EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

UNDERSTANDING MĀORI PERSPECTIVES:

Tamariki and rangatahi who are victims of sexual violence or display harmful sexual behaviour

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ORANGA TAMARIKI
Ministry for Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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Background

Established in 2018, the Joint Venture for Family Violence and Sexual Violence is a government initiative to bring agencies together to work in new ways to reduce family violence, sexual violence and violence within whānau. Its role is to lead, integrate and provide support for everyone involved, to ensure an effective, whole-of-government response to family violence and sexual violence.[1]

Oranga Tamariki is leading two projects as part of the Joint Venture: services for children and young people who are victims of sexual violence and services for children and young people who display concerning or harmful sexual behaviours (HSB). The two projects are being considered within an overall work programme. Research shows that children and young people can belong to both groups.

The Ministry of Social Development (MSD) is one of the Joint Venture partners and is responsible for adult services (from age 18) for both victims and those who harm, not mandated by the court. Corrections are responsible for mandated adults. The Ministry of Justice provides services in the family violence area so both areas are interconnected.[2]

Purpose

This review's purpose is to provide a high-level overview of contemporary evidence into services provided from a te ao Māori view for children and young people (0-18 years) who are victims of sexual violence or who display HSB.

The te ao Māori view (Māori worldview) is understood to mean kaupapa Māori and Māori-centred services that are based on mātauranga Māori and tikanga (Māori knowledge and practices). The definition of services is also broadly interpreted to include the spectrum of actual and potential assessment, intervention, and treatment services for children and young people who are victims of sexual violence or who display HSB.

Recent and relevant sources are reviewed, synthesised and discussed. This review aims to provide a brief but critical summary of a topic to identify further areas for research and inform discussions and further work.

Research questions

1. Understanding a Māori perspective on sexual violence
    - How is sexual violence viewed through a te ao Māori lens?
    - What do good practice te ao Māori approach(es) look like?
2. Children and young people who are victims/survivors of sexual violence
    - What are the existing services available (including treatment) for children and young people who are victims/survivors?
3. Children and young people who display HSB

[1] More information can be found online at www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/work-programme/

[2] A significant amount of work was carried out for MSD's work programme. For further information see www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/index.html

- What are the existing services available (including treatment) for children and young people who display harmful Sexual Behaviour (HSB)?

Selection and review of material

The research focuses on papers relevant to New Zealand and on more recent literature. In the selecting the literature priority was also given to:

- sources of information produced by recognised and reputable organisations
- relevance to primary research areas
- materials that exhibit methodological rigour

The report provides synthesised evidence and conclusions. It is drafted in plain language, and structured around the key research questions, which guide the findings, content and discussion

Key search words and terms used for the review include: harmful sexual behaviour, children and young people, te ao Māori, tikanga Māori, definitions of sexual violence, indigenous approaches, Māori healing, child sexual abuse, impacts of sexual violence, services for sexual violence, sexual violence interventions, and New Zealand.

Limitations

This review is a time-constrained examination that draws on a limited research base. The review is based on a search of literature available through the internet and library services. The most recent and relevant sources were reviewed, synthesised and discussed. The review is primarily limited to English language documents. Documents in te ao Maori on the topic are limited. This review acknowledges that mātauranga Māori and tikanga (Maori knowledge and practices) are broadly held and not always available or easily accessible in written form. For this reason, further targeted evidence searches, and research is recommended.

Key findings

Sexual violence affects the mana and wellbeing of individuals and their whānau

From a Māori perspective, all forms of violence are a violation of mana and tapu. The definition of sexual violence for Māori considers wider whakapapa relationships. Sexual violence negatively affects the mana and wellbeing of both individuals and their whānau. It can cause significant harm to whānau relationships. Sexual violence and harmful sexual behaviours were considered uncommon before the arrival of settlers. Historical trauma as a result of colonisation and contemporary trauma due to structural factors continue to impact Maori.

Kaupapa Māori sexual violence services and interventions need to be grown

Kaupapa Māori interventions and services are in short supply. Mainstream Western services comprise the greater proportion of the health and social services. The pathways to accessing services within mainstream practices are often inaccessible and unfamiliar to Māori who may prefer environments, such as a home or marae, which support culturally centred engagement and healing processes. Therapeutic approaches that are consistent with te ao Māori and draw from the cultural and social context of the individual and their whānau are known to be effective for Māori wellbeing. Māori-centred approaches that combine Māori and Western practices in a culturally safe and respectful way can also be successful.

Services for tamariki and rangatahi who are victims/survivors of sexual violence are scarce

There are few services specifically for tamariki and rangatahi who are victims of sexual abuse/violence despite the number of children exposed to sexual harm.

There are specific kaupapa Māori services working with victims/survivors and perpetrators and their whānau, as well as some mainstream services which have integrated tikanga Māori principles and approaches into their programmes. These culturally centred services have resulted in positive outcomes for service users, particularly in the reduction of recidivism (as in the case of the Te Piriti Special Treatment Unit).

Services for tamariki and rangatahi who display HSB are offered in combination with services for victims/survivors

Services designed specifically for tamariki and rangatahi Māori who display HSB are also scarce. The treatment programmes for tamariki and rangatahi who display HSB are usually offered in combination with services for victims/survivors. These include, among others, cognitive-behavioural therapy (CBT), multisystemic therapy, risk-need-responsivity therapy, and Good Lives Model (GLM).

Treatments for rangatahi focus on multiple issues such as, acceptance of responsibility for behaviour, consequences of offending, family issues that support offending behaviours, skill deficits, substance use/abuse, management of coexisting psychiatric disorders, and family support networks, among others.

Literature on sexual violence and Māori as victims/survivors or offenders is scarce.

Literature on sexual violence and tamariki and rangatahi Māori as victims/survivors or offenders is scarce. There is less written by Māori on addressing sexual violence from a Māori worldview. Kaupapa Māori and tikanga continue to be applied by Māori practitioners, despite limited mainstream acknowledgement and validation as effective clinical approaches.

Providing context to Maori perspectives

Maori are disproportionately affected by sexual violence

Sexual violence and harmful sexual behaviours (HSB) are generally prevalent across New Zealand. Approximately 24 percent of women and six percent of men report having experienced sexual assault in their lifetime (Ministry of Justice, 2015).

Māori are disproportionately affected by sexual violence. The New Zealand Violence Against Women study found 29 percent of wāhine Māori and 9.7 percent of tāne Māori experience sexual violence during their lifetime (Ministry of Justice, 2015). Māori are similarly overrepresented in sexual offending. According to the Department of Corrections, 35 percent of those jailed for sex-offences identify as Māori (Department of Corrections, 2011).

Young people are at the highest risk of being sexually assaulted. According to the Ministry of Social Development, 20 percent of girls and nine percent of boys in New Zealand report unwanted sexual experiences (Ministry of Social Development, 2017).[3] And, male youth are more likely to display HSB. Statistics NZ said that in 2012, adolescent boys were responsible for at least 15-35 percent of reported HSB. The NZ police stated that boys aged 10-16 accounted for 90 percent of the reported abuse against children by adolescents over a ten-year period.[4]

Sexual violence is also a systemic issue for Maori

Western definitions of sexual violence tend to focus more on individuals. Such definitions can be problematic for understanding the wider influences on sexual violence. They pathologise behaviours and set aside contextual factors that affect behaviour, such as policy and socio-economic deprivation, specifically influences that speak to the prevalence and impact of sexual violence on Māori.

People live in contexts that influences their behaviours (Burstow, 2003). In New Zealand, this includes our colonial experience, which exposed Māori to disadvantage, harm, and subsequent trauma (Pihama, Smith, Kohu-Morgan, Cameron, Te Nana, Skipper & Southey, 2017). Sexual violence for Māori is also situated in a socio-historical context where colonial policies, legislation and systems have contributed to the number of Māori who have experienced sexual harm among other health, economic, and socio-political difficulties (Cram, 2012; Pihama 2016).

Socio-ecological theory provides a framework for understanding how behaviour is influenced by a complex range of social systems that can privilege certain populations. These systems exist at the policy, community, organisational, interpersonal, and individual levels (Robertson & Masters, 2007).

Māori support services that understand and value culture and context

The 'Indigenous Approach to the Living Standards Framework' (Te Puni Kōkiri, 2019) explains that drivers of wellbeing – values, beliefs, and relationships – differ between diverse populations and need to be understood in their own contexts. This means the drivers of sexual offending, and health

[3] Around 43 percent of sexual offences usually go unreported so it's important to view these numbers conservatively.

[4] Pereda-Perez (2017) suggests that more females engage in HSB than reported, offending predominantly against children. Female-perpetrated sexual abuse is less reported than male-perpetrated abuse because of strong socio-cultural denial and a lack of knowledge regarding sexual abuse perpetrated by females.

implications of sexual offending need to be understood in the Māori context: as Māori and by whānau, hapū, and iwi.

Sexual violence from a Māori perspective

Sexual violence was uncommon before the arrival of settlers

Research indicates that the Maori experience of violence is significantly influenced by colonisation. A translation of Rangimarie Turuki Pere says of violence affecting children:

> *This behaviour came with the arrival of missionaries from England. It did not exist in our culture as children were revered. Children were considered chiefly and so we would never hit them or expose them to abuse. However, through colonisation we experienced significant change that have caused problem for us. Our children were chastised by order of the missionaries. It was not our way, but rather, it began with the arrival of Pākehā (Pihama et al., 2015, p.10).*

One conclusion from Te Puāwaitanga o Te Kākano (Te Puni Kōkiri, 2009a), a report exploring sexual violence from a Māori worldview, explains the link between colonisation, identity and sexual violence:

> *sexual violence experienced by Māori can be contextualised as a result of the suppression of tikanga and mātauranga Māori through a range of influences. …these influences include the distortion and misrepresentation of tikanga due to a variety of factors such as Christianity, colonisation, urbanisation, alienation to whenua, and the denial of mātauranga Māori. Each of these influences has contributed to the marginalisation of te reo and tikanga Māori for many people and, as such, has contributed significantly to the breakdown of intergenerational transmission of whakapapa and knowledge of what it means to be Māori (p.176).*

Evidence suggests that both whānau and sexual violence were "rare within Māori society prior to colonisation" (Pihama et al., 2015, p.7). The idea that men have a right to dominate women or children was not a feature of Māori society and stories about interpersonal violence towards women and children in the past are not common nor was rape widely understood or embedded in Māori language (Ministry of Women's Affairs, 2010[5]).

For Māori, secure identity and connection to the Māori world is essential for wellbeing (Wiata and Smith, 2016) and positive gender relationships for whānau (Cavino, 2016). Wiata and Smith (2016) highlight that Western approaches often exclude kaumātua, whānau, and community in any form of intervention or restoration which is essential for understanding, teaching, and developing cultural identity for Māori who experience sexual harm.

Sexual violence is a violation of mana, and collective spiritual, mental, and emotional health

From a Māori perspective, all forms of violence are a violation of mana and tapu (Peri, Tate, Puku, 1997). Sexual violence is a violation of mana for the individuals involved and their wider whānau (Te Puni Kōkiri, 2009). Mereana Pitman (1996) states:

> *Māori saw rape and especially incest as transgressing the mana, the status, the dignity and the future birth right of not only the victim but also the abuser and his people. Shame was seen,*

[5] More information can be found online at https://women.govt.nz/sites/public_files/sexual-coercion-resilience-and-young-Māori-a-scoping-review-pdf.pdf).

> *lain, addressed, actioned and put in its place. People still remember today, in tikanga, the transgressions of Sexual Violence dating back 1,200 years (Te Puni Kōkiri, 2009, p.15).*

TOAH-NNEST (n.d), explains that the abuse of mana and tapu is contrary to core Māori values such as wairuatanga, whanaungatanga, manaakitanga, and kaitiakitanga. Sexual violence breaches the foundations that uphold whānau wellbeing. Sexual violence is a crime against a person's entire existence and mana. It impacts the "heart of the ongoing wellbeing of our communities because of the devastation such violence such violation leaves in its wake" (Te Puni Kōkiri, 2009a, p.15). Māori societies traditionally responded collectively to sexual violence towards women or children occurred and there was support available (Pihama, 2008). Cavino (2016, p.9).

Māori have always strongly promoted the view that any discussion of sexual violence must include all forms of sexual violence which has been perpetrated upon whakapapa – all forms of violence on whānau members impacts upon entire whakapapa lines (Pihama et al., 2015). These views expand the definition of sexual violence for Māori to take account wider whakapapa relationships and socio-historical contexts. Any discussion of sexual violence must include sexual violence which has been perpetrated upon whakapapa (Te Puni Kōkiri 2009a).

It is also essential to provide definitions that include Māori cultural and spiritual understandings of violence. For example, Te Puāwaitanga o Te Kākano (n/d as cited in Te Puni Kokiri, 2009a) discusses sexual violence in relation to te whare tangata:

> *Any violation of te whare tangata (that is the house of the people), such as abuse of the genital area and rape, has the potential to create distress amongst Māori women. This distress is not only physical or psychological in origin, but also spiritual and has multiple dimensions to it. Not only is this a violation of the woman herself, but also a violation of her tipuna and her future generations. Spiritual distress is often a dimension that is neither recognised nor acknowledged, but one that impedes recovery and healing (Te Puni Kokiri, 2009a, p.14).*

Sexual violence results from historical and contemporary trauma

According to Pihama et al (2019), it is important to understand the impact of colonisation and the resulting historical trauma in order to also understand the origins of family violence in Aotearoa New Zealand. Historical trauma stems from sustained and widespread acts of violence and oppression on one group of people by another. The historical trauma experienced leads to a 'soul wound' that resides at the heart of indigenous suffering. Healing must take place at the individual and collective levels to prevent intergenerational trauma transmission (Pihama et al., 2019).

Research highlights the many historical facets of colonial impacts on Māori in Aotearoa New Zealand: "the disruption of language, cultural practices and the socio-economic systems that ensured the wellbeing of whānau". Broader contemporary harmful impacts are associated with forms of systematic racism, health and education disparities, high levels of imprisonment, and the removal of tamariki from whānau. Much is also due to the continued marginalisation of te reo, tikanga and mātauranga Māori (Pihama et al., 2019).

Historical and contemporary trauma affects whānau health and wellbeing (individual and group loss and trauma across multiple levels and generations). The manifestation of acts of violence – interpersonal and structural – can be understood within this context and as a continuing collective challenge (Pihama et al., 2019).

Features of kaupapa Māori and Māori-centred practice

Māori concepts and values are applicable to the care, support and respect of all people

The key to effective practices for any person experiencing harm, is the ability for practitioners to recognise that core Māori concepts and values are universally applicable to the care, support and respect of all people (Huriwai and Baker, 2016).

Kaupapa Māori services are services undertaken 'by Māori – for Māori – with Māori'. Graham Smith (1990) describes kaupapa Māori as:

> *Related to being Māori, is connected to Māori philosophy and principles, takes for granted the validity and legitimacy of Māori and the importance of Māori language and culture, and is concerned with the struggle for autonomy over our own cultural well-being (p.1).*

Kaupapa Māori is framed around a group of principles and methods that have been shaped by kaupapa Māori academics and practitioners.[6] Kaupapa Māori services draw upon mātauranga Māori (Māori knowledge).

Mainstream services are those that base their practices on Western principles, and, for the most part, medical models of health. Bicultural services attempt to integrate Western and Māori principles. They, however, arguably largely still follows Western theory and practice (Thomas, 1993).

Mainstream and bi-cultural services and interventions have dominated social services for some time (Ministry of Justice, 2009). In comparison, kaupapa Māori services continue to be scarce. This holds also for non-government organisations (NGO) services.

Wiata and Smith (2016) citing Durie (2005), say that Māori should be able to expect treatments that draw on the best of both western and Māori principles:

> *Māori as much as other New Zealanders expect the best possible treatment using tried and true methods. They also hope they will not be subjected to unnecessary interventions and will have access to new technologies and developments benchmarked against the best in the world. There are also expectations that health care workers will be competent at the interface between their own culture and the culture of others. Language barriers, differing codes for social interaction, variable community expectations and a willingness to involve friends or families in assessment, treatment and rehabilitation make important differences to the way care is experienced (Wiata and Smith, 2016, p.8).*

Sexual violence services should consider the Maori cultural context

Tamatea (2017) advocates that culture must always be considered when attempting to understand indigenous experiences and the overarching landscape of sexual violence. According to Tamatea (2017), culture is the key to ensuring the correct treatment is applied to healing for indigenous populations. Tamatea notes:

> *A central challenge, then, for any psychological assessment is to understand individuals in their context...The impact of an individual's cultural heritage and socio-political legacy can inform the perpetration (and victimization) of offending amongst specific communities. Aboriginal sex offenders in Canada were described as being more likely than non-Aboriginal*

[6] More information can be found online at http://www.rangahau.co.nz/research-idea/27/

> *sex offenders to exhibit issues associated with displacement, abandonment and racism; personal identity confusion; history of maltreatment; poverty and death due to illness, suicide and violence; deficits in education, employment skills, financial position and social supports; and histories of more aggressive sexual behaviours, suggesting a range of pervasive stressors that can impact on attitudes and interactions towards others that can be manifest across a population. An appreciation of the experience of these conditions can assist with fairer assessment practices (Tamatea, 2017, p.53).*

Wiata and Smith (2016) observe that Māori health frameworks that facilitate the use of tikanga help to ensure programmes are more effective for Māori. Three commonly utilised frameworks that have proven effective within the sexual violence sector include:

- Te Whare Tapa Whā – Te Whare Tapa Whā, developed by Durie (1994) in consultation with kaumātua from iwi around the motu with a concept of four equal sides that illustrate the four dimensions of Māori wellbeing: taha tinana (physical health), taha wairua (spiritual dimension), taha whānau (family/social health), and taha hinengaro (mental health). If any one of the four dimensions is missing or is in some way damaged, a person, or a collective may become 'unbalanced' and then unwell. Many Māori feel some of these dimensions lack recognition in modern health services (Durie, 1994).
- Te Wheke – Pere (2014), developed Te Wheke model, or the 'Octopus of Great Wisdom', which speaks of the "eight" tentacles of the Octopus: 1 wairua (spiritual dimension), 2. taha tinana (the physical world), 3. he taonga tuku iho (treasures that have come down), 4. mana (divine vested authority), 5. whanaungatanga (kinship ties that move in the four directions across the universe), 6. hinengaro ("the hidden mother" who is the intellectual and mental dimension), 7. ranga whatumanawa (relating to the emotions), and 8. mauri (life principle, ethos, psyche). All these dimensions of health are seamlessly woven together.
- Tihei-wā Mauri Ora – Tihei-wā Mauri Ora was developed by Piripi and Body (2010) as an indigenous kaupapa Māori counselling resource and is based on Māori concepts of the realms of creation: Te Korekore (the realm of potential being), Te Pō (the world of becoming), Te Whei-Ao Ki Te Ao Mārama (the unfolding of the world of light), and Te Ao Mārama (the realm of being) (Piripi & Body, 2010, p.43).

Sexual violence services for Māori need culturally safe staff who have relationships with their community

Trauma informed care responds to situational trauma, cumulative trauma and intergenerational trauma.[7] Each of these traumas reflect the Māori trauma experience. It is argued that "lack of recognition is said to be linked to unresolved grief that can lead to internalised oppression, acted out in ways that include violent behaviour, and drug and alcohol abuse" (Pihama et al., 2017, p.24). As such, indigenous trauma informed approaches can be a strong tool for services aimed at victims/survivors and HSB.

In their report 'Good Practice: Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors', Wharewera-Mika & McPhillips (2016) specify that the following elements are essential in designing support for Māori survivors of sexual violence:

[7] Situational trauma - trauma that occurs as a result of a specific or discrete event, for example from a car accident, murder or being taken away. Cumulative trauma - it is subtle, and the feelings build over time, for example racism. Intergenerational trauma – if trauma is not dealt with adequately in one generation, it often gets passed down unwittingly in our behaviours and in our thought systems. For example, if you want to heal children and youth, you have to heal yourself as well to break the cycle.

- Healing is a priority and relates to 'whānau ora' (whole of whānau wellbeing). Taking a 'whānau ora' approach to working with Māori centralises whānau involvement and whānau healing.
- There can be obstacles to whānau healing; these can be overcome, and alternative positive pathways forward can be forged when strong abilities in Māori cultural competence are present.
- Engagement with kaumātua brings significant benefits for Māori, particularly in providing wisdom for healing and oversight of processes. Kaumātua can also facilitate safe relationships, networking, and connections with mana whenua (the 'home people'/guardians of a particular area).
- Services will be enhanced by understanding of, and respect for Māori processes such as pōwhiri (a process of meeting in a way which acknowledges each person's mana and tapu), whakawhanaungatanga (connecting in a meaningful way), and hohourongo (a conflict resolution process). Understanding the value of positive reconnection to whānau, hapū and iwi for Māori is also important.
- Quality service delivery for Māori includes all the above, relying heavily on a workforce that is culturally competent with Māori and, in the case of Tauiwi (non-Māori) services, is also committed to working in true partnership with Māori (Wharewera-Mika & McPhillips, 2016).

Evidence also suggests that meeting in a home or having some cultural references in an environment can support engagement and healing processes for Māori (Te Puni Kōkiri, 2009a).

Māori academics further agree that sexual violence can be better addressed for Māori when an understanding of colonisation is integrated into education and healing processes. Le Grice & Braun noted that kaupapa Māori schools are at the forefront of addressing sexual violence by teaching their students about the impact of colonisation in "shaping assumptions about Māori sexuality" (2017, p.184). Pihama et al (2015) argues "this is a critical understanding which is yet to be fully engaged by many, outside of Māori service providers, involved in counselling and healing for Māori who experience sexual violence" (Pihama et al, 2015, p.10).

Sexual violence services for Māori need to be mana-enhancing

A significant aspect of culturally safe practice is mana enhancing practice in the social service sector (Ruwhiu, 2009). Mana is difficult to define, as it can translate to many non-western concepts such as prestige, authority, control, power, or influence which all fail to accurately capture the essence of mana. Mana is more spiritual than the western translation. It is best expressed in four ways:

- Mana Atua – a reminder that mana is sourced from Atua, our divine origin, linking people with the spiritual world;
- Mana tupuna – a reminder that every person is born with mana;
- Mana whenua – that mana is sourced from our connection to whenua, and to identity; and
- Mana Tangata – mana which is acquired by service to the people (Huriwai & Baker, 2016).

Mana enhancing practice can be used to rebuild resilience in people who experience harm using Māori ways of doing, thinking, and feeling. The practice actively seeks to engage with and enhance peoples' spiritual, emotional, physical, and intellectual dimensions through whakawhanaungatanga as well as authenticity, spirituality, and developing an understanding of your whānau. Mana enhanced practice can also effective in caring practices for other groups besides Māori (Huriwai & Baker, 2016).

Sexual violence services for Māori require increased funding and efficient government support

Services within the sexual violence sector largely use models of practice from outside New Zealand. Kaupapa Māori organisations, however, use approaches that also draw on local indigenous perspectives. All approaches to practice are required to meet regulatory and statutory standards, which are informed by Western clinical practice. Māori clinical approaches that draw on te Ao Māori principles and practices that have been used for centuries, are screened and monitored using Western therapeutic frameworks (Wiata and Smith, 2016).

Le Grice (2019) comments that kaupapa Māori work is often put into practice by Māori who carry out the mahi out of love for the kaupapa and people:

> *Speaking to these passionate whānau, who work at the grassroots in remote rural areas, I have been in awe of how much they give. Often working for free, or underpaid, in highly restrained contexts, the drive to support their community is at the forefront of their mahi aroha. But it is work that occurs in tension with colonial barriers to mātauranga Māori. It also requires major advocacy to retain and improve on the meagre funding received. Colonial processes remain that deny Māori rangatiratanga (agency and leadership) and utilisation of Māori models in practice, even in areas with predominantly Māori populations. These whānau sustain community survival, equipped with mātauranga Māori and teachings of their ancestors, yet are constantly let down by the limitations of bureaucratic systems... Indigenous-led approaches to reducing sexual violence are crucial, and there is huge potential within all Māori communities to speak about the nuanced issues affecting them, alongside their potential solutions (Le Grice, 2019, p.12)*

The success of kaupapa Māori approaches is often reliant on systems that impede their effectiveness. This can undermine the success of kaupapa Māori approaches that can make a substantial difference. Increased funding and efficient administration are needed to better support the development and implementation of grassroots kaupapa Māori initiatives.

Sexual violence services for Māori need to develop the evidence base and Māori-centred measures

The pathways to accessing mainstream/bi-cultural services, such as the way referral and assessment information is collected, are often inflexible and driven by contractual targets and guidelines. And often these pathways are unfamiliar to Māori, for example that consumers are required to attend assessments and ongoing appointments at centralised, and often difficult to access locations. Rather than address inequity such processes can further embed them.

Māori-centred measures would support better understanding. Cultural aspects of healing, apart from those that stem from the dominant mainstream culture, also tend to be undervalued. Nathan et al (2003) observe that this lack of acknowledgement is evident within service treatment delivery and that it impacts on measuring outcomes effectively, particularly for minority groups such as Māori. These groups are less-often identified by ethnicity, and overall statistics may be masking poor outcomes for Māori and other minorities (Nathan, Wilson & Hillman, 2003).

Literature, specifically pertaining to sexual violence and Māori either as victims/survivors or offenders, is scarce, and there is even less that is written or acknowledged by Māori authors on addressing sexual violence from a Māori worldview. Tikanga or kaupapa Māori continue to be applied by Māori practitioners in the contemporary context. They often lack acknowledgement within

the Western clinical paradigm. Building the evidence base for Māori approaches would support their development and greater use.

Existing sexual violence services[8]

Sexual violence services have been developing for several decades

Significant initiatives have been developed to address some of the difficulties facing Māori over the past several decades. This includes in relation to violence and sexual violence. Some of these are as follow:

- Te Rōpū Wāhine Māori Toko I te Ora (Māori Women's Welfare League) was instituted in September 1951 to "carry out its huge and important kaupapa – the promotion of all activities that would improve the position of Māori, particularly women and children, in fields of health, education and welfare", (cited from Szazy, Rogers, & Simpson, 1993, p.xiii). The rōpū also dealt with domestic violence and it was within this kaupapa that they addressed the issue of sexual violence. The Māori Women's Welfare League has worked with the escalating social issues within Māori whānau and communities for 64 years.
- The development of Te Kākano o Te Whānau (Te Puni Kōkiri, 2009a, p.54). This initiative is defined as:

  > *a critical event in the (sexual violence) sector and was a development that brought a wide range of Māori women into working with whānau and who also began a movement towards bringing Kaupapa Māori approaches to the fore in dealing with sexual violence.*

  The report explicates that thirty-nine Māori Women's Centres were established 'under the umbrella of Te Whānau o Te Kākano', and as a collective they accessed funding and resources, including from Government. Along with direct delivery to whānau, a training arm was developed to prepare Māori to work in the sector utilising a Kaupapa Māori informed delivery. The first Māori Women's Refuge Centre was also started during this period when a Māori Women's Centre found it 'too difficult within the context of (their relationship with) a Pākehā organisation to implement Māori strategies' and it became evident that there was need for Māori services. This led to the establishment of Te Whakaruruhau, the Waikato women's refuge, in Hamilton.
- Ngā Kaitiaki Mauri: Te Ōhākī a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) was instituted in 2005, with the vision of a sexual violence-free Aotearoa (TOAHNNEST, n.d). TOAH-NNEST comprises two groups, the Tauiwi caucus and the Kaupapa Māori rōpū, Ngā Kaitiaki Mauri. The principles/takepu of Ngā Kaitiaki Mauri are designed explicitly to address sexual violence from a kaupapa Māori worldview. Referred to as The Ngā Kaitiaki Mauri Strategic Plan, there are nine guiding kaupapa, which include:
  - Mātauranga Māori - the maintenance and acknowledgement of Māori knowledge
  - Wairuatanga – the acknowledgement of Māori spirituality
  - Hauoratanga – the wellbeing of Māori people
  - Whanaungatanga –whakapapa ties with a stress on the importance of knowing the connections of those with whom one interacts, at the same time, creating a collective responsibility and obligation towards the elimination of sexual violence

[8] A summary of existing sexual violence services based on accessible and available documentation is provided in the appendix.

  - Pukengatanga - knowledge development and retention and that expertise of Kaupapa and tikanga Māori practitioners are integral to the elimination of sexual violence
  - Manaakitanga – the expression of mana-enhancing behaviour
  - Rangatiratanga – the attributes of leadership
  - Ukaipotanga – the place of sustenance and these recognised places of sustenance provide the best environment for positive change
  - Kaitiakitanga – the guardianship of wellbeing and that the pathway to healing incorporates the application of and respect for taonga Māori (TOAH-NNEST, n.d., p.1-16).

- Ngā Kaitiaki Mauri developments: Te Puāwaitanga o Te Kākano Background Paper Report. In 2009 a working group was formed from within Ngā Kaitiaki Mauri alongside Te Puni Kōkiri to develop a background paper to provide, "an exploration in understanding sexual violence for Māori. The background paper explores traditional and contemporary knowledge related to healthy relationships for Māori and also Māori views of sexual violence." (Te Puni Kōkiri, 2009a, p.6).

Existing services for tamariki and rangatahi who are victims/survivors of sexual violence

A limited number of Kaupapa Māori services exist for victims/survivors of sexual violence

There are a very small number of kaupapa Māori services whose primary emphasis is to provide sexual violence crisis and ongoing support to victim/survivors. It has also not been easy to identify services focussed on working with Māori who have committed sexual violence.

Several constraints have contributed to the eventual closure of some Kaupapa Māori services, which include constant struggle for resources and equity with mainstream services and the need to meet delivery criteria to achieve funding. The central tenet for kaupapa Māori services is for the healing of whānau. This is often misunderstood or misinterpreted generally and at the same time made difficult by existing mainstream requirements (Wiata and Smith, 2016).

In Te Puāwaitanga o Te Kākano (Te Puni Kōkiri, 2009a), three Kaupapa Māori services working with victim/survivors and their whānau, were studied. All these services have successfully developed their own models of practice, and there is a strong consistency of approach that ensures that te whare tangata, whakapapa and whānau principles remain fundamental to their practice. Whānau healing is held as critical for safety and wellbeing of the individual, whānau, hapū, and iwi. A brief overview of these is provided:

- A Kaupapa Māori service, Kite Rapu i te Ora, is a kaupapa Māori provider based in Opotiki in the Eastern Bay of Plenty. This organisation identifies itself as one of a very few services offering sexual violence services in the entire region. It provides a range of programmes for wāhine Māori, whānau, youth and children under five years. The organisation provides for both urban and rural whānau. Te ao Māori sets the foundation for their approach to service provision, utilising tikanga Māori in their work with people who have been sexually harmed and their whānau.
- Tū Wāhine is based in Waitakere City, Auckland, and has been functioning as a kaupapa Māori organisation in West Auckland since 1987. Tū Wāhine provides support for individual whānau members who have been sexually violated and their whānau. Their philosophical view on wellbeing is based on the understanding that the role of the wāhine is central to the wellbeing of Whānau.

- Te Puna Oranga (established in 1986) is a Kaupapa Māori provider based in Christchurch providing a variety of programmes for wāhine Māori, whānau, youth and children under five in the suburb of Linwood. This organisation provides for urban-based Māori. Their overall mission is about the restoration of the whānau in terms of their mana, dignity and pride as Māori and as whānau Māori through a journey of healing that incorporates: Te Taha Wairua (Spiritual); Te Taha Hinengaro (Mental); Te Taha Whānau (Family); and Te Taha Tinana (Physical Wellbeing).

Te Puāwaitanga o Te Kākano also studied a service delivery programme primarily for people who had perpetrated sexual abuse. The service, Te Kākano SAFE, was established in 2002 within a mainstream/bi-cultural organisation. This was,

> *'specifically targeted for Māori and utilises a tikanga Māori approach'. The service was 'aspiring to live within the principle of being Māori within a non-Māori organisation… specific programmes for Māori clients and whānau were begun in recognition both of the needs of those clients, and to demonstrate commitment to developing indigenous models of treatment' (Te Puni Kōkiri, 2009a, p.100).*

Te Kākano SAFE is part of the SAFE network that runs the largest community-based professional treatment programme in Aotearoa/New Zealand both for adult and adolescent sex offenders. It is the Māori arm of the organisation that is specifically tailored for Māori and utilises a tikanga Māori approach in their programme. SAFE network programmes are based in the urban settings of Auckland, Hamilton and Whangārei; however, Te Kākano SAFE is only based in Auckland (Te Puni Kōkiri, 2009a). This is currently the only Kaupapa Māori service whose primary focus is therapeutic rehabilitation of people demonstrating HSB and its prevention.

Although referring to offenders imprisoned for sexual offences against children, Te Piriti Special Treatment Unit – mainstream correctional programme – integrated tikanga Māori principles in their approach which resulted in positive outcomes as demonstrated in the reduction of recidivism:

> *Māori men who completed the Te Piriti treatment programme that combined a tikanga focus and Cognitive Behaviour Therapy (CBT) had a lower sexual recidivism rate (4.41 percent) than Māori who completed Kia Mārama with only CBT (13.58 percent) over time (Nathan, Wilson, and Hillman, 2003, p.9).*

In this case, tikanga Māori was carefully introduced into the programme by Māori who are knowledgeable and respected members of their respective iwi and hapū and are extensively experienced practitioners in both Western and Māori approaches to practice. This process was supported by Tauiwi practitioners within that organisation.

Leaming and Willis (2016) argue that Māori directed interventions have at times not been as successful as expected because on occasion Māori kaupapa and tikanga are used as 'add-ons' rather than being incorporated as integral parts of the assessment and intervention processes. If Māori worldviews are considered as only being complementary to the assessment and intervention process they are ultimately less effective and valued as ways of managing life. A genuine improvement in outcomes for Māori offenders cannot occur.

Citing Durie (2005), Wiata and Smith (2016) conclude that:

> *Māori models of practice offer unique insights to health and wellbeing. There are many empowering Māori paradigms and practices yet very few are known outside those practising from a Kaupapa Māori worldview. Without a sound understanding of the kaupapa Māori principles on which the models and approaches are based, they are not understood or applied effectively. Māori expect best possible treatment using tried and true methods and should not*

> *be subjected to unnecessary interventions. The literature demonstrates that there remains a cavernous gap between relative ease of access to services providing Western practice compared to poor access to Kaupapa Māori services providing Kaupapa Māori practices to address sexual violence (p.8).*

Other services that exist for children tend to be Western and are often mixed with adult services

There are a few services that are specifically designed or established for children and young people who are victims of sexual abuse/violence however, some services cater to the needs and requirements of victims as well as to children and young people who display harmful sexual behaviour. Listed below are those that are specifically for victims of sexual abuse:

Sexual Abuse Support and Healing (SASH) – Nelson works with people who are victims of rape and sexual abuse (both recent and historic). They work through Crisis Response Workers, Case Managers, and Counsellors providing support and counselling to victims and their families. SASH – Nelson demonstrate their commitment to tangata whenua and the Treaty of Waitangi via one of their objectives which is to "provide services which are culturally inclusive and reflect Te Ao Māori me Te Ao Pākehā, and to support kaupapa Māori services and Māori aspirations for tino rangatiratanga, thereby upholding te Tiriti o Waitangi" (Wharewera-Mika & McPhillips, 2016, p.14).

The services they offer include:

- A 24-hour crisis response support for immediate medical and police assistance
- Private and confidential one-on-one support during the healing process
- Assistance to access other social services
- Court support and advocacy
- Education training
- Effective proactive interventions training.[9]

Wellington Sexual Abuse HELP works with survivors of sexual abuse and their whānau – of any age, gender, sexuality or ethnicity. They provide a 24-hour support line, social work and counselling services for anyone who has experienced rape or sexual abuse, or who is concerned about a friend or family member[10]. Wellington HELP has Treaty based commitments which it puts into practice by:

> *provision of Māori supervision; an agenda item every team meeting (for all employed people) is to discuss an aspect of HELP's work given treaty based relationships so e.g. what are the ways they are responsive to the needs of whānau Māori right from when they first make contact with HELP; Māori are part of the interviewing team for prospective employees; representation at governance level (Wharewera-Mika & McPhillips, 2016, p.16).*

Other organisations working with children and young people, who have suffered sexual violence and abuse, include: Ecpat Child ALERT which is focused on preventing and protecting children from sexual exploitation; Southland Help – Rape and Abuse Support Centre which offers sexual abuse support and education in Southland. Their programme 'breaking the silence' is a school-based activity for 14 to 16 year-olds; START Healing, an organisation in Christchurch that provides early

[9] More information can be found online at https://www.sash.co.nz/about-us

[10] More information can be found online at https://www.wellingtonhelp.org.nz/information-about-us.html

intervention, counselling and support for children, youth and adults, and their families who have experienced sexual violence or other trauma; and Support of Sexually Abused Kaipara which supports women, children and whānau affected by sexual abuse and violence and works to strengthen communities in the Kaipara district. [11]

Existing treatments for tamariki and rangatahi who display HSB

Kaupapa Māori services for tamariki displaying HSB are scarce

According to Hacket et al (2016), the extent to which children who exhibit HSB or problematic behaviours are impacted by their sexual behaviours, largely depends on the responses and support provided to them. Children exhibiting HSB and problematic behaviours should be treated in a way which considers their family and other environmental contexts. And, if children exhibiting HSB behaviours are supported with appropriate sexual education and professional cross-agency support by those who understand the developmental needs of these children, the less likely children will offend later in life. This is problematic in the New Zealand context because very few services exist for tamariki displaying HSB.

Research has suggested that the restoration of mana for Māori victims/survivors of sexual violence, as individuals and as a group, relies on engagement in treaty-based relationships with Tāngata Whenua (Wharewera-Mika & McPhillips, 2016). The way in which people apply the Treaty in their practice varies. However, Wharewera and McPhillips (2016) outline that the responsibility lay across practitioners of all cultures including Tauiwi who have an important role in advocating for the use of Māori centred and decolonising approaches for Māori victims. SASH-Nelson and Wellington HELP are examples of having put these principles in practice (as discussed above).

An existing service is Korowai Tūmanako. The service is the only of its kind in the north and delivers to whānau, hapū, and iwi who have been affected by sexual violence, focussing on HSB. It also offers sexual violence prevention education and support to whānau and provides therapeutic supervision and training to local professionals. Korowai Tūmanako also supports workers and provides clinical treatment for young people and adults who have committed sexual offences. Korowai Tūmanako engages with Māori communities (leaders, whānau, hapū, and iwi) about practical, applicable ways of incorporating sexual violence prevention strategies within their communities (Pereda-Perez, 2017). Korowai Tūmanako Māori practitioners offer a unique Māori clinical approach to their work with whānau. This clinical approach is taught in the application of both Māori culture and clinical knowledge. The practice is informed by Māori values and principles and utilises knowledge and experience from the fields of sexual violence prevention education, survivor services and sexual offender treatment.[12]

Te Kākano, offered through Safe Network also offers specialist intervention services for children (5-12 years), through kaupapa Māori therapeutic models of practice. The services under Te Kākano have been developed by and are delivered by Māori practitioners for Māori clients. Safe also has the external guidance and oversight of a kaumatua.

[11] More information about these services can be found online at https://svpptoolkit.nz/home/contacts/organisations/

[12] More information can be found online at http://www.korowaitumanako.org/default.html.

There are also relatively few mainstream HSB services

Sex offender treatments incorporate a wide range of programme models. Mackay (2013) categorises the following models of treatment as relevant for sex offenders:

- *Cognitive-behavioural* models combine approaches that emphasise changing patterns of thinking with approaches that focus on changing behaviour through conditioning.
- *Multisystemic* models use a broad array of treatment interventions in the offender's natural environment, including home, school and community.
- *Relapse Prevention* models focus on helping offenders to learn self-management skills to avoid relapse and teaching others how to support the offender in this goal.
- *Good Lives* models (GLM) focus on helping offenders to develop a productive and rewarding life that meets offenders' needs and is inconsistent with offending.
- *Risk-Need-Responsivity* models focus on higher-risk offenders, target characteristics linked to reoffending and focus on social learning and cognitive-behavioural treatment.
- *Psycho-Socio-Educational* models emphasise education as a means of promoting behaviour change, typically through group work and social skills training.
- *Psychodynamic* models focus on understanding the unconscious forces that shape sexual behaviour and attempting to remodel behaviour based on this knowledge.
- *Family Systems* models focus on changing maladaptive relationship patterns within the family that may have contributed to maladaptive sexual behaviour.
- *Harm Reduction* models focus on reducing the magnitude of offending, in recognition of the fact that the ideal goal of preventing reoffending, may not be fully obtainable.
- *Sexual Addiction* models view sexual offenders as having a sexual addiction and base treatment on 12-Step-style programmes.
- *Sexual Trauma* models base treatment around resolving offenders' prior experience of sexual abuse.
- *Bio-medical* models offer medical treatments, such as anti-androgens and serotonin reuptake inhibitors (cited from McGrath, Cumming, Burchard, Zeoli & Ellerby, 2010, p.38).

These treatment models are not necessarily mutually exclusive, and many contain a mix of elements from the above list, depending on the primary causes of the problem behaviour and different means of addressing the underlying causes. Also, not all these models are used with juvenile offenders. Bio-medical models are seldom used with youth because of the risk of interfering with the natural development of young people who have not yet achieved physical maturity.

In their article on 'The Good Lives Model (GLM): New Avenues for Māori Rehabilitation?', Leaming and Willis (2016) argues that the extent to which Māori models of wellbeing that represent Māori cultural needs and aspirations are actually used in therapy is limited. They claim that this is because Māori ideas and practices are conceptually different and therefore largely incompatible with the Risk Needs Responsivity model. They propose using strength-based treatment models such as the GLM to make treatment more meaningful and inspiring when compared to risk-oriented approaches that focus on deficiencies rather than strengths. The GLM intersects significantly with Māori models of wellbeing, and hence, represents a framework which may effectively promote the use of Māori ideas and practices within therapy.

Treatments of young sexual offenders largely focus on multiple issues, such as:

- Acceptance of responsibility for behaviour

- Identification of a pattern or cycle of offense behaviour
- Effective interventions to interrupt the sexual abuse cycle
- Victimisation (e.g. Sexual abuse) and issues for the offender
- Capacity for empathy with others, especially past victims
- Interpersonal power and control issues
- Role of sexual arousal in offenses and arousal control
- Sexual identity
- Consequences of offending
- Family issues that support offending behaviours
- Cognitive distortions related to offending behaviour
- Expressions of feelings and emotional regulation
- Skill deficits (social and academic)
- Substance use/abuse
- Relapse prevention and self-monitoring
- Management of concurrent psychiatric disorders
- Attitudes supportive of offending
- Intimacy and relationship skills
- Family support networks
- Problem solving (National Task Force on Juvenile Sexual Offending, 1993, cited in Metzner et al., 2009).

Evidence suggests that responses to HSB by young people should be multi-modal and include the treatment of both offence-specific and environmental triggers (Metzner et al., 2009). Such treatment might include:

- *Group therapy* is thought by most observers to be an important part of treatment. The group process, however, also carries a risk of cross-contamination or 'deviance training', through participants exerting negative influences on each other. Some young people will also need individual therapy before they are able to successfully interact with peers. Group therapy can also be used with parents of adolescents who exhibit harmful sexual behaviour.
- *Family therapy* uses group processes and can produce many of the same benefits for families – including developing appropriate interactions, fostering positive relationships, building trust and enabling discussion of more threatening issues. Family therapy is of most use when the sexual abuse has occurred within the family and where the offender will remain in or return to the family after treatment. Evidence shows that treatments that include a family approach are more likely to be effective.
- *Individual therapy* also plays a role, but it is not a first-line intervention in the treatment of juvenile sex offenders. Individual therapy is beneficial in helping offenders work through traumas stemming from their own histories of sexual abuse. Individual therapy may be necessary for some young people before they are able to successfully function in a group with peers. But individual therapy has serious drawbacks as a method for dealing with the sexually harmful behaviour itself, as the therapist can be easily manipulated. Therapists need to be on the guard against attempts to rationalise, minimise, distort or deny (Poortinga *et al.*, 2009).

Mainstream services specifically designed for children and young people who display HSB include the following:

Safe Network (2016) offers a specialist clinical assessment and intervention service for children aged 5-12 years who display problematic or concerning sexual behaviour.[13] In addition to individual services for children, Safe Network provides the following specialist services:

- Amanaki Pasifika – This is a specialist intervention offering pathways for Pasifika children (5-12 years). This service was developed and is led by clinicians of Samoan and Tongan descent who are fluent in their language and able to meet the clinical and cultural needs of this client group.
- Women and girls – For women and girls who present with concerning and harmful sexual behaviour, and for their families, Safe Network offers specialist clinical assessment and intervention service. This service pathway was designed to understand and accommodate the specific needs of female clients by providing a gender-responsive and collaborative service that acknowledges the social and cultural realities of women and girls (Safe network, 2016).

WellStop works with a variety of youth, including those who have cognitive, learning or developmental disabilities. They offer support and education to family members and expect them to (as appropriate) be involved in the assessment and treatment of the young person. This approach is viewed by the organisation as important for a successful outcome. Treatment could involve working with other organisations or key people in the youth's life, such as the school, if relevant. They also work with children who display concerning sexual behaviour, providing assessment and a range of support and treatment services.[14]

The STOP Children Service is intended to help primary and intermediate aged children who have engaged in concerning sexualised behaviour. The service aims to help these children and their parents/caregivers and schools to develop the understanding, knowledge and relevant skills to prevent the recurrence of such behaviour. The STOP Adolescent Service delivers assessment and intervention services for adolescents (12-18 years) who have engaged in harmful sexual behaviour. The service was founded in 1992 and has provided intensive intervention for over 800 young men, young women and their families. The programme has a team of twelve clinicians and provides programmes in Christchurch, Dunedin, Invercargill, and Nelson. A Changing Directions Programme in Christchurch provides assessment and intervention for adolescents with an intellectual disability or learning difficulties who have engaged in HSB. The Stop Girls Service looks at the issue of girls who are engage in harmful sexual behaviour and provides assessment and intervention services. It recognises that girls require unique treatment that must be provided in a targeted, gender-specific manner by professional, qualified staff who receive specific training for this client group.[15]

Mixed services are available for both victims/survivors and those displaying HSB

Services also exist for both children and young people who are victims of sexual abuse and for those who display HSB. These include:

Te Ohaakii a Hine-National Network Ending Sexual Violence Together (TOAH-NNEST) is the national network of those providing specialist services for sexual violence prevention and intervention. Its vision is for Aotearoa New Zealand to be free of sexual violence. It offers a sexual violence services, including:

[13] More information can be found online at https://www.safenetwork.org.nz/

[14] More information can be found online at https://www.wellstop.org.nz/

[15] More information can be found online at https://www.stop.org.nz/

- Primary prevention: Promoting healthy and respectful social norms in whānau/families, hapū, iwi and communities
- Early intervention: Crisis support for victim/survivors, including support in the criminal justice system, forensic medical services for victim/survivors, as well as support for children displaying inappropriate sexualised behaviours
- Recovery and support for victim/survivors
- Longer term treatment for victim/survivors with high and complex needs
- Harmful sexual behaviour services for people who have perpetrated sexual abuse or harm on others
- Specialist advice and training for government agencies and for professionals working with sexual violence e.g. psychologists, counsellors, GPs, nurses, health workers, teachers, social workers
- Promotion of law reform to increase the accountability of offenders.[16]

The Harbour is a New Zealand-based web-portal that expects to address community members, their families and whānau affected by sexual abuse or offending. It was jointly developed by SAFE, HELP, and Rape Prevention Education. Its aim is to become a resource and hope for people living with the many effects of HSB.[17]

HELP Auckland is dedicated to ending sexual and physical abuse and neglect. HELP Auckland explains that sexual violence has a high cost in that victims/survivors, perpetrators, family members, friends, acquaintances, and others are affected by sexual violence in many ways, including physically, emotionally, socially, legally, financially, at school, home and work. Both the act of sexual violence and the threat of it have significant ripple effects on many people throughout their lives.[18]

Safe to Talk is a helpline which can be contacted if:

- A person has been sexually harmed or is worried about something that's happened
- A person wants to help someone else
- One is concerned about one's own thoughts or about harming someone
- One wants information about sexual harm

Services provided include:

- Contact with a trained specialist 24/7
- Answers to questions about sexual harm
- Information about medical, emotional, and behavioural issues related to harmful experiences
- Explanations of what to expect if one report to the Police
- Referral to specialists in one's area
- Information for family and friends wanting to help someone

[16] More information can be found at http://toah-nnest.org.nz/

[17] More information can be found online at http://www.theharbour.org.nz/

[18] More information can be found online at https://www.helpauckland.org.nz/

- Information, and contact with a specialist, for people who are worried about their own sexually harmful thoughts or behaviour.[19]

Conclusion

Māori have long-held traditions that cherish children and instil mana within individuals and whānau. The colonisation of the motu changed traditional Māori views of sex and sexuality. It also brought historical trauma and new patterns of violence. Sexual violence and their associated harms were uncommon.

Today Māori views of health and wellbeing are seeing a revival as traditional Māori principles and practices are restored, and in some cases, integrated with Western ideas and practices. Māori-centred and kaupapa Māori service provision is growing. This is leading to more aware and culturally strong sexual violence services.

These services are still relatively scarce. And there is need within the Māori population. Historical trauma, socio-economic disparities, and modern challenges continue to affect a disproportionate number of Māori. More specifically, sexual violence services designed to meet the needs of tamariki and rangatahi Māori who are victim/survivors or display HSB are limited.

Evidence suggests that greater emphasis is needed on the design, development, and expansion of Māori centred or kaupapa Maori, whānau-centred sexual violence services, for tamariki and rangatahi Māori who are victim/survivors or display HSB.

[19] More information can be found online at https://www.safetotalk.nz/

Appendix

Summary of sexual violence services

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
Ngā Kaitiaki Mauri: Te Ōhākī a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST)	15 years	General public.	National network of those providing specialist services for sexual violence prevention and intervention.	Primary prevention; Early intervention; Recovery and support; Longer term treatment; Harmful sexual behaviour services; Specialist advice and training; Promotion of law reform	Unknown	Unknown
Te Ora	Unknown	Wāhine Māori, whānau, youth and children under five years. Open to all people who have been sexually harmed and their whānau.	Opotiki, Bay of Plenty	Kaupapa Māori programmes guided by tikanga and drawn from Te ao Māori.	Unknown	Unknown

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
Tū Wāhine	33 years	Tamariki and wāhine Māori under five years. Open to all people who have been sexually harmed, and their whānau.	Waitakere City, Auckland.	Kaupapa Māori informed counselling, programmes, therapy, support and advocacy.	Unknown	Unknown
Te Puna Oranga	34 years	Urban-based Māori, wāhine, whānau, youth and children under five who have been sexually harmed.	Christchurch	Kaupapa Māori, 24/7 crisis response and assessment. 24-hour phone support, information, whānau mediation and support.	Unknown	Unknown
Te Kākano SAFE	18 years	Māori	Te Kākano SAFE is part of the SAFE network that runs the largest community-based professional treatment programme in Aotearoa/New Zealand both for adult and adolescent sex	Māori centred group therapy.	Improved cultural identity Improved relationships Sexually abusive behaviours addressed	Evaluated in 2009 by Maria Billing[20] using qualitative methods: interviews with service users & observations of group therapy sessions over a 15-month period. Involved Twelve Tane (men), four whanau (family) members and three Kaimahi

[20] Billing, Maria (2009). "Sowing the Seeds for Change" A process evaluation of Te Kakano, the SAFE Programme for Maori men who have sexually offended against children. Retrieved online 14 September 2020 from: https://researchspace.auckland.ac.nz/handle/2292/5731.

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
			offenders. It is the Māori arm of the organisation that is specifically tailored for Māori.			Maori (staff). Findings: Tikanga processes were highly valued by participants despite differing levels of cultural knowledge because 1) it allows for participation in activities that can strengthen cultural identity and knowledge; 2) the approach recognises the importance of relationships as a context for change; 3) Te Kākano provides a programme that addresses sexually abusive behaviour and is culturally responsive to Maori offenders; 4) the involvement of Maori amongst therapy staff and management is a step towards ensuring that Maori values and perspectives are represented within the organisation.

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
Te Piriti Special Treatment Unit – mainstream correctional programme	27 years	Child sex offenders based in Auckland Prison	Programme facilitated through Auckland Prison	Modelled on Kia Marama programme at Rolleston Prison in Christchurch but uses a bicultural approach merging a Tikanga Māori framework within western science.	Reduction in sexual recidivism	A 2003 evaluation[21] found a sexual recidivism rate for Te Piriti graduates (Māori and non-Māori combined) of 5.47% as compared to the control sample sexual recidivism rate of 22%. This result is obtained after 2 1/2 to 4 years follow-up post release from prison. The evaluation found that Māori men do better at Te Piriti, with its marriage of tikanga Māori and Western psychology, when compared to western-only approaches. Findings suggest that greater reductions in recidivism are obtained when the programme style and delivery is matched to the ethnicity of offender and that tikanaga Māori processes play an important role in the effective

[21] Nathan, L., Wilson, N.J., & Hillman, D. (2003). *Te Whakakotahitanga: An evaluation of the Te Piriti special treatment programme for child sex offenders in New Zealand.* Psychological Service Report, Department of Corrections. Wellington, New Zealand.

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
						treatment of both Māori and non-Māori offenders.
Sexual Abuse Support and Healing (SASH) – Nelson. SASH – Nelson	36 years.	People who have been sexually harmed (both recent and historic).	Three offices: Nelson, Motueka and Blenheim.	24/7 Crisis Response care; support and counselling to victims and their families drawing from both Te Ao Māori me Te Ao Pākehā.	Unknown	Unknown
Wellington Sexual Abuse HELP, Wellington	35 years.	People who have experienced rape or sexual abuse, or who is concerned about a friend or family member.survivors – of any age, gender, sexuality or ethnicity.	Wider wellington region.	24-hour support line; Crisis response; social work and counselling services.	Unknown	Unknown
Support of Sexually Abused (SOS), Kaipara	36 years.	Women, children and whānau affected by sexual abuse and violence (both recent and historic)	Kaipara region.	24/7 phone and face-to-face support; counselling; refuge accommodation; prevention education programmes and women's empowerment programmes.	Unknown	Unknown

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
START Healing	33 years	Children, youth and adults, and their families who have experienced sexual violence or other trauma.	Christchurch	24/7 early intervention, counselling and support.	Unknown	Unknown
Southland Help – Rape and Abuse Support Centre	Unknown	14 to 16-year-olds	Southland	Support, counselling, social work and programmes (such as play therapy and family therapy, IMAGINE women and self-defence) for survivors of sexual abuse and their families.	Unknown	Unknown
Ecpat Child ALERT	Approximately 20 years.	General public - Policy and law decision makers.	Only organisation of its kind in NZ.	Addresses the sexual exploitation of children through public awareness-raising, law reform and advocacy, online safety initiatives, specialist training, research and community education.	Unknown	Unknown

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
Korowai Tūmanako.	Unknown	Non-mandated treatment for Northland whānau, hapū, and iwi who have been affected by sexual violence, focussing on harmful sexual behaviours.	The service is the only one of its kind in the Northland region.	Draws from both kaupapa Māori and western knowledge systems. Offers sexual violence prevention education; support; clinical treatment for young people and adults who have committed sexual offences.	Unknown	Unknown
Safe Network	Unknown	Children aged 5-12 years who display problematic or concerning sexual behaviour.	Specialist clinical assessment and intervention services.	Amanaki Pasifika – This is a specialist intervention offering pathways for Pasifika children (5-12 years). This service was developed and is led by clinicians of Samoan and Tongan descent who are fluent in their language. Women and girls – For women and girls who present with concerning and harmful sexual behaviour, and for their families.	Safe intimate relationships with others No further engagement in harmful sexual behaviours Gain acceptance as a safe, responsible member of their family, whānau and community.	Unknown

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
WellStop	23 years	Adults and youth (and their whānau) who have engaged in harmful sexual behaviours; children;	Available across the North Island.	Individual, family or group sessions for those engaging in HSB; Early intervention for children aged 4-12.; support for family.	Reduction in recidivism rates for those who engage in HSB	2003 evaluation of adult programmes.[22] A 2007 evaluation of youth services found substantial treatment effect with a 2% reoffending rate compared to 6% of those youth who are not treated and a decrease in behavioural and psychological problems.[23] Higher sexual re-offended was related to non-completion of the programme. The Good Way Model for adolescent boys[24] (aged between 11 and 17) engaging in HSB was evaluated at a

[22] Report unavailable online but it involved 203 adults who were ordered to attend community-based programmes by the courts over four years and found a recidivism rate for HSB of 5.2%. This is comparable to a rate of 16% for sex offenders receiving probation monitoring.

[23] Lambie, I. (2007). Getting it right: An evaluation of New Zealand community treatment programmes for adolescents who sexually offend summary report. Retrieved online 14 September 2020 from: https://www.wellstop.org.nz/uploads/1/0/2/9/102934668/getting_it_right_lambie_et_al_research.pdf. The overarching evaluation consisted of three evaluations: a process, an outcomes and a cost-effectiveness evaluation. The outcomes evaluation findings are included in the table.

[24] Weedon, V. (2015). Evaluation of the Good Way model: a treatment approach for young people with harmful sexual behaviour: a thesis presented in partial fulfilment of the requirements for the degree of Doctorate in Clinical Psychology, Massey University, Auckland, New Zealand. Retrieved online 14 September 2020 from: https://mro.massey.ac.nz/handle/10179/7576.

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
						Wellington and Christchurch site. Five participants were intellectually disabled. A relationship existed between the model and reduction in HSB, and an increase in positively occurring behaviours related to strengths and resiliency.
STOP	28 years.	Primary and intermediate aged children who have engaged in concerning sexualised behaviour, girls, adolescents and adults.	The programme has a team of twelve clinicians and provides programmes in Christchurch, Dunedin, Invercargill, and Nelson.	Individual, peer and family therapy. Social work services for differing groups such as: children; girl-specific; adolescents and adults.	Increased understanding, knowledge and relevant skills to prevent the recurrence of HSB.	Unknown
The Harbour	Unknown	General public	Jointly developed by SAFE, HELP, and Rape Prevention Education.	A New Zealand-based web-portal that expects to address community members, their families and whānau affected by sexual abuse or offending.	Its aim is to become a resource and hope for people living with the many effects of HSB.	Unknown
HELP Auckland	12 years	Victims/survivors of sexual abuse.	Auckland	24/7 crisis support service, counselling and psychotherapy for adult's youth and	Unknown.	Unknown.

Service	Years in operation	Target client group	Setting	Intervention	Measures of outcomes	Evaluation description and findings
				children and their whānau.		
Safe to Talk	2 years	People who have been sexually harmed.	Over the phone or live online chats.	A specialist 24/7 phone line that puts people in contact with trained specialists.	Unknown	Unknown

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