



Working with Pacific survivors of sexual violence

Sarah Va'afusuaga McRobie

A project to inform Good Practice Responding to Sexual Violence – Guidelines for mainstream crisis support services for survivors. Round Two. TOAH-NNEST 2016.

Funded by Lottery Community Sector Research Fund.

This research was undertaken by Sarah Va'afusuaga McRobie (Registered Counsellor, Researcher and Supervisor, The University of Auckland's Health and Counselling Centre). Sarah is an experienced Counsellor working within the sexual violence and wider mental health sector for almost two decades. She has a passion to capture the essence of working with Pasifika survivors of sexual violence and their families with respect, love and care, and in turn inform practice within the sector.

Research oversight was provided by Cabrini Ofa Makasiale (Cultural Supervisor) and Dr Julie Wharewera-Mika, Lead Researcher for the Good Practice Responding to Sexual Violence project. Specific support included collaborative analysis of the interview content and editing of the report.

Fa'afetai tele lava - Many thanks to all who have contributed to this document, the Pasifika Counsellors, Psychotherapists and Family Therapists from diverse cultural backgrounds and professional affiliations. Some participants who gave feedback on these recommendations would like to remain anonymous. The people/organisations who would like to be named are:

Cabrini Ofa Makasiale
Fia Turner
Moka Ngaro
Dorothy Grant
Sylvia Yandall
Peta Palalagi
Losalia Paulo



INTRODUCTION

This report contributes to a larger, more comprehensive project looking at good practice in response to sexual violence across a number of population groups. The report aims to:

- Establish what is 'good practice' for mainstream crisis support services when working with Pacific survivors of sexual violence? This was examined through a review of the literature and focus groups and interviews with Pacific representatives from the sexual violence sector.
- Develop this 'good practice' into recommendations for guidelines which can be used by mainstream crisis support services to inform their service development and practice when working with Pacific survivors.

1. Pacific People in New Zealand Today

Pacific ethnic groups' diverse and multicultural vibrancy enriches New Zealand's population. The 2013 census revealed that 7.4% of New Zealand's population comprises Pacific ethnic groups. A total of 295,941 people identified themselves with one or more Pacific ethnic groups: Tongan, Samoan, Cook Islands Māori, Niuean, Tokelauan and Fijian. Pacific peoples as a group had the highest number of children aged 0–14 years (35.7%) compared with other major ethnic groups such as European, Māori, Asian and Middle Eastern/Latin American/African. Samoan continues to be the largest Pacific ethnic group at 48.7% or 144,138 people. Other large groups are Cook Islands Māori at 20.9% or 61,839 people, Tongan at 20.4% or 60,333 people, and Niuean at 8.1% or 23,883 people. Most Pacific ethnic groups live in the North Island (92.9% or 274,806 people) (Statistics New Zealand, 2013).

Auckland is known as the Polynesian capital of the world (Makasiale, Silipa, & Va'afusuaga McRobie, 2011). The majority of Pacific people live in the Auckland region (65.9% or 194,958 people), with 12.2% or 36,105 living in the Wellington area. Only 7.1% or 21,135 lived in the South Island at the time of the 2013 census and Canterbury had the largest number of any city in the South Island at 12,723 Pasifika people (4.3%) (Statistics New Zealand, 2013). The profile of Pacific identity

is complex, with 62.3% or 181,791 people of Pacific ethnicity living in New Zealand being born there. In 2013 the New Zealand-born groups were Niuean 78.9%, Cook Islands Māori 77.4%, Tokelauan 73.9%, Samoan 62.7% and Tongan 59.8% (Statistics New Zealand, 2013). In the midst of the diversity of a young growing Pacific and multi-ethnic population, however, there are challenges, particularly in the area of mental health.

2. Prevalent Health Issues for Pacific People

The increase in mental health issues impacting Pacific people is a growing concern in New Zealand. According to Foliaki and colleagues (2006), the rate of mental health disorders among Pacific peoples in New Zealand is high compared with the total population, and there has been an increase in suicidal behaviour among Pacific people. A higher prevalence of mental health disorders has been identified among New Zealand-born Pacific peoples in relation to the total Pacific population (Foliaki et al., 2006, pp. 207–208). This is reflected in the suicide-related research on Samoan young people by Tiatia (2007), Samu (2003) and research into the views of Tongan parents and caregivers about the various factors that may have contributed to the suicide of their child (Sinisa, 2013).

Reasons that have been identified for Pacific people's health issues include socio-economic and cultural factors such as income, poverty, employment, occupation, education, housing, and ethnicity (Ministry of Health, 2014). On average there are relatively more Pacific people experiencing hardship than other groups, and living in overcrowded homes, as they are less likely to own their homes. Also, the unemployment rate for Pacific people is nearly twice the national unemployment rate (Ministry of Health 2014).

Research into Pacific ethnic identities has highlighted issues of cultural conflicts. One cultural conflict is that between New Zealand-born and Island-born Pasifika people. Agee, McIntosh, Culbertson, and Makasiale (2013) have examined cross-cultural perspectives; Culbertson and Agee (2007) Pasifika Afakasi (part-Caucasian) men; Berking, Fatialofa, Lupe, Skippis-Patterson and Agee (2007) Pasifika Afakasi

women; Anae (1998) the ever-changing Pasifika identity. Recently, Manuela and Sibley (2012) proposed the Pacific Identity and Wellbeing Scale (PIWBS).

Pacific people's view of healthcare is influenced by their lifestyle which includes their values and preferences. They tend to under-utilise primary and preventative healthcare services and have lower rates of secondary care interventions (Ministry of Health, 2014). Pacific people also under-utilise mental health and addiction services, and therefore only a small number of Pacific people are referred to talk therapy (Te Pou o Te Whakaaro Nui, 2010).

Pacific people and sexual abuse is a complex health issue that traumatically impacts the foundational fabric of family and spiritual values, therefore can become a barrier to accessing crisis services and also primary, preventative and secondary care services. An example of this is that sexual violence in some of our Samoan and Tongan families occurs in both church and community settings, just as it does in other human families. Often these situations are shrouded in secrecy and silence in order to maintain traditional values of respect, solidarity and resilience within families and the wider community. When abuse happens, these values are shattered and, although the restoration of these values may occur over time, the reality is that in some cases it may not happen at all because of the ongoing and unpredictable nature of the healing journey for the clients and families involved. Due to maintaining values and preferences, sexual abuse in our Pacific families and church communities is not always reported (Va'afusuaga McRobie & 'Ofa Makasiale, 2013).

3. Sexual abuse and Pacific People

What is 'good practice' for mainstream crisis support services when working with Pacific Island sexual abuse survivors?

Pacific people who do report sexual assault present to mainstream crisis support services. The literature review revealed a Ministry of Social Development 2009 report outlining Tauwiwi responses to sexual violence and how mainstream crisis

support services met the needs of Pacific people who had reported sexual assault (p.56-59). This report named Auckland Pacific specialist sexual assault agency Pacific Island Women's Health project as an agency that provided both crisis, support and recovery services at that time. Another Auckland service employed a Pacific male to deliver Bodysafe in the area of education and prevention. However, the issue of limited Pacific workforce capacity was highlighted in the area of Pacific Island sexual assault counsellors or services, with no ACC counsellors working in the Asian and Pacific community. On the other hand, the report noted that providers stated there is no specific sexual violence agency for Pacific peoples who are referred to general places as often "Pacific women want to stay in mainstream for anonymity" (p.58). The report summary recommended the development of referral processes and relationships with sexual assault service providers who are providing culturally appropriate for Pacific survivors. There was also support for a specialist crisis intervention service, support and recovery that focussed on Pacific Island survivors' needs (p.59).

ACC's Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand (2008) emphasise the significance of cultural identity and diversity. For Pacific sexual abuse survivors, there is no one model of practice, yet there are strong elements of Church, Christianity, Spirituality and Family "as the central unit", and their community. It is also, suggested workers be prepared to make home visits to families, where appropriate (p.28). Furthermore, the ACC practice guidelines recognise the difference in cultural ideology of European or Pakeha as being influenced by individualism, and those societies which "value a collectivist philosophy of life that emphasises cooperation and closeness between people and groups" (p.27). The guidelines advise that practitioners need to be aware that culture impacts on therapy, that where possible and favoured by the client, a therapist and client match is preferable, whether this be ethnic, religious, gender or otherwise. The guidelines highlight the need for counsellors to have a good understanding of their own culture as well as the culture of their client, and to access cultural supervision or consultation. It is important that counsellors are able to recognise their own limits of competence when working with a client of a different culture. All this is in response to creating a "therapeutic culture of safety, respect and acceptance" (p.28).

Pacific women and sexual violence

The WHO (World Health Organisation's) study on women's health in ten countries (Samoa, Thailand, Bangladesh, Brazil, Peru, Namibia, Ethiopia, Japan, Montenegro, Serbia and United Republic of Tanzania) reported a significant rise in physical and sexual violence that women experience from their partner. Those who experienced partner violence were likely to be in poor general health, emotionally distressed and have considered or attempted suicide (Garcia-Moreno, Heise, Jansen, Ellsberg, Watts, 2005). The New Zealand studies conducted by Fanslow and Robinson (2004, 2011) showed partner violence as high as that found in many WHO developing country sites and confirmed a high increase and that the types of violence reported by New Zealand women were physical, sexual and psychological/emotional. Furthermore, NZ VAW (New Zealand violence against women) study in the two sites of Auckland and North Waikato, revealed ethnic specific rates of IPV (intimate partner violence) with Māori women being over-represented in experiencing child sexual abuse and intimate partner violence, being physical or sexual. Pacific women had the second highest rate of abuse, Asian third and European or other fourth. For all women who experienced child sexual abuse, 86% of male perpetrators were identified as family members (p.1173-1186).

Pacific men and sexual violence

Literature for Pacific men and sexual violence is insufficient and there is no specific focus given to Pacific male survivors. However, ACC Sexual Abuse and Mental Injury Practice Guidelines for Aotearoa New Zealand (2008) suggest that practitioners develop an awareness and understanding around sexual violence issues reported by men, such as concerns about their sexuality, shame with being a "victim" and feeling "less of a man", shame about normal male physiological responses to genital touching and not being taken seriously when the perpetrator was a woman (p.29). Ministry of Social Development's (2009) report on *Tauīwi Responses to Sexual Violence: Mainstream Crisis Support and Recovery and Support Services and Pacific Services* identified one focus area as responsibilities to Pacific men who are offenders and perpetrators. Discussions were about Pacific male offenders who were isolated from their churches and families and the need to restore dignity and respect for Pacific men. The report asserted that this "does not

detract from the seriousness of perpetrator or offender behaviour and its impact on victims and the families of both victims and perpetrators” (p.114). Also, in working with Pacific men who were offenders and perpetrators, barriers identified were God, the church and the devil being used to avoid the responsibility of addressing problems, and perpetrators and offenders hiding their stories and shame and guilt about what they had done and feeling bad and guilty about this. Anae and colleagues (2000) report emphasised Pacific or ethnic-specific models to inform Pacific workers’ practices. Included in these ethnic specific models are “gendered approaches males work with males; females work with females” in client-worker matching in the field of sexual violence (p.112).

Fa’afafine

Ministry of Social Development’s (2009) report identified that “*fa’afafine* are vulnerable to sexual violence and sexual abuse”. Barriers for workers include information, resources and support (p.117).

Pacific children, young people and sexual violence

A Ministry of Pacific Island Affairs (2010) report stated that research in the Pacific and in New Zealand found that young people of diverse Pacific ethnicities had experienced noticeable rates of unwanted sexual touching (Adolescent Health Research Group, 2008; Lippe et al, 2008; Paterson et al, 2007). The national Youth 2007 survey stated 13% of Pacific female secondary students and 6% of Pacific male students had experienced one or more episodes of unwanted sexual behaviour from another person in the previous twelve months (Helu et al, 2009). Of those, 27% said the abuse was severe and more than half had not told anyone (p.6). Sexual violence has long term effects. Dennehy and Newbold (2001) state “research into child development has found that exposure to prolonged physical, psychological and sexual abuse is deleterious to an individual’s chances of healthy mental and social development” (p.72).

Current crisis support services for Pacific sexual abuse survivors

In Auckland, presently there are community-based agencies such as Counselling Services Centre in Papatoetoe and HELP in Mt Eden that operate 24/7 crisis support

services used by Pacific sexual abuse survivors. A review of the Ministry of Social Development 2009 list of “services by population group” (p.138) is included later on in this report in the section ‘Recommendations and Guidelines for Sexual Violence Crisis Support Services for Pacific Peoples’.

ACC Registered (Sensitive Claims) Counsellors

The ACC Sensitive Claims unit did not respond to my email query about how many Pacific counsellors/psychotherapists are registered for ACC purposes. A small number of ACC-registered counsellors work in sexual abuse trauma work. Yet, accessing who they are on ACC’s online website is difficult. ACC does not provide information for survivors seeking therapy, around therapists’ ethnicity. For example, the only information available identifies ‘cultural experience’ such as working with ‘Samoan’, ‘Tongan’, ‘Niuean’ and other Pacific groups, and, ‘languages spoken’ such as ‘Samoan’, as opposed to the therapist’s level of cultural competency or identity (‘www.Findsupport.co.nz,2015).

Some Pacific counsellors have chosen not to register with ACC or an affiliated professional counselling association because of the complex process of registration and criteria. For some of the elder Pacific counsellors, English is their second language and having to apply through registration processes and writing client reports was off putting and too overwhelming (Va’afusuaga McRobie, 2010).

The Ministry of Women’s Affairs

The Ministry of Women’s Affairs commissioned researchers Kingi, Jordan, Moeke-Maxwell and Fairburn-Dunlop (2009), to look into recovery assistance programmes available for women, men and transgender who had experienced sexual violence, with the idea that a specialised response was needed. Their findings were that “a consistently high level of service provision was lacking. While many instances of good practice and commendable service were found, the research also uncovered multiple instances that suggested variable service delivery” (p.xxi).

Watts (2009) stated that there was a need for a ‘Pacific for Pacific’ approach in dealing with sexual violence by Pacific Island groups in their own language and culture. She identified cultural language protocols as a contributing barrier to sexual violence work and challenges the Pacific Island community to develop a cultural

methodology, a “model of practice that is in line with our language and cultural difference to our mainstream providers” (p.59). Tiatia (2008) reinforces this view that “there is limited awareness amongst the small number of Pacific sexual violence providers of other approaches, paradigms or models addressing sexual violence amongst Pacific communities. That there needed to be a better co-ordinated approach to service delivery and, the gathering of evidence that supports the development of effective service models and programmes for Pacific communities” (p.97).

This raises the question about the use of the term ‘good practice’? ‘Good practice’ is indigenous practice. There are a small number of Pacific sexual violence providers who practice therapeutically and who incorporate indigenous values and elements into their crisis work with Pacific survivors of sexual abuse. Their indigenous practice wisdom and development of indigenous practice adds value to ‘good practice’.

Sexual abuse crisis counselling

Initial disclosure of sexual abuse can be the beginning of a traumatic process for a Pacific survivor. In counselling Pacific survivors of sexual abuse who present in crisis, the indigenous value of talanoa (to have a conversation and to talk story) is important. Talanoa is key in firstly acknowledging the survivor has had the courage to tell and to break her/his silence. One-to-one counselling with the survivor takes time as counselling needs to be at their pace. It is when the survivor is ready with their appropriate support person/s that talanoa begins with their family members. Talanoa enables the family to talk and make a safety plan together to deal with the issue, and with the shame and disgrace of what has happened, together to develop a way forward.

Those involved in the talanoa process could be representatives from families, church or community members as talanoa brings forth the issue of sexual abuse or incest (Va’afusuaga McRobie & Makasiale, 2013). In our talanoa process, metaphoric narratives are used. Matai’ia (2006) explains how indigenous metaphoric narratives of laumei can be used as a way to address the taboos of sexual abuse and incest that can happen within families. Laumei refers to a turtle that during the mating season mates with its own offspring. *Mata-i-fale* is a term of indescribable shame, for

it describes a situation in which one's eyes have turned to one's own family and home environment for sexual gratification (p. 146).

Va'afusuaga McRobie and Makasiale (2013) describe how these indigenous values of metaphors, proverbs and values such as family and spiritual faith can, in time, be used to restore balance and honour to our *aiga* (family), relationships, kinship ties, and village interconnectedness, so that the survivor and their extended families can heal, be reconciled, and continue on with day-to-day life. The metaphoric narratives provide a way forward to ensure that *le lumana'i* (the future generations) of kinship ties and relationships are maintained. However, in saying this there are sexual abuse crisis cases where, due to the survivor's choice, these values are not taken into account, therefore there are family cases where relationships are not restored.

Indigenous Pasifika Wellbeing Methodologies Relevant to Sexual Abuse Crisis Work

Broad definitions of Pacific wellbeing relevant to sexual abuse crisis work have focused on working holistically, incorporating concepts such as culture, spirituality and family.

Pulotu-Endemann (2001) developed the Fonofale model of Pacific mental health and wellbeing in the New Zealand context. From the early 1970s up until 1995, Pulotu-Endemann conducted workshops with Pacific ethnic groups—Samoan, Cook Island, Tongans, Niuean, Tokelauan and Fijian—in order to consult Pacific groups in nineteen regions on their values and beliefs on issues of HIV/AIDS, sexuality and mental health. The significance of these workshops were to refine his model and add further explanatory notes to different aspects of the model. Key concepts of this model—family, culture and spirituality—were identified as being significant (Pulotu-Endemann, 2001, p. 2). Fonofale uses the metaphor of a Samoan *fale* (house) to capture a Pacific model of what is important to the cultural groups, with its four poles labelled physical, spiritual, mental and other (culture, family, context, time and environment) respectively (see Figure 1).



Figure 1: The Fonofale Model (used with permission of the author)

The circular movements in this Samoan house metaphor capture the way in which the foundations, floor, posts and roof “have an interactive relationship with each other” and endorses holistic approaches and ongoing continuity (Pulotu-Endemann, 2001, p. 3). These four elements are described in turn below.

The Foundation: This represents family, whether it be nuclear, extended, kinship ties through marriage, or titles that form the central basis of social organisation for Pasifika. The *gafa* (genealogy) is foundational in a family which connects them to their titles, lands, island, sea, spirituality and other cultures.

The Posts:

Spiritual: Relates to the sense of wellbeing, whether it be Christianity or traditional spirituality relating to nature, spirits, language, beliefs, ancestors and history, or a combination of both.

Physical: Relates to biological or physical wellbeing. It is the relationship of

the body which comprises anatomy and physiology as well as physical or organic and inorganic substances such as food, water, air and medications that can have either positive or negative impacts on the physical wellbeing.

Mental: Relates to the wellbeing or the health of the mind which involves thinking and emotions expressed as well as the behaviours exhibited.

Other: Relates to sexuality, gender, age, socio-economic and status.

The Roof: Cultural values and beliefs provide a roof covering that gives shelter from the elements of life. Culture is evolving and there are differences between New Zealand-born and Pacific-born families, where traditional Pasifika cultural values and beliefs may be influenced by Pālagi (European) worldviews. These can include beliefs in traditional methods of healing as well as Western methods.

All of the above characteristics of health occur within the environment, context and time period pertinent to that individual. There are variables such as, gender, sexuality/sexual orientation, age, socio-economic status and New Zealand born or Pacific Island born.

Environment: Environment addresses the relationships and uniqueness of Pasifika people to their physical environment, whether they may be in a rural or an urban setting.

Time: Actual or specific time in history that impacts on Pasifika people such as Samoan, Cook Islander, Tongan, Niuean, Tokelauan and Fijian ethnic groups.

Context: The context that is relevant to that individual, whether they are New Zealand-born or Pacific Island-born.

Pacific values, proverbs, metaphors and symbols used in sexual abuse crisis work

Va

Va is a Pacific term that relates to honouring space. It is honouring the space between you and a Pacific survivor of sexual violence. This usually happens in the first meeting, where you are trying to build relationship, rapport and trust with a Pacific survivor in a respectful way. Anae (2010) further defines va as a sacred space: “our va with others is sacred...to not teu le va in relationships can incur the

wrath of the gods; the keepers of tapu and positive successful outcomes will not happen. That if there is violation, relational arrangements will need to be readdressed and realigned” (p.234). The report *Tauivi Responses to Sexual Violence: Mainstream Crisis Support and Recovery and Support Services and Pacific Services (2009)* affirms the significance of va and va fealoloa’i. Va fealoloa’i is “one such covenant that recognises that people are sacred beings and that there are obligations and duties to ensure that the primacy of the other is meaningfully valued” (p.106). In working with perpetrators, victims and families, va fealoloa’i implies that all relationships between people are sacred. However, when sexual violence occurs, “these violations of va fealoloa’i are serious breaches of the boundaries which protect and enhance the value of human life, the relational boundary which has been trampled and desecrated” (p.110). Therefore, when a Pacific survivor in crisis enters your room, their own personal va is likely to have been violated, shattered and broken. As a practitioner, the responsibility for building rapport and relationship begins, within the va of the room, the nurturing relational space, all the more so if the survivor is new and is accessing crisis support for the first time. Teu le va is the obligation to maintain this as sacred space, to tend and care for it and keep it clear so that real meeting, connection and healing can take place. This means giving time to the survivor to talk about their connections, their support people and community of care (church or other) around them.

So how do you engage Pacific survivors of sexual violence? It is through honouring a va-centred approach to relationships, emphasising that they are sacred and inclusive of harmony balance, reciprocity and mutual respect (Mila-Schaaf, 2006). The Samoan worldview and the Samoan relational self cannot be separated from the va or relational collective space between individual and parents, siblings, grandparents and community members. That the tapu and sacredness in relationships is recognised (Tamasese, Peteru, Waldegrave, & Bush, 2005, p. 303).

When relational connections have been formed, the Pacific survivor is willing to step into the *va’a/vaka/paopao* (meaning *indigenous outrigger*), the journey begins. As Te Pou o Te Whakaaro Nui(2010) states, the therapist needs the confidence and skills of navigation of “fishing for what is important in a round-about or indirect” way. It involves seeking information and allowing the Pacific survivor to tell their story and

this may take time.(p. 24). Direct questioning related to self-exposure or self-assertion can be perceived as rude and intrusive by Pacific families (Waldegrave, 1990).

Teu le va

Teu le va (to value, nurture look after and if necessary to tidy up the va) is a Samoan cultural reference to the Samoan self as relational and as someone who relies on relationships that are occurring in the va or space between. The indigenous value of *teu le va* as a paradigm in which relationship is key has been applied by Anae (2010) as a research practice in Pacific educational contexts. Anae (2005) explored Samoan discourses on the va, *va feoloa'i* (spaces between relational arrangements), *va tapuia* (sacred spaces of relational arrangements) and *teu le va*. All these point to the importance of the space between the practitioner and the Pacific survivor.

Anae (2010) further defines va as a sacred space: “our va with others is sacred...to not *teu le va* in relationships can incur the wrath of the gods; the keepers of tapu and positive successful outcomes will not happen. That if there is violation, relational arrangements will need to be readdressed and realigned” (p.234).Honouring that space is part of relational connectedness between counsellor and client. This means giving time to the client to talk about their connections, their support people and community of care (church or other) around them.

Teu le va in research relationships is also holistic. It acknowledges the sacred relationship with God, relationship with family and kinship ties. Makasiale and colleagues (2011) state that a holistic approach is an element of wholeness relating to God who is committed to the person “inside and outside” (p.5). This commitment to a Pasifika person is open-ended and for life and beyond. There is a connection that remains right through, not cut at the umbilical cord as we are never severed from God and that the person is a child of God forever (p. 5) and that spirituality is a form of resilience as people experience deep fulfilment with God (Tiatia, 2007).

Gender Values

Feagaiga is a binding and sacred covenant (Tuimaleali'ifano, as cited in Huffer & So'o, 2000, p. 172) which refers to the status of the sister and to the covenant between sister and brother. This relationship has as its focus the treasured and

protected status of sisters, and by extension, of women generally (Aumua, Mata'itusi & Simanu, 2002; Huntsman & Hooper, 1996). The respect inherent in the relationship included a prohibition on sexual talk, jokes or sexual content in media such as films where brothers and sisters were present (Aumua, Mata'itusi & Simanu, 2002). In Samoa this forms the basis of gender relationships.

Christian spirituality

A Ministry of Pacific Island Affairs report (2010) on *Pacific Pathways to the Prevention of Sexual Violence* stated that traditional protective factors against sexual violence identified safe connections to support church communities in which “Christian principles and Biblical teachings could be viewed as protective factors against sexual violence...that Christianity had had a significant impact on cultural views of sexuality and premarital virginity” (p.13). This same report also stated that the Church was also a vehicle for community education for Pacific communities on sexual violence and the possibility of incorporating sexual violence intervention in their theological curriculums. On the other hand, other participants in this report perceived the church as a current or potential barrier to prevention of sexual violence in which some leaders in positions of power have sexually abused and there were suggestions from these participants of the value of a “contextualised Christian theology to help address attitudes and the current silence from the church on issues relating to sexual violence” (p.16).

Other Values

Ma'ia'i (2010, p. 639) identifies key Samoan values as *fa'amafafa'ina* (empathy), *pa utonu* (compassion) and *fai pe e fa'alia fa'atasi ma le malosi* (respect). Therapeutic empathy is trying to understand your client's world. Bohart and colleagues (2011) state therapeutic empathy is like entering into another's world and walking in their shoes in that a counsellor makes an effort to perceive the subjective world of a client and has an unconditional positive regard for the client (p. 436). Rogers (1995) affirms this, stating that having a warm regard for a client as a person is vital: To have a deep empathetic understanding is to be able see our client's world through their eyes (p. 34).

Values of love, compassion and care towards Pasifika clients empowers them in the therapeutic change process. Ma'ia'i, (2010) describes the Samoan language for this

as le tiagafusia iga; ticalofa; feaga'ialofa (p. 564). Also, Lewin (1996) defined compassion as “a virtue that comes from an appreciation of links binding us to each other, a pursuit of kindness in which compassion is a central feature of search for creative potential” (p. 36). Compassion is in our human spirit and clients respond to the caring and kind human elements of a counsellor. Compassion bridges a counsellor’s world with a client’s world and provides a platform for a client’s creative potential to come to the forefront in their therapeutic healing journey.

Methodology

The purpose of this report was to establish what is good practice for mainstream crisis support services when working with Pacific survivors of sexual violence and to recommend good practice guidelines which can be used by mainstream crisis support services to inform their service development and practice when working with Pacific survivors.

Talanoa methodology

Given the Pacific landscape of the topic, the purpose of this research and the scope of this study, a qualitative, exploratory approach using fono focus groups and individual interviews were chosen as the most culturally appropriate. Writing about qualitative research, Wiesenfeld (2000, p. 205), emphasised aspects of “shared knowledge” and “joint reflection” with participants when describing the kind of environment and attitudes that qualitative approaches require and which are consistent with Pacific values.

The Talanoa research methodology was agreed upon as our Pacific people are orators and like to talk story.

Research Participants

There were eleven Pacific research participants in total, 9 female and 2 male. The females were aged 40 to -63 years, and males aged 35 and 53 years. Their ethnicities were Tongan (Tongan born), Tongan (New Zealand born), Niuean/Māori, Niuean, Samoan (New Zealand born) and Samoan (Samoa born).

Development of the questioning guide

The talanoa in the fono and individual interviews began with the researcher

respectfully checking in to see if there was a cultural protocol and inviting the participant to open up their talanoa, as Morrison & Vaioleti, (2008) stated:

“A talanoa approach is a traditional Pacific reciprocating interaction which is driven by common interest, regard for respectfulness, and is conducted mainly face to face” (p.11). There were three open-ended questions (Appendix C) to start the conversation with and out of respectful reciprocity of talanoa, it was planned that there was extended time and space given for any informal openness for both the participant and researcher to reflect back, to add to or clarify the meaning of what had been said, to check native language use and indigenous meaning, and to discuss further where needed. Reminder prompts in relation to these questions were ‘what were the kind of supports needed for Pacific survivors when in crisis following sexual assault/abuse (physical, mental, emotional, spiritual, cultural)’, ‘talanoa around the sexual abuse crisis mainstream/Pacific services/counsellors and how these needs translate into recommendations/guidelines for those working with Pacific crisis survivors’.

Research Process

A participant information sheet (Appendix A), participant consent form (Appendix B), and a questioning guide for the interviews (Appendix C) were prepared. Through word of mouth and snowballing, eleven participants were recruited and agreed to take part in this research. Personal face to face contacts, phone calls, texts and follow-up emails led to the researcher emailing and dropping off the Participant Information Sheet and Questioning guide prior to meeting. This allowed each participant to read through what was involved in the research process and gave them time to make a decision as to whether or not they wanted to take part. As a result, two fonos were held. The first fono took place in a Community-based Missions Centre building and the other fono took place in a Church hall. Prior to the participants signing the consent form, we discussed confidentiality and the use of numbers to protect their identity in the analysis phase. Hot drinks and dinner were provided. All participants understood the process and no questions were asked by them. The fono was digitally audio recorded and where there was indigenous language used, the participant and researcher worked together to capture the spelling and meaning of the words used so that when it came to transcribing the

different languages (Tongan, Niuean and Samoan) this was accurately recorded as best as possible. Participants were invited to give feedback on draft results and they were able to read through, check and make any changes.

Data analysis

The participants were then presented with the results, the emergent themes, at the second fono and there was opportunity for any further translations, corrections or final comments or input to be made. Also, this part of the process provided a check that through this final verification, creating theory from the ground up, that it was truly grounded in the participants' words. Participants used Pacific languages (Tongan, Niuean, Samoan) in their interviews and these were transcribed which enabled me to experience the richness of their worldview, therefore their correct spelling and their authentic meaning needed to be confirmed by the participant. In using the participant's words, I captured the participants' experiential knowledge and ensured that I did not make assumptions, as outlined in the ethical considerations below.

Ethical considerations

Through reflexive practices I recorded my own thought process, values and beliefs. Pienaar (2011) describes reflexivity as a reflection process in which values and emotions may influence the research. There is a need, as Hodge (2005) states, "to be aware of any value conflicts and to ensure that no counter transference happens" (p. 85). As an 'insider researcher' collating Pacific practitioners' experiences and stories of what is 'good practice' for mainstream crisis support services when working with Pacific survivors of sexual violence, I wanted to be ethically respectful of them as people and as fellow professional Pacific counsellors. "Insider research has to be as ethical and respectful, as reflexive and critical, as outsider research" (Smith, 1999, p. 139). Accountability for my own lenses was important to address any subjectivities or assumptions I may have. As an insider researcher, the need to journal 'my Pacific self' while conducting my research was therapeutic and enabled me to record 'process notes' consisting of my own personal memorandums of ideas shared and points of difference. This was consistent too with grounded theory in

which keeping memos is a key component in the process of auditing and analysing data, together with the constant comparative method.

Trustworthiness and Validity

As mentioned above, accountability for my own lenses through journaling and regular supervision sessions which were held with two supervisors -Lead researcher of the overall project Dr Julie Wharewera-Mika and Pacific counsellor Cabrini 'Ofa Makasiale. To avoid any research-bias, any subjectivities or assumptions were addressed at supervision times.

Both supervisors had input into, read and provided constructive feedback on the research material. Regular meetings were held with Cabrini 'Ofa Makasiale and Pacific practitioners to ensure that the researcher's meaning and data interpretation was objective and if subjective, it was checked with the in-depth notes of the research process.

Maintaining trustworthiness in this current study required that all research data was kept in a secure place so audio tapes, consent forms and transcribed notes were kept in a locked filing cabinet.

Establishing trust was particularly important in this project as the researcher knew the female participants who worked in the same field. This was mentioned to both supervisors and also in the talanoa process with the participants.

Teu le va and client-centred concepts were used in the talanoa process to ensure that in interviewing participants it was ethically and culturally safe, such as providing that sacred space (teu le va) and providing unconditional positive regard to the participants. As Rogers (1995) stated, "having a warm regard for a client as a person is vital...that this person is of value...an acceptance of positive and negative attitudes...to have a deep empathetic understanding to be able see our client's world through their eyes" (p. 34). All this was needed to further establish a research relationship with each participant, in order that their indigenous life stories and language would be captured through the talanoa process, recorded and then analysed in their individual interview.

Results

The results from the fono (focus groups) and semi-structured interviews of two male and nine female participants. The objective of this study was to establish what is 'good practice' for 'mainstream' crisis support services when working with Pacific survivors of sexual violence, and to develop this 'good practice' into recommended guidelines for 'mainstream' crisis support services to inform their service development and practice.

During the fono and individual interviews, stories were told of the participants' life experiences and clinical knowledge, as people and as professionals, revealing that they approached their work from a place of dignity, courage and strength. While there were unique aspects to each participant's experiences and approaches to their practice, there were common strands that emerged from the talanoa with each participant, interweaving in the pattern that was revealed through the analysis of the interview transcripts.

The following are emerging themes:

Pacific indigenous values

- Teu le va ma va fealoa'i (sacred relational space)

Some practitioners emphasised the importance of creating a safe, therapeutic space in holding crisis clients:

“Sexual violence is a violation of that sacred relational space between two people. For Pacific people, crisis services need to be acutely sensitive and not further violate that space by powering over clients and providing instant solutions. This space needs to be respectfully navigated” (Practitioner 6).

One practitioner further described this relational space as “feagaiga”. *Feagaiga* is a binding and sacred covenant (Tuimaleali'ifano, as cited in Huffer & So'o, 2000, p. 172). It is gender based which refers to the status of the sister and to the covenant between sister and brother. This relationship has as its focus the treasured and protected status of sisters, and by extension, of women generally (Aumua Mata'itusi Simanu, 2002; Huntsman & Hooper, 1996). The respect inherent in the relationship

included a prohibition on sexual talk, jokes or sexual content in media such as films where brothers and sisters were present (Aumua Mata'itusi Simanu, 2002). In Samoa this forms the basis of gender relationships:

“Cultural understanding of what it is of being Samoan and the whole feagaiga concept and as crisis workers you are trying to see if they are in that space or not or in a different space and they are not in either space” (Practitioner 4).

Silencing and shame

All practitioners spoke about underlying factors in the perpetuation of silencing and shame around sexual abuse by those in positions of authority whether in the church, the community, or their own family. “Complex dynamics (a cultural clash of spiritual values, the conflict of ethics, societal hierarchical structures of power and authority, the silencing of dissent, to name a few), as well as tension associated with values and ethics” (Va’afusuaga McRobie & ‘Ofa Makasiale, 2013, p.138) lead to silencing. Two practitioners remembered their clients’ comments on their own silencing and shame:

“They carry with them a cloak of shame that exacerbates their already muted voices” (Participant 6).

“I had to keep the secret to protect my family, especially my parents back in the Islands; shame if anyone finds out; shame on my family if I tell someone; shame if the church people find out” (Participant 8).

Therefore working therapeutically with Pacific crisis survivors of sexual abuse involves talanoa (that is, to have a conversation, to talk story). The talanoa process has the capacity to ensure that relationships continue on for the future generations and to maintain kinship ties. This process involves acknowledging the survivor who had the courage to break the silence and secrecy. This may also include identifying one support person in their cultural and social context:

“With Pacific peoples in crisis, it is who they can relate to and there’s not a lot of Pacific out there. My team are all European and my Crisis teams and that’s really important. That is one of the things we do is ask the survivors do they want to be referred to a culturally appropriate service or is there anything cultural to know and most of the time they say no but I think it so important to know if they actually had someone who knew where they come from” (Participant 5).

Another practitioner spoke about the perpetrator/offender’s shame which needs to be brought out into the talanoa:

“The survivor’s needs is what we work with, but absolutely with the perpetrator/offenders there’s got to be a discussion and whatever way it goes. Even if they don’t go to jail, it’s the shame of it that needs to be brought out, it still needs to be talked about in the whole church and the shame of it” (Participant 5).

The impact on family

The initial disclosure of a sexual abuse crisis in a Pacific family is tense and volatile:

“Pacific people need to remember that when dealing with sexual abuse in the family, the act of sexual abuse changes family dynamic and the issue needs to be addressed and not swept under the carpet. The offender does not get a free pass for the sake of peace in the family. Family don’t abuse each other” (Participant 11).

In addressing the issue, talanoa with families happens in order for them to deal with the issue and with the shame, and together to develop a plan for the way forward.

Two practitioners referred to indigenous metaphors and proverbs used when working with Pacific families who have experienced sexual abuse (*Participant 6 and Participant 8*), consistent with literature:

“Metaphoric narratives and proverbs can be used in this talanoa process as described by Matai’a (2006) an indigenous metaphoric narrative of laumei to address the taboos of sexual abuse and incest that happens within families (p.146). Laumei refers to a turtle whose nature during mating season is to mate with its own offspring. Mata-i-fale is term of indescribable shame, for it describes a situation in which one’s eyes have turned to one’s own family and home environment for sexual gratification (Va’afusuaga McRobie & ‘Ofa Makasiale, 2013,p.140)

With Pacific sexual abuse crisis survivors, indigenous values of talanoa (to have a conversation and to talk story), metaphoric narratives of *laumei* (turtle) and the significance of forgiveness can be used. Talanoa is key in firstly acknowledging the survivor has had the courage to tell and to break her/his silence. One-on-one counselling with the survivor in crisis is crucial as their safety is paramount. It is when the survivor is ready with their appropriate support person/s that talanoa begins with their family members. Talanoa enables the family to deal with the issue, and with the shame and disgrace of what has happened, and together to develop a way forward.

Those involved in the talanoa process could be representatives from families, church or community members as talanoa brings forth the issue of sexual abuse or incest (Va’afusuaga McRobie & Makasiale, 2013).

The impact on Pacific young people and sexual violence

Most practitioners spoke about the importance of working with the families of Pacific survivors:

“Work with the family first and make sure the young person is safe. The biggest concern is the impact on Mum or Dad...I would probably work with crisis team who work with the families as that’s a crucial point for young people” (Participant 4).

“Parents have their own issues too and usually are blaming. You know the poor daughter and they do think it’s their fault that if they had not done what they had done then this would not have happened. So they have their issues and poor daughter is trying to cope with this and doesn’t want to upset the parents and just wants to forget it”
(Participant 5).

From her own personal experiences as a survivor of sexual abuse as a young person, this practitioner reinforced the complex and challenging dynamic of her parent’s initial response in the crisis:

“My mother unloaded a lot of her own issues on me and wanted to know all the details about what had been done to me. There needs to be a boundary where the parent is respectful. I don’t think that victims should fully disclose to their parents what happened because it’ll only cause more hurt and victims shouldn’t be feel forced to say. The one good thing my mother did was that she made sure I had a good support system. I had an aunty that was there for me when I was dealing with court. Even though my Mum couldn’t be there in the way I needed she was able to provide someone who could. There are many cases where families are under resourced and it’s important that the victim is provided with someone who can be there to support them when going through the court process” (Participant 11).

Pressure from family members, guilt and self-blame are significant issues for young people experiencing sexual violence:

“Parents shouldn’t manipulate their children who are victims e.g. saying ‘they are family’, for example, I had to attend family functions where the person who abused me was present and I just had to put up with it. I was expected to just be ok with it. Parents need to acknowledge to the victim and not minimise their pain. Just because someone is family that

does not make it ok, we need to remember that sexual abuse is wrong regardless of relation. I feel as a victim of sexual abuse that my parents made me feel guilty because I went to the police and my brother went to prison and I had to fight to get my voice heard. Parents should just say I support you and deal with their emotions elsewhere” (Participant 11).

Pacific men and sexual violence

One Pacific male practitioner who worked in a Pacific community mental health and disability agency commented on the use of prayer in the initial disclosure and crisis moments:

“When a Pacific male has disclosed sexual abuse, I listen to him and pray with him. I then refer him onto one of the church leadership who then refer him onto a professional social worker or counsellor” (Participant 7).

Pacific and Western approaches

Most practitioners talked about the differences between Western and Pacific counselling approaches being due to perceived contrasts between European/Western thinking and Pacific values such as spirituality and concepts such as ifoga, the indigenous Samoan term for forgiveness, as described above.

With different values, different counselling models that originated in the Western context are used in pālagi educational institutions. To the participants in this study, these Western models did not seem to recognise the importance of Pacific clients’ oral traditions and spiritual beliefs. One counsellor spoke about Freud’s ‘weirdness’ when she encountered his ideas and Bowlby’s attachment theory which seemed different from her own Christian background.

“Our Pacific way is more like a fine mat, full of colour, threads and

interconnection” (Participant 3)

This was in contrast to a reference in the literature, Bowden’s (2013) statement that the :

Model and modalities imported from overseas have served us well and provided important ideas to build on... people who come here from the East have profound philosophical approaches to hardship, despair, and suffering, quite different from the belief systems that produced psychodynamics. The Eurocentric tendency is to separate spirit from matter, meaning from analysis, and abstraction from reality.

Yet, in contrast to this, all counsellors also acknowledged their use of the client-centred approach, a Western model, as a baseline into which they would integrate their own Pacific indigenous approaches. These include the use of prayer and the Fonofale model (as described in the literature review).

Cultural and Mainstream crisis support services that Pacific peoples have accessed

All practitioners agreed that effective crisis support services were those that had awareness and understanding of cultural values of family, spirituality in God and were knowledgeable in New Zealand laws regarding CYF, Children, Young Persons and their Families Act, ACC, Family Court, law and Police, as captured in this reference:

“Disclosures by survivors of sexual abuse to school counsellors and staff can sometimes lead to a statutory and judicial process via Child Youth and Family (CYFS) notifications. Police evidential video units (EVU), Accident Compensation Commission’s sensitive claims unit, ACC sexual abuse trauma counselling and if there is enough evidence, eventually to court...Also provides psychoeducation to survivor’s support person whether it will be a

close family member (s) or friend (s) in that working with them has enabled a shift in their thinking from tribal, clannish thinking to public social justice thinking” (Va’afusuaga McRobie & ‘Ofa Makasiale, 2013, p.134)

- Limited Pacific practitioners in the sexual violence field

Presently there are limited Pacific crisis social workers, ACC approved counsellors and trained sexual violence practitioners working in the area of sexual violence.

Practitioners spoke about building capacity for Pacific practitioners:

“I wonder about students coming through counselling training and they come out and often there’s a gap between coming out and getting a job and having people around them, not just actually mentoring while they’re studying but when they come out” (Participant 4).

“Mentoring and walking with others” (Participant 3).

- A Pacific brown face in the crisis process

One participant spoke about having a brown face to facilitate the crisis space for Pacific survivors:

“Crisis process definitely needs a brown face. It’s nothing more comforting than seeing someone come in and it’s a brown face. I’m not saying that our European colleagues are not able to show empathy but it’s just that feeling of a brown face coming in and being part of that crisis or seeing that family...a brown face who is able to facilitate that space for the families, for the victim or survivor, to hold that space for the family of that survivor” (Participant 3).

- The need for cultural competency training

However, other participants argued that while there is a shortage of Pacific sexual violence specialists and ACC counsellors, as long as there is someone who is supportive, that is what counts. In reality, Pacific sexual violence survivors are

seeing Pakeha practitioners, therefore cultural competency around cultural principles is needed for Pakeha:

“Someone who will support the victim and someone to mediate with the family and understand the culture and they are sensitive. So if there’s Pakeha there has to be some benchmarks around the cultural principles...differences for Samoans...differences for Niuean and it’s important to know those sort of things...culturally competent” (Participant 1).

- The need for cultural assessment right at the very beginning

Practitioners emphasised the importance of a cultural assessment for Pacific crisis survivors to ensure access and availability to resources:

“Cultural assessment right from the start. Assess according to language, culture, background and cultural connectedness. A cultural assessment maybe done by a Tongan or Samoan worker in the crisis team. Cultural assessments are different from professionals’ assessments and police internal processes. Police use legal processes and there can be pressure from a Pacific family, church or community on the survivor to not to report to the Police, therefore a cultural assessment is needed to support the survivor” (Participant 2).

- The need for cultural supervision for Pacific and non-Pacific practitioners
“For non-Pacific counsellors they need cultural supervision, that’s a must when they work with Pacific people and be familiar with the cultural competencies that need to be developed. We developed some for Alcohol and Drugs so there should be some around or maybe look at that and work from there” (Participant 2).
- There is no cultural competencies developed yet for Pacific people in the area of sexual violence.
“There is none (no cultural competencies), specific for Pacific for sexual abuse. Forget about that specific for Pacific, its integrated or multidisciplinary

where there is a Pacific person, there needs to be supports put in place for that one person” (Participant 2).

Access to resources such as crisis counselling is needed for Pacific when in crisis following sexual assault/abuse:

“Counselling should be provided to assist them emotionally and it’s important to have a safe person who is not emotionally involved and does not know them personally. It should be compulsory to go if you are under eighteen, because you’re not equipped to deal with sexual assault/abuse. There should be a set number of sessions that are mandatory and what the victim chooses to discuss is up to them. A Pacific person may say that they don’t need it but they won’t know unless they go to counselling themselves” (Participant 11).

- Lack of cohesiveness of services for Pacific crisis survivors and their families

One practitioner courageously shared from her personal experiences as a mother of a survivor and offender in one family that “due to confidentiality between agencies”, she struggled with the lack of cohesiveness of all the crisis services involved:

“Reading out a powerful and moving poem of a Pacific, single mother’s perspective of a daughter who was sexually abused by her own brother. As a mother, the dilemma that I had to face and the frustration with crisis services. As a mother who has sat on both sides where a sister has been sexually violated by a brother and having to go through a court process...our family has been smashed to bits...going through the criminal justice system to hear that disclosure...making sure my girl is safe and we go through all these agencies that don’t help us...my heart is split as a mother and as a therapist and to be able to support both because both are victims and then in that situation what I would say in going to court...I wish there was more cohesion (from agencies involved). There is so much about Confidentiality and how agencies had this information and how much information I gave to agencies...one point of contact at the beginning before the professionals got involved...I feel like my son wouldn’t be in prison today if only a provider had taken seriously the SAFE referral” (Participant 2).

Other practitioners spoke that the one point of contact at the beginning of the crisis process was important and a Pacific Island perspective of Project Restore was mentioned:

“An awareness of restorative justice for Pacific Island crisis clients and their families/church/community is needed, that one point of contact at the beginning. A Pacific Island version of Project Restore (a community based not for profit organisation that has been providing services since 2005 for those who have been harmed by sexual violence. They offer services such as criminal justice processes, police and restorative justice conferences between those who have been harmed and those who caused the harm). Pacific professionals who are there right from the beginning of a crisis process and who are available to offer cultural advice, consultancy and co-ordinate restorative justice conferences for Pacific survivors and their families” (Participant 8).

Indigenous restorative justice

The use of indigenous principles such as *ifoga* in her counselling practice influenced the therapeutic healing process for one practitioner’s clients.

Ifoga is a Samoan principle of forgiveness, in which an offender and victim’s families and/or church support can be involved in the restorative justice process.

“If we think about Samoan ifoga, the Samoan concept of forgiveness you know that’s another thing in terms of spirituality is that forgiveness is a concept that is very much inherent in us and it’s something that we actually . . . ahmm . . . you know, we practice. It’s an actual principle that we hold quite dearly you know like the ifoga kind of concepts. That was her starting point to heal was repairing that and some forgiveness (practising principles of ifoga)” (Participant 2).

Another practitioner also used indigenous principles such as ifoga in her counselling practice expressed the view that her “Western counterparts wouldn’t have any understanding” of this, perhaps because it did not come from a counselling textbook but from her indigenous knowledge:

“Thinking in a way that was not actually in a book, it’s not in a book. These kind of things you know, you just have to know, eh? If I am thinking about some of my Western counterparts, they, they wouldn’t have any understanding and that’s not to put them down or demeaning about their practice but it’s just this is part of who we are. We just have that kind of understanding. I don’t know the words for it” (Participant 10).

Christian spiritual values in God as a healing tool

All practitioners commented on mainstream services looking down and dismissing indigenous values such as Christian spiritual values in crisis moments:

“We talk about Christian spirituality which mainstream look down upon for Pacific spirituality, but it is very acceptable for them to talk about crystals, mother earth and Buddha’s mindfulness and so all of those are very good at accepting Eastern mythologies and gods. So that needs to be articulated around Christian Spirituality” (Participant 3).

In crisis moments, Pacific survivors of sexual abuse present to mainstream services with a broken heart and brokenness in spirit:

“Wholistic brokenness in spirit, heart and mind. Spiritual faith for Pacific

is part of the holding in crisis times” (Participant 8).

Therefore, the Pacific heart and spirit needs to be acknowledged and be embraced with warmth, love and care towards them (*Participant 6*):

“As early as the 1940s, American psychologist Carl Rogers proposed that the therapeutic heart required empathy/interpathy and unconditional positive regard for one’s clients (Kahn, 1997). Perhaps Rogers carries some unconscious knowing of the heart of the Pacific Islander. In the Christian belief system, warmth, love and respect have always been among the core tenets of a relationship with God, others and self. The emphasis on being in the presence of God and in the presence of the other with love and attunement has been inherent, to a greater or lesser degree, in the spirituality of the theistic traditions”(‘Ofa Makasiale, 2007, p.130)

All participants agreed that spirituality is a healing tool:

“Talk about spiritual you know the bible says when a man and a woman lie down that’s a spiritual act. For me when someone does that (sexually abuses) to a vulnerable person, they not only rape them physically, culturally, mindfully. Spiritually that was the most ultimate violation against vulnerable people...in saying that, spiritual healing is very important and needs to take place and this is where you come in and praying that God can actually heal and I believe God heals that violation and that’s why it is important to have spirituality attached to our practice”(Participant 3).

According to one practitioner, sexual abuse is sexual sin and conversations need to happen:

“In talking about this, sexual sin is the only one that changes you from the inside out and really impacts our personality. I get concerned about spirituality

in that it's all about forgiveness, I forgive you and that's it. I say there needs to be conversations about when we are talking about spirituality, where is the God space we are talking about that is healing, holding, that a lot of us know and experienced and where is it again where it can be abusive. We are talking about faifeaus, uncles...they abuse the positions they have and we need to have conversations around that as to what is spirituality for Pasifika and what is not and then we can help people with their whakama when they sit on that continuum" (Participant 1).

Other practitioners agreed and challenged Pacific people, community and churches to start talking:

"...we need to lift that shame veil off, talk about it and invite our families to make a safety plan. Talk about prevention, early intervention and postvention and raise awareness around dealing with sexual abuse crisis" (Participant 3).

"Lift that shame veil off" training and Education

All practitioners agreed with the following practitioner that there needed to be training and education for Pacific families, churches and communities in dealing with sexual abuse:

"Pacific around/for Pacific abuse campaign on sexual abuse crisis and support services. Education in churches, information, radio, pamphlets in the Pacific Island languages for schools, churches, communities on appropriate sexual touch. Social media to raise awareness. A website for Pacific similar to that of family violence and suicide intervention" (Participant 1).

As a survivor of child sexual abuse, this participant stated the issue of sexual abuse needs to be talked about:

"The issue of sexual assault/abuse needs to be discussed more with Pacific people because it happens too frequently yet no one is addressing how to prevent this. We need to break the barrier of 'we don't talk about this'. We need to talk about it in church, at home, school, youth group so that people don't feel so embarrassed. Children should be allowed to not have to

kiss/greet every relative if they don't feel comfortable because it's their body. The child has a choice and this can help teach them about 'safe touch' for example when you tell a child 'you must give your aunty a kiss'. (Participant 11).

Summary

Overall, all practitioner's recounted stories of their experiences in mainstream crisis support services when working with Pacific survivors of sexual violence. These stories incorporated their personal identities, connection to kinship ties, and their organic grassroots as people and as practitioners.

Creating the space for Pacific clients in crisis right from the start was significant; a space where clients' identities, connections and spirituality could be welcomed and acknowledged, formed a very important part of their work. All ten practitioners perceived that when this cultural and spiritual awareness is there, then the overall effect on Pacific survivors' therapeutic, change process and wellbeing will be positive.

All practitioners felt that education on cultural competency and awareness in mainstream crisis support services was needed and appropriate when engaging first-time Pacific survivors and their families in crisis. Participants also described the ways in which they integrated the use of Pasifika values with counselling approaches and strategies, such as client centred approaches that are identified as Western in origin but are in common use across ethnic groups.

Limitations

Nevertheless, the results of this study need to be considered in relation to its limitations as well as its strengths. The scope of the study was limited, as ten practitioners and one young person interviewed were a small sample. In saying this, the information from this research reflects female, male and a young person's perspectives, and further investigation would be needed to obtain the views of those living with disability and from a transgender viewpoint. In addition, unless a larger scale research study was undertaken, the results could not be seen as representative of the views and practice of all Pacific practitioners.

Strengths

The talanoa with these Pacific practitioners' was sacred. As a counsellor and researcher, Teu Le Va, in being respectful of their relational space provided a platform of reverence as their stories were powerfully told with dignity, pride and strength. The practitioners felt they benefited from taking part in this research in that their stories strengthened their own personal resilience in their practices but also can encourage and inform other Pacific and non-Pacific practitioners who work with Pacific clients. They gained satisfaction from contributing to the collection and dissemination of professional knowledge that benefited themselves and others.

Recommendations and guidelines for sexual violence crisis support services working with Pacific peoples

As has been noted, although it has been a small scale study the results of this research can contribute to cross-cultural training and education for all therapists who work with Pacific clients. As 'Ofa Makasiale (2007) suggests, the following guidelines are valuable in working cross-culturally:

- “1. Frequent exposure to interacting and working with Pacific Island clients is paramount in formal and informal settings.
2. Engaging a Pacific Island supervisor who is bilingual helps to provide an environment for clinical discussion, analysis, and theological dialogue.
3. Taking Pacific Island case studies to cross-cultural study group settings enables knowledge of other cultural therapeutic tools to further sculpt and refine one's own learnings and discoveries” (p.120).

It was clear from the results that there are both misunderstandings and limited knowledge among practitioners across difference ethnicities and cultures about the diversity of modalities and approaches being used in mainstream crisis support services, and about others' world views. More opportunities for talanoa and dialogue across perceived cultural differences would be valuable for all—Pacific, Māori, Palagi and others including those who themselves are multi-ethnic. Therefore, cultural competencies specific for working with Pacific survivors can become a start in the talanoa as this needs to be developed by Pacific practitioners, as a contribution to good practice guidelines for mainstream crisis support services.

Developing cultural competencies for working with Pacific survivors would provide a basis for conversations around implementing cultural assessments right at the very beginning of a crisis support process, as this research reinforced that indigenous Pacific values are critical in the healing process for a Pacific survivor who has experienced sexual violence. Part of this indigenous healing process is the possibility of exploring restorative justice from a Pacific perspective (similar to work that Project Restore does) and how this maybe integrated into the crisis support services right

from the start. As one participant noted, one point of contact for a Pacific survivor and their family is crucial to ensure there is cohesiveness and consistency in the delivery of crisis support services. A recommended outcome of this would be training in cultural competencies and cultural assessment guidelines in mainstream support services responding to sexual violence for Pacific people. This training would be for Pacific and non-Pacific practitioners.

Encouraging Pacific practitioners and other community and Church leaders to undertake psychoeducational work within the Pacific community to educate people on what is sexual violence and provide information. As part of this information, to provide a directory of names and 0800 Rape Crisis or HELP/Counselling Services helpline numbers of mainstream crisis support services responding to sexual violence.

Education on accessing ACC counselling for sexual violence and how it can support the Pacific survivor emotionally in positive ways seems urgent at a time when the pressures they experience are increasingly complex. In addition, encouraging Pacific practitioners to write about their practice, engage in research that demonstrates the creativity and effectiveness of their approaches, and disseminate information about their work would enrich the work of others and benefit the Pacific community.

- Guidelines for crisis service volunteers and professionals working with Pacific:
 - Increased cultural awareness and understanding of Pacific values of family, talanoa, and respect of spirituality in God.
 - Understanding a Pacific context including the unique impact sexual violence has on Pacific survivors, families and communities.
 - Access Pacific cultural supervision.
- Crisis service delivery:
 - Support the development and implementation of Pacific cultural competencies.
 - Pacific workforce development focussed on active recruitment of dually competent Pacific clinicians

- Improving access to appropriate support people and services for Pacific peoples. This should include both sexual violence services and Pacific cultural workers, and improved access to cultural specific interventions (such as spiritual support through prayer, and indigenous models to work with Pacific families).
- Increased engagement with Pacific communities, including establishing relationships with relevant Pacific services and partners (such as local churches) .Psycho-education.
- Provide access to Pacific cultural supervision.
- List of service providers who provide sexual abuse crisis support for Pacific survivors of sexual violence (Appendix D).

References

- ACC's Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand (2008). ACC Wellington, New Zealand.
- ACC 'find support' (2015). Find the right person/therapist to talk to. Retrieved from <http://www.acc.findsupport.co.nz>.
- Agee, M. N., McIntosh, T., Culbertson, P., & 'Ofa Makasiale, C. (Eds.). (2013). *Pacific identities and well-being. cross-cultural perspectives*. New York, NY: Routledge.
- Anae, M. (1998). *Fofoa-i-vao-ese: The identity journeys of New Zealand-born Samoans* (Unpublished PhD thesis). University of Auckland, NZ.
- Anae, M. (2002). *Roots/Routes: Malaga and Pacific Studies at the University of Auckland*. Centre for Pacific Studies: University of Auckland.
- Anae, M. (2005). *Teu le va: "New" directions in thinking about Pacific health research in New Zealand*. Paper presented at the Centre for Pacific Studies, University of Auckland Pacific Scholars Postgraduate Seminar Series.
- Anae, M. (2010). *Research for better Pacific schooling in New Zealand: Teu Le Va – a Samoan perspective*. Retrieved from <http://www.review.mai.ac.nz>.
- Anae, M., Fuamatu, N., Lima, I., Mariner, K., Park, J., & Suaalii-Sauni, T. (2000). *The Roles and Responsibilities of Some Samoan Men in Reproduction*. Auckland: Pacific Health Research Centre; The University of Auckland.
- Aumua Mata'itusi Simanu, P. (2002). *O si Manu a Ali'i: A text for the advanced study of Samoan language and culture*. Honolulu: University of Hawai'i Press.
- Berking, T., Fatialofa, C., Lupe, K., Skippis-Patterson, S., & Agee, M. N. (2007). Being 'Afakasi. In P. Culbertson, M. N. Agee, & C. 'Ofa Makasiale (Eds.), *Penina uliuli: Contemporary challenges in mental health for Pacific peoples* (pp. 49–62). Honolulu: University of Hawai'i Press.
- Bohart, E., Watson, J.C., & Greenberg, L.S. (2011). Empathy. *Psychotherapy: Theory, Research, Practice & Training*, American Psychological Association, 48, 43-49. DOI: 10.1037/a0022187.
- Bowden, R. (2013). Cultural counseling: Beyond method and modality. In M. N. Agee, T. McIntosh, P. Culbertson, & C. 'Ofa Makasiale (Eds.) *Pacific identities and well-being* (pp. 142–52). New York, NY: Routledge
- Chamaz, K. (2006). *Practical guide through qualitative analysis*. Sage Publications Ltd. USA.
- Charmaz, K. (2014). *Constructing grounded theory*. Sage Publications Ltd. USA.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques to developing grounded theory* (3rd Ed.). Los Angeles, CA: Sage.
- Culbertson, P., Agee, M. N., & 'Ofa Makasiale, C. (Eds.) (2007). *Penina uliuli: Contemporary challenges in mental health for Pacific peoples*. Honolulu: University of Hawai'i Press.

- Dennehy, G. & Newbold, G. (2001). *The Girls in the Gang*. Auckland: Reed.
- Efi, T. (2009). *O le e lava I tiga, ole ivi, le toto, ma le aano/He who rallies in my hour of need is my kin*. Paper presented to New Zealand Families Commission at the Pasifika Families Fono, Manukau, NZ.
- Fanslow, J., and Robinson, E. (2004) 'Violence against women in New Zealand: prevalence and health consequences.' *The New Zealand Medical Journal*, 117(1206), 1173-1184. Retrieved from <http://women.govt.nz/our-work/increased-safety-violence/what-violence-against-women#sthash.lBeBz66Y.dpuf>
- Farrelly, T., & Nabobo-Baba, U. (2012, December 3–5). *Talanoa as Empathic Research*. Paper presented at the International Development Conference, Auckland, NZ.
- Foliaki, S. A., Kokaua, J., Schaaf, D., & Tukuitonga, C. (2006). Pacific people. In M. A. Oakley-Browne, J. E. Wells, & K. M. Scott (Eds.), *Te rau hingengaro: The New Zealand Mental Health Survey* (pp. 178–208). Wellington, NZ: Ministry of Health.
- Garcia-Moreno C, Heise L, Jansen HAFM, Ellsberg M, Watts C. (2005). WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*, Chicago, Aldine Publishing company.
- Glaser, B. G., & Strauss, A. L. (2009). *The discovery of grounded theory: Strategies for qualitative research*. Transaction Publishers.
- Helu-Thaman, K. H. (1997). *Kakala: A Pacific concept of teaching and learning*. Keynote address, Australian College of Education National Conference, Cairns, Australia.
- Hodge, D. (2005). Spiritual Lifemaps: A Client-centred pictorial instrument for spiritual assessment, planning and intervention. *Social Work*, 50(1), 77-87.
- Huntsman, J., & Hooper, A. (1996). *Tokelau: A historical ethnography*. Auckland, NZ: Auckland University Press.
- Kahn, M. (1997). *Between therapist and client: The new relationship*. New York, NY: W. H. Freeman.
- Kingi, V., Jordan, J., with Moeke-Maxwell, T & Fairburn-Dunlop, P. (2009). *Responding to sexual violence pathways and recovery*. Ministry of Women's Affairs: Wellington.
- Lewin, R. (1996). *Compassion: The core value that animates psychotherapy*. North Bergen, NJ: Book Mart Press.
- Ma'ia'i, S. (2010). *Tusi upu Samoa. The Samoan dictionary of Papaali'i Dr Semisi Ma'ia'i*. Auckland, NZ: Island Press.
- 'Ofa Makasiale, C. (2007). The use of symbol and metaphor in Pacific counselling. In P. Culbertson, M. N. Agee, & C. 'Ofa Makasiale (Eds.). *Penina uliuli: Contemporary challenges in mental health for Pacific peoples* (pp. 109–121).

Honolulu: University of Hawai'i Press.

Makasiale, C., Silipa, N., & Va'afusuaga McRobie, S. (2011). *Stress through Pasifika eyes*. New Zealand Tertiary Counsellors Hui, Auckland: University of Auckland.

Manuela, S., & Sibley, C (2012). The Pacific Identity and Wellbeing Scale (PIWBS): A culturally-appropriate self-report measure for Pacific peoples in New Zealand. *Social Indicators Research*, 112(1), 83–103. Retrieved from http://econpapers.repec.org/article/sprsoinre/v_3a112_3ay_3a2013_3ai_3a1_3ap_3a83-103.htm

Matai'a, J. (2006). It's not what you say, it's how you say it: Cultural ambiguity and speaking without naming the unspeakable. *Tu Mau II, Social Work Review*, 18 (Autumn), 37–41.

Mila-Schaaf, K. (2006). Vā-centred social work: Possibilities for a Pacific approach to social work practice. *Tu Mau II, Social Work Review* 18 (Autumn), 8–13. Ministry of Health (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington, NZ: Author.

Ministry of Health (2014). *Factors affecting Pacific Peoples Health*. Retrieved from <http://www.health.govt.nz/our-work/populations/pacific-health/factors-affecting-pacific-peoples-health>.

Ministry of Pacific Island Affairs (2010). *Report on Pacific pathways to the prevention of Sexual Violence*. By T. Percival, R. Robati-Mani, E.Powell, P.Kingi, M.C. Peteru, L. Hope, E. Finau, E.Selu & J.Rankine. *Pacific Health School of Population Health, University of Auckland*.

Morrison, S., & Vaioleti, T. (2008). *Ko te tangata: An analysis of key government policy documents and strategies to identify trends that will influence Māori and Pacific progress within the Adult and Community Education (ACE) sector and professional development (PD) opportunities within ACE*. Retrieved from <http://www.tec.govt.nz/upload/downloads/ace-pd-ko-te-tangata.pdf>

Pienaar, F. (2011). Counselling Laboratory groupwork. School of Counselling Human Services and Social Work. University of Auckland.

Pulotu-Endemann, K. (2001). *Fonofale model of health*. Retrieved from <http://www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf>

Regmi, K., & Kottler, J. A. (2009). An epistemologist learns grounded theory. In V. Minichiello & J. A. Kottler (Eds.), *Qualitative journeys: Student and mentor experiences with research* (pp. 71-87). Los Angeles, CA: Sage.

Rogers, C. R. (1995). *On becoming a person: A therapist's view of psychotherapy*. New York, NY: Houghton Mifflin.

- Samu, K. S. (2003). *Social correlates of suicide among Samoan youth* (Unpublished Master's thesis). University of Auckland, NZ.
- Sinisa, V. (2013). *The reflections by Tongan parents or caregivers on various factors that may have contributed to the suicide of their child* (Unpublished Master's research portfolio). University of Auckland, NZ.
- Smith, L. (1999). *Decolonising Methodologies: Research and Indigenous Peoples*. Dunedin, University of Otago Press.
- Statistics New Zealand (2013). *Pacific People*. Retrieved from http://www.stats.govt.nz/browse_for_stats/people_and_communities/pacific_peoples.aspx.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). Samoan and psychiatrists' perspectives on the self: A qualitative comparison. *Australian and New Zealand Journal of Psychiatry*, 39, 621–626.
- Tauwi responses to sexual violence. (2009). *Mainstream crisis support and recovery and support services and Pacific services*. Report prepared by McPhillips, K., Sullivan, H., Watts, V., Te Pou, S., Black, A., Berman, S., & Peteru, M for TOAH-NNEST-TC (Te Ohaaki a Hine:National Network Ending Sexual Violence Together – Tau Iwi Caucus) for Ministry of Social Development.
- Te Pou o Te Whakaaro Nui. (2010). *Talking therapies for Pasifika peoples. Best and promising guide for mental health and addiction services*. Auckland, NZ: National Centre of Mental Health Research.
- Tiatia, J. (2007). New Zealand-born Samoan young people, suicidal behaviours and the positive impact of spirituality. In P. Culbertson, M. N. Agee, & C 'Ofa Makasiale (Eds.), *Penina uliuli: Contemporary challenges in mental health for Pacific peoples*. (pp. 94–104). Honolulu: University of Hawai'i Press.
- Tiatia, J. (2008). Tauwi responses to Sexual Violence. *Mainstream crisis support and recovery and support services and Pacific services*. Report to Ministry of Social Development.
- Tuimaleali'ifano, as cited in Huffer & So'o, 2000 in Peteru, C & Percival, T (2010) O 'Aiga o le 'anofale o afio'aga ma le fatu o le aganu'u Samoan pathways to the prevention of sexual violence. Pacific Health School of Population Health University of Auckland, Ministry of Pacific Island Affairs, Wellington.
- Va'afusuaga McRobie (2010). ACC Sensitive Claims Advisory group meeting, ACC Sensitive Claims Unit, Wellington.
- Va'afusuaga McRobie, S., & 'Ofa Makasiale, C. (2013). On values and spirituality in trauma counselling. In M. N. Agee, T. McIntosh, P. Culbertson, & C. 'Ofa Makasiale (Eds.) *Pacific identities and well-being* (pp. 130–141). New York, NY: Routledge.
- Vaioleti, T. M. (2006). Talanoa research methodology: A developing position on Pacific research. *Waikato Journal of Education*, 12, 21–34.

- Vao, D., Vavau, A., & Va'afusuaga McRobie, S. (2009). *Good practice for mainstream crisis support services when working with Pacific Island sexual abuse survivors*. SAFE Symposium conference, Auckland.
- Waldegrave, C. (1990). Social justice and family therapy: A discussion of the work of the family centre, Lower Hutt, New Zealand. *Dulwich Centre Newsletter*, 1, 5–47.
- Watts, V. (2009). Taiwi responses to Sexual Violence. *Mainstream crisis support and recovery and support services and Pacific services*. Report to Ministry of Social Development.
- Wiesenfeld, E. (2000). Between Prescription and Action: The Gap between the Theory and the Practice of Qualitative Inquiries. In *Forum: Qualitative Social Research* (Vol. 1, No. 2).

Appendices

Appendix A Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Working with Pacific

Good Practice Guidelines for Mainstream Crisis Support Services – Round 2

Talofa lava, Malo e lelei, Kia Orana, Ni sa bula vinaka, Fakalofalahiatu, Talohani, Halo oloketa, Fakatalofa atu and Warm Pacific greetings to you all

Invitation

In conversation with my clinical cultural supervisor Cabrini 'Ofa Makasiale, we as Pacific counsellors/clinical psychologists need to update the previous 'Good Practice Guidelines' and identify specific guidelines for working with Pacific survivors/victims. Therefore, we will be seeking feedback from services, service partners and key stakeholders. For this purpose, given your expertise in this area we would like to invite you to participate in this project.

Objective

- To establish what is “good practice” for “mainstream” crisis support services when working with Pacific survivors of sexual violence
- To develop this “good practice” into guidelines which can be used by “mainstream” crisis support services to inform their service development and practice

The purpose of this project is to update and extend existing 'Good Practice Guidelines', building upon the findings of an initial study conducted in 2009. The aim of the guidelines is to support good practice across the country to a range of population groups, including Pacific, and provide increased transparency and accountability with service partners, NZ Police and DSAC trained medical staff, with services funders and our communities.

Fono

In working together with our fellow colleague Dr Julie Wharewera-Mika, a TOAH-NNEST researcher from Te Ohaakii e Hine – National Network for ending Sexual Violence Together, we will be hosting a fono. This fono is to speak with invited

people to discuss the needs of our Pacific survivors/victim when in crisis, from mainstream crisis support services, on:

Date: **Saturday 18th July 2015**

Time: **4pm-6pm**

Where: **EPICOR Building, 20 Amersham Way, Manukau City (level six, MissioNZ centre)**

Project Description

The purpose of this project is to update and extend existing 'Good Practice Guidelines', building upon the findings of an initial study conducted in 2009. The aim of the guidelines is to support good practice across the country to a range of population groups, including Pacific, and provide increased transparency and accountability with service partners, NZ Police and DSAC trained medical staff, with service funders and our communities.

Project Team

The Working with Pacific project is being conducted by Sarah Va'afusuaga McRobie, (Research co-worker and member of the Good Practice Guidelines Advisory Group) with the support of Dr Julie Wharewera-Mika (Lead Researcher, Good Practice Guidelines, TOAH-NNEST). The Good Practice Guidelines project has a team over fifteen other members who make up the project advisory team, which includes: Kathryn McPhillips (Principle Project Supervisor) and Andrea Black (Project Supervisor). They are supported by the research advisory group: Melanie Calvesbert (Wellington HELP), Wendt Laird (SOS, Rape Crisis), HariataRiwhi (Whangarei Rape Crisis), Louise Nicholas (Survivor Advocate, Rape Crisis), Dr Christine Foley (DSAC), Mike McCarthy (NZ Police), Hera Pierce (NgaKaitiaki Mauri, TOAH-NNEST), Joy TeWiata (NgaKaitiaki Mauri, TOAH-NNEST), Ken Clearwater (Male Survivors of Sexual Abuse Trust), Ellie Lim (Women's Centre), AychMcCardley (Rainbow Youth), Ezekiel Robson (Disability sector), and Dayna Cooper (Youthline).

- *Process:* The fono will be approximately two hours in duration, and will be taped by digital recorder to ensure all the in-depth korero is captured.
- *Rights of participants:* You are under no obligation to accept this invitation to participate. However should you choose to participate, you have the right to decline to answer any particular questions/s and withdraw at any time, without having to give a reason.
- *Confidentiality:* If you agree to take part you will be urged to keep the identities and matters discussed at the workshop confidential. Due to the nature of the gathering, your identity cannot be kept anonymous, but you will be asked to keep the identities of other participants and the matters discussed confidential.

- *Expected outcome/benefits:* The outcome of the fono will assist with the development of 'Good Practice Guidelines' for mainstream crisis support services provision for Pacific survivors of sexual violence.
- *Estimated project timeframe:* The fono will be conducted on Saturday 18th July 2015 with the final Working with Pacific report completed in September 2015. Once all of the Good Practice Guidelines projects are completed, the findings will be collated (incorporating feedback and consultation) and documented in a report that will be disseminated to participating communities, services, government funders and policy departments, uploaded to the TOAH-NNEST website, and presented to the sector, in mid 2016. It is also hoped that a website will be established so ongoing feedback and consultation can be provided.

We appreciate and thank you for your time and consideration in participating in this project. God's richest blessings as you continue to work in with our Pacific survivors/victims. Should you have questions please do not hesitate to contact the research team.

Fa'afetai tele lava mo lau feasoasoani. Ia fa'amanuia tele le Atua i tatou tagata Pasifika i mo le lumana'i.

Soifua lava,

Sarah Va'afusuaga McRobie

Research Co-worker

Advisory Group member – Good Practice Guidelines for Mainstream Crisis Support Services

ACC registered counsellor

s.mcrobie@auckland.ac.nz

Dr Julie Wharewera-Mika

Lead Researcher - Good Practice Guidelines – Researcher – TOAH-NNEST

Clinical Psychologist

toahnnestresearch@gmail.com

Appendix B Consent form

Appendix B Participant Consent Form

CONSENT FORM

(Participant)

Project title: Working with the needs of our Pacific sexual abuse survivors/victims when in crisis from mainstream crisis support services.

Researcher: Sarah Va'afusuaga McRobie

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I understand that I am free to withdraw participation at any time, and to withdraw any data traceable to me up until two weeks after my interview.
- I agree to be audio recorded and understand that my audio files will not be returned to me.
- I understand that my confidentiality will be maintained, but that my anonymity cannot be guaranteed. I will choose or be given a pseudonym so that my name will not be used in the research report.
- I understand that I will be given an opportunity to view the transcripts of my interviews and to ask for any portion to be removed if I do not want it involved in the analysis.

- I understand that a third party who has signed a confidentiality agreement will transcribe the recordings.
- I agree that I will not disclose anything discussed in the focus group.
- I understand that data will be kept for six years, after which they will be destroyed.
- I wish/ do not wish to receive a summary of findings.

Name _____

Signature _____ Date _____

Appendix C Questionnaire

Good Practice Guidelines

Working with Pacific questionnaire

Appendix D

List of service providers in Auckland who provide sexual abuse crisis support for Pacific survivors of sexual violence

Service	Telephone crisis service	Emergency call out	Face to face crisis support service	Ongoing support and recovery
ACC https://findsupport.co.nz/	0800 735 566	No	Initial/acute ACC funded counselling	Yes
HELP Mt Eden – phone 623 1700 for address	Yes Women Men Young adults Children	Yes	Yes	Yes ACC Counselling
Counselling Services centre 22 Alexander Avenue, Papatoetoe	Yes	Yes	Yes	Yes ACC Counselling for children, youth, women, men and families

EAP Employee Assistance programmes	Yes 24 hour capacity for self-referrals or company referrals	No	No	Yes for 3-6 sessions and then referral on, if needed
The Anglican Trust for Women and Children	Ph (09)276 9761	No	Yes	Yes ACC Counselling for children, youth, women, men and families