

# Sexual Abuse in Australia and New Zealand

Volume 7, Number 1, June 2016

## CONTENTS

### EDITORIAL

- Culture, Indigenous Peoples and Sexual Harm: Practice and Research Issues 1  
*A. J. Tamatea, D. Tolliday, & P. Greer*

### ARTICLES

- Intergenerational Sexual Violence and Whānau in Aotearoa/ New Zealand - Pedagogies of Contextualisation and Transformation 4  
*H. Cavino*
- Identifying Key Pathways into Sexual Offending for Juvenile Offenders and Exploring Possible Differences for the Aboriginal Community 18  
*M. F. Gathercole, A. D. Lykins, & D. A. Dunstan*
- Moetolo 'Sleep-Crawlers': A Samoan Therapeutic Approach to Sexual Abuse 31  
*B. M. S. Seiuli*
- Māori Cultural Definitions of Sexual Violence 43  
*L. Pihama, R. Te Nana, N. Cameron, C. Smith, J. Reid, & K. Southey*
- When Will the Stolen Generations End? A Qualitative Critical Exploration of Contemporary 'Child Protection' Practices in Aboriginal and Torres Strait Islander Communities 51  
*L. Funston, S. Herring & ACMAG*
- The Good Lives Model: New Avenues for Māori Rehabilitation? 59  
*N. Leaming & G. M. Willis*
- "Until we talk about everything, everything we talk about is just whistling into the wind": An Interview with Pam Greer and Sigrid ('Sig') Herring 70  
*D. Tolliday*
- Call for Papers 81  
*Special Edition: Sex Offenders with an Intellectual Disability*

## EDITORIAL

### *Culture, Indigenous Peoples and Sexual Harm: Practice and Research Issues*

*Mā te rongo, ka mōhio;  
Mā te mōhio, ka mārama;  
Mā te mārama, ka mātau;  
Mā te mātau, ka ora<sup>1</sup>.*

Sexual abuse is a global social problem. Sexual abuse also occurs in a cultural context. So, how these behaviours and their effects are understood, interpreted, and addressed opens up wider questions as to whether sexual harm is amenable to being approached in a universal way. Recent developments in the sexual abuse/offending arena has reflected advances in (1) the practice of offender risk assessment with an increased emphasis on protective factors, (2) enriched approaches to treatment that recognise offender strengths in addition to risk management, and (3) the need to rethink legal responses to how abuse is identified and dealt with in its many forms. However, what is missing from this literature – conspicuously so – is consideration of the role(s) that culture plays across these areas.

The notable underdevelopment of culturally informed research is not insignificant given that indigenous Australian and Maori children have a disproportionately high underreporting rate for sexual abuse disclosures. Indeed, the recent activities of the Royal Commission into Institutional Responses to Child Sexual Abuse<sup>2</sup> in Australia has revealed a culture of silence within indigenous communities that reflects longstanding fears of reprisals, distrust of police and government agencies, the threat of children being uplifted from families, and general problems of accessing the appropriate support. In New Zealand, the interim report of the Modernising Child Youth and Family Expert Panel<sup>3</sup> condemned the Government's performance regarding the protection of children adding that the agency's focus appeared to be on containing short-term costs at the expense of re-victimisation, remediation of harm, and supporting long-term outcomes for vulnerable children – Maori children, in particular, overrepresented in experiencing multiple forms of socioeconomic disadvantage in addition to abuse. Given these confronting social

justice issues, it is of note that the research community itself has been largely silent on the issue of 'culture'.

Some speculative reasons for why culture (as opposed to 'race' and 'ethnicity') has been largely sidelined in this field may be due to the reluctance of researchers to engage with cultural concepts because they are not easily reconcilable with the reductionist language of risk assessment and rehabilitation outcomes. For instance, the primary research agenda for correctional and forensic practitioners involves the privileging of accuracy of risk estimation and efficacy of treatment – but not necessarily one of 'community welfare', let alone community involvement. These aims may be politically popular with an all-too-fearful public, but we need to consider at what point the boundaries of 'risk' end and 'wellbeing' begins. To be fair, risk and wellbeing are not unrelated or incommensurate outcomes, but they are also not the *same* goal either – risk involves a fairly narrow set of predefined and measurable outcomes and speaks to the priorities of policy makers, whereas wellbeing is a broader and more abstract consideration and speaks to the needs of communities who are the ultimate end users in criminal justice endeavours.

An additional barrier to increasing our understanding of culture in relation to sexual abuse may involve the challenges of accessing and developing workable, sustainable, and empowering relationships with indigenous communities because they are often marginalised and hard to reach. These relationships take time and are often complicated by notions of power. Furthermore, the proportion of relevant practitioners from indigenous backgrounds in Australasia – especially psychologists – is woefully low, meaning that giving voice to the needs of indigenous communities with criminal justice, child advocacy, and victim support agencies presents a struggle.

One other consideration is the overt enthusiasm of agencies and practitioners for imported knowledge and philosophies of offender management and victim care. Given both countries support the notion of evidence-based practice with a priority on empirically-based research means it can be too easy to dismiss local knowledge and cultural practices on the grounds of being too 'exotic', under-researched, or unempirical. This response is understandable in jurisdictions where a research program is largely nonexistent or otherwise under-resourced, but it also means that practice is guided by research rooted in other cultural realities and

<sup>1</sup> Maori whakatauki (saying): *'Through resonance comes awareness; through awareness comes understanding; through understanding comes knowledge; through knowledge comes life and wellbeing'*.

<sup>2</sup> <https://www.childabuseroyalcommission.gov.au>

<sup>3</sup> Modernising Child Youth and Family Expert Panel (2015). *Modernising Child Youth and Family Expert Panel: Interim Report*. Retrieved from <https://www.msd.govt.nz>.

traditions at the expense of honouring, developing and utilising local knowledges, social systems, and traditional cultural practices to empower communities in ways that are meaningful for them.

An overall theme of the current edition concerns the inadequacy of Western frames of reference in acknowledging, describing and understanding ongoing trauma experienced by indigenous peoples in postcolonial contexts. Indeed, the initial impetus for this work was to give voice to researchers and practitioners from indigenous communities in Australasia. When a cultural lens is applied, common themes are revealed in the papers presented here, and include the need for healing and restoration within cultural identity as well as the strength of culture, community and family. Furthermore, the recognition and understanding of realities for indigenous peoples can greatly advance our collective thinking about sexual abuse issues in Australasia, especially the development of theory and practice.

The opening contribution from Cavino directly raises the issue of *healing* as essential to recovery from the effects of colonisation, which includes intergenerational sexual violation. Drawing on the need for Maori knowledge and ways of understanding and action, Cavino offers a personal examination of history, including transgenerational sexual violation. This piece is nothing short of courageous, as she brings a new voice and openness to expose and examine the meaning of the presence of sexual violation in postcolonial family history.

Gathercole, Lykins and Dunstan articulate how the adversity experienced by Aboriginal people is different and generally higher than other community groups, with the key effects of trauma being spelt out in stark relief as *lived* experiences: Racism, disadvantage and the impacts of genocide. In exploring whether there are identifiable pathways to sexual offending a number of themes are identified. The majority (96%) of the Aboriginal young people convicted of sexual offences who are reviewed have experienced complex trauma, there is an overrepresentation of young people with disabilities and difficulties in developing healthy masculinities which is connected with effects of colonisation for Aboriginal men. The details are as compelling as the under-provision of services for victims is devastating - arguably, the effect is tantamount to racism in action. For instance, 76% of the young Aboriginal people had experienced sexual abuse and despite several of their perpetrators being prosecuted not a single one of these young people received any therapeutic intervention before their own offending! In relation to social and criminal justice experiences, while 50% of the young people experienced sexual abuse or were exposed to inappropriate sexual behaviour by adults (itself

commonly being a form of sexual abuse), and despite reports to the police, not one of the adults were prosecuted. The authors offer suggestions for prevention including the delivery of services, including for young people in rural areas.

From across the Pacific, Seiuli explores sexual violation through the Samoan concept of '*Moetolo*' (sleep crawler) which denotes a person who sexually violates another while they or their family are sleeping. The importance of Samoan family and cultural concepts and processes, including restoration and connection, are explored in reviewing a case study on addressing sexual abuse via a model of practice derived from traditional Samoan knowledge.

Pihama and colleagues discuss Maori cultural definitions of sexual violence. In doing so, they note the dominant Pakeha (New Zealand European) frameworks that do not provide adequately to understand context of sexual violence for Maori. Similar to commentary by Funston and Herring (Australia - also in this edition), they recognise that Maori healers, social workers and health providers have moved beyond Western definitions and link acts of sexual violence in the context of the violence of colonial invasion.

Funston and Herring outline a unique qualitative indigenous research methodology developed by an Aboriginal advisory group in New South Wales (NSW). This is distinguished from the majority of research of Aboriginal people in Australia by non-Aboriginal academics and groups. The ongoing and unprecedented rates or removal of Aboriginal children is discussed with an analysis of the social and political conditions within which this is occurring. The act of placing children in care away from family is noted as often being associated with elevated risk of physical, sexual or emotional harm to the child. The authors draw a connection between poverty and intergenerational trauma. Mistaking poverty as child neglect and failing to recognise Aboriginal worldviews and childrearing practices are discussed as current issues and alternate solutions are suggested. Similar to the contribution of Gathercole and colleagues, the authors identify addressing disadvantage and trauma as high priorities in preventing harm of Aboriginal children.

The article by Leaming and Willis argues that the generally poor integration of Maori beliefs, values and practices into treatment programs for offenders reflects the Risk-Needs-Responsivity (RNR) model of offender management as being largely incompatible with Maori beliefs and practices and this article suggests more holistic approaches can better accommodate Maori-informed models.

Lastly, a wide ranging interview with Pam Greer and Sigrid Herring reveals the decades-long struggle of social activism, advocacy and training in relation to Aboriginal family violence. The content which

effectively is personal historical accounts of Pam and Sigrid's work can make for challenging reading. Naming and identifying harm and abuse was, and remains, challenging though there is now a growing workforce of Aboriginal and non-Aboriginal practitioners working in prevention, identification and response. These accounts of *recent* history are important in order that current context and experience can be understood. Moving past initial struggles for recognition, some of the more contemporary challenges are discussed. Of note is a question posed to Pam and Sigrid: "*Is culture used as a smoke screen?*" Absence of resources and services and related social injustices are a theme but overall the outlook is hopeful and the interview provides the reader with a perspective to carry forward.

Given that we sought to privilege the voices of indigenous contributors, the astute reader will observe that we have chosen to forgo some of the editorial conventions to keep as much as possible in the spirit of this special edition. It is our hope that these pieces are seen as departure points to prompt new thinking on important issues and challenges faced by researchers and practitioners, but also raise an appreciation of the diverse - and not always honoured - voices of our indigenous communities in this journey.

*Armon J. Tamatea*  
*Rongowhakaata; Te Aitanga-A-Maahaki*  
*New Zealand Editor*  
*The University of Waikato, New Zealand*

*Dale Tolliday*  
*Invited Editor*  
*New Street Services*  
*New South Wales, Australia*

*Pam Greer*  
*Invited Editor*  
*Aboriginal Educational Consultant*  
*Education Centre Against Violence*  
*New South Wales, Australia*

# Intergenerational Sexual Violence and Whānau in Aotearoa/ New Zealand - Pedagogies of Contextualisation and Transformation

Hayley Marama Cavino  
Syracuse University, New York

This article elaborates a pedagogy of decolonising healing and recovery undertaken as part of research work into the political and historical contextualisation of intergenerational sexual violation. Specifically, the work is an articulation of the politics of interpersonal violence impacting Māori whānau in Aotearoa/New Zealand. Contextualising interpersonal sexual violation in this context requires a focus on colonisation's impact vis-à-vis the breakdown of systems of social control, changes to the family, and shifts in gender relations precipitated through loss of proximity to land and collective/public modes of living. The work of healing is herein re-scripted through the processes of contextualising—most especially through making explicit connections to the theft of land occurring several generations prior and continuing into present time. Through contextualisation healing is experienced as a 'coming to know' in totality—across time and multiple generations. In this way the approach moves the focus re 'what happened' beyond the interpersonal and beyond the body. Through storying the history of raupatu/ confiscation and forced migration/homelessness in the author's own whānau, the work demonstrates how shifts in our relationship to land change how we relate to each other and lay the foundation for cycles of intergenerational abuse and violation.

Ko Aorangi me Kopukairoa nga maunga  
*Aorangi and Kopukairoa are the mountains*

Ko Moawhango me Waiora nga awa  
*Moawhango and Waiora are the rivers*

Ko Takitimu me Mataatua nga waka  
*Takitimu and Mataatua are the canoes*

Ko Mokai-Patea me Tauranga Moana nga rohe  
*Mokai-Patea and Tauranga Moana are the regions/lands*

Ko Ngati Whiti tuturu me Ngati Pukenga nga iwi  
*Ngati Whiti and Ngati Pukenga are the tribes*

Ko Whitikaupēka me Te Whetu-o-te-Rangi ōku marae  
*Whitikaupēka and Te-Whetu-o-te-Rangi are the meeting houses*

Ko Ihākara Te Raro, Ngāpera Te Huiareī Pine, Te Nīa,  
me Rāhera Te Kahūhiapo ōku tīpuna  
*Ihākara Te Raro, Ngāpera Te Huiareī Pine, Te Nīa,  
and Rāhera Te Kahūhiapo are the ancestors*

*I have shared here a pepeha, which acknowledges  
the whānau of both my maternal grandmother and  
grandfather, both of whom are Māori, though they  
are from different iwi. Some of the genealogical  
lines eluded to in the pepeha come from stories of*

*the great ocean canoe voyages (this is particularly  
true of the male lines), while others emerge out of  
the land (appropriately enough, given that the land  
is also considered female, the female lineage of my  
grandmother's family emerges partly from a land-  
based whakapapa). My father is a British  
immigrant from Norwich, England who came to  
Aotearoa/New Zealand in the 1960s when he was in  
his thirties. I would also like to acknowledge the  
Onondaga People of the Haudenosaunee  
Confederacy upon whose land I currently live as a  
manuhiri in Syracuse, New York.*

This essay considers the interrelationship between settler colonialism and intergenerational sexualised violence in whānau and is based on work presently being conducted as part of a broader research project concerning the intersections of coloniality, gender, knowledge production, and restoration. Herein I argue that the work of excavating genealogies of violence, when actualised at the whānau level utilising a process of research-based storytelling, constitutes a 'pedagogies of contextualisation' that has the potential to transform and restore indigenous peoples and communities. Specifically, the described pedagogies of contextualisation constitute a search for meaning.

My work is partially a self-narration of an ongoing personal journey, yet it is important to note that the process remains necessarily collaborative in nature in that it involves (re)connecting with people and places of

cultural significance to my whānau and me. While it may be possible to replicate aspects of this collaborative process in a clinical environment and/or support clients as they engage similar journeys, the approach outlined is undergirded by an important implication: shared meaning between helper and client cannot be assumed. This is especially pertinent where helpers have been educated within predominantly White paradigms that emphasise individual and/or nuclear family wellness. Often these helpers subsequently work with indigenous clients who are endeavoring to understand their experiences with reference to a much broader historical, cultural, and political context—thus producing the potential for a kind of disconnect between helper and client. So I offer here a provisional pedagogy of contextualisation that is explicit in framing the meaning of sexual violation for indigenous people in the broadest of terms. Our understanding of what sexual violation means for us falls beyond and outside of the limits of current Western academic and professional thinking about the causes and nature of gendered abuse. Within this pedagogy the job of the helper, then, is to assist whānau to make meaning of these experiences within the context of their historical and contemporary worlds as Māori. This work necessitates an intellectual and professional curiosity and reflexiveness about one's own social location (gendered, racialised, and relationship to nation state—settler or indigenous). In sharing this work I ask a question of practitioners—What would it mean to decolonise your understanding of sexual violation?

As a pre-cursor to elaborating these pedagogies, I first seek to situate the work within Māori experiences of multiple violences—those actioned by the state (through incarceration, landlessness, racialised poverty, and 'getting educated' in public systems) and, for some, those occurring within the home (sexual, physical, spiritual interpersonal abuses) (L. Pihama, personal communication, February 25, 2012). Utilising this framing, I actively engage the connections between public and private violences by considering the experiences of my whānau. In so doing I also concurrently begin to describe a decolonising restorative praxis that has the potential to disrupt cycles of violation.

In addition, I hold central an important assumption regarding the status of our mātauranga/knowledges around the causes of sexual violation and the conditions buttressing it within Māori families. I purposefully seek to interrupt solutions-based kōrero and the concurrent narrowing of research foci within parts of the Māori research and social service community. Part of what I aim to do here is to speak back to claims that we already know enough about the nature and extent of the problem of sexual violation, and that our research efforts ought to be focused on 'coming up with solutions'. My work is cognisant of the effects of racism in public settler discourse, a racism that so often accompanies talk about

the prevalence of sexual violation as a serious and life-threatening problem in te ao Māori—here I am specifically invoking the ways in which mainstream media and public discourse works to naturalise sexual violation as being 'of us' as Māori, rather than produced by gendered and racialised power. In part, the rush to a solution-based focus is a likely reaction to this racism (as well as being an entirely pragmatic response to the urgent need to arrest these cycles in our communities), yet I believe that further work is needed to properly elaborate the conditions under which widespread sexual violation within families is even possible for us. To do this I articulate how sexual violation is possible in post-colonial indigenous worlds and how it is a logical progression of the accumulated violences visited upon us.

### The Problem of Violence in Aotearoa/New Zealand

The colonisation of Aotearoa for the purposes of British settlement was achieved through a variety of mechanisms to include the introduction of missionaries, schooling for assimilation, and land alienation. I draw particular connections between the violation of people and land—not only because of the important practical implications of land alienation vis-à-vis our inability to meet immediate survival needs, but perhaps more significantly because the rapid social shifts occurring within Aotearoa in the middle to later part of the nineteenth century forced Māori participation in the machinery of settler colonialism as it was actioned at the local level. Specifically, landlessness forced the internal migration of many Māori (Māori moving onto land we had not held previously) and aside from the concurrent shifts and complications with regard our relationships with our tribal neighbors, this migration changed us. It changed our relationship to land—our mother, and it changed our relationships with each other. Forced migration led to participation in modalities of gendered settler colonialism, which is perhaps the most critical factor necessary to quickly set us up for the perpetuation of internalised violence within whānau. Displaced Māori were in effect turned into 'new settlers' on the lands of other iwi, and this produced important changes in not only our relationship to land, but also our practices and structures of social organisation and control. These shifts lay the foundation for the cycles of intergenerational abuse and violation that we now find within many Māori families.

One of the primary assumptions on which the present work is based is that it is necessary to first explicate the causative elements of family violence utilising a broad, interdisciplinary, and culturally meaningful knowledge base in order to frame pedagogies that might restore those who have been subject to it to date and prevent its

future intergenerational transmission. With that in mind I move here to a brief review of the literature concerning the general scope of family violence in Aotearoa/New Zealand before elaborating what I believe to be the significant historical and conceptual framings related to violence as indigenous peoples often experience it. I then elaborate a pedagogy of transformation that is being activated in our immediate whānau before briefly considering the implications of these processes for helping professionals.

Within the last 25 years, family violence in Aotearoa/New Zealand has come to be referred to as an 'epidemic'—we see this in discourse produced by the media, the justice and social services systems, and the state (Te Puni Kokiri, 2010). Māori are disproportionately represented in the statistics (Kruger, Pitman, Grennell, McDonald, Mariu, Pomare, Mita, Maihi, & Lawson -Te-Aho, 2004)—for example, approximately half of Māori women will experience partner abuse in their lifetime (Balzer, Haimona, Henare, & Matchitt, 1997; Erai, Pitama, Allen, & Pou, 2007; Lievore & Mayhew, 2007).

A number of indigenous researchers have focused on the relationship between interpersonal violence in indigenous communities and the ongoing violence of the colonisation processes—characterising the former as a kind of genocide (Smith, 2005) and a continuation of the colonisation process (Deer, 2004). The coherence of inter-personal violence as an artifact of the historical trauma of colonial conquest also forms the basis for models of indigenous research and praxis. Clinical psychologist Eduardo Duran (2006) uses a model of intergenerational historical trauma to contextualise the wounding and healing of indigenous peoples. Work of this nature has been linked to critique of mainstream systems for dealing with sexualised and other forms of violence affecting indigenous peoples. The focus of many Pākehā scholars and practitioners—on individualised and/or punitive remedies—has also been criticised as both disproportionately affecting Māori through systems of punishment and incarceration, and decontextualising the Māori experience of colonial oppression and disenfranchisement as a critical causative factor. The claim here is that the decontextualisation of interpersonal violence leads necessarily to individualisation of response which, when applied to indigenous peoples, leads to ineffective outcomes and their criminalisation (Pihama, Jenkins & Middleton, 2003; Ruwhiu, 2009; Te Puni Kokiri, 2010).

Māori researchers have thus increasingly focused on the link between family violence and colonial violence (Pihama et al., 2003; Ruwhiu, 2009; Smith, 1999; Te Puni Kokiri, 2010), and have paid particular attention to the corrosive impact of colonial education systems on knowledges associated with holistic health/well-being and positive gender relationships for whānau (Pihama et

al., 2003; Simon & Smith, 2001; Smith, 1999). There are a number of emerging pedagogies and models for addressing violence that are currently being utilised with whānau in Aotearoa/New Zealand based on Māori knowledge systems (Kingi & Jordan, 2009; Ministry of Social Development, 2002; Pihama et al., 2003; Ruwhiu, 2009). Still, the research community in Aotearoa/New Zealand has identified the need for further study of transformative practices for whānau. In particular, further research work with vulnerable whānau who engage in restorative practices in response to violence is needed, along with further articulation and understanding of innovative conceptualisations and approaches oriented to producing whānau ora (family well-being) (Families Commission, 2008).

Violence in Aotearoa/New Zealand is thus understood as emerging from and simultaneously felt in a plurality of sites to include the public and private spheres of nation state and the home and community. These sites are at once relational and productive of each other. In my own work, the assumption of plurality, interdependency, and intersectionality has necessitated engagement with multiple knowledge frameworks which combined make sense of colonial violence and its relationship to interpersonal violence (Deer, 2004; Duran, 2006; Pihama et al., 2003; Smith, 2005). Specifically, I come to this work from an interdisciplinary perspective—as both a graduate of The University of Waikato's (Hamilton, Aotearoa/New Zealand) community psychology masters program and as a doctoral candidate in Cultural Foundations of Education with a major in Women's and Gender Studies and Sociology of Education at Syracuse University, New York. I also come to this work with a knowledge born of lived and felt experience—as a member of a whānau for whom intergenerational violence has been a reality for approximately four generations, a timeframe coinciding with the introduction of settlers to Aotearoa/New Zealand in the mid-nineteenth century. By considering both the gendered and racialised nature and meaning of violence occurring 'in private' in my whānau—my work critically engages the ways in which these sexualised violence have flourished in contexts previously subjected to the violence of the state.

### Violence in (Colonial) Context

The introduction of new patriarchies concomitant with colonial rule in Aotearoa/New Zealand has overwritten Māori understandings of gender and power, disrupting communal relationships and fostering a normalised gender inequality. The accumulating factors of settler patriarchy, colonial knowledge systems, and land alienation produce a form of violence which manifests as a forced separation between people of Māori descent and the 'content' of what it might actually mean to be Māori,

including knowledge of our whakapapa, tikanga, language, and ancestors—in short, our understanding of ourselves and our place in the world. In addition, the patriarchal aspects of colonialism enable pre-colonial Māori traditions and praxis to be distorted and re-authorised in ways that culturally disempower Māori women. The disconnect from the knowledge of our ancestors, as well as a more detailed knowledge of what actually happened to us, is a violence that has profound implications vis-a-vis how we relate to each other as Māori men and women. A key aspect of my work involves the delineation of how patriarchy works to produce such distortions in a specific whānau.

The lack of public transparency surrounding historical and ongoing state and colonial violences and the paucity of analysis about how these accumulate to produce conditions within whānau where interpersonal violences may blossom and thrive, leads necessarily to popular conceptualisations of interpersonal violence as being caused by whānau, rather than the state of colonial disenfranchisement under which they continue to live. My current research thus focuses in part on how whānau who have experienced violences are able to transform their understanding of these experiences within a framework of story-based recovery and restoration. The core of the study examines the knowledges produced and utilised by whānau engaged in the process of recovery from violences. To do this, I must first briefly examine some of the key conceptual ideas underpinning this restorative work. These framings assist us to understand the prevailing contexts of violence operating within colonial space.

This work is positioned within a broader understanding of the theoretical meanings and processes associated with settler coloniality as a mechanism through which particular forms of racialised and gendered power are deployed for the purposes of class-based social control through land acquisition. In the wake of the 1840 Treaty of Waitangi, the so-called Māori Land Wars and the raupatu/land confiscation and alienation, which secured New Zealand as a British Crown colony for the purposes of settlement, the state turned its attention to the production of a singular national subject—a ‘one size fits all’ citizen. This amounted to an imperative to ‘civilise’ Māori through a program of assimilation—relieving us of our access to land, traditional values, customs and language; to be replaced by those of the Pākehā (Simon & Smith, 2001). Assimilation for the purposes of White settlement is clearly and powerfully characterized as an ongoing structural process that seeks to deny indigenous people access to their cultural properties so that settler wealth accumulation can remain unchallenged (Cabral, 1973; Veracini, 2011; Wolfe, 1999).

For Māori women, the project of transformative settler womanhood and citizenship, and the promise of a

modern Māori society took place on the terrain of our bodies (Jenkins & Matthews, 1998; Johnson, 1998; McArdell, 1992; Te Awēkotuku, 1991). Settler colonialism introduced “dominant forms of invader/settler masculinity” (Hokowhitu, 2012, p. 23) that were then available to be mimicked and internally replicated by Māori men. The transformation of Māori male masculinity through colonization and the replication of settler manhood amounted to a kind of seduction for Māori men (M. Pitman, personal communication, July 28, 2013) and this has had particularly lasting and resonating consequences for Māori women and whānau. Indigenous feminist theory provides a powerful lens through which to critically engage coloniality and its gendered aspects. Kanaka Maoli feminist scholar Lisa Kahaleole Hall (2009) highlights the continued salience of indigenous feminist theory in helping us untangle the meaning of gendered oppression in contemporary indigenous worlds.

Feminist theory remains integral to the process of decolonization for Hawaiian and other indigenous women because colonialism takes place through gendered and sexualized forms that reconstitute both individual and communal indigenous identities in stigmatized and disempowering ways. Whatever the disagreements are about the nature of the pre-colonial status of women within various indigenous societies, there is no ambiguity about the negative consequences of the views and actions of European missionaries, soldiers, and settlers (2009, p. 15)

Māori women have recognised the corrosive effect of colonisation on gender relations within Māori whānau and we have called for the rehabilitation of our status as wāhine toa/powerful women. We have consistently expressed our own conceptualizations of female power (Irwin, 1992; Mikaere, 1998; Te Kawehau Hoskins, 1997) and this has often been articulated through the concept mana wāhine Māori. Mana wāhine Māori as theory is an assertion of Māori women’s voice and perspective within a kaupapa Māori (Māori way) framework (Irwin, 1992; Pihama, 2001; Pihama & Mara, 1994). The specific dimensions of mana wāhine Māori include: whakapapa (genealogy), whānau (family), wairua (spiritual aspects), Treaty of Waitangi as analysis, decolonisation, mātauranga wāhine (Māori women’s knowledge) and reclaiming cultural space (Awatere, 1984; Hutchings, 2002; Pihama, 2001; Smith, 1993).

#### Pedagogies of Contextualisation: Pūrākau as a Transformative Framework

It is clear that colonisation has had a devastating impact on our knowledges—on what we can claim to



know/remember, and perhaps more importantly, on how we make meaning of our experiences (Beristain, 1998). The replacement of indigenous knowledge systems is a particularly significant aspect of the colonial project because it produces identity loss, the breakdown of gender roles, and the perpetuation of inter-personal violences in indigenous communities. The overlay of new and punitive systems of religion and education (Chomsky, 2003; Foucault, 1975) dramatically changed relations between men and women, introducing regimes of punishment and violence that were incoherent in relation to our values, and facilitating the destruction of existing *mātauranga*—*mātauranga* that were an important means through which to establish and maintain social controls. Indeed, colonisation depends on the ability of the coloniser to successfully alienate indigenous peoples from their knowledge (Cabral, 1973). It is therefore appropriate that we institute a concientisation approach (Freire, 1997; Said, 1994) that mobilises history and the recovery of memory, and coalesces around the rehabilitation and/or re-creation of cultural knowledge. Importantly, we must “[Come] to know the past” and “revisit, site by site, our history under Western eyes...telling our stories from the past, reclaiming the past, giving testimony to the injustices of the past” (Smith, 1999, p. 34 -5).

Concientisation for Māori is a critical concern not only for those interested in justice (Durie, as cited in Morris & Maxwell, 1998; Jackson, 1998) but also for healers. In her piece on developing a decolonising practice, Ingrid Huygens (2011) emphasised the need to revisit history, remain emotionally engaged, and work collectively. Though her piece spoke directly to settlers engaged in decolonising processes, the approach she outlines shares some parallels with what we have done as a whānau. This is because colonisation creates worlds in need of decolonisation for indigenous people as well as for settlers. Indeed, the decolonising recovery and restoration of an identity rooted in the geography and history of place (Said, 1994) is a key aspect of the struggle to heal sexual abuse in our whānau.

I move now to explication of a process of transformation. The chronology of the process is written as I encountered it but it is important to note that each individual and whānau will enter at his or her own starting point—one which makes most sense for them. For me, beginning with my maternal grandmother’s genealogical line was significant because the scope and breadth of the sexual violation occurring within my maternal grandfather’s family had necessitated a disconnection from whakapapa on both sides of the family. This was achieved through geographic isolation—we stayed away from our whanau in order to avoid contact with my grandfather’s family (some of whom had internally migrated and settled on the territory of our maternal line). We subsequently did not know

who our ancestors were for either side of the family, therefore we did not know who we were. Finding out more about my female ancestors was an important ‘safe’ first step, one which galvanised my sense of identity as a wāhine, as well as strengthening understanding of our family trajectory in temporal and spatial context. Importantly, knowing about our tīpuna wāhine—how they lived and how they loved—opened up an important counter-narrative about what it might mean to be Māori and female.

I set about conducting the research necessary to begin to tell an expansive story about our lives—one that would weave across generations and time incorporating lived experience, collective memory of historical events and the meaning made of them, and reference to the broader social and political context of the time (Parsonson, 2001; Walker, 1996). As part of this process I utilised a method of contemporary story-telling called *pūrākau*. *Pūrākau* is a knowledge-based, culturally responsive form of Māori narrative that includes story-telling, Māori knowledge-production methods, and an analysis that pays attention to the ways in which colonisation impacts Māori narratives (Lee, 2008; Maaka, 2004; Smith, 1999). *Pūrākau* is a particularly significant and appropriate methodology to engage when doing whānau-based work because of its history of providing “the means and the ends to produce and preserve popular and particular information for the benefit of whānau, hapū and iwi groups” (Lee, 2008, p. 43). Specifically, *pūrākau* draws on Māori oral literature tradition, knowledges, philosophies, histories, experiences, dreams and aspirations (Lee, 2008; Metge, 1998) and has also been used as a restorative device (Cherrington, 2003) allowing whānau to retell and recreate their stories “in ways that connect and relate to their own understandings and experiences” (Lee, 2008, p. 67). The following *pūrākau* contains recovered and remembered information gathered as part of my concurrent research/healing process.

#### *A (partial) pūrākau*

The following image is of Popotahi Marae at Mātuku Pa, located in the land-locked central North Island of Aotearoa/New Zealand. James Coutts Crawford drew the image on 21st January 1862 during his visit to the valley that is now known as Moawhango, a small settlement of approximately 50 people at that time. Coutts Crawford was a Navy man and one of the first three settlers to visit my grandmother’s people—the other two were missionaries. The image is entitled ‘Old Lady Tangi-ing’. To tangi is to cry, to grieve, and to mourn. It is also the word we use for a funeral. I share this image as a kind of touchstone, a place from which to ground talk about what subsequently happened to both the land and us.



Figure 1. Papatahi. Patea country. Old lady tangi-ing [21 Jan 1862]. Crawford, James Coutts, 1817-1889. Sketchbook of a trip up the Wanganui River, December 13, 1861-Jan 8, 1862. Ref: E-041-009. Alexander Turnbull Library, Wellington, New Zealand.

I come from a context where whānau intergenerational sexual violence has been prevalent for almost fifty years. It is a whānau where, for the last two generations, most of us have been raped. Many within the whānau have also been witness to each other's violations. This is the immediate context that brings me to this mahi—but as I will illustrate, 'who did what to whom' is only a slice of the story, a slice that has been purposefully and systematically untethered from its colonial foundations.

My maternal grandfather's offending stretches from the period beginning approximately 1959 to his final preventive detention incarceration in 2001. At one point in the late 1980s my grandfather was noted in the mainstream media as being the most prolific pedophile uncovered in New Zealand to date. His offending resulted in multiple cases taken to criminal court through the years 1986-2001. Therefore, it took almost 30 years for the settler justice system to catch up with him. By then our own (Māori) systems of accountability had long since broken down. One of the most damaging consequences of colonisation is the way in which it often stripped us of an ability to deal with conflicts, particularly those involving women and children, in an expeditious and culturally grounded fashion. Māori systems of social control and responsibility were often much more timely than those subsequently available to us through settlement, because we lived and raised children together within a system of collective and public accountability. Prior to colonization consequences for violence within whānau were often weighty and swift—for example they might involve the removal of the offending party from their community (L. Pihama, personal communication, July 25, 2013). In this way it was possible for whānau to prevent violation from becoming intergenerational.

The most pervasive, damaging, and far-reaching impact of sexual violence on whānau is isolation & separation from whakapapa. This isolation and disconnection becomes a productive breeding ground for generational cultural and identity impoverishment, which is itself a breeding ground for pain, anger, and violence. In our whānau, gendered violence was one of the key factors that separated us from our tīpuna wāhine and from each other. Our displacement into an urban setting was undoubtedly complex—it was tied to earlier land alienation and the need to move to the city for work. But it was also caused by uncertainty associated with marae space—Who would we see there? How would we be treated? Would we be safe? I note here one of my earliest memories—a sexual violation that occurred during my first and only childhood experience of communal sleeping on a marae—a profoundly devastating experience that I unfortunately share with other Māori women and children.

As an immediate family, our self-imposed isolation is thus firmly linked to fears for our own safety. As such an important potential consequence of sexual violation is the loss of meaningful identity as Māori. For a long time, we had no idea who we were. We did not know our ancestors or the extraordinary and full and powerful lives they led. We were geographically separated. We were lost. During this time, we mourned the loss not only of our bodily integrity as women, as the whare tangata/the home of humanity—to say nothing of the wound to the wairua and hinengaro that happens in concert—but we also mourned our lost tāne/our men. Our men were lost through imprisonment, self-medicating drugs and alcohol related death, suicide, and denial. In addition to the violation of women, the loss of our tāne became a watershed moment in the trajectory of our whānau. It has galvanised us.

Research is a whānau restoration tool we have been using for several years. In the commission of a research agenda associated with a need to understand what has happened to us and why it happened—the process of research itself has become an important model/tool to facilitate the healing. In this, our tīpuna wāhine (our female ancestors), have eased the way by reuniting us as a whānau—we have found that the actions they took while they were here with us in physical form have facilitated a process of recovery in present time.

Our initial methodology involved recovering and sharing stories about our tīpuna wāhine—essentially it is whakapapa work. It makes sense that the work occurs around the construct whakapapa—because that is what recovery from sexual abuse for Māori must be about—restoration of the whakapapa. Sexual violation is a trespass against whakapapa—it is quite literally a violation of the whare tangata, the home of all humanity—so whakapapa work is logical for whānau engaged in a process of restoration and recovery.

We have found that our tīpuna left things for us to find before passing on. The point here is not to romanticise the past, but to allow the goodness, complexity, frailty, and basic, decent humanity of our people to nourish and galvanise us in light of the struggles we have come through and in anticipation of the mahi ahead (M. Jackson, personal communication, August 5, 2013). This is a particularly important starting point for whānau who have become isolated due to intergenerational sexual violence. It wasn't until after I began this process that I understood that recovering the pūrākau of the wāhine on my maternal grandmother's line was a way for the tīpuna to keep me protected, safe and grounded, knowing that I would next be pushed to do the same mahi on my grandfather's side of the whānau (see the next section). Doing this work goes well beyond the academic—it is deep wairua work.

Our whānau have employed a number of strategies for eliciting re-remembering of our tīpuna. These include the recovery of photographic images, 'old' stories, and whakapapa information. In addition, we have reviewed and discussed Native Land Court testimony, mōteatea (sung poetry), missionary journals, and nineteenth and twentieth century newspaper articles related to my grandmother's whānau. The recovered tāonga tell of our ancestors lives as women of mana—of agency and strength—as well as the very real struggles and challenges they faced in what was a rapidly changing world. One example comes from Maora Pani of Manutuke—a maternal whānaunga we whakapapa to through our connections to Rongowhakaata. On the occasion of her passing in 1913 the newspaper *Colonist* published the following account of her life:

In 1836 there was a war in the North. Maora, who was very strong-willed, was most anxious to go to the front with other natives who were leaving Gisborne. The men refused to take her, but she succeeded in hiding in their canoe and was not discovered until they had proceeded some little distance on their voyage. When discovered, the men threw her over, the boat being about half a mile or so from the land, and Maora, who was a fine swimmer, had no difficulty in getting ashore. Her prowess in the water was further illustrated by an incident at Young Nick's Head. She was very fond of diving in the sea for succulent crayfish and pawas (sic), and one day whilst diving amongst the rocks at Young Nick's Head, was observed by other members of the party to have disappeared. An alarm was raised and they saw a black object struggling under the water, and it was fully 2-3 minutes before their companion reappeared. She had been caught by a huge octopus, and it was only her strength and skill and the fact that she carried a

knife in a belt round her waist and used this with advantage that enabled her to escape (1913, p. 2).

In another example my great grandmother Ngapera Pine actively participated in research shortly before her passing in the 1950s. The Pākehā researcher (Batley, 1950) with whom she shared her mātauranga wrote journal articles—and he has become a kind of proxy—a link between her and us, a way for me (her mokopuna) to reconnect with her across time and space. She had incredible foresight. She understood the process of research and I like to think that at that time, in a world so dramatically changed by urbanisation and the loss of our land, she saw this as a way to communicate with us. In my doctoral work she has become a research participant in this de facto way, through her participation in this earlier research. Our tīpuna wāhine have, in this way, left us clues to find—so that we can know them.

These are just a few simple examples of what this process looks like in practice. What we're finding as a whānau is that the process of 'doing a research project' is one way to actually start having the conversations that lead to healing. We have a much stronger sense of who we are and our worth—because we understand from who we have come—and the distinction with which those prominent women powerfully but humbly lived their lives.

### **Pedagogies of Contextualisation: Settler Colonialism and Restorative Gender Work**

I turn now to a consideration of the significance of land and land alienation in my grandfather's whakapapa as a key factor in altering social structures and introducing settler and patriarchal conceptualisations into everyday living. This consideration represents what I experienced as a natural evolution in the quest for meaning concerning the sexual violation occurring within our whānau. It also represents a dissatisfaction with explanations for my grandfather's offending that were grounded by and limited to pathologising him. Here, I want to make clear that this is not intended to be a recuperation of my grandfather in totality, nor am I an apologist for his behavior. Rather, the work is motivated by a desire to end cycles of abuse and by an understanding that this is not possible without a thorough and complete accounting of the root causes and contexts under which such abuse is able to manifest and flourish. The next stage of my research therefore concerned my grandfather's whakapapa – and telling some of the story of his whānau and iwi. To do so I explored written family narratives and archives, recorded whakapapa, Waitangi Tribunal reports, Native Land Court testimony, mōteateta and nineteenth and twentieth century newspaper articles. I also conducted informal interviews with whānau members (some of

whom I had never met or was speaking to for the first time in decades) and Māori scholars and public intellectuals who work in the field. Finally, I returned home to my grandfather's people.

In Aotearoa/New Zealand the alienation of land—which we consider our mother, Papatuanuku—was initially achieved through a triad of mechanisms: through outright invasion/war-mongering, through the raupatu/confiscation of land as punishment for participation in these wars (wars where Māori actually attempted to defend ourselves and the lands to which we were responsible), and thirdly via legislative theft through the transformation of customary land title (whereby land is collectively held with rights and responsibilities managed accordingly) into individual title. From here the overlay of land rating and leasehold structures expedited the loss of much of what remained. An additional mechanism that became significant in the twentieth century was public works. The following is a continuation of the earlier partial pūrākau.

#### *A pūrākau (continued)*

My grandfather's people are from Tauranga Moana. In Tauranga Moana raupatu (confiscation) occurred on 290,000 acres of land around Tauranga Moana in the Western Bay of Plenty after the New Zealand Land Wars of the 1860s. The following figures show the loss of land in Tauranga Moana after the raupatu (previous to this almost all of the land was held by Tauranga Moana iwi).

Internal migration occurred in our whānau in 1910—landless, my grandfather's mother was forced to move south and become a settler on land held by other Māori. By some accounts she went to her marriage (at the age of 19 to a significantly older Pākehā farm laborer and later leaseholder) somewhat unwillingly. Such migrations often did not keep extended whānau geographically intact and this was the case in my grandfather's whānau. Within eight years of my great-grandmother's relocation the generation proceeding was lost to the Influenza Epidemic of 1918 thus significantly straining our ties back to Tauranga Moana.

I note here that Pākehā settlers came later to my grandmother's people in Mokai Patea due to their landlocked interior location. They were not generally subject to raupatu, though they later lost almost all of their land in the other ways specified (through debt not of their own making). The somewhat arrested pace with which my maternal grandmother's people lost land had the happy consequence of protecting temporarily our whānau structures on that side of the family, at least until the post-World War II urbanisation. The following figure shows the loss of land for my grandmother's side of the whānau. This is significant because my grandfather's whānau had re-settled near here. Further, they participated in the loss of land amongst iwi in the region

through their involvement in leasehold farming. It is for this reason that I refer to this part of my grandfather's family as 'new settlers'—in essence the men mimicked and replicated relationships to land already being actioned by Pākehā farmers and laborers in the area.

Māori participation in settler colonialism due to earlier raupatu and alienation took a number of forms and had enormous implications—the shockwaves of which we continue to feel today. In a single generation we went from living collectively to not having rights to enough land to sustain those modalities of living. This forced us into new relationships with the land—she no longer provided for us, rather we worked her. We now broke the land as laborers for Pākehā/white leaseholders/new owners—clear cutting native forests and transforming the landscape into farms. As part of this process the whānau was also transformed—from a public collectivity of inter-related family members raising children and caring for the elderly in concert—to a private family: a mother, a father, and children contained within four walls (L. Pihama, Personal communication, July 25, 2013). So I write here of my grandfather's family.

The transformation of whānau into family had enormous implications for our modes of social control: the means by which we became aware of and applied sanctions to behavior that we understood as not tika/correct, the transparency of public childrearing, and the nature of relationships we entered into as men and women (L. Pihama, personal communication, July 25, 2013). Settler colonialism led to rapid and intensifying shifts in our ability to be both autonomous and accountable to one another—in short, amongst the many and accumulating losses—when we lost geographic proximity to each other because of the theft of land we lost our ability to be intimate, and I mean that in the true sense of the word—namely, our ability to know and be accountable to one another and ourselves. We had no way to arrest sexual violation when it occurred and it subsequently rippled out and became intergenerational. In all of my archival work to date I have found not a single reference to sexual violation becoming an intergenerational occurrence in pre-colonial times. Sexual violation itself appears to have been rare. It is not an accident that intergenerational sexual violation, when it came after colonisation, arrived down my grandfather's line by way of this newly configured 'family'—the new (Māori) settlers.

In the re-authoring and remembering of our pūrākau/our story as whānau through what Māori scholar Moana Jackson (2014) terms 'the poetics of whakapapa' our whānau are uncovering the ways in which settler colonialism and our participation in it introduced new masculinities (Hokowhitu, 2012) and new violences. Here there are important parallels between what happened to the land and what happened to the bodies of

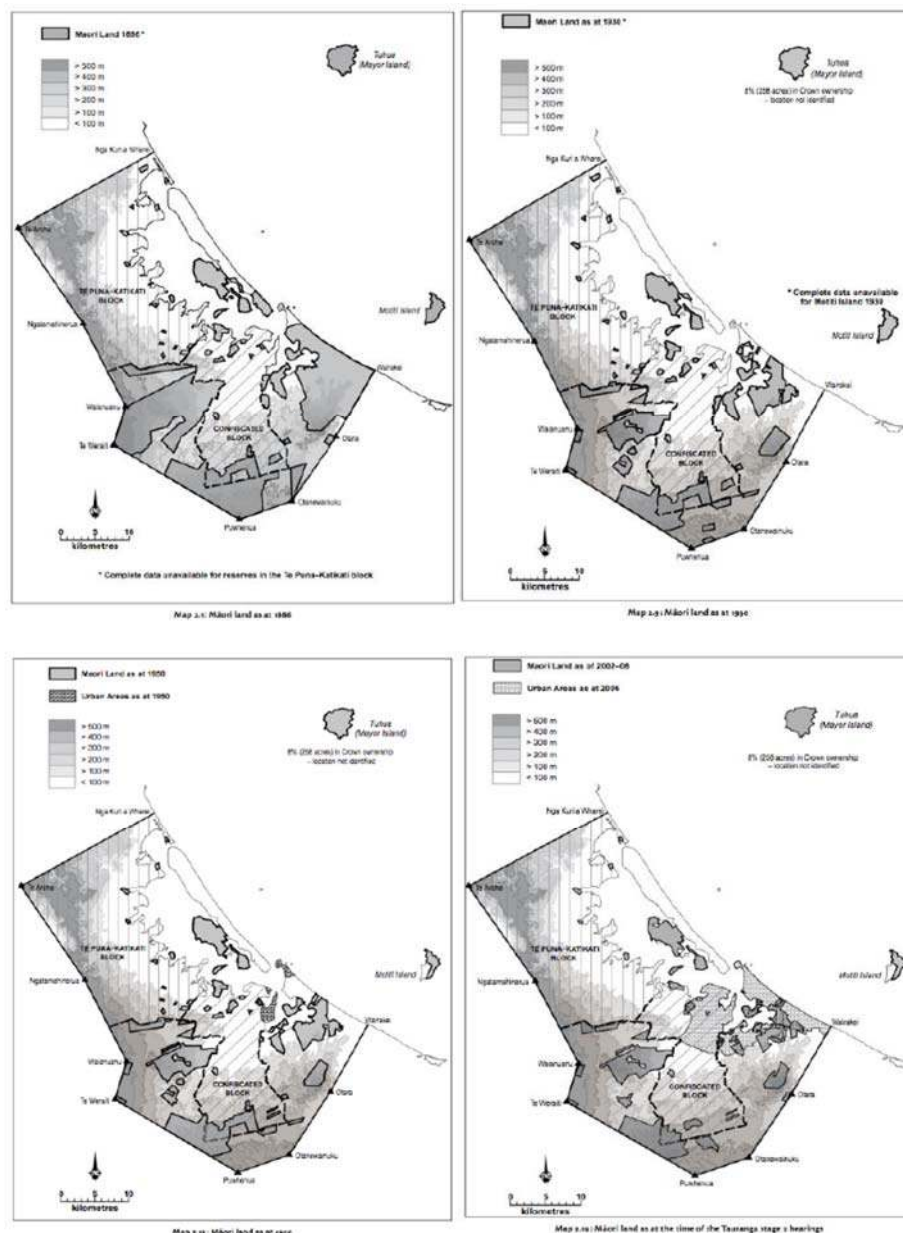


Figure 2. Tauranga Moana Land Alienation: 1886, 1930, 1950, and 2006. *Tauranga Moana 1886 – 2006: WAI 215 Report*. Waitangi Tribunal, Wellington, New Zealand.

women and children. In essence, this work is about decolonizing sexual violation by putting it back into conversation with the land. I refer here to the practice of contextualising the violation of woman and children as something inextricably bound with what has happened to and on the land. Each whānau must do the work of exploring the specificities of the impact of settler colonisation and our participation in it—elaborating the ways in which settler masculinities transformed the roles and behavior of men and women. It is my hope that this work will go some way to allowing us to fundamentally alter the historical and ongoing conditions of coloniality vis-à-vis land alienation that exacerbated and

exponentially increased the level and scope of the violence visited upon us. When we understand this as a root cause the solutions become self-evident and have the highest probability of success.

In her kōrero at the inaugural He Manawa Whenua Indigenous Research Conference in July 2013, Mereana Pitman, who has worked with Māori male ‘offenders’ and whānau for decades, talked about red flags. Red flags are the story behind the story. Red flags point to why. The following excerpt comes from my grandfather’s writings about his life: “All my brothers and sisters tried to do me in,” he writes. His account then specifically



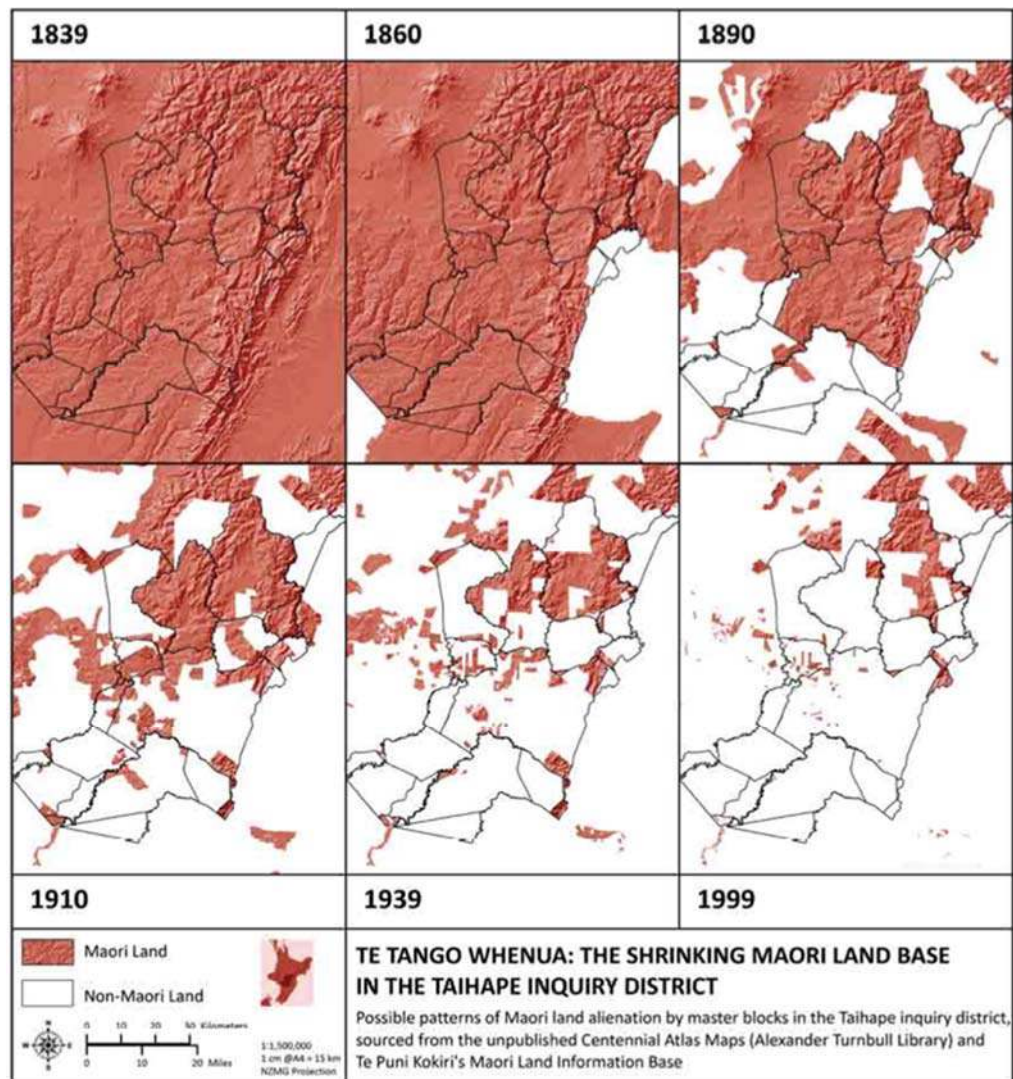


Figure 3. Te Tango Whenua: The Shrinking Māori Land Base in the Taihape Inquiry District. *Taihape: Rangitikei ki Rangipo Inquiry District Technical Research Scoping Report*. HistoryWorks. Bruce Stirling and Evald Subasic. August 2010. A Report Commissioned by the Crown Forestry Rental Trust.

describes how each of his siblings tried to ‘do him in’. One of the examples reads as follows:

There was another time. I’m not quite sure why I ran away on this occasion but my sister was hard on my heels. She chased me right down to the bottom of our drive and belted me all the way back. I must have deserved it.

Earlier land alienation and forced migration left this family alone and struggling in a foreign landscape. As a small boy it left my grandfather with nowhere to run—there was no auntie or grandmother at the end of that driveway—as there most certainly would have been

before settlers ever came to our shores. No one to soothe him, chastise his sisters, or intervene to offer oversight, support, correction or wisdom to the whānau. These are the red flags. My grandfather’s offending comes from somewhere. Violence has its own whakapapa. Part of my research is about uncovering that whakapapa and placing such behaviors back in their rightful place and time.

#### Final Thoughts: Implications for Helping Praxis

Both Māori academics and the state have called for the development and utilisation of conceptual frameworks through which whānau violence can be addressed in context and with reference to mātauranga Māori (Māori

knowledge), kaupapa Māori (the Māori way), and tikanga Māori (Māori praxis). Literatures and research on these areas are currently minimal (Pihama, et al., 2003; Te Puni Kokiri, 2010). The present work contributes to the elaboration of a pedagogical model that expands our understanding of the relationship between whānau violence, colonisation, and recovery for Māori. In focusing on violences—plural—I highlight the symbiotic relationship between intergenerational whānau violence and the ongoing violences of colonisation. Here I have begun to explore the intersections between violences produced by colonial policies of settlement (particularly as manifested through land alienation and forced migration) and those enacted within whānau. The work is also oriented to foregrounding Māori inquiry praxis and mātauranga Māori, and as such can be positioned within broader democratising knowledge and decolonisation projects. Importantly, this work also has the potential to contribute to our understanding of research-based best practice approaches oriented to alleviating the impacts of violences experienced ‘on the ground’ in the contemporary moment.

Western frameworks for understanding family violence have largely focused on gendered power and control and have not generally considered the implications of racialised colonial power. In Aotearoa, the work of Ritchie & Ritchie (1993) has been helpful insofar as it is grounded in the context of the New Zealand settler state and takes account of the particular ways masculinity is deployed there—especially related to sport and family. Yet sexual violation is still often considered a symptom of internal family dysfunction and this seems to be particularly so with regard to Māori who are also subject to racism within social service systems and in public reporting of crime (Abel & Mutu, 2011; Tukukino & Te Ahuahu, 1987). I point instead to the historical forces of colonisation, particularly introduced settler masculinities and fundamental changes in whānau organisation and structure, as sites for further exploration as part of a socially just and conscious therapeutic model. Supporting such work requires an expansive knowledge base on the part of the helping professional—one that is both specific to the histories of relevant tribe and sub-tribal groupings, and also considers scholarly work on coloniality and intersectionality produced by a wide variety of disciplines to include women’s and gender studies, indigenous studies, and ethnic studies.

Work with Māori whānau experiencing intergenerational sexual abuse also requires the utilisation of a creative and culturally meaningful helping praxis. The emphasis for healing has typically and traditionally been on the treatment of individual survivors (Bentovim & Davenport, 1992; Feinauer,

1988; Weiner, 1988) with the helping professional held as a central component of the process due to the clinical complexities inherent in the initiation, implementation and termination of treatment from a Western perspective (Kolko, 1987). Yet in Māori world’s whakapapa is central to methodology, and this has implications with regard to both the goals of the healing process and the kind of pedagogies used. Prioritising the remembering of whakapapa and the stories associated with it in context, the well-being and health of the whānau in totality, and approaches grounded in understanding (used here to mean ‘to know’) intergenerational violation as symptomatic of colonisation would, I believe, go some way toward meaningfully intervening in cycles of violation. A research-based pūrākau approach to restoration and recovery that uses both archival and interview approaches, as described here, is one potential model through which to frame such a contextualised and transformative praxis.

### Acknowledgements

I acknowledge and am grateful for the invaluable feedback of the SAANZ peer reviewers as well as Juliann Anesi—collectively your comments and thoughtful advice improved this work. I thank Jodi Byrd, Scott Morgensen, Dana Olwan, Takirangi Smith, and Rawiri Waretini Karena—each of whom were co-panelists when earlier iterations of this work was shared. My work was strengthened by our interactions. I’d like to acknowledge the generous pūtea provided by Te Atawhai o te Ao Independent Māori Research Unit for Environment and Health in Whanganui, New Zealand—specifically their He Kokonga Whare program (funded by the Health Research Council of New Zealand) which has supported significant portions of the data collection and writing of my doctoral thesis. The Democratising Knowledge Project at Syracuse University, New York both employed me and continues to provide priceless mentoring and intellectual stimulation. I would like to acknowledge my doctoral committee: Dr Jenny Bol Jun Lee (School of Māori Education, University of Auckland), Professor Chandra Talpade Mohanty (Women’s and Gender Studies, Syracuse University), Professor Barbara Applebaum and the late Professor Sari Knopp Biklen (both from Cultural Foundations of Education, Syracuse University). Thank you for your commitment to this work. Most importantly I acknowledge our tīpuna/ancestors and extended whānau in Moawhango, Whanganui, and Tauranga Moana—who came forward to acknowledge us and guide us home. I dedicate this to our mokopuna yet to come—with love.

## Glossary of Māori Terms

The following glossary has been constructed utilising the online Māori Dictionary:  
<http://www.Maoridictionary.co.nz/>

Aotearoa	Māori name for New Zealand.
Aroha	To love, feel pity, feel concern for, feel compassion, empathise.
Hapū	Kinship group, clan, tribe, sub tribe - section of a large kinship group. Also, to be pregnant, conceived in the womb.
Hinengaro	Mind, thought, intellect, consciousness, awareness, psychological.
Iwi	Extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor. Also strength, bone.
Kaupapa	Topic, policy, matter for discussion, plan, scheme, proposal, agenda, subject, programme, theme. Also level surface, floor, stage, platform, layer.
Kōrero	To tell, say, speak, read, talk, address. Also speech, narrative, story, news, account, discussion, conversation, discourse.
Māori	Native, indigenous, fresh (of water), belonging to Aotearoa/New Zealand, freely, without restraint, without ceremony, clear, intelligible. Also normal, usual, natural, common.
Mahi	Work, job, employment, trade (work), practice, occupation, activity, exercise, operation.
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma.
Manuhiri	Visitor, guest.
Marae	Māori meeting spaces, to include a centralised group meeting house. Marae are ancestral home spaces. Also to be generous, hospitable.
Mātauranga	Education, knowledge, wisdom, understanding, skill.
Mokopuna	Grandchild, descendant.
Mōteatea	Lament, chant, sung poetry. Also to grieve.
Pā	Fortified village, fort, stockade, screen, blockade, city (especially a fortified one).
Pākehā	English, foreign, European, exotic - introduced from or originating in a foreign country.
Pepeha	Tribal saying, tribal motto, proverb (especially about a tribe), set form of words, formulaic expression, figure of speech, motto, slogan.
Pūrākau	Myth, ancient legend, story.
Pūtea	Fund, finance, bank account.
Raupatu	Conquest, confiscation.
Reo	Voice, language, dialect, tongue, speech.
Tāne	Husband, male, men.
Tangi	To cry, mourn, weep, weep over. Rites for the dead, funeral.
Taonga	Property, goods, possessions. Something treasured or prized. □
Te Ao Māori	The Māori world.
Tika	To be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper.
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention.
Tinana	Body, trunk (of a tree), the main part of anything.
Tino Rangatiratanga	Self-determination, sovereignty, domination, rule, control, power.
Tīpuna	Ancestors, grandparents.
Tohu	Sign, mark, symbol, emblem, token, qualification, cue, symptom, proof, directions, company, landmark, distinguishing feature.
Wāhine	Women, females, wives.
Wairua	Spirit, soul, quintessence - spirit of a person, which exists beyond death.
Whakapapa	Genealogy, genealogical table, lineage, descent.
Whānau	Extended family, family group, familiar term of address to a number of people - the primary economic unit of traditional Māori society. Also to be born or give birth.
Whānaunga	Relative, relation, kin, blood relation.



## References

- Abel, S., & Mutu, M. (2011). There's racism and then there's racism: Margaret Mutu and the immigration debate. *New Zealand Journal of Media Studies*, 12(2) 1-19.
- Awatere, D. (1984). *Māori Sovereignty*. Auckland, NZ: Broadsheet.
- Balzer, R., Haimona, D., Henare, M., & Matchitt, V. (1997). *Māori Family Violence in Aotearoa*. Wellington, NZ: Te Puni Kokiri.
- Batley, R. A. L. (1950). Inland Patea Genealogies. *The Journal of the Polynesian Society*, 59(1), 63-75.
- Bentovim, A., & Davenport, M. (1992). Resolving the trauma organised system of sexual abuse by confronting the abuser. *Journal of Family Therapy*, 14(1), 29-50.
- Beristain, C. M. (1998). The value of memory. *Forced Migration Review*, 2, 24-6.
- Cabral, A. (1973). *Return to the Source: Selected speeches of Amílcar Cabral*. New York, NY: Monthly Review Press.
- Cherrington, L. (2003). The use of Māori mythology in clinical settings: Training issues and needs. In L. Nikora, M. Levy, M. Waitoki, B. Masters, N. Te Awakotuku & R. Etheredge (Eds.), *Proceedings of the National Māori Graduates of Psychology Symposium, 2002: Making a difference* (pp. 117-120). Hamilton, New Zealand: Māori & Psychology Research Unit, University of Waikato.
- Chomsky, N. (2003). The Function of Schools: Subtler and Cruder Methods of Control. *Education as Enforcement*. New York, NY: Routledge.
- Deer, S. (2004). Toward an Indigenous jurisprudence of rape. *Kansas Journal of Law & Public Policy*, 14(1). Retrieved from <http://open.mitchellhamline.edu/>
- Duran, E. (2006). *Healing The Soul Wound: Counseling with American Indians and Other Native Peoples*. New York, NY: Teachers College Press.
- Erai, M., Pitama, W., Allen, E., & Pou, N. (2007). *Literature Review & Annotated Bibliography*. New Zealand: Amokura Family Violence Prevention Consortium.
- Families Commission. (2008). *(Kōmihana ā Whānau) Whānau Strategic Framework 2009–2012*. Wellington, NZ: Author.
- Feinauer, L. (1988). Relationship of long-term effects of childhood sexual abuse to identity of the offender: Family, friend, or stranger. *Women and Therapy*, 7(4), 89-107.
- Foucault, M. (1975). *The Means of Correct Training. Discipline and Punish: The Birth of the Prison*. France: Gallimard.
- Freire, P. (1997). *Pedagogy of the Oppressed*. NY: Continuum.
- Hall, L. K. (2009). Navigating our own "sea of island": Remapping a theoretical space for Hawaiian women and Indigenous feminism. *Wicazo Sa Review*, 24 (2).
- Hokowhitu, B. (2012). Producing elite Indigenous masculinities. *Settler Colonial Studies*, 2(2), 23-48.
- Hutchings, J. (2002). *Decolonisation and Aotearoa – a pathway to right livelihood*. Paper presented at Shikshantar Peoples' Institute for Rethinking Education & Development, India.
- Huygens, I. (2011). Developing a decolonisation practice for settler colonisers: A case study from Aotearoa New Zealand. *Settler Colonial Studies*, 1(2), 53-81.
- Irwin, K. (1992). Towards Theories of Māori Feminisms. In R. Du Plessis (Ed.), *Feminist Voices: Women's Studies Texts for Aotearoa/New Zealand* (pp. 1-21). Auckland, NZ: Oxford University Press.
- Jackson, M. (1988). *Māori and the Criminal Justice System: He Whaipaanga Hou: A New Perspective Part 2*. Wellington, NZ: Department of Justice.
- Jackson, M. (2014, February 10). *Kaikōrero/Guest speaker address*. Paper presented at Tiakina Te Pā Harakeke Conference, Ngaruawahia, New Zealand.
- Jenkins, K., & Matthews, K.M. (1998). Knowing their place: The political socialisation of Māori women in New Zealand through schooling policy and practice, 1867-1969. *Women's History Review*, 7(1), 85-105.
- Johnson, P. M. G. (1998). *He ao rereke: Education policy and Māori under-achievement: Mechanisms of Power and Difference* (Unpublished doctoral thesis). University of Auckland, New Zealand.
- Kingi, V., & Jordan, J. (2009). *Responding to Sexual Violence: Pathways to Recovery*. Wellington, NZ: Ministry of Women's Affairs.
- Kolko, D. (1987). Treatment of child sexual abuse: Programs, progress, and prospects. *Journal of Family Violence*, 2(4), 303-18.
- Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson -Te-Aho, K., (2004). *Transforming Whānau Violence – A Conceptual Framework, Second Edition*. Wellington, NZ: Centre for Social Research and Evaluation, Victoria University of Wellington.
- Lee, J. B. J. (2008). *Ako: Pūrākau of Māori Teachers' work in Secondary Schools* (Unpublished doctoral thesis). University of Auckland, Auckland, New Zealand.
- Lievore, D., & Mayhew, P. (2007). *The Scale and Nature of Family Violence in New Zealand: A Review and Evaluation of Knowledge*. Wellington: Crime and Justice Research Centre & Centre for Social Research and Evaluation, Victoria University of Wellington.
- Maaka, M. J. (2004). E kua takoto te mānuka tūtahi: Decolonization, self-determination, and education. *Educational Perspectives: Indigenous Education*, 37(1), 3–13.

- McArdell, P. (1992). Whānaupani. In R. Du Plessis (Ed.). *Feminist voices: Women's studies texts for Aotearoa/New Zealand* (pp. 74-90). Auckland, NZ: Oxford University Press.
- Metge, J. (1998). Time and the art of Māori storytelling. *New Zealand Studies*, 8(1), 3-9.
- Mikaere, A. (1998). Collective rights and gender issues: A Māori woman's perspective. In N. Tomas & T. Haruru Tai (Eds.). *Collective Human Rights of Pacific Peoples* (pp. 79). Auckland: International Research Unit for Māori and Indigenous Education, University of Auckland, New Zealand.
- Ministry of Social Development. (2002). *Te Rito: New Zealand Family Violence Prevention Strategy*. Wellington, NZ: Author.
- Morris, A., & Maxwell, G. (1998). Restorative Justice in New Zealand: Family Group Conferences as a Case Study. *Western Criminology Review*, 1(1).
- Noted Māori Woman. (1913, November 8). *Colonist*, p. 2.
- Parsonson, A. (2001). Stories for land: Oral narratives in the Māori Land Court. In B. Attwood, & F. McGowan (Eds.), *Telling stories: Indigenous history & memory in Australia & New Zealand* (pp.21-40). Wellington, NZ: Bridget Williams Books.
- Pihama, L. & Mara, D. (1994). Gender relations in education. In Coxon, E. et al., (Eds.) *The politics of learning and teaching in Aotearoa - New Zealand* (pp. 215-250). Palmerston North, NZ: Dunmore Press.
- Pihama, L. (2001). *Tihei Mauri Ora: Honouring Our Voices. Mana Wāhine as a Kaupapa Māori Theoretical Framework* (Unpublished doctoral thesis). University of Auckland, Auckland, New Zealand.
- Pihama, L., Jenkins, K., & Middleton, A. (2003). *Te Rito Action Area 13: Literature review. Family violence prevention for Māori research report*. Wellington, NZ: Ministry of Health & Te Rito Māori Advisory Committee.
- Pitman, M. (2013, July). *Seeing the Red Flags: Understanding Historical Trauma and the impact of Sexual Violence for Māori*. Paper presented at He Manawa Whenua Conference, Hamilton, New Zealand.
- Ritchie, J., & Ritchie, J. (1993). *Violence in New Zealand*. Auckland, NZ: Huia.
- Ruwhiu, L. A. (2009). *A Mana Tāne Echo of Hope: Dispelling the Illusion of Whānau Violence – Taitokera Tāne Māori Speak Out*. Whangarei, NZ: Amokura.
- Said, E. (1994). *Culture and Imperialism*. New York, NY: Vintage Press.
- Simon, J., & Smith, L. T. (2001). *A civilising mission? Perceptions and representations of the native school system*. Auckland, NZ: Auckland University Press.
- Smith, A. (2005). *Conquest: Sexual violence & the American Indian genocide*. New York, NY: South End Press.
- Smith, L. T. (1993). Getting out from Down Under: Māori women, education and the struggles for Mana Wāhine. In M. Arnot & K. Weiler (Eds.), *Feminism and social justice in education: international perspectives*. London, UK: Farmers Press.
- Smith, L. T., & Smith, G. H. (1990). Ki Te Whai Ao, Ki Te Ao Marama: Crisis and Change in Māori Education. In A. Jones (Ed.), *Myths and Realities: Schooling in New Zealand*. Palmerston North, NZ: Dunmore Press.
- Smith, L.T. (1999). *Decolonising Methodologies: Research and Indigenous Peoples*. London, UK: Zed.
- Te Awēkotuku, N. (1991). *Mana Wāhine Māori: Selected writings on Māori women's art, culture and politics*. Auckland, NZ: New Women's Press.
- Te Kawehau Hoskins, C. (1997). In the interests of Māori women? Discourses of reclamation. *Women's Studies Journal* 13(2), 25-44.
- Te Puni Kokiri. (2010). *Arotake Tūkino Whānau Literature Review on Family Violence*. Wellington, NZ: Author.
- Tukukino, H. and Te Ahuahu, R. (1987). *Empowering Māori Whānau*. Paper presented at The World Wide Conference of Indigenous People, Vancouver, Canada.
- Veracini, L. (2011). Introducing. *Settler Colonial Studies*, 1(1), 1-12.
- Walker, R. (1996). *Nga Pepa a Ranginui: The Walker Papers*. Auckland, NZ: Penguin.
- Weiner, L. (1988). Issues in sex therapy with survivors of intrafamily sexual abuse. *Women and Therapy*, 7(2), 253-264.
- Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event*. London, UK: Cassell.

# Identifying Key Pathways into Sexual Offending for Juvenile Offenders and Exploring Possible Differences for the Aboriginal Community

Michael F. Gathercole

Amy D. Lykins

Debra A. Dunstan

University of New England, NSW

Identifying the pathways that can contribute to offending behaviour can be useful to reduce offending and inform treatment development and improve therapeutic targeting for those who have offended. There are also some grounds for thinking that Aboriginal pathways might be different to those of non-Aboriginal offenders. This is because Australian Aboriginals face many additional adversities emanating from the experience of disadvantage, prejudice and ongoing genocidal pressures. In post-colonial societies, indigenous communities are generally overrepresented in both victim and offender populations. In New South Wales (NSW), Australia, where this study was conducted, this includes sexual offending, despite strong taboos against such behaviours within the Aboriginal community. The current study attempted to identify the key pathways into sexual offending for juveniles in general, and to see if the Aboriginal population of young sexual offenders differed in any way. Theory is sparse in this area so a multiple case study design utilising grounded theory methodology was implemented. Though similar models have been developed for adult male and female offenders (Gannon, Rose & Ward., 2008), pathway models have not been previously developed for these groups of juvenile offenders. Data were collected via structured interviews with therapists and case managers who were working with this population. Fifty-six case studies were obtained from eight different therapists. From these, eight distinct pathways could be ascertained: complex trauma, poorly developed masculinities, disability, inappropriate sexualisation, dependent personality, deviant arousal, psychopathic nature and poor social skills without a trauma or disability background. Most juveniles displayed multiple pathways. Differences between the general and the Aboriginal offender groups were identified. Specifically, the Aboriginal offenders were more likely to have a trauma background, to have a disability and to have been inappropriately sexualised. These new data may help future theorising and intervention methods for this population.

## *Juvenile Sex Offenders*

Juveniles are known to commit a significant proportion of sexual offences; by some accounts up to 50% of offences against children and 30% of rapes of adolescent girls and women (Burk & Burkhart, 2003). Adolescence is also the peak age group for this type of offending (Nagini & Land, 1993). If methods could be found to deflect even some of these young people from offending, the community gain would be high.

Although fewer than 10% of juveniles in NSW who commit sexual offences go on to become adult offenders (Nisbet, Wilson, & Smallbone et al., 2004), a majority of adults who sexually offend were juvenile offenders (Tindmarsh, 1997). Consequently, any method that can further improve the effectiveness of therapy and the targeting of treatment of this population can also significantly reduce community harm.

Historically it was considered appropriate to treat all conduct disordered/offending children in a generally uniform way. Later, to improve treatment effectiveness,

efforts were made to differentiate young people who violently and sexually offend from other children (Lakey, 1994). There is now a solid body of evidence that children and young people who sexual offend do warrant a different specialised approach (Chaffin et al., 2004). There is however equally growing evidence of heterogeneity within this group that complicates standard approaches (Chaffin et al., 2004). One possible source for this is that juveniles may travel along more than one pathway into sexual offending (Ward & Maruna, 2007).

## *Pathways into Sexual Offending*

Pathways are the aetiological factors that occurred prior to offending and increased the likelihood of offending (Tasmanian Department of Justice, 2010). Pathways and risk factors do obviously relate, and could conceivably share similar factors, despite their different focus; pathways being factors that lead to offending and risk factors being those things that increase the

likelihood of reoffending. Differentiating pathways could potentially improve both preventative strategies and the therapeutic frameworks for working with juvenile offenders.

### *Methods for Identifying Pathways*

There are two broad ways of attempting to identify pathways: utilisation of established data and theory, and analysis of multiple case studies. In terms of pathways into sex offending by young people, theory is sparse.

When theory is limited, the latter of the two approaches becomes preferable and the use of *Grounded Theory* is one way in which qualitative data may be analysed to this end (Denzin & Lincoln, 1994). The grounded theory method is a qualitative approach to analysing data that sits in contrast to the “traditional” experimental approach to research, which uses a theoretical framework to generate hypotheses. In contrast, grounded theory attempts to systematically generate theory from data. This process of theory generation contains both inductive and deductive thinking (Strauss & Corbin, 1994).

In terms of people who commit sex offences, pathways research using grounded theory methodology has already been conducted on adult male, adult female and adult special needs offenders (Gannon et al., 2008; Lindsay & Smith, 1998; Ward, Loudon, Hudson, & Marshall, et al., 1995). These efforts have generated some promising models that already inform treatment. Most notable is the self-regulation model. This contains four pathways, two with approach goals and two with avoidant, the self-regulation being active or passive (Ward & Hudson, 1998). Past trauma has been postulated to play a central role in these categorisations (Gannon et al., 2008). In addition, manuals for both assessments of pathways and treatments for different pathways have been developed from these models (Ward et al., 2004; Ward, Yates, & Long, 2006)

### *Rationale for Performing Pathways Research on Juveniles*

Whilst the grounded theory approach is suitable to use as a template for identifying pathways for young offenders, the findings for adults may not be informative for juveniles. Research indicates that juveniles are different from adult offenders in significant ways, and thus may have dissimilar pathways into offending (Ryan, Leversee, & Lane, 2010; Chaffin et al., 2004). For instance, juvenile offenders are also known to differ from adults in many ways including their biology, developmental status and likelihood of reoffending (Richards, 2011). In a similar way, research has also identified that useful risk measures for adult sexually reoffending have almost no utility with juveniles (Hempel Buck, Cima, & van Marle, 2011).

### *Reasons for specifically focusing on Aboriginal offenders*

There are several grounds for assuming young Aboriginal offender pathways might be different to those of non-Aboriginal offenders. First, the level of adversity facing Aboriginal people is generally higher and often uniquely different from other community groups in Australia. Australian Aboriginals have significantly higher exposure to adverse life events, especially trauma and loss. A trauma background is very common in all almost all offender populations (Ardino, 2012). This may be more so for sex offenders. Levenson, Willis and Prescott (2014) found that adult male sex offenders reported having had three times the odds of child sexual abuse, nearly twice the odds of physical abuse, 13 times the odds of verbal abuse, and more than four times the odds of emotional neglect and coming from a broken home than for non-offender populations.

The main sources of trauma for Aboriginal Australians are racism, disadvantage and the impacts of genocide. Racism is still a lived experience for modern Australian Aboriginals. This includes treatment in shops, poor representation in the media and racial slurs in sport. On top of this is the more subtle impact of negative stereotypes that are often unconsciously held, including in the mind of Aboriginal people themselves. People tend to create such stereotypes of an ‘out group’ to justify the actions of the ‘in group’ (Nier, Bajaj, McLean, & Schwartz, 2012). This also plays out in the justice system: Aboriginal Australians are not only more likely to be charged, but receive a harsher sentence when charged (Gallagher & Poletti, 1998).

Australian Aboriginals also have multiple forms of disadvantage. For example, in terms of education only 11% of adult Aboriginals have any tertiary qualifications, unemployment is extremely high with only 52% of Aboriginal adults being employed, accommodation ownership is also very low with only 24% owning their own home and representation lags with only the first Aboriginal Senator occurring this century (ABS, 2013). International studies have well established that communities that are disadvantaged have poorer health and that the greater the disadvantage the greater the life expectancy difference (Wilkinson, 2001). If Aboriginal Australia was a nation it would be ranked 123 amongst the 195 nations for life expectancy (WHO, 2015).

For Aboriginal Australians, the traumatic impacts of genocide are both historic and current. Three distinct waves of genocide can be identified in Australia, these being extermination, assimilation and marginalisation (Gathercole, 2007). Although massacres stopped in the late twentieth century, through the process of transgenerational trauma the historic context can continue to operate in the present. When there are no

efforts to address it, transgenerational trauma worsens from generation to generation. This can then be compounded if other traumas are still occurring or dysfunctional responses are implemented as in Australia (Daud et al, 2005). In Canada the devastating impacts of transgenerational trauma have been mapped over seven generations (Danieli, 1998). Assimilation and marginalisation are still ongoing genocidal forces for Aboriginal Australians and disadvantage and racism compound these effects (Parbury, 2007).

Given this it is not surprising that Australian Aboriginals are overrepresented among juvenile sex offenders. In Australia, previous surveys have found that around half of those juveniles charged with sex offences were Aboriginal Australians (Indig et al., 2011). This is equivalent to this group being 35 times overrepresented relative to their proportion in the community (ABS, 2013). Australia is not unique, in this regard. International data show that in post-colonial societies, indigenous communities are overrepresented in all classes of offender populations (Parker, 2010).

A second factor that could lead to differences in pathways is the strong social taboo against sexual abuse that exists within Aboriginal culture. Consequently, many young Aboriginal offenders and their families also face additional community hostilities and often become ostracised (Atkinson, 2002; Parbury, 2005). Understandings of precipitative factors and pathways may possibly be used to shift some of these attitudes within the community. Further, improved understanding of pathways into offending could reduce potential offending, improve treatment of those who have offended, and shift community attitudes to those who have offended, especially within the Aboriginal community.

### Aims of Research

The aims of this research were to identify the key pathways into juvenile sexual offending in NSW and explore if differential pathways exist for those young offenders who are of Aboriginal background.

### Method

#### *Participants*

Participants were eight therapists from the now disbanded Sex Offender Program (SOP) within the Department of Justice (Juvenile Justice), NSW, Australia. The therapists were either social workers (n = 2) or psychologists (n = 6) with specific training in working with young people who have committed sexual offences. This training is primarily based on current best practice models for working with young people who have committed sex offences. None of the therapists

interviewed were of Aboriginal background, although they had received some cultural awareness training. No specific information was collected about the actual participants in this study, although seven were female, six worked in rural locations, and all had at least four years' experience in the program.

The eight therapists provided 56 case studies. The number provided by each therapist varied from two up to 14. Fifty-three (95%) of the cases were male and three female (5%); 25 were Aboriginal (45%) (determined by self-identification); and, 21 of the case studies were classified as remote/rural (defined as living in rural communities of under 25,000). Of those remote/rural offenders, 15 were Aboriginal Australians (71%). Based on the therapists' reports, nearly all the juveniles (n = 53) had some difficulty with emotion regulation and recognition, and all displayed either beliefs or cognitive distortions that had helped facilitate the offences they committed. Most offenders had committed only sex offences and only six had diverse offence backgrounds. The clients on whom these case studies were collected were predominately male, and ranged in age from 13 to 17 years at time of offence. The types of offences committed include sexual assault of a minor, rape, exposure and incest.

Participants were all volunteers and were recruited via an invitational email message sent to all therapists in the SOP. The email gave details of the project and invited the therapist to reply if they wished to participate. To remove any coercive or other potential consequence for non-involvement, participant anonymity was maintained.

#### *Analytic Approach*

The case study data were collected via a semi-structured interview and recorded as notes during the actual session. Sound recording was not permitted. At the end of each case study pathways were teased out and confirmed with the treating therapist, consistent with the constant comparative method of the original grounded theory approach developed by Glasser (1965).

A copy of the interview format can be obtained from the first author. The interview was structured to encourage therapist recall of factors that might have led to their clients offending and help them identify pathways.

#### *Procedure*

To avoid primacy bias, each of the participants discussed various de-identified details about their case conceptualisations and information about potential pathways for their last six or so juvenile sex offending cases, dependent on how many recent cases they could recall (n = 2 to 14). Most of the case studies were

collected at the therapists' own office at a time convenient to them; two occurred at other venues nominated by the therapists. Interviews took approximately one hour.

The case studies were carefully analysed to identify any repeating patterns amongst data. This involved teasing out the primary factors therapists had identified as likely explanations for what had led to the individual clients' offending. Cases were collected until no new pathways were identified.

Given the high proportion of case studies that included Aboriginal Australians, sensitivity to relevant cultural issues was a very important part of data collection. The primary researcher's Aboriginality was central to this process. Juvenile Justice also gives a high importance to Aboriginal cultural awareness and employs a number of Aboriginal staff to extend such awareness. Therapy provision did not however differentiate interventions on the basis of cultural background.

### *Data Analysis*

The interviews were analysed by the first author in accordance with the principles of grounded theory (Glaser & Strauss, 2009) and content analysis (Krippendorff & Bock, 2008). The semantic content relating to the sexual offense and the perpetrator's background was coded and analysed within and across individual cases. From this, a thematic network of repeated patterns between the data was developed (see Figure 1) and the frequency of responses recorded.

Analysis was complicated due to the majority of young people having multiple factors in their pathways to offending. If a variable always clustered with another pathway it was considered to be either a sub-pathway or a consequence of the predominant pathway. Some identified pathways did not occur without the presence of other pathways, but were still considered 'independent' as they did not just cluster with only one pathway.

## **Results**

Eight separate contributing pathways became apparent from the data. Many of these major pathways also had several clear sub-pathways. Table 1 shows the numbers of cases for each category. As the majority of juvenile offenders evidenced more than one pathway in their presentations the numbers in the table exceed the number of case studies. Table 2 gives some indication of how those pathways tended to cluster within the case studies. It also shows the numbers of young people who were Aboriginal and non-Aboriginal in each of those categories.

The more extensive the abuse experienced by a young person, and the more familial the base (as indicated by

the level of Family and Community Services [Child protection] involvement), the greater the likelihood of multiple pathways being present. Likewise, the more serious the offence (as indicated by a custodial sentence) the more likely it was that multiple pathways were present, and the greater the probability that there were multiple offence categories. As multiple pathways were most common, it is perhaps best to see the pathways as interacting 'building blocks' toward the potential blocking or overriding of empathy towards the victim. Following is a description of pathways in order of importance, as indicated by the frequency of their occurrence in the sample.

### *1. Complex Trauma*

Complex trauma is trauma generated from prolonged and repeated exposure to abuse and neglect (Cook et al., 2005). Forty-one juveniles in the case studies (73%) had complex trauma as part of their presentation. This incidence was much higher for those of Aboriginal background (96%) and all the female offenders had experienced complex trauma. It is widely recognised that in spite cultural resilience and protective factors within the Aboriginal community the legacy of unresolved trauma also contributes too many other problems (Atkinson, 2013) Those who evidenced this pathway had witnessed and usually been the victim of repeated abuse. For the majority, the abuse was interfamilial in origin, but several, predominately from refugee backgrounds, had experienced this violence from their community rather than from their families. These juveniles also often came from disadvantaged backgrounds that further compounded these effects. More detailed analysis suggested three different sub-pathways within this group.

The majority ( $n = 39$ ) could be considered to have acquired at least some symptoms of Complex Post Traumatic Stress Disorder (C-PTSD), which meant they tended to display a general immaturity in presentation, poor attachment, poor executive functioning, poor stress management, poor social skills/emotional literacy and poor emotion regulation. Many of the case studies also had a range of mental health issues such as Attention-Deficit Hyperactivity Disorder and Juvenile Bipolar Disorder. C-PTSD can distract a potential offender from empathic awareness, and also may impact on empathy by reducing the capacity to process the emotional reaction of others and perform executive functioning tasks (Herman, 1992).

All case studies that were reported to have drug and alcohol issues fell on this pathway. However, this drug use was rarely a direct contributing factor to the offence as few offenders were reported to have been intoxicated when they committed their offence.

Table 1  
Identified pathways and sub-pathways and numbers on each

Main Pathway	Sub-pPathway	Number
1. Complex Trauma		41
	{i} Complex Post Traumatic Stress Disorder (C-PTSD)	18
	{ii} C-PTSD with sex abuse normalized	7
	{iii} C-PTSD with sex abuse shamed	14
	{iv} Dissociation	7
	{v} Appetitive	3
2. Poorly developed masculinity		29
3. Disability		28
	{i} Intellectual (ID)	17
	{ii} Developmental/Autism Spectrum Disorder (ASD)	13
	{iii} Other: Hearing (2) Head Injury (4) Rheumatic fever (2)	8
4. Inappropriate sexualisation	{i} Early exposure to sex	28
	{ii} Witnessed sexual abuse	12
	{iii} Sexually inappropriate behaviour normalized and encouraged	19
		24
5. Dependent or conforming personality structure		24
	{i} Co-offender	11
	{ii} Inappropriate love object	22
	[a] Age	12
	[b] Imitative	4
	[c] Non reciprocated affection	6
	{iii} Explosive reaction to suppression	4
6. Deviant Arousal		19
	{i} Paedophilia	8
	{ii} Rape/humiliation of other	9
	{iii} Exposing self	1
	{iv} Hyper sexualised	2
7. Psychopathic traits		13
	{i} Natural	5
	{ii} Orchid	5
	{iii} Appetitive	3
8. Poor social skills in absence of trauma or disability		5

The complex trauma had a different additional flavour when sex abuse was part of the trauma background. Twenty-one juveniles self-reported that they had experienced sexual abuse in their personal histories. In spite of several of their perpetrators being prosecuted, not a single one of those juveniles had received any therapy for their own sexual abuse experiences prior to offending. Two broad responses to the abuse seemed apparent: shame and normalisation.

The majority of those sexually abused ( $n = 14$ ) tended to have a sense of shame and wrongness about what had happened to them, and what they in turn had done to their own victims. The literature would indicate that shame defenses can be embrative, avoidant or counter responding to their own abuse experiences (Middelton-

Moz, 1990). Various mixtures of these were apparent in these young juveniles.

A smaller number ( $n = 7$ ), the majority of whom had disabilities ( $n = 6$ ), had a limited sense of the wrongness of their abusive behaviour, because it has been 'normalized' for them by the person who perpetrated offences on them. At the time of initial assessment, the majority in this category did not consider their own sexual abuse to have been abusive ( $n = 5$ ).

The second most common sub-pathway from this background was dissociative ( $n = 7$ ). That is, there was a detachment or disconnect from physical and emotional reality. This manifested primarily as various serious mental illnesses, such as an emerging personality disorder. This group also included 'Orchid children'

Table 2

*Multiple pathway clustering numbers, showing numbers in General (G), for Aboriginal young people (A) and for non-Aboriginals (N)*

Pathway	1	2	3	4	5	6	7	8
1. Complex trauma	G 2 A 0 N 2	G 26 A 15 N 11	G 22 A 16 N 6	G 27 A 17 N 10	G 18 A 10 N 8	G 12 A 7 N 5	G 8 A 2 N 6	G 0 A 0 N 0
2. Poorly developed masculinity		G 0 A 0 N 0	G 2 A 0 N 2	G 0 A 0 N 0	G 0 A 0 N 0	G 0 A 0 N 0	G 1 A 0 N 1	G 0 A 0 N 0
3. Disability			G 0 A 0 N 0	G 5 A 2 N 3	G 5 A 0 N 5	G 1 A 0 N 1	G 0 A 0 N 0	G 0 A 0 N 0
4. Inappropriate sexualisation				G 0 A 0 N 0	G 0 A 0 N 0	G 2 A 0 N 2	G 1 A 0 N 1	G 0 A 0 N 0
5. Dependent personality					G 0 A 0 N 0	G 0 A 0 N 0	G 0 A 0 N 0	G 2 A 0 N 2
6. Deviant arousal						G 0 A 0 N 0	G 0 A 0 N 0	G 0 A 0 N 0
7. Psychopathic traits							G 0 A 0 N 0	G 1 A 0 N 1
8. Poor social skills								G 1 A 0 N 1

whose innate emotional sensitivity ironically lead to them being overwhelmed by exposure to complex trauma, and consequently a dissociative disconnection from empathic emotions led in turn to psychopathic behaviour (Herbert, 2011).

The third sub-pathway is described as “appetitive”, meaning that the young person enjoyed violence and got pleasure from being powerful and harming others (Weierstall, Schauer, & Elbert, 2013). This was associated with extreme, early exposure to violence: most offenders falling into this category came from a refugee background. Only two of the juveniles falling on this complex trauma pathway did not have additional pathways.

## 2. Poorly Developed Understanding of Masculinity

The young persons on this pathway displayed either uncertainty about appropriate male roles and masculinities, or distorted and dysfunctional ones. Often they either misinterpreted violence and abuse as part of being male, or were reactive or passive in face of a

dominant female carer. A disregard for females was also common on this pathway.

Twenty-nine of the juveniles (51%) were identified as having this pathway. The proportion of young Aboriginals on this pathway was slightly higher (60%). This path developed in a number of ways and was often associated with complex trauma ( $n = 26$ ). The juveniles on this pathway had a variety of backgrounds. Some had a lack of access to appropriate male role models ( $n = 23$ ), others insecure ones (mother having multiple partners or many foster care placements) ( $n = 10$ ), abusive male carers ( $n = 26$ ) or weak male carers with a dominant female carer ( $n = 6$ ).

## 3. A Disability that Impairs Judgement

Disabilities on their own may reduce or in some cases completely impair a young person's capacity to understand the wrongfulness of the sexual behaviour in which they have engaged. In these case studies, this was most apparent when the young person had an Intellectual Disability (ID) coupled with an Autism Spectrum Disorder (ASD). This tendency was exacerbated when



the young person had not had their disability identified, or received any treatment.

Twenty-eight of the juveniles (50%) were identified as having a disability, the majority either an ID or ASD. The rates of disability were even higher amongst Aboriginal Australians (72%) and those in rural areas. The percentage in metropolitan, regional and larger rural centres was only 40% and 35% for non-Aboriginals juveniles. From the remote/rural case studies, seven had not been identified as disabled prior to being charged (50%).

A majority of juveniles on this pathway (n = 22) had also experienced complex trauma and had been inappropriately sexualised (n = 21) by others.

#### *4. Inappropriate Sexualisation and/or Exposure to Inappropriate Sexual Behaviour*

Twenty-eight of the juveniles (50%) were identified as having been either inappropriately sexualised or exposed to inappropriate sexual behaviour from adults or older children/adolescents. For the young Aboriginals, the rate was 76%. Such experiences can cause confusion about what is appropriate sexual behaviour and may interfere with empathy in several ways.

The majority (n = 21), but not all on this pathway, also had complex trauma backgrounds. Some of the juveniles had not been directly sexually abused, but had been either actively encouraged to engage in inappropriate sexual behaviour or had witnessed it directly from older males or females - a form of abuse in itself. Despite the fact that several of the juveniles in the latter case reported having provided evidence to police, not one of the case studies indicated that the adults in question had been prosecuted. Nearly half (n = 12) also had dependent personality structures. All female offenders evidenced this pathway.

Also, this pathway may have been under reported in the case studies as a number of therapists indicated it was suspected but not confirmed.

#### *5. Dependent and Conforming Personalities*

Twenty-four of the juveniles (43%) were identified as having dependent and conforming personalities. Such juveniles have difficulties reading emotions, understanding their needs and working out what to do. They adopt this defence as they hope to get their needs met by pleasing or appeasing important others in their lives. These personalities seem to originate in several ways. They can be a defence to complex trauma, disability, role confusion (especially in terms of masculinities), poor social skills or a dominant parent. This pathway did not occur independently and is best considered a responsive pathway.

These personality traits can lead to sexual offending along a number of different sub-pathways; three were identified from the case studies. The most common (n = 22) was the offender who, due to immaturity and difficulty engaging with peers associated with this personality style, selected an inappropriate love interest (age and/or otherwise). This led to offences committed themselves, or generated offending behaviour at the end of the relationship. The second (n = 11) was the co-offender who went along with another perpetrator to commit the offence, or committed the offence on the encouragement of others. The least common (n = 4) was where the offence occurred as an act of explosive rebellion to the ongoing conformity pressures generated by this type of personality.

#### *6. Sustained Prior Deviant Arousal*

Deviant arousal does not directly impact on empathy and consequently was never a solitary pathway. Its presence however, increases the likelihood of re-offending and it may assist the overriding of an empathic response (Kenny, Keogh, & Sedler, 2001). Nineteen of the juveniles (33%), by self-report were identified to have had deviant arousal prior to offending. Deviant arousal in this context is simply being aroused by sexual fantasies, which if performed in real life would be considered an offence (Murphy et al., 2001). This primarily includes sexual fantasies around things like exposing oneself, sexual interactions with children and rape. Available evidence would indicate that the rates of these in non-offending juveniles are similarly about a third (Aylwin, Reddon, & Burke, 2005).

#### *7. Significant Elevations in Psychopathic Traits*

Psychopathic traits interfere with the emotional processing aspect of empathy. Thirteen of the juveniles (23%), but only 8% of the Aboriginals, were reported to have significant elevations in psychopathic traits. To be considered to be evidencing this pathway, the juvenile had to display psychopathic elevations significantly above their offending peers (Hare, 2010).

In spite of the small sample size for this pathway, three distinct sub-pathways were apparent from the case studies. The first were labelled natural psychopaths as they either did not have complex trauma in their background or if they did, it appeared to have had little impact on their behaviour. Research has indicated that such natural psychopaths are only marginally impacted by the quality of parenting received (Cornella & Fricka, 2007).

One other sub-pathway included juveniles whose psychopathic behaviour had appeared to be at least partly responsive to their complex trauma backgrounds. Three

of these presented as appetitive - that is, they had an appetite for violence and actually obtained pleasure from the violence in which they engaged (Weierstall et al., 2013). As such, they could be considered “natural psychopaths” exposed to early violence.

The last group were what could be called “made psychopaths” or “Orchid children” (Herbert, 2011). That is, due to an abuse history, the young person has acquired a dissociative defence to cut themselves off from empathic emotions and reactions. The number of juveniles with such traits may be higher than reported here, as on several occasions therapists indicated the possibility but had not screened for it.

#### 8. Poor Social Skills in Absence of Trauma or Disability

Five of the juveniles (9%) were identified as having poor social skills in the absence of trauma or disability. None of the Aboriginal case studies showed this. These juveniles were not disabled or traumatised but still lacked basic social and related emotion recognition skills. A majority (n = 4) also had poor stress management and emotion regulation skills. These juveniles tended to be socially isolated and resentful of others and were frequently victims of bullying; some also had dependent personality structures (n = 2).

#### Interactions among the Identified Pathways

Figure 1 shows an example of a pattern of interaction between pathways reasonably common in these case studies. It also illustrates how the pathways tend to overlap in individual cases and interact with each other in a synergistic way. Note: this is not to imply that the existence of these pathways in and of themselves will mean a juvenile will offend sexually. Their presence simply increases the likelihood of that occurring.

#### Discussion

This study found that the majority of juvenile sex offenders are traumatised and disabled individuals, and that Aboriginal offenders are different to others. The Aboriginal offenders have: higher rates of exposure to trauma; higher levels of disability; more problems with developing healthy masculinities; more likely to have been sexualized; and lower levels of psychopathic traits. Poorer social skills in the absence of other explanatory factors were only found in non-Aboriginal offenders. These findings suggest various options for early intervention and targets for post-offence treatment.

As expected, the vast majority of cases were males. Although female offender rates have been climbing, prosecuted female sex offenders are still relatively rare

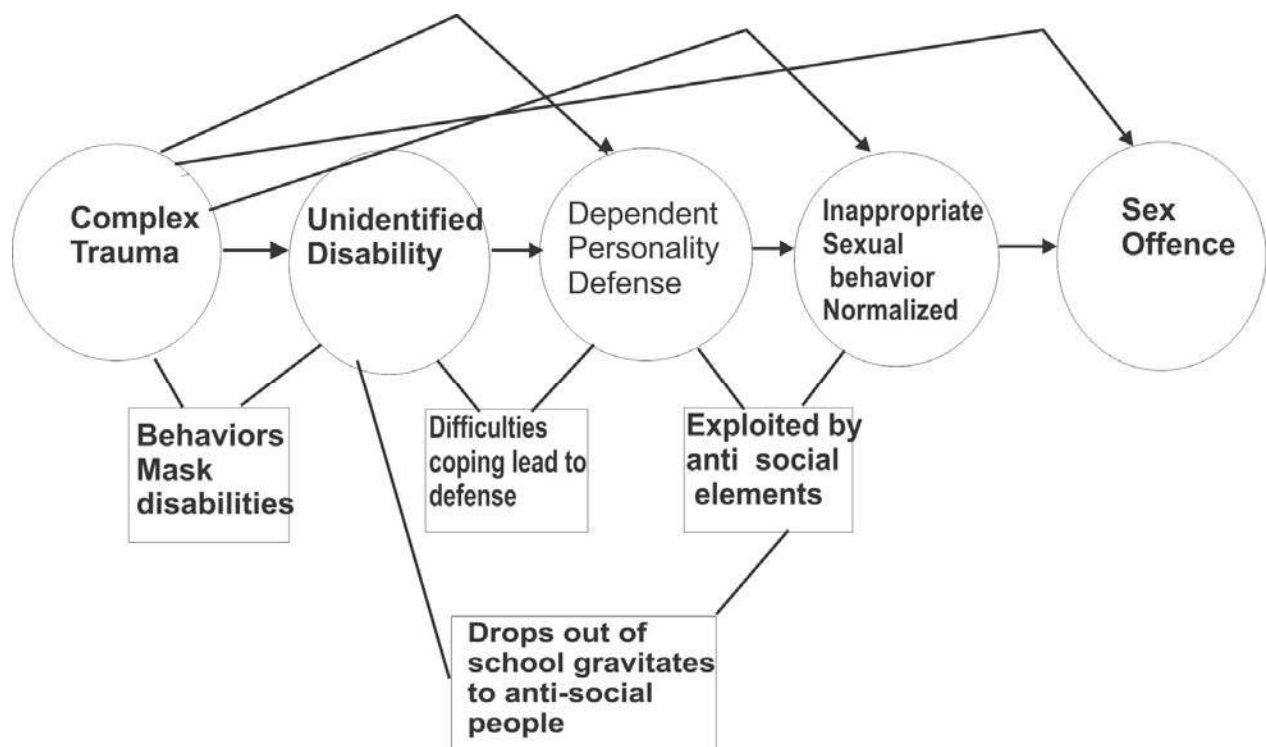


Figure 1. Example of interactions between pathways

(ABS, 2011). However, there is evidence that this observed rate may be lower than the true rate, due to under-reporting and reluctance to prosecute young female sex offenders (Tsopelas, 2011). Also as expected, there was overrepresentation of young Aboriginal Australians in the sample. The results support the growing consensus that there is no one reliable sex offender profile that explains all cases of sex offences. However, the fact that the most prevalent pathway was complex trauma is consistent with Ward's results for adults (Gannon et al., 2008; Ward et al., 1995). Likewise was the finding that the majority of juveniles with complex trauma evidenced additional pathways. This is to be expected because: abuse or neglect is associated with increased risk of other adverse life events; and, types of disadvantage tend to cluster (Tanton, Honge Gong, & Harding, 2012). The higher rate for young Aboriginal Australians was also anticipated due to the high levels of transgenerational trauma within the community (Danieli, 1998).

That 50% of the juveniles had been either sexually abused or inappropriately sexualised was an additional anticipated finding. Research on young children under 10 years of age who commit sexually inappropriate acts on peers indicates that nearly all have experienced sexual abuse at some point in their past (Araji, 1997), and research on adults consistently finds about one third have experienced sexual abuse (Ogloff, Mann, & Mullen, 2012). However, the reported history rate in this study was much higher than the general rate of sexual abuse for males, which has been identified as around 7.9% (Peredaa, Guilerab, Fornsa, & Gómez-Benito, 2009). But given the high levels of adversity within Aboriginal communities, it was not surprising that sexual abuse was even higher for them and this increased the overall rate in the sample.

The low prosecution rate of the adult offenders reported by the juveniles is curious and somewhat worrisome. This may partly be explained by the fact that adults tend to be more difficult to prosecute, whereas in contrast, juveniles - and especially disabled ones - rarely deny their offences so prosecutions are simpler (Zimring, 2004).

The level of disability in the sample (ID and ASD) was considerably higher than expected, especially for Aboriginal juvenile offenders, and was much higher than that previously reported in the juvenile justice population as a whole (Indig et al., 2011). This could be in part due to our study of a sub-sample of offences - sexual offences. Healthy sexual relationships require good social and communication skills, and having either an ID or an ASD creates a handicap that may have resulted in unintended 'offences' against a victim.

The overrepresentation of ID and ASD in our rural cases may have several explanations. First, limited resources in these areas lower the likelihood of being

assessed and receiving support (AIHW, 1997). Notably, less than half of the remote juvenile case studies had had their disabilities identified before offending, and prior intervention for these disabilities was relatively unusual. Many of the remote areas these juveniles came from are ones of considerable disadvantage, so less important issues get addressed. In addition, due to a combination of historic and demographic factors, the relative proportion of people with Aboriginal background tends to be higher in these communities, and negative stereotypes are stronger. This allows disorders to be labelled as 'behavioural' and thus ignored (Purdie, Dudgeon, & Walker, 2010). Another factor is the lack of diversionary alternatives. In rural areas, the courts often have fewer options, so mandated programs are used to ensure the young person receives at least some service and support.

The rate of deviant arousal was much higher in this study than expected. Although common in adults, it is assumed to be relatively rare in children and adolescents (Ryan et al., 2010). Thus, it is not an area that Juvenile Justice encourages its therapists to target. Our case studies, however, revealed that it was an important part of the offence pathway for about one third of the juveniles. Some studies have indicated that deviant arousal in non-offending adolescents may in fact be of a similar order to that found in this sample, so targeting non-offending juveniles who have deviant arousal is probably not merited (Greenlinger & Byrne, 1987). However, once acted on, deviant arousal has been found to be a high predictor of re-offending by adolescents (Louks, 2004). Therefore, it would seem advisable to develop youth-focused strategies for managing this issue.

Lastly, the young female offenders shared many qualities with adult female offenders (Gannon et al., 2008). Their principle pathway was complex trauma, including sexual abuse, with inappropriate sexualisation and dependent personality structures. Two of the three were also co-offenders.

### *Clinical Implications*

The results offer a number of points of possible intervention that could reduce the pool of potential offenders. These include: dealing with Aboriginal disadvantage, tackling transgenerational trauma and C-PTSD directly, improving screening and diagnostic efforts for disabilities (especially in rural locations), providing actual services and support to people with disabilities and their families in remote rural areas, prosecuting adult offenders against children and providing therapy to all young people for whom the system is aware have been abused.

In terms of treatment options for those who have offended, it is clear that many need intervention for C-PTSD. Untreated juveniles with this condition have a

poor prognosis. As adults, they often go on to develop a range of serious mental health problems such as schizophrenia, and bipolar and personality disorders (Courtois, Ford, & Herman, 2009). Evidence-based therapies exist for C-PTSD and include: Attachment, Self-Regulation, Competency Therapy (Cohen et al., 2006), Dialectical Behaviour Therapy (DBT; Dimeff. & Koerner, 2007), Schema Therapy (Young et al., 2003) Emotionally-Focused Therapy (Greenberg et al., 1997), Sensorimotor Psychotherapy, Eye Movement Desensitization and Reprocessing Therapy, Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, and Family Systems Therapy (Courtois, 2004).

Some limited disability-specific treatment interventions are also available for juveniles (Borum, 2003). Given the high proportion that presented with disabilities in this study, further program development would consequently seem a priority.

For those juveniles who have been sexually abused or inappropriately sexualised, treatment for their own abuse experiences may need to be considered in concert with tackling their own abusive behaviour. A number of good evidence-based therapies for this exist (Grigorenko, 2012). There is some evidence that such interventions in males reduce the likelihood of sexually re-offending (Lew, 2004). Issues and treatment strategies around confused masculinity and offending have been identified for some time (Davis & Leitenberg, 1987). Loss of traditional male roles for Aboriginal men and other aspects of identity loss (Atkinson, 2002) are probably a significant component for why this issue was more significant for the young Aboriginal offenders and would suggest the need for specific targeting of this issue.

Methods of tackling deviant arousal in those juveniles for whom it is an issue need to be developed. Those who reported deviant sexual arousal to their therapists often reported feeling overwhelmed and helpless in the face of their fantasies. Evidence-based adult treatments exist to either shift or manage fantasy content (Hersen & Sturmey, 2012), but it is unclear how much adaption will be required to make them suitable for juveniles.

### *Limitations and Future Directions*

The current study should be considered exploratory and future research could target its limitations. The results were dependent on the quality of questions asked and the skill level of the therapist responding. The data were obtained from therapists working with these clients, and thus are a representation of the therapists' opinions about how the offending behaviour came about not a direct observation of this. There was also a skewing of the sample of participants, with more experienced workers and those from rural and remote areas being overrepresented. This potentially led to inflated figures for those with disabilities and other complexities. The

non-Aboriginality of the therapists may have also made it more difficult to tease the pathways for those clients who were Aboriginal.

Future research could follow a number of directions. Increasing the pool of case studies might allow some further subtle refinements in terms of both sub-pathways and interactions amongst the identified pathways. It would also be worth doing a comparison of pathways for juveniles who sexually offend against other categories, such as violent offenders. Both require similar empathy deficits and may share some pathways. Research around whether targeting specific pathways is effective and reduces recidivism would also be worthwhile. Another area of potential future research is in terms of predictive utility. Especially relevant are whether some pathways involve a higher risk of re-offending than others.

### *Summary and Conclusions*

In summary, the pathways to juvenile sex offending found in this study highlight several areas for potential preventative interventions, and targeted treatment of those who have offended. Preventative strategies include provision of early individual and systemic interventions for C-PTSD. Also to be addressed are: related issues of disadvantage; improvement of identification and treatment of people with disabilities (especially in more remote/rural communities); more effective strategies for keeping young people within the school system; ensuring that young victims receive therapy when sexual abuse is identified; and, adequate prosecution of adult offenders. Given how many of the case studies had complex trauma backgrounds, effective therapy probably needs to incorporate some form of trauma intervention. Likewise, given that half of the juveniles reported either sexual abuse or inappropriate sexualisation, treatments need to be developed for such victim perpetrators. Additionally, the high number of juvenile offenders with disabilities would indicate more effort is needed to develop disability-specific interventions.

### *References*

- ABS. (2011). *4519.0 - Recorded Crime - Offenders, 2009-10*, Canberra: Australian Bureau of Statistics.
- ABS. (2013). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Canberra: Australian Bureau of Statistics.
- AIHW. (1997). *Australia's Welfare 1997*. Canberra, Australian Institute of Health & Welfare.
- Ardino, V. (2012). Offending behaviour: the role of trauma and PTSD, *European Journal of Psychotraumatology*, 3(10)
- Atkinson, J. (2002). *Trauma Trails, Recreating Song Lines*. Adelaide: Spinifex Press

- Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Canberra: Closing the Gap Clearinghouse Resource Sheet Number 21
- Aylwin, A. S., Reddon, J. R. & Burke, A. R. (2005). Sexual Fantasies of Adolescent Male Sex Offenders in Residential Treatment: A Descriptive Study, *Archives of Sexual Behavior*, 34(2), 231–239.
- Araji, S. (1997). *Sexually aggressive children: Coming to understand them*. Thousand Oaks, California: SAGE Publications.
- Borum, R. (2003). Managing At-Risk Juvenile Offenders in the Community Putting Evidence-Based Principles into Practice, *Journal of Contemporary Criminal Justice*, 19(1), 114–137.
- Burk, L. R. & Burkhart, B. R. (2003). Disorganized attachment as a diathesis for sexual deviance: Developmental experience and the motivation for sexual offending, *Aggression and Violent Behaviour*, 8, 487–511.
- Burton, D.L. (2000). Were adolescent sex offenders children with sexual behaviour problems? *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 37–48.
- Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., Louis, D. G., Lyon, T. D., Page, I. J., Prescott, D. S., Silovsky, J. F. (2008). Report of the ATSA Task Force on Children with Sexual Behavior Problems, *Child Maltreatment*, 13(2), 199–218.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*, New York: Guilford.
- Cook, A. Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., et al. (2005). Complex Trauma in children and adolescents, *Psychiatric Annals*, 35(5), 390–398
- Cornella, A. H., Paul J. & Fricka, P. J. (2007). The moderating effects of parenting styles in the association between behavioral inhibition and parent-reported guilt and empathy in preschool children. *Journal of Clinical Child & Adolescent Psychology*, 36(3), 305–318.
- Courtois, C. A. (2004). Complex Trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412–425.
- Courtois, C. A., Ford, J. D. & Herman, J. L. (2009). *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*. New York: Guilford Press.
- Danieli, Y. (1998). *International Handbook of Multigenerational Legacies of Trauma*, New York: Plenum.
- Daud, A., Skoglund, E. & Rydellius, P. (2005). Children in families of torture victims: Transgenerational transmission of parents' traumatic experiences to their children, *International Journal of Social Welfare*, 14, 23–32.
- Davis, G. E. & Leitenberg, H. (1987). Adolescent sex offenders, *Psychological Bulletin*, 101(3), 417–427.
- Denzin, N.K. & Lincoln, Y.S. (1994). *Handbook of Qualitative research*, California: Sage.
- Dimeff, L.A. & Koerner, K. (2007). *Dialectical behaviour therapy in clinical Practice*, New York: Guilford Press.
- Gallagher, P. & Poletti, P. (1998). *Sentencing Disparity and the Ethnicity of Juvenile Offenders*, Sydney: Judicial Commission of NSW
- Gannon, T. A., Rose, M. R. & Ward, T. (2008). A descriptive model of the offense process for female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 20, 352–374.
- Gathercole, M. F. (2007). *Progress in Australia over the 20th Century*, PhD Thesis.
- Glaser, B. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12(4), 445, 436.
- Greenberg, L. S. & Paivio, S. C. (1997). *Working with emotions in psychotherapy. The practicing professional*. New York: Guilford Press.
- Greenlinger, V. & Byrne, D. (1987). Coercive sexual fantasies of college men as predictors of self-reported likelihood to rape and overt sexual aggression. *Journal of Sex Research*, 23(1), 1–11.
- Grigorenko, E. L. (2012). *Handbook of Juvenile Forensic Psychology and Psychiatry*, New York: Springer.
- Hare, R.D. (1999). *Without Conscience: The Disturbing World of the Psychopaths Among Us*, New York: Guilford Press.
- Hare, R. D. (2010). *Hare PCL-R: Second Edition*, Toronto: Multi Health Systems Inc.
- Hempel, I., Buck, N., Cima, M. & van Marle, H. (2011). Review of risk assessment instruments for juvenile sex offenders: What next? *International Journal of Offender Therapy and Comparative Criminology*, 20(10), 1–21
- Herbert, W. (2011). On the trail of the orchid children. *Scientific American Mind*, 22(5), 70–71.
- Herman, J.L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377–393.
- Hersen, M. & Sturmey, P. (2012). *Handbook of Evidence-Based Practice in Clinical Psychology, Adult Disorders*, New York: Wiley.
- Indig, D., Vecchiato, C., Haysom, L., Beilby, R., Carter, J., Champion, U., Gaskin, C., Heller, E., Kumar, S. Mamone, N., Muir, P., van den Dolder, P. & Whitton, G. (2011). *2009 NSW Young People in Custody Health Survey: Full Report*, Sydney: Justice Health and Juvenile Justice.
- Kenny, D. T., Keogh, T. & Sedler, K. (2001) Predictors of recidivism in Australian juvenile sex offenders:

- implications for treatment. *Sexual Abuse*, 13(2), 131-148.
- Krippendorff, K. & Bock, M.A. (2008). *The Content Analysis Reader*. Thousand Oaks: Sage
- Levenson, J.S., Willis, G. M. & Prescott, D. S. (2014). Adverse childhood experiences in the lives of male sex offenders: Implications for trauma-informed care. *Sex Abuse*, Epublished: May 28, 2014
- Lew, M. (2004). *Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse*, London: Harper.
- Lindsay, W. R., & Smith A. H. W. (1998). Responses to treatment for sex offenders with intellectual disability: A comparison of men with one and two year probation sentences. *Journal of Intellectual Disability Research*, 42, 346-353.
- Louks, N. (2004). *Recidivism amongst Serious Violent and Sexual Offenders (Central Research Unit Papers)*. Edinburgh: Scottish Executive
- Murphy, W. D., Haynes, M. R., David DiLillo, D. & Steere, E. (2001). An exploration of factors related to deviant sexual arousal among juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13(2), 91-103.
- Nagini, D. S. & Land, K. C. (1993). Age, criminal careers and population heterogeneity: Specification and estimation of a nonparametric, mixed Poisson Model. *Criminology*, 31(3), 327-362.
- Newman, M. E. J. (2005). Power laws, Pareto distributions and Zipf's law. *Contemporary Physics*, 46, 323-351
- Nier, J. A., Bajaj, P., McLean, M. C. & Schwartz, E. (2012). Group status, perceptions of agency, and the correspondence bias: Attributional processes in the formation of stereotypes about high and low status groups. *Group Processes & Intergroup Relations*, 1-12.
- Nisbet, I. A., Wilson, P. H. & Smallbone, S. W. (2004). A prospective longitudinal study of sexual recidivism among adolescent sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16(3), 223-234.
- Ogloff, J.R.P., Mann, E. & Mullen, P. (2012). *Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study Trends & issues in crime and criminal justice no.440*, Canberra: Australian Institute of Criminology.
- O'Malley, W. J. (1999). Teaching empathy. *America*, 180(12), 22-26.
- Parbury, N. (2005). *Survival: A History of Aboriginal Life in New South Wales*, Sydney: NSW Department of Aboriginal Affairs
- Parker, K. (2010). *Unequal Crime Decline: Theorizing Race, Urban Inequality, and Criminal Violence*, New York: New York University Press
- Peredaa, N., Guilerab, G., Fornsa, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29(4), 328-338.
- Purdie, N., Dudgeon, P. & Walker, R. (2010). *Working Together: Aboriginal and Torres Strait islander mental health and wellbeing principles and practice*, Canberra: Australian Government.
- Richards, T. (2011). *What makes juvenile offenders different from Adult?* Canberra: Australian Institute of Criminology.
- Ryan, G., Lleversee, T. F. & Lane, S. (2010). *Juvenile Sexual Offending: Causes, Consequences, and Correction*. New York: Wiley.
- Strickland, S. M. (2008). Female sex offenders: Exploring issues of personality, trauma, and cognitive distortions. *Journal of Interpersonal Violence*, 23(4), 474-489.
- Strauss, A. L. & Cobin, J. (1994). Grounded theory methodology: An overview. *Handbook of Qualitative research*, N. K Denzin and Y. S. Lincoln. California: Sage.
- Tanton, R., Honge Gong, C. & Harding, A. (2012). Evidence of multiple life stage disadvantage for small areas in Australia. *Economic Papers: A Journal of Applied Economics and Policy*, 31(1), 76-86.
- Tasmanian Department of Justice (2010). *Breaking the Cycle – Tasmanian Corrections Plan (2010-2020)*, Hobart: Tasmanian Department of Justice
- Tidmarsh, P. (1997). Young men, sexuality and sexual offending (risk management and public education). In M. James (Ed) *Paedophilia: policy and prevention*. Canberra: Australian Institute of Criminology.
- Tsopelas, C., Tsetsou, S. & Douzenis, A. (2011). Review on female sexual offenders: Findings about profile and personality. *International Journal of Law Psychiatry*, 34(2), 122-126.
- Ward, T. & Hudson, S. M. (1998). The construction and development of theory in the sexual offending area: A meta-theoretical framework. *Sexual Abuse: A Journal of Research and Treatment*, 10, 47 – 63.
- Ward, T., Louden, K., Hudson, S. M., & Marshall, W. L. (1995). A descriptive model of the offense chain for child molesters. *Journal of Interpersonal Violence*, 10, 452-472.
- Ward, T., Bickley, J., Webster, S. D., Fisher, D., Beech, A., & Eldridge, H. (2004). *The self-regulation model of the offence and relapse process: A manual: Vol. I. Assessment*. Victoria, BC: Pacific Psychological Assessment Corporation.
- Ward, T., Yates, P. M., & Long, C. A. (2006). *The self-regulation model of the offence and reoffence process: Vol. II. Treatment*. Victoria, BC: Pacific Psychological Assessment Corporation
- Ward, T & Maruna, S. (2007). *Rehabilitation (Key Ideas in Criminology Series)*, London: Routledge.

- Weierstall, R., Schauer, M. & Elbert, T. (2013). An appetite for aggression. *Scientific American Mind*, 24(2), 46-49.
- WHO. (2015). *Global Health Observatory Data Repository: Life expectancy – Data By country*, Geneva, Switzerland: World Health Organization.
- Wilkinson, R. (2001). *Unhealthy societies: The afflictions of inequality*. London, Routledge.
- Young, J.E., Klosko, J.S. & Weishaar, M.E. (2003). *Schema Therapy: A Practitioners Guide*. New York: Guildford Press.
- Zimring, F. E. (2004). *An American Tragedy*. Chicago: University of Chicago Press.

# Moetolo ‘Sleep-Crawlers’: A Samoan Therapeutic Approach to Sexual Abuse

Byron Malaela Sotiata Seiuli

University of Waikato

Sexual abuse behaviour remains a global concern that accounts for child sexual abuse, rape and other sexual assaults. Much of these acts of violation are perpetuated, but not entirely, carried out by men against women and children. *Moetolo* (moetotolo) or ‘sleep crawler’ is a Samoan term that is used to describe a person who sexually violates another while they or their family are asleep. This paper provides a case study presentation and discussion with the aim of examining this challenge from a Samoan viewpoint. Insights are drawn from the authors’ psychological engagement with a sexual offender while also engaging appropriate literature to inform and provide interpretation to the case. It is through such an examination that this article seeks to make a valuable contribution to understanding patterned responses of Samoan people to sexual abuse behaviours such as *moetolo*, and steps to remedy such concerns within their communities.

Much has been written about the trauma of sexual assaults, particularly those that target women and children (see Hudson, Wales & Ward, 1998; Davis, Parkes & Cohen, 2006). In the New Zealand context, though there is a growing interest in providing more information on this topic (for example, see Tamatea, Webb & Boer, 2011), there is still the need for more robust evidence of the actual nature of sexual violence overall, due to (under) reporting and stigmatisation linked to sexual abuse (Larsen et al., 1998; Percival et al., 2010). Very little attention has been given to examining the impact that sexual abuse has had within Pacific contexts. It is in that space that this paper aims to provide a timely contribution and discussion. It must be stated that although a comparative analysis with other indigenous cultural groups similar to Samoans might find value, however, the key focus of this paper is to bring to the fore a Samoan-specific case examination on sexual abuse.

*Moetolo* or ‘sleep crawler’ is not a recent phenomenon within Samoan culture; there have been earlier references pointing to this type of sexualised conduct such as Tuvalu’s ‘Account of Samoan History up to 1918’ (1968). In his account, Tuvalu provides a definition of *moetolo* as:

One who creeps in the dark – it refers to a man who slinks to the house of a sleeping girl or woman at night – a Don Juan. If the girl or the woman is in league with the “moetolo” no trouble eventuates; but if otherwise is the case, she alarms the household and the intruder is subjected to a thrashing and is made ridiculous before the village and public.” (1968, p. 3)

Tuvalu further states that the word *moetolo* itself is not an insult, but rather a reference to an event that was practiced in village contexts from time-to-time. Of some concern is the seemingly low level of seriousness that Tuvalu attributes to this behavioural pattern in those earlier periods. Shore’s (1975) definition of *moetolo* condemns this violation as “a kind of rape done at night by crawling under the lowered blinds of a sleeping house to a sleeping girl, stifling her cries as she wakes and forcing intercourse with her” (p. 16). In support of Shore’s definition, Isaia (1999) too describes *moetolo* as “rape or *fa’amalosi* (forced against your will)” (p. 74). In his discussion of the topic, Isaia argues that the key purpose of this sexual assault was to “deflower a female virgin” (p. 75), an abominable act that is both unacceptable in Samoan society, and the consequences for those caught in the act – deadly. Hence, if a perpetrator was caught in the vicinity of the family home, male relatives would ensure he received a good beating, a clear demonstration of their role of guardian of family honour.

This article examines the sexual offending history of a Samoan prisoner, Fa’asala (pseudonym – to punish), who was incarcerated for sexually assaulting five young female victims. A number of Fa’asala’s victims were young girls under 12 years old. Although the nature of his offending is sometimes referred to as ‘hands-off’ and therefore not as devastating or traumatic as if he had raped or forced his victims, the Judges’ sentencing notes outlined concern that Fa’asala’s sexual offending had sinister overtones, while also noting that he was drunk when he committed all of his offences. Furthermore, Fa’asala is to be deported back to Samoa upon receiving parole or completing his sentence. It was imperative from the Parole Board’s perspective that Fa’asala receive specialised support to help him address his offending and



to provide a safety plan to keep him and others safe, especially young girls. It is imperative to mention that this work does not constitute a broad or complete interpretation of sexual offending by Samoan or Pacific men, nor does this work seek to be dismissive or minimise the level of trauma and total impact that sexual assaults have had and continues to have on victims and their families, particularly children. This work seeks to further our understanding into the sexual offending of one Samoan inmate, in attempting to support the safety of women and children from such violations.

Below, I begin by recounting the steps for which Fa'asala was referred to me for psychological assessment. I also discuss the type of therapeutic engagement that was most suitable in my work with Fa'asala as a Samoan man. I then draw upon insights from Samoan cultural practices, namely the Uputāua Therapeutic Approach (Seiuli, 2013) and scholarly sexual abuse recovery literature to examine the work required to engage a Samoan sexual offender towards a rehabilitative safe living plan. A significant objective of this paper is to inform readers, particular those helping professionals, who might be called upon to support Samoan individuals and their families impacted in some way by sexual violation such as moetolo or other types of sexual assaults.

### Fa'asala the Sleep Crawler

Fa'asala is a middle-aged man who was born in Samoa and migrated to New Zealand in search of a better life. Like those earlier Samoans who came before him, Fa'asala was keen to use the opportunity to find long-term employment so that he and his family could access better financial opportunities. Over time, his parents moved from New Zealand to Australia, along with his wife and their two children. Fa'asala remained in New Zealand, moving between family members or extended acquaintances to seek opportunities for regular employment. Given his limited understanding of the English language, the jobs Fa'asala attained were mainly in fruit orchards as a picker or short-term manual labour. This also meant moving regularly when picking season came around. It was while moving between his uncle's place and another location for employment that the incidents involving sexual assaults took place.

Fa'asala was sentenced in a New Zealand court to six years' imprisonment, with a requirement to serve a minimum two-third non-parole period of four years. At the time of his referral to engage with the author in psychological support services pertaining to his offending, Fa'asala was serving the last third of his sentence. It was reported to the author that Fa'asala was referred to the Department of Corrections' Psychological Services for an assessment, but he was considered ineligible to meet 'business rules' due to his perceived

low risk of sexual re-offending. From there, Fa'asala was shortlisted to attend a short intervention programme for sexual offenders run by the Department called Te Mahinga. However, due to his limited English Fa'asala was encouraged to seek other options for his rehabilitation. A group-based Pacific focused programme called Saili Matagi (Seeking Favourable Wind) which targets Pasifika inmates with violent offences was available at the correction facility where Fa'asala was incarcerated, but the course was deemed inappropriate for what Fa'asala needed. At the time of our initial meeting, Fa'asala had already attended his first parole hearing where he was denied release. Moreover, the parole board requested he attend some form of rehabilitative programme or counselling to address his sexual offending. There were no culturally appropriate clinicians within the Department of Corrections with the skills and cultural knowledge to work with Fa'asala on the parole board's request.

The pressing need for Fa'asala to engage in some form of therapeutic intervention to address his sexual offending prompted a search by the Department for a suitable clinician, with both the cultural knowledge and professional skills, to engage Fa'asala in one-to-one discussions that were meaningful and supportive of his rehabilitative goals. According to the Parole Board report, Fa'asala's rehabilitative needs were three-fold:

- a) Alcohol and drugs – offence related sexual arousal;
- b) Address offending and to follow a relapse prevention plan;
- c) Provide recommendations for safety plan of self and others.

Therefore, any rehabilitative plan needed to consider these key issues and to ensure that Fa'asala understood the ramifications of re-offending to the community he would be released into. The Parole Board's report formed the basis for engaging Fa'asala in therapy with the author.

### Engagement Process: Looking Beyond Offending

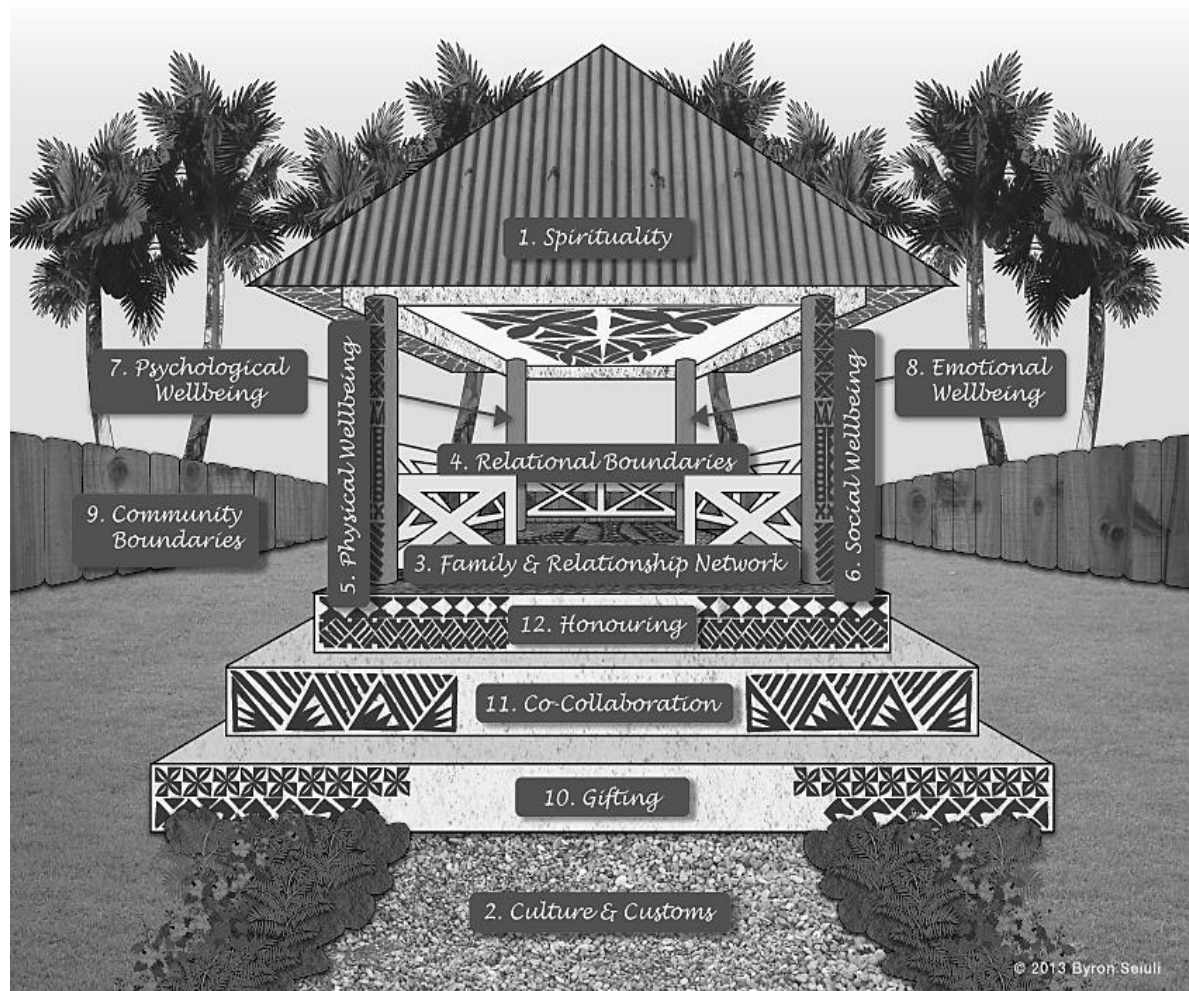
With approval from the Department of Corrections to proceed with psychological support, an initial fono (meeting) was held which included Fa'asala, the Regional Pasifika Advisor for the Department, the Pasifika case manager who initiated the search and referral for counselling, and the author. After the initial welcome greetings and introductions, the fono proceeded following a common Pasifika pattern for formal meetings when various groups engage within a Pasifika-focused space. That is, the fono started with a prayer in the Pacific language, committing the rehabilitative processes and engagements into God's care, as well as seeking wisdom for those working to support Fa'asala

both in the penitentiary environment and when he returns home.

Though the conversation between the two department staff, Fa'asala and the author was focused initially on Fa'asala's offending and rehabilitative goals, much of the discussion followed a strength-based rather than a blame-based approach (Seiuli, 2010). This way of working with Pasifika inmates like Fa'asala enabled them to be respected as people, while still maintaining a strong focus on addressing the core of their offending history, especially with those who offend against children in a sexual way (Seiuli, 2012). Of significance in this work, the case manager who initiated the referral insisted that the therapeutic and safety plan for Fa'asala be based on the author's Uputāua Therapeutic Approach (UTA; Seiuli, 2013; see *Figure 1*). The case manager saw the importance of a Pasifika approach as being central to Fa'asala understanding concepts that were very

familiar and meaningful to his epistemological foundations. Moreover, given that the UTA is contextualised using predominantly Samoan concepts, this resonated strongly with Fa'asala's Samoan identity. I outline briefly the key components of the UTA approach next.

The Samoan cultural concepts used to conceptualise the UTA approach is not necessarily new knowledge. Many are drawn together from familiar cultural practices, values and beliefs to support the important work involved in engaging Samoan people therapeutically. Though many of the ideas used with the UTA are grounded in the world of Samoan people and their culture, some practices may find relevance to other Pasefika or indigenous settings. The conceptual framework of a faletalimālō (house to honour guests) is used to discuss various components of fa'asamoa cultural practices (see Seiuli, 2013).



*Figure 1.* Uputāua Therapeutic Approach (from Seiuli, 2013)

Table 1  
Components of UTA Approach

UTA Component		Conceptual Meaning	Usage and Representation
Roof	<i>Ola fa'aleagaga</i>	Spirituality	Provides a spiritual covering that encompasses both Christian beliefs and traditional spirituality.
Physical Environment	<i>Tu ma aganu'u</i>	Culture and customs	Locates both traditional customs and more recent adaptations as a place of ancestral connection.
Foundation of the house	<i>Aiga potopoto</i>	Family and relationship networks	Serves as the foundation of collective identity and belonging for members.
Internal Boundaries	<i>Le va fealoaloa'i</i>	Relational space	Safeguards individuals and families in their respective roles and responsibilities.
First Pillar of Wellbeing	<i>Ola fa'aletino</i>	Physical wellbeing	Extends to include language, loyalty, service and representation.
Second Pillar of Wellbeing	<i>Ola fa'aleloto</i>	Social wellbeing	Extends to include collective responsibilities, reciprocity and cultural pride.
Third Pillar of Wellbeing	<i>Ola fa'alemaufau</i>	Psychological wellbeing	Important to the domain of thinking, decision-making and leadership.
Fourth Pillar of Wellbeing	<i>Ola fa'alelagona</i>	Emotional wellbeing	Significant to addressing loss and grief, coping and recovery.
External Boundaries	<i>Tausi tua'oi</i>	Community boundaries	Safeguards individuals and family relationships with outside community including healthcare and professionals.
First Step of Engagement	<i>Meaalofa</i>	Gifting	Emphasises the spirit of generosity and support that affirms relational bonds.
Second Step of Engagement	<i>Loto fa'atasia</i>	Co-collaboration	Intentional-sharing approach that enables working <i>with</i> people not <i>on</i> people.
Third Step of Engagement	<i>Mana ma mamalu</i>	Honour and dignity	Acknowledge indigenous expertness to healing and restorative journeys.

#### Uputāua Therapeutic Approach

*Ola fa'aleagaga*, or spiritual life as represented by the 'roof', is the covering that endorses safety and protection for many Samoan people (Figure 1). Spirituality is predominantly associated with Christian teachings and values (Seiuli, 2015; Taule'ale'ausumai, 1997; Va'a, 2001) in recent periods. But it must be emphasised that many Samoan people continue to maintain an understanding and practice of spirituality connected to their ancestral past (Suaalii-Sauni, Tuagalu, Kirifi-Alai, & Fuamatu, 2008).

*Tu ma aganu'u fa'asamoa* is represented by the 'land' which advocates for the understanding and practice of fa'asamoa culture and customs. The practices of

fa'asamoa include but are not limited to respect for the *va fealoaloa'i*, acknowledging various *feagaiga* (covenant) relationships, and honouring personhood and status. Essentially, fa'asamoa serves as the solid ground that upholds the family unit. The cultural context is also representative of one's *tulagavae* (place of belonging), helping to locate one's ancestral connections and birthplace. This cultural context is not rigid but living and breathing, meaningfully forming Samoan identity wherever situated. In this regard, the flexibility of culture gives space for accessing both traditional and contemporary knowledge that support many Samoans in their development or healing journeys.

*Aiga potopoto* is the family and relationship network which is presented as the 'foundation' of the UTA

approach. The current formation of many Samoan families especially in Euro-urban localities, contain traces of the traditional as well as a diversity of other ethnic mixes. Consideration must be allowed for the complexities of cultural variants that may exist within each and every family group. Significantly, as much as one may presume that family structures for Pasifika people are strong, nurturing and communal, it may not be the reality for all (Samu & Suaalii-Sauni, 2009). Samoan identity is germinated, nurtured, matured and replicated within the āiga (family). Gender issues, sexuality, roles and responsibilities, learning, observing, and other activity all find their purposes and meanings within this context. A Samoan proverb that reflects this sense of belonging says: *o le tagata ma lona fa'asinomaga*, exhorting each person in their designated role and responsibility of tautua (service).

*Le vā fealoaloa'i* or relational space is represented by the 'internal boundaries' which serves to protect the family while simultaneously maintaining safe limits with those outside. *Teu le vā* is a well-known Samoan expression that reflects the importance of safeguarding relationships. This declares that one must always "nurture, cherish, and take care" of the relational space, firstly within one's family and then with the wider community (Seiuli, 2012, p. 33). The relational space needs continuous attention so that the possibility of being soli (trampled) is avoided (Pereira, 2011). Failure to nurture and take care of the va has invariably led to dishonouring of, and of trampling upon, the mana (sacredness) and mamalu (dignity) of individuals and families (Seiuli, 2004). This can lead to the refusal of some to further participate until the space has been restored and healed. If the space is deemed unsafe, the prospect of achieving beneficial outcomes in therapeutic engagements is severely reduced.

*Ola fa'aletino* or physical wellbeing is the first of the four 'pillars of wellbeing' which stands for the physical aspect of life. *Ola fa'aletino* is generally recognised in the humble nature of Samoan people, their sense of loyalty, their happy attitude and their unique. The physical pillar values and incorporates fa'aaloalo (respect) and reciprocity, connecting many Samoans to the larger tapestry of life: that all are sacred and related (Morice, 2006; Seiuli, 2015).

*Ola fa'aleloto* or social wellbeing is the second pillar. The Samoan social self is better understood as "socio-centric" (Mageo, 1998, p. 5), and is often visible in their friendly, obliging, warm, and cheerful personas. Social values emphasise collectivity and shared responsibilities to the family, church, village and nation. Significantly, all members are called to family loyalty as their tautua, not as independent or self-centred beings, but in close community. The performance of their reciprocal practices is carried out both to support and to communicate connection, understanding that the cycle of

supportive contribution will be reciprocated in future incidents. For many, their extended social structure, with its adhering patterns of support, provides the stabilising force in the face of fa'alavelave (emergencies) or other life challenges.

*Ola fa'alemafaufau* or psychological wellbeing is the third pillar which focuses on the thinking and decision-making processes. The area of psychological wellness is vital in understanding one's ability to cope and to process situations with which one is confronted from time to time. From personal observation within counselling therapy, the psychological wellbeing of many Samoan people is often ignored or neglected altogether, which is the primary reason for its position in the rear. The importance of Samoan people's psychological wellbeing needs to be highlighted as crucial to their overall wellness, if Samoan people overall are to attain restorative health.

*Ola fa'alelagona* or emotional wellbeing is the fourth pillar. Emotional health is another neglected but central part of the Samoan person, hence depicted like that of the psychological wellbeing with its backward positioning. The āiga plays a foundational part in how emotions are cultivated, articulated, and endorsed. When there is a breakdown in communication that usually fosters strong emotional attachments, the likelihood of healthy emotional development and security can be disrupted or weakened. It is well documented that a significant factor contributing to greater stress in Samoan communities is the struggle for economic survival whilst balancing traditional responsibilities such as fa'alavelave obligations (see Maiava, 2001; Tamasese, Waldegrave & Bush, 2005; Tui Atua, 2009). As a result, family obligations are an enormous "burden", and many find such obligatory duties hard to bear (Maiava, 2001, p. 132).

*Tausi tua'oi* or external boundaries as represented by the 'fence' provides a secondary boundary for the āiga with their local community, health professionals, helping agencies, researchers and the likes. This secondary boundary allows for a respectful negotiation of desired outcomes, specific timeframes, meaalofo (gifts, reimbursements, resources, food, etc.), accountability and responsibilities involved in an engagement. The tua'oi is an extension of the internal boundaries that needs ongoing care. The capacity to stay alert is instrumental in ensuring that harmony is achieved within such important social and relational spaces (Seiuli, 1997 & 2013).

*Meaalofo* or gifting processes is the first of the three 'steps of engagement' prior to entering into the sanctity of the faletalimālō, a reminder of the crucial role of supporting healing and restorative practices that is culturally aligned. Meaalofo emphasises the spirit of generosity: with knowledge, with time, with resources and with relevant support. The important aspects of

meaalofa serve as a cornerstone of the Samoan self (Turner-Tupou, 2007) that affirm and strengthen important relational bonds between the family, the church, and the wider community (Seiuli, 2010).

*Loto fa'atasia* or collaborative approach is represented by the second step. Loto fa'atasia strongly advocates and invites into therapeutic engagement with Samoan communities the practices of intentional co-collaboration (see White & Epston, 1990) or the 'we' approach. Loto fa'atasia can be literally translated as "to be of one heart or one soul" (Seiuli, 2013, p. 46) with those being engaged in the process. The collaborative approach is relational and community-based, not isolated or individuated thereby recognises Samoan expertise and wisdom in their lives and restorative journeys (Seiuli, 2004 & 2010).

*Mana ma mamalu* or maintaining honour and dignity is represented by the third step. This final step endorses the critical role of honouring people throughout the process of engagement. Honour in this context recognises individuals and families as tufuga (experts) of their lived experiences and journeys, similar to the collaborative approach initiated by the second step of the faletalimālō. One must enter into the sanctity of people's lives in the spirit of humility that validate expressed life narratives of individuals like Fa'asala beyond merely psychological assessments to define his criminal behaviour as is common in some psychological practices.

The intention of the UTA approach in this context is to facilitate the restoring of inmates like Fa'asala back into his family and wider Samoan community. The process seeks to encourage them into being an active participant of their community's healing, not only in the maintenance of his safety plan, but to encourage his activity in keeping his community safe. That is, these are his people, and hurting them in turn only hurts his family and himself.

### Engaging UTA in Therapeutic Engagement

Fa'asala engaged in six hourly sessions over the period of two months. These were one-to-one apart from the initial session where two department staff attended as discussed earlier. Fa'asala reported his delight when he was informed that a Samoan psychologist was available to engage with him in therapy. Given his ineligibility to receive any of the Department-led psychosocial services, he was enthusiastic to get support towards addressing his offending history. Fa'asala consented for the author to use his narratives and the content of his rehabilitative engagement for writing and presentation purposes such as in this article. He expressed gratitude in being asked to include his narratives and steps to safety to support greater understanding and provide valuable knowledge on working with Samoan sexual offenders.

Using UTA as a guide for therapeutic engagement, Fa'asala was asked questions that explored the role of spirituality in his life beyond starting and finishing each session with a prayer. Spirituality opened space to engage in conversations on Fa'asala's church background, the role this had while living in New Zealand, and how this has been maintained while in prison. Another Samoan word for church is *malumalu* which can mean covering or protection, hence, the crucial role that spirituality has in providing protection or coverage for many Samoans like Fa'asala. Spiritual also enabled conversations about Fa'asala's ancestral connection to Samoa to occur. Significantly, the ability of the author to speak and comprehend fa'asamoa (Samoan-focused protocols, language, etc.) created the space to freely engage Samoan cultural concepts that served both a familiar and important core of Fa'asala's identity and sense of belonging (Seiuli, 2015). In fact, Fa'asala commented that "...this is why I wanted a Samoan person to work with me [because] they can understand the important role that church and Samoan culture has in my life".

It must be noted that much of the UTA concepts are interconnected and sometimes overlap. For example, spirituality and fa'asamoa cultural ideologies exists side-by-side and may be difficult to sometimes distinguish their specific domains in practice. That is, many components of fa'asamoa functions in tandem with church life to serve the community (Anae, 1997; Seiuli, 2013 & 2015). In this regard, the role of ancestral connection is as much spiritual as it is cultural because both served an integral role in Fa'asala's identity as a Samoan man. Spiritual and cultural reconnection transpired naturally in the discussions because many of these retained an important place such as Fa'asala's desire to serve and honour his parents, the wider family, his village and church. The inclusiveness of such cultural and religious foundations reminded Fa'asala of his Samoan heritage that also provided the platform to examine and question his sexual abuse behaviour; one that stood contrary to his religious beliefs and tautua (service) to those he loved like his children and family. This way of working with inmates who sexually offend highlights the value of UTA as a culturally centred therapeutic approach to engage Samoan sexual offenders like Fa'asala. Of significance is UTA's role to also engage discussions about a safety plan that might integrate and align with the goals set out by the Parole Board as stated earlier. Detail of Fa'asala's safety plan is presented in the next section.

## Family and Community Support

A key part of Fa'asala's recovery lies in the support of his āiga. Samoan family networks remain vital in the current environment; though family structures might vary from one family to the next nowadays (Samu & Suaalii-Sauni, 2009). As the UTA shows (*Figure 1*), the family represent the foundation of the faletalimālō. It is within the sanctity of the family unit that its members function in their respective roles and responsibilities. It is the foundational place of nurturing, maturing and passing on of vital intergenerational knowledge from one generation to the next. Fa'asala reported that his family network remained strong despite his crime. They were still supportive of him and wanted him back upon his release. This type of family support motivates Fa'asala to restore his family's tarnished reputation and trust due to the nature of his crime. That is, sexual violation, particularly those acted out against children is a condemned and shameful act within Samoan society. It therefore came as a complete shock when Fa'asala was convicted of child sexual offence. His family questioned the reasons that led Fa'asala to commit such a shameful act. In particular, his parents questioned why such a crime suddenly emerged, when nothing of this nature had ever occurred when the family were living in Samoa.

Fa'asala not only acknowledged the shame he had brought upon his own family, but expressed deep remorse for causing pain and trauma upon his innocent victims. However, he was discouraged by his legal representative from attempting to make any contact with the victims of his crimes. Further to this, his own children would carry the stench of their father's disgrace because of their association. This emotional and psychological turmoil led Fa'asala to contemplate suicide soon after being caught, particularly when the news of his crimes reached his family and wider Samoan community. In some instances, the family of the offender are fined heavily by the village elders for bringing disrepute and tarnishing the village's reputation for such criminal offences. There was no mention of such a fine being imposed onto his family by the village, however, Fa'asala stated that his parents and children would be carrying the burden of his appalling actions wherever they were located. Such news is often circulated by Samoan-focused media sources with the name of the offender and their village associations if known.

Despite this social stigma and shame, Fa'asala spoke about his family staying committed to supporting him towards rehabilitation and restoration. That is, they voiced their disapproval of his actions; nevertheless, they had imputed upon him their forgiveness and love. They want to see him return to the family with the knowledge that he is accepted and they will ensure that he remains on task with his safety plan upon release. They also wanted to help restore the va tapuia or the sacred space

that had been dishonoured due to his crime. Meaning, the family were prepared to restore safe relationships that validate feagaiga covenants such as those maintained between parents and children, between brothers and sisters, and between the family and the community. They were committed to becoming active agents in Fa'asala's rehabilitative plan, and ultimately, his reinstitution as a valuable member of their āiga.

Such an act of restoration is imperative to the total wellbeing of any person, especially one who has been incarcerated for a sexual offence. In this regard, the discussion in accordance with the UTA's pillars of wellbeing (i.e., physical, social, emotional and psychological dimensions) ensured that Fa'asala was able to consider the roles of these key components to his welfare and after his release. It is worthy to note here that Fa'asala had made some decisions that would support his goal not to reoffend. He spoke about the role that alcohol had had on his offending history whilst pointing out that all of his criminal activities took place after being intoxicated. Fa'asala was recognising his destructive behavioural pattern when alcohol and smoking marijuana was involved. He concluded that getting rid of these vices from his life altogether would enhance his chances of not reoffending.

## Addressing Distorted Cognition

Fa'asala's willingness to examine and critically reflect on his own wellbeing became a focus of the latter parts of our therapeutic process. Our conversations enabled permissible space to explore and critically examine areas of 'cognitive distortions' (Polaschek & Gannon, 2004) that he had minimised concerning his sexual offending. Along this track, questions were asked that allowed Fa'asala to consider typical offending cycles such as those generally used in rehabilitative programmes with prison inmates. That is, Fa'asala's recognition and admission to alcohol use as indicative of his offending pattern needed to be discussed. In particular, it was important for Fa'asala to consider that these incidents were not as 'accidental and unrelated' as he might like to believe. Although they might appear as unrelated decisions, they were inherently an ingrained part of his distorted thinking process often referred to as "stinking thinking" (Porporino, 2000, p. 129). Such distorted thinking patterns were not only linked to his grooming of, or scouting for potential victims, these were also intuitively connected to his involvement in high risk behaviours such as smoking marijuana and getting drunk, which then led to carrying out his plan of fulfilling his sexualised fantasy.

An important realisation to facing up to the nature of distorted thinking patterns came through one of these discussions. In the course of one conversation, the author pointed out to Fa'asala that all of his offending was

within a relatively close distance from his home. Although he had no known association with four victims of his offending, they were within the confines of his daily travels and noticing. That is, their close proximity meant that he could ‘accidentally’ observe those belonging to a certain home and whether anyone might pose a risk of a physical assault if he were confronted. Upon this realisation, it was pointed out to Fa’asala that most of the homes he invaded were occupied by single-mums with kids, and mainly young or teenaged girls. Additionally, there were no incidents in which he accidentally entered a home with only men, a couple on their own, or even an empty home. With this new understanding, Fa’asala acknowledged the importance of his safety plan to include regular attention on his thinking patterns. Even more important was the role that others in his family and community need to have in knowing about his sexual offending patterns, and are therefore able to help monitor his efforts to not repeat his sexual offending. Fa’asala put forward the concept of *ia pulea muamua e ‘au lo’u mafaufau*, as playing a key part in his safety plan. Fa’asala accepted that he must take complete responsibility to ‘take charge of his thinking patterns’ first and foremost. From here, all other areas in his life can be controlled and applied in accordance with his safe plan: to protect himself and others.

### Reintegration

It is important to mention that throughout the therapeutic work, our conversations remained respectful and courteous, reminding Fa’asala that he was a person of significant worth despite his sexual abuse behaviour. As the UTA approach recommends, those professionals who seek to engage within ‘clients’ in their cultural space need to do so in the spirit of humility and compassion. This way of working is especially vital when one engages with incarcerated people who are already feeling condemned by society and sometimes, their own families. Due to Fa’asala’s crime, this can easily be his experience of penitentiary services especially given his limited English vocab. Therapeutic intension that encompasses the humanity of those being engaged in the process has the ability to promote *le va tapuia* or sacred space where relationships can be healed and restored. Fa’asala was desperate to restore the relational space with his family and community, and a key factor in the restorative process was the manner in which he was being treated in the therapeutic engagement. Fa’asala was not just a sex offender who deserved his punishment; he was still a man who needed to be restored back into relationship with those that mattered like his *āiga*. Yet, despite this recourse for possible integration back into society, there still lies the challenge of those who sexually offend against family or village members.

Within Samoan culture, a traditional form of restorative exchange known as *ifoga* (self-humility) is the most appropriate and culturally acceptable process for atonement if such an offence occurred within the village. In such an occasion, the offender, together with their kin support group, would seek forgiveness from the victim and their family by “bowing low as a token of submission” while covered with *ie-toga* (fine-mats) in front of the victim’s place of residence (Macpherson & Macpherson, 2005, p. 109). This type of public apology is generally performed if the offence is one of a serious nature; sexual abuse falls into such category where an *ifoga* might be enacted by the offender and his family. If the *ifoga* is accepted by the victims’ family, then an appointed family leader, usually a *matai* (family chief), will proceed to uncover the *ifoga* party by removing or lifting the fine-mats, thereby exposing those who are bowing under its covering. Following the acceptance of the *ifoga*, both parties exchange speeches and gifts (fine-mats, food and money) as a sign of reconciliation and forgiveness. The exchange indicates a closure of the matter, where any plans for vengeance or retribution by the victim’s family will cease. Nevertheless, an *ifoga* does not replace or relinquish any legal precedence set up by a judicial system such as a police investigation or later persecution of the victim. In essence, the practice of *ifoga* represents a “ceremonial request for forgiveness made by the offender and his kinsman to those injured” (Macpherson & Macpherson, 2005, p. 110), and also as a preventative process whereby family honour can be restored. Given that Fa’asala was sentenced immediately after he was arrested, and that the victims of his abuse were located in New Zealand and not in Samoa, an *ifoga* did not take place.

### Safety Plan

It was imperative that Fa’asala became an active agent in considering and initiating key steps for his safety plan. His living plan was not to be initiated by me as the clinician, nor the staff of the correction facility in which he was being incarcerated. It needed to be a living document that Fa’asala himself considered crucial in keeping himself and others safe. He needed to own his safety plan, and I was more than willing to allow him the space to critically explore both its constitution and implementation through ‘what if’ scenario-type situations. The limited allocation of therapy sessions meant engaging with Fa’asala in a way that provided the best use of the time we had together. He was not eligible for any home leaves, and was subject to immediate deportation upon parole or release. It must be stated that this way of working with sexual offenders does not in any way guarantee the absence of recidivism because each person must still choose their actions when confronted with trigger situations similar to those that

resulted in previous offences. But it does provide them with alternative solutions that may not have been part of their coping schemas previously.

Fa'asala's safety plan needed to reflect the direction provided by the Parole Board in their report. In consideration of their wishes, Fa'asala acknowledged that an important part of his safety plan is directly related to the ongoing role spirituality needs to have in his life after prison. That is, re-offending is much easier when God and his church community remained insignificant in his life. Returning to the role of UTA in therapeutic engagement with Samoan sexual offenders, Fa'asala's desire to reinstate the covering of his spiritual faith remains crucial in combating arousal fantasies that led to sexual assaults. As mentioned already, the Parole Board's report outlines that Fa'asala will be deported when he receives parole, or at the completion of his sentence. In this regard, Fa'asala identified the need to reconnect with his church upon returning to Samoa while also enlisting the support of his sister who is a committed Christian, to help reengage him back into the church community.

One area that needed specific attention in the safety plan in accordance with the Parole Board report centred around the concern that Fa'asala's burglaries was motivated by his desire to satisfy his sexual arousal, particularly with young pre-adolescent and teenage girls. Although it was clearly evident that Fa'asala was under the influence of alcohol when he committed his crimes, he needed to address his sense of entitlement, impulse control and poor decision making leading to his criminal activities. In addition to these, alcohol restriction and management needed to feature strongly in his plan. Although Fa'asala had voiced his desire and attempt to abstain from alcohol completely, this could only happen with the support of various agencies who specialise in this area such as Alcohol Anonymous (AA).

UTA was again used to engage Fa'asala in talanoa conversations on the topic, while also helping him to identify where such support services might be enlisted to with his rehabilitative strategies. For example, using another Samoan concept known as *o le fanau, o le ioimata o matua* which safeguards the *va tapuia* (sacred bond) between parent-children relationships, this concept declares that 'children are the inner pupil of a parent's eye'. This cultural practice speaks of the protective role that parents have in safeguarding all children from harm. By engaging this familial and relational Samoan concept, Fa'asala was being challenged concerning what sexual abuse of children means from his role as a Samoan father. Here, Fa'asala understood that all relationships, especially with children or females, fell into the realm of *feagaiga* (sacred) covenants. As a Samoan man, it was both his responsibility and duty to safeguard them. From this

realisation of the inherent role that covenant relationships has in Samoan culture, Fa'asala stated:

I have a sister who I have total respect for and I have two children that I love very much. I know that the victims of my crime were someone's sisters and someone's child. If I ever think about committing such an act again in the future, what I'm really saying to my parents and my children is that I don't really respect them all. I can't do that to them again.

Here, Fa'asala situated himself in the context of his cultural landscape (see *Figure 1.*) where his family reminds him about the foundation of his identity; his place of belonging as a Samoan man. Because of the *feagaiga* he has with his *āiga*, re-establishing his relational boundaries serves a vital part of his safety and living plan.

Engaging the UTA approach helped Fa'asala to explore strategies for not reoffending while also allowing him to see the opportunity to reconnect with his community as protectors of those sacred relationships he once trampled and violated. This way of working is imperative in therapeutic work because it give offenders like Fa'asala the opportunity to regain the honour and trust of his family and his community through established cultural pathways that are both protective and restorative. Rehabilitative safety plans conducted in this manner allows the work with inmates to move beyond merely focusing on punitive measures, and towards a protective cultural responsibility that is resident within those individual.

In Fa'asala's case, the safety plan focused on an important cultural understanding that pointed to an opportunity to redeem the honour of his family, his village and his country; something he desperately wanted to do. An important aspect of this rehabilitative journey is that he was not isolated in this redemptive task; his family will be present to support him to reconnect with his village. Such vital steps to engagement (see *Figure 1.*) allows an inmate like Fa'asala to retain his dignity while still challenging him concerning the nature and consequence of his criminal behaviour. Fa'asala indicated towards the end of the therapeutic engagement that it was for this primary reason that he wanted to work with a Samoan clinician; one who could explore Samoan cultures rehabilitative practices to help offenders like him reconnect with their cultural heritage. What he meant is that the psychological work not only helped him to identify his criminal behaviour, but importantly, it used Samoan cultural concepts that were familiar and vital to him as a Samoan man to find restorative paths. His journey to remain recidivist free is not only marked by a Samoan safety plan, but one that will help him to re-establish trust and honour for and with his *āiga*. This is a



strength-based approach that engages inmates in rehabilitative focused therapy, while treating them as people who were capable of transformative action to benefit themselves and the communities from which they came. Indeed, it is this type rehabilitative engagement that is life affirming, life honouring and healing, thereby calling offenders like Fa'asala to *teu le va* or take care of the relational space not only with his family and community but with those who were victims of his crime. This way of providing psychological services reflects important steps of engagement in the UTA approach where therapeutic allegiance is achieved when working with people, not on people (Seiuli, 2015).

It must be stated that this intervention was very brief for the type of rehabilitative work that the author generally engages in therapeutic interventions with clients, however, the briefness was dictated primarily by the referral and sessions approved by the Department of Corrections. No doubt, the limited sessions and timeframe restricted the work that might have been carried out with Fa'asala if a longer timeframe was made available. That is, family sessions might have been possible, thus allowing members who lived closer to the correction facility where Fa'asala was held to engage as part of the rehabilitative process. These discussions might further examine the overall safety of younger nieces or other family members from Fa'asala or others who might pose the risk of sexual violation. It must also be noted that Fa'asala was still incarcerated at the time the counselling intervention was completed with the author. Furthermore, there was no recent contact with his sister in Samoa, to whom he is to be released upon deportation. These aspects of the rehabilitative and reintegration process would have been helpful to explore and discuss in more detail if further counselling sessions were made available. Such concerns were made known to the Department via a final report provided by the author to them.

### Concluding Thoughts

Much of the information relating to sexual abuse behaviours, such as those discussed in this paper, are perpetuated by men against women, young girls and children. While sexual offending, particularly those violations that are done against children are abhorrent and condemned globally, there has been very little attention on the impact this type of abuse have had on Pacific communities in New Zealand, the Pacific or in other places (Rankine et al., 2015; Tamatea et al., 2011). While the notion of sexual offending of any kind is received with widespread condemnation among Samoan communities everywhere, it does not negate the common occurrence of such incidents within the confines of homes, villages and greater community. *Moetolo* or sleep crawling was only discussed in brief as far back as

the mid of last century (see Shore, 1975; Tuvala, 1968). Surprisingly, such a serious topic as sexual abuse had not received much detailed discussion as an issue of greater concern than it could have.

This case presentation discussed Fa'asala's conviction for sexually offending against five young female victims around their early teens. All of these crimes were carried out while Fa'asala was heavily intoxicated and in the early hours while the victims and their families were still asleep – hence the term 'sleep-crawler'. While his crimes are sometimes referred to as 'hands off' therefore not involving any physical intercourse or sexual touching, nevertheless, Fa'asala's actions underlie sexualised fantasies and sinister undertones that caused fear and trauma for all of his victims and their families. The therapeutic work completed with Fa'asala over six hourly sessions scheduled over a two-month period aimed to examine his thought and behavioural patterns directly related to his offences. These conversations were to help shape a safety plan that would assist him towards culturally responsive strategies that would support his goal to not reoffend.

A key point to highlight by this case is the way which the therapeutic engagement and safety plan focused on engaging Samoan cultural concepts that were familiar to both Fa'asala and the author, as the most appropriate approach to working with Samoan offenders like Fa'asala. As Tamatea and colleagues pointed out, rehabilitative treatment for offenders, whether administered individually or in a group setting, needs to be conducive and compatible with the abilities and learning styles of the offender (Tamatea et al., 2011). Hence, the value of an appropriate 'cultural' setting, both ethnic and social, enables working effectively with sexual offenders. As this article has demonstrated, the UTA approach provided a culturally informed way of engaging offenders in Samoan specific concepts that respected and honoured them as people. In Fa'asala's case, he was treated as a person of immense value, while simultaneously challenging him to accept complete responsibility for his offending history and to take steps to ensure his own safety and that of others is protected. Importantly, his family and community remained supportive of his restoration and reintegration back into their community. In this way, as a protector of the *va tapuia*, Fa'asala was provided with the opportunity to own his safe living plan and to restore his family's trust and reputation in the same process. Although the sexual assault caused a lot of pain and shame, Fa'asala found a familiar pathway where his Christian faith, his Samoan culture and his *āiga* provide a supportive environment where he recognised that restoration and healing is not only possible, but is connected to the core of his identity as a Samoan man.

## References

- Anae, M. (1997). Towards a NZ-born Samoan identity: Some reflections on "labels". *Pacific Health Dialog*, 4(2), 128-137. Retrieved from [www.pacifichealthdialog.org.fj](http://www.pacifichealthdialog.org.fj)
- Davis, R., Parks, L. F., & Cohen, L. (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. Washington D.C.: National Sexual Violence Research Center.
- Hudson, S., Wales, D., & Ward, T. (1998). Kia Marama: A treatment program for child molesters in New Zealand. In Marshall, W., & Fernandez, Y. (eds.) *Sourcebook of Treatment Programs for Sexual Offenders* (17-28). New York, NY: Plenum.
- Isaia, M. (1999). *Coming of age in American anthropology: Margaret Mead and paradise*. Boca Raton, FL: Universal.
- Larsen, J., Robertson, P., Hillman, D., & Hudson, S. (1998). Te Piriti: A bicultural model for treating child molesters in Aotearoa/New Zealand. In Marshall, W., & Fernandez, Y. (eds.) *Sourcebook of Treatment Programs for Sexual Offenders* (pp. 385-398). New York, NY: Plenum.
- Macpherson, C. & Macpherson, L., (2005). The ifoga: The exchange value of social honour in contemporary Samoa. *Journal of the Polynesian Society* 114(2), 109-133.
- Mageo, J. M. (1998). *Theorizing self in Samoa: Emotions, genders, and sexualities*. Michigan, MI: University of Michigan Press.
- Maiava, S. (2001). *A clash of paradigms: Intervention, response and development in the South Pacific*. Aldershot, UK: Ashgate.
- Morice, M. (2006). *Te Whare Tapa Wha: A Presentation at the MindBody Conference*. Paper presented at the MindBody Conference, Waiheke Island, Auckland, New Zealand. Retrieved from [www.mindbody.org.nz/TeWhareTapaWhaPresentation](http://www.mindbody.org.nz/TeWhareTapaWhaPresentation).
- Percival, T., Robati-Mani, R., Powell, E., Kingi, P., Peteru, M., Hope, L., Finau, E., Selu, E., & Rankine, J. (2010). *Pacific pathways to the prevention of sexual violence: Overview report*. Retrieved from: <http://www.mpia.govt.nz/pacific-pathways-to-prevention-of-sexual-violence/>
- Pereira, F. T. (2011, 10-12 June). *Tausi Le Vā*. Paper presented at the When Culture and Care Connects Conference, Auckland, New Zealand.
- Polaschek, D., & Gannon, T., (2004). The implicit theories of rapists: What convicted offenders tell us. *Sexual Abuse*, 16(4), 299-314.
- Porporino, F. J. (2000). Intervention in corrections: Is "cognitive" programming an answer or just a passing fashion? In Council of Europe (Ed.), *Drug-misusing Offenders in Prison and After Release. Proceedings, Seminar Organised by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group)* (pp. 127-142). Strasbourg, France: Council of Europe. Retrieved from: [https://books.google.ie/books?id=2otFbyJPtfQC&pg=PA1&source=gbs\\_selected\\_pages&cad=2#v=onepage&q&f=false](https://books.google.ie/books?id=2otFbyJPtfQC&pg=PA1&source=gbs_selected_pages&cad=2#v=onepage&q&f=false)
- Rankine, J., Percival, T., Robati-Mani, R., Powell, E., Kingi, P., Peteru, M., Hope, L., Finau, E., & Selu, E. (2015). Pacific peoples, violence and the power and control wheel. *Journal of Interpersonal Violence* 27(1). DOI: 10.1177/0886260515596148
- Shore, B. (1975). Incest prohibitions and the logic of power in Samoa. *Journal of the Polynesian Society*, 85(2), 275-296.
- Samu, K., & Suaalii-Sauni, T. (2009). Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pacific Health Dialog*, 15(1), 120-130.
- Seiuli, B. (2004). *Meaalofa: A gift handed over. Making visible and accessible Samoan counselling in New Zealand* (Unpublished master's thesis). University of Waikato, Hamilton, New Zealand.
- Seiuli, B. (2010). Meaalofa: Making visible Samoan counselling in New Zealand. *New Zealand Journal of Counselling*, 30(1), 47-63.
- Seiuli, B. (2012). Uputāua: A therapeutic Approach to Researching Samoan Communities: Ignored no longer: Emerging Indigenous Researchers on Indigenous Psychologies. *Australian Community Psychologist*, 24(1), 24-37.
- Seiuli, B. (2013). Counselling Psychology from a Samoan Perspective. *New Zealand Journal of Psychology*, 42(2), 42-50.
- Seiuli, B. (2015). *Ua tafea le tau'ofe: Samoan cultural rituals through death and bereavement experiences* (Unpublished doctoral thesis). University of Waikato, Hamilton, New Zealand.
- Suaalii-Sauni, T., Tuagalu, I., Kirifi-Alai, T. N., & Fuamatu, N. (Eds.). (2008). *Su'esu'e Magoni - In search of fragrance: Tui Atua Tupua Tamasese Ta'isi and the Samoan Indigenous Reference*. Apia, Samoa: Centre for Samoan Studies, National University of Samoa.
- Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). O le Taeao Afua, the new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian & New Zealand Journal of Psychiatry*, 39, 300-309. DOI: 10.1080/j.1440-1614.2005.01572.x
- Tamatea, A., Webb, M., & Boer, D. (2011). The role of culture in sexual offender rehabilitation: A New Zealand perspective. In Boer, D., Eher, R., Craig, L., Miner, M., & Pfäfflin, F. (Eds.), *International perspectives on the assessment and treatment of sexual offenders: Theory, practice, and research* (pp.

- 313-330). West Sussex, UK: Wiley-Blackwell Publication.
- Tauleale'ausumai, F. (1997). Pastoral care: A Samoan perspective. In P. Culbertson (Ed.), *Counselling issues & South Pacific communities* (pp. 215-237). Auckland, NZ: Accent.
- Tui Atua, T. T. T. E. (2009, 03 November). *O le e lave i tiga, ole ivi, le toto, ma le aano: He who rallies in my hour of need is my kin*. Paper presented at the New Zealand Families Commission Pasifika Families' Fono, Auckland, New Zealand.
- Turner-Tupou, F. (2007). Using meaalofo in a holistic model for Pasifika clients: A case study. In P. Culbertson, M. N. Agee, & C. 'O. Makasiale (Eds.), *Penina Uliuli: Contemporary challenges in mental health for Pacific peoples*, 109-121. Honolulu, HI: University of Hawai'i Press.
- Tuvale, T. (1968). *An account of Samoan History up to 1918*. Public Library of New South Wales. Retrieved from <http://nzetc.victoria.ac.nz/tm/scholarly/tei-TuvAcco-t1-front-d1-d1.html>
- Va'a, L. F. (2001). *Saili Matagi: Samoan migrants in Australia*. Suva, Fiji: Institute of Pacific Studies and the National University of Samoa.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.

## Māori Cultural Definitions of Sexual Violence

**Leonie Pihama**  
Te Mata Punenga O Te Kotahi

**Rihi Te Nana**  
Kakariki Ltd

**Ngaropi Cameron**  
Tū Tama Wahine o Taranaki

**Cherryl Smith**  
Te Atawhai o Te Ao

**John Reid**  
Ngai Tahu Research Centre

**Kim Southey**  
Te Mata Punenga O Te Kotahi

Exploring definitions of sexual violence in Aotearoa highlights that on the whole such definitions are located within dominant Pākehā frameworks that do not provide adequately for understanding the context of sexual violence for Māori. As such Māori working in the area of healing the trauma of sexual violence have been developing frameworks which are enabling of culturally defined understandings and traditional knowledge as a basis by which to understand sexual violence in Aotearoa. Informed by te reo and tikanga Māori (Māori language and culture) Māori healers, social workers and health providers have moved beyond western definitions and have highlighted the link between acts of sexual violence and the violence of colonial invasion. This article explores Māori perspectives of the origins and impacts of sexual violence for Māori and advocates for Kaupapa Māori and decolonising approaches to be more fully supported and engaged in dealing with these issues within our communities.

### Māori Cultural Definitions of Sexual Violence

In Aotearoa (New Zealand), data and existing research indicates that Māori experiences of both family violence and sexual violence are disproportionate to our population (Lievore, Mayhew, & Mossman, 2007). What is clear is that this situation is one that has come to be a part of Māori reality through the impact of colonisation and historical trauma events (Pihama, et al. 2014). Evidence highlights that family violence and sexual violence were rare within Māori society prior to colonisation (Balzer, Haimona, Henare, & Matchitt, 1997). The report *The Scale and Nature of Family Violence in New Zealand* (Lievore et al., 2007) notes, “there is fair consensus that Māori are substantially over-represented as both victims and perpetrators of violence in families/whānau” (p. 55). Lievore et al. (2007) highlight that Māori women reported nearly double the rate of intimate partner violence than non-Māori.

Māori social service providers have indicated that for some time there has been an issue regarding the collection of accurate family and sexual violence data in Aotearoa. This is affirmed in the summary data sheets provided by the New Zealand Family Violence Clearing House (NZFVC, 2014). What is clear is that a range of databases need to be drawn upon in order to get any indication of the prevalence of sexual violence and its impact upon Māori however in doing so the NZFVC caution against comparatives across databases given the differing methods utilised in the gathering of such data. Some of data in the summaries has been drawn from administrative and service data (i.e. police, courts). These data are dependent on reporting and recording practices and cannot be used as indicators of the

incidence of sexual violence in the population. In addition, they cannot be used to comment on trends in the occurrence of sexual violence over time. Sexual violence is often not reported to authorities and so can be very hard to measure from administrative data. The New Zealand Crime and Safety Survey (2009) shows that only 9% of sexual offences against men and women were reported to the Police (NZFVC, 2014).

One study that enabled some clearer quantitative indication of the prevalence of physical and/or sexual intimate partner violence by ethnicity is the New Zealand Violence Against Women Survey (Fanslow & Robinson, 2004), which replicated the Multi-Country Study on Violence Against Women (World Health Organization, 2005). This survey highlighted in regards to lifetime prevalence that 53.5% of Māori surveyed experienced some form of physical abuse and 29.1% sexual abuse compared to 31.5% physical abuse and 14.9 % sexual abuse reported by Pacific peoples; 10.5% physical abuse and 3.8% sexual abuse reported by Asian peoples and 30.3% physical abuse and 16% sexual abuse reported by Pākehā. Prevalence rates measured over a 12-month period show that 12.5% of Māori surveyed experienced some form of physical abuse and 5.7% sexual abuse compared to 8.4% physical abuse and 4.2% sexual abuse reported by Pacific peoples; 2.9% physical abuse and 0.5% sexual abuse reported by Asian peoples and 3.7% physical abuse and 1.1 % sexual abuse reported by Pākehā.

The magnitude of the impact of whānau violence upon Māori is highlighted by the Second Māori Taskforce on Whānau Violence (Kruger et al., 2004). Whānau violence is understood by this taskforce to be an epidemic because of the magnitude and serious nature of

it for whānau, hapū and iwi and the way in which it is collectively spread and maintained. Whānau violence is intergenerational and directly impacts on whakapapa. It has taken several generations of learned behaviour and practice to entrench whānau violence as the most devastating and debilitating of social practices. It will take time for whānau violence to be unlearned (Kruger et al., 2004). It is argued by Kruger et al. (2004) that such high prevalence of sexual violence within Māori communities can be located in the act, and impact of colonisation. More recently Māori communities and researchers have been working collaboratively in exploring historical and intergenerational trauma impacts upon Māori wellbeing, including that of the impact of sexual violence (Pihama et al., 2014). This article explores Māori perspectives of the origins and impacts of sexual violence for Māori and advocates for Kaupapa Māori and decolonising approaches to be more fully supported and engaged in dealing with these issues within our communities. One way of doing this is through utilising Mātauranga Māori, traditional knowledge forms, as a means by which to locate culturally defined frameworks as a basis by which to understand sexual violence in Aotearoa.

### Definitions of Sexual Violence in Aotearoa

When exploring definitions of sexual violence in Aotearoa it is evident that on the whole such definitions are located within dominant Pākehā frameworks that do not provide adequately for understanding the context of sexual violence for Māori. A general search was undertaken in order to gauge the broad field of definitions of sexual violence in relation to Māori. While there are a range of definitions in the area of family violence (Ministry of Social Development, 1991; 2002), domestic violence (Domestic Violence Act, 1995) and whānau violence (Kruger et al., 2004), there is no clear definition of what constitutes sexual violence for Māori. In terms of broader definitions of sexual violence, Fanslow (2005) discusses the definitions of child abuse and sexual violence in regards to the Children, Young Persons and Their Families Act as follows:

The Children, Young Persons and Their Families (CYPF) Amendment (No. 121) Act 1994 defines child abuse as “the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect, or deprivation of any child or young person... Sexual abuse includes activities by a parent or caretaker such as fondling a child’s genitals, penetration, incest, rape, sodomy, indecent exposure and exploitation through prostitution or the production of pornographic materials.” (2005, p. 14)

The Ministry of Health (2002) provide the following definition of sexual abuse:

any forced or coerced sexual behaviour imposed on an individual, including sexual acts imposed on a person unable to give consent, and sexual activity a child or adult with mental incapacity is unable to understand. (2002, p. 85)

In a review for Te Puni Kōkiri (Ministry of Māori Affairs) and the Ministry of Pacific Island Affairs, Robertson and Oulton (2008) noted the following definition:

In this review, we take as our starting point the World Health Organisation’s definition of sexual violence, namely, any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (2008, p.1)

Furthermore, they note that the WHO definition is wider than the Crimes Act 1961 in that it recognises that sexual violence can take many forms. They also note that the definition refers to ‘coercion’ where unwanted sex takes place due to the coercion of one party over the other.

A broader definition is provided by the New Zealand Women’s Refuge (n.d.) which includes a range of ways in which sexual violence is perpetrated:

Sexual violence, sexual assaults and abuse include:

- When an adult says sexual things, touches in a sexual way, or has any sexual contact with a child under 16
- Rape
- Forcing you to have sex
- Making you feel guilty if you say no to sex
- When you give in to sex to put them in a better mood or to avoid a hiding
- When you have sex so they will stop pestering you
- Making you do sexual things that hurt, make you feel ashamed, or bad
- Sexual harassment
- Unwanted sexual touching
- Forcing you to watch pornography
- When they keep having affairs and you don't like it
- Not using contraception when you ask them to
- Forcing you to get pregnant
- Not being allowed to take the pill
- Forcing you to have an abortion, or not letting you have one

Each of these definitions are grounded fundamentally in a view that sexual violence is a forced act of physical

or coerced sexual acts and fail to provide any understanding of the cultural, spiritual and collective impact. The limitations of such definitions are such that whilst there is a growing body of literature in the area of sexual violence in this country very few of the authors choose to engage directly with Māori. For example, in *An Annotated Bibliography of New Zealand Literature on Sexual Abuse* there are only two references to Māori (Mortimer, 2005). In another report for the Accident Compensation Commission (ACC) there was also virtually no Māori representation. In fact, participants were not even asked to identify their ethnicity (ACC, 2008). Also, there was no apparent Māori engagement in the report about ACC funding in the area of sexual abuse counselling (ACC, 2008). This is not only an issue in ACC reports in the area. In a major review of family violence in Aotearoa undertaken by the Families Commission the author referred readers to two reports written by Māori in order to gain a view as to the issues (Fanslow, 2005). The marginalisation of Māori views and understandings of sexual violence has significant implications for how professionals work alongside Māori individuals and whānau in the healing process.

#### Defining Sexual Violence in Relation to Māori

The more general definitions noted previously point to a need to provide definitions that include Māori views of violence that recognise political, cultural and spiritual understandings and explanations. This has been done in the area of defining whānau violence by the Māori Taskforce (Kruger et al., 2004) who highlighted that a clear limitation in existing definitions was the lack of recognition of violence perpetrated upon Whānau Māori through the actions of successive colonial governments. In doing so the Taskforce note that the framework for healing provided in the report is premised upon the notion that colonisation has distorted Māori notions of whakapapa, tikanga, wairua, tapu, mauri and mana, and in doing so any view of whānau Māori must locate colonisation as central to the ongoing “normalisation of whānau violence” (Fanslow, 2005, p.3). The work of the Taskforce aligns to a strong school of thought that argues the need to draw from Te Ao Māori as a source of healing for contemporary issues. Grennell (2006) also advocates the need for Māori to draw upon traditional knowledge and wisdom of our ancestors as a means by which to both understand the cultural impact of violence and through which to enable community and collective healing.

Denise Wilson (n.d.) indicates that sexual violence is a “violation of te whare tangata (that is the house of the people)” (p. 5), which has not only physical and psychological impacts but also causes cultural and spiritual distress. Such abuse is considered, in Māori terms, to be a violation of not only the woman herself but also of past and future generations. This aligns with the

concepts discussed by Norman (1992) who highlighted the sanctity of ‘te whare tangata’ and the prioritising of the protection of the life force and spiritual essence the womb of Māori women.

Pitman (1996) provides a Māori view of rape that provides one of the few clearly Kaupapa Māori definitions:

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, lain, address, actioned and put in its place. People still remember today, in tikanga, the transgressions of Sexual Violence dating back 1,200 years. (1996, p. 45)

She further notes that sexual violence is also imposed more broadly upon Māori as a whole and identifies that there are other forms of rape that occur through the systematic act of colonisation.

Sykes (1996) indicates to us that Sexual Violence is not only about being a crime against the individual person but is an attack on the persons entire being and mana. For Māori women this includes an attack on Māori Wahine as passed down to us from Hine Ahuone. Furthermore, Sykes (1996) makes the following point in regards to Hineahuone and the relationship of her legacy to the position of Māori women:

She is depicted in our stories of creation with all the obligations of nurturing the health of human kind: Te Whare Tangata; of having the primary responsibility for ensuring the survival of her whakatipuranga, her uri, her descendants, of possessing both power over life and over death as well as being vulnerable to abuse by evil forces and being powerless to protect her eldest daughter from the most evil of those forces, sexual violence, sexual abuse. From her comes the ethos that women are to be protected at all costs. (p. 64)

These views expand the definition of sexual violence for Māori to take into account wider whakapapa relationship. 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. This is not a new argument. Since the inception of the Te Kāhano o Te Whānau Māori Women’s Network in the 1980s there has been a call for greater awareness for understanding the impact of colonisation and colonisation as a historically traumatic event that has collective and intergenerational impacts (Balzer, et al., 1997; Mikaere, 1994; Pihama, et al., 2014).

Māori have strongly advocated that any discussion of sexual violence must include all forms of sexual violence which has been perpetrated upon our whakapapa. All forms of violence upon whānau members impacts upon entire whakapapa lines. All forms of violence and rape of ancestral lands is violence upon entire whakapapa lines. Balzer et al. (1997) locate Family Violence in this manner when they state,

A person was not believed to exist as an individual, but was linked through their whakapapa to their whānau, hapū, iwi and ecosystem. A slight or attack on one member of a hapū could therefore be considered an attack on the whole hapū and collective retaliation might be considered warranted. On other occasions the whānau or hapū of the offender might be expected to impose sanctions of their own in order to save face with the offended group... overriding all this. Preservation of the people was paramount and the life-giving roles of land and women were therefore revered. It would appear that the ties to whakapapa, the need for, the preservation of the people and the social order of Māori communities would, if not totally obviating violence against women, at least limit its occurrence (1997, p. 21).

Mikaere (1994) states that “instances of abuse against women and children were regarded as whānau concerns and action would inevitably be taken against the perpetrator”. Any form of violence against, and assault on, Māori women was viewed as an extremely serious transgression of tikanga and was treated accordingly with what some would not consider to be extreme responses of death or the perpetrator being ‘declared dead’. Whānau and collective response to and punishment for such behaviours is well-documented both in regards to contemporary examples (Balzer et al., 1997; Mikaere, 2003) and within pūrākau (traditional storytelling) (Pihama & McRoberts, 2009)

### Colonisation and Historical Trauma

It has been well-documented that colonisation has interrupted our knowledge, understandings and practices in regards to the protection of our whānau (Ministry of Justice, 2001). Traditional stories, and proverbs, support the position taken by Māori specialists working in the area of Whānau violence that such behaviour was unacceptable prior to colonisation. Rangimarie Turuki Pere, renowned elder and healer, puts it succinctly:

I te wā i haramai ngā mihingare mai i Ingarangai i ērā whenua. I tīmata mai ēnei tu āhuatanga i a rātou, kāore i hanga mai i a ngai tāua, te tamariki he ariki katoa, te tamariki he rangatira katoa kāore

kē e pā atu i a rātou ringaringa, kāore rātou e tūkino ana i tēnei mea te tamariki. I te wā i tae mai te Pākehā, kātahi ka tāmata ki te whakaaro pai kare kei te raruraru tātou. Ngā tamariki mokopuna me whakatikatika ki a rātou i te kōrero a ngā mihingare me patua e koutou. Kāore e tika kia mahi pērā ngā tamariki mokopuna i tīmata mai i te wā i tae mai a tauwiwi i tae mai ngā Pākehā ki tēnei whenua. Ka mutu! (Māori and Indigenous Analysis Ltd, 2007).

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. That's it! (Translation).

Colonial belief systems have impacted in major ways on Māori society (Jackson, 1998; Mikaere, 2003; Pihama, 2001; Smith, 1999; Walker, 1990; Walker, 1996). The imposition of the nuclear family unit has operated to undermine Māori structures and consequently weaken traditional educational systems that were dependent on the whānau concept (Pihama, 2001). As a unit the nuclear family isolates Māori whānau from each other and from the nurturing, knowledge and support provided within those structures. ‘Land Wars’ instigated by the theft of Māori land were devastating to hapū and iwi. Acts of legislation by settler governments saw the confiscation of lands of any iwi who were considered ‘rebels’. Much of what land remained were created into ‘Reserve’ lands and leased to Settler families at minimal cost or individualised through various Acts related to Native Lands. The idea of individual title and ownership of property, let alone women being treated as property, was completely foreign to Māori people (Irwin, 1993; Jenkins, 1992; Pihama, 2001). The intent underpinning these acts of colonial oppression was to create instability within Māori structures and to ensure the embedding of colonial hegemony.

Such imposed colonial centred values, beliefs and worldviews have brought about major changes in the ways that we relate to each other (Pihama & Cameron, 2012). Many of our beliefs in the sanctity of whānau have been undermined and replaced with practices that are both unhealthy and harmful (Pihama, Jenkins, & Middleton, 2003). Living in a nuclear family structure has facilitated that process. The nuclear family as a supposedly ‘normal’ family has both domesticated and privatised our ways of being. Living in houses that accommodate only immediate family has meant that the

support and knowledge that comes with grandparent generations and wider whānau being present in a daily way is rarely experienced by our people. The idea of 'private' or 'domesticated' relationships denies any form of collective responsibility and accountability. It is often asserted that what happens in one's home is 'no one else's business', this provides an environment whereby violence and forms of abuse can be hidden and where it is difficult for others to intervene. The nuclear family has served to undermine the collective relationships of whānau by creating an idea that the 'normal' family is the colonial two parent and children unit that is separated culturally, economically, materially and physically from the wider extended and tribal structures. The 'family' then became defined by colonial gender beliefs where men were deemed the 'head of the household' and 'breadwinner' and women as the 'domestic servant' and sole child-rearer. These ways of seeing what constituted 'family' actively undermined our collective relationships for many of our people. The colonial view of women as chattels, as property of their husbands were embedded in all colonial institutions including that of 'marriage', where women were to succumb to the demands of their husbands and where men had the 'right' to beat their wives. The system of colonial rule was grounded upon violence (Pihama, 2001).

Colonisation is instrumental in the breakdown of Māori societal structures and the denial of language, knowledge and practices that provided mechanisms of social and cultural control for our people (Te Puni Kokiri, 2008). It has been argued convincingly that colonisation has at its centre the imposition of foreign ideologies of race, gender and class that have significantly influenced our understandings of our relationships within and between whānau, hapū and iwi (Mikaere, 1994 Pihama, 2001). Smith (2005) notes the genocide of Native American people was rationalised and justified through such processes, as too was the construction of the belief that native women were inherently 'rapable'. Ideologies of cultural genocide, assimilation and integration have underpinned many policies developed in relation to our people and issues that impact upon us (Pihama et al., 2014). The Māori Family Violence in Aotearoa report (Balzer et al., 1997) highlights that there are links between the suppression of Māori knowledge and tikanga; colonisation and the imposition of western beliefs and practices; and acts of violence within Māori whānau, hapū and iwi.

We make links between the denigration of mana Māori, isolation from ancestral land and cultural practices, the disintegration of social and political structures and the imposition of Western ideologies and practices that play a major role in redefining the position of Māori in the world. (1997, p.7)

It has been argued that the social position that Māori find ourselves in today is a symptom of colonisation (Balzer et al., 2007). This aligns to research by Indigenous researchers, academics and healers who have investigated the impact of historical trauma on the wellbeing of Native American communities. It has been evidenced that Native people experience higher rates of personal trauma than white Americans, and suffer a higher prevalence of lifetime trauma, abuse, interpersonal violence, substance abuse, lower educational success, depression and PTSD (Balsam et al., 2004; Brave Heart, 2000; Duran, 2006; Walters, Simoni, & Evans-Campbell, 2002). Maria Yellow Horse Brave Heart (2000) locates social issues arising from historical trauma within the construct of oppression and the "unresolved grief across generations" (p. 60). A key element of historical trauma is that of historical disenfranchised grief that relates to unresolved grief that is denied, unacknowledged, un-mourned grief (Brave Heart, 2000).

Historical trauma relates to the collective experience of traumatic events. The place of intergenerational transmission of trauma within historical trauma theory is critical as it has been argued that a lack of knowledge of the impact of the multigenerational aspects of trauma has meant that impact on the descendants of survivors of historical trauma has remained misunderstood and has not been treated appropriately (Brave Heart 1999; 2000). Historical trauma is "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (Yellow Horse & Yellow Horse Brave Heart, n.d., p. 58).

The impact of collective acts of historical trauma has been argued clearly in relation to Māori experiences and in relation to understanding violence, trauma and healing for our people:

Māori are still in grieving mode. A genuine effort must also be made toward healing the past before building a future. In addition to attending to current issues relating to Māori, the government also needs to repair historical damage done to Māori such as loss of land through confiscation and other means. A genuine effort by the government to come across to Māori and understand and appreciate their point of view means that we can work together to build a more positive future for Māori and New Zealand society as a whole (Ministry of Justice, 2001, p. iv).

### Reconceptualising Definitions

This article raises questions about how definitions and conceptualisations of sexual violence can, and does, impact on how we understanding pathways for support and healing. Dominant western definitions are located



virtually entirely around physical act of sexual violence and forced sexual acts with little or no regard to broader cultural understandings that perceive sexual violence not only as a form of physical violence but also as a cultural and spiritual transgression that impacts both the individual and the collective wellbeing of their entire whakapapa line and whānau. What that means is that acts of sexual violence are considered to be acts of both individual and collective violence.

Sexual violence within Māori understandings is an absolute violation of the mana of the person and the collective mana of whānau, hapū and iwi. It is a violent transgression against a person's whakapapa that reaches back to past generations and has direct impacts on future generations. Sexual violence for Māori is also understood in regards to the violence perpetuated upon whānau, hapū and iwi through colonial invasion. It is connected directly to the rape of the land and the rape of our ancestors through historical trauma events perpetuated through colonial invasion. This aligns to the point made in the Amokura review that whānau violence for Indigenous Peoples cannot be separated from violence upon and against Indigenous communities (Erai, Pitama, Allen, & Pou, 2007).

These understandings are not engaged in public policy or through Pakeha framed definitions of what constitutes sexual violence. Definitions utilised within legislation and government policies, such as those as highlighted at the beginning of this article, continue to locate sexual violence only at the level of individual violence and as such the collective experiences for Māori of colonial violence remain invisible in a healing context.

What is clear in the historical trauma theory literature is that healing must take place on both individual and collective levels in order for intervention to occur in the intergenerational transmission of trauma (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Duran, 2006; Duran & Duran, 1995). This has been articulated by many Māori Providers working in the area of sexual

violence prevention and intervention. An understanding and awareness of the intergenerational impact of violence upon whānau, hapū and iwi, and the subsequent manifestation of that in individual behaviours, needs to be more critically engaged both in regards to counselling processes and policy frameworks which determine which, and how, support is provided. These assertions are not new. As noted within the Māori Family Violence in Aotearoa report (Balzer, 1997), it is stated that when seeking to develop interventions for Māori it is necessary to ensure that there is an awareness of colonisation and that many western intervention approaches that are not informed by such understandings prove to be inappropriate for Māori. As Rihī Te Nana (as cited in Pihama & McRoberts, 2009) a senior Māori counselor, has noted;

For Māori, if you don't work with our whānau, then change is really, really slow and sometimes more detrimental to the individual... So when you're working with the whānau, in a sense that everybody is engaged, and the benefit is a more collective than an individual benefit. So my preference is to work with whānau... that's our normal context... whānau, not an individual, whānau first. Because the strength of that is that the individual and all the individuals that make up that whānau reshape themselves in that kind of development. (2009, p. 90)

#### Author's Note:

The authors acknowledge the funding support of the Health Research Council of New Zealand in the funding of the research project He Kokonga Whare: Maori Intergenerational Trauma and Healing that is hosted by Te Atawhai o Te Ao, Whanganui.

#### Glossary of Māori Terms

Aotearoa	Original Māori name for New Zealand
Hapū	Sub-tribal or clan grouping
Kaupapa	Māori philosophy, approach, platform, foundation
Māori	Indigenous People of Aotearoa
Mātauranga	Knowledge
Pākehā	People of European descent living in Aotearoa
Papatūānuku	Mother Earth
Te reo	Māori language
Te whare tangata	The house of the people, womb

Tikanga	Māori protocols and practices
Whānau	Extended family grouping

## References

- Accident Compensation Corporation. (2008). *Sexual abuse and mental injury: Practice guidelines for Aotearoa New Zealand*. Wellington, NZ: Accident Compensation Corporation.
- Balsam, K. F., Huang, B., Fieland, K. C., Simoni, J., Walters, K., (2004). Culture, trauma and wellness: A comparison of heterosexual and lesbian, gay, bisexual and Two-Spirit Native Americans. *Cultural Diversity & Ethnic Minority Psychology*, 10(3), 287-301.
- Balzer, R., Haimona, D., Henare, M., & Matchitt, V. (1997). *Maori family violence in Aotearoa*. Wellington, NZ: Te Puni Kokiri.
- Brave Heart, M. Y. H. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21-22, 245-266.
- Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research Journal*, 8(2), 56-78.
- Crimes Act 1961, No 43. Retrieved from [http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html?search=qs\\_act%40bill%40regulation%40deemedreg\\_crimes+act+1961\\_resel\\_25\\_h&p=1&sr=1](http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html?search=qs_act%40bill%40regulation%40deemedreg_crimes+act+1961_resel_25_h&p=1&sr=1)
- Domestic Violence Act, 1995. Retrieved from <http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.htm>
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native peoples*. New York, NY: Teachers College Press.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.
- Erai, M., Pitama, W., Allen, E., & Pou, N. (2007). *Literature review & annotated bibliography*. Tai Tokerau, New Zealand: Amokura Family Violence Prevention Consortium.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23, 316-338.
- Fanslow, J., & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *New Zealand Medical Journal*, 117(1206), 1173-1186.
- Fanslow, J., (2005). *Beyond zero tolerance: Key issues and future directions for family violence work in New Zealand: A report for the Families Commission*. Wellington, NZ: New Zealand Families Commission.
- Grennell, D. (2006, February). *Amokura – Indigenous innovation*. Paper presented at the 10th Australasian Conference on Child Abuse and Neglect (ACCAN), Wellington, NZ. Retrieved from <http://web.archive.org/web/20100602100518/http://www.nzfvc.org.nz/accan/papers-presentations/abstract258v.shtml>
- Irwin, K. (1993). Māori feminism. In W. Ihimaera (Ed.), *Te ao mārama 2: Regaining Aotearoa - Māori writers speak out* (pp. 299-304). Auckland, NZ: Reed.
- Jackson, M. (1998). Research and the colonisation of Māori knowledge. In Te Pūmanawa Hauora, (Ed.), *Proceedings of Te Oru Rangahau: Māori Research and Development Conference* (pp. 70-77). Palmerston North, NZ: School of Māori Studies, Massey University.
- Jenkins, K. (1992). Reflections on the status of Māori women. *The Journal of Te Puawaitanga*, 1(1), 37-45.
- Jenkins, K., & Barbara, G. P. (2002). *Mauri ora: Māori women's stories*. Wellington, NZ: Māori Women's Welfare League
- Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., & Pomare, A. (2004). *The Maori taskforce on Whanau violence. Transforming Whanau violence: A conceptual framework*. Wellington, NZ: Te Puni Kokiri.
- Lievore, D., Mayhew, P., & Mossman, E. (2007). *The scale and nature of family violence in New Zealand: A review and evaluation of knowledge*. Wellington, NZ: Crime and Justice Research Centre, Victoria University.
- Mikaere, A. (2003). *The balance destroyed: The consequences for Māori women of the colonisation of tikanga Māori*. Auckland, NZ: International Research Institute for Māori and Indigenous Education.
- Mikaere, A. (1994). Māori women: Caught in the contradictions of a colonised reality. *Waikato Law Review*, 2. Retrieved from [http://www.waikato.ac.nz/law/research/waikato\\_law\\_review/volume\\_2\\_1994/1](http://www.waikato.ac.nz/law/research/waikato_law_review/volume_2_1994/1)
- Ministry of Health. (2002). *Family violence intervention guidelines*. Wellington, NZ: Ministry of Health.
- Ministry of Justice. (2001). *He hinātore ki te ao Māori: A glimpse into the Māori world*. Wellington, NZ: Ministry of Justice.
- Ministry of Justice. (2009). *The New Zealand crime and safety survey: 2009*. Wellington, NZ: Ministry of Justice.

- Ministry of Social Development. (1991). *Reach out*. Wellington, NZ: Family Violence Prevention Coordinating Committee.
- Ministry of Social Development. (2002). *Te rito: New Zealand family violence prevention strategy*. Wellington, NZ: Ministry of Social Development.
- Mortimer, R. (2005). *An annotated bibliography of New Zealand literature on sexual abuse*. Palmerston North: Massey University
- New Zealand Family Violence Clearinghouse. (2014). *Data summary: Adult sexual violence*. Wellington <https://nzfvc.org.nz/data-summaries/adult-sexual-violence>
- Norman, W. (1992). He aha te mea nui. *Journal of Te Puawaitanga*, 1(1), 1-9.
- Pihama, L. (2001). Tihei Mauri Ora: Honouring our voices - Mana wahine as a Kaupapa Māori theoretical framework (Unpublished Doctoral Thesis). University of Auckland, Auckland, New Zealand.
- Pihama, L., Jenkins, K., & Middleton, A. (2003). *Te rito action area 13, family violence prevention for Māori: Research report*. Auckland, NZ: Ministry of Health.
- Pihama, L., & McRoberts, H. (2009). *Te Puawaitanga o Te Kāhano: A background paper report*. Unpublished manuscript, Te Puni Kokiri, Wellington, NZ.
- Pihama, L., & Cameron, N. (2012). Kua tupu te Pā Harakeke: Developing healthy whānau relationships. In W. Yellow Bird & M. Yellow Bird (Eds.), *For indigenous minds only – A decolonisation handbook* (pp. 231-244). Santa Fe, New Mexico: SAR Press.
- Pihama, L., Smith, C., Reynolds, P., Smith, L. T., Reid, J., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. *Alternative*, 10(3), 248-262.
- Pitman, M. (1996). 'The Māori Experience'. In J. Broadmore, C. Shand, T. J. Warburton & Doctors for Sexual Abuse Care (N.Z.) (Eds.), *Rape: Ten years' progress?: An interdisciplinary conference* (pp. 44-47). Wellington, New Zealand: DSAC.
- Robertson, N., & Oulton, H. (2008). *Sexual violence: Raising the conversations – A literature review*. A report prepared for Te Puni Kokiri. Hamilton, New Zealand: Maori and Psychology Research Unit, Department of Psychology, University of Waikato.
- Smith, A. (2005). *Conquest: Sexual violence and American Indian genocide*. Cambridge, MA: South End Press.
- Smith, L. (1999). *Decolonising methodologies: Research and Indigenous peoples*. London, UK: Zed Books.
- Sykes, A. (1996). 'Getting the case to trial: Me aro koe ki te haa o Hineahuone'. In J. Broadmore, C. Shand, T. J. Warburton & Doctors for Sexual Abuse Care (N.Z.) (Eds.), *Rape: Ten years' progress? An interdisciplinary conference* (pp. 64-67). Wellington, NZ: DSAC.
- Te Puni Kōkiri. (2008). *Rangahau tūkinu whānau: Māori research agenda on family violence*. Wellington, NZ: Te Puni Kokiri.
- The New Zealand Family Violence Clearing House. (2014). *Data summaries*. Retrieved from <https://nzfvc.org.nz/data-summaries>.
- Walker, R. (1990). *Ka whawhai tonu matou – Struggle without end*. Auckland, NZ: Penguin.
- Walker, R. (1996). *Nga pepa a Ranginui: The Walker papers*. Auckland, New Zealand: Penguin.
- Walters, K., Simoni, J., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska natives: Incorporating culture in an "indigenist" stress-coping paradigm. *Public Health Rep*, 117(1), 104-117.
- Wilson, D. (n.d.) *Family Violence Intervention Guidelines: Māori and Family Violence*, On behalf of Māori Advisory Committee, Ministry of Health, Family Violence Project, Wellington: Massey University
- Women's Refuge. (n.d.). *The forms abuse can take*. Retrieved from <http://www.womensrefuge.org.nz/index.cfm?objectid=0CFAF965-1321-AE99-691852B3202BADC1>
- World Health Organization, (2005). *WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization,
- Yellow Horse, S., & Brave Heart, M. Y. H. (2005). The Takini Network of Denver: A review of the literature: Healing the Wakanheja: Evidence based, promising, and culturally appropriate practices for American Indian/Alaska Native children with mental health needs. *Wellbriety: White Bison's Online Magazine*, 6(6). Retrieved from [http://www.whitebison.org/magazine/2005/volume6/chapter3\\_NAC.pdf](http://www.whitebison.org/magazine/2005/volume6/chapter3_NAC.pdf).

# **When Will the Stolen Generations End?**

## **A Qualitative Critical Exploration of Contemporary 'Child Protection' Practices in Aboriginal and Torres Strait Islander Communities**

**Leticia Funston, Sigrid Herring & ACMAG**

Education Centre Against Violence, New South Wales Health

The rate of Aboriginal and Torres Strait Islander children currently being removed from their families into Out of Home Care (foster care placements) by the statutory child protection system is unprecedented in Australia. This mass removal of Aboriginal and Torres Strait Islander children bears an uncomfortable resemblance to Australia's colonial era and specifically to the policies and practices that gave rise to the *Stolen Generations*. This article utilises *The Circles of Acknowledgement Wheel*, a qualitative, Indigenous research methodology developed by the Aboriginal Communities Matter Advisory Group (ACMAG) which incorporates the perspectives of Aboriginal and Torres Strait Islander educators and the perspectives of community members who have engaged with Education Centre Against Violence (ECAV) educators through the Strong Aboriginal Women, Strong Aboriginal Men, Domestic and Family Violence and Sexual Assault training programs. The key themes and recommendations explored in this article are primarily derived from two Yarning Circles (Aboriginal Professional Development Circle) held at the ECAV in 2013 and 2014 and a meeting with the ACMAG in 2014. In addition, this article is also informed by the activist work of the Kamilaroi and Gadigal based Grandmothers Against Removals (GMAR) campaign, which was formed in January 2014 "in an effort to highlight the process of removal used by the New South Wales Department of Family and Community Services" (Grandmothers Against Removals, 2014). Out of Home Care and the under-resourced Kinship care system, limits opportunities for young Aboriginal and Torres Strait Islander children to connect with their kin and extended family networks and cultural heritage. Out of Home Care is also associated with early entry into the juvenile justice system and partially explains the overrepresentation of Aboriginal and Torres Strait Islander young people in juvenile detention. Children and young people in institutional care settings are at heightened risk of emotional, physical and sexual assault. The authors of this paper urge state and federal governments to alleviate poverty and the chronic under-resourcing of Aboriginal-led services to support families and communities living at the traumatic intersection between ongoing oppression, poverty and violence. By rendering visible some of these systemic and colonially rooted problems, this article aims to contextualise key recommendations for changing the child protection system and for building the capacity for embedding Aboriginal *Worldviews* within child protection, health and violence prevention sectors.

On February 13 2008, the former Prime Minister, Kevin Rudd, delivered a formal apology to the Aboriginal and Torres Strait Islander survivors of the Stolen Generations and for past Australian Governments' involvement in child removal practices, promising "a future where this Parliament resolves that the injustices of the past must never, never happen again" (Rudd, 2008). However, the rate of Aboriginal and Torres Strait Islander children currently being removed from their families and their country into Out of Home Care (foster care) placements is higher than the rate of removal during the *Stolen Generations* (Gibson, 2013). The rate of Aboriginal and Torres Strait Islander child removals has increased exponentially across all states and territories since the release of the *Bringing them home report: Report of the national inquiry into the*

*separation of Aboriginal and Torres Strait Islander children from their families* (Human Rights Commission, 1997) which warned that the child protection system of the time was in danger of replicating the dynamics of the Stolen Generations. As at June 30 2014, there were 14,991 Aboriginal and Torres Strait Islander children in Out of Home Care placements nationally (Australian Institute of Family Studies, 2015). This is approximately ten times higher than the national average for non-Aboriginal children who have been removed from families based on 'substantiated' reports of abuse and or neglect (Australian Institute of Family Studies, 2014; Steering Committee for the Review of Government Service Provision, 2013). This article provides a critical exploration of contemporary child

removal practices in Aboriginal and Torres Strait Islander communities.

The Stolen Generations refers to the period in Australian history where an estimated 100,000 Aboriginal and Torres Strait Islander children were forcibly removed from their families, in the period between 1910-1970 by statutory welfare bodies and church missionaries (Human Rights Commission, 1997). While Aboriginal and Torres Strait Islander children had been stolen from their families since the colonial invasion and occupation in 1788, the Stolen Generations were facilitated by explicit federal and state policies (Lindqvist, 2007). The mass removal of Aboriginal and Torres Strait Islander children was an attempt to 'merge' or to 'breed out' Aboriginality through a process of assimilation into white society. The policies specifically focused on the removal of children of mixed descent, those of both Aboriginal heritage and non-Aboriginal, Anglo-European heritage, as it was thought that these children would assimilate into white culture and society if placed with white families (Human Rights Commission, 1997). It is important to acknowledge that all Aboriginal and Torres Strait Islander families were impacted by these policies regardless of whether or not children were taken during this period. Aboriginal families lived with the fear of their children being abducted by welfare workers and police, often having to hide their children (Human Rights Commission, 1997).

Many survivors of the Stolen Generations have disclosed being subjected to labour exploitation, emotional abuse, sexual and physical assaults perpetrated by white family members, mission and welfare personnel with whom they were placed. Most Stolen Generations victims/survivors were denied any connection to their Aboriginal lands, *Worldviews*, languages and cultures with many only learning of their Aboriginal heritage as adults. Whilst these child removal policies and statutes officially ended in the 1970s it is within living memory of many of the survivors and their kin.

The forced removal of children from one socio-cultural group to another group is recognised as a crime of genocide under Article Two of the United Nations Convention on the Crimes of Genocide (United Nations General Assembly, 1948). The following text from an article in Brisbane's *Telegraph* newspaper in May 1937 exemplifies the genocidal intent behind the mass removal of Aboriginal children:

Mr Neville, the Chief Protector of Western Australia, holds the view that within one hundred years the pure black will be extinct. But the half-caste problem was increasing every year. Therefore, their idea was to keep the pure blacks segregated and absorb the half-castes into the white population

(Buti, 1995 as cited in Australian Human Rights Commission, 1997, p. 24).

While Kevin Rudd (2008) acknowledged "the pain, suffering and hurt of these Stolen Generations, their descendants and for their families left behind" in the National Apology, any explicit reference to genocide and therefore to financial compensation for survivors was avoided. Genocide historian, Sven Lindqvist poses the question, "can the admission of historic debt or guilt foster new cooperation between the perpetrator and the victim to throw off the curse of the past?" (Lindqvist, 2007, p. 210). Many commentators have argued that acknowledgement alone is not adequate for healing or for systemic change. For example, the Aboriginal activist slogan *Saying Sorry Means You Don't Do It Again* has been used extensively during recent Grandmothers Against Removal Campaign (2014), to criticise the apparent hypocrisy of the National Apology in the context of the alarmingly rate of Aboriginal children who are being removed under the modern Australian child protection system. Similarly, Nicole Watson (2011) argues that many contemporary Australian policies and state interventions designed to respond to child abuse, domestic and family violence in Aboriginal and Torres Strait Islander communities continue to replicate colonial dynamics. Watson gives the example of the *Northern Territory Emergency Response* (NTER) which was introduced in 2007 in response to the *Ampe Akelyernemane Meke Mekarle, Little Children Are Sacred Report* (Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007) which reported that *child sexual assault* (CSA) and family violence were highly prevalent in rural and remote Aboriginal communities in the Northern Territory. The authors of this report emphasise in their recommendations, "the critical importance of governments committing to genuine consultation with Aboriginal people in designing initiatives for Aboriginal communities, whether these be in remote, regional or urban settings" (Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007, p. 21). Unfortunately the NTER policies were implemented without meaningful community consultation. Instead, the federal government unleashed a raft of policies on Aboriginal communities including; changes to Aboriginal land permits, the compulsory acquisition of land and community assets, restrictions on alcohol and pornography, welfare quarantining (income management) and the abolition of the Community Development Employment Projects scheme. None of these so called 'special measures' were explicitly concerned with improving the safety, health and wellbeing of Aboriginal women and children. Nor were these policies geared to address the systemic causes of

violence in communities; entrenched poverty and the effects of ongoing colonial violence and institutional racism. The government also failed to fund “programs to develop parenting skills and community education to break the cycle of violence and intergenerational trauma” (Watson, 2011, p. 148). For Watson, the way Australian governments of the past and present have deployed “interventions in the name of protecting Aboriginal women (and children) invariably resulted in increased regulation, surveillance and diminished rights” (Watson, 2011, p. 148). Drawing from this analysis, this article considers the ways in which current child protection practices mirror the dynamics and the impacts of the Stolen Generations.

### *The Circles of Acknowledgement Wheel Methodology*

Aboriginal and Torres Strait Islander people have often been treated as the objects of research rather than as the “active experts of their lived reality” in control of the research design, questions process and dissemination of the research results (Smith, 1999, p. 29). Methodology itself influences outcomes lived and felt in communities (Kovach, 2012, p. 13) and as such Aboriginal and Torres Strait Islander educators at the Education Centre Against Violence (ECAV), a health service located in New South Wales in conjunction with the ACMAG, developed *The Circles of Acknowledgement Wheel*, a qualitative research methodology that aims to; 1) build cultural safety within the ECAV organisation and with communities engaging in the ECAV education and training 2) acknowledge the collective contribution of Aboriginal and Torres Strait Islander communities and workers in the research processes from project planning to data analysis and publication. This methodology incorporates the perspectives of Aboriginal and Torres Strait Islander educators from the ECAV organisation and the perspectives of community members who have engaged with the ECAV educators through a range of training programs including; Strong Aboriginal Women, Strong Aboriginal Men, Domestic and Family Violence and Sexual Assault response programs. This research methodology is primarily supported by the Aboriginal Communities Matter Advisory Group (ACMAG) based at the ECAV. Yarning Circles (similar to group discussions) are held to inform the strategic direction of the Aboriginal and Torres Strait Islander training programs and to set the research priorities at the ECAV. Members of the ACMAG hold professional knowledge and practice experience with child protection, domestic and family violence and sexual assault sectors and many have lived experiences of violence and oppression. The ACMAG members also engage with a wide range of Aboriginal communities that they deliver training to and communities that they have personal connections with. The Circles of Acknowledgement Wheel provides a

graphic representation of the complex and dynamic knowledge base that has evolved through these connections.

The key themes and recommendations explored in this article are primarily derived from two Yarning Circles (Aboriginal Professional Development Circle) held at the ECAV in May 2013 and May 2014 and a meeting with the Aboriginal Communities Matter Advisory Group (ACMAG) held in November 2014 at the ECAV. The yarning circles and the ACMAG meeting were recorded by a research assistant who provided written transcriptions of each discussion. The yarning circles focused on contemporary instances of ongoing colonisation, assimilation and racism in the context of child protection. The yarning circles also focused on the significance of Aboriginal Worldviews in child protection and violence prevention practice.

### Key Themes

#### The Intersections between Genocide, Intergenerational Trauma and Violence:

Members of the ACMAG committee consistently argued that many Aboriginal and Torres Strait Islander people are genocide survivors who are profoundly affected by intergenerational trauma. The idea that genocide trauma can be transmitted “within and across generations” (intergenerational trauma) is offered as an explanation for “family violence and the high prevalence of grief, loss and substance misuse” in Aboriginal and Torres Strait Islander communities in Australia (Atkinson, Nelson, & Atkinson, 2010). Intergenerational trauma is also used as a framework for understanding the phenomenon of victims of violence who later become perpetrators of violence (Atkinson, Nelson, & Atkinson, 2010). However, this should not be taken to mean that all survivors of interpersonal or intergenerational trauma inevitably become perpetrators, rather to highlight the complex relationship between victimisation and violence that often occurs in communities of people who have and who are surviving genocide and other forms of political violence. Caroline Atkinson’s (2008) PhD research project involved qualitative interviews with Aboriginal adult male identifying prisoners, who were convicted of committing violent assaults. Atkinson reports that through the medium of personal *geno-histograms* work, most of the male participants disclosed they had been physically assaulted as children and revealed that relatives within two and three generations were subjected to massacres, dispossession, the Stolen Generations, acculturative stress, racism and assimilation (Atkinson, 2008).

ACMAG members argue, that given the ongoing impacts of intergenerational trauma and oppression in Aboriginal and Torres Strait Islander communities, child

protection strategies need to be geared towards supporting family and community members by focusing on their strengths and Aboriginal Worldviews. Similarly, Elder Aunty Hazel Collins from the Kamilaroi GMAR Campaign recently stated “Aboriginal Self-determination is the answer to this crisis [of Aboriginal children placed in Out of Home Care], we want to see Aboriginal families and services making the key decisions about our children” (Collins, 2014). However the current child protection system is funded to provide acute crisis intervention rather than preventative, long term, Self-determining community-controlled support systems. Although child removal is intended to be a last resort, families have disclosed that the first point of contact with child protection systems was when workers arrived to remove a child or children (Pilger, 2014). Some Aboriginal women living regionally and remotely have reported feeling too intimidated to give birth in local hospitals, anticipating that welfare workers would be waiting to take children (Shoebridge, 2014). Aboriginal mothers often experience intensive pressure from child protection workers to leave a violent partner or family or risk losing her child or children. These experiences bear a very close resemblance to the testimonies provided by Stolen Generations survivors which informed the *Bringing Them Home Report* (Australian Human Rights Commission, 1997). This report states that it was “common practice simply to remove the child forcibly, often in the absence of the parent but sometimes even by taking the child from the mother’s arms” (Australian Human Rights Commission, 1997, p. 5).

#### *Mistaking Poverty for Neglect*

Concerns have been raised by Aboriginal and Torres Strait Islander community members, educators and GMAR activists that under-trained, non-Aboriginal child protection workers may be misidentifying neglect and removing Aboriginal children who, despite living in poverty, may have very strong and healthy bonds to their parents, extended family and community members (Gibson, 2013; Hughes, 2006). It is important to remember that after the 1940s under the child welfare law, children had to be found to be “neglected”, “destitute” or “uncontrollable”, in order to be removed, however “these terms were applied by courts much more readily to Indigenous children than non-Indigenous children as the definitions and interpretations of those terms assumed a non-Indigenous model of child-rearing and regarded poverty as synonymous with neglect” (Australian Human Rights Commission, 1997, p.27). Similarly today, there is a distinct trend for Aboriginal children to be removed from their families based on substantiated reports of “neglect” (Steering Committee for Review of Government Service Provision, 2013). In

contrast, non-Aboriginal children are more likely to be removed following substantiated reports of emotional abuse, physical and sexual assault (Australian Institute of Family Studies, 2013). The high rates of “neglect” can be attributed to severe poverty and chronic under-resourcing of Aboriginal communities especially those located outside of urban centres (Douglas & Walsh, 2013). For instance many children are removed for living in overcrowded housing, however “housing shortages are a particular concern in Indigenous communities” (Douglas & Walsh, 2013, p. 78).

#### *Discounting Aboriginal Worldviews and Child-Rearing Practices*

Members of the ACMAG committee described experiencing their Worldviews about parenting and grand-parenting discounted or erased by the dominant white Western nuclear family model in health and violence prevention services. In the context of contemporary child removal practices, members of ACMAG and activists from the GMAR campaign argue that child protection workers continue to view Aboriginal and Torres Strait Islander collectivist child rearing practices as pathological.

Aboriginal and Torres Strait Islander people have a diverse and distinctive child rearing practices in comparison to the Anglo-Western paradigm of child-rearing. For instance, an ethnographic study of Aboriginal families and communities located in the remote parts of Central Australia, described how Aboriginal children are integrated into community activities from birth, however non-Aboriginal Anglo-Western children are segregated from adult and community activities (Byers, Kulitja, Lowell & Kruske, 2012). These authors also noted that the Aboriginal study participants valued the “autonomy and self-reliance” of their children “within a closely nurturing social environment” based on the child’s demonstrated abilities (Byers, Kulitja, Lowell & Kruske, 2012, p. 296). In contrast, Anglo-Western child rearing practices structure opportunities for children to develop independence along with their chronological age milestones. These profound differences in child-rearing philosophies (Worldviews) and practices illustrate the need for Australian health and human services to embed Aboriginal Worldviews in their practices an end “the imposition of values and frameworks from a Western perspective” (Byers et al., 2012, p. 293).

#### *Child Removal and the Traumatic Dislocation from Kin, Country and Culture*

Speakers at the Secretariat of National Aboriginal and Islander Care (SNAIC) Conference in 2014 raised concerns that the contemporary child protection system

continues to drive a wedge between Aboriginal and Torres Strait Islander children and their families. Once removed, Aboriginal and Torres Strait Islander children often have limited access to their biological families and siblings are often separated in different Out of Home Care arrangements (Bamblett, Salamone, & van den Berg, 2014). Douglas and Walsh (2013) report that this is largely due to the fact that many “Aboriginal children had been placed in care in towns and cities far from their community” (Douglas & Walsh, 2013, p. 76). This trend largely impacts families and communities located rurally and remotely who are unable to travel in order to maintain contact with their removed children (Douglas & Walsh, 2013). The dislocation from family is compounded by the decrease in access to kinship care as “kinship carers, compared to (non-Aboriginal) foster carers, are less likely to receive support (including money, allocated caseworkers, case plans, annual review, training and services) and monitoring, to ensure children’s and carers’ needs are met” (McHugh, 2013, p. 13). Douglas and Walsh (2013) argue that the reduced access to kinship care is also strongly related to trauma and poverty and a reluctance to work with the welfare system.

Members of the ACMAG committee also raised the concern that many young Aboriginal and Torres Strait Islander people in Out of Home Care do not have adequate *Cultural Care* or *Support Plans*. The intention behind these plans is to support Aboriginal and Torres Strait Islander children to stay connected to their “family, extended family, community and culture” (Department of Human Services, 2013, p.1). However, these Cultural Care plans are often written by non-Aboriginal child protection case workers who have very limited understandings of Aboriginal and Torres Strait Islander cultures and Worldviews (Douglas & Walsh, 2013). In addition, Cultural Support plans are often under-utilised. For example in Victoria only eight percent of Aboriginal and Torres Strait Islander children in Out of Home Care have completed Cultural Support plans (Department of Human Services, 2013).

#### *The Association between Out of Home Care, Early Entry into Juvenile Incarceration and Ongoing Risk of Abuse*

There is a clear association between Out of Home Care and juvenile incarceration. Approximately 25% of young people who are incarcerated in juvenile detention facilities have lived in Out of Home Care (NSW Law Reform Commission, 2012). Aboriginal and Torres Strait Islander young people now comprise the fastest growing population in Australian juvenile detention centres, being 26 times more likely than non-Aboriginal young people to be incarcerated (Australian Institute of Health and Welfare, 2014). The early entry of Aboriginal and Torres Strait Islander young people into the criminal

justice system is alarming in of itself. However, early incarnation is also strongly associated with negative outcomes across the life-course including; poor health and education outcomes, increased risk of adult incarceration, unemployment and homelessness (Australian Institute of Health and Welfare, 2013b).

The immediate physical, emotional and sexual safety of young people is at risk in institutional settings given the “extensive periods of contact with adults, or residential arrangements with other children or young people who may cause harm or abuse” (Royal Commission, 2014, p. 112). According to the recent report provided by the *Royal Commission into Institutional Responses to Child Sexual Abuse*, all children in Out of Home Care placements and juvenile detention are at a heightened risk of sexual assault and ongoing abuse in comparison with the general population (Royal Commission, 2014). Data on Child Sexual Assault (CSA) in Out of Home Care and juvenile detention is very limited and is unlikely to reflect the true prevalence of CSA in these contexts. However, between 2011 and 2012, there were 1,658 children in care who had substantiated notifications of abuse and in the same period, 522 children in Out of Home Care arrangements had substantiated reports where, “the person believed responsible was living in the household providing care” (Australian Human Rights Commission, 2013, p. 6).

#### Conclusion

Concerns that the Australian child protection system is replicating ‘discriminatory dynamics’ of the Stolen Generations, were raised in the landmark *Bringing Them Home Report* released almost twenty years ago (Australian Human Rights Commission, 1997). More recently, the high numbers of Aboriginal and Torres Strait Islander children in Out of Home Care has prompted members of the ACMAG committee and GMAR activists to raise concerns about the crisis driven and removal focused contemporary child protection system. These account for some of the many reasons the contemporary child protection system is failing Aboriginal and Torres Strait Islander children and young people, their families and communities.

Due to the geographical remoteness of many Aboriginal and Torres Strait Islander communities and the limited number of kinship carers, once removed children are often placed with families located far from their biological families, making access and maintaining a connection especially difficult. Incomplete or inadequately followed Cultural Care plans fail to facilitate opportunities for Aboriginal and Torres Strait Islander children in Out of Home Care to make meaningful and strong connections to with their cultural heritage, Aboriginal Worldviews, ways of relating, connection to homelands and forming a strong



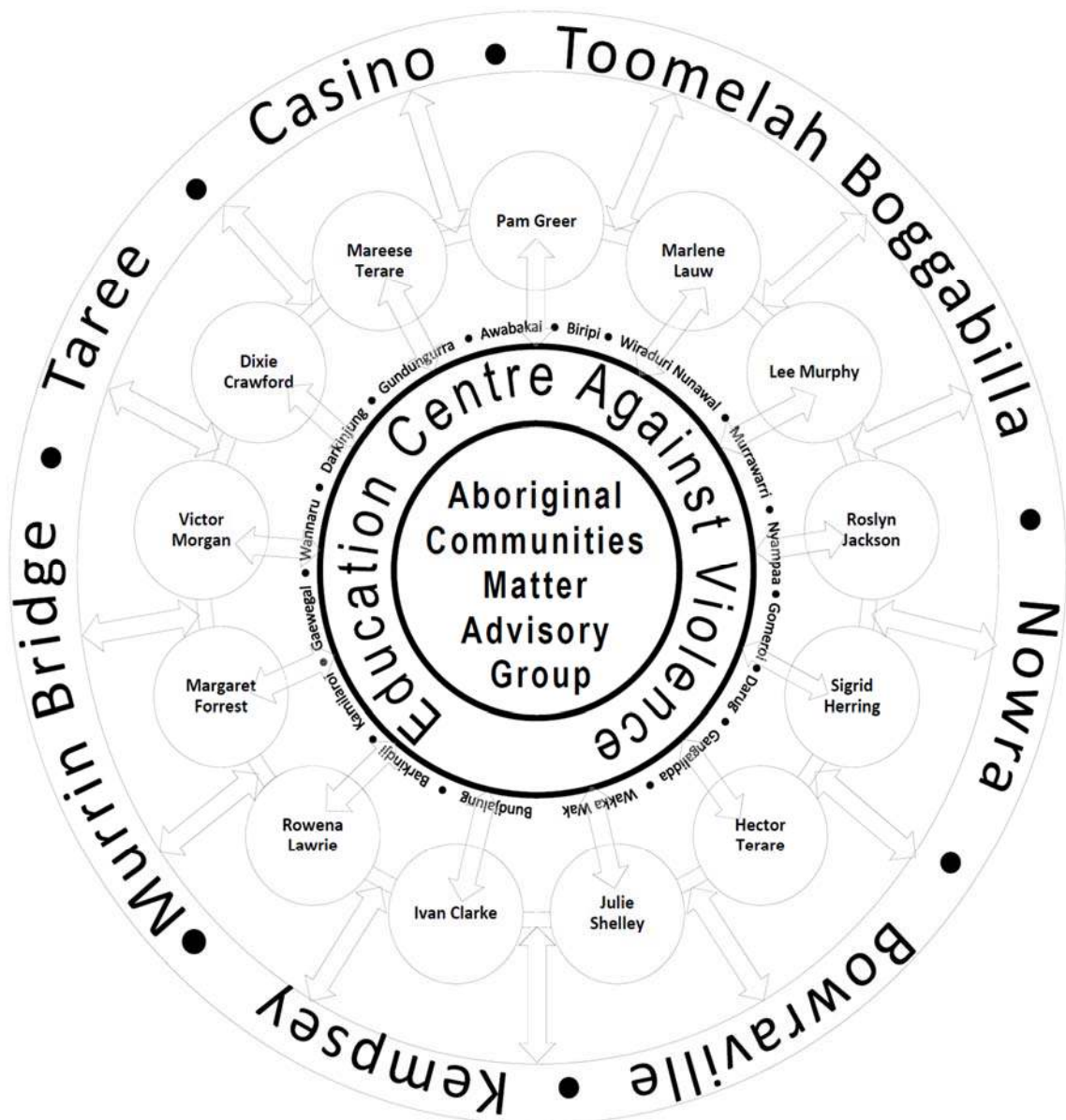


Figure 1. The Circles of Acknowledgement Wheel, Aboriginal Communities Matter Advisory

Aboriginal identity. Removal and placement into Out of Home Care is strongly associated with early entry into the juvenile justice system. Furthermore, children in Out of Home Care and institutional settings such as juvenile justice facilities place children and young people at high risk of physical, sexual and emotional harm. The evidence from the recent Royal Commission into Institutional Responses to Child Sexual Abuse (2014) indicates that children and young people may be at ongoing risk of physical, emotional and sexual abuse in foster and institutional care placements.

ACMAG members argue that Aboriginal and Torres Strait Islander families and communities continue to be

blamed by statutory bodies for living in poverty, for the chronic under-resourcing of their communities and for the impacts of intergenerational trauma stemming from ongoing experiences of systemic racism and discrimination. It is within this context that child protection workers interpret poverty, such as living in overcrowded housing, as neglect. ACMAG members also argue that in instances where there is domestic, family violence and abuse of children in Aboriginal communities, this must be viewed in the context of intergenerational trauma which “cannot be separated from the twin legacies of colonialism and racism” (Grey, 2004, p.13; Oullette, 2002).

According to post-colonial feminist theorist Gayatri Chakravorty Spivak (1988), the dominant discourses imposed by colonial powers inevitably constrains the voice of the most oppressed and socially marginalised people in society (the 'subaltern'). In the context of violence against Aboriginal and Torres Strait Islander women, children and young people, dominant colonially imbedded narratives frame Aboriginal people as the authors of their own poverty and violence. This narrative erases the responsibility of past and present governments in causing and perpetuating colonial violence and institutional racism. Colonial violence and racism has created the context for poverty, family violence and despair within Aboriginal communities.

These understandings should inform a different focus in child protection; one that involves long term, preventative, community-led strategies including anti-violence education and increasing community resources such as housing and culturally safe Aboriginal community-led service provision. Members of the ACMAG committee also recommend that child protection workers foster a culture where Aboriginal families are encouraged to take pride in the central role that they have in healing and providing safety for their families utilising their child-rearing Worldviews and practices. If the contemporary child protection system is to become untethered from the practices of assimilation, it must do so by becoming committed to embedding community specific Aboriginal Worldviews in child protection and violence prevention support services and by enabling communities to have genuine and direct influence over the services that aim to provide support (Herring, Spangaro, Lauw, & McNamara, 2013).

### Acknowledgements

The authors acknowledge that this article was written on the lands of the Dharug people and Gadigal people. The authors pay respect to their Elders past and present and recognise that sovereignty of this country was never ceded. The Circles of Acknowledgement Wheel in Figure 1 represents the collective body of Aboriginal and Torres Strait Islander peoples understanding, knowledge and wisdom that has directly informed this article. Specifically, the authors would like to acknowledge the Aboriginal Communities Matters Advisory Group, the Education Centre Against Violence, New Street Services, the Grandmothers Against Removals and the knowledge and understandings from the diverse Aboriginal and Torres Strait Islander communities named in the outer circle of The Circles of Acknowledgement Wheel who have engaged in education and training programs facilitated by the Education Centre Against Violence.

### References

- Atkinson, C. (2008). *The violence continuum: Australian Aboriginal male violence and generational Post-Traumatic stress*. (Doctoral thesis), Charles Darwin University, Northern Territory, Australia. Retrieved from: [http://espace.cdu.edu.au/eserv/cdu:44891/Thesis\\_CDU\\_44891\\_Atkinson\\_C.pdf](http://espace.cdu.edu.au/eserv/cdu:44891/Thesis_CDU_44891_Atkinson_C.pdf)
- Atkinson, J. (2002). *Trauma trails, recreating songlines: The transgenerational effects of trauma in Indigenous Australia*. Melbourne, VIC: Spinifex Press.
- Atkinson, J, Nelson, J & Atkinson, C 2010, 'Trauma, transgenerational transfer and effects on community wellbeing', in N Purdie, P Dudgeon, & R Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, (pp. 135-144). Australian Institute of Health and Welfare, Canberra, ACT.
- Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. . (2007). *Ampe akelyernemane meke mekarle: Little children are sacred. Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*. Darwin, NT: Northern Territory Government. Retrieved from: [http://www.inquirysaac.nt.gov.au/pdf/bipacsa\\_final\\_report.pdf](http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf)
- Australian Human Rights Commission Response to the Royal Commission into Institutional Response to Child Sexual Abuse. (2013). *Issue Paper 4: Preventing the sexual abuse of children in Out of Home Care*. Sydney, NSW: Australian Human Rights Commission. Retrieved from: [https://www.humanrights.gov.au/sites/default/files/20131108\\_Royal\\_Commission\\_Preventing\\_Abuse.pdf](https://www.humanrights.gov.au/sites/default/files/20131108_Royal_Commission_Preventing_Abuse.pdf)
- Australian Institute of Family Studies. (2013). *Child Protection and Aboriginal and Torres Strait Islander Children: Fact Sheet*. Australian Institute of Family Studies Child and Family, Community Australia. Canberra, ACT: Australian Government. Retrieved from: <https://www3.aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-c>
- Australian Institute of Family Studies. (2015). *Children in care* (Child Family Community Australia resource sheet – June 2015. Retrieved from: <https://aifs.gov.au/cfca/publications/children-care>
- Australian Institute of Health and Welfare (2014). *Child protection Australia 2012-13* (Child welfare series 58. Cat. no. CWS 49). Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129547965>
- Australian Institute of Health and Welfare. (2013b). *Young people aged 10-14 in the youth justice system 2011-12* (Juvenile Justice Series 12, Cat. No. JUV 19). Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129543944>

- Australian Institute of Health and Welfare. (2014). *Youth Detention Population in Australia*. AIHW 2014. Youth detention population in Australia 2014. Juvenile justice series 16. Cat. no. JUV 53. Canberra: AIHW Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129549676>
- Bamblett, M., Salamone, C., & van den Berg, M. (2014, 25 June). *Innovation in Aboriginal and family services* (Webinar). Accessed via: <https://aifs.gov.au/cfca/events/innovation-aboriginal-child-and-family-services>
- Byers, L., Kulitja, S., Lowell, A., & Kruske, S., (2012). Hear our stories: Child-rearing practices of a remote Australian Aboriginal community. *Australian Journal of Rural Health*, 20, 293-297.
- Department of Human Services Victoria. (2013). *Information about cultural support plans for child protection clients*. Retrieved via: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/research,-data-and-statistics/information-about-cultural-support-plans-for-child-protection-clients-2012-13>
- Douglas & Walsh (2013). Continuing the Stolen Generations: Child protection interventions and Indigenous people. *International Journal of Children's Rights*, 21, 59-87.
- Gibson, P. (2013). We have to stop the creation of another Stolen Generation. *The Guardian*. Retrieved from: <http://www.theguardian.com/commentisfree/2013/jun/12/stolen-generation-aboriginal-children>
- Grandmothers Against Removals (2014). *Gunnedah Grandmothers fight against the removal of Indigenous kids*. Retrieved from: <http://stopstolengenerations.com.au/about-gmar>
- Grey, S. (2004). Decolonising Feminism: Aboriginal Women and the Global 'Sisterhood', *Enweyin: The Way We Speak*, 8, 9-22.
- Herring, S., Spangaro, J., Lauw, M., & McNamara, L. (2013). The intersection of trauma, racism and cultural competence in effective work with Aboriginal people waiting for trust. *Australian Social Work*, 66(1), 104-117.
- Hughes, T. (2006). The neglect of children and culture: Responding to child maltreatment with cultural competence and a review of child abuse and culture: Working with diverse families. *Family Court Review*, 44(3), 501-510.
- Australian Human Rights Commission (1997). *Bringing them home: Report of the National inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Sydney, NSW: AHRC.
- Laing, L., & Humphries, C. (2013). *Social work and domestic violence: Developing critical reflection and reflective practice*. London, UK: Sage.
- McHugh, M. (2013). *An exploratory study of the risks in foster and kinship care in NSW: A final report*. Sydney, NSW: Social Policy and Research Centre, University of New South Wales. Retrieved from: [https://www.sprc.unsw.edu.au/media/SPRCFile/1\\_Exploratory\\_study\\_of\\_risks\\_to\\_stability\\_in\\_foster\\_and\\_kinship\\_care\\_in\\_NSW\\_Final\\_Report.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/1_Exploratory_study_of_risks_to_stability_in_foster_and_kinship_care_in_NSW_Final_Report.pdf)
- NSW Law Reform Commission. (2012). *Bail*. NSW Government. Retrieved from: <http://www.lawreform.justice.nsw.gov.au/Documents/r133.pdf>
- Ouellette, G. (2002). *The fourth world: An indigenous perspective on feminism in Aboriginal women's activism*. Halifax, NS: Fernwood.
- Pilger, J. (2014). Another stolen generation: How Australia still wrecks Aboriginal families. *The Guardian*. Retrieved from: <http://www.theguardian.com/commentisfree/2014/mar/21/john-pilger-indigenous-australian-families>
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2014). What we are learning about Child Sexual Abuse. *Interim report volume 1*. Retrieved from: <http://www.childabuseroyalcommission.gov.au/about-us/our-reports/interim-report-html/volume-1-chapter-3/modules/vol-1-what-we-are-learning-about-child-sexual-abuse>
- Richards, K. (2011). Misperceptions about child sex offenders. *Trends and Issues in Crime and Criminal Justice*, 429, 1-8.
- Rudd, K. (2008). *Apology to Australia's Indigenous peoples*. Hansard, House of Representatives, Parliament of Australia, 13 February, pp. 167-173. Retrieved from: <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansard%2F2008-02-13%2F0003%22>
- Shoebridge, D. (2014). Grandmothers Against Removals and The Newtown Amnesty International Action Group (forum). Yaama Dhiyaan Hospitality Training Centre, NSW.
- Spivak, G. C., (1988). "Can the Subaltern Speak?" In C. Nelson & L. Grossberg (Eds.), *Marxism and the Interpretation of Culture* (pp. 271-313). Urbana, IL: University of Illinois.
- Steering Committee for the Review of Government Service Provision (SCRGSP). (2013). *Report on Government Services 2013 (Vol. 2: Health; Community services; Housing and homelessness)*, Productivity Commission, Canberra. Retrieved from: [http://www.pc.gov.au/\\_data/assets/pdf\\_file/0006/121785/government-services-2013-volume2.pdf](http://www.pc.gov.au/_data/assets/pdf_file/0006/121785/government-services-2013-volume2.pdf)
- United Nations General Assembly. (1948). Convention on the Prevention and Punishment of the Crime of Genocide, United Nations, Treaty Series (No. 78).
- Watson, N. (2011). The Northern Territory emergency response - Has it really improved the lives of Aboriginal women and children? *Australian Feminist Law Journal*, 35, 147-163.

## **The Good Lives Model: New Avenues for Māori Rehabilitation?**

**Nathan Leaming**  
Te Rarawa/Nga Puhī

**Gwenda M. Willis**  
University of Auckland

Psychological treatment programs targeting sexual, violent and general offending can only be effective to the extent that clients are engaged in treatment. Beyond the obvious issues inherent in engaging clients in a program that they may feel coerced into, engaging Māori clients presents additional challenges. In response to the well documented over-representation of Māori people in New Zealand prisons, attempts have been made to integrate Māori ideas and practices into the operation of treatment programs for offenders. However, the extent to which Māori models of health and well-being have been successfully integrated into treatment programs is limited. In this article we explore why Māori models are often absent from offending treatment programs, and how they might be better incorporated. We argue that the best practice rehabilitation framework (i.e., the Risk Needs Responsivity model) is largely incompatible with Māori models of health and well-being, and that the contemporary Good Lives Model better accommodates the incorporation of Māori models into the operation of treatment programs for offenders.

Problems engaging forensic and corrections clients in treatment programs designed to reduce their risk for reoffending have been well documented, especially in the sexual offending literature (e.g., Beyko & Wong, 2005; Ware & Bright, 2008). A lack of motivation to engage in such programs appears especially true for Māori. For reasons that will be discussed later, offending treatment programs in New Zealand, generally speaking, have failed to correctly recognise and address Māori specific issues relating to rehabilitation despite innovations, especially in the health sector, by Māori. Put simply, treatment programs within New Zealand prisons have struggled to engage with Māori efforts to improve outcomes for their people. As articulated in Durie (1998), Māori might therefore lack a sense of meaning or purpose in a predominantly European system, and also lack motivation to engage amidst longstanding alienation and ignorance of their Māori expression and aspiration.

Māori perspectives of well-being have been borne out of a unique context and are part of a rich history in Aotearoa New Zealand. However, Māori 'modes of being' have been made to seem surplus to requirements as a result of incoming colonial ideals and predominating Western paradigms and methods employed within New Zealand health and correctional institutions. Māori academics have developed models of well-being that better represent their culturally specific needs and aspirations to better serve Māori within European health and forensic institutions (Thakker, 2014). Although these models have been incorporated into the operation of sexual offending and other correctional programs in New Zealand, the extent to which they are actually used in therapy is limited (Kohu-Morgan, 2013; Nathan, Wilson, & Hillman, 2003). We suggest that this is

because Māori ideas and practices are largely incompatible with the predominant Risk Needs Responsivity model (RNR; Andrews & Bonta, 2010) of offender rehabilitation; they are conceptually different approaches and therefore conflict at a fundamental level. Moreover, we suggest that a lack of reverence for Māori approaches to rehabilitation exists within New Zealand prisons, reflecting a remnant of superior colonial attitudes towards Māori knowledge and culture. Stated more clearly; it is argued here that institutional racism towards Māori within New Zealand prisons has undermined the use of Māori approaches within therapy.

Several years ago the Good Lives Model (GLM; Ward, 2002; Ward & Stewart, 2003) was proposed as a rehabilitation framework to make treatment more "meaningful and inherently motivating" (Whitehead, Ward, & Collie, 2007, p. 594) to clients than risk oriented approaches that focus on deficiencies rather than strengths. The GLM overlaps significantly with Māori models of well-being, and therefore represents a framework through which to promote the use of Māori ideas and practices within therapy. The aims of this article are to (1) explore why current best practices in offender rehabilitation may be failing Māori, (2) delineate the relationship between the GLM and Māori models of well-being, (3) discuss the impact that institutional racism has on the implementation of Māori models of well-being and how the use of the GLM within therapy might combat such problems, and (4) prompt greater use of Māori models in forensic and corrections settings. The article proceeds as follows: first, an overview of the problem of Māori over-representation in New Zealand prisons is provided. Second, we discuss how the problem of Māori over-representation has been addressed to date, including by Māori and within

offender treatment programs. Finally, we propose the GLM as a rehabilitation model capable of bringing together the complimentary aspects of current best practices and Māori models of health and well-being in a way that genuinely seeks to better serve Māori prisoners.

### The Issues Surrounding Māori Imprisonment

Māori over-representation within the New Zealand prison system has been well documented. Māori make up only 12.5% of the total New Zealand population (over the age of 15) but they represent the highest proportion of the prison population at 50% (European = 33%, Pacific = 12%; Department of Corrections, 2007). Māori also have the highest re-imprisonment rate at 49% over a 36-month follow-up period, when compared with the European (40%) and Pacific (32%) re-imprisonment rates (Nadesu, 2007). The reoffending rates above are taken from only those who have been released after spending time in prison, and they represent the proportion of those released prisoners, belonging to their respective ethnic groups, who have returned to prison. Based on this, Māori have the highest re-offending rate even when accounting for the larger number of Māori prisoners in prison at any one time. Attempting to address reoffending by Māori through effective rehabilitation methods is therefore important given the ethnic disparity in rates of reoffending.

There are two main explanations for the disproportionately high rates of offending/reoffending by Māori. The first explanation points to institutional and personal biases within a 'neo-colonial' judicial system which results in harsher sentencing and higher rates of conviction/re-conviction for Māori (Workman, 2011). Supporting this explanation, findings from a review by the New Zealand Department of Corrections indicated that the indirect targeting of Māori in the apprehension of offenders, due to ethnic profiling by police, played a significant role in the over-representation of Māori within prisons (Department of Corrections, 2007). However, these biases do not account for the full magnitude of disproportionate Māori representation in prisons. The second explanation is that young Māori are more likely to be subject to key correlates of crime including high unemployment, low educational achievement, and unstable family circumstances, leading to a higher propensity for crime as adults (Workman, 2011). As it stands, young Māori are more likely to experience these problems growing up, largely because of the huge economic and social losses endured by Māori communities throughout the process of colonisation, which continues to have an effect today (Durie, 1998).

After many years of ongoing Māori protest and due in part to the work of the Waitangi Tribunal (a form of

Māori court set up to advocate for Māori rights in regards to grievances held against the government), the transgressions inflicted upon Māori have been acknowledged by the New Zealand government. Following on from this, there has been a development of customised correctional programs that intend to effect equality in social outcomes for Māori (Nathan et al., 2003; Thakker, 2014). There have been significant changes made, with some programs including a good amount of Māori kaupapa (concepts) and tikanga (practice). Examples include the appointment of Māori cultural experts within prisons, the inclusion of some Māori language in parts of therapy, the use of the formal Māori welcome (powhiri) for new visitors, and the establishment of Māori kapahaka groups (groups that perform Māori dance and song) for Māori prisoners. These initiatives have led to changes in anti-social attitudes among Māori prisoners; however, the extent to which they have improved rates of Māori re-offending is questionable; due in part to the lack of empirical studies measuring the effectiveness of such initiatives (Thakker, 2014). Curiously, rates of imprisonment for Māori have actually increased since such policies have been implemented, from Māori representing 44% of the prison population in 1983, to 50% in 2013 (Department of Corrections, 2013); indicating that the initiatives implemented by the government don't seem to be having much of an effect on rising imprisonment rates for Māori. In light of the issues discussed above, implementation of correctional programs that have a genuine impact on reasserting Māori well-being and that go further towards abating the high Māori imprisonment rate are pressingly necessary.

We argue that Māori directed interventions have not been as fruitful as we might expect them to be because of the way that Māori kaupapa (concepts) and tikanga (methods) are used as 'add-ons' rather than incorporated as integral parts of the assessment and intervention process. So long as Māori worldviews are considered only complementary to the assessment and intervention process, and therefore invalidated as effective and valued ways of managing oneself and living in the world, a genuine improvement in outcomes for Māori offenders cannot be realised.

Although it is necessary to bring attention to the aforementioned statistics of Māori over-representation in the criminal justice system, it can at times encourage negative stereotyping of Māori (Bull, 2009; Moewaka Barnes et al., 2012; Web, 2009). The above statistics do not portray the full reality of the Māori experience, and there are a plethora of Māori people thriving and achieving to a high level within both Māori and mainstream New Zealand society. To provide some balance to the picture that the above statistics paint; only 3% of Māori males aged 20–29 were in prison at any one time over the last decade and only 30% of Māori males

currently aged 20–29 have a history of one or more sentences (Department of Corrections, 2007). It must be acknowledged therefore that Māori offenders are a minority of the Māori population, and to acknowledge those Māori who are already living fulfilling lives outside of prison.

### Efforts to Address the Problem

#### *By Māori*

The foundations for a Māori well-being framework were discussed and developed during the conference Hui Whakaoranga in 1984, which brought together several Māori leaders and health experts in an effort to formulate a plan for uplifting Māori health and social outcomes. This gave birth to two prominent models of Māori well-being: Te Whare Tapa Whā (The House of Four Walls; Durie, 1985), and Te Wheke (The Octopus; Pere, 1991). These two models mirror each other in many ways and both adopt holistic conceptions of health, encouraging consideration of the full complexities of the lived experience and resulting impacts on an individual's well-being. Present within these models are Māori specific perspectives and needs that might otherwise be ignored. For example, Durie (1985) identified four domains that are integral to the complete well-being of Māori: Taha Wairua (spiritual), Taha Whānau (family), Taha Hinengaro (psychological and emotional), and Taha Tinana (physical). Durie highlighted Taha Wairua as the most "basic and essential requirement of health" and that those with a lack of spiritual awareness, in the Māori world, would be perceived unhealthy. The idea of spirituality and what it means to Māori is complex and is not always easy to define, but in general it denotes an understanding of the natural order of things, as brought in to being by Atua Māori (Māori Gods). To explain 'wairua' it might help to introduce the concept of 'tapu.' Tapu is an important concept embedded within Taha Wairua and is believed to be created and handed down from Atua Māori. "[T]apu is...understood as 'being-in-itself'...[and] being-in-relationships...with other beings, such that the relationships enhance, sustain, restore, and empower those in the relationship" (Tate, 2010, p. 44). Furthermore, because tapu emanates from godly sources it is an inherent property of all living things. Therefore, wairua, in relation to this example, could be described as the understanding of one's own life force or sacredness, as well as the recognition of the presence of the same life force or sacredness present amongst all other things. In essence 'wairua' is the acknowledgement of all things being sacred, interwoven and connected through a force that, although escapes our perceptual logic is present within everything and has a very real impact upon what we can perceive, like physical well-being. A healthy spirituality therefore commands humility, that is, the

recognition of one's own tapu (sacredness) and the tapu of all other things. This includes a comprehensive knowledge of whakapapa (genealogy), tikanga (rules that govern actions and interactions within Māori communities), karakia and rāhui (prayer and formal restrictions), waiata (song), purakau (myth), and a strong connection with one's local environment including land, mountain, river, sea, and hapū (extended family; Durie, 1985). Another important concept related to Taha Wairua is 'mana.' Mana could be thought of as the 'power' or ability (whether because of internal or external conditions) to "enhance, sustain, restore and empower" the tapu of oneself and others (Tate, 2010). Strength of mana is especially important for modern Māori as the loss of land, language and culture has diminished Māori mana and constricted the ability for many Māori to act in ways that adhere to the concepts of 'wairua' and 'tapu.' Related words like 'mana motuhake' and 'rangatiratanga', which refer to independence, autonomy or agency, have become catch cries of Māori protest against European colonisation and are common words within Māori cultural renaissance discourses. Enhancement of mana, or power to act and make decisions in relation to one's own well-being, therefore, is critical in enhancing wairua and Māori well-being. In the Western world considerations of Taha Wairua might be confined to studies of philosophy, religion or anthropology and might not normally be considered in relation to physical health or well-being. However, in the Māori world these concepts have a very real place in the realm of health and well-being and should be used accordingly.

Taha Whānau (family) is another important concept for Māori that overlaps in many ways with Taha Wairua and is central to the models of Te Whare Tapa Whā and Te Wheke. Whānau refers to a person's connection with a broad kinship system and the ideals associated with those relationships, which can include roles, rights, responsibilities and social norms. The whānau is seen as the source of identity and personal development for Māori, and thus the well-being of the whānau and the individual are inseparable. Therefore, an individual who attests too strongly for their independence might be considered immature or as having unhealthy thoughts (Durie, 1985). The concepts of Taha Wairua and Taha Whānau infer the importance of the overall environment in how it shapes someone's ability for well-being and extends the idea of health past the purely physical and psychological, which is often the sole preoccupation of Western paradigms.

The remaining two concepts 'hinengaro' (psychological and emotional) and 'tinana' (physical) refer to similar constructs often used to explain health in Western paradigms, but with cultural nuances. For example, as articulated by Durie (1985):

A characteristic of Western thinking is its analytical capacity. By contrast, Māori thinking could be described as holistic. Understanding occurs less by division into smaller and smaller parts, than by synthesis into a wider, contextual system. An individual whose thinking embraces several systems and who is able to join these together with integrative ideas demonstrates a level of wellness much admired within Māoridom (p. 484).

This quote refers to the difference in the approach that Māori might use when comprehending or addressing problems relating to well-being. Rather than trying to isolate all the different factors relating to poor well-being and their specific mechanisms (which tends to be the traditional Western approach), the problem for Māori might be understood to be caused by a myriad of relations that need to be resolved under an over-arching narrative. Therefore resistance to some traditional therapeutic methods by Māori may be due to a desire to seek a wider perspective of the problem.

Pere (1991) emphasises other important aspects of hinengaro, for example, 'whatumanawa' which is the need to experience and express the full range of emotions. A deep experience of emotion that is given full expression is considered essential to Māori including feelings of joy, grief, anger and jealousy. This is manifest in many formalised ways of expressing emotion in Māori society through things like haka (dance), waiata (song), tangi (wailing or crying), karanga (a formal call or outcry), and whaikōrero (speech making). Durie (1985) goes further by saying that emotions are an integral part of Māori cognition and communication and frustrated self-expression can undermine one's mana and wellness. Within European systems, value tends to be placed on the ability to think logically and critically and expressions of emotion may be seen as subjective or irrational and therefore not given due regard. In these systems, Māori may experience oppressed emotional expression and diminished well-being.

Te Whare Tapa Whā and Te Wheke provided the foundation for many different programs and successive models which were developed for the assessment and intervention of Māori clients in both the health and forensic fields. Durie extended these models to develop Te Pae Mahutonga (Durie, 1999) and Te Paiheretia (Durie, 2003). Like their predecessors, rather than stating a unique set of values and worldviews these models were intended as a guide for realising Māori well-being amidst assimilation and de-culturation. Te Pae Mahutonga shares many similarities with earlier models; however, it specifically focuses on the promotion of Māori well-being. In particular, Durie highlights Te Mana Whakahaere or autonomy as an important part of Māori health promotion:

Good health cannot be prescribed. Communities... must ultimately be able to demonstrate a level of autonomy and self-determination in promoting their own health. It is important therefore that health workers do not assume such a high level of leadership that community autonomy is unwittingly undermined (Durie, 1999, p. 5).

Although Durie is referring in this text to community level autonomy the same can be applied at a personal level. Especially when considering the diverse realities of Māori people where there are ever increasing intersections of identity, social circumstances, and cultural affinity (Durie, 1995). It should not be assumed that all Māori have the same affinity with Māori culture, nor should identifying as Māori define someone's needs ahead of other values and life experiences. Therefore, it is important that rehabilitation frameworks can be flexible in the degree to which Māori models of well-being are incorporated into the rehabilitation process.

Te Paiheretia (Durie, 2003) brings together the ideas already discussed into one model, and highlights two main goals of rehabilitation for Māori: the development of a secure identity, and the strengthening of relationships across the four fields of experience – spiritual, mental, physical and social. Underpinning Te Paiheretia is the assumption that a lack of wellbeing derives from an insecure identity which interplays with a lack of satisfactory relationships with friends, family and community. It is a strong Māori belief that an individual's health is determined in a large part within the roles and relationships of the family and the community. Thus personal development and self-awareness is predominantly thought to be cultivated through interactions with the outside world. Te Paiheretia is a more recent Māori model and represents an approach that takes into account the broader complexities for Māori existing in a predominantly European society. It also guides the individual towards very general goals allowing space for individual expression of mana and attainment of such goals in accordance with one's own wairua or spiritual compass.

Māori values and concepts of "good and correct living" outlined in the models described above cannot be thought to comprehensively explain or represent the diverse experiences of Māori. Nor should it be thought that the majority of Māori ascribe to said values and conceptions of well-being. The purpose of presenting these basic frameworks though is to highlight the ways in which Māori values and attitudes are different to traditional Western ideas. The intention was therefore to illustrate some of the over-riding conceptual themes that characterise a Māori approach, and in the process, highlight some of the ways in which these themes contrast with Western ideals and methodologies. Furthermore, we have outlined Māori models in this



context to encourage their use. Not because we know they will work (there is a lack of empirical evidence for the use of Māori models in forensic settings; Thakker, 2014) but because the long history of efforts to improve Māori outcomes by respected Māori academics like Durie and Pere deserve to be considered more carefully and more seriously within forensic settings.

### By Offender Treatment Programs

Following on from the development of Māori models of health and wellbeing there has been recognition by correctional institutions for the utility of Māori focused rehabilitation initiatives. Several different prison units and treatment programs have been established in attempts to better service Māori, including the Te Piriti Special Treatment Unit at Auckland Prison. Te Piriti was designed to rehabilitate indigenous and non-indigenous men who have sexually offended against children (Nathan et al., 2003). At Te Piriti, Māori language, tikanga and kaupapa (e.g., pōwhiri, which is a welcoming ceremony) are incorporated into the everyday workings of the unit to complement Western cognitive-behavioural based programs. As described by Nathan et al. (2003), “The Te Piriti model works to produce a tikanga Māori context that enables a supportive environment within which to operate cognitive-behavioural based programs” (p. 13). Inclusion of Māori tikanga at Te Piriti has led to tangible decreases in the rate of Māori re-offending (Nathan et al., 2003); however, Thakker (2014) challenges the robustness of these claims on the basis of a lack of peer-reviewed research. While Māori tikanga is used to provide a supportive environment for Māori, Cognitive Behavioural Therapy (CBT) has remained the predominant, if not only, treatment model used within actual therapy. Similar approaches have been observed with the Māori Focused Units (MFU) implemented in five different prisons around New Zealand. These are very similar to Te Piriti in that they are prison-based therapeutic communities with an emphasis on Māori language and cultural practices (Thakker, 2014). And again, some benefits have been observed including changes in anti-social attitudes and a strengthening of cultural identity; however, the results in regards to recidivism are less clear (Department of Corrections, 2009b, cited in Thakker, 2014). A specific critique was made by Hinewirangi Kohu-Morgan, one of the authors of the Mauri Tu Pae therapy program delivered at MFU. She stated that less than half of the work is kaupapa Māori, and that this needs to change (Kohu-Morgan, 2013). She further stated that previous programs were essentially just Pākehā oriented with a few Māori words and that there was a ‘power play’ with Corrections regarding the authority of rehabilitation for Māori. This is a damning critique of the state of Māori focused

rehabilitation within New Zealand prisons when considering these statements come from the individual who helped design them.

One noteworthy example of an attempt to incorporate Māori concepts of well-being into assessment and intervention is the development of Māori Culture Related Needs (MaCRN’s) to be substituted into the Risk, Need, Responsivity model of rehabilitation (Maynard, 1999). Whilst an acknowledgement of Māori specific needs, MaCRN’s fail to recognise the conceptually distinct ways that Māori tend to view the promotion of well-being by being subsumed under the RNR model.

After considering the above examples, Māori frameworks and concepts appear lacking in actual therapy for Māori clients within the criminal justice system in New Zealand. Although some Māori aspects have been incorporated into the operation of different programs, the degree to which they are used effectively within therapy is questionable. We argue that this is a significant barrier to the rehabilitation of Māori offenders and propose that new avenues should be explored to better incorporate Māori models of wellbeing into correctional programs.

### What are the Possible Barriers to Implementation of Māori Models?

Given the potential to improve rehabilitation outcomes through using Māori models in therapy, the question must be asked, why are they not currently used? The first obvious reason is that Māori frameworks and concepts are not compatible with dominant Western paradigms. Current best practice rehabilitation frameworks and therapy models (i.e., RNR and CBT) are conceptually distinct to the Māori models of health and wellbeing discussed. CBT focuses mainly on altering dysfunctional thoughts and beliefs and is therefore focused mostly inward in understanding the cause of problematic thoughts and behaviours (Beck, 2011). By contrast, the whānau concept in Te Whare Tapa Wha (Durie, 1985) describes overly self-referential thinking as unhealthy. CBT is also highly analytical whereby different behaviours and thoughts are isolated and broken down to better understand cause and effect. Moreover, CBT is mostly interested in problematic thoughts and behaviours to help reduce offending and is less interested in understanding associated environmental or existential factors (like spiritual). In stark contrast are the more integrative and holistic modes of thought encouraged through Māori models. In the same vein, RNR focuses on eliminating or reducing ‘criminogenic needs’, which are those factors that have been shown by research to be associated with re-offending such as pro-offending attitudes, impulsivity and hostility (Andrews & Bonta, 2010). The RNR model pays little attention to the wider complexities that



contribute to a person's problematic thoughts and criminogenic needs; it lacks a holistic and integrative understanding of offending which is at the cornerstone of Māori models (e.g., Durie, 1985).

Practical limitations present another barrier to implementing Māori frameworks in therapy. Māori resources are lacking and, relative to the overrepresentation of Māori in the criminal justice system, there is a severe shortage of Māori practitioners and cultural experts to support non-Māori practitioners. Some clinicians may feel ill-equipped and undertrained to use Māori models within therapy, or fear being racially insensitive by using an approach they don't align with or understand (Johnstone & Read, 2000). Therefore, non-Māori clinicians (of which the majority are; Levy, 2002) may struggle to implement Māori models of well-being or even recognise their utility in corrections settings given their poor fit with the RNR and CBT.

Another possibility, referred to by Kohu-Morgan (2013), is that Māori concepts of well-being may be considered inferior to Western models of rehabilitation. It has been observed by some Māori academics that there exists a 'neo-colonial' attitude towards Māori research that continues to undervalue Māori knowledge and practice within psychology (Pohatu, 2003; Rosouw, 2008; Tangihaere & Twiname, 2011). It could be argued that the same diminishment and asphyxiation of the Māori culture that was implemented during the colonisation of New Zealand exists today within government institutions, in a far more insidious way. In a study by Sibley and Liu (2004), biculturalism in principle (i.e., the idea of ethnic equality in New Zealand) was distinguished from resource-specific biculturalism (i.e., policies implemented to redistribute resources to Māori, such as Māori scholarships). They found that the majority of Pākehā participants agreed to biculturalism in principle (53% support, 3% against). However, when the same people were asked about resource-specific biculturalism there was outright resistance (3% support, 76% against). The inclusion of Māori concepts and methodologies within correctional programs thus far could be described somewhat as actions of equality 'in principle.' A bicultural program that would allow equal space and power for Māori knowledge and practices is yet to be realised. As Sibley and Liu's (2004) study suggests, this could be the result of a general misconception by mainstream New Zealanders, and program implementers, of what biculturalism really involves.

Another relevant consideration is that Māori models of health were developed in reaction to Western models that failed to recognise the unique needs of Māori. Therefore, they were partly developed as a critique of Western models and might lack a certain impetus of their own. The models, rather than being developed out of a pure

expression of Māori being, were created and developed to translate to Western academia. This means that Māori models have had to conform to Western interpretations through which to have their critiques legitimised, with a possible exception being that of the Te Wheke model (Pere, 1991). However, more readily understood models like Te Whare Tapa Wha (Durie, 1985) are commonly used and referred to ahead of the less translatable yet deeply rooted Māori model, Te Wheke. Most Māori models have thus not necessarily been developed to be effective, but to be a critique. This might limit their use as rehabilitative models, as well as their ability to effectively serve Māori people.

These comments are conjectural and are more exploratory than they are explanatory. But they are necessary as a starting point for questioning the reasons for a lack of improvement in Māori outcomes, and the lack of genuine incorporation of Māori ideas within correctional settings. In summary, traditional approaches like RNR focus almost solely on criminogenic needs and are blind to more holistic explanations of wellbeing that underpin Māori models. Māori models aim to develop the identity and wider relationships of individuals in seeking well-being whereas RNR focuses on reducing and/or managing an individual's risk of reoffending in seeking better outcomes. Māori models are therefore conceptually and philosophically different to traditional Western approaches at a very basic level. Māori models are viewed as inferior, ineffective or not deserving the same space within therapy because of post-colonial systems designed to limit Māori power and agency. The RNR model is mostly top down in determining what is important within therapy (criminogenic needs), limiting the ability of individuals to exercise autonomy in therapy and thus not enhancing the mana of Māori in correctional programs. Considering the barriers to implementing Māori models, at present therapy is mostly delivered within European contexts by European practitioners who may find it quite difficult implementing Māori approaches that don't easily fit into current best practice paradigms. Also, Māori models of health were not necessarily designed for use in forensic rehabilitation but rather as a response to the limitations of Western paradigms.

It should be made clear that the issues discussed in these preceding sections were not intended to be a comprehensive critique of Māori focused rehabilitation within prisons. They were discussed simply to highlight that new approaches need to be considered.

### The Good Lives Model: New Avenues for Māori Rehabilitation?

The Good Lives Model was developed to overcome limitations of the RNR, including difficulties motivating clients to engage in treatment (Ward & Maruna, 2007;

Ward, Melser, & Yates, 2007). Rather than a central focus on eliminating or reducing criminogenic needs (which may or may not reflect clients' goals), the GLM incorporates the dual aims of risk reduction and wellbeing enhancement. The GLM has become increasingly popular, especially in sexual offending treatment programs (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). While there have been few empirical studies investigating the effectiveness of GLM derived interventions (see Willis & Ward, 2013, for an overview of research), studies to date suggest that treatment aligning with the GLM is more engaging than traditional deficit and risk-oriented approaches (Harkins, Flak, Beech, & Woodhams, 2012; Simons, McCullar, & Tyler, 2006; Willis, Ward, & Levenson, 2014). Given that the GLM was designed to complement the RNR and CBT, outcomes of GLM derived interventions should at least equal those of solely RNR/CBT derived interventions. The potential for improved outcomes relies on the appropriate implementation of the GLM, which has been problematic in some sexual offending treatment programs (see Willis et al., 2014).

At its core, the GLM delineates a set of primary human goods (PHGs), also known as common life goals (Yates & Prescott, 2011), which represent human experiences and states of mind which are sought out for their own intrinsic sake. PHGs can be thought of as fundamental human needs, encompassing physiological, psychological and social needs (Ward, 2002). In other words, PHGs are naturally sought by virtue of one's status as a human being, and when achieved reflect the "actualisation of potentialities that are distinctively human" (Ward, 2002; p. 526). To this end, PHGs cross social, cultural, religious and other socially constructed divides. However, the GLM recognises that the concept of what constitutes a good life is partly a social construction, meaning that different PHGs might be valued more or less (or sought in very different ways) in different social and cultural contexts. The PHGs were arrived at through a comprehensive review and synthesis of multidisciplinary research including in evolutionary theory, psychology and the social sciences, practical ethics and philosophical anthropology (see Ward & Stewart, 2003). In no particular order the PHGs include physical wellbeing and survival, peace of mind, knowledge, mastery experiences (e.g., in work or leisure activities), personal choice and independence, relationships and friendships, community/belonging, spirituality (in the broad sense of having meaning in life), happiness and pleasure, and creativity (for detailed definitions see Laws & Ward, 2011; Yates, Prescott, & Ward, 2010). The priority that individuals assign to each PHG differs as a function of one's value system, circumstances and life stage. Offending is theorised to result from problems seeking one or more PHGs. For example, a father with a poor education and employment

history who is struggling to make ends meet financially might resort to dishonesty offending in an attempt to provide for his family (PHG = physical wellbeing and survival). A young person who has been raised in an invalidating environment lacking in emotional support and where substance use has been modelled might resort to drug and alcohol abuse in times of stress (PHG = peace of mind) and/or to experience a 'high' (PHG = happiness and pleasure). Thus, it is the means or strategies (secondary goods) employed to seek out primary goods that are problematic, and not the goals of, for example, physical wellbeing, peace of mind and happiness. There is emerging empirical support from studies conducted in the US, UK, New Zealand and Singapore for the construct validity of the PHGs, both as fundamental human needs and as drivers behind (sexual) offending behaviour (Barnett & Wood, 2008; Chu, Koh, Zeng, & Teoh, 2015; Willis & Ward, 2011; Yates, Simons, Kingston, & Tyler, 2009).

Using the GLM in practice, rehabilitation aims to equip clients with the internal capacity (e.g., developing adaptive emotion regulation skills) and external capacity (e.g., sourcing opportunities for education and vocational training) to attain PHGs pro-socially. This necessarily requires addressing criminogenic needs (e.g., emotion regulation problems), which are conceptualised in the GLM as problems with internal and/or external capacity. The GLM is an over-arching framework designed to inform the content and delivery of correctional interventions from their outset including in assessment and intervention planning, rather than an 'add on' to RNR based treatment programs (for an overview of how to apply the GLM in practice, see Willis, Yates, Gannon, & Ward, 2013). It is beyond the scope of the current article to describe the GLM in greater detail (see Laws & Ward, 2011; Willis et al., 2013; Yates et al., 2010), rather, our aim is to highlight points of convergence between the GLM and Māori models, and propose the GLM as a rehabilitation framework that can better accommodate Māori models than the RNR and CBT.

### **The Convergence of Māori Models and GLM**

The most obvious parallel between the GLM and Māori models is their holistic focus on clients as fellow human beings with an array of needs and aspirations, and not simply the bearers of risk for recidivism. The PHGs set out in the GLM show remarkable consistency with the life domains emphasised in Māori models. To illustrate, several PHGs can be collapsed into the four domains outlined in Te Whare Tapa Whā: relationships/friendships and community (whānau), spirituality (wairua), physical wellbeing and survival (tinana), peace of mind and knowledge (hinengaro). Agency is also recognised in both the GLM and Māori models through

the PHG of personal choice and independence in the GLM, and through the emphasis placed on identity in both the GLM and in more recent Māori models (e.g., in *Te Paiheretia*; Durie, 2003). This point is important because it speaks to issues discussed previously regarding autonomy within treatment for Māori and acknowledges the need to enhance mana in helping to motivate offenders to seek 'good lives'. Experiences of mastery (e.g., in work or hobbies) aren't explicitly represented in Māori models as they are in the GLM; however, the GLM recognises that the experience of mastery (and other specific PHGs) might not be prioritised by all people, given the cultural influences on what constitutes a good life. For Māori, mastery (and similarly autonomy and happiness/pleasure) might reflect an 'arch good' or a product of fulfilment and wellbeing across the domains of tinana, whānua, wairua and hinengaro. Regardless of the extent to which the components of the GLM and Māori models overlap, what we wish to highlight is their common emphasis on a holistic approach to understanding offending, and to informing interventions.

Another point of convergence between the GLM and Māori models is their emphasis on health promotion alongside risk reduction, rather than a sole focus on reducing risk. Using the GLM, rehabilitation goals are linked to building client capacity to fulfil PHGs in prosocial ways, especially those PHGs that were implicated in offending. The client has an active role in their rehabilitation and is not simply a passive recipient of the therapist's agenda or a program's aims. Thus, an important task for the therapist in the early stages of a rehabilitation program is to uncover a client's prioritised PHGs. The GLM, like Māori models, can be useful in therapy with clients with varying levels of affinity with Māori culture. Clients who identify strongly with their Māori heritage might place a greater emphasis on spirituality than clients who do not identify strongly with their Māori heritage. Thus the GLM recognises individual differences and does not prescribe a set of values for clients. Rather, the GLM recognises that human beings are inherently goal directed and value a range of outcomes and experiences. Cultural identity might shape the degree to which certain PHGs such as spirituality are valued, as does one's life stage (e.g., student vs. parent) and circumstances (e.g., level of poverty experienced). Moreover, cultural identity may shape how different PHGs are sought, or the secondary goods used in pursuit of PHGs. For example, a client who strongly identifies as Māori might find spiritual fulfilment through connectedness to their whakapapa and to their whenua (land). The same activities might not be considered as spiritual experiences by clients who do not identify as Māori.

The GLM recognises the equal status of Māori and non-Māori (and also ex-prisoners and everyone else) as

fellow human beings who desire similar outcomes and experiences in life. Accordingly, use of the GLM in correctional settings may go some way to help address the undervaluing of Māori models and practices referred to by Kohu-Morgan (2013). Moreover, the GLM is a theoretically robust model of offender rehabilitation that was specifically designed to enhance current best practices in offending treatment programs (Ward & Maruna, 2007). As previously stated, Māori models were not specifically developed for this purpose. Rather, they were developed to critique Western models and therefore may not be sufficient on their own to address Māori offending. Thus, in our view, the GLM and Māori models are natural allies in offender rehabilitation programming.

The utility of the GLM in working with Māori clients has been demonstrated in a case study by Whitehead and colleagues (2007). They described the application of the GLM in a community setting with a Māori client who had responded poorly to intensive CBT based treatment in prison. Early in treatment, the therapist engaged the client ("Mr C") in dialogue about his life goals and priorities to help uncover the degree to which different PHGs were prioritised and the different ways in which they were expressed and attained. In the case of Mr C, this process naturally facilitated exploring of Māori specific interests, goals and needs across the four domains of *Te Whare Tapa Wha* (Durie, 1985)

Mr C's approach goals included attending university to further his interest in Māori studies, concepts, and spirituality, obtaining a driver's license, having improved relationships with members of the opposite sex, and making his family proud... Now, life was beginning to be represented by the values associated with education, equality and respect, intimacy, collegial support through prosocial endeavors, and self-fulfillment. He began to forge a new identity based on these values and success at having achieved mastery at working toward his goals. (Whitehead et al., 2007, p. 588).

Consistent with the *Te Paiheretia* model (Durie, 2003), the development of a secure cultural identity was integral to the promotion of wellbeing. The fact that Mr C's goals included Māori studies, concepts, and spirituality as well as stronger relationships with his family highlighted his desire for a stronger Māori identity. Mr C did indeed enroll in university where he attended a Māori studies course. This is in line with the second principle of *Te Paiheretia* which is to build relationships within the community that might enhance the development of an individual's secure cultural identity.

Through the use of the GLM in therapy, Mr C's Māori needs were naturally addressed and treatment took a very

similar shape to that of the Māori model, Te Paiheretia (Durie, 2003). This case study is one example that demonstrates how the GLM can be sensitive to Māori specific needs within therapy.

### Concluding Comments

Māori have long been over-represented in New Zealand's criminal justice system, and efforts to address the problem appear to have been hampered by clashes between best practices in offender rehabilitation and Māori models of health and wellbeing. As illustrated, the GLM helps to address problems with implementing Māori approaches in sexual (and general) offending treatment programs. The GLM more readily aligns with Māori models of well-being at a conceptual level; it not only allows for, but requires the inclusion of Māori specific needs in therapy, at the discretion of the individual in therapy. Through mirroring the approach that many Māori models adopt, the GLM validates Māori concepts and methods within therapy. This point is important, because as was discussed earlier, the ignorance and general ambivalence towards Māori models hinders their use in correctional institutions. At a broader level, the validation of Māori models should help to combat the negative societal and institutional biases towards Māori that have been proposed as one of the main causes of high incarceration of Māori.

### References

- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Cincinnati, OH: Anderson.
- Barnett, G., & Wood, J. L. (2008). Agency, relatedness, inner peace, and problem solving in sexual offending: How sexual offenders prioritize and operationalize their good lives conceptions. *Sexual Abuse: Journal of Research and Treatment*, 20, 444-465. doi: 10.1177/1079063208325202
- Beck, J. (2011). *Cognitive Behavior Therapy: Basics and Beyond* (2nd ed.). New York, NY: Guilford.
- Beyko, M. J., & Wong, S. C. P. (2005). Predictors of treatment attrition as indicators for program improvement not offender shortcomings: A study of sex offender treatment attrition. *Sexual Abuse: A Journal of Research and Treatment*, 17, 375-389. doi: 10.1177/107906320501700403
- Bull, S. (2009). *Changing the broken record: New theory and data on Maori offending*. Paper presented at the Addressing the Underlying Causes of Offending: What is the Evidence?, Victoria University of Wellington.
- Chu, C. M., Koh, L. L., Zeng, G., & Teoh, J. (2015). Youth Who Sexual Offended: Primary Human Goods and Offense Pathways. *Sexual Abuse: A Journal of Research and Treatment*, 27, 151-172. doi: 10.1177/1079063213499188
- Department of Corrections. (2007). Over-representation of Maori in the Criminal Justice System: An Exploratory Report. Wellington, NZ: Department of Corrections.
- Department of Corrections. (2013). Trends in the Offender Population. Wellington, NZ: Department of Corrections.
- Durie, M. H. (1985). A Maori Perspective of Health. *Social Science and Medicine*, 20, 483-486.
- Durie, M. H. (1998). *Te Mana, Te Kawanatanga: The Politics of Self Determination*. Auckland, NZ: Oxford University Press.
- Durie, M. H. (1999). Te Pae Mahutonga: A model for Maori health promotion. *Health Promotion Forum of New Zealand Newsletter*, 49, 2-5 December 1999.
- Durie, M. H. (2003). *Nga Kahui Pou: Launching Maori futures*. Wellington, NZ: Huia Publishers.
- Harkins, L., Flak, V. E., Beech, A., & Woodhams, J. (2012). Evaluation of a community-based sex offender treatment program using a Good Lives Model approach. *Sexual Abuse: A Journal of Research and Treatment*, 24, 519-543. doi: 10.1177/1079063211429469
- Johnstone, K., & Read, J. (2000). Psychiatrists' recommendations for improving bicultural training and Maori mental health services: A New Zealand survey. *Australian and New Zealand Journal of Psychiatry*, 34, 135-145.
- Kohu-Morgan, H. (2013). Maori Prison Rehabilitation Programs not Maori Enough. Retrieved 18 February 2015, from <http://www.radionz.co.nz/news/te-manu-korihi/131954/maori-prison-rehabilitation-programmes-not-maori-enough>
- Laws, D. R., & Ward, T. (2011). *Desistance from sex offending: Alternatives to throwing away the keys*. New York, NY: Guilford.
- Levy, M. (2002). Barriers and incentives to Maori participation in the profession of psychology: A report for the New Zealand Psychologists' Board. Hamilton, NZ: Maori and Psychology Research Unit.
- Maynard, K. (1999). *Takato ana te Wero*. Paper presented at the Community Probation Service National Māori hui, Orakei Marae, Auckland.
- McGrath, R. J., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010). *Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American survey*. Brandon, VT: Safer Society Press.
- Moewaka Barnes, A., Borell, B., Taiapa, K., Rankine, J., Nairn, R., & McCreanor, T. (2012). Anti-Maori themes in New Zealand Journalism: Toward alternative practice. *Pacific Journalism Review*, 18(1), 195-216.

- Nadesu, A. (2007). *Reconviction Patterns of Released Prisoners: A 36-months Follow-up Analysis*. Wellington, NZ: Department of Corrections.
- Nathan, L., Wilson, N., & Hillman, D. (2003). Te Whakakotahitanga: An evaluation of the Te Piriti special treatment programme for child sex offenders in New Zealand. Retrieved 23 April 2008, from <http://www.corrections.govt.nz/public/pdf/research/tepiriti/tewhaka.pdf>
- Pere, R. (1991). *Te Wheke: A celebration of infinite wisdom*. Gisborne, NZ: Ao Ako Global Learning.
- Pohatu, T. (2003). Maori world-views: Source of innovative social work choices. *Social Work Review*, 15, 16-24.
- Rosouw, G. (2008). Maori wellbeing and being in the world: Challenging notions for psychological research and practice in New Zealand. *Indo-Pacific Journal of Phenomenology*, 8, 1-11.
- Sibley, C., & Liu, J. H. (2004). Attitudes towards biculturalism in New Zealand: Social dominance and Pakeha attitudes towards the general principles and resource-specific aspects of bicultural policy. *New Zealand Journal of Psychology*, 33, 88-99.
- Simons, D. A., McCullar, B., & Tyler, C. (2006, September). *Evaluation of the Good Lives Model approach to treatment planning*. Paper presented at the 25th Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference, Chicago, Illinois.
- Tangihare, T. M., & Twiname, L. (2011). Providing Space for Indigenous Knowledge. *Journal of Management Education*, 35, 102-118. doi: 10.1177/1052562910387890
- Tate, H. A. (2010). *Towards some foundations of a systematic Maori theology*. Doctoral Thesis. Retrieved from [http://repository.divinity.edu.au/530/1/2010PhD\\_Tate%2CH\\_Towards\\_Some\\_Foundations\\_of\\_a\\_Systematic\\_Maori\\_Theology.pdf](http://repository.divinity.edu.au/530/1/2010PhD_Tate%2CH_Towards_Some_Foundations_of_a_Systematic_Maori_Theology.pdf)
- Thakker, J. (2014). Cultural Factors in Offender Treatment: Current Approaches in New Zealand. *Procedia: Social and Behavioral Sciences*, 113, 213-223. doi: <http://dx.doi.org/10.1016/j.sbspro.2014.01.028>
- Ward, T. (2002). Good lives and the rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior*, 7, 513-528. doi: 10.1016/S1359-1789(01)00076-3
- Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk assessment paradigm*. London, UK: Routledge.
- Ward, T., Melser, J., & Yates, P. M. (2007). Reconstructing the Risk Need Responsivity Model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior*, 12, 208-228. doi: 10.1016/j.avb.2006.07.001
- Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice*, 34, 353-360. doi: 10.1037/0735-7028.34.4.353
- Ware, J., & Bright, D. A. (2008). Evolution of a treatment programme for sex offenders: Changes to the NSW Custody-Based Intensive Treatment (CUBIT). *Psychiatry, Psychology and Law*, 15, 340-349. doi: 10.1080/13218710802014543
- Web, R. (2009). Maori, Pacific peoples and the social construction of crime statistics. *MAI Review*, 3, 1-4.
- Whitehead, P. R., Ward, T., & Collie, R. M. (2007). Time for a change: Applying the Good Lives Model of rehabilitation to a high-risk violent offender. *International Journal of Offender Therapy and Comparative Criminology*, 51, 578-598. doi: 10.1177/0306624X06296236
- Willis, G. M., & Ward, T. (2011). Striving for a good life: The Good Lives Model applied to released child molesters. *Journal of Sexual Aggression*, 17, 290-303. doi: 10.1080/13552600.2010.505349
- Willis, G. M., & Ward, T. (2013). The Good Lives Model: Does it work? Preliminary evidence. In L. Craig, L. Dixon & T. A. Gannon (Eds.), *What Works in Offender Rehabilitation* (pp. 305-317). West Sussex, UK: John Wiley & Sons.
- Willis, G. M., Ward, T., & Levenson, J. S. (2014). The Good Lives Model (GLM): An evaluation of GLM operationalization in North American treatment programs. *Sexual Abuse: A Journal of Research & Treatment*, 26, 58-81. doi: 10.1177/1079063213478202
- Willis, G. M., Yates, P. M., Gannon, T. A., & Ward, T. (2013). How to integrate the Good Lives Model into treatment programs for sexual offending: An introduction and overview. *Sexual Abuse: A Journal of Research & Treatment*, 25, 123-142. doi: 10.1177/1079063212452618
- Workman, K. (2011). Maori over-representation in the criminal justice system: Does structural discrimination have anything to do with it? Retrieved 3 February 2013, from [http://www.rethinking.org.nz/assets/Newsletter\\_PD\\_F/Issue\\_105/01\\_Structural\\_Discrimination\\_in\\_the\\_CJS.pdf](http://www.rethinking.org.nz/assets/Newsletter_PD_F/Issue_105/01_Structural_Discrimination_in_the_CJS.pdf)
- Yates, P. M., & Prescott, D. S. (2011). *Applying the Good Lives Model to clinical practice: Redefining primary human goods*. Newsletter of the National Organisation for the Treatment of Abusers (NOTA) (<http://www.nota.co.uk/>), 68, December 2011.
- Yates, P. M., Prescott, D. S., & Ward, T. (2010). *Applying the Good Lives and Self Regulation Models to sex offender treatment: A practical guide for clinicians*. Brandon, VT: Safer Society Press.
- Yates, P. M., Simons, D. A., Kingston, D. A., & Tyler, C. (2009). *The Good Lives Model of rehabilitation*

*applied to treatment: Assessment and relationship to treatment progress and compliance.* Paper presented at the 28th Annual Convention of the Association for the Treatment of Sexual Abusers (ATSA), Dallas, TX.

***“Until we talk about everything,  
everything we talk about is just whistling into the wind”:***  
**An Interview with Pam Greer and Sigrid (‘Sig’) Herring**

**Dale Tolliday**

New Street, The Sydney Children's Hospitals Network

The idea for this interview emerged as a result of conversations during guest editing this special edition of SAANZ. It became apparent that Pam holds a great deal of knowledge and history of efforts to address sexual safety for Aboriginal women and children. Sig Herring was willingly recruited to support the process with the result being several extended discussions between myself, Pam and Sig; the significant conversations were in fact between Pam and Sig and recorded in the interview format set out here.

Before going to the interview let me introduce Pam and Sig. Pam and Sig both work for NSW Health's Education Centre Against Violence (ECAV).

Pam Greer is a Barkindji Ngayampaa woman who is Educational Consultant and Lead for Strong Aboriginal Women and Weaving the Net Community Programs through ECAV. She is also an educational consultant and advisor on Aboriginal issues and brokerage for communities. Pam has over 30 years' experience delivering services and training to Aboriginal workers and community members with a particular focus on domestic and family violence and the abuse of older people. In 2008, Pam was inducted into the NSW Aboriginal Health Hall of Fame. This is the highest accolade of this group of awards, which was in recognition of her lifetime commitment to violence prevention and response. Pam is widely recognised as integral to ECAV's Strong Aboriginal Women and Weaving the Net Programs and is a member of Aboriginal Communities Matter Advisory Group (ACMAG).

Sigrid Herring is a Gomeroi woman and ECAV's Senior Statewide Educator who has over 20 years' experience working with Aboriginal families and communities in a community-based setting and has skills in community management, case management and group work. Sig has extensive training experience in Aboriginal cultural competency, community development, governance and family violence and is a member of the Aboriginal Communities Matter Advisory Group at ECAV.

**Interview**

*Dale: When you look back on developments in sexual assault recognition and response for Aboriginal communities, are there significant events or incidents you recall?*

**Pam:** My interest began in a way when I first worked in Aboriginal Health in the eighties and I was invited onto the Child Protection Council and I realised that we didn't acknowledge or look at child sexual assault or domestic violence in our communities. We steered away from it, not wanting to be seen as being critical of or bring a negative focus onto community because we were already fighting for, and had been fighting for, so long to be recognised in a positive way. We tried to keep a perception that nothing was wrong.

**Sig:** After so long of making out that Aboriginal people were either invisible or in need of 'saving', the seventies and eighties came along and we had to do this quick turnaround to try and viably take up the self-determination reins but were, and are, faced with endemic issues - the consequences of oppression - in our own communities.

**DT:** *Are there some particular moments that stand out for you?*

**PG:** In 1987, Eadie Carter, through Adelaide Rape Crisis, did a household survey on sexual assault in Aboriginal communities. Her report was an inspiration for us all. In the mid-eighties this focus on child protection opened my eyes. I was worried about our silence and denial. When I ran some workshops with Donna Bevan in the community to my surprise people were dying to talk. People were just – “hear my story” about child abuse and neglect and child sexual assault. At that time, it was enough to just have someone to hear them – no more, just listen.

In 1983, Pat O'Shea, the first Aboriginal female head of a government department had a fierce interest in violence against women and children. Neville Wran, the NSW Premier at the

time asked her to prepare a report for the NSW Child Sexual Assault Taskforce about what was happening in Aboriginal communities. Pat O'Shea was one of those women who chose to do most of the consultation herself. She invited Aboriginal services and community to come and meet her – she personalised everything – impressive and empowering – our first Aboriginal lawyer and barrister and now department head.

In 1990 the Women's Coordination Unit was privy to what Pat was doing. Her work was feeding into the taskforce on violence bringing the true picture from community. There were reports of ten-year-old boys aspiring to rape women and reports of children with STIs [sexually transmitted infections]. She opened the door – she was the one who said no one believed that child sexual assault was taking place in their communities but when nine children in one community presented to health services with STI's no one could deny it. Pat had the experience, the knowledge, and the position – she could say the things that persuaded us to tell the truth – along with the courageous victims who were prepared to tell their story.

We were like people split in half – needing to give voice to Aboriginal women's and children's experiences but not wanting to attack anyone in our communities because there were enough people and media doing that already.

In this same year, June 1990, the NSW Women's Coordination Unit funded \$60,000 for the Aboriginal Women United Conference in Dubbo. It wasn't enough money to have a statewide conference so we got a working party together of representative women from all over the state. We asked women who were 'on the ground' workers who could bring information to and from community. There was so much energy around this conference. Helen McLaughlin from the Aboriginal and Torres Strait Islander Commission (ATSIC) Women's Issues Office matched the funding dollar for dollar and we were able to write to every land council to say - if we will sponsor one woman from each community to attend the conference, would they do the same? TAFE at the time were preparing a satellite broadcasting system to rural NSW and they agreed for us to be the pilot to broadcast the conference proceedings to 33 communities in towns across NSW twice a day. That was 33 extra voices having input every day and adding to the recommendations. It was a hopeful time.

DT: What was it like being there "on the ground"?

PG: Of course there were blocks and barriers. We had prominent Aboriginal women saying we had no right to be talking about the issues of child and adult sexual assault and domestic violence, but victims and survivors were able to overrule these and block their objections on the spot and this became a part of their healing.

We heard women talking about their own experiences of abuse. We heard them say they were the second and third generation of women to have been abused by the same man. Their stories of their experiences evoked so much interest in Aboriginal women, support and resources. A decade later, in 2003, these identical yarns were echoed in the voices of women from 29 communities who came forward at roundtables that preceded the 2006 Aboriginal Child Sexual Assault Taskforce.

SH: We still struggle in 2015 to be able to say the good and hide the bad – it's still not safe to air our laundry against an ever present backdrop of belief in the stereotypes about Aboriginal people that persist in Australia.

PG: What could have been! It's not always just non-Aboriginal people – we are people too. Bobby (Roberta) Sykes wrote her great poem 'Fallin' – this poem says it all and speaks with a voice of authority of the experience of being raped by Aboriginal men.

The Sister had been raped they said....  
I squeezed my eyes, shut tight – in horror  
In shock, but not in disbelief, I heard  
By five Brothers

SH: In 2014, Marlene Cummins and Rachel Perkins made the film, *Black Panther Woman*, about the women who in the 1970s marched for power and equality, and at the same time kept a code of silence that said "stand by your man for the sake of the movement", despite 'constant' physical and sexual violence. The film is a speak-out to stop today's violence against Aboriginal women and for men to take responsibility and accountability for their behaviour towards women and many men are doing just that.

PG: In 1993 the Women's Coordination Unit conducted the Sexual Assault Phone-in. The first thing of this kind had been a questionnaire put out through the Sunday Telegraph, to which 193 people had responded and the phone-in was to update this information. The committee had the foresight to understand the barriers to Aboriginal women phoning in, so Carol Thomas (Women's Coordination Unit) and I were employed to take the questions to communities



across NSW – face-to-face. Women lined up to talk – the time was right because we’d had the 1990 Women’s Conference that spread the word that women could talk about these things.

Things were starting to happen for Aboriginal women and children at the NSW Health Unit – the Education Centre Against Violence. At that time ECAV had read all the reports and recommendations which all said that community education was the answer, and it was ECAV’s answer. Although ECAV was a government department, it had grown an identity that looked less like a government department and more like a community-based service. When reports and recommendations go to government departments they often take a long time to go far, but ECAV was able to put people on the ground immediately to meet those recommendations.

DT: *What happened in those early community programs?*

PG: One of the first community programs I ran in Wilcannia in the eighties, nobody from community came. We had some workers willing to talk so we door-knocked community and gathered women around us. We met and talked and decided if they were not going to come to us, we would go to them. Someone said we should check with the police and in the end two policewomen joined us on the march. We wanted to paint banners and you couldn’t buy cans of spray paint in Wilcannia so the boys at the Shire Council supplied us – all colours. We painted, ‘We don’t want child sexual assault in Wilcannia’ and hung the banners off the bus. As we walked up the street beside the bus we called to women to join us. It was so exciting – and scary! We had spelt child sexual assault wrong – left off an ‘s’ in assault I think, but nobody noticed.

Women Out West was formed in a celebration of International Women’s Day in Dubbo in 1995 and grew into a project coordinated by the Women’s Legal Resources Centre – now Women’s Legal Services. This project immediately focused on service responses to women in remote towns in the far west of the state. They raised the issue that services were delivered from places that Aboriginal women were uncomfortable attending. Instead of money going to Aboriginal services it went to mainstream services, who did their best, but didn’t do what Aboriginal women expected – provide a place that was accessible or a place of safety.

The Women’s Coordination Unit working under their strategic plan started the Aboriginal

Women and the Law Project to make sure Aboriginal women had access to legal services in response to the issues Aboriginal women raised – access, community education – so that women could make informed decisions about whether they wanted to use the law as one of their solutions.

DT: *So almost immediately issues in the legal system were highlighted?*

SH: The legal system has not always supported the needs of Aboriginal women. Some of the comments that were made in court at those times were things like “rape is not as significant in Aboriginal as in white society” and “standards of sexual conduct in Aboriginal communities are different from standards accepted by the general public”. Aboriginal women feared that a system that endeared itself to these stereotypical beliefs would be used against them.

PG: Some of the things women said were “they were not informed of their rights”, “they were rushed through”, “they think we deserve the violence”, “they don’t understand Aboriginal culture”, and “they don’t understand how different communities are to each other”. There was one account of the Clerk of the Court in one community keeping all the information pamphlets for Aboriginal women locked in a filing cabinet because if he put them out “everyone would take them”!

The 1996, the *Heroines of Fortitude Report* had a whole section on how it was for Aboriginal women and the sorts of prejudice they faced in court. Some women in court were asked up 70 times about whether they were lying or making it all up, almost all Aboriginal women were asked if they had alleged sexual assault in order to get victim’s compensation, women were hours under cross examination, their credibility attacked and undermined, and they were consistently asked about their drinking and drug use – one woman 173 times.

Aboriginal men were the offenders in 61% of cases and Aboriginal women were still being raped in police cells. There was no safe place.

DT: *It is hard to hear and comprehend this even now. What followed after this?*

SH: In 1998 the NSW Department of Health released the *Aboriginal Family Health Strategy* – the first step in working in partnership with Aboriginal communities to address family violence and sexual assault at a regional and local level. Aboriginal Family Health Workers were employed to support individual families and focus on prevention and early intervention through community engagement and partnership

with other government and non-government agencies and projects.

The next big report to come out was from the 2002 *Gordon Inquiry* resulting from complaints about services not acting on child abuse and family violence in Aboriginal communities after the death of a 15-year-old girl. Thirteen agencies were working with this young woman, none was aware of the other and no one knew who was the lead agency. The *Strong Families Model* initiated from this inquiry was the development of unified case plans with each agency's roles and responsibilities and a designated lead agency overseeing.

PG: That fitted in so well with the Aboriginal Child Sexual Assault Taskforce, established in 2003, to examine child sexual assault in Aboriginal communities, review how government and non-government agencies in NSW responded, and make recommendations on improving responses. They did a literature review, took written submissions and other information, from government and non-government and consulted individuals and communities across NSW.

Their work was reported in the 2006 *Breaking the Silence* report and then there was the 2007 Interagency Plan to Tackle Child Sexual Assault in Aboriginal communities which involved consulting with more than 300 workers and community members in 14 different communities, along with 32 written submissions from government, non-government and community. The consultations revealed consistencies across communities – the extent of the problem, the harm it was causing and the overwhelming need to do something to put a stop to the assaults. Also consistent were communities' experiences and perceptions of service providers and suggestions for ways service provision could be improved.

SH: The Aboriginal Child Sexual Assault Taskforce came about as a result of the 2002 Roundtables on sexual violence in Aboriginal communities conducted by DAA [NSW Department of Aboriginal Affairs] and Rowena Lawrie's 2002 report, *Speak Out Speak Strong*, which revealed 70% of imprisoned Aboriginal women had been sexually assaulted as children.

In 2004 and again in 2007, both Pam and I and a great many more Aboriginal women from both community and workplaces across NSW, met together at Lake Burrendong near Wellington for the Partnerships, Prevention and Rural Action conferences to share ideas and strategies about what we were using and what we could do about child sexual assault. In 2007, Women's Legal

Services and Dymyna House co-produced a book called, *Our Silence is Abusing Our Kids* – a book of interviews and stories from Aboriginal women in communities and workers about what they were doing to protect children and young people from child sexual assault.

In 2008 the *Wood Inquiry into Child Protection* found that Aboriginal communities were over-represented in the child protection system but that culturally appropriate interventions were not widespread in any of the agencies working with them. Wood identified that both Aboriginal and non-Aboriginal organisations did not have the capacity to deliver the services community needed. In 2011 the Ombudsman in its report addressing the responses to child sexual assault in Aboriginal communities said much the same.

Service responses in Aboriginal communities were audited by the NSW Ombudsman when they reviewed the 2007 *NSW Interagency Plan to Tackle Sexual Assault in Aboriginal Communities*. The Ombudsman released three reports; *Addressing Aboriginal Disadvantage – The Need to Do Things Differently* (October, 2011), *Responding to Child Sexual Assault in Aboriginal Communities* (December, 2012) and a third confidential report focusing on two Aboriginal communities. In both of the public reports ECAV programs were applauded. It was recommended that ECAV play a greater role in developing the cultural competency of the non-Aboriginal workforce and in Aboriginal workforce development.

DT: So, it seems like a growing number of reports and investigations throwing a light on these issues. What kind of service responses followed?

PG: The NSW Health ECAV Aboriginal Programs Unit runs a suite of training, development and mentoring programs that contribute to workforce and community development; Weaving the Net, Strong Aboriginal Women, Strong Aboriginal Men, Rural Responses to Aboriginal Family Violence, Skills in Child Protection for Aboriginal Workers, Child Sexual Assault for Aboriginal Workers, Responding to the Abuse of Older Aboriginal People, Defining Healthy Boundaries, Journey of Survival, Supporting Aboriginal Young People, NSW DV Aboriginal Core Training, the Sexual Assault of Aboriginal Men and Boys, Working with Aboriginal Parents who have experienced Child Abuse and Neglect, Certificate IV in Aboriginal Family Health and Advanced Diploma in Aboriginal Specialist Trauma Counselling. The last two substantially

funded under the NSW Health *Aboriginal Family Health Strategy 2011-2016*.

Both the Ombudsman reports and the Aboriginal Family Health Strategy reinforce the principles that underpin ECAV Aboriginal training – that family and sexual violence can't be tackled in isolation of the broader issues of Aboriginal disadvantage in the areas of health, education, employment and justice, and that family and sexual violence must be seen in the context of the historical, political and social environment it occurs in and that a major principle of working with communities to develop is self-determination. For self-determination to be realised people need choice, participation in decision-making and have a sense of control in their own lives. For these to be realised people need capacity. For capacity to be realised people need trauma-informed, culturally safe, sensitive and competent community education, healing, knowledge, information, skill building ...

DT: *Secrecy, fear and shame are now recognised as being barriers and effects of sexual abuse. In relation to Aboriginal family violence, which are most significant and do you think this is well understood? What do you see as the most effective ways to recognise and address this?*

PG: Secrecy, shame and fear are the weapons that hold people silent – people's own experiences are reinforced from the response they get, from their family and their community and the services that intervene. Women and children see that it is too hard and unsafe.

In the *Heroines of Fortitude Report (1996)* the number of black deaths in custody, has increased fears that if sexual violence by Aboriginal men is reported, then the alleged offender will suffer the next death in custody. Many communities are torn apart by the secrecy that is so much part of this attitude, which protects offenders and allows sexual violence to continue.

SH: We make a fierce point in our ECAV training programs - that the numbers of women who are harmed and who die either directly or from the impact of sexual and family violence far outweighs the numbers of men who die in custody. It's Pam Greer who pioneered this fierce point – having the courage to speak 'out loud' in communities at the time when secrecy, fear and shame held everyone in such silence.

PG: Women and children are being protective and not just of men. While services are only able to offer an option of leaving, women are faced with the danger of losing everything they are connected to – their homes and families,

Country, friends, local services and supports – paying the price as if they are responsible.

Aboriginal women's interests took a backward step when one Chair of ATSIC was appointed despite serving two terms in prison for a string of criminal charges against him, including rape. He was convicted in civil proceedings and when he asked if this was the "lowest point his life" he said it was "the lowest point in the history of the country" - hiding his own culpability under a guise of aspersions of vilification of him as an Aboriginal man. It's a terrible bind for Aboriginal women, whose experiences of sexual violence and their right to a human rights response is undermined by the fact that Aboriginal men will be vilified. It's an offender's paradise.

DT: *Is culture ever used as a smoke screen?*

SH: One of the greatest shame factors and barriers to disclosure is that myth that sexual and family violence is 'cultural' in Aboriginal communities, but the dynamics of sexual assault and sexual violence in Aboriginal communities are the same as everywhere – it's secretive, it's coerced by threats that are terrifying and that can bring about even more shame, not everyone knows what it is, not everyone knows what to do about it, and there is no guarantee that the service or statutory response will be culturally or physically, or psychologically or socially or politically safe – there's not even a guarantee that it will stop the abuse.

The perpetration of child sexual assault will change the landscape of the life of the growing child and the disclosure of it will change the landscape of the life of the entire family. Responsibility for these changes is worn by the victim/survivor instead of the offender. These things are the same in both our societies. Offenders do not discriminate.

What can be different for Aboriginal people is that family and community connections are bigger and even more complex, and the loss of these connections can catapult women and children into a world of greater isolation, marginalisation, disadvantage, oppression and loneliness.

PG: ECAV's Strong Aboriginal Women program helps this – it involves three days of community education for community where we can stand alongside community, we are able to inform and support, hear, and stand by people who have experienced sexual and family violence as they tell about these experiences and talk through their fears of telling or reporting.

Often a great fear for families is their pets and what will or is happening to them. Virginia Elliot (ECAV trainer and consultant) and I are animal rights activists. We often say a barometer of how women and children are being treated is reflected in the health of pets in the community. We have years caring for and feeding them and sharing with women and children the pride of how healthy they were when they returned to community.

Even so these are small steps and we always need to be around for longer than three days, to keep returning, to witness the impact a three-day workshop can have on a community. This is the strategy of ECAV's Community education Programs – to keep returning, to keep listening. This has helped me in the work I do. I return wearing a different hat at various times – always keeping my memory open for what I have heard before, open to what new things I can learn and how I can connect the bits of their story to the bits of other stories. I keep a scrapbook of the community. Everyone wonders why I read newspapers front to back – I collect it all and the 'over time' story is there in newspaper cuttings.

Every time I visit a community I search what I've got and I search other places for what I can take into that community that belongs to them – what have they done that they can connect with in 2015. We made a video in Murrin Bridge and showed it on a later visit. We asked them "what do you see?" – the kids looked healthier and the place looked cleaner. Some of those women in the room who were kids then are workers in the community now – it's their own story.

SH: At ECAV whenever someone says there is no Aboriginal voice in a literature review we say that's because they needed to have done their literature review in Pam Greer's shed. The journeys and achievements of many Aboriginal communities are right there.

DT: *Are there lessons to take notice of? What works? And is there clarity about things that don't work, as I know many non-Aboriginal workers have fears about doing the 'wrong thing'?*

PG: We know spot-fire service delivery does not work. Here and gone visits, short term funding that doesn't take care of relationships, continuity of service, and the body of knowledge that leaves the building every time a worker leaves at the end of the visit or the project. Even in bigger organisations this picking up and starting over again and again, with each change of government, wears everyone out. Communities lose trust and workers never get their long service leave.

What does work, is being yourself. Lessons are always to listen to the people and to trust our own gut feelings about what we know and don't know. As Aboriginal people, we do want to lead the conversations – we don't want to talk about land rights when we need to talk about child sexual assault. Why don't we want to only talk about land rights? Because we have to talk about the whole picture from dog health to the minerals to the gas to the child sexual assault.

SH: Pam has helped non-Aboriginal workers to learn about 'talking in code' – listening to the things that are said is important but learning to listen for the things that aren't spoken is often even more significant.

In training, each time we ask non-Aboriginal workers or students to list the common beliefs non-Aboriginal people have about Aboriginal people - they are too shy to talk, fearing they will say or do the 'wrong thing'. When we talk about common beliefs and family and sexual violence we are talking about things that are outrageous. We fear they think those things about us and, as Lorna McNamara (ECAV Director) says – "they fear, that we fear, that they think those things about us".

Trouble is, sometimes they do. Aboriginal people have to hope for and rely on the goodwill and capacity of non-Aboriginal people to understand an Aboriginal worldview. Culturally safe engagement is not yet in the legislation and in the workforce it's not in the position description or the performance criteria. Racism and vilification is legislated against but the mechanisms for redress are unclear and in the last year it's become a 'George Brandis joke fest'. Non-Aboriginal people are free to have opinions and to make judgements about Aboriginal people in an as bigoted way as they like, and as Marlene Lauw (ECAV Aboriginal Trainer) always tells us, "behaviour follows attitude" - and their interventions and responses often reflect this.

PG: But family and sexual violence is not about race or culture. It's about gender and power and control and privilege. Until we talk about everything, everything we talk about is just whistling into the wind.

DT: *There has been an increasing literature and a lot of research of Aboriginal communities. I notice in the sexual abuse space it is almost exclusively by non-Aboriginal researchers and experts. You have made points about this not necessarily being the story of the community.*

PG: Our early stuff is anecdotal but it was the most concrete – it came out of the mouths of

Aboriginal people. While women were talking, men should also have been. Women were talking more but men had the microphone. They looked like they were speaking the truth but they didn't speak all our truths. They betrayed Aboriginal women. Those are the truths Marlene Cummins was talking about. Women's or men's truths are influenced by what women or men have to hide or protect – you can see the pain in women and in community by what they have to protect. Communities are researched and consulted, they feel hope, they betray and are betrayed by what they hide or protect, the literature doesn't tell the whole story and if they do get feedback through the paper or the report, they are not heard – the story of the community is not reflected in the words. There are communities in NSW 30 kilometres apart and they have entirely different ways of communicating – we have to hear it all.

SH: There have been so many reports and papers and so many recommendations and they all talk about the impacts of colonisation – the horror of massacre times (1790 – 1928), the exclusion of Aboriginal people from Australia's developing social, economic and political fabric (1788 – 1967+), the children stolen (at least four generations of children born into and socialised into this terrorism), the families fractured, the land and sacred sites lost to settlement and economic growth, the invasion (1788), the intervention (2007), the removal from homelands (2015), the generations of grief and loss and oppression – people just persistently hammered down until the inevitable lateral explosion of oppression in violence, drug and alcohol use, and the self-harm and suicide we see in communities today. These are not the kinds of experiences that laterally explode into research and literature writing.

Two hundred plus years on the repercussions of invasion are reflected in the NT Intervention. After five years of the Intervention, the *Closing the Gap Monitoring Report* (Australian Government, 2011) showed there was a 69% increase in children getting taken into out-of-home-care since 2007, mostly for neglect with more than 80% of those children being placed with non-Aboriginal carers; increases in children being admitted to hospital for malnutrition, underweight and wasting; reported incidents of self-harm and suicide have increased by 500%; a drop in school attendance in preschool, primary and secondary schools and a 40% rise in incarcerations rates, and an increase in police incidents involving domestic violence and alcohol use has also increased. While

Australians have been growing the lucky country Aboriginal families and communities have been struggling just to survive.

PG: Others have other stories about the Intervention. Bess Price, a long-time advocate for ending violence in Aboriginal communities, has seen some progress – women with voices speaking for themselves, children eating and young people more able to manage their lives. If there are half a million Aboriginal people in Australia that's half a million ways to experience things, half a million experts and if we could, half a million papers.

SH: When we do hear an Aboriginal voice none of the protocol of our old ways is observed. We hear Aboriginal voices in a western way – without the chorus of their community behind them, without their wisdom and censorship and guidance.

PG: If there are 30 different communities there are 30 different ways of doing things and defining a solution, if there are half a million Aboriginal people there are half a million ways of being an Aboriginal person. When this is written up by non-Aboriginal researchers and experts this diversity is not represented.

SH: The literature says we need Aboriginal services and workers for Aboriginal people, long term/recurrent funding, local services that are resourced to assist the community to build capacity, community engagement that is relationship focused, that allows Aboriginal people the time to build trust and rapport, that recognises the differences between communities.

Aboriginal voices say; partners not patronage, self-determination not assimilation, participation in decision-making, land rights not native title, justice not reconciliation, an end to tokenism, equitable access to education and employment, the need for acknowledgement and opportunity for healing and access to culturally safe, racism-free, trauma-informed service provision. All of these strategies and principles have been highlighted and confirmed in the NSW Ombudsman report, *Addressing Aboriginal Disadvantage* (Author, 2011).

PG: The positive thing about white peoples' literature, like the Bureau of Crime Statistics and research statistics, presented to communities – when we read them we gasped but were so grateful that we could take some solid information out to community, to back-up the things we needed to say, and be able to say this is just the tip of the iceberg because the statistics only represent the people who had outcomes. It's

not the whole story though and no healing is possible if we haven't got the whole story.

Sitting around, talking and hearing the whole story is useful – we are still practicing saying the words - we've had to reclaim some of the words to do the work – wife bashing, rape, child abuse – racism – to be clear about that whole story we've had to talk about it and understand it because anything we heard from white people about it, that we didn't like, had to be racism.

DT: *Aboriginal and Torres Strait Islander people are over-represented as victims of violent and sexual crime. Disadvantage, racism and intergenerational trauma contribute to underrepresentation of Aboriginal and Torres Strait Islander people in recognised roles in prevention and response. In New South Wales you have both been involved in community education and the development of training programs for Aboriginal people. How significant is this as a strategy? And are there indicators of if this has been successful?*

PG: ECAV's Strong Aboriginal Women (SAW) and Strong Aboriginal Men (SAM) and Weaving the Net (WTN), Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault, Child Protection) and the Advanced Diploma in Aboriginal Specialist Trauma Counselling are just some of the training and community development programs run through the ECAV Aboriginal Programs. Under the umbrella of the Aboriginal Communities Matter Advisory Group we are a strong team. In the period 2014-2015 we ran 52 workshops across NSW with more than 760 Aboriginal workers and community members participating.

SH: ECAV is committed to 'making up' for the opportunities lost to our mob due to their experiences of racism and trauma over the generations. This is why we have put so much energy into developing a culturally safe educational pathway where learning reflects Aboriginal worldviews and is not our stuff, stuffed into western frameworks. We have negotiated and developed a culturally safe study pathway from the Certificate IV into the Advanced Diploma that created eligibility for participants to apply to do a Graduate Certificate in Human and Community Services at Sydney University. From here participants can apply to do a Masters of Social Work.

Since 2001, the Certificate IV has been delivered 15 times regionally and locally – communities include Parkes, Mount Druitt, Newcastle, Bourke, Dubbo, Lismore and Taree. During this period 169 Aboriginal workers have

completed the course and of this number 151 graduated with the Certificate IV qualification. Since 2011, 25 of these workers have gone on to graduate from the Advanced Diploma, 10 of these workers have graduated from Sydney University with their Graduate Certificate and one, Mary Eatts (ECAV Star Student), is enrolled in the Masters course.

PG: Our team at ECAV is largely an Aboriginal team. What's good about ECAV is there is no assumption that just because we are Aboriginal we will all work well together or will be experts in all things Aboriginal.

DT: *There has been a lot of focus on developing and supporting a culturally competent workforce. It seems to me this is a logical and significant strategy. How effective is it?*

PG: It's significant when the space is safe enough to say to a non-Aboriginal person that when I feel offended or hurt it means someone lacks information or understanding, and it's significant when they respond with respect like – "I didn't know" or "'ve learned something today". This is a rewarding experience for Aboriginal people – when someone chooses to take something from what they hear. In fact, it's a profound thing.

SH: In cultural competency, Aboriginal people are asking for a culturally safe experience. Mareese Terare tells us that a culturally safe experience is using a service where an Aboriginal worldview matters and is part of the response. From an Aboriginal perspective it's a service response that is willing to work alongside Aboriginal women and men and children to achieve their safety and put an end to violence that doesn't end up feeling like a punishment for being Aboriginal.

PG: Lorna McNamara (ECAV Director) will tell you she thought she was culturally aware but came to realise she still only saw things from a non-Aboriginal perspective. One time there was an Aboriginal worker at a sexual assault service who'd been recruited and for a while went really well but then began to arrive at work later, leave earlier, then not turn up at all and which her manager saw as a lack of professionalism and unethical behaviour in the worker. I was able to point out, and Lorna was able to hear, that actually the situation in that service reflected the 'racism' of the manager – if that had been a non-Aboriginal worker the manager would not have allowed that to happen. It was the manager's role to provide a structure for the Aboriginal worker that was safe for her – so the worker felt safe to come to work and stay there and be able to be

- open about issues in the workplace that impacted on her.
- DT: *Is it possible for Aboriginal and non-Aboriginal workers to effectively deliver services together?*
- PG: We do this already. After 30 years of working with Aboriginal people, Virginia Elliot (ECAV FDV Trainer) can say, "I'm not Aboriginal but I can say this ...", she doesn't say "I've worked with Aboriginal people for 30 years and now I am Aboriginal".
- I know of a team where nurses worked with Aboriginal health workers and in that situation nurses will hold the balance of power and use it. One Aboriginal worker did say to her "I can go and train to be a nurse but you can't become Aboriginal". That woman did go on to train as nurse and went back to work in the community.
- When non-Aboriginal people come into work with Aboriginal people they go away with their story about what it is to work with Aboriginal people – what works for them. Not what could work for Aboriginal people – through an Aboriginal lens.
- SH: Working with non-Aboriginal people, with a view to working together with other Aboriginal people is about facilitating that self-determination. We have to be 'able' to, and to be able to, we have to be able to see where we want to get to – more than just moment to moment survival or safety seeking. It's not us being some sort of tool, which non-Aboriginal people use, as a conduit for communication where we help interpret a non-Aboriginal perspective and prime a community to have things done to or for them.
- DT: *Most workers in sexual assault services are women. In responding to sexual abuse, particularly to men and boys sometimes reference is made to men and women's business. The suggestion at times is that women should not work with men as an example. Do you have any comments regarding this?*
- PG: We have learned the hard way that good men should be working with men. We don't have to wait for men to realise they can be role models – there are good Aboriginal men. As women without men we have been fighting a losing battle trying to change some men's behaviour.
- SH: As women, we can only see out of our eyes. It's their job, their role, their men's business.
- PG: It goes without saying that if there is a man and a woman and if that man requires a service response then that woman will respond as one human being to another.
- SH: In our communities and culture we recognise the difference between the energy of men and women but unlike mainstream Australian societies, our societies were structured on the basis of age rather than gender. Eldership, growing knowledge, wisdom holds the balance of power. Aboriginal men might want to work with other men but are as likely to seek the counsel of older Aboriginal women. In some ways age, as in youth, might be more of a barrier to working with either men or women than gender.
- DT: *Is there advice you can give to workers, Aboriginal and non-Aboriginal who work in this space?*
- PG: Don't try and be someone you are not, don't try and be a 'wannabe'. If you are a good worker, be that good worker for whoever comes to your door.
- SH: Have a good handle on what it means to be 'privileged' - including the privilege of the assets and opportunities that have been built on the back of Aboriginal losses, the privilege of not living in an environment where survival is front and centre every day, the privilege of working just nine-to-five, of having a job even, the privilege of having eaten already that day...
- DT: *What do you see as important in relation to responding to those who have harmed?*
- PG: The biggest thing for victims and survivors is believing, listening - until it's all said - listening through the silences, hearing the silence. Then asking, "what would you like me to do", instead of "now, this is what we have to do" or "this is what I will do". We all have to know that when we spill something we have to clean it up.
- It's important to hear from those who have harmed too, making sure we don't take away from the victim's story by hearing an offender's story. We have to work together to hold both.
- And support the families of young people or adults who do harm, remembering their shame and their pain.
- SH: In Pam's work in community we watch her go out of her way to connect with and yarn with parents and Elders of people who have caused harm to others. No matter how bad this was she makes sure to give them respect and a chance to talk about their pain.
- Knowing that being harmed and doing harm can exist in the same space at the same time, and being clear that while being harmed might create a context for doing harm, a context can also be established where other choices can be made.
- DT: *What are your observations of the process of bringing 'offenders' (inverted commas as including children in this) into the picture for understanding and responding at both family and community levels?*

- PG: Well and good, but there is a patchy response because if you don't live in the radius you don't get the services. These gaps are then filled by the victim – their family and community – no response is probably the only response – a whole lot of services – we can't just say it's the goodies and baddies – we need to understand what drives bad things – we need to hold this up alongside but not tangled up with the response victims need and deserve. Having only a black and white perspective – either victim or perpetrator – has brought us to a lazy way of responding – when we don't know enough and we don't have the resources to do more, it's easy to just choose to respond to the victim.
- SH: People need other people to stand with them and help them manage their life experiences and the choices they make. That western notion that a punishment will ameliorate a crime does nothing to address the context of that crime. Punishment without rehabilitation – without doing something to either change the person or the environment or preferably both, is silly and wasteful.
- PG: The chickens have come home to roost anyway – since the nineties the perpetrator-less service response has helped to enable another generation of adult harmers.
- Communities are juggling offenders and victims all the time. In Weaving the Net we listen to communities when they ask for more information or support to help their family members who have offended so they can stop. We bring in people who know about this and can talk about it from a victim's perspective – people like you, Dale Tolliday (New Street Director), Cathy Want (ECAV Trainer and Rosie's Place Manager) and Mary Jo McVeigh (ECAV trainer and consultant).
- DT: *What would it take to do better?*
- PG: Age/development appropriate accountability. You (Dale Tolliday) and Cathy Want (Manager Rosie's Place/ECAV Trainer) come along to talk to us about the context in which children harm, as part of Weaving the Net – good questions are asked of them about children and young people who do this – the chance and the space to talk about it and ask questions and try to understand enables less judgement and more open minds than they had before – it means more education to explore, to understand – more new streets to go down to thinking about solutions.
- SH: More people with knowledge and understanding is more people to divide our time and skills and resources to adequately or properly meet the needs of both victims of harm and those who harm.
- DT: *If you could influence or change responses to Aboriginal family violence what would be your priorities?*
- PG/SH: Just stop it!
- PG: We need to continue to keep talking about it. For everyone to take it as seriously as it is. If the police just see it for what it is – rape and murder. If community workers and health workers just see it as it is – the impacts of rape and murder. People have to understand what it is.
- We need to focus as well on Aboriginal families and men who don't do violence. We find it all too easy to highlight the bad and keep the myths alive around it. We don't value our culture or each other enough.
- SH: We – our services sector – allow the myths, stereotypes and prejudices to prevail – we let it be 'business as usual' in Aboriginal communities. We keep talking about colonisation as if it's in the past. Australia is being colonised every day. We – our services sector - keep asking and researching and then ignoring recommendations because we didn't get the answer we wanted.
- PG: We keep not funding or funding inadequately the things that community says will work for them – cultural safety, healing, relationships, respect. As time goes on while we wait to be heard we get older ourselves and we realise things are changing for younger people – we can see they don't have the benefits we have – the feelings of being part of a bigger extended family - many beds, many dinner tables, many aunties – the joy of things that don't cost money.
- Being together, remembering people who have passed and who were all part of this mob and that we all knew and we are all part of that person. We do things like let the grieving go on for two months and then as soon as we bury her its business as usual. Once people are dead and gone we speak our highest praise and cry our hardest tears but we don't value them living.
- Lorna McNamara (ECAV Director) and Letty Funston (ECAV Consultant & PHD Student) put this picture of Robyn's story together to help us remember that trauma sits underneath so many problems and if this is not taken care of the problems won't go away. As non-Aboriginal people they have really listened to what we have been saying about an Aboriginal worldview. The picture is quite clear – if we don't do this Robyn is going to end up the early death.



## References

- Australian Government. (2011). *Closing the Gap Monitoring Report*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs. Accessed via: <https://www.facsia.gov.au?our-responsibilities/indigenous-australians/publications-articles/closing-the-gap/measuring-progress-of-nter-activities/closing-the-gap-in-the-northern-terriotry-monitoring-report-july-to-december-2011>
- Carmody, M., Salter, M., Presterudstuen, G., Owendon, G. & Hudson, M. (2014). *Less to Lose and More to Gain: Men and Boys Violence Prevention Research Project Final Report*. Sydney, NSW: University of Western Sydney.
- Carter, E. (1987). *Aboriginal Women Speak Out*. Adelaide, SA: Adelaide Rape Crisis Centre.
- Flannery, K. & Byrnes, L. (1993). Sexual Assault Phone-in Report November 1992. Sydney, NSW: Sexual Assault Committee.
- Gordon, S., Hallahan, K. & Henry, D. (2002). *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*. Western Australia: Department of Premier and Cabinet.
- Lawrie, R. (2002). *Speak Out Speak Strong: Researching the Needs of Aboriginal Women in Custody*. Sydney, NSW. Aboriginal Justice Advisory Council.
- New South Wales Aboriginal Child Sexual Assault Taskforce. (2006). *Breaking the Silence Creating the Future: Addressing Child Sexual Assault in Aboriginal Communities in NSW*. Sydney, NSW: Attorney General's Department.
- New South Wales Child Sexual Assault Task Force. (1985). *Report of the NSW Child Sexual Assault Taskforce to the Hon. Neville Wran Q.C., M.P., Premier of New South Wales*. Sydney, NSW: New South Wales Government.
- New South Wales Government. (2007). *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities: 2006-2011*. Sydney, NSW: New South Wales Government
- New South Wales Department of Health. (2011). *NSW Health Aboriginal Family Health Strategy*. Sydney, NSW: Centre for Aboriginal Health.
- New South Wales Department for Women. (1996). *Heroines of Fortitude: The Experiences of Women in Court as Victims of Sexual Assault Summary Report*.
- New South Wales Ombudsman. (2011). *Addressing Aboriginal Disadvantage: The Need to Do Things Differently: A Special Report to Parliament Under s31 of the Ombudsman Act 1974*. Sydney, NSW: NSW Ombudsman
- Hunter, Y. (2007). *Partnerships, Prevention and Rural Action III*. A conference on child sexual assault in Aboriginal communities 15-19 October 2007, Sport and Recreation Centre, Lake Burrendong, Sydney, NSW: Women's Legal Services NSW.
- Perkins, R. (2014). *Black Panther Woman*. Sydney, NSW: Blackfella Films.
- Sykes, R. *Fallin'*. Accessed via: <http://www.poetrylibrary.edu.au/poets/sykes-roberta/fallin-0554005>
- Van der Zandt, P. (2004). *Partnerships, Prevention and Rural Action II*. A conference on child sexual assault in Aboriginal communities 17-21 May 2004, Sport and Recreation Centre, Lake Burrendong, Sydney, NSW: Women's Legal Services NSW.
- Women's Coordination Unit. (1991). *NSW Aboriginal Women's Conference Report*. Sydney, NSW: Women's Coordination Unit.
- Women's Legal Resources Centre NSW. (2007). *Our silence is abusing our kids: What can our communities do about child sexual assault?* Sydney, NSW: Dymrna House and Women's Legal Services NSW.

## ***Special Edition: Sex Offenders with an Intellectual Disability***

### **CALL FOR PAPERS**

Professor Doug Boer and Dr Matt Frize (guest editors) are inviting submissions to SAANZ on the topic of *Sex Offenders with an Intellectual Disability*. Submissions may be about theoretical issues or assessment and treatment issues. The desired focus of the special edition is the improvement and facilitation of effective assessment and treatment of sex offenders who have an intellectual disability. Relevant theoretical contributions will be welcomed as well.

### **SUBMISSIONS**

Authors should refer to the submission requirements specified in the *Note to Contributors* section of the Sexual Abuse in Australia & New Zealand journal guidelines to prepare their manuscripts: <http://www.anzatsa.org/>

The guest editors reserve the right to reject papers they unanimously deem to be either out of scope of this feature topic or otherwise extremely unlikely to be accepted after a peer review process.

Papers for this special edition should be submitted to Prof Boer at [Douglas.Boer@canberra.edu.au](mailto:Douglas.Boer@canberra.edu.au)