African population remains untapped. The language barrier may add another element in the help-seeking journey.

Future research may need to consider the lack of community participation and integration found in this study, on child sexual abuse within the community. Previous research indicated that communities were the primary source of help for the girls as formal sources were deemed unreachable (Artz et al., 2016; Meinck et al., 2017). However, this research shows that some girls do get formal help, although it may be due to the sampling process. There is a possibility that urbanisation or weakened community identity may be the reason behind the differences in research. Further investigations are warranted should the community be another source of support available to the children in the area. As indicated in the policy implications, a collaborated team effort is the most effective means of supporting the children.

This study primarily examined single sexual abuse incidents, with one perpetrator. A study by Edinburgh and colleagues (2014) found that children who are abused by multiple perpetrators experienced higher levels of emotional and psychologically scarring. It is not clear if multiple incidents and multiple perpetrators would have an effect on the help-seeking journey. As such, future research may need to consider if it adds to the complexity or not.

Finally, the notion of choice in help-seeking was raised during this study - the choice to disclose rather than have the abuse discovered through other means (i.e. pregnancy or STDs) (Fontes & Plummer, 2010). The question posed is if choice plays any role in the aftermath of

the disclosure and the overall emotional well-being of the girls as the girls took control over their situation. The majority of the girls in this study appeared to indicate that if their abuse was not discovered, they may never had asked for help. A choice in disclosure of sexual abuse is vital (Dittmann & Jensen, 2014). The study argues that during the abuse, the child has no choice and has no control. The traumatic event is said to change the child's core assumptions of themselves and the world around them (Dittmann & Jensen, 2014). They no longer feel that they are safe or that people are trustworthy (Dittmann & Jensen, 2014). Many of the girls in this study tried to regain control in one form or another. Some consciously decided to hide in plain sight. Others attempted to help themselves. The question is whether choice plays a role in the desperate search for help? The girls in this study indicated that reduced trust was a barrier in help-seeking. Greater understanding of the child's expectations of receiving help may be an important guide in improving the help-seeking process (Dittmann & Jensen, 2014).

5.9 Conclusion

This study contributed to the understanding of adolescent girl's experiences and patterns of help-seeking. The study is unique in that it explored the journey of help-seeking from the perspectives of the girls. The girls were provided the opportunity to share their story in attempts to assist future girls. By conducting the research using an interpretative phenomenological approach the true complexities of the help-seeking process is understood by understanding the real time, in-depth experiences of the girls, whilst capturing the concerns and implications that permeate into the broader societal and organisational spaces.

The study highlighted the barriers and facilitators to finding help after a sexual abuse incident. The barriers identified were girls not having a positive relationship with someone they trusted; experiencing or anticipating judgement and blame from their community; feeling too helpless to move in any direction; feeling threatened or scared to ask for help; having no information on where to find help; and supportive services not working in unison. The facilitators identified were having a trusting, caring relationship with someone close to them; no anticipation of judgement or blame; access to high quality services; and immediate or swift (not prolonged) disclosure.

This study suggested that the initiation of help-seeking was the primary concern for many girls. It was the initial start of the process where the majority of the factors either inhibited or aided in help-seeking. Many of the girls decided to remain silent as upon their first evaluation of their situation, the cost often outweighed the benefits. As a result of the girls feeling

overwhelmed, silence was deemed their best option. Overall the study highlighted the importance of a partnership in support services, visibility in services and trusting relationships to ensure a smooth, swift help-seeking journey. In addition, the study illustrated the need for more education for parents/caregivers, teachers and community members in combating the issues raised in this study. As proposed in the clinical implications, providing the correct support, training and supervision for those involved in the child protection arena is vital in maintaining and sustaining support services.

This study not only laid down the foundation for future research on the help-seeking patterns of all age groups and genders, it also offers a basis for further research and discussions in the patterns identified in this research, but not found in current literature. Despite the study describing the complexities and difficulties in providing support for these girls, it also demonstrates the resilience and motivation of the girls and the existing supportive services in trying to reduce the impact of abuse on the girls, despite the daily challenges they face.

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Appendix A: Ethics Approval Letter from Ethics Committee



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



20 May 2021

Dear Ms RE Welmar

Project Title: Experiences of adolescent girls who have been sexually abused that influence help-seeking behaviour.
Researcher: Ms RE Welmar
Supervisor(s): Prof MJ Visser
Department: Psychology
Reference number: 19187620 (HUM005/D120) (Amendment)
Degree: Masters

Thank you for the application to amend the existing protocol that was previously approved by the Committee.

The revised / additional documents were reviewed and approved on 20 May 2021 along these guidelines, further data collection may therefore commence (where necessary).

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the amended proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizo; Dr A-M de Beer; Dr A dos Santos; Ms KT Baskoer; Andrew; Dr P Qutuba; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Mooké; Dr C Rutledge; Prof D Ruyum; Prof M Soer; Prof E Tlajant; Prof V Thebe; Ms B Tsebe; Ms D Mokelape

Appendix B: Ethics Approval Letter for Teddy Bear Clinic



Ethics Approval Letter for Teddy Bear Clinic:

REQUEST FOR ETHICS APPROVAL FROM THE TEDDY BEAR CLINIC

Good day Dr Omar,

My name is Robyn Weimar, a student in the Masters Counselling Programme at the University of Pretoria.

The topic of my research is “Experiences of adolescent girls who have been sexually abused that influence help-seeking behaviour”. I would like to find out what facilitate and what hinder adolescent girls who have been sexually abused to seek help. The results of this study will provide much needed information and a better understanding of the processes that follow a sexual abuse event which could influence help-seeking behaviour. This, in turn, could eventually influence policy and practices related to mental health services.

To study this topic I would like to conduct semi-structured interviews with 3 to 5 adolescent girls who sought help from the Teddy Bear Clinic. The Teddy Bear Clinic provides important services to victims of rape including girls fitting the sample requirements for my dissertation.

The study will be approved by the Ethics committee of the Faculty of Humanities, University of Pretoria and will be conducted in an ethical way. The staff of the organisation will be provided an inclusion criteria for the selection of the adolescent girls. The staff will then inform the adolescent girls of the research and ask who will be willing to volunteer. Potential participants will indicate their willingness to participate to the staff to avoid the sharing of personal information with the researcher.

The researcher will begin interviews from the top of the “list” of willing participants who came forward to the staff. The researcher will set up an appointment to explain the study to the participant and provide them with an information sheet and consent forms. The information sheet and consent form will also be provided to the parents of the potential participants. If the parent consent and the adolescent girl assent to participate, an interview will be scheduled. Research participation is voluntary and the girls may withdrawal at any time without consequences.

The researcher will interview participants until the researcher has enough meaningful data, and is a way of not discriminating between people. Interviews will be done in a sensitive way and girls will be emotionally supported throughout. If they get emotional, the interview will be stop until they are able to continue again or the interview may be rescheduled. All girls interviewed, if so required, will be

referred for counselling as provided by Teddy Bear Clinic to assist them to cope with their trauma, if not already receiving counselling.

I need your approval to conduct interviews with girls at the Teddy Bear Clinic. The research will be conducted in the first part of 2021.

I have attached my research proposal and letter of ethical approval from the University of Pretoria. If you require more information, I will happily provide the information required.

Regards,

Robyn Weimar
u19187620
MA Counselling Student
University of Pretoria

Prof Maretha Visser
Supervisor
University of Pretoria

APPROVAL:

I, Dr Shaheda Omar, on behalf of the Teddy Bear Foundation, confirm that I have read the contents of the above letter and hereby provide approval for Robyn Weimar (MA Counselling Student) to conduct interviews with the adolescent girls at the Teddy Bear Clinic during 2021.

In case the interviews bring to the surface very difficult emotions, the girls can be referred to their counsellors at the Teddy Bear Clinic to provide additional support.

DATE: __2.02.2021_____

SIGNATURE: _____



Appendix C: Schedule for the Semi-Structured Interviews

Intro: Thank you for agreeing to the interview. I know this may be difficult for you talking about a sensitive topic in your life. I appreciate that you will share some of your experiences with me. If you feel uncomfortable you may say so. You only have to share with me what you feel comfortable sharing. I do not want to know the details of the abuse. I would like to know about your feelings, your reaction and decisions you have made after the incident(s) to seek help. If you feel overwhelmed we can reschedule to continue at a later stage. Is it OK if I ask you a few questions?

Begin: The Department of Psychology is engaged in research on how adolescent girls affected by a sexual incident decided to seek help. We would like to talk to you on what is hindering or helping adolescent girls to seek and receive help.

1. You have decided to seek help here at the Teddy Bear Clinic, right?
2. How did you hear about the Teddy Bear Clinic?
3. Who suggested that you go to the Teddy Bear Clinic?
4. Did you know of any other places to go get help?
5. What happened when you first arrived at the centre? What help did you receive?
6. What motivated you to come to the centre?

Prompt: How did you feel? How did you cope?

Prompt: How did you feel about coming to the centre?

Encouragement: In many situations, adults don't want children to speak a lot. Here, I really need to hear what you have to say.

7. After the incident(s) what went through your mind before you decided to tell someone?
Can you remember what you were thinking at the time?

Prompt: How long did that take? What eventually convinced you to tell someone?

Encouragement: You've been doing a fine job answering some really tough questions.

8. Who did you speak to regarding what happened? What was your choice for choosing them?

Prompt: Own family, friend, religious leader, teacher or police?

9. What made it easier for you to ask for help?

Prompt: What happened?

10. What made it hard for you to ask for help?

Appendix D: Research Caregiver Information and Consent Sheet



Research Caregiver Information Sheet:

CAREGIVER INFORMATION SHEET

Dear Caregiver,

I am Robyn Weimar, from the Department of Psychology, University of Pretoria. I would like to include your child or the child in your care in our research on help-seeking behaviour. We need your consent before we can interact with your child. Please read through the following information. If you agree that your child or the child in your care may participate, please sign the consent form attached.

The Department of Psychology is engaged in research on how adolescent girls affected by a non-consensual sexual incident decide to seek help. We would like to talk to your daughter on what is hindering or helping adolescent girls to seek and receive help. We would appreciate your help in this research.

Title:

What are the patterns of help-seeking behaviour of sexually abused adolescent girls in South Africa?

Procedures:

- This research will involve an interview with your child at the Teddy Bear Clinic that provides services and support for child survivors of sexual assault. The focus of the interview will not be on the details of the experience, but on her experiences, her feelings of what made it difficult for her to talk about it, her decisions to talk about it and to get help.
- The interview will be about 1 to 2 hours. The interview will be held at the Teddy Bear Clinic in a room intended for privacy and confidentiality.
- The interview will be audio recorded just to make sure I hear exactly what she has said. After the research the recording will be destroyed.

- Her name will not be attached to what she says, and her information will not be given to anyone outside the research.
- You daughter may withdraw from the research process at any stage without any negative consequences. Her data will be destroyed and not used.
- At the end of the interview, I will direct her to her social worker at the Teddy Bear Clinic should she feel any distress. Her social worker will provide her with any necessary support she may need.
- If you want to know what the results of the study are, please provide your email address below so I can send you a summary of the results of the study.

Benefits:

- She will assist in research that will help us to improve services for other girls that share her experiences.
- There are no financial gains in participating in the study.

Risks:

There are to be no expected risks for your child's participation in this study. No physical, emotional and/or psychological harm is foreseen during or after the interview. She may feel uncomfortable when she discusses some sensitive feelings. She can share as much as she feels comfortable with. If she feels the need to discuss any sensitive feelings the interview may have bought up, her social worker will be available to manage her concerns.

Confidentiality:

All information will be treated as confidential. Her name will not be used in in any reports from the study. The information she gives us will not be shared with anyone outside this research and will be kept on a password protected computer.

Data:

In line with the University of Pretoria data storage policy, all research materials will be securely locked away and password protected at the University of Pretoria for 15 years. Data collected may be re-used for future research.

Publication:

The results of the study will be reported in the form of a dissertation and may be published in an academic article.

For any enquiries do not hesitate to contact me on the contact details provided.

Robyn Weimar (MA Counselling Psychology Student)
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CAREGIVER RESEARCH CONSENT

I, (**Full Name and Surname**), hereby acknowledge that I have read and I understand the research information as provided by the researcher. I agree that my child/adolescent or child/adolescent in my care (**Full Name and Surname of the child**) may participate in the research. I give permission that the information of my child may be used for further research in a confidential way.

I hereby agree for my child to participate in this research to study help-seeking behaviour of adolescent girls.

.....
Name & Surname	Signature	Date
Caregiver		

Email address if you want to results:

.....

Appendix E: Research Participant Information and Assent Sheet



Research Participant Information Sheet:

PARTICIPANT INFORMATION SHEET

Dear Participant,

You are kindly asked to take part in a research study about help-seeking behaviour. I am Robyn Weimar, from the Department of Psychology, University of Pretoria. I would like to have an interview with you about how you decided to seek help. Your participation in this study is entirely your choice. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to take part in the study.

The Department of Psychology is interesting in studying how adolescent girls are affected by a sexual incident which was not mutually agreed to and then the decision to seek out help. We would like to talk to you on what is stopping or helping adolescent girls to seek and get help. We would appreciate your help in this research.

Title:

What are the patterns of help-seeking behaviour of sexually abused adolescent girls in South Africa?

How the study will go:

- This study will involve an interview with you at the Teddy Bear Clinic that provides services and for child survivors of sexual assault. The focus of the interview will not be on the details of the experience, but on your experiences, your feelings, what made it difficult to talk about it, your decisions to talk about it and to get help.
- The interview will be about 1 to 2 hours. The interview will be held at the Teddy Bear Clinic in a room intended for your privacy and confidentiality.
- The interview will be audio recorded just to make sure I hear exactly what you say. The recording will likely be stored for a long time.
- Your name will not be linked to what you say and no one you know will know what you tell me.

- You may leave the study at any time without any trouble. Your data will be destroyed and not used.
- At the end of the interview, if you feel any distress, I will direct you to your social worker at the Teddy Bear Clinic who will provide any necessary support to assist you.
- If you want to know what the results of the study are, please provide me your email address below so I can send you a summary of the results of the study.

Benefits:

- You will assist in a study that will help us to improve services for other girls that share your experiences.
- There are no financial gains in being a part of the study.

Risks:

There are to be no expected risks for your part in this study. No physical, emotional and/or psychological harm is foreseen during or after the interview. You may feel uncomfortable when you discuss some sensitive feelings. You can share as much as you feel comfortable with. If you feel the need to discuss any sensitive feelings the interview may have brought up, your social worker will be available to manage your concerns.

Confidentiality:

All information will be treated as confidential. Your name will not be used in any reports from the study. The information you give us will not be shared with anyone outside this research and will be kept on a password protected computer.

Data:

In line with the University of Pretoria data storage policy, all research materials will be securely locked away and password protected at the University of Pretoria for 15 years. The information collected from you may be re-used for future research.

Publication:

The results of the study will be reported in the form of a dissertation and may be published in an academic article.

For any enquiries do not hesitate to contact me on the contact details provided.

Robyn Weimar (MA Counselling Psychology Student)
Cell: 079 811 2867
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Prof Maretha Visser (Supervisor)
Tel: 012 - 420 2549
E-mail: maretha.visser@up.ac.za

Appendix F: Example of Transcript Analysis

Transcript 1: Amber

1 **Interviewer:** Okay, so this is an interview, and I am very thankful and grateful
 2 that you are agreeing to do it with me. I know this may be difficult for you talking
 3 about such a sensitive topic in your life, and I appreciate that you will share some
 4 of your experiences with me. Even if you may feel uncomfortable you just tell me
 5 we can take a break, maybe go have a glass of water, wash your face and we can
 6 come back. You only have to share with me what you comfortable sharing with.
 7 I do not need to know what happened. Knowing your story is not the purpose of
 8 our chat today. Today I am hoping to understanding your feelings, and the
 9 decisions around what happened and how you sought help, what made you go get
 10 help. If you feel overwhelmed, again you just tell me and we can pause and come
 11 back later.

12 **Participant:** Okay.

13 **I:** Okay. Is it okay if I ask you a few questions?

14 **P:** Yes it is okay.

15 **I:** This study is interested in how adolescent girls are affected by sexual abuse,
 16 and how they decided to seek help. We would like to talk to you on what is both
 17 stopping, or helping girls in getting the help that they need. So my first question,
 18 Amber, you decided to seek help at the Teddy Bear Clinic (TTBC) right?

19 **P:** Yes.

20 **I:** How did you hear about the TTBC?

21 **P:** The police station, told me and my gran about the TTBC, so they offered me
 22 to get some help, and special attention to get my feelings back to normal because
 23 I wasn't feeling myself, I was getting depression, for what happened to me and
 24 they really helped me.

25 **I:** Did you go to the police station first?

26 **P:** Yeah.

27 **I:** It sounds as though the police saw that you were not doing too well and that
 28 you were quite sad so they sent you to TTBC to feel yourself again. Before the
 29 police told you about TTBC, did you know of any other places you could get help?

30 **P:** No. My mom told me I could see a therapist to help me but we were looking
 31 for a therapist but we didn't know where to look.

32 **I:** Was this before or after you went to the police station?

33 **P:** After.

34 **I:** After, okay. If I am following your correctly, when you went back to the police

TTBC

Depression

'Normal' again

push towards seeking help

Police

lol line of action

↳ no where else to go?

↳ No previous knowledge of help sources

Police empathic + understanding

trauma

△ Facilitators to seeking / receiving help

○ Hindrance / barriers to seeking / receiving help

TTBC suggested
by 3rd party *

TTBC soon
after disclosure

speeds up
process of
help?

time frame

Quality +
availability

of help
centres

Welcoming

Safe

Knowledgeable

Court prep

Step-by-step

supportive

Correct

Gatified

holding

positive

experience

likely to
refer to others?

Beyond
reason for
visit

Address social
dynamics
accusation
squashed

35 station they suggested TTBC.

36 P: Yes.

37 I: When was the first time that you went to the TTBC? Can you remember? You

38 do not have to tell me the exact date but was it a few months ago, few days ago?

39 P: Last year, in the beginning of last year.

40 I: The beginning of 2020. What happened when you first arrived at the centre?

41 Did your mom have to phone to book an appointment or did you just come?

42 P: We just came. Well my mom did call the TTBC to phone for appointment that

43 they can see me. You need to phone to get an appointment, and then they will see

44 you. But if we didn't have an appointment, they will still see you.

45 I: Your mom thought ahead and got you an appointment?

46 P: Yes.

47 I: What happened when you first arrived at the TTBC?

48 P: They were really welcoming, and they made me feel safe and they asked me

49 what was happening and they wanted to hear my story and they asked how am I

50 feeling. How was the past days going, they go through you for steps and

51 everything. They help you to prepare for court preparation, and they help you

52 through everything that you need to go through.

53 I: When you first arrived they were quite welcoming because I am sure you were

54 nervous.

55 P: Yes. Yeah.

56 I: Besides speaking to you, did they help you with anything else, what

57 else did they help you with?

58 P: They also helped me when that situation happened to me my sister started

59 breaking our bond because I was really close to my sister, and she started being

60 really mean to me and all that, saying it was my fault that it happened. And me

61 and my sister are still not really close anymore. So, I still go to the TTBC because

62 I feel sad about what happened so they tell me what I can do to solve the problem.

63 So they help you solve problems and things that are family issues or anything else.

64 I: Wow. It sounds like they do not just focus on what happened, your story, they

65 are also going to try to help you with your sister.

66 P: Yes.

67 I: This is with a social worker that you getting this extra help from?

68 P: Yes.

Appendix G: Example of Excel Spreadsheet of Transcript Analysis

Amber	page&line number	extract
	8; 255-258	I want to tell them but the other side I feel like they're gonna reject me and tell me, oh that's nonsense you didn't it, you made something that he will do that to you, but I will keep it to myself and [believe] that they won't be that type, because I wouldn't, I don't want to leave my friends.
Faith		
	2; 50-52	Then I was scared to tell my parents. That maybe they can beat me. Question me to why did I go there alone. Stuff like that [voice disappears].
	3; 69-70	And I told her that she must not tell my parents because they are gonna beat me or shouted at me.
	4; 103-104	She told my father and my father was like, I know my father. [looked away] [voice became shaky].
	6; 186-187	I knew that anyone other than her was going to judge me. Now they know my story [needed to catch her breathe].
	6; 203	Yeah I thought so, but they didn't judge me. They supported me.
	7; 219-221	Yeah I would of told them sooner. Because at that time, they loved shouting at us, then I thought that he would beat me, or kick me out of the house. I decided to keep quiet.
	8; 243	I felt nervous that they are going to judge, but they didn't. They treated me well.
	11; 356-358	[agreed with what was summarized] I thought that they were going to judge for me for everything that had happened. So I choose to keep quiet, not tell anyone.
	11; 360-361	I was having doubts. That's when I told her, she's gonna talk to my parents, tell them what happened.
Olwethu		
	5; 151-154	I was afraid of not being believed because it is a family friend, as I said and I am the first person to complain about this thing from them and me knowing that my family has a long list of people who have gone through the same traumatic experience.
	6; 202-203	cause they might not want to speak to you as their parents, they might want to speak to their aunts.
	5; 156-160	I think that would have made it easier for my family to actually sit down and talk to me about it. But at my house, knowing that we cannot speak about things because it makes us feel very awkward. You cannot sit down and speak about stuff it is very weird and awkward. We cant. It is just the way it has been.
	9; 285-286	Very much, but knowing my family, knowing my grandmother it was not really easy.
	9; 289	Yeah, this is not a great topic.
	9; 292-293	Just that I know you couldn't talk about it, especially when your family believes in Christ, Christian family you can't talk about those things. Yeah.
	15; 508-509	Yeah, in my head I considered how my mom would react and how people would react if it came out.
	16; 528-530	In most of the cases it was their aunts, because their dads and moms were really strict. Uh, they told their aunts and uncles, and they helped them.
	16; 538-239	Its because she just didn't think her family would react the way they reacted. She just wasn't sure what her support system would be like.
	18; 581	Cause they made it really hard to talk to them about most things.

Appendix H: Table of themes, with appearance of themes for each participant

Theme	Participants who displayed this theme					
	Amber	Faith	Lesego	Olwethu	Kuhle	Mathapelo
1. Having to Go Alone						
1.1 Hidden in Plain Sight	-	X	-	X	X	X
1.2 Observations Made or Missed	X	X	-	X	-	X
1.3 Attempts at Self-help	X	X	-	X	X	X
1.4 Feelings of Helplessness	X	X	X	X	X	X
2. Realisation Hits Home						
2.1 Contemplation and Time to Process	X	X	-	X	X	X
2.2 Fear and Threats	X	X	-	-	X	X
2.3 Assumption or Expectation of Reaction	-	X	X	X	X	X
2.4 Shaming, Blaming and Judgement	X	X	X	-	X	X
2.5 Intuitive knowledge/ that 'Gut Feeling'	X	X	X	X	X	X
3. Considering the Best Option						
3.1 Means, Method and Choice of Disclosure	X	X	X	-	X	X
3.2 Timing of Disclosure	X	X	X	X	X	X
3.3 A close and accepting relationship	X	X	X	X	X	X
3.4 Trust or Lack of	X	X	X	X	X	X
4. Joining Forces						
4.1 Disclosure Reaction	X	X	X	X	X	X
4.2 Being Uninformed and Becoming Informed	X	X	X	X	-	-
4.3 Network of Support	X	X	X	X	X	X
4.4 Availability and Quality of Services	X	X	X	X	X	X