



*tiakina, a tatou  
tamariki/rangatahi  
mokopuna, ko ratou  
te iwi apopo*

*Breaking the silence  
but keeping secrets:  
what young people want  
to address sexual violence*

**HELP**   
SUPPORT FOR SEXUAL ABUSE SURVIVORS

HELP (Auckland Sexual Abuse HELP Foundation) in partnership with Tu Wahine Trust

## Sexual violence: Providing Services for 13-18 year olds

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• **point**research

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Te Puna Tahua  
LOTTO FUNDS FOR YOUR COMMUNITY



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Tu Wahine Trust  
HELP (Auckland Sexual Abuse  
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### Disclaimer

All findings and conclusions are those of the authors and are not to be attributed to HELP, Tu Wahine Trust or the Lottery Community Sector Research Committee.

## Executive Summary

Teen sexual assault and abuse in New Zealand is a significant problem, with nearly one in five New Zealand teens reporting unwanted sexual touching or being made to do sexual things that they did not want to. Statistically, young people aged 15-24 years are at the highest risk of sexual assault in any age group.

HELP (Auckland Sexual Abuse HELP Foundation) is a specialist organisation that has been providing sexual abuse support services since 1982. It works with women and children in the Auckland area suffering from the effects of sexual abuse, helping them to regain their lives. Tu Wahine Trust is a Kaupapa Māori organisation providing services to Māori sexual abuse survivors, whānau and families. The research has been commissioned by HELP and the Tu Wahine Trust and is funded by the Lotteries Commission.

This report, which is part of an overall research project which aims to identify the needs of young people affected by sexual abuse or assault, aims to investigate the psycho-social service needs of young people who have experienced sexual abuse in order to support improvements to services for sexual abuse victims/survivors.

Cultural considerations were particularly important in this project. HELP and Tu Wahine partnered on the research approach, design, and methodology of this project. Whilst HELP focused on identifying the psycho-social service needs of tauīwi (non Māori) young people, Tu Wahine focused on the needs of rangatahi Māori (Māori young

people). The sister organisations then worked together on the parts of the research process that sought the views of rangatahi Māori who had accessed, or might potentially access, mainstream services.

The data collection for this report was undertaken in 2012, and comprised:

- A literature review
- Interviews with refugee and new migrant stakeholders (including GPs, practice nurses, health workers and youth workers)
- Twenty-six focus groups, hui and fono with young people, in which 222 young people participated
- Three stakeholder hui (organised by Tu Wahine).
- Interviews with 16 service providers and stakeholders

New Zealand research is sparse on the psycho-social service needs of young people aged 13-18, and whether these needs are being met by current services. Much of the research and writing on sexual abuse comes from the USA and United Kingdom, which may not represent the needs and characteristics of New Zealand's population.

Understanding the needs of adolescent survivors of sexual assault is vital. Evidence shows that adolescents tend to minimise sexual violence incidents, and a significant number delay disclosure, or do not disclose

or report assault and abuse at all. Despite one in five New Zealand female students and almost one in ten (9%) male students reporting unwanted sexual contact, it appears that many young people do not access the support they need and instead attempt to resolve the problem on their own or with the help of friends.

Research has found that young people who choose to seek help are faced with the daunting task of navigating the health system and finding a service. Most young people have minimal previous experience of the health system, and very little knowledge of how it is structured. Moreover, they may not understand that the problems they are experiencing could benefit from treatment. The decision-making process for a young person seeking services will more typically involve the ideas and opinions of their friends and family, however little is known about the effectiveness of these support networks in helping them resolve their problems.

For young people who took part in this research, the lack of awareness of services appears to be compounded by other factors such as a deep distrust of professionals, which is fuelled by fears of loss of confidentiality and may be impacted by cultural and religious factors, particularly in cultures where stigma around sex, sexuality, and abuse is high. Many of the young people struggled to envisage an example where the victim would not have been responsible for what had happened and believed their parents would see them as blameworthy too. This internalisation appeared to trigger a deep sense of self blame, embarrassment, and shame, and consequently presents a powerful barrier to disclosure. This is particularly concerning given that the young people who had experienced abuse said they felt a profound sense of relief following disclosure.

This research also found that young people are most likely to disclose to friends. Overall, it appears the young people have low expectations of adults and a deep distrust

of the adult world. They believe that adults will take over and do what they think is best, with little regard for their wishes. Many showed a deep distrust of school nurses and counsellors saying that they have a reputation for breaching confidentiality and telling other staff or family members about matters that students have regarded as private.

Finding the right information, at the right time, is a critical part of the disclosure and helping process. Young people in this research said that they require information in multiple formats and at multiple levels. This includes information which: is focussed on prevention and takes 'risk-taking' behaviour into account; reduces the threshold of what is considered abuse and assault; reduces feelings of isolation; helps informal helpers, including friends and supportive family and whānau; and informs on how services such as counselling can help.

Most of the young people in this research have a low awareness of services, and tend not to know about services unless they 'trip over' them. This lends weight to the view that locating services in youth-based settings, in places where young people are, where young people can make contact independently from their families, are critical. This visibility, however, must also balance confidentiality and privacy.

The ways in which these young people respond to sexual abuse and assault are highly influenced, if not dependent on, the cultural, ethnic, and religious beliefs of the young person and their family and whānau. For most young people, an understanding of, and respect for, their culture was central to the efficacy of support and service delivery. Importantly they want staff and services that are culturally responsive, and that understand the different cultural worlds in which they live.

Young people have their own vision of a service which is tailored to the needs of young people. Essentially, they would like

services to be mobile, and based in schools, youth centres and places where young people hang out, or online where young people are. Physical spaces would be light, airy and warm, with comfortable couches. Pamphlets and posters would be replaced with symbols and art that represent modern Māori, Pasifika and Asian culture, and staff profiles would be easily available. Staff would be young, and from a range of cultural and ethnic backgrounds. In addition, young people would have access to mentors and would be offered the opportunity to become mentors themselves. Counselling would be offered through messaging services, individual counselling, group counselling, and activities where people hang out with others who understand what they are going through. Crisis lines would be replaced by support lines. Friends and families would be given information on how to support and nurture their young person.

There are very few, if any, services in New Zealand which match all of this vision. Responding to this vision, however, is critical if we are to provide effective support and help. With young people already showing reluctance to access support services, it is of utmost importance that when they do, services are available which meet their needs.

## Introduction

In New Zealand, child sexual abuse is estimated to affect as many as one in three girls (Anderson, Martin, Mullen, Romans, & Herbison, 1993) and one in seven boys (Adolescent Health Research Group, 2001).

Young people are statistically at the highest risk of sexual assault, with the age group of 15 – 24 years being at the highest risk group of sexual assault in any age group (Mortimer 2005).

High school students are particularly vulnerable to abuse in their developing social worlds and in their families, where their relatively powerless positions leave them at risk from family members and family friends who have access to their homes.

The sexual victimisation of children and young people is a complex life experience, not a diagnosis or disorder. Repercussions of sexual violence in both the short and long term include difficulty trusting others, aggressiveness, shame, anxiety, and inappropriate sexual behaviour.

New Zealand research on the psycho-social service needs of young sexual assault victims/survivors aged 13 – 18, and whether their needs are being met by current services, is particularly sparse. Yet this information is critically important to effectively meet the needs of this group.

### Purpose

This research aims to identify the needs of young people who have experienced sexual abuse or assault in order to support

improvements to services for sexual abuse victims/survivors. It has been undertaken by HELP, a specialist provider of services to survivors of sexual violence, and Tu Wahine Trust, a Kaupapa Māori organisation providing services to Māori sexual abuse survivors, whānau and families. These organisations have a Treaty-based partnership, and have worked collaboratively on this research over the past three years.

The broad purpose of the overall project is to:

- Investigate the psycho-social service needs of young people who have experienced sexual abuse
- Evaluate whether the services provided by HELP are meeting these needs and are effective
- Scope an evaluation of Tu Wahine Trust services for young people. The scoping document, undertaken by Tu Wahine, was designed to suggest how best to evaluate Tu Wahine Trust's effectiveness in meeting the needs of tamariki who have experience of sexual abuse.

Several key questions were explored during this process. First, what are the psycho-social service and/or response needs of young people aged 13-18 who have experienced sexual abuse? Second, when accessing services, what works well and is likely to result in positive outcomes for young people affected by sexual abuse? Third, are the services and interventions currently being provided by HELP and Tu Wahine Trust in line with with these needs and resulting in

positive outcomes for young people affected by sexual abuse?

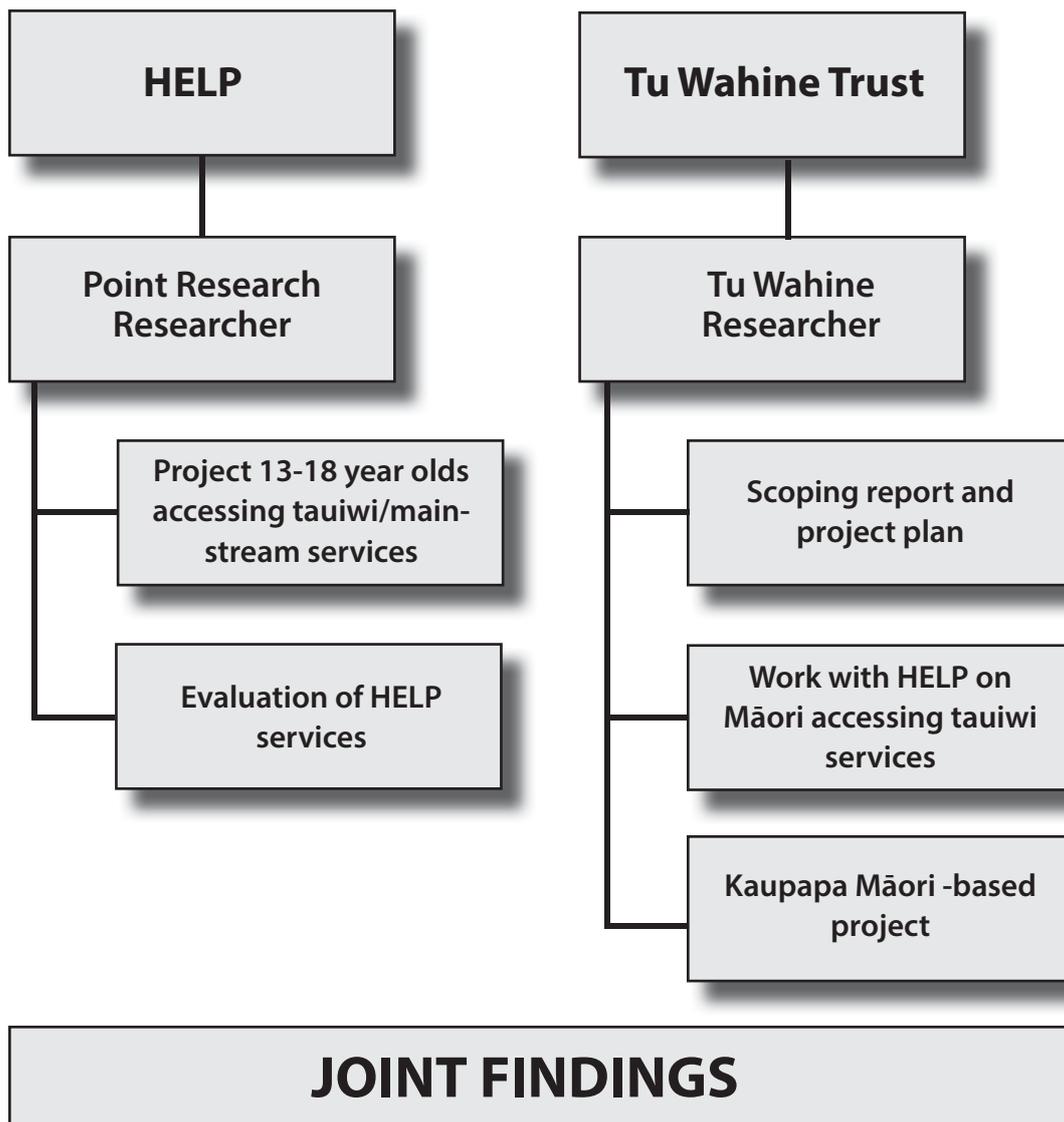
This report is one of three, and focuses on the psycho-social service and response needs of young people who have experienced sexual abuse. The scoping report by Tu Wahine and the evaluation of HELP's services have been reported separately. Some of the findings from these reports have been included where directly relevant.

## Method

The literature shows that attitudes and behaviour in relation to sexual abuse vary widely across cultures; therefore cultural

considerations were considered particularly important in this project. In recognition of this, HELP and Tu Wahine partnered on the research approach, design, and methodology of this project. Whilst HELP focused on identifying the psycho-social service needs of tauwiwi (non Māori) young people, Tu Wahine focused on the needs of rangatahi Māori (Māori young people). The sister organisations then worked together on the parts of the research process that sought the views of rangatahi Māori who had accessed, or might potentially access, mainstream services.

The approach is reflected in the diagram below.



The data collection was undertaken in 2012, and comprised:

- A literature review on the psycho-social service needs of adolescents. (A literature review of the psycho-social service needs of rangatahi Māori was undertaken separately by Tu Wahine)
- Interviews (16) with service providers and stakeholders working with young sexual abuse survivors and/or with young people from different cultural backgrounds. The key stakeholders to be interviewed were identified by HELP and Tu Wahine
- Three hui of stakeholders organised by Tu Wahine
- A meeting with refugee and new migrant stakeholders, including GPs, practice nurses, health workers, and youth workers
- Twenty-six (26) focus groups, hui, and fono with young people. In total, 222 Pakeha, Māori, Pasifika, Asian, Indian, Middle Eastern, and 'other' young people aged 13-18 years participated. The groups included:
  - Ten (10) school-based groups
  - Four (4) Māori groups
  - Four (4) Pasifika groups
  - Three (3) Asian groups
  - Three (3) groups for refugees and new migrants
  - One (1) focus group of youth leaders from Auckland Council
  - One (1) focus group of eight young women aged 18-21 who had experienced sexual assault but who had not accessed services.

(It is noted that a focus group of young people with disabilities was organised, however the participants asked to join the other focus groups.)

- Interviews with seven young service

users

- An online survey with a further six young service users
- A file review of 60 service users aged 13-18 years who had accessed Help services.

This report relies primarily on the stakeholder hui and interviews, and the focus groups, hui, and fono with young people.

## Hui and Stakeholder Interviews

Interviews with stakeholders working with young people followed a semi-structured interview schedule. They were asked about sexual abuse support and services for young people, in particular what they felt was working well, not working well, and could be improved.

## Focus Groups

The views of young people were considered central to this study. The focus group participants were predominantly sourced through schools and youth workers.

The focus groups adopted a café conversation/discussion style. Café conversations are an interactive, progressive conversation method. They ensure that every participant has an equal opportunity to contribute in a hospitable and welcoming space, and are focussed on connecting diverse perspectives and highlighting insights and sharing discoveries.

The method involves seating eight to ten young people at small tables. Each table has a "paper runner" which could be written, doodled or drawn on, and food was placed in the centre of the table. The centre piece had word triggers that outlined points in a journey that a young person who had been sexually abused or assaulted might take. These included 'who would they tell', 'where would they go', 'where would they find information', 'what would help'. A "host" was appointed for each table.

The young people were given a very brief

vignette in which they were told something had happened to a young person – that was sexual in nature, unwanted, that the young person had found it pretty serious, and it was causing them distress. They were then asked what a young person in that situation might do and how she or he might be supported at different stages of her or his journey (e.g. disclosure, seeking information, accessing services, to designing a service that might appeal to a young person). The emphasis was on ensuring that we designed a pathway in which a young person could get the best support they could.

The participants were given Post-It notes that they could write on and post along the various stages on the journey. Some of the groups were noisy and vocal, and were a challenge for the facilitators to keep up with and capture their ideas, others were quiet with little discussion, but wrote lots on their Post-It notes. In the last ten minutes each group took time to reflect and check whether all the ideas had been captured.

Eight young researchers, including Māori and Pasifika facilitators, facilitated each group, acting as the “host” at each table. Although it had been envisaged at the school-based focus groups that the young people would be matched to the ethnicity of their ‘host’, some of the young people asked if they could be with their friends so this was not strictly adhered to.

However, recognising the importance of culture in the perspectives of young people, additional cultural-based focus groups were then held to ensure the views of young people from different cultural groups were captured.

### Data analysis

The data from the different sources was examined to search for common themes. Because there is so little research on New Zealand sexual abuse and assault, and New Zealand adolescents, an inductive approach

was used, where the themes emerged from the data.

### Ethics

Early on in the project the research team were advised by the New Zealand Health and Disability Ethics Committees (Northern Region) that as the project was informing service efficacy and improvements, rather than focusing on the health or wellbeing of the young people themselves, ethical approval for this project was not required.<sup>1</sup> Nevertheless, ethical practice was paramount throughout the research process and the subject of much discussion and debate. This involved:

- Obtaining informed consent from both the young people and, if 16 or under, from their parents, guardians, or an adult in loco parentis whom the young person trusted and who had the young person’s welfare and wellbeing as their primary concern and priority;
- Providing information sheets about the research;
- Ensuring that participants felt able to withhold their consent and understood that they could stop being involved at any point without any consequence;
- Encouraging participants to bring a support person/people if they wished;
- Not rushing, allowing time to build relationships/whānaungatanga;
- Matching interviewer/interviewee by gender and ethnicity where possible;
- Being clear about how the information was going to be used, and ensuring confidentiality;
- Incorporating a feedback loop, so that

<sup>1</sup> The project meets the definition of an audit since the primary purpose is to improve the delivery of a service being studied. Moreover the secondary use of data is for quality analysis by people contracted by the service providers holding the information.

the participants knew what information was to be used from their interviews and focus groups;

- Respecting confidentiality.

Protecting participants from harm was an utmost priority. This protection involved:

- Giving participants a “checklist” of what they should expect from the research team, and what they could do if they felt the checklist wasn’t being met;
- Involving our researchers in a training session to lead them through what to expect, talking and behaving sensitively, what signs to look out for, and their ethical

and legal obligations (e.g. regarding disclosure);

- Having the group facilitators look for signs of discomfort or distress;
- Ensuring that a trained sexual abuse counsellor was present at each of the sessions, in case a participant became upset or distressed, or wished to follow up any issues that were raised in the interview process; and
- Providing each participant with a card with HELP’s phone number and contact details.

## ■ Review of the Literature

### Introduction

In New Zealand, sexual abuse is estimated to affect as many as one in three girls (Anderson, Martin, Mullen, Romans, & Herbison, 1993) and one in seven boys (Adolescent Health Research Group, 2001). Children are most vulnerable to abuse during their pre-pubertal years (Asawa, Hansen, & Flood, 2008; Herbert, Lavoie, & Parent, 2002); in New Zealand the median age of onset for sexual abuse is nine years old (Fanslow, Robinson, Crengle, & Perese, 2007).<sup>2</sup>

Young people are also at high risk of sexual abuse, with the age group 15 – 24 years being at the highest risk of sexual violence of any age group. Twelve per cent of women aged 15-24 years reported at least one unwanted sexual incident in 2005, compared with four per cent of women overall (Mayhew & Reilly, 2007).

High school students are also vulnerable to abuse, both in their developing social worlds and in their families, where their relatively powerless positions leave them at risk from family members and family friends who have access to their homes. The New Zealand Youth 2012 National Secondary School Youth Health and Wellbeing Survey, for example, found one in five female students (20%) and 9% of male

students reported that they had been touched in a sexual way or been made to do unwanted sexual things. Of those who had experienced this, 37 per cent reported it as severe and over half (57 per cent) had told no-one about it (Clark et al., 2013).

An earlier study found that approximately one in three students had experienced sexual intercourse, and of these 12 per cent of female students and three per cent of male students reported that their first experience had been unwanted (Adolescent Health Research Group, 2008).

The Youth 2000 series of surveys suggests that the proportion of young people reporting sexual abuse and coercion has been falling. Nonetheless it is clear that sexual abuse and coercion remains a significant issue for a substantial group of our young people (Clark et al, 2013).

The sexual victimisation of children and young people is a complex life experience, not a diagnosis or disorder, and it can have repercussions in both the short- and long-term (Putnam, 2003). In young people, sexual violence can disrupt healthy development and may cause difficulty trusting others, aggressiveness, shame, anxiety, and inappropriate sexual behaviour. Victims of child sexual abuse are more likely to have ongoing mental health difficulties (e.g. anxiety, depression, eating disorders, increased risk of substance abuse), have a propensity to high-risk sexual behaviour (including further sexual victimisation), as well as interpersonal difficulties (e.g. poor quality relationships and poor parenting) (Browne & Finkelhor,

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2 As the incidence of sexual abuse in adolescence is unknown, largely as much abuse is unreported, the prevalence is estimated from studies of population groups. The range in childhood sexual abuse rates is attributable to a range of factors, including the questions used to identify abuse, such as whether contact or non-contact was included.

1986; Fergusson, Lynskey, & Horwood, 1996; Herbert, Lavoie & Parent, 2001; Putnam, 2003; Roberts, O'Connor, Dunn, & Golding, 2004; Topping & Barron, 2009).

Factors that mediate the effects of abuse include the age and gender of the child, and the ages over which the abuse started and finished (Back & Lips, 1998; Barker-Collo & Read, 2003; Fergusson et al., 1996; Fergusson & Woodward, 2002), the duration and severity of the abuse (Barker-Collo & Read, 2003; Kendall-Tackett, Williams, & Finkelhor, 1993), whether other forms of abuse, neglect, or violence are present (Finkelhor, Ormrod & Turner, 2007), and the relationship with the abuser (Finkelhor, 1994; Kendall-Tackett et al., 1993; Anderson et al., 1993). Intra-familial abuse appears to result in the worst outcomes for victims, both in the short and long term (Barker-Collo & Read, 2003; Fergusson et al., 1996). Caregiver support is an important mediating variable (Berliner & Conte, 1995; Fassler et al., 2005).

The impact of time since disclosure on outcomes is not clear (Kendall-Tackett et al., 1993).

Therapeutic services aim to address the issues that arise from sexual violence. Those working with clients who have experienced sexual abuse and assault (and their whānau and families) recognise that research and evaluative feedback are critical tools in informing accountable, professional practice. This information is important to effectively meet the service needs of this group, minimise harm, and promote wellbeing.

New Zealand research is sparse on the psycho-social service needs of young people aged 13-18, and whether these needs are being met by current services. Mortimer (2005) observes that despite New Zealand having had a history of providing partially state-funded services for people who have been sexually abused, we do not have a body of research that has evaluated

these services or reported on pioneering or innovative approaches.

**N**ew Zealand research is sparse on the psycho-social service needs of young people aged 13-18, and whether these needs are being met by current services.

Much of the research and writing on sexual abuse comes from the USA and United Kingdom. As Mortimer (2005, p.i) argues, this research may not represent the needs and characteristics of New Zealand's population. While recognising that overseas information about sexual abuse and assault is not without usefulness or value, it is widely recognised that "the lack of a solid body of research originating from Aotearoa/New Zealand clearly limits our ability to provide culturally-sensitive, local solutions to local needs".

The purpose of this review is to get a better understanding of the psycho-social service needs of youth aged 13-18 and good practice models for this same group, in order to inform practice.

There has been little literature on the efficacy of therapeutic models with this age group. Evaluations of therapeutic models tend to be sparse and limited in scope, providing little guidance on strengths or limitations. Although the available literature has been included, the primary aim of this review is to develop an understanding of survivors' needs so that these needs can be better met.

## Method

This review examines published and unpublished primary and secondary research from New Zealand and other English-speaking countries, related to the psycho-social service needs and good-

practice models for adolescent survivors of sexual abuse. A separate literature review covering tai tamariki (youth or young people) and sexual violence was undertaken by Tu Wahine as part of this project.

Publications reviewed included: journals and periodicals, books, reports by major research institutions or governments, conference proceedings, and 'grey literature' documents (such as academic theses and other unpublished reports) relating to young people and sexual abuse.

Searches of subject databases via the Massey University library online catalogue, included PsycINFO, Academic Search premier, ERIC, and JSTOR. In addition, the Google Scholar and Google databases were used to source articles. Articles were also sourced through bibliographies of relevant publications.

In order to capture all relevant studies, the search terms remained broad. The search terms were: 'sexual abuse', 'sexual violence', 'sexual assault', and 'youth', 'adolescent', 'child', 'teen', 'juvenile', and 'young', plus one or more of 'psycho social needs', 'psychosocial needs', 'therapy', 'service', 'evidence', 'best practice', 'culture', and 'Zealand'.

Using the above criteria and search methods, the search yielded 74 hits, only 12 of which were directly relevant. As the evidence relating to the prevention of sexual violence and provision of services is relatively new, where possible articles from 1997 onwards were scanned. Generally, any article more than 15 years old has been reviewed on the basis that it informs later understandings of adolescent sexual abuse. The scope of the search was then extended, using snowball methods, in which articles were sourced through references in reports, unpublished literature and clearing houses.

It has been widely acknowledged that there is very little literature on the service needs of adults. There is even less information on the perspectives of adolescents.

This is important as the developmental issues

of adolescence make the treatment issues distinctly different from those of either adults or younger children (Cole & Putnam, 1992).

The paucity of research in this area has been attributed, at least in part, to ethical concerns with interviewing children and adolescents about sexual abuse. Only recently have researchers begun to interview children and adolescents about sexual abuse and sexual abuse services (Crisma, Bascelli, Paci & Romito, 2004).

As very little research was located on the specific needs and types of services for 13-18 year old survivors of sexual abuse, the search was subsequently augmented with generic literature that has relevance to the psycho-social needs of, and services to, adolescents.

## Adolescence

Adolescence spans the period between childhood and adulthood. It is a period of physical and psychological development, during which critical life-related tasks concerning behavioural self-organisation, the pursuit of relationships outside of the family, and the formation of identity occur, along with a search for independence (Luciana, 2009). Adolescents are not "young adults" or "old children". They are encountering new experiences, freedoms, and opportunities, such as increasing independence from parents, new relationships with friends, and intimate partners (Danielson, Moffit, Caspi & Silva 1998).

Adolescence is also a period of life when there is increased risk-taking behaviour and vulnerability to psychopathology, for example to substance abuse and risky sexual behaviours (Danielson et al., 2006; Luciana, 2009).

The combination of increasing independence, lack of experience, and vulnerability to risk factors, increases the risk of sexual victimisation (Finkelhor, Moore, Hamby, & Straus, 1997; Halpérin, Bouvier, Jaffe, Monoud, Pawalk, Laederach, Wicky & Astie, 1996; Harner, 2003; WHO, 2002).

Sexual abuse tends to be a hidden and witness-free crime, relying largely on the disclosure of abuse to uncover its occurrence.

## Recognition of Abuse

In a UK review of sexual abuse therapeutic services for young people, Allnock and colleagues (2009) found that the recognition of abuse is an important precursor to obtaining support and accessing services. Yet adolescents appear to minimise sexual violence incidents. For example, Fisher, Cullen and Turner (2000) found that amongst US college women who had experienced sexual violence that met the legal definition of rape, fewer than half (45.6%) defined the abuse as rape. Similarly, in a study of 36 Italian adolescents, Crisma and colleagues (2004) found that although some were aware they had been abused, other teens found it difficult to conceptualise their experiences as violence.

*“The adolescents had never received information about sexual abuse from trusted adults or from trained professionals. For some teens who were not sure they had been abused, the ad in the magazine [advertising for research participants] was enlightening. It helped them to define their experience as sexual abuse and persuaded them to seek help for the first time” (Crisma et al., 2004).*

## Disclosure

Sexual abuse tends to be a hidden and witness-free crime, relying largely on the disclosure of abuse to uncover its occurrence.

Disclosure, and the subsequent response to it, is an important factor in the process of stopping the abuse, reducing the impact, and meeting the needs of young people (Allnock et al., 2009). Kogan (2005) found evidence that early disclosure of child abuse to an adult can moderate the impact and reduce the likelihood of further victimisation.

Despite the high prevalence of sexual abuse amongst young people both in New Zealand and internationally, many do not disclose or report assault and abuse (Crisma et al., 2004; Fleming et al., 2007). Only 15 per cent of secondary students (10% of males and 18% of females) who had experienced unwanted sexual contact had told an adult about these experiences. This is consistent with international studies which indicate that a significant number of children and young people delay disclosure of their abuse, or do not disclose the abuse at all (Abbey, Zawacki, Buck, Clinton & McAuslan 2004; Terry & Tallon, 2004).<sup>3</sup>

Disclosure rarely happens immediately after abuse occurs (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Studies of adults reveal that many did not disclose abuse during childhood (Finkelhor et al., 1990; Lamb & Edgar-Smith, 1994), and there is suggestion that some never disclose these experiences at all, even in research designed to estimate prevalence (Jensen, 2005). Some estimate that between 60 per cent and 80 per cent of child sexual abuse victims do not disclose the abuse, suggesting that many children and adolescents endure prolonged victimisation, and may not be getting the therapeutic services they need (Hébert, Tourigny, Cyr, McDuff & Joly, 2009; Paine & Hansen, 2002). International literature suggests delays in disclosure of between three and 18 years are usual (Hébert et al., 2009; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000). The delay between occurrence and disclosure is influenced by a wide range of factors, such as the survivor’s age at the time of the events,

<sup>3</sup> It is likely that even fewer victims of sexual offences report offences to the police. Mayhew and Reilly (2007) found only nine per cent of sexual offences were reported to police.

the relationship between the perpetrator and the abused (Arata, 1998; Smith et al. 2000), the gender of the abused (Paine & Hansen 2002), the severity of the abuse (Arata, 1998), developmental and cognitive variables, and the perceptions of the consequences of disclosure (Terry & Tallon, 2004).

Children and young people may not disclose sexual abuse spontaneously, and may need prompting (Smith et al., 2000). Whilst accidental disclosure is more common in preschool children, purposeful disclosure appears to be more common in adolescents (Sorenson & Snow 1991).

Although developmental maturation facilitates disclosure, and some studies have found higher disclosure rates in adolescence (Everill & Walker, 1995; Kellog & Hoffman 1995), aspects of adolescent maturation may also impede disclosure (Goldberg and Huxley, 1992).

Research suggests that young people are likely to be concerned with the negative consequences of disclosure (Campis, Hebden-Curtis & DeMaso, 1993; Crisma et al., 2004). These include a fear of not being believed, shame, and a deep fear of causing trouble for the family (Crisma et al., 2004; Harner 2003). Moreover, they are even less likely to disclose or report abuse if they used alcohol or other substances prior to the abuse (Abbey et al, 2002).

Gender differences may also impact on disclosure. There is some evidence that girls are more likely than boys to fear that they will not be believed, whereas boys are more likely to fear being stigmatised as gay or as

a victim (Alaggia & Kirshenbaum, 2005). Both international and New Zealand studies also suggest that adolescents may be more likely to first disclose to a friend (Crisma et al., 2004, Jackson, 2002).

A UK study found that disclosure may be inhibited in young people from cultures which hold conservative or private cultural attitudes towards sex and sexuality (Gilligan & Akhtar, 2006).

## Access to services

As Allnock and colleagues (2009) point out, it cannot be assumed that all young people who have been sexually abused will want, or require, support services, as young people are not all affected in the same ways. Nevertheless, many adolescent survivors of abuse experience problems that extend into adulthood, as previously outlined.

Despite the prevalence of sexual abuse that occurs in New Zealand, it appears that many young people are still not accessing the support they need (Fleming et al., 2007). The short- and long-term effects of abuse, along with the prevalence of youth mental health problems, and the long-term consequences when left untreated, are concerning. Accessing appropriate therapeutic services can make a difference to survivors' outcomes.

Studies undertaken suggest that survivors of sexual abuse who have undertaken therapy as adults found it helpful (Palmer, Brown, Rae-Grant & Loughlin, 2003). Feinauer (1989) found that the percentage of participants reporting psychological levels of stress that were severe or extreme fell from 87 per cent to 25 per cent following therapy.

Despite the prevalence of sexual abuse that occurs in New Zealand, it appears that many young people are still not accessing the support they need.

Crisma and colleagues (2004) note that adolescents are more self-sufficient than young children, and that a willingness to acknowledge the need for help and seeking it from trusted adults or professionals could

be expected. Yet it appears that maltreated young people seldom seek help (Gil, 1996).

Manthei (2005) suggests that before turning to counselling, many young people attempt to resolve the problem on their own. These self-help attempts include: seeking help from non-professional sources such as family members and friends; talking to church leaders or health professionals; using inspirational messages or meditation; reading relevant literature; relaxation activities; taking walks; trying to change their way of thinking; taking medication or using alcohol; denying a problem exists; and praying. Counselling might then be sought because their own self-help attempts have not been effective, or a crisis trigger event pushed them to this 'final option'. As Ramage and colleagues assert, this often means accessing a health service at a crisis point (Ramage et al., 2005).

Once a client has decided to seek help, they are then faced with the daunting task of navigating the health system and finding a service.

A number of overseas studies have found that a key barrier to young people accessing services was a lack of knowledge and information. Young people were unaware of the social and health services that existed and how to find them, and they lacked accurate information about services that could guide them in deciding which agency or counsellor to go to (Crisma et al., Allnock et al., 2009).

Although the cognitive development taking place in adolescence could enable them to research, investigate, and self-refer to services, this may be impeded by their limited experience of advocating for their health, safety, and wellbeing (Harner, 2003). Several studies have noted that most young people have minimal previous experience of the health system, and very little knowledge of how it is structured. Moreover, they may not understand that the problems they are experiencing could benefit from treatment

(Harner, 2003). The low use of services by adolescents is not confined to sexual abuse services. New Zealand's young people, in particular tamariki and rangatahi Māori (Māori children and young people), have a higher prevalence of mental health disorders than adults, but are less likely to visit a health care professional (Mental Health Commission, 2011). Again, this appears to be due, at least in part, to a lack of awareness amongst this age group of the services available and confusion over what the services offer.

Research suggests that opinions of friends and family continue to play an important role. The decision-making process for a young person seeking services will more typically involve the ideas and opinions of their friends and family (Tylee, Haller, Graham, Churchill, & Sancu, 2007). However, there is also evidence that

**The decision-making process for a young person seeking services will more typically involve the ideas and opinions of their friends and family.**

they increasingly seek independence from their parents and other adults and turn to their peers for support (Kazdin, 2008). Importantly, adolescence is a time when young people may undervalue adults as they assert a sense of independence and rely more on peer relations (Kazdin, 2008). Nonetheless, the Youth 2000 study found that secondary students who have experienced violence, including sexual violence, sought help from informal sources, such as family members and friends.

For people who have experienced abuse, seeking informal support is often the first step in the realisation and subsequent disclosure that abuse is occurring or has occurred (Postmus, Severson, Berry, & Ah Yoo, 2009). Towns and Adams (2009) insist

that while seeking help is important, it is vital that those who have experienced abuse have ongoing, meaningful contact with people who are concerned for their wellbeing. For these people, to have others name the abuse as abuse is important, as it provides them with some respite, confirms that what they are experiencing is 'not normal', and offers them an alternative viewpoint with which to evaluate their situation (Robinson & Tregidga, 2007). Little is known about the effectiveness of these support networks in helping them resolve their problems (Mariu, Merry, Robinson, & Watson, 2011). International research suggests, however, that blaming the victims and their non-offending caregivers is not uncommon (Ford, Schindler & Medway, 2001).

A lack of awareness of services appears to be compounded by other factors. Some studies have found that young people who have been sexually abused have a deep distrust of professionals and are concerned about the potential loss of control over the decisions that affect them (Campis et al., 1993, Crisma et al., 2004). Fears around the maintenance of confidentiality, in particular disclosing to parents, is a significant barrier to sexual abuse survivors accessing services (Black et al., 2008, Jackson, Cram & Seymour, 2000). The fear associated with parents or guardians even finding out about a visit to a health service can be profound. This is consistent with research that has identified the fear that confidentiality will be breached as a major reason for young people's reluctance to seek help from health services in general (Tylee et al., 2007).

The reluctance to access services may be compounded by cultural and religious contexts, where stigma around sex, sexuality, and abuse is particularly high (Tylee et al., 2007).

Although New Zealand data is unavailable, blaming the victims and their non-offending caregivers is not uncommon amongst professionals, which may result in professionals being unsympathetic and unhelpful (Crisma et al., 2004; Ford et al., 2001).

Other impediments to adolescents accessing health services include costs, lack of convenience or lack of publicity (Tylee et al., 2007), difficulties accessing services that are culturally appropriate to those from ethnic minority backgrounds (Bradby, Varyani & Minnis, 2007), and difficulty in finding services

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**A** comfortable, non-threatening, accessible environment, where students know and trust the staff, has been found to encourage youth participation and attendance.

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in rural areas (Pugh & Meier, 2006).

However, it is not just the aforementioned barriers that limit adolescent access to services. During consultations undertaken by the New Zealand Mental Health Commission (2011), participants were concerned that for those in need, youth mental health services were difficult to access, with primary services unavailable and restrictive assessment criteria limiting access to secondary health services. Australian research suggests that even fewer adolescents transition into adult services, despite serious conditions, as the entry criteria is even more restrictive (Birlleson & Vance, 2008).

Moreover, many of the mental health services require young people to be professionally referred, for example through a visit to a GP. Yet the Adolescent Health Research Group (2001) found that most secondary school students in New Zealand with mental health problems do not seek help from GP services (Mariu et al., 2012).

## Services

There is a need for services that recognise and respond to the specific psycho-social service needs of adolescents. In their review of mainstream support services for sexual violence survivors, McPhillips and colleagues (2009) note that young people engage with therapeutic services differently to adults, often having more short-term interactions, and require service responses that are tailored to adolescent developmental stages. They conclude that there is a gap in services in New Zealand that are designed to meet the needs of young people (McPhillips, et al., 2009).

Although the particular service needs of young people who have been sexually abused have not been specifically addressed in much of the literature, aspects of other services to adolescents may have applicability to sexual abuse services.

There is very little published literature that clearly outlines the effectiveness of any particular model of youth-oriented service delivery. The Society for Adolescent Medicine (1992) recommends that rather than promoting a 'single best model for service delivery', adolescents are best served by having a variety of services available to them in a variety of settings. They propose using criteria to evaluate the effects of care delivery.

Both the US Society of Adolescent Medicine and the NZ Ministry of Health have outlined criteria for evaluating the effectiveness of services for young people. These include:

- Accessibility, including affordability, convenience, visibility, and service promotion;
- Acceptability, including confidentiality and responsiveness to cultural, ethnic, and social diversity;
- Quality of care, including the timing of services, approaches used, treatment options, safety, monitoring, and evaluation;

- Coordination and continuity of care, i.e. ensuring comprehensive services are available on site or by referral (Winnard, Denny & Fleming, 2005).

## Accessibility

There are a variety of settings in which services can be provided, including health centres, hospitals, youth or community centres, outreach, schools, and workplaces (WHO, 2002). Accessibility, including affordability, convenience, visibility, and service promotion, are considered important.

## Convenience

One veteran of school-based services in the USA said that services need to be "where students can trip over them; adolescents do not carry appointment books and school is the only place where they are required to spend time" (Porter, cited in Winnard et al. 2005, p.10).

There is some evidence that services in youth-based settings, such as schools (e.g. health clinics, GPs in schools, and addiction services) and youth one-stop shops, allow youth to access health and mental health services without the added stigma of others knowing their reason for attending a clinic (Ministry of Health, 2010). Importantly, students can make contact with services independently of their families (Marius et al., 2012). A comfortable, non-threatening, accessible environment, where students know and trust the staff, has been found to encourage youth participation and attendance (Obergh, Hogan, Bertrand, & Juve, 2002).

Grefe (2011) found that school psychologists can provide a 'first line of defence' for traumatised teens. She found that school psychologists have an advantage of engaging and retaining students in treatment and can assess whether students may need a higher level of care outside the school setting, depending on their symptoms.

Close relationships between health providers, pastoral-care team members, and teaching

staff, have been found to be particularly important for students who are persistently absent because of sickness or truancy (Winnard et al., 2005). Importantly, however, school-based services cannot serve young people who do not attend school.

Anderson and Lowen (2010) suggest that as transportation is an issue for many young people, services should consider offering youth health care in partnership with a local community centre or school, if the service is not centrally located. They found that young people are more likely to access care from regular, shared, drop-in or youth clinics that required no appointments. They do note that it takes time for such clinics to be widely known, trusted, and busy. Early evening drop-in visits are more accessible for youth both in and out of school.

### Visibility and promotion

There is some evidence that visibility and promotion is achieved by providing youth services and information in youth-based settings (Winnard et al., 2005).

In their 2005 review of services, Chiang & Mclean offer a framework for improving youth health practice using guidelines for promoting and raising awareness about services or programme activities. These include:

- Defining your target group;
- Identifying places your target group frequent;
- Developing and pilot testing promotional material in consultation with your target audience; and
- Developing multiple strategies to publicise services, including peer education, group work, the internet, youth networks, and other services (Chiang & Mclean, 2005).

### Acceptability

#### Engagement

Accessing the service is only part of the

process. Grefe (2011) cites evidence that engaging and committing adolescents to the therapeutic process is both essential and challenging. Her research suggests that motivational interviewing has been shown to reduce therapeutic resistance amongst adolescents and increase attendance, at least during initial sessions (Arkowitz, Westra & Miller, 2008; Carroll, Libby, Sheehan, & Hyland, 2001; Stein, Colby, Barnett, Monti, Golenbeske, & Lebeau-Craven, 2006).

### Confidentiality

The assurance of confidentiality is considered key to improving access for young people, and engaging them. A randomised, controlled trial found young people were more willing to seek health care from, and communicate more openly with, those who were able to assure confidentiality (Ford, 2002).

Winnard and colleagues (2005) found, following a literature review and consultation with Canadian young people, that young people want clear and explicit information about confidentiality. They suggest posting a confidentiality policy in the waiting room and examination rooms, with copies offered to patients. Such policies and handouts should outline any legal obligations which could affect confidentiality. They also note that youth may not feel comfortable sharing their concerns with receptionists. An optional agenda at reception, which allows young people to answer questions (or not), can assist in keeping the purpose of their visit confidential.

### Parental Involvement

There is a tension between the provision of confidential care, and an appreciation of the value of relationships with parents, family, and whānau.

There is evidence that children who have been sexually abused generally have better outcomes if they receive support from their caregivers (van Toledo, 2010). Moreover, studies show that youth receiving cognitive behaviour therapy for post-traumatic

stress disorders only show improvements in behavioural problems if caregivers are involved (Deblinger, Steer & Lippmann, 1999). Most studies, again, however, related to younger children.

There is some evidence that caregiver involvement might be effective for at least younger teens. In their study of 127 children aged 6-14 with aggressive or antisocial behaviour, Kazdin & Whitley (2003) found that children demonstrated fewer behavioural problems and symptoms if the parents were involved. Importantly, the findings were consistent across different age groups.

### Respect

There is evidence that the willingness of young people to seek care may be effected by the way front-office staff treat them. Consultations with young people have found that they wanted to be treated by staff who are friendly, respectful, and non-judgemental (ADHB, 2009; Anderson & Lowen, 2010).

### Cultural Responsiveness

As Allnock (2011) points out, the treatment of sexual abuse touches on a range of sensitive issues that are highly influenced by ethnic and religious beliefs. She suggests that:

*“Cultural differences must be approached with knowledge and sensitivity in a non-judgemental way, avoiding stereotyping or damaging assumptions leading to an inaccurate analysis of a child’s needs” (Allnock et al., 2011).*

Perkins and Noam (2007) assert that young people themselves are best placed to illustrate their own cultural contexts, and activities and programmes should be flexible enough to allow the inclusion of different rules and expectations that are respectful to the different cultures of the young people involved. Moreover, programmes that work within relevant cultural frameworks, deliberately foster cultural competence by providing an inclusive environment and

allowing young people to continually expand their own cultural knowledge (ibid.).

### Māori

The Youth 2007 survey found that one in six rangatahi Māori (Māori young people) had been touched in a sexual way, or made to do things that they didn’t want to. These rates were similar to those of Pākeha/NZ European students (Clark, Robinson, Crengle, Herd, Grant, & Denny, 2008).

In a review considering the links between sexuality, sexual coercion, and young Māori, Moewaka Barnes (2010) showed how societal silence, embarrassment, and condemnation around sexuality, along with conflicting and often negative messages about Māori in relation to sexuality, gender, violence, and ethnicity, mean young people, and rangatahi Māori in particular, are provided with few affirming representations of healthy sexuality and sexual relations. Although she notes that the impact on sexually coercive behaviours is unknown, it may leave young Māori vulnerable. A Māori-specific programme, Tiaki Tinana was established in 2006 in response to sexual offending against children and young people, and seeks to prevent sexual violence within Māori communities within a Kaupapa Māori framework.

The Ministry of Health (2009) has identified significant health disparities that exist among young people, with rangatahi Māori continuing to experience poorer health outcomes than their peers. More than one in five (22.8 %) rangatahi Māori reported that at some time during a 12 month period they had not been able to access healthcare they needed. This was a significantly higher proportion than Pākeha/NZ European students (14%) (Clark et al, 2008). Barriers that rangatahi Māori raised to accessing the care they needed included:

- Not wanting to make a fuss (55%)
- Couldn’t be bothered (43%)
- Too scared (30%)
- Worried it wouldn’t be kept private (29%)

- Cost too much (28%)
- Couldn't get an appointment (26%)
- Had no transport (26%).

However, these 'behaviours' sit within a broader framework. As Moewaka Barnes (2010) points out, along with socio-economic disadvantage, colonisation and racism are increasingly understood as influencing outcomes and providing pathways that produce these disparities. Hamilton-Katene's research (2009) found that the impact of sexual violence negatively affects the mana of both the individual and their whānau.

Wheeler and colleagues state that inaccurate or inappropriate assessments of Māori consumers within western-based service delivery create a barrier by ignoring their cultural needs (Wheeler, Robinson & Robinson, 2005). There is concern in the sexual violence service sector that non-Māori services are referring tamariki and rangatahi Māori on to Māori services too late, and that appropriate cultural protocols are not being met. This means that young people may not be getting timely access to an appropriate service that meets their health needs (Mossman, Jordan, MacGibbon, Kingi & Moore, 2009). Mossman and colleagues (2009) also found that a key barrier to service provision for Māori, young and old, was a lack of access to Kaupapa Māori services, particularly outside the main centres. Hamilton-Katene (2009) too discusses how client choice is limited by the lack of accessibility to kaupapa and tikanga Māori service providers, and points out that the lack of available resources to develop services compounds the issue.

Within tauīwi services, it appears that young Māori also want more choice. McPhillips and colleagues observed that the uptake

of services by school-based rangatahi Māori increased dramatically when a Māori counsellor was brought in to the school (McPhillips, et al., 2009).

Indigenous knowledge models have been used widely in community care provision with the inclusion of traditional clinical western knowledge (Pitama, Robertson, Cram, Gillies, Huria, & Dalias-Katoa, 2007). Working in this way not only reflects a commitment to work with indigenous peoples, but also acknowledges best practice for meeting the needs of indigenous clients (McPhillips, et al., 2009).

Jansen and colleagues (2010) suggest that those working with youth take a holistic approach that focuses on the whole person, rather than addressing narrow aspects of the young person's strengths and skills. Two models, Te Whare Tapa Wha and Te Wheke, are well suited to this approach, particularly when working with Māori youth (Ware, 2009).

The Te Whare Tapa Wha model, as developed by Mason Durie in 1994, covers the four cornerstones of Māori health and wellbeing: te taha tinana (physical health); te taha whānau (whānau or relational health); te taha hinengaro (mental/psychological health) and te taha wairua (spiritual health) (Jansen, et al., 2010). Te Whare Tapa Wha literally means 'the house with four walls' and is often symbolised by a wharenuī (house), where each of the dimensions represent a cornerstone of the wharenuī, in order to illustrate their dependence on one another (Ministry of Health, 2011).

Te Wheke, developed by Rangimarie Rose Pere, presents the octopus (te wheke) as a symbol representing the whānau, hapū or

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**A** key barrier to service provision for Māori, young and old, was a lack of access to Kaupapa Māori services, particularly outside the main centres.

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iwi. The head of the octopus represents the whānau, the eyes as waiora (total wellbeing), and the eight tentacles represent a specific dimension of health. Love (2004) explains that each of the eight tentacles represents:

*“...a dimension of selfhood, and the numerous suckers on each tentacle represent the many aspects within each dimension. The tentacles of the octopus are overlapping and intertwined to symbolise the interconnected and inseparable nature of the dimensions. The dimensions of the octopus, represented by the tentacles as identified by Pere are: wairua [spirit], mana ake [uniqueness], mauri [life force], whānaungatanga [relationships], tīnana [body], hinengaro [mind/mental health], whatumanawa [emotions], and hā ā koro mā ā kuia mā [breath of life from ancestors]. The model proposes that sustenance is required for each tentacle/dimension if the organism is to attain waiora or total wellbeing. Pere defines healthy Māori selfhood in terms of waiora or total wellbeing”*

Ware (2009) suggests that incorporating cultural constructs such as Te Whare Tapa Wha and Te Wheke into policy and practice has been successful in improving outcomes for Māori in education and health. In addition to incorporating cultural constructs relevant to Māori youth into programme structure and design, whānau and the relationship of tamariki and rangatahi Māori to their whānau, appear to be central. Moewaka Barnes (2010, p.89) points out that working with whānau and the wider community, provides an opportunity to have broader impacts. Whānau structures have strengths and resiliency features which are “advantageous for adolescent development” (Cunningham 2011, p.145). In their study on youth development and Māori family culture, Edwards and colleagues (2007) note that Māori whānau are important for support and nurturing and are the “key sites for the intergenerational transfer of knowledge, wealth, and power in Māori society” (p.20).

Hamilton-Katene’s study (2009) found that kaupapa and tikanga Māori services that place the individual within the context of their whānau are considered effective in restoring mana. In a New Zealand study of caregivers of sexually abused children, Van Toledo (2010) found that whānau themselves concurred with this approach, suggesting the inclusion of whānau in the counselling process, along with more time for engagement.

As Hamilton-Katene however points out, funding and resourcing of kaupapa and tikanga Māori services is needed to provide individuals and their whānau with options and pathways towards healing.<sup>4</sup>

### Pasifika Youth

Pasifika come from diverse cultural backgrounds and young people may range from holding traditional values, to those influenced by, or more consistent with, the views of mainstream young people.

Although the prevalence of abuse amongst Pasifika young people is unknown, the Youth 2000 survey found that almost three out of ten Pasifika females (29%) reported having experienced unwanted sexual contact, along with one in six Pasifika males (19%). Three quarters (76%) of female Pasifika students who reported unwanted sexual contact described it as ‘terrible’ or ‘very bad’ (Mila-Schaaf, Robinson, Schaaf, Denny & Watson, 2008).

Half (52%) of the female and one quarter (27%) of male Pasifika students who reported unwanted sexual contact, described the perpetrator as ‘older than them by at least five years’ (Mila-Schaaf et al., 2008).

When asked if they had told anyone what had happened to them, 43 per cent of females and 37 per cent of males reported that they had told someone. Those students who disclosed their experience were more likely

<sup>4</sup> Note that the Tu Wahine scoping paper provides a detailed literature review.

to tell friends (42% of females, 77% of males); other family members (29% of females, 6% of males); parents (18% of females, 9% of males); and teachers and school counsellors (5% of females, 7% of males). Only one female student informed a health professional (Mila-Schaaf et al., 2008).

There has been suggestion that Pasifika young people perceive their needs to be a low priority for health providers (Ministry of Health, 2008). More than half of the Pasifika students in the Youth 2000 survey had problems with accessing healthcare. Pasifika students (55%) were more likely to identify barriers to accessing healthcare compared to NZ European students (46%), (Mila-Schaaf et al., 2008). The most common barriers were:

- Not wanting to make a fuss (28%)
- Could not be bothered (24%)
- Cost (15%)
- Not comfortable with health provider (15%)
- Too scared (15%)
- Worried the consultation would not be kept private (13%)

(Adolescent Health Research Group, 2003b).

Koloto's 2003 study of Pasifika crime victims, including those who had experienced crimes of a sexual nature, found that they preferred to access informal support systems such as family, friends, and church ministers and members. The study asserts that a Pacific victim of crime (including sexual violence) belongs to an extended family/aiga/kainga and the victims' help-seeking behaviours therefore reflect cultural and social practices as well as an awareness of available support services. Those interviewed for the study said that they wanted:

- More information on support services
- Provision of, and access to, formal Pasifika services

**O**utcomes of the reporting/treatment process for Pasifika may include forgiveness, strengthening cultural identity, and strengthening family connections.

- More Pasifika staff in services who could speak their language.

A Mental Health Commission (2011) study found that 55 service providers identified that a lack of knowledge of Pacific languages and cultures limited the effectiveness of services provided to Pacific youth. Further, ACC sexual abuse guidelines (2008) note that sexual violence survivors may find it difficult to talk about sexual matters.

Outcomes of the reporting/treatment process for Pasifika may include forgiveness, strengthening cultural identity, and strengthening family connections. It is also suggested that church, Christianity, the family, and the community, are likely to be important to Pasifika, and that those working with Pasifika should be prepared to meet clients in their own homes (ACC, 2008).

To improve service delivery, there needs to be an understanding that family and culture are a key source of identity for Pasifika youth, to the extent that many Pasifika youth identify prosperity as being intrinsically tied to strong healthy families and relationships, rather than material acquisitions (Ministry of Pacific Island Affairs, 2003). As with rangatahi Māori, family groups are particularly important for Pasifika youth. These family groups are particularly important to the passing on of knowledge, which is articulated in terms of wider family and community (Suaalii and Mavoia 2001, cited in Loveridge, 2010). In their 2006 study of Samoan youth (aged 13-18) and their family relationships in New Zealand, Fa'alau and Jensen found that most youth felt cared for by their families and reported a strong

bond with them, particularly siblings. Whilst the youth felt a close bond with their parents most of the time, they also felt that their parents exerted a great deal of influence and control over their choice of friends, money, leisure time, and schooling. Tunufa'i (2005, cited in Nakhid, 2009) also found that parents' desire to control their children's choices was a source of conflict and tension for many young Samoans growing up in New Zealand.

In 2012 the Ministry of Social Development published the Pacific conceptual framework *Nga Vaka o Kāiga Tapu* to address family violence in New Zealand. The document, which comprises seven constructs of interdependent strengths-based concepts and principles designed to represent seven Pacific cultures<sup>5</sup>, largely pertains to service providers working with adults. There are, however, wellbeing principles that can apply when working with Pacific young people, principally that Pacific people aspire to a state of wellbeing, peace, and harmony, and family and individual wellbeing is strengthened by the shared concepts of reciprocity, respect, genealogy, observance of tapu relationships<sup>6</sup>, language, and belonging.

Several practice imperatives are outlined in the document. Whilst each imperative is specific to each of the seven cultures, there are commonalities among them which may

5 Cook Islands, Fiji, Niue, Samoa, Tokelau, Tonga, Tuvalu

6 The document states: "Relationships of 'respect' between family members are tapu. Tapu is a core element of spiritual beliefs and practices, and echoes the cosmogonic origins of many Pacific communities. Tapu of people can be understood as forbidden to the ordinary and mundane. Tapu is sacredness and implies the presence and protection of God/s and divinities. Such relationships are defined and regulated by cultural protocols and etiquette, which demand the observance of appropriate behaviour, thought and speech between family members. Tapu protects and attends to the boundaries of human relationships within kāiga" (p. v).

be applicable to those working with young Pacific people, namely:

- Practitioners should have an insider's understanding of the particular culture of the person (or people) they are working with and should be able to negotiate the relationships between mainstream institutions and the cultural values and beliefs of the person with whom they are working.
- An effective practitioner should be fluent in both English and the language of the culture of their client (MSD, 2012).

### Asian Youth

Variables such as ethnicity, languages, socio-economic status, and time of residency in New Zealand mean that Asian New Zealand youth are a diverse group.<sup>7</sup> Many do not have a sole identity and many identify as having a non-Asian ethnicity. Researchers believe that it is necessary to understand the diversity of this population in order to understand the needs of this group (Rasanathan et al., 2006).

Again, although the incidence of abuse amongst this population group is unknown, a New Zealand study found that 28 per cent of female students and 22 per cent of male students reported that they had been a victim of a coercive sexual situation at least once. The research team indicated that resources for young people need to be made available for survivors of coercive sexual contact, especially as this is often a 'taboo' topic for many students who come from traditional cultures (Rasanathan et al., 2006).

The Youth 2000 survey found that Asian students in New Zealand mainly access healthcare through the family doctor. It is

7 This section draws heavily on the Youth 2000 report (Rasanathan et al., 2006). In the report, the authors follow the Statistics New Zealand definition of "Asian" as peoples with origins from all of Asia up to Afghanistan. The definition therefore excludes people from the Middle East, Central Asia and Asian Russia.

Researchers note that there is a need to improve access to healthcare for Chinese young people in New Zealand, and suggest the use of new technologies such as mobile phones and the internet to reduce barriers for this group,

noted, however, that those who have been in New Zealand for less than five years were less likely to visit a family doctor for healthcare than those who had been in New Zealand for more than five years (58% as compared with 81%) and New Zealand-born students (78%). Only a few students accessed cultural, traditional, or alternative treatment regularly (Rasanathan et al., 2006).

Researchers note that there is a need to improve access to healthcare for Chinese young people in New Zealand, and suggest the use of technologies such as mobile phones and the internet to reduce barriers for this group, as the technologies are widely used and available to this population (Rasanathan et al., 2006). Moreover, they note the importance of traditional family cultures, structures, and practices in supporting students.

Although New Zealand research is unavailable, research from the United Kingdom has found that if the proportion of children and non-abusing carers from Asian communities accessing relevant services is to increase, professionals need to develop better understandings of cultural imperatives which determine behaviour in those communities. They cite the example of cultural imperatives arising from many South Asian cultures such as *izzat* (honour/respect), *haya* (modesty), and *sharam* (shame/embarrassment), which have a considerable influence on how many will behave (Gilligan & Ahktar, 2005). In their 2009 study of South Asian women survivors of child sexual abuse, Singh and colleagues found that their resilience strategies were strongly associated with their cultural and community context, hence they sought social support from family and friends in

their community, made positive contribution to their community, and used silence and intentional self-care as ways of healing the mind, body, and spirit (Singh, Hays, Chung & Watson, 2010).

### Refugees and New Migrants

Although not specific to sexual abuse, it is noted that there are several issues that emerge consistently in the literature in relation to refugees and new migrants seeking support, some of which may pertain to young people. These include, isolation, separation from their families of origin and wider social supports, fear of being ostracised by their community, a lack of familiarity with the host culture and language, and fear of mainstream services. In some cultures, the dominant position of men may also affect access to support (Levine and Benkert, 2011).

Levine and Benkert (2011) point out that it is important to be sensitive and open to learning from communities about their culture and to link with organisations that can provide cultural expertise, as what works for one community may not work for another.

## Findings

### Mainstream groups

#### Background and Method

Ten school-based groups of between six and twelve young people aged 13-18 years were held. Of these, six were at an Auckland girls' school during a lunch hour and part of a learning block, and four were mixed school groups from co-ed schools held after school.

Participants were invited through teachers, counsellors, and nurses who were asked to ensure a range of ages (13-18 years) and ethnicities. The groups were gender-based.

In addition there was a group of eight young people aged 18-20 years who had suffered 'unwanted sexual touching', but had not sought help, support or services. This group was included after a young person who had been in that position approached the researchers. She also knew of others in a similar situation and all were very keen to share their stories in the hope that something good would come from their experiences.

A further 40 young people were offered the chance to participate through gay, lesbian, bi-sexual, transgender and intersex (GLBTI) sources.

Most of the young people said that they valued having input in to such an important topic, and many asked if they could take part in such focus groups in the future.

*"That was great. I felt as if I had something I could offer."*

*"This is the first time we have been asked questions like this – and I felt like I was able to help."*

*"Imagine if they take notice of this how good it would be."*

*"I would like to take part in more groups like this."*

### Sexual Violence

Many of the stakeholders talked about the silence that surrounds sexual abuse and assault, and the implications that this has on young people recognising non-consensual situations or unwanted sexual experiences as assault.

As the stakeholders anticipated, and despite evidence to the contrary, most of the young people did not think sexual abuse or assaults were particularly common amongst 13 -18 year olds in New Zealand. Some felt it only happened to people in population groups other than their own, or to young people who had behaved in some way that had left them at risk from abuse.

Consequently, focus group participants felt that someone who had been abused or assaulted would probably feel very alone, and with so little experience to draw upon, have little idea of where to turn or what to do. When asked, few of the young people themselves felt they knew where someone in that situation would turn to or go or what they could possibly do.

Most indicated that they had not discussed this with others before, and it had not been discussed in their families, except in broader references to safety such as 'not being out late at night', 'not walking home alone in the dark', or 'being careful'. Some felt that as they were neither aware of the extent of sexual violence, or where to turn if this happened, that it would be useful to make it more visible.

*"I think we need to know more about it. Nobody really talks about this stuff. If it happened to you – you would think you were the only one. A girl would want to know she was not the only one."*

## Disclosure

In general, the young people did not think that someone in that situation would necessarily disclose to anyone. They felt s/he would feel deeply ashamed, embarrassed, and in fear of being judged.

Some felt that they might pretend it hadn't happened.

*"I think most people would just try and make it go away"*

The group of young people who had not disclosed abuse to an adult, or accessed services, indicated that they thought most young people would try and minimise the abuse.

*"I think most young people would feel foolish, they would blame themselves. But they would see it as a part of life."*

Most of the young people said that they

thought someone who had been abused would be afraid of the response if they disclosed. Their key concerns were that they would not be believed, they would be deeply ashamed or embarrassed, and that they would be blamed for the abuse or assault at a time when they were blaming themselves. They were concerned that they would be told that they deserved it for 'being so stupid' or doing something that contributed to 'it'. They felt it would make someone stand out 'for all the wrong reasons' and that they would be judged. Some felt that it would damage their reputation.

They would also be fearful that they could be mocked by their friends.

The young men were most likely to feel that a male victim of sexual violence would be ignored or mocked, even by close friends.

*"In reality, most of my friends would pretend it didn't happen."*

Lastly, the young people questioned what could be done in that situation. They believed that most assaults or abuse had 'contributing factors' and unless it was a violent stranger rape or similar, that the young person would have to weigh the risks of disclosure against any outcome, and those risks were not balanced in their favour.

*"If she got the blame, and everyone found out – it's like what's the point?"*

Many felt that a victim of abuse would be most likely to disclose the abuse to a friend. Firstly, they felt that a friend was more likely

In the Youth '12 study of secondary students in New Zealand, 20 per cent of female students and 7 per cent of male students reported being touched in a sexual way or made to do sexual things that they didn't want to do. When asked how bad the most recent experience was, one third (37%) felt it was 'pretty bad', 'really bad' or 'terrible'. Of those who reported an unwanted sexual experience, 57 per cent had not told anyone about it.

to believe that the abuse or assault had happened and be empathetic towards their situation.

*"They might think you'd been stupid but at least they would believe you."*

Secondly, they felt that friends would understand them better, and would be less likely to blame them for the abuse. Thirdly, they felt that their friends would be more likely than adults such as teachers or school nurses to understand them and their circumstance, and shape support to their situation. Lastly, they felt that a friend could help someone to 'check out their reality', both to help make sense of what happened and to see if it needed to be brought to the attention of those in the adult world.

Nonetheless, they felt someone who had disclosed would have to choose the friend they disclosed to carefully, as there was a risk that the friend might breach confidentiality. They were not sure what a friend might do to help in that situation, other than be a good ear. Some felt that they may take the person to a school nurse, counsellor, or trusted adult, or have some ideas where to find out what to do.

Many of the stakeholders felt that support from non-abusing family and whānau, if done well, is central in the healing process and restoration of a young person's mana. It was suggested that young people, particularly a younger girl, might tell a mother or aunt. Whilst some young people felt that those with a close, open, and loving relationship with their mother 'would definitely tell their mum', others saw it as a very difficult, potentially fraught conversation to initiate. Conversations about sex were 'embarrassing', and conversations about sexual violence were seen as even harder to talk about, particularly in light of how a parent might respond to such news.

Moreover, some felt that a parent might not believe them, or could well hold them

responsible for what happened. They felt it likely that to experience sexual violence they would have done something wrong, and a parent's reaction would be to blame them and hold them to account for this wrong doing. They felt that this would be particularly difficult for someone when they were probably already blaming themselves.

There was also concern that it would be deeply upsetting news for a parent to find out, and that they would very much want to shelter their parents from this.

Some young women felt that disclosure to family would have deep and long lasting implications, as chastity was highly regarded and a family's honour and reputation would be affected. They felt that disclosure would bring with it risks that could potentially extend beyond the victims and their families into their communities, and affect their future life choices, such as their ability to marry well, have children, and form their own family.

Several expressed hope that a parent or adult would notice that things were not right, and initiate such conversations themselves. Whilst this was seen as possible, it was also seen as unlikely.

There were some in the groups who said that a young person might disclose to a teacher, school nurse, school counsellor, or another trusted adult. Some felt that school counsellors in particular, would be a good place to turn, as they would know how to help. Others, however, were highly suspicious of school staff, including counsellors, and believed that disclosure would result in staff telling others, which could potentially make matters worse for the young person.

Several said that a young person might disclose to a helpline such as Youthline, as they would know what to do and they could do this quietly, confidentially, and anonymously.

There was concern, particularly from those

who had experienced sexual violence that disclosure would result in them losing control of the process. Their key concern was that they wanted to let the person who had 'hurt them' know how they felt and what they had done. With peer to peer sexual violence, they appeared to be more likely to favour a restorative justice process over a court process.

## Information

Many of the young people thought that whilst some young people might 'just want the whole thing to go away', others might look for information that could help them or make them feel less alone and feel better. It might also help them to make sense of what happened.

Some felt that a young victim might look for information at Youthline, at the library, or via school nurses and counsellors. Most said that they would try and find information on-line, either through Google or Facebook.

The advantage to searching online was that it was anonymous and could be done confidentially, however it was pointed out that some young people had limited online access, either at school or at home, and many had their phone and computers monitored. It was felt that this would increase the risk of being found out.

The search terms they said that someone would be most likely to use were:

- Sexual assault
- Sexual abuse
- Rape
- Forced sex
- Abuse
- Sexual abuse support groups
- Sexual abuse advice
- Assault
- Abuse counselling
- Incest
- Sexual harassment

- Attacked
- Violence

Using these terms they felt that they would expect to find:

- Counsellors
- Blogs about how to deal with the situation
- Help services
- Phone numbers
- Youthline or other helpful organisations
- Discussion boards
- Personal accounts of what had happened.

They also felt that they would be likely to encounter 'dodgy information' about sex and pornography. Many expected the information to be inadequate and unhelpful.

Young men and GLBTI young people were particularly pessimistic about finding helpful information.

What they hoped to find, but felt would be missing, were stories from young survivors. At the top of their information needs were resources that would reduce their feeling of isolation and show them a pathway towards recovery. They felt that this information would work best if it was designed by young people, for young people.

They also felt that they wanted access to immediate support whilst they were on the internet from the sites they found. They believed that emotional support and actual help would be missing from any information searches, yet they felt that if someone had 'got up the courage' to search, then it would be very helpful to have someone to talk to there and then, anonymously and confidentially. They saw this happening either through questions or live messaging.

They said that any sites would need to have a youth focus, to make it apparent that the information was relevant to them, and that any mentors or counsellors involved would

have an understanding of their situation.

Moreover, they felt that the information would be best placed on sites they already visit, such as Facebook, Tumblr, Twitter, YouTube and Ask.fm.

This was particularly important for those who felt that their phones and internet usage was likely to be monitored.

### Awareness of Services

Overall there was a low awareness of services that could potentially help young people, despite counselling and sexual abuse services being in some of the schools the young people attended.

Some felt that a school counsellor might be able to help, and others mentioned Youthline or Kidsline. Several thought a teacher or GP may be able to provide support and put them in touch with an organisation that could help young people, but were unaware of what that organisation might be.

They felt that a lot more could be done to raise awareness of specialist services, by placing information on websites young people visit, through posters in supermarkets and at youth centres, and with organisations doing skits at assembly or through class-based presentations.

*"We have young people come around and do skits at assembly about bullying. It would be great to have someone come around and do a skit about this. I think that it would really help raise awareness of this issue and where you could go for help."*

They also felt that peer counsellors could discuss this issue to help raise awareness.

### Services

There was considerable debate about what an effective support service for young people might look like. For some it was a mentoring service with young people sharing their stories and providing support, for others

it was a counselling service run by trained counsellors specialising in sexual abuse. Still others felt that victims would rather get support from their friends, but for this to happen they acknowledged that there would need to be support services and information to up-skill their friends.

Some felt that an activity-based approach would work well, where young people were able to do fun things with other people who would understand what they were going through, but who did not necessarily feel the need to talk about it.

Almost all agreed that any service would have to have a good understanding of young people and their familial and cultural dynamics to be effective, and that a choice of services would be very important, as one size would be unlikely to fit all.

It was felt that any service would need to have an option of supporting friends and family in the young people's lives. Not only did they believe that friends and family would find it difficult to cope with a young person's disclosure, they felt without support themselves, friends and family would struggle to provide effective support to the young person. This was an area that young people felt could make the most difference to a victim of sexual violence.

The young people felt that to turn from a victim to a survivor, some young people would want to turn a 'negative' into 'something more positive', for example by helping to support other young people going through something similar. They felt that this would be an important option if developing a service.

They also felt that any service should allow someone to take whoever they chose with them, and it was important to make any support people feel welcome.

There was much discussion about the threshold for services. Some of the young

people felt that unless someone had experienced a particularly violent assault, and they were completely unable to cope, that they would be unlikely to access crisis services as the bar would be set too high.

*“When is a crisis a crisis? At what point do we ring an ambulance? At what point do we call a crisis line? It would have to be an emergency. I wouldn’t be sure at what point we would be allowed to call.”*

They felt that there needed to be a lower threshold for accessing services, such as a help or support line.

### Confidentiality

Confidentiality was an area that received the most debate. For young people maintaining confidentiality was probably the most important issue to them, even when they felt that a young person might be unsafe.

Although some young people felt that a person’s safety was important, some pointed out that confidentiality was such a significant barrier to disclosure, that if this was not respected, more young people would be left unsafe as they would choose not to disclose and not get any help at all.

The focus group participants felt that most young people would have a better understanding of their situation and safety issues than staff working in support services, in particular the risks that they faced should their confidentiality be breached. These included the risk of being blamed, having to deal with parental and familial distress on top of their own, and the wider implications of disclosure at a time during which the young person was at their most vulnerable. They felt that it would not be the counsellor that would be left in the ‘frontline’ to deal with any fallout and aftermath.

Whilst all agreed that a young person in this situation should be kept safe, the disagreement centred on whether it was safer for that young person to tell family or not.

All agreed that if the situation was genuinely life-threatening that someone who could help should be immediately told, however they believed that until that point, the young person’s confidentiality should be maintained.

### Staff

The young people saw staff as critical to the effective provision of services. Whilst some wanted to see mentors, most want to see specialist staff that had an understanding of sexual violence, an understanding of young people, and critically, an understanding of their familial and cultural background.

Overall, the qualities they identified as being important in staff were to be:

- Trustworthy
- Patient
- Young (although some felt middle aged was okay if they had a strong youth focus)
- Caring
- Understanding
- Non-judgemental

Ideally they would like staff:

- Not to be pushy
- To have been through abuse or experienced it themselves
- To be trained
- To know what they are talking about
- To allow the young person to say as little or as much as they wish
- Not to blame the young person
- To follow the wishes of the young person

Most young people said that they would prefer staff who were the same sex as themselves, and from a similar cultural background. Some did not want them to be from the same culture as they felt that their communities were very small, and there was a risk that they would know them, or that the staff member would know their families. However, it was felt that someone not only from the same culture, but from the same age

group would be more likely to understand the different cultural worlds they straddle, i.e. their parents' and their own.

Although some young people believed that school nurses and counsellors were trustworthy and could assist a young person, many of the young people were unsure if they would be able to help in a situation such as this. Many of the young people were deeply distrustful of school nurses and counsellors as they had heard or believed that such staff had breached confidentiality in other situations. They felt that this was such a serious issue that school nurses and counsellors would tell other staff members, and tell parents or families, regardless of what the young person wanted. They felt that this would not only breach a young person's confidentiality, but once it got out it would stop other disclosures.

Above all, the dominant message about service staff was that the young people would want to engage with other young people who had experienced sexual violence to hear how they had got through it. An organisation that involved mentors, rather than just staff, would be ideal.

## Settings

It was almost universally agreed that any support service would need to be in a place where young people are. They felt that this could be online, or in a physical location.

Many of the young people have very limited flexibility in their schedules and their parents know where they are at all times, making a physical location challenging. Moreover, many only access traditional service providers, such as GP clinics, with their families.

Most felt that a school-based clinic would work well; the young person could say they were visiting a school nurse with a minor medical matter, it would solve transport issues, it would be free, and they would not have to account to their parents for their whereabouts. Moreover, they would know it was there.

For those not at school, some felt that a one-stop shop, such as a youth centre where youth groups were held, could work well. GLBTI young people felt that they would like to see a clinic at Rainbow Youth.

Some felt that a drop-in approach would work best, as they felt a young person would need support when they needed support. Not only did they find it difficult to remember appointments, but they felt that there would be times when someone would want to talk about it and times they would not – and these would not necessarily fit appointments or schedules. They felt that those affected by abuse would not necessarily want to go to appointments; it would work best to provide services when they needed to go. These might not be regular. They were realistic that this would be aspirational and unlikely to eventuate if services were to be school based. However, they did feel that it could work if the services were 'virtual' and used online messaging.

The ideal 'look' for a clinic was a light, colourful, 'happy', professional, but warm place. They did not want it to be white or filled with pamphlets as this would look too clinical. Ideally, they would like it to look casual, with people wearing casual clothes.

They felt it would need to look inviting to different groups. The GLBTI young people felt that if the service was not based at Rainbow Youth, they would like to see something that made it look 'visibly queer', such as a rainbow flag on the wall.

Most young people said that if the service was based at a one-stop shop or similar, they would find it helpful to have photos and a description of warm and friendly-looking staff around the walls. Similarly, they felt that any websites should have descriptions and photos of staff, and a little about themselves and their background.

## Channels

The young people were open to services

being delivered through a range of channels. The felt face to face, phone, online messaging, and texting were all channels that would work well.

Some were particularly keen on messaging as they felt that they could discuss this issue anonymously and confidentially in real time with someone. It would be like a 'drop-in centre' where people could go when they needed help or wanted to talk to someone, rather than be confined by appointment times.

Although some population groups would not be able to use this method as they did not have access to unmonitored computers or computer time, others felt that the online environment would allow young people enormous flexibility and an environment in which they could talk to others who had been through it, chat safely, Skype counsellors, and access online tools, resources, and support. They also felt that it would offer parents and families a place where they could go to learn how to support young people.

The key message was that one size does not fit all.

### **Counselling style**

The young people were keen on mentoring, one-on-one counselling and group counselling. They felt that although group counselling might mean that it was not anonymous, it would work well for some people by reducing feelings of isolation.

### **Reporting**

The young people were almost universally opposed to reporting or breaches of confidentiality unless there was a substantial risk that they might harm others or themselves.

### **Changes**

The young people felt that this was an issue that is currently not talked about to peers, at school, within their families, or within

the community. Most reiterated that there needs to be a better understanding of sexual violence, in particular that sexual violence is not just about violent assaults from strangers. They thought that young people would be more likely to disclose acts of sexual violence and get the help they need and deserve if they were believed and not blamed or held to account for the abuse. They felt that support for their friends, and families, in particular their mothers, would help their friends and families to understand how to support them. They also believed that providing support for friends and family would help friends and family to deal with their feeling and reactions about what had happened, rather than the young people having to shoulder the responsibility for their family's feelings at a time they may be struggling to cope with their own.

Most importantly, they felt that there needs to be a variety of services and opportunities for young people in this situation to get the support they need, reduce feelings of isolation, and reduce the shame, embarrassment, stigma, and self blame they might be feeling, and where possible turn this towards helping others in similar situations.

## **Māori**

There was general agreement amongst stakeholders that sexual abuse is not endemic in the Māori community. Stakeholders saw sexual abuse in the context of a breakdown of traditional whānau lifestyles, supports, and sanctions. They generally supported approaches where "Māori whānau are encouraged to take on traditional values and attitudes, albeit adapted to modern lifestyle, and to do so within the framework of traditional Māori values" (Tutara, 2012). Although sexual violence towards adolescents does not always occur in a family or whānau setting, whānau support is seen as central to restoring the mana and wellbeing of young Māori and their whānau.

Currently there are several service pathways for Māori young people who have been sexually assaulted or abused. These include mainstream services, which may or may not have tangata whenua staff; bicultural services; and Kaupapa Māori services, whereby the philosophy and practice are embedded in tikanga Māori.

## Background & Method

This part of the report is based on three hui with stakeholders, and four focus groups of 31 young Māori women and men aged 13 - 20 years old, along with feedback from young Māori at school-based hui. Participants in the stakeholder hui were invited through Tu Wahine. Young people in the school-based hui, youth leadership groups, and focus groups, were sourced through teachers and student networks. It has been augmented with comments from taitamariki who have experienced sexual violence and chose to share their experiences.

## Sexual Violence

Like other young people, taitamariki were unsure how common sexual abuse and assaults were, as it was not a conversation topic discussed particularly openly, either with friends or whānau, except in relation to 'being careful'.

Interviewees believed that offering a Māori service provider option to taitamariki and their whānau is a practical expression of the Treaty of Waitangi. They say that child sexual abuse should be seen in the context of a breakdown of traditional lifestyles, supports, and sanctions. Hence Māori providers who are familiar with Māori culture,

language, and tikanga are seen to be skilled at communicating with taitamariki and able to form meaningful connections with individuals and their whānau, thus providing a broader base of support.

Taitamariki too want a choice of services. Many young people commented that they would be comfortable to access mainstream services if Māori staff were visible and accessible within that environment. They felt that Māori clinical and cultural knowledge was important for establishing relationships and showing empathy towards taitamariki. The cultural dimensions that they felt would make a mainstream service comfortable and welcoming were the people, the atmosphere, and the knowledge that the staff brought to the service.

## Confidentiality

Confidentiality was a key issue raised by taitamariki. Although some stakeholders believed that a whānau-centred approach is important to taitamariki wellbeing, many young people said that they would be reluctant to disclose abuse due to feelings of whakama or shame and self-blame. The taitamariki who had experienced sexual violence, however, felt that whānau could have provided a valuable source of comfort and support, even when they personally had not disclosed and received this source of support.

For Māori young people this will need to be negotiated carefully, as a barrier to accessing services is the perception that confidentiality will be breached.

In a Kaupapa Māori service, the integration

**T**he Youth '07 report found that 17 per cent or one in six taitamariki reported that they had been touched in a sexual way or been made to do sexual things that they didn't want to do. The reporting rate of sexual abuse or coercion (10.1%) was equivalent to the reporting rates of Pakeha/NZ European.

of whānau as a support base to the recovery process is critical, while also ensuring the taitamariki's well-being is nurtured in their home environment. The practice uses tikanga Māori to facilitate the disclosure process and provides a safety framework for the taitamariki and whānau to work within. Providers believe the cultural context and strong support base then works to eradicate feelings of shame and blame. Whānau inclusion is highly recommended in Māori kaupapa services but is not forced on taitamariki. Confidentiality is therefore still fundamental.

### Staff

Stakeholders believe that it is essential that staff who work with young people and their whānau are able to relate and work within a cultural framework with Māori cultural values.

Young Māori had an unequivocal preference for Māori counsellors and health workers that would 'understand them'. They felt that whether they accessed mainstream or kaupapa and tikanga Māori services, Māori staff would be more likely to relate to taitamariki, understand values and world, and provide culturally-appropriate, holistic support in their journey towards wellbeing.

Their perceptions of existing service providers were that of an older Pakeha counsellor, who, although kind, would be out of touch with young people and unable to relate, would not have experience of sexual violence, and nor be culturally confident. They felt that such a counsellor would be well qualified, but too serious and formal to relate well to young Māori. The taitamariki said their perceptions stemmed from their exposure to school counsellors and health practitioners who were mainly mature Pakeha woman. The youth believed the type of counsellor most effective in supporting taitamariki is one who can create high levels of trust quickly because they are youthful, warm and caring, informal, culturally confident, and relevant.

The qualities that they most looked for in a counsellor were:

- The ability to engage and understand them culturally, wherever they were at
- The ability to make young Māori feel welcome
- Personal experience of abuse
- A strong sense of empathy
- Someone who genuinely cares and shows that they care
- The ability to develop a trusting relationship.

### Settings

It was not so much the location of the service that young Māori considered to be important, but the 'feel' or 'atmosphere' of the setting. They want to feel welcome. They want the environment to reflect a more homely space rather than a clinical office. They believed the staff greeting or welcome and entrance/reception area are important for reducing fear and uncertainty.

The young people felt that services could be delivered in a range of settings but it was important to base these in their daily world so the services are easily accessed. For example, some taitamariki said a school-based setting might work if the process for accessing the service guaranteed confidentiality. Not all taitamariki thought schools could protect their confidentiality, as existing systems in place for visiting guidance counsellors were not well thought out and in many instances young people had been exposed because of colour-coded permission cards, counsellors sharing information with teachers, and teachers contacting parents. Some taitamariki thought a community-based service close to public-transport would be suitable. However, wherever a service was located, it would need to feel warm, welcoming, home like and relaxed, familiar, and to provide kai (food).

There was support for a 'One-Stop Shop' or whānau house, which might incorporate wellbeing activities, such as a youth centre and youth-focused facilities, in addition to counselling services. Hence the focus would

be less on sexual violence than wellbeing. They felt that this whare, in addition to wellbeing activities, could provide other counselling and support services such as health checks. Such a house would help to preserve anonymity.

Although they felt that Māori values would need to be at the centre of a Māori service, they felt that it would need to have the ability to support Māori young people 'wherever they were at'.

Tu Wahine believes to truly support the healing process services need to be highly accessible and agile in their delivery, and able to provide support in the community, home, and on the marae. This approach would require partnerships and collaborations across a broad range of stakeholder groups, and the messages, methodology, and management to be maintained at a consistently high level so as to increase the likelihood of effective outcomes.

## Channels

Māori young people were interested in receiving services in a range of different ways, and channels, including warm, relational, face-to-face counselling.

Young Māori felt that web-based technology would be an important channel for finding out information about services, although very few taitamariki knew what they would write in the search bar. In addition, some taitamariki recommended virtual tours of the facilities and on-line profiles of counsellors, which would encourage them to be more confident in accessing the service. Taitamariki believed using the web as a navigational tool for finding out information gave them privacy and confidentiality.

Taitamariki do not see the healing process as a series of set counselling appointments. They believe a support service is a mix of interactions using different mediums to engage. Most youth saw web-based technology offering further opportunities

for young people to maintain connection with their counsellor through informal catch-ups, on-line counselling sessions, and access to important information and other young people's stories. Young people want the service to be flexible so they do not feel pressured to communicate only at set times in one set way. Young people felt that there had been a marked increase in the number of Māori young people who had mobile phones and smart phones.

For young Māori in particular, having a profile of counsellors on line was considered very important.

## Counselling style

The young people felt that it would take time to develop a trusted relationship with a counsellor, and therefore they might not disclose fully until they become comfortable with the person. Taitamariki believed first impressions were important determinants for how they would connect with their counsellor, including the welcoming experience. Youth felt a good counselling style would include appropriate humour, references or storytelling relevant to culture, and warm, friendly communication to help build trust quickly. A personable, friendly, and caring approach would help young people to feel safe to share, but some taitamariki also said their counsellor had to show they had the knowledge and experience in supporting young people, which would give youth confidence.

Tu Wahine uses and advocated for the use of a Māori framework to support the healing process encompassed by Te Ao Māori. This creates a connection to cultural identity and a sense of belonging. This practice, therefore, produces a unique style of counselling. The provider believes incorporating a young survivor's cultural connection to the healing process allows them to tap into a broader range of internal resources.

## Prevention

Kaupapa Māori services believe prevention is a key focus for Māori. There was a strong feeling amongst participants that a dual-focus of support service and prevention for reducing sexual violence was important, both within Māori communities and more broadly. Stakeholders believed they were in a better position to engage the subject with the broader Māori community because of their connectivity with extended whānau through the healing process. Their access to Māori communities through iwi is more likely to generate on-going prevention discussion. Taitamariki suggested prevention could be done by working with young people to raise awareness, in particular, young men, in schools, while also raising the issue with Māori whānau, through iwi, marae, and wellbeing services. It was suggested youth sexual abuse prevention programmes could be developed in conjunction with youth so the channels, style, and the type of content was relevant to youth, and facilitated by appropriate role models.

## Pasifika

### Background and method

More than 40 Pasifika young people aged 13-20 years participated in two female fono, one male fono, one school-based fono, and a youth group, along with two Pasifika youth facilitators. These included ten Tongan, ten Samoan, three Fijian, three Cook Island Māori, two Niuean, and two 'Pacific' young women, and five Samoan, four Tongan and one Fijian young men. Several young people did not disclose their ethnicity but joined the Pasifika focus groups. In addition, three young Fijian Indian women identified as Pasifika rather than Indian, choosing this stream.

The young people talked about the importance of family in their culture, and although some said that they saw the world differently than their parents, they shared

many of the more traditional values about tapu relationships, honour, and respect. The young people felt that though there were differences between Pasifika cultures and where they and their families were born and raised, there were also similarities.

The Samoan and Tongan young men who were Island-born or first generation New Zealanders spoke of the concept of feagaiga – the sacred relationship that exists between brothers and sisters – and how brothers both felt and were held responsible for the wellbeing of their sisters.

*"An offence against her is an offence against me as her brother, and it is an offence against my family."*

This was evidenced in both the protective role they took in caring for their sisters, and the steps that they would take if they found out she had been assaulted.

*"If I saw my sister out at a party late, I would drag her back home. If something happened to her and I knew she was there, I would be the one that was responsible."*

### Sexual Violence

Sexual violence was seen as tapu and both the young women and men agreed a Pasifika victim of sexual violence, no matter where they were from or born, would feel profoundly violated. The violation would also be seen by some as a violation of her family.

Most felt sexual assaults and abuse were not common in their communities, however, several young people pointed out that Pasifika families often have extended family and people to stay, which could put them potentially at risk. They were aware of assaults that had happened in this way but felt they were no more at risk than anyone else. The young men said that they had never heard of a male-to-male assault in their community.

## Disclosure

There was a widespread belief in the focus groups that someone who had been abused or assaulted in their community would struggle to disclose such an assault, particularly if the perpetrator was known to the family, well liked, or of higher status.

Most of the young women and men felt that if a survivor were to tell anyone, she would be most likely to tell a sister or a close female cousin what had happened. They also felt that she might tell a close friend. They felt those of the same generation would understand them better, in particular what it is like to traverse two cultures.

*"I think some of our parents and elders would... not blame us exactly – but they would think if we had stuck to our old ways and done the right thing – like not gone out in the first place – it wouldn't have happened. I think our sisters and our friends would understand us more – that it is different for us."*

There was considerable debate as to whether a young woman who disclosed would be believed. They felt that a sister, cousin, or friend might question her, but would believe her. There was concern, however, that an older sister or cousin might tell her parents against her wishes.

They were not sure whether other family members would believe her or not.

A few said a 'girl' who had been assaulted might tell her mother if they were close, but also felt that knowing that her mother might be held responsible would be a further barrier to disclosure.

*"We are of quite high standing in our (the Tongan) community. My mother would be asked – 'who are you – are you from the bush – letting that happen to your daughter?'"*

Some young women said that despite the

brother-sister relationship, a survivor would be very unlikely to disclose such a private sexual matter to a male family member. In addition to believing that she could be potentially blamed and punished for an assault against her, they were concerned that her brothers and fathers would 'pay a visit to the guy who did it'. Although some of the young women felt that he would probably deserve it, most felt that someone who had been sexually assaulted would not really want this to happen. They felt that she would already be feeling that it was partly her fault, and then she would feel to blame for any further violence undertaken on her behalf. Some of the young men said that retaliating against the offender would indeed be what they would do.

One group, which included New Zealand-born Pasifika young people, felt that they might talk to the parent of a friend whom they had a trusting relationship with and knew would believe and support them.

They felt it would be useful to have young people, like peer support counsellors, who would know what to do in a situation like this. They also felt it might be useful to have plays or skits travel around schools modelling supportive and helpful reactions to disclosure.

## Information

The young Pasifika women said that they would probably look for information about sexual assault and abuse on the internet. It is noted, however, that the young people who had sought services had not done so themselves, but had relied on their friends finding information for them, a teacher noting their distress, or a friend taking them to a counselling service.

## Awareness of services

The young women thought that there was probably low awareness of support services amongst Pasifika young people. They felt that schools could help let young people know

about services, through skits at assembly or through class-based presentations. They also felt that peer counsellors could discuss this issue to help raise awareness.

## Services

There was much discussion about what services could look like, with the young women wondering whether a counselling service would be the best option for young Pasifika men and women. There was general agreement that there needed to be a choice as different things would work for different people, but in general they preferred the idea of mentoring to counselling.

Most felt that they would rather receive good quality support from their friends and family, in particular older sisters and cousins, but acknowledged that their friends and family would need support to do this well. They also wanted survivors to mentor other young women, provide them with ideas on how to deal with sexual violence, and show them that it was possible to move towards wellbeing.

Some suggested support through peer mentoring programmes could also be helpful.

Many felt that rather than a counselling service, survivors might want more 'silent but activity-based' forms of support, i.e. 'less talk'. Some suggested that getting groups of young people together for activities, with people who had survived abuse themselves mentoring the activities, would be helpful.

*"You would not have to talk about it, but you would know that there were strong people who had got through it. You could ask questions if you wanted to, or be quiet if you didn't. You wouldn't have to talk about it – only if you wanted to."*

For those who would choose to access a counselling service, most felt it was highly likely that a Pasifika young person would want to take a friend with them, and that this option should 'definitely be available'.

## Confidentiality

Confidentiality was considered key to Pasifika young people, and again they wanted control of who was told and when, even if they were not safe.

There was much discussion on how to keep a young person safe, and how they could be supported to tell their families. Most believed a young woman would need considerable support to help her disclose the assault or abuse to her family.

The key concern was that agencies would not understand how their families would feel, and a poor process would leave the young person to deal with the impact (and any fall-out) on their own, further increasing any feelings of distress and isolation.

They also acknowledged that at least some young women could potentially draw great strength from the support of their families at this time 'but it could go either way' if it was not done well. Some felt that most families, once they dealt with their initial shock, embarrassment, and shame, would very much want to support and safeguard their young people and would be a source of strength.

*"My mum would blame me – definitely. My dad would be real disappointed in me. I would never be allowed out again – and I mean never. It would hard – but they would be there for me too."*

The young people felt that there would need to be a strong understanding of the family's world view, including cultural and religious sensitivities. To be any help and not make matters worse for the person who had been assaulted, a counsellor would have to understand that although family, church, and their community are a major source of support for many Pasifika young people, sexual abuse and assault are not easily raised or discussed in any of these contexts. They would also have to understand the intergenerational cultural sensitivities, and the difference between 'the

old and new worlds' the young people are moving in.

They suggested that a sister or cousin would be well placed to support this process, or a trusted adult, with a good understanding of the worlds in which both they and their families live. It would be difficult for an outsider to talk about these matters with family, however well intentioned.

### Staff

Most young people said they thought a survivor would prefer to have a counsellor from a Pasifika background, but not from their own Pasifika community as they were concerned they would know them.

They felt that staff would need to be aware of their cultural background, in particular the shame a young woman would feel, the difficulty she would have talking about this to a counsellor, and to understand how her family might respond if they were told.

All agreed that they would want gender-matched counselling and health services, and that they would prefer someone closer to their age who understood both their traditional and New Zealand-based culture.

### Settings

The young people said that any services would have to be school- or university- based or at a place they would be allowed to go to, such as a community centre. The young women said that their parents knew where they were at all times. After school most also had responsibilities that would limit their ability to access services. They could, however, attend youth groups at youth centres and felt that a 'one-stop shop' at a youth centre would work well.

### Channels

The young women, although aware that phone and internet could be monitored, felt that these were useful communication channels to use, in particular texting. They

were interested in the possibility of exploring online enquiries and messaging.

### Counselling style

They felt that to be effective, a counsellor would need to spend some time building trust and should understand that it might take time for someone to reveal what had happened.

They were very keen to learn more about group counselling and felt that this might work well for Pasifika young people "as long as it was not too much about what happened. It would be good to know it had happened to others though."

### Reporting

Pasifika young people were concerned that they would have the process of control, in particular who was told, taken out of their hands. They were adamantly opposed to the idea of any mandatory reporting and felt that it would be a huge barrier to young people seeking help.

### Prevention

The young people felt that this issue needed to be talked about more openly, particularly in school and classroom settings. They felt strongly that they did not want sexual assault or abuse to be seen as a Pasifika issue.

## Asian

### Background & Method

Twelve young Asian<sup>8</sup> men and women aged 13-20 years participated in two gender-based focus groups. A further eight young women participated in school-based focus groups. A youth worker was also interviewed.

The young people self-selected their ethnicity.

<sup>8</sup> It is noted here that 'Asian' is not a single category. It covers a range of cultural, language and migration experiences. Where possible the differences have been identified and highlighted.

Four were Indian, four were Chinese, two were Vietnamese, two were Korean, one was Thai, and the remaining seven gave their ethnicity as Asian. Half of the participants in the focus group were born in New Zealand (first generation or longer term), and the remainder had come to New Zealand in more recent years.

The new migrants were all fairly fluent in English.

The young people themselves felt that there are distinctive cultural and religious differences between Asian ethnicities, but also important differences based on when the young people and their families had come to New Zealand. They also saw differences between those with strong links to extended family and a strong ethnic community, and those who were not linked in to family or community.

## Sexual Violence

Once again, the young people did not think that sexual violence was an issue in their communities, but acknowledged it happened. They saw aspects of their culture, such as the closeness of their families, as strong protective factors, and their lifestyle and parental control of their lives as reducing risk.

*"I don't think it would happen so much as we are at school all day and we don't go out on our own much. I can't really see when it would happen."*

## Disclosure

The Asian students believed that young

people would find it difficult to disclose abuse or sexual assaults. They felt there would be considerable shame associated with 'it'. If a young person disclosed at all, they believed it would be unlikely they would tell a parent, though it would very much depend on the nature of their relationship. The young people felt that they had good and close relationships with their families, and would normally turn to their parents over 'big issues' but felt that their parents were very protective towards them and 'this' would realise their parents' worst fears.

*"My parents came to New Zealand for a better life for me and my sister. They wanted us to learn English and get a good education. But they worry about us too. They worry that we are too Kiwi and we will get into trouble. If this happened they would think we were to blame because it wouldn't happen back home. And they would blame themselves too for not being stricter."*

The Chinese and Korean young women said that their families were very private about 'these things' and don't have conversations about sex or 'stuff like that' easily. They did not think that a 'girl' would find it easy to raise the matter with her parents, and would fear being blamed. They believed it would be unlikely her family would know what to do and would be very reluctant to reach out for help. They felt that both the young woman who had been abused and her family would feel very isolated. They also felt that her parents, particularly her mother, would feel a deep sense of guilt and self-blame that they had not done more to protect her. One said that although 'loss of face' might contribute to a parent's unwillingness to seek help,

**T**en percent of Chinese students have experienced sexual abuse in the form of unwanted touching or forced sexual behaviour sometime over their life. Half (5%) have experienced this more than once in the previous year. Of these, 43 per cent say the abuse has been severe. Most (67%) Chinese students who have been sexually abused have not told anyone of the abuse (Youth 07).

she felt it was more about not wanting to talk about or let anyone know about such intensely private and personal matters.

The young Indian and South Asian women felt too that a young woman in their communities would be reluctant to disclose abuse to her parents as she would be likely to shoulder the blame. They also described how she would be stigmatised. They felt that their parents would think that someone 'who that happened to' should have 'done more' to stop it happening. In particular, they felt that many parents would consider their adoption of 'New Zealand or Western' influences to underlie the abuse and assault.

Some of these young women and men shared their parents' views. Others felt that their situation would be 'misunderstood'. They felt that disclosure to parents and their reaction might compound an assault victim's feelings of sexual shame over 'having done that thing'. They felt this could heighten her sense of trauma.

Most felt, however, that it was a subject that until recently had not been talked about at all within their families or communities, except in oblique references to being careful, dressing modestly, not being seen as 'that kind of girl', and not putting themselves at risk. The young women felt that there was a belief in their families that for this to have happened, the young woman must have done something wrong, such as being out late or in an area she shouldn't have been. At least two of the young men said that they shared this view.

For some, parental awareness of the issue was

seen as further limiting their freedoms. They described how cases discussed in the media were used by their families to highlight why they should be even more careful.

Most felt that if a girl told someone at all, she would be most likely to tell her friends. Most had friends from the same cultural background and believed that their friends would understand what a girl might be feeling, and how her family and community would react if they found out. They felt that it would still be difficult to disclose to friends, not just because of the subject matter, but because their friends might tell someone in authority and they would then lose control of the process.

The young Chinese and Korean women said that the friends would almost definitely encourage girls to tell a teacher, counsellor, or school nurse, particularly if the adult was perceived as gentle, they knew and trusted them, and they had a good reputation for maintaining confidentiality.

### Information

Chinese and Korean young people said that they would want to look for information on how to cope with abuse online. They felt that they and their friends were high internet users and most were not monitored. Indian and South Asian young people too said that they would probably look for information online, but the young women were more likely to say that their internet usage was monitored.

Both groups thought that youth groups would be a good place to distribute information about this issue.

**T**he Youth '07 survey found that 12 per cent of Indian students had experienced sexual abuse in the form of unwanted touching or forced sexual behaviour at some stage. Seven percent had experienced this more than once in the previous year. Of these, half (51%) felt the abuse had been severe. Most (71%) of the Indian students who had been sexually abused had not told anyone of the abuse.

## Services

There was some awareness that sexual violence was an issue, but young people were unsure of any service that would be available to support them. When prompted, they thought about crisis phone lines and felt that school counsellors and nurses could possibly provide support.

## Accessing services

The young people felt that they would be more likely to seek support from their peers and close friends rather than a service. Some felt that a young woman would be encouraged by friends to get support. Most felt that seeking assistance from an outside service agency, unless anonymously, would be a last resort.

## Confidentiality

Both young women and young men were concerned about confidentiality and said that neither they nor others would access the services if they thought that their parents or families would be contacted without their permission. They felt that this was a particular risk if a school nurse or counsellor was asked for help, as they would want the young person to tell their parents and might make them do so. They felt that a phone or messaging service would be anonymous, making it an attractive option.

## Staff

The focus group participants said that young people would want staff with an understanding of their parents' cultural background and religious beliefs. They did not necessarily feel that they had to be from the same culture, but they said they would prefer someone Asian with a good understanding of the somewhat complex issues they would be feeling. Most of all, however, the groups said that they would want to talk to someone who was qualified to help.

Both the young men and women felt that any staff member would have to be of the same

gender, 'on to it', and preferably young enough to understand where they were coming from.

## Settings

The young people found it hard to think of a setting where someone could go without being identified. They felt that while school-based settings were a possibility, it was still risky. They preferred that the setting be quiet and somewhere very private. The Asian young men suggested that Skype or internet-based counselling might work as they didn't want to be identified walking into a sexual abuse service or counsellor's office.

## Channels

The Chinese and Korean young people suggested that on-line messaging, texting, and face-to-face counselling would work well. They were particularly keen on messaging as they felt that they could discuss this issue anonymously and confidentially.

The young Indian women were less convinced that on-line messaging or texting would work for them as they felt their on-line environment and phones were monitored and they could be 'found out.' They felt a phone method might work, but ideally they would prefer face-to-face methods of contact.

## Counselling style

The young people who felt that texting or messaging was the best option, preferred a 'de-personalised', anonymous style of counselling.

All the young women felt that a woman who had experienced abuse would very much want to meet others in the same situation, and to find out how they had got through it. They felt that group counselling would work well, however it brought with it a risk of breaching confidentiality.

## Reporting

The young people felt that neither they nor other Asian young people would seek help if they believed that it would be reported either

to their families, the school, the police, or an agency like Child, Youth and Family. They felt that in some cases, the young woman could be supported to tell her family, but the process would need to be handled with enormous sensitivity and be guided by the young person's understanding of her culture and family.

*"It could all go so wrong and end more badly for her. In some cases she would be better off telling her family, in other cases she would not."*

*"I think family would find out – and a family would only be good support if they [were able to provide] good support. Some families would not be able to do this."*

## Changes

The young women said they would like to hear more stories from young people that had been abused and got through it. They felt that this would be inspirational and help other young women survive the abuse. They also believed that if their parents heard from people who had experienced abuse themselves they would think about their reactions.

## African and Middle Eastern

### Background & Method

This part of the research comprised a community-based focus group with ten young North African and Middle Eastern women aged 13-18 years, Interviews with three youth workers, a school-based focus group with eight young people, and a group discussion with health workers (GPs and nurses) who provide health services to refugees and new migrants.

The primary focus of this section is on the views of the young women themselves.

Half the young women in the focus group

were born in New Zealand, and the remainder had come to New Zealand when they were young. All were proud of their family's cultural and religious background and felt they were well connected into their community.

Most felt that their families were fairly traditional in their views. Many noted differences between their family culture and their experiences of living in a culture different from that of their family. Some young women had boyfriends, for example, but noted that if their families found out they would end any such relationships immediately.

All the young women could speak the language of their family's first culture at least moderately well, and all were fairly fluent in English.

## Sexual Violence

For these young women, both the stakeholders and young people believed that one of the outcomes of a sexual assault would be a feeling of deep and enduring shame. They felt that if a sexual assault were to happen to 'a girl' in their community, she would most likely blame herself. Several of the young women said that people in their community would probably hold her responsible and the participants initially struggled to envisage a situation in which she would not be partially, if not fully, to blame for the assault. They felt this was particularly true if she had been out with a boy, dressed immodestly, or there was alcohol involved. They also felt that sexual abuse would be very unlikely to happen within families in their communities.

Nonetheless, were these young women to imagine a situation in which the victim was not in some way to blame, they felt she would be devastated by such a profound violation and showed a strong sense of empathy towards her.

## Disclosure

Although the young women felt the victim probably should tell someone, they doubted

she would. They felt that disclosure would be particularly difficult for a range of reasons. First, the topic of sexual violence is taboo in their culture and rarely if at all discussed. Second, they felt that the deep feelings of embarrassment at disclosing something so shameful and personal would make disclosure difficult. Third, some felt the victim might really struggle to find the words or know how to start such a conversation in her first language. The final barrier to disclosure was the fear that knowledge of an assault would bring shame and dishonour to the girl and her family.

Several felt that she might be able to tell her mother about what happened, although some felt that she could be reluctant to do so as her mother would feel guilty and ashamed. They also felt that a girl might not be believed, or if she was believed, they felt many families would probably blame her and hold her accountable. As a result, the young women felt that the victim would no longer be trusted, would probably be punished, and it could seriously affect her reputation, potentially long term.

*"She would forever be seen by everyone as 'that girl' ... 'the girl who did that'. She would be [there was considerable discussion as they searched for a word] 'ruined'. If other people knew, she might not be able to get married or have children. No-one would really want her."*

A youth worker shared the perceptions of these young women, pointing out that despite efforts to the contrary, he too might find it difficult not to blame his sister if she were sexually assaulted. He conceded that there would be men well aware that young women would be very unlikely to disclose such an assault who would take advantage of this.

The young women felt that few girls would want their families to endure the serious and potentially long-term implications and effects of a sexual assault. One young

woman pointed out that although family and community are culturally important to this group in their homeland, they were possibly even more important to families now living in New Zealand. She observed that most refugee and new migrants had experienced loss and trauma, and that their communities were a source of support in the face of such loss. As such she feared that disclosure could result not only in the girl being rejected by her family, but her family being thought badly of, or ostracised by their community. Disclosure would put their families at risk of losing much-needed support.

*"Our families are everything to us. Our community here is small. They could lose what little we still have."*

Although a youth worker acknowledged that internationally women who are sexually assaulted may become victims of physical reprisals, such as honour killings, she thought honour-related violence in the New Zealand based community was not impossible but unlikely. The young women did acknowledge, however, that in addition to very real risk of rejection by their family and community, there was a possibility that the family might want the victim of a sexual assault to marry the man involved, particularly if a pregnancy or baby was involved.

The young women felt that if a victim of sexual assault were to tell anyone at all, she would most likely tell a friend, but she would need to be very careful about who she told in case she and her friend fell out and her confidentiality was breached.

Overall, the young women felt that there was a good chance that young people from their communities would be likely to bear the burden of a sexual assault on their own.

## Information

The young women said that if a girl was subject to a sexual assault she would probably not look for information as she would be unsure where to start or what to look for. She would

almost certainly be fearful of being found out or discovered. They suggested if she did look, she would probably turn to on-line sources at school, but acknowledged that she would have very limited access to on-line channels and there were few, if any, opportunities to look for information at school either, as they were in class or with friends and the computers were often monitored.

### **Awareness of services**

The young women thought that there was probably low awareness of either the issue of sexual violence, or awareness of services amongst North African and Middle Eastern young people. They thought it would be useful to have other young people talk about both the issue and the availability of services at school assemblies and in classrooms, as they did not think many people in their community necessarily saw 'these things' as assault, or knew where to turn if this happened to them.

### **Services**

The young women were not at all confident that services would have sufficient understanding of their broader cultural and familial context to meet their needs. Even if they were aware of services, they were unsure what a counsellor would be able to do to help them. Some were sceptical that talking with a counsellor would be any better strategy than 'putting it behind them' and felt that this approach would be less risky.

The stakeholders added that adults from these populations do not always access services either for a range of reasons, including distrust of authority, a lack of familiarity with the services available and how they might help, and poor access to translation services. This lack of family familiarity with services might impact on a young person's awareness and confidence that services could support them.

### **Confidentiality**

They felt that if someone who was sexually

assaulted was able to overcome their deep sense of shame and talk about such a taboo topic, she would be very apprehensive about accessing services in case her confidentiality was breached. They were extremely concerned that a teacher, parent, or family member might be told without their permission or consent. The key concern was that the staff would not understand the potential implications of reporting. They had heard stories of school nurses or counsellors breaching confidentiality on other issues, and were deeply concerned about who they might tell.

They were also aware that counsellors wrote things down and typed notes onto a computer, and were worried who might be able to access those files.

The young women felt that if it came to a choice between their safety and the wellbeing of their family and community, it would be difficult to choose, but most said they would rather no-one in their family was told without their express permission, and reiterated that they did not believe services would understand that.

### **Staff**

Most young people said they would prefer to have a counsellor who understood their culture or had a cultural background similar to theirs. They did not necessarily want a counsellor from their community as their communities are small, very connected, and they were worried they would know them. They did not want people from their community knowing.

They said they had encountered few teachers or staff who understood the importance of family and family honour to them, or the dynamics of their lives and community. This included being sensitive to their struggles with language, understanding the difficulties the young people had traversing two different cultures, and understanding the issues that their families are grappling with, such as loss,

isolation, joblessness, and homesickness.

They also felt that those without a culturally-similar background would be unlikely to understand the deep feelings of shame that people from their culture would experience, and the difficulties they would have talking about it.

All agreed that gender matching was paramount, and that to receive services from someone of the opposite sex, in particular health services, would be highly inappropriate.

### Settings

The young women said that any sexual abuse services would have to be in an everyday setting where they already spend time, such as a school or university, as their parents are always aware of their whereabouts and they are seldom alone outside of school hours. They suggested that locating services in a school nurse clinic might work well, as they could claim to have a health problem or headache, thereby disguising the actual nature of the visit.

They were unsure how young women who do not attend school or university would be able to access services.

### Channels

The young women felt the only channel that would work well would be face-to-face contact. They were aware that phone and internet could be monitored, and were wary of using either of these channels to access or contact services.

*“Our parents check our phones, so they know what we are doing and who we are talking to.”*

### Counselling

They felt that to be effective, a counsellor would need to spend some time building trust and understand that it might take time for someone to reveal what had happened or

to talk to them about such a private matter. They thought it would be helpful for someone to take a friend with them if they needed or wanted to for support.

They were unsure if group counselling would work, mainly as they felt it could potentially breach their confidentiality. They did think it would be reassuring for girls to know that this happened to others and meeting other people in the same or similar situation could potentially provide them with some relief.

### Reporting

The young women were adamant that they would need to be in control of who was told, and felt that this would be a deterrent to them disclosing or seeking help if they knew it would be reported.

### Prevention

Despite evidence to the contrary, the young women did not see it as a particularly widespread issue in their community. They felt that prevention was really important and information should be targeted at young men and boys.

## Discussion

### Barriers to disclosure

Silence surrounds the issue of sexual abuse and assaults. Despite the high prevalence of unwanted sexual touching, discussions about sexual violation and victimisation appear to focus on 'risk factors' and 'risky behaviours', be limited to oblique references to 'keeping safe', and centre on protective behavioural strategies of dubious value, such as dressing appropriately. Conversations with parents often relate to these 'risk factors' and 'risky behaviours', either in oblique or direct references.

This silence is further compounded by the limited forms of sexual abuse and assault being referred to when it is talked about; namely a violent assault perpetrated by a stranger.

The ways in which sexual violence is framed, appear to have been internalised by many of our young people.

Some in the focus groups really struggled to envisage a situation where the victim would not have been responsible for what had happened. In their view, any perceived contribution towards an assault, no matter how small, meant that it would not constitute

a 'real' act of abuse or assault. It is their responsibility to keep themselves safe. Even the smallest contribution that they believe they made towards the abuse or assault, appears to trigger a deep sense of self blame, embarrassment, and shame, and consequently a reluctance to disclose.

At a time in their lives that they are seeking independence and taking risks, they have been warned by the adults in their lives 'to be careful'. 'They weren't' and thus 'they have brought it upon themselves'. Moreover if they had drunk alcohol, taken drugs, worn 'immodest' clothing, 'were out late at night' etc. they believed their parents would see them as blameworthy too.

Framing the abuse or assault as 'sex' rather than violence appears to further compound the difficulties young people have disclosing abuse or reaching out for support, particularly to adults who they believe are uncomfortable talking about it. Some young people find it hard to talk about sex generally with adults, let alone when it relates to them, and it is accompanied by feelings of guilt and shame and an expectation of blame.

The group who had experienced 'unwanted sexual experiences' but not sought help

Even the smallest contribution that young people believe they made towards the abuse or assault appears to trigger a deep sense of self blame, embarrassment, and shame, and consequently a reluctance to disclose.

tended to share these views. They did not see their own experiences in the same light as others who had experienced a 'real' assault. Despite any hurt and distress they might have felt, they seemed to believe at best that their friends would think that they were foolish or stupid, and the adults in their lives would have blamed them for having been so. These factors appear to have been powerful barriers to disclosure.

Although this lack of disclosure could be seen as a sign of resilience, the indications are that young people are deeply affected, not only by the violence, but by these feelings of shame. Young people who had experienced abuse – whether they sought services or not – said that they felt a profound sense of relief following disclosure, particularly if the person they disclosed to responded with empathy. They no longer had to bear the burden on their own.

## Disclosure

Those who had disclosed, and those who said they would tell someone, were most likely to tell their friends. This appears to be because they believe that their friends will better understand them and support them. They believe that friends are more likely to contextualise the 'risks' that they may have taken as a normal part of adolescence. Moreover, they feel that friends know them best, so are well placed to understand their familial and cultural context. Although there is a risk that they might breach confidentiality and tell other young people, they believe friends are less likely to take over and do things without their permission. However, as young people noted, friends do not always give good quality support. Some dealt with disclosures by mocking or joking about it for example, which the survivors found upsetting.

## Adult world

Whereas they believe friends know them best and they trust them, many of the young people appear to have low expectations

Some young people were deeply concerned that disclosure would result in adults pushing them towards taking actions towards the person who had harmed them that they did not want to take.

and a deep distrust of the adult world. In addition to fearing blame from adults, they believe that disclosure will result in them losing control of what happens. They believe that adults will take over and do what they think is best, with little regard for their wishes. Many of the young people distrusted school nurses and counsellors, for this reason, saying that they had a reputation for breaching confidentiality and telling other staff or family members about matters that students have regarded as private. This was a critical barrier to disclosure as they felt such breaches could have far reaching and long-term implications, for the young person, their family and their community, which would not be well understood by others, no matter how helpful or well intentioned they were. Despite compelling evidence that young people generally have better outcomes if they receive support from their whānau and families, the young people themselves want to decide if and how that might happen.

Moreover, some young people were deeply concerned that disclosure would result in adults pushing them towards taking actions towards the person who had harmed them that they did not want to take. Some, for example, indicated that they would have favoured restorative justice rather than court approach to 'put things right', however did not think that this option would be made available to them.

## Information needs

Although the young people in focus groups felt that they would largely look for information on-line, and gave some great

There is low awareness amongst young people of services that might be able to help or support them. In fact, there appears to be little awareness that accessing a support service is even a possibility.

pointers for places they might look and search terms they might use, the reality is that those who had been assaulted or abused didn't look for information online, or anywhere else. At a time of crisis they used the information they had at hand.

As they may not actively seek information following an assault, it would appear that the best place to give information is where they are already 'hanging out' so it becomes familiar before it is needed. Young people suggested that any information needed to be 'layered' so it was given in a range of forms, for example via skits in classrooms and school assemblies, or in an on-line environment they already visit regularly.

Young people need information in multiple formats and at multiple levels. This includes:

- Good prevention information that takes account of adolescent 'risk taking behaviour' to reduce the likelihood of self-blame
- Information that reduces the threshold of what is considered 'abuse or assault' and will help them reframe what has happened to them or their friends
- Information that reduces their feelings of isolation. They were particularly interested in hearing stories from other young people who have been through assaults and abuse
- Information for informal helpers, in particular friends and supportive family and whānau. Many young people said that they would want to help, but wouldn't know how to. As friends appeared more likely to seek information than the survivor, this seems to be particularly important.

- Information about what services can do to help. Most young people have not accessed help or a support service such as counselling, particularly without their parents and are unsure how it works, how much it costs, what will happen, and how it can help.

## Awareness and access to services

Both stakeholders and the young people who had accessed services felt that specialist sexual abuse services were invaluable in providing support to young people. Stakeholders felt that specialist counsellors, with their deep understanding of sexual violence issues, were able to provide an alternative point of view and much needed support to young victims/survivors, many of whom received no or little support from their friends, family or community. Moreover, stakeholders pointed out specialist counsellors, with their knowledge of the short and long term effects of sexual violence, and their understanding of the legal and ethical considerations, are able to provide effective therapeutic treatment and enhanced clinical outcomes.

There was, however, low awareness amongst young people of services that might be able to help or support them. In fact, there appears to be little awareness that accessing a support service is even a possibility.

They indeed appear to access the support and services that they 'trip over'. If they have not 'tripped over them', they do not necessarily even think to look for them. Most accessed support at school from trusted school counsellors, or rang support lines that they knew of.

This lends weight to the view that youth-based settings, where young people can make contact independently from their families, are critical. These settings can be school based, one-stop shops – which include youth groups, or online environments; one size does not fit all. But rather than expecting young people to go to them, they need to be where young people are.

It is noted that this visibility needs to be balanced against young peoples' desire for confidentiality. They want to be able to 'hide in plain sight' for example, by appearing to visit a service for other purposes.

## Importance of culture

The literature, stakeholders, and the young people themselves have all pointed out that the ways we see and respond to sexual abuse and assault, are highly influenced, if not dependent on, the cultural, ethnic, and religious beliefs of the young person and their family and whānau. For most young people, an understanding of, and respect for, their culture was central to the efficacy of support and service delivery. Importantly they want staff and services that are culturally responsive, and that understand the different cultural worlds in which they live.

Whilst some young people said that they would prefer staff from a similar cultural background, others preferred programmes which worked from a cultural framework.

It is noted that some young people, in particular those straddling the culture of their 'homeland' and 'kiwi' culture, said they prefer to access mainstream services as they do not share the views of their culture in relation to sexual violence. They felt that they might not get the level of understanding or support that they would receive from mainstream services.

The philosophy and practices used by Kaupapa Māori services are thought to deliver highly successful outcomes. There is, however, opportunity to further advance this

thinking by understanding what parts of the process are most effective and why.

## Threshold for accessing services

Currently, there seems to be a chasm between what is happening to young people and what they consider to be assault and abuse. In part this appears to be a 'coping mechanism' as many of the young people were able to recognise sexual victimisation had occurred to others, even if they did not consider that it had happened to them. However there were also groups who had a very narrow definition of assault.

It was suggested that services use words such as 'support' or 'help' rather than 'crisis', which sets the threshold for access to services very high.

## Importance of maintaining confidentiality

Young people say they would be more likely to disclose and access services if they were assured of confidentiality and this was not breached without the explicit consent of the young person.

## Service delivery

Young people are not just interested in traditional counselling or medical-based services. They have asked for services that include different options, such as mentoring, face-to-face counselling, and group counselling. They have expressed a desire for services to use different channels to engage young people, including face-to-face, phone, on-line messaging, and texting. They would also like services to include a range of styles, such as activities, rather than just talk-based counselling.

They have also asked that support is provided to families and whānau where appropriate. Again they felt that staff would need to understand family and whānau dynamics and culture to provide this support effectively.

## Staff

Young people are looking for staff that are patient, trustworthy, young, caring, understanding, and non-judgmental. Both the young men and women interviewed wanted staff of the same gender and culturally similar to themselves. They did not necessarily want staff from the same ethnicity as they were concerned, particularly in small communities, that they or their families might be recognised.

They wanted staff profiles, including photos and descriptions, posted either on the walls, or on-line if the service is web based.

## Atmosphere and feel

The young people believe that the atmosphere and feel of a service is very important. They wanted an environment that is light, warm, inviting, home-like, and welcoming. They did not want it to feel sterile or clinical, and they did not want it to be filled with pamphlets and posters.

They wanted to see signs of welcome. For example, GBLTI young people asked for a rainbow flag somewhere so they knew they would feel welcome. Others wanted to be greeted warmly in their language, as a sign that the service was likely to be responsive to their needs.

## Moving towards wellbeing

The young people wanted opportunities to turn 'negatives into positives', by becoming mentors and supporting other young people to wellbeing.

## Young people and good practice

However, while these groups of young people spoke clearly about what they would need in the aftermath of sexual violence, meeting their needs in the ways that they have specified might not always be straightforward. Different groups have different needs,

limitations on service provision can restrict capacity to meet some of the identified needs, and what young people identify that they need can conflict with ethical guidelines or what we understand as good clinical practice. For example, the strength of the young people's views about maintaining confidentiality needs further discussion in the sector given the high levels of suicidal thinking among young people who have been sexually abused and the motivation to establish safety from further abuse.

## Conclusion

This research aimed to identify the needs of young people affected by sexual abuse or assault in order to support improvements to sexual abuse services.

It is clear from this research that New Zealand adolescents have distinct psycho-social needs. Their service needs are different from both children and adults. It is also clear that services – and our communities more broadly – can do much to improve the way we support our young people, in particular those who have been victims of sexual abuse or assault.

Young people are not only at an increased risk of sexual assaults and abuse from their increasing independence, and risk-taking behaviour, but they are reluctant to disclose when they have been, particularly where they perceived to have taken ‘risks’. If we are to support young people to get the help they need, we need to change the way our families, schools, and communities talk about sexual assaults and abuse.

Both stakeholders and the young people have given us directions on the supports and service improvements that are required.

Overall, it is clear that young people are telling us that one size does not fit all.

Although many stakeholders talked about the importance of reducing duplications in services, choice is of critical importance to young people. They are asking for a choice of supports, services, and channels.

Both stakeholders and young people are also clear that their culture shapes the way they, their family and whānau, and their communities see and respond to sexual abuse and assaults. Kaupapa and tikanga services require a very different cultural framework and competencies than tauwiwi services. There are also differences within tauwiwi populations that need to be recognised and understood in terms of service delivery implications. Working within these cultural frameworks, overlaid by an understanding of youth psycho-social needs, has been identified as critical to providing effective support and help. With young people already showing reluctance to access support services, it is of utmost importance that when they do, services are able to work effectively and not add to their trauma.

The research raises a number of dilemmas for services to consider in responding to what young people need. A re-consideration of the maintenance of confidentiality might be the most important of these.

However, it was not just service delivery of interest to the young people involved in this project. There was widespread agreement amongst the young people, and taitamariki in particular, that the priority was to address the causes of violence and prevent the violence from taking place at all. They wanted their schools, families, whānau, communities, and services to focus efforts on prevention and changing the culture surrounding sexual abuse, from secrecy and shame to violence prevention. They just want it to stop.

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## Terms and Definitions

**Fono (Pasifika):** Council/meeting

**Hapū:** Kinship group/clan

**Hui (Māori):** Gathering/conference

**Iwi:** Tribe/people

**Kaupapa Māori:** Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

**Rangatahi Māori:** Māori young people

**Services:** Refers to sexual abuse or abuse health, wellbeing and counselling services

**Sexual abuse:** a term commonly used for sexual violence perpetrated on a child or young person. Can refer to one or multiple incidents.

**Sexual assault:** a term commonly used for sexual violence perpetrated on a young person or adult. Usually refers to one incident, with plural used to refer to multiple incidences.

**Sexual violence:** sexual violence is when one or more people use another person for their own sexual purpose without that person's consent, or when the person can't give effective consent because they are under 16 years old or disabled in some way which makes thinking about or communicating consent difficult, for example, they are intoxicated. Often there is some kind of power differential used to coerce someone to comply or accept, or to convince them not to disclose the

abuse - this might be age, an employment relationship or just gender.

There are many types of sexual violence and not all is physically violent or involves penetrative sex. HELP considers all of the following to be sexual violence:

- Using a child for sexual purposes
- Sexual contact that is unwanted
- Pressuring someone into sexual contact - like hassling someone into it, or saying they will lose their job or friends or something if they don't
- Sex without consent - rape in all its forms: acquaintance rape, stranger rape, drug rape, partner rape, date rape, gang rape or child rape
- Peeping into a space another person expects to be private such as their bedroom or the toilet.
- Exposing genitals to someone outside the context of a mutual sexual relationship
- Forcing someone to watch or participate in pornography
- Making sexually explicit comments, phonecalls, texts or emails to someone who has not consented to this
- Making explicit sexual threats
- Viewing or distributing sexually abusive material - that which involves a person

under the age of consent, or implies non-consent

**Tapu (Māori):** The nature of tapu is innate and untouchable quality. In contemporary terms, the concept of tapu is generally perceived as sacred, holy or forbidden (Ministry of Justice, 2001)

**Tapu (Pasifika):** "Tapu is a core element of spiritual beliefs and practices, Tapu of people can be understood as forbidden to the ordinary and mundane. Tapu is sacredness and implies the presence and protection of God/s and divinities. Such relationships are defined and regulated by cultural protocols and etiquette, which demand the observance of appropriate behaviour, thought and speech between family members." (Ministry of Social Development, 2012, p. v).

**Taitamariki:** Adolescent, youth

**Tamariki Māori:** Māori children

**Unwanted sexual touching:** Young people were able to decide themselves what this meant

**Whare/Wharenuī:** house

**Whānau:** Family group