



Working with Asian survivors of sexual violence

Dr Jennifer Hauraki and Dr Vivien Feng

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This report has been prepared by Dr. Jennifer Hauraki and Dr. Vivien Feng. Jennifer stems from both Singaporean Chinese and New Zealand Maori (Ngati Hine, Ngapuhi-nui-tonu) heritage, and is a Senior Clinical Psychologist with over 11 years of experience. She has extensive personal and research experience with Asian, namely Chinese, communities in Auckland; she completed her doctoral thesis looking at Chinese youth and mental health service utilisation in New Zealand in 2005 and has been involved in various research projects examining the experiences of Chinese communities in New Zealand since. Vivien is Kiwi Chinese, born in China and raised in New Zealand. She is a clinical psychologist specialising in anxiety disorders. Through her work with anxiety, she discovered trauma, and often sexual trauma, as the root of many clients' anxiety symptoms. Vivien also has research experiences with other trauma, including traumatic brain injuries.

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Sucharita Varna
Gus Lim
Candy Vong
Jungim Cho



1. Overview

This report contributes to a larger, more comprehensive project initially commissioned by the Ministry of Social Development that examined “good practice” in response to sexual violence across a number of population groups, focusing on “what best practice might be in the delivery of crisis support services to survivors in our communities” (McPhillips, Black et al. 2009). Round two of the project has been initiated by Te Ohaaki a Hine National Network Ending Sexual Violence Together (TOAH-NNEST) and is funded by Lotteries New Zealand. This reports aims to:

- Identify what is “good practice” for mainstream crisis support services when working with Asian survivors of sexual violence, through examination of the key points garnered from a review of overseas and New Zealand (NZ) literature/research, as well as focus groups/interviews with Asian stakeholders/professionals in Auckland who have experience in working with Asian survivors of sexual violence.
- Establish a foundation for continued development of “good practice” for working with Asian survivors.
- Develop this “good practice” into recommended guidelines for mainstream crisis support services to inform their service development and practice.

2. Definitions and Relevant Literature

2.1 Definitions

Asian is a broad term used to refer to individuals who originate from a plethora of countries and cultures on the Asian continent, from the east of and including Afghanistan, through to the south of and including China (Rasanathan, Ameratunga et al. 2006). Although the term Asian brings homogeneity to a hugely diverse range of ethnicities, cultures and communities, we have chosen to use the term Asian for purely pragmatic reasons so that we may identify common themes that draw experiences of Asian survivors together.

According to Statistics New Zealand (MacPherson 2015), the Asian population is one of the fastest growing populations in NZ, and according to NZ’s 2013 census, the Asian population (12% of the entire population) was the third largest major ethnic group in NZ, and Auckland was the most ethnically diverse region in NZ, with 18.9% of its population identifying with the various Asian ethnic groups. The eight largest Asian ethnic groups in NZ are: Chinese, Indian, Korean, Filipino, Japanese, Sri Lankan, Cambodian and Thai, with Chinese and Indian being the two most prevalent (Te Pou 2010).

2.2 Common cultural values in Asian communities

Collective culture. Asian cultures are collectivistic (Futa, Hsu et al. 2001; Te Pou 2010), which differs from the more individualistic orientation of mainstream New Zealanders. There is a tendency for Asian cultures to place more value on family duty, tolerance of hardship and achieving success (Te Pou, 2010), and the needs of the group are often emphasised over the needs of the individual (Futa, Hsu et al. 2001). Therefore, the behaviours of the individual are seen as a reflection of the entire family, including family ancestors and future generations. In order to preserve the reputation, unity and harmony within the family, problems may be suppressed and family needs prioritised over individual needs (Futa, Hsu et al. 2001).

Family structure. Asian families tend to be more structured and hierarchical. Family members generally adhere more strongly to defined and expected roles, positions, obligations and expectations. These roles serve to preserve family harmony and reduce overt conflict within the system. Males and elders are respected and given more power, as they are seen as authority figures which have decision making powers over other genders and the younger generations (Futa, Hsu et al. 2001).

Conformity. There is a strong emphasis on conformity to rules and guidelines, and an unspoken rule within Asian cultures to respect boundaries (Futa, Hsu et al. 2001). Keeping harmony and obeying rules tends to be valued over individual creativity, assertiveness and initiative.

Shame and guilt. The concept of shame, or “loss of face” is common for Asian peoples. (Te Pou 2010). It is a powerful concept, as it not only brings shame to the individual, but all those who are associated with the individual, such as his or her immediate and extended families. The sense of guilt for bringing shame to the family is a powerful motivator to not disclose problems, or to suppress one’s true desires or needs.

Attitudes towards sex and sexuality. Asian cultures tend to hold more conservative attitudes towards sexuality. This topic (and all associated issues such as sexual violence) is seen as too taboo for public discussion, and is often met with embarrassment and awkwardness, and hence associated with secrecy, confusion and mystery (Futa, Hsu et al. 2001).

2.3 Sexual violence in Asian communities

So considering the growing proportion of individuals living in New Zealand who identify as Asian, as well as the distinct needs arising from cultural values (when compared to mainstream New Zealand), it is pertinent to:

- Discuss the influence of Asian cultures and ethnicities on views around sexual violence and survivors, particularly the barriers that impede help seeking within New Zealand, and to

- Consider how mainstream crisis support services can provide for Asian survivors of sexual violence.

Within Asian communities living in predominantly Western countries, some populations are more vulnerable to sexual violence. For example, immigrants and refugees can arrive with traumatic histories in their home countries, and may have had to endure unsafe immigration routes, or escaped violence in civil or international conflict zones and refugee camps. They may not disclose these victimisation experiences for many years or even consider seeking help (Asian & Pacific Islander Institute on Domestic Violence 2011).

Although there is limited research into the extent of sexual violence within these Asian communities (e.g., United States of America, United Kingdom), there are recurrent themes of under-reporting noted (Allnock, Radford et al. 2012; Kanukollu & Mahalingham, 2011). Some studies have found rates as high as 40 to 60% of Asian American women (47% Cambodian American, 60% Korean American, 60% South Asian American) acknowledging that they have experienced sexual assault or coercion from their intimate partners (Yoshioka and Dang 2000). This compares with national reporting data which show only 10.5% of Asian American women having reported rape and sexual assault compared to 25.5% of Caucasian women and 38% of African American women. Researchers have highlighted a number of barriers faced by Asian communities that may lead to the true incidence of sexual abuse being under reported, including cultural stigma towards reporting sexual assault, concerns of cultural values that might bring fear and shame upon the family, the fear and distrust of institutions harboured by Asian communities that intervene and protect them, as well as language barriers (e.g., limited availability of language appropriate resources).

2.4 Barriers to accessing help

Asian communities living in predominantly Western countries have often been painted as a “model minority”, a highly thriving group portrayed with lower rates of crime, juvenile delinquency and divorce (Sue, S., Nakamura, Chung & Yee-Bradbury, 1992) and better levels of physical health (Takeuchi, Zane et al. 2007). However, this portrayal has often masked a level of need, and the myriad of barriers to accessing mainstream health and mental health services (Ministry of Health, 2006).

Accessing psychological therapies for mental health difficulties is uncommon in many Asian cultures, with stigma and denial being common barriers (Rastogi et. al., 2014). Traditional therapies (e.g., meditation or herbal remedies) are more commonly used in their home countries, and there

tends to be a reliance on self-help measures and immediate social networks compared to more formal help-seeking (Te Pou 2010). In addition, the individual's level of acculturation to and internalisation of dominant Western culture and values can influence help seeking and, generally, those who are younger, educated and more acculturated tend to access help more than the older generations (Te Pou 2010). Furthermore, somatisation is a significant impediment (since physical health concerns are more acceptable and removes the stigma and sense of weakness attached to mental health difficulties) and means that help seeking tends to be from more medically-focused professionals (Futa, Hsu et al. 2001; Te Pou 2010).

If individuals in Asian communities already face such barriers to accessing health and mental health services in general, it is widely believed that these barriers are further compounded when examining help-seeking in the aftermath of sexual violence. Here Asian survivors face not only the barriers identified for survivors in general (McPhillips, Black et al. 2009), they are also bombarded with unique challenges rooted within their Asian cultures which further prevent or discourage help seeking. These include language issues, perceived lack of diversity amongst service providers, and lack of culturally appropriate or sensitive services which honour their cultural identities, needs, beliefs, and styles of expression (Ohio Alliance to end sexual violence 2014; Robertson, Chaudhary et al. 2016).

Fear of the stigma and shame attached to sexual violence means it is common for Asian survivors to hide or deny the occurrence of and subsequent difficulties arising from these experiences, especially if the stigma and shame has far reaching effects for not only the survivor themselves but also their immediate and extended family (Kanukollu & Mahalingam, 2011; Rastogi, Khushalani et al. 2014; Robertson, Chaudhary et al. 2016; Yoshioka & Dang, 2000). Like the findings for mental health, Asian survivors of intimate partner violence (including sexual violence) were more likely to seek help from informal (e.g., friends, family) than formal sources of support, and acculturation appeared to have a buffering effect on stigma since those who were more acculturated, were more likely to seek help from formal sources (Kim and Ingrid 2015).

Symptom presentation may also differ in Asian survivors. For example, somatisation is common, and one study found that the younger generation of South Asians (e.g., those under 40 years of age) commonly present with stress symptoms, whilst the older South Asians tend to present with major mental health illnesses (Rastogi, Khushalani et al. 2014). Levels of acculturation also seem to impact upon help seeking in Asian survivors, with higher levels of acculturation leading to greater openness to formal help seeking, perhaps due to a greater internalisation Western concepts (Kanukollu and Mahalingam 2011).

Studies have found that cultural dynamics have a significant impact on the views held about sexual violence within Asian communities. The way sex and sexual violence is talked about often reinforces patriarchal norms and values (e.g., the cultural acceptance and focus on men's sexuality and rights to satisfy needs), where the male voice not only dominates within the immediate and extended family, but governs the communities in which survivors live. This dominance often affects whether a survivor's experiences are even labelled as sexual violence. Survivors, namely women, are encouraged to remain silent about their experiences to maintain honour within the family and minimize shame, especially since it is often the survivor's (and not the perpetrator's) 'purity' and reputation that is questioned (Cowburn, Gill et al. 2015; Kanukollu & Mahalingham, 2011).

3. Methodology

The researchers utilised their existing networks gained from research and professional experience to access the participants for this report. The participants targeted were professionals (e.g., social workers, counsellors, therapists, nurses, doctors, support workers) who have extensive experience working with the Asian communities in Auckland, New Zealand, and in particular with Asian survivors of sexual violence. A total of nine (three male and six female) participants took part, with four identifying their ethnicity as Chinese, three as Korean and two as Indian.

In terms of methodology, this current report has drawn from the larger, more comprehensive Good Practice Guidelines for Mainstream Crisis Support Services project (McPhillips, Black et. al, 2009), and the various reports looking at targeted populations (e.g., Good Practice Guidelines – Working with LGBTI+; Good Practice Guidelines – Working with Men; Good Practice Guidelines – Working with Muslim Women). The researchers completed two focus groups and an individual interview with the participants. The semi-structured focus groups and interview explored the opinions and experiences of the participants with regards to several different areas:

- The views held by Asian communities with regards to sexual violence/sexual abuse
- The barriers faced by Asian survivors in disclosing sexual violence/sexual abuse, and the barriers to accessing support
- The need of Asian survivors in the aftermath of sexual abuse/sexual violence and how these translate into recommendations/guidelines for those working in mainstream crisis support services

The participants' responses were then qualitatively analysed for emergent themes, which are discussed in the Results section below.

4. Results: What did we learn?

The opinions and experiences garnered from the participants are discussed in two sections for the purposes of this report: the first section, 'Essential Knowledge' is a summary of the knowledge that is essential in working with Asian survivors of sexual violence; the second section, 'Essential Practice' is how this essential knowledge translates into practice guidelines and ways of working with Asian survivors for mainstream crisis support services.

4.1 Essential Knowledge – What you need to know

In examining the knowledge that was essential for crisis support workers in working with Asian survivors of sexual violence, there were several recurrent themes in the narratives of the professionals that participants felt needed to be understood.

Tackling the 'model minority' myth. In order to tackle the 'Model Minority' phenomenon described by researchers (Sue, S., Nakamura, Chung & Yee-Bradbury, 1992; Takeuchi, Zane et. al, 2007) participants felt that professionals needed to recognise the fact that comparatively low sexual violence statistics in Asian communities does not mean that sexual violence is not occurring in Asian communities.

"Be open and keep in mind that sexual abuse can happen to anyone regardless of colour and race".

Attitudes towards sex and a lack of knowledge around sexual violence. If significantly conservative attitudes surround sex and sexuality within Asian communities, the topic of sexual violence is seen as even more taboo. Like overseas research (Futa, Hsu et al. 2001; Ohio Alliance to end sexual violence 2014; Robertson, Chaudhary et al. 2016) our participants felt that there is a lack of necessary space for discussion and education around sex and sexual violence, and this silence is modelled and permeates through the generations in Asian communities.

"Parents are uncomfortable talking about sex, they may feel embarrassed, so children learn this through their parents, so don't speak up, it's shameful to talk about sex, it's seen as I'm being promiscuous".

The participants felt that the meaning of rape and sexual abuse may differ for different individuals and cultural groups within Asian communities. There is often a lack of terminology or concepts for unwanted and unacceptable sexual behaviour, and individuals who have experienced sexual violence are often labelled as 'victims' due to the lack of an equivalent of 'survivor' in various languages spoken.

"[Asians] often have difficulty articulating the incident...they don't even know it was not ok?"

“Sex, do not talk about it, it’s a taboo subject, this lack of dialogue means people are being conditioned to not talk about such a topic. The definition of sexual abuse is broader in New Zealand compared to back at home, which makes it more confusing.”

The participants also felt that the lack of space to discuss and consequent lack of knowledge surrounding sex and sexual violence has a flow-on effect. It meant that there is limited knowledge around the rights of an individual, the potential difficulties that one may face in the aftermath of sexual violence, as well as the services available to support survivors and how to access these.

“Where or who do they seek help from? There are different types of help available back home, which is no longer available in NZ...it does not exist in NZ”

“Male rape is not a crime in home country, it’s scary to seek help, do I really need it? Since staying put allows consistency and predictability. They hold onto hope, that caring person will come back, everything will be back to normal again”

Shame and stigma. The emphasis placed on family duty and harmony, coupled with the far-reaching effects of shame and stigma, often meant that the consequences of disclosing their experiences of sexual violence is at the forefront of many Asian survivors’ concerns. The participants felt that this fear of bringing shame on oneself and one’s immediate and extended family often poses as a huge barrier to seeking help, given the greater focus given to family in the collectivistic nature of Asian communities. Survivors are often plagued with guilt for exposing and bringing to light such a ‘shameful’ subject, and it is common for the individual to remain silent in order to prioritise the reputation of their family, a finding echoed in overseas research (Kanukollu & Mahalingham, 2011; Rastogi, Khushalani et al. 2014; Robertson, Chaudhary et al. 2016; Yoshioka & Dang, 2000).

“If they open up, they fear that they will be stigmatized for life, it creates a sense that the cost of disclosing outweighs the benefits. The impact on marriages for the younger generations, the effect it might have on family businesses”.

As a result, the focus is often on “getting on with life” and denial or minimisation is a form of coping often used by many in order to avoid shame, stigma and even blame.

“Let’s not rock the boat, keep harmony, and sweep it under the floor, as long as I carry on as normal, I’m not crazy”.

“Mental health is taboo, sex [and sexual violence] is even more taboo, ignore it”

Participants also felt that ethnic minority status and the consequent smaller communities (when compared to countries of origin) in New Zealand further compounded the effects of stigma and

shame. Asian survivors and their families fear being exposed and labelled, particularly if they encounter members of their community in the process of help-seeking.

“What if they find out it’s me? We all know everyone in this community, what will they think of me?”

In addition, participants pointed out the role of religious groups or organisations that the survivor and their family are deeply rooted in, where a whole community may be the source of pressure for the survivor to remain silent to minimise shame, “save face” and maintain harmony within the community.

“Coercion from religious groups to not disclose, a threat to the community, for fear of further stigma for already stigmatised model minority”.

Somatisation. As discussed in both international and New Zealand research (Futa, Hsu et al. 2001; Kanukollu and Mahalingam, 2011; Rastogi, Khushalani et al. 2014; Te Pou 2010), participants felt that there may be a tendency for Asian survivors to somatise and present under the guise of other issues (e.g., stress, asking a question for a friend) in order to reduce the aforementioned shame and stigma. They felt that professionals needed to be aware of these “tell-tale” signs as perhaps an indication that further exploration may be needed.

“It is common for them to see the doctor for physical problems, then complain about sleep or anxiety, use these as an excuse to go to a professional”.

Cultural dynamics and patriarchal norms. The dynamics underlying the beliefs and values surrounding sex (and consequently sexual violence) in Asian communities often reinforces patriarchal norms and values (Cowburn, Gill et. al., 2015; Kanukollu & Mahalingham, 2011). These dynamics champion male rights, dominance and authority, and participants felt that this was at the heart of whether a survivor’s experience was even recognised as sexual violence to begin with.

“Patriarchal or male dominance is the norm, the idea of ownership within a marriage is seen as normal, there is no such thing as marital rape, it is a concept that simply does not exist.”

Participants felt that this patriarchal dominance, coupled with the formal and hierarchical nature of families in Asian communities (Futa, Hse et. al., 2001), meant that the decision to disclose or seek help for experiences of sexual violence often did not rest with the survivor. Individuals (usually male) within a survivor’s immediate/extended family, and even wider community, often influenced the decision of whether they sought help and where this help came from. This, along with the effects of stigma and shame, meant that informal sources of support (e.g., talking with relatives or friends) were often relied upon.

“Who defines or decides what’s right or wrong? Respect for authority means obeying whatever decision is made within the family, those who hold the most power are mostly males, fathers, or those who are older, like grandparents. So it is the men who make decisions for the person”.

Participants felt the strong influence of patriarchal norms and values also meant more endorsement of rape myths (widely held and inaccurate beliefs about sexual violence) in Asian communities, where the blame may rest with the survivor and they may be questioned about their role in precipitating the sexual violence.

“Why did you wear such as short skirt? You asked for it, it’s no one’s fault but your own”.

“Tendency to internalise or personalise issue, “what did I do wrong?”

The role of acculturation. As highlighted by previous research and literature (Futa, Hsu et al. 2001; Kanukollu & Mahalingam, 2011; Kim & Ingrid, 2015; Te Pou, 2010), the participants felt that an individual’s level of acculturation to and internalisation of Western culture and values needs to be considered. They stressed that acculturation affects the level to which the aforementioned issues, such as stigma, shame and adherence to patriarchal norms, influences an Asian survivor (and their family) and their decision to disclose and seek help. One example discussed, was the effect of immigration and consequent acculturation on gender roles within a family.

“Following immigration, gender roles change, more equality for the two genders, their ideas of a husband and wife’s role shifts”.

Vulnerable populations within Asian communities. The participants saw some populations within Asian communities in New Zealand as more vulnerable, including international students, visitors/tourists, refugees and recent migrants. These individuals may have more idealised perceptions of New Zealand (often garnered from and endorsed in their countries of origin), and the limited time spent here may mean less understanding around individual rights and boundaries regarding acceptable/unacceptable behaviour. This vulnerability is further compounded by the lack of an established support network of family, friends or individuals from their communities.

“New Zealand is a no crime, clean and green country. This creates a false sense of security; New Zealanders don’t take advantage of people”.

“New Zealanders are friendlier, it’s normal to hug and kiss, even if it makes me uncomfortable, it’s normal in NZ.”

4.2 Essential practice: What you need to do

In looking at how the aforementioned essential knowledge translates into ways of working with Asian survivors for mainstream crisis support services, there were a number of recommendations highlighted by the participants.

“One size does not fit all”. First and foremost, the participants all highlighted the importance of taking an individualised approach in working with Asian survivors due to the vast diversity amongst the different communities and since “one size does not fit all”. This approach would hold all the issues discussed in the ‘Essential Knowledge’ section, whilst focusing on the individual needs of each survivor. It would take into account the issues, beliefs and values that are important to the survivor’s culture and country of origin, and examine how these intertwine with the survivor’s own experiences as an individual within their own culture and community, as well as in New Zealand, paying particular attention to acculturation and exposure to and internalisation of Western concepts and values.

“Work with what works for the individual, ask them what they want. Don’t generalise, depending on their culture and level of acculturation, their needs will differ. They may be close in culture, but not the same community.”

For some Asian survivors, it may be helpful and important to have a professional who matches their gender, age, culture and language, an individual who they feel may more intrinsically understand their cultural identity, needs, beliefs, and styles of expression. However, professionals need to keep in mind that automatically assuming the need to culture match may be a deterrent for some. This is especially when having such a member from their community further augments the fear of exposure to the stigma and shame attached to being a survivor due to the smaller nature of the various Asian communities in New Zealand (when compared to countries of origin). Furthermore, participants felt that it is essential to clarify whether adhering to the widely held beliefs, values and ways of working associated with a certain Asian culture may be beneficial to an Asian survivor. One such example discussed was the assumption that an Asian survivor may automatically want to involve or include their family due to the collectivistic and hierarchical nature of many Asian families. Here participants spoke about sensitivity towards this more collectivistic and family-oriented focus whilst also gaining an appreciation of the dynamics within the survivor’s family, and understanding whether involving family is helpful for the survivor (e.g., it may provide much needed support or it may augment shame and blame).

“Don’t be in a rush, take time to figure out what is important to the survivor, don’t rush in [with assumptions].”

“Figure out who is in charge within the family. Balance collective culture and the individual’s need for privacy/trust. Test the waters, test out who can you involve, prepare them for a family meeting before launching into one”

Overall, participants felt that working effectively with Asian survivors means having a service that is able to match the gender, age, culture and language of an Asian survivor if needed. But it also means professionals being able to “pick and choose” from a culturally appropriate and sensitive “toolbox” of knowledge and skills if they are not from a survivor’s culture, thus being able to tailor one’s approach to the individual needs of each Asian survivor.

The crucial role of rapport building and confidentiality. The participants repeatedly stressed the importance of spending time on rapport building and ensuring confidentiality in order to address the significant effects of stigma and shame attached to being a survivor of sexual violence and speaking about such experiences. They felt that trust often dictates the level of disclosure and openness, and Asian survivors tend to “test the waters” and may present under the guise of other complaints or queries (e.g., stress, asking a question for a friend)

“Safety and confidentiality matters more so for Asians than mainstream clients, being upfront with the client, have the ability to listen, use appropriate language for that community”.

“Build that rapport first; you won’t go anywhere if they don’t trust you”

“Reiterate confidentiality, provide a sense of safety, be sensitive, and collaborate, they put a lot of faith into professionals, professionals are seen as doctors or experts, so some are more willing to disclose because of this, although this depends on the type of trauma”.

“It is common for victims to seek therapy for another issue, like insomnia, or anxiety. When safe, they may open up. They tend to need lots of time to warm up. Even when they do open up, they won’t give a lot of details.”

The importance of normalisation and education. Due to the stigma attached to sex and sexual violence and the resultant lack of information and discussions, participants felt that it was of utmost important to normalise a survivor’s experiences and fears (particularly with regards to disclosure and help seeking). They stressed the value of providing some information around boundaries of behaviour and individual rights, particularly in helping the survivor label their experiences. They also emphasised the need for education about sexual violence, the common experiences of other survivor’s in the aftermath of such trauma and the supports and services available in the community.

“Give them the vocabulary to name the incident, what is ok, what isn’t”

Some participants suggested a more general approach to raising awareness about sexual violence in providing education to the wider Asian community. This will not only educate and empower Asian survivors to recognise the need to seek help and the appropriate services, but also provide the platform to increase knowledge and reduce stigma in their communities, paving the way for greater recognition and support amongst family and friends, who are often the first-port-of-call for Asian survivors. Participants felt that providing language-appropriate resources is a good way to promote education, including written materials about what is acceptable and unacceptable, when to seek help, the services available and how to access these. Other forms of resources can include audio or video recordings of Asians talking about sexual violence, to further provide education, reduce shame and stigma, and normalise help seeking.

“This is not your fault, plant the seed for help seeking”

The role of cultural consultation. The participants felt that, in addition to general specialist training with regards to sexual violence, it was imperative for professionals working with Asian survivors to have access to ongoing cultural consultation. This consultation will allow for continued recognition and discussion of the issues identified in the ‘Essential Knowledge’ section, and is vital to tailoring an individualised approach to each survivor.

“[Professional] being aware of own limitations. Rather than ask the client to explain, can access what’s available in the community. There is no need to burden the client with providing cultural understanding”

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