Pasifika Practitioners' Experiences:

Working with people engaged in harmful sexual behaviour

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ABSTRACT

Pacific peoples in Aotearoa continue to be over-represented amongst those who demonstrate harmful sexual behaviour (HSB). Given the stigma that often coincides with this behaviour, there is a paucity in existing literature that considers the experiences of those providing treatment for HSB, particularly among Pasifika communities. This becomes even more of a concern for Pasifika people providing treatment to Pasifika with HSB, given the hierarchies, protocols and boundaries that exist within Pasifika communities. This study posed the question; what is the experience of Pasifika practitioners' working with Pasifika who have demonstrated HSB? The aim of this research was to provide insight into the experience of Pasifika practitioners in this space in the endeavour to provide an exploratory. The objective was threefold; (i) Establish a basis of knowledge that can be built on through future study to support the professional development of Pasifika and non-Pasifika practitioners working with HSB, (ii) Create greater awareness and support within the community for Pasifika practitioners working within the space of HSB, (iii) Determine recommendations for developing culturally appropriate treatment for working with HSB so practitioners can engage in evidence-based practice that is culturally safe. A Pasifika-appropriate Talanoa methodology was employed to navigate data collection with the participation from five Pasifika practitioners who include social workers and psychologists. Data was analysed using thematic analysis. In response to the research question, four overarching themes were identified to depict the experience of Pasifika practitioners; the centrality of the Vā, integrating culture into practice, service to the community and navigating heterogeneity. This study identified the need for future research to focus on a professional development framework for Pasifika practitioners working with HSB. It also highlights that efforts should be made to improve guidelines and supports for Pasifika practitioners working with HSB. Moreover, in the endeavour to create infrastructure and policy

that further perpetuates appropriate methodologies, these goals should sought to be achieved in a way that is Pacific by Pacific for Pacific.

ACKNOWLEDGEMENTS

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CHAPTER 1: INTRODUCTION TO THE STUDY

Background and Rationale of the Study

Sexual violence has a profound and lasting impact within every facet of our society and Aotearoa, New Zealand (NZ) should be intent on addressing it with both urgency and commitment. Using psychological treatment to support individuals with offending behaviour is a meaningful way in which we can work to reduce recidivism and prevent further victimisation to break the cycle of abuse (Willis, 2018). The term sexual violence was defined by Shaw (2005, p. 217) as "any sexual behaviour which occurs: 1) without consent, 2) without equality, or 3) as a result of coercion", and refers to any sexual behaviour including rape, child molestation, incest and other forms of non-consensual sexual contact or interaction.

Globally it is estimated that nearly 1 in 10 men and 1 in 5 women are victim to sexual violence within their lifetime (Grøndahl et al., 2021; Percival, 2010). Within Aotearoa NZ sexual violence is defined by the Crimes Act as; "the act of a person who; a) rapes another person; or b) has unlawful sexual connection with another person" (Crimes Act 1961, 1961, p. 93). The exact prevalence of sexual violence within Aotearoa NZ is unknown (Ministry of Justice, 2019). A lack of statistical insight can to be attributed to inconsistencies in data collection methods and a hesitancy from victims to report their experiences to authorities (Percival, 2010). This means that the rate of victimisation is potentially much higher than what is currently estimated.

With the limited data available, Pasifika are over-represented in sexual violence statistics in Aotearoa NZ (Ministry of Social Development, 2016). Whilst these statistics are not indicative of a *Pasifika problem*, they highlight the need for development and delivery of treatment that is informed by cross-cultural research and prioritises the worldviews of Pasifika (Ioane et al., 2021). There are a plethora of possible motivations for engaging in research that

will support positive outcomes for Pasifika. The one that may hold the most weight is that by the year 2038 Pasifika are estimated to make up 11% of the population within Aotearoa NZ. Therefore investing in the success and wellbeing of Pasifika now will have significant social and economic benefits not only for the Pacific community but Aotearoa NZ as a whole (Ministry of Social Development, 2016).

The Pasifika community comprises of an array of vibrant individual cultures and practices. Despite diversity, all Pasifika share the collective worldview, one that is relationally based (Te Pou o Te Whakaaro Nui, 2010). Pasifika only see themselves in the context of others and any one person cannot be considered as an individual separate from their family or community (Fa'alogo-Lilo & Cartwright 2021). This is important as an identity that is defined by the relationships held with others is vastly different from a western individualist identity. The main difference being that any action taken by one person will have resounding effects that impact the community on a far grander scale than that felt within an individualist Eurocentric culture.

These connections between and within the community are so integral to the Pasifika worldview that they are given their own theoretical construct, the Vā. The Vā is the relational space between, a space that connects and does not separate (Wendt, 1999). Its' concept denotes context and meaning to relationships (Wendt, 1996). It predicates and governs the boundaries and input that is required to build and maintain the collective wellbeing of Pasifika (Anae, 2001; Samu, 2010).

It is because of this, that the Vā is a fundamental concept to the engagement with the Pasifika community (Ioane et al., 2021). Some of the protocols distinguished by the Vā create boundaries for the ways in which Pasifika are to communicate and behave with others. One frequently observed example of this is the unquestioned respect given to those with professional or leadership roles within the community (Ioane, 2021b). Another is the sacred

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brother-sister covenant that prohibits any physical contact or discussion around sexual matters, often extending beyond a brother and sister to most relationships between a male and a female (Rankine et al., 2017). In order for predicated boundaries such as these not to be misinterpreted or act as barriers to engagement in a therapeutic setting, it is imperative that we work to provide Pasifika-appropriate interventions. Interventions that are built using cultural values and beliefs as a foundation of our work, rather than a decorative afterthought.

Within the mental health sector it has been demonstrated that using culturally grounded, evidence based interventions can significantly improve outcomes for minority groups (Fa'alogo-Lilo & Cartwright, 2021; Health and Disability System Review, 2020; Kingi-'Ulu'ave, 2007; Koç & Kafa, 2019). The assumption is that these findings are also relevant to those who have demonstrated harmful sexual behaviour as both mental health and harmful sexual behaviour carry a significant amount of stigma within the Pasifika community (Ataera-Minster, 2018; Fa'alogo-Lilo & Cartwright, 2021; Ioane et al., 2021; Te Whakaaro Nui, 2010). In light of this, the hope is to create an evidence-based foundation of knowledge on the experience of Pasifika who work with those who have demonstrated HSB that is grounded in the collective Pasifika worldview.

Aim and Objectives of the Study

The aim of this research is to provide insight into the experience of Pasifika practitioners working with individuals who have demonstrated harmful sexual behaviour. The objective is threefold;

(i) Establish a basis of knowledge that can develop and enhance the way in which practitioners work with Pasifika people with harmful sexual behaviour

(ii) Create greater awareness and support within the community for Pasifika practitioners working within the space of HSB

(iii) Determine recommendations for developing culturally appropriate treatment for working with harmful sexual behaviour so practitioners can engage in evidence-based practice that is Pasifika appropriate

Research Question

What is the experience of Pasifika practitioners working with Pasifika people engaged in harmful sexual behaviour?

Research Methodology

The aims of this research are exploratory and henceforth the focus is on process, not outcome. Due to the paucity of existing literature, a foundation for future research is needed. As a researcher, this led me to believe that qualitative methods will most effectively meet the aims of the study. Therefore, this study utilised talanoa in an attempt to establish a conceptual framework that is capable of denoting meaningful data, reflective of Pasifika practitioners' experiences. Talanoa is a well-established process for creating conversation around intricate topics within Pasifika culture (Farrelly & Nabobo-Baba, 2014). Talanoa has been identified to enable Pacific research participants to feel comfortable in their experience within a research process. This is beneficial in that it supports the development of culturally appropriate information that will work to improve the outcomes for the Pacific community (McGrath & Ka'ili, 2010).

Theoretical Framework

This research was derived from a Pasifika-appropriate, Talanoa approach (Gremillion et al., 2020. The Talanoa approach was chosen to centralise the tenets of Pasifika values and beliefs, in the interest of safeguarding the integrity of Pacific knowledge (Smith, 1996; Vaioleti, 2016). An iterative method was used to ensure the analysis was firmly grounded in the data to enable meaningful themes to be illustrated. Braun and Clarke's (2006) thematic analysis was selected due to its flexibility, allowing subtleties or nuances specific to Pasifika

practitioners not to be lost throughout the analysis. Within their writing Braun and Clarke (2013) outline the importance of recognising that the themes do not arise autonomously from the transcripts but are rather delineated through the experiences and meanings of the participant and researcher alike. Braun and Clarke (2019) also highlighted that the researcher's expertise and experience will enable the construction of meaningful themes. This is relevant as I have lived experience within the Pasifika community in Aotearoa and hope to one day work as a practitioner in this field.

Ethical Considerations

Consideration for ethical standards were kept at the forefront throughout the duration of this research. Prior to commencing the research I made significant efforts to make sure issues pertaining to ethics were premeditated and discussed with my supervisor and other appropriate senior Pasifika professionals with significant expertise in working with the Pasifika community who have experienced HSB. The issues identified included: anonymity; voluntary participation; and researcher stance.

In an attempt to ensure participants' contribution was voluntary, participants were reminded that they are able to refuse to answer any or all questions at any time throughout the interview. Participants were also given a copy of an information sheet that included aims and methods of the study and informed consent was obtained prior to the collection of any data from the respective participant. The community of Pasifika practitioners working with individuals who have demonstrated harmful sexual behaviour is relatively small. Therefore confidentiality was the greatest ethical consideration throughout the process of this research. It was outlined to participants both within the information sheet as well as directly prior to the interview that all data and transcripts would be kept confidential and that transcripts would be sent to them prior to analysis for editing and approval.

Key Concepts of the Study

Defining Pasifika

Pasifika was defined by the Tofamamao Working Party as "Pacific peoples in both local and global; genealogically, spiritually and culturally connected to the lands, the skies and seas of the Pacific region" (Wendt Samu, 2010). Despite using one word Pacific or Pasifika within this text it is important to note that we refer to a diverse group of individuals whose heritage can be traced back to Polynesia, Melanesia and Micronesia. 'Pasifika' encompasses a plethora of dialects and cultural practices. Reference within this research to Pacific peoples or Pasifika does not presume uniformity but rather heterogeneity within a wider group of individuals bound by Te Moana Nuia Kiwa (*Pacific Health Research Guidelines*, 2014). The term Pasifika is therefore not definitive, but rather encompasses a vast number of languages, cultural practices and ethnicities.

The Vā

The Vā or the "space between people or things" (Ka'ili, 2005, p. 84) is a concept that holds great importance within the Pasifika community. The Vā is omnipresent, it impacts the way Pasifika behave in every aspect of their lives (Te Pou o Te Whakaaro Nui, 2010). It is where relationships are conceived, wisdom is shared and the fundamental sense of unity within any Pasifika community is established. Maintaining the Vā through reverence for the fundamental principles of love and respect are crucial to the collective worldview held by the Pasifika community. The Vā is a key concept within this study as its existence is the greatest tangible example of the polarity observed between an individualistic European culture and the collective Pasifika way of life. It is thought that the Vā has a significant impact on interactions with Pasifika (and their families) who have demonstrated HSB (Ioane, et al., 2021). Therefore within this research, significant consideration is given to how this might be reflected in the work Pasifika practitioners engage in.

Talanoa

Talanoa is a word utilised by many Pacific nations (Alefaio, 2009; Ka'ili, 2005; Vaioleti, 2016; Vaka et al., 2016). Translated simply Talanoa merely means to talk, but as is so common in translation the real meaning of the word is much deeper and can be lost if care is not taken. Within this research Talanoa is used as a way of gathering insight and establishing a consensus from those within the community of Pasifika practitioners working with individuals who have demonstrated HSB ('Otunuku, 2011; Vaka et al., 2016). Talanoa takes into account the cultural interplay at work throughout the interaction. This includes things such as silence, reflective thoughts, emotions, body language and eye movements. These aspects of the Talanoa are all seen as important elements of the participants' communication, as collectively they are able to ensure a rich and authentic accounts of the phenomenon, through the eyes of the participant (Alefaio, 2009; Vaka et al., 2016).

Harmful Sexual Behaviour

Harmful sexual behaviour refers to sexual behaviours that are enacted on another that occur without consent, equality or as a result of being coerced (Shaw, 2005). Within this study I made a concerted effort to use correct and considerate language when engaging in discourse around sexual violence and those who have demonstrated it. Reasoning behind this is that it has been demonstrated that labelling those who have victimised another sexually as 'sexual offenders' has the potential to increase the likelihood of recidivism (Willis & Letourneau, 2018). Moreover, this labelling has a significant impact on unnecessary stigma and shame experienced by those who have demonstrated sexual violence. Finally, it perpetuates a false discourse around the permanency of an individual's harmful sexual behaviour (Willis et al., 2010). It is for this reason that throughout this research the term 'harmful sexual behaviour' or 'those who have demonstrated harmful sexual behaviour' will be used with the intention of accuracy and respect for clients and their families.

Researcher Positionality

I am of mixed Pacific and European descent. My mother was born in the Netherlands and immigrated to Aotearoa at the age of 7 with her family. My father was born in Aotearoa and has both Samoan and German ancestry. Growing up in Auckland, my four siblings and I were brought up in the Seventh Day Adventist Church. My positioning within this research is there of neither an outsider or an insider but rather some place in-between. I am confident that my subjective experience will work as a catalyst for the empathy and understanding required to undertake this research. It is my hope that this lived experience will enable the story of the participants to be shared in a way that is beneficial to my community. My personal rationale for pursuing this topic is to attempt to contribute to my community in a way that I am proud of. To highlight the resilient nature of the Pasifika community despite facing numerous adversities. I hope that in using the strengths existent within Pasifika culture to build on our knowledge base will work to perpetuate best practice and a thriving Pasifika community within Aotearoa. My desire to add to the knowledge base surrounding harmful sexual behaviour was based on my personal experience, not as a victim, but a witness to the way in which my family history is riddled with sexual violence. The insidious nature of this cycle of abuse has been profound, intergenerational and has lingered on far beyond the reaches of the perpetrators. In this research I hope to add to the knowledge available in this area and continue to do so throughout my career in the endeavour to stop this cycle for families in the future. Having been blessed to have received an education, I feel that it is my responsibility to hold myself accountable for the wellbeing of future generations and to attempt to make a space for healing of what has already occurred.

Summary Overview of the Chapters

Chapter 1 – Introduction

In this chapter I provide an overview of this research. I note the rationale behind the study, the aim and objectives, as well as an overview of this study. The Pasifika-appropriate talanoa methodology captures the theoretical framework of the study. The ethical considerations of the study are summarised. Key concepts of the study are delineated and I share my positionality within the research.

Chapter 2 - Literature Review

The literature review considers existing literature that is relevant to this study. Sexual violence is considered generally, then within the Pasifika community in Aotearoa NZ and internationally. I then discuss aspects of Pacific cultural values and beliefs that are relevant to this study. Possible risk and protective factors for the Pasifika community in relation to HSB are discussed. I then give thought to what is currently known about practitioner's experience of working with HSB.

Chapter 3 - Research Methodology

The focus of this chapter is the methodology that underpins the research. Here I provide rationale for the Pasifika-appropriate talanoa methodology. The research population and sample are then clearly indicated. Following this the chapter offers insight into the Talanoa research instrument and data collection procedures. The chapter further offers the manner in which Braun and Clarke's (2006) thematic analysis was conducted and finally the ethical considerations are outlined.

Chapter 4 - Presentation of Findings

Chapter 4 presents the findings from the talanoa. Here I present the key findings and sub-themes of the study. These findings are included in a table as well as being discussed

using verbatim quotes from the talanoa. A table of participant demographics is included and participants are assigned a number to enable identification without impacting anonymity.

Chapter 5 - Discussion and Conclusion

In this final chapter I discuss the findings in relation to theory and existing research. I then discuss limitations identified throughout this research. Finally I conclude the study and provide recommendations based on the research findings.

Conclusion

This chapter, introduction to the study, provides an introduction and outline of this research project. It delineates the research question and highlights the congruent aim and objectives of the study. It outlines the theoretical framework that underpins a Pasifika-appropriate methodology used. Ethical considerations are then identified, and the steps taken to mitigate them are discussed. Key concepts relevant to the research are noted and explanation is given as to their relevance to the current research. Finally, a statement on researcher positionality is provided to give the reader an understanding of who I am and why I have chosen to undertake this research topic.

CHAPTER 2: LITERATURE REVIEW

Introduction

The intention of chapter two is to provide the reader with a comprehensive awareness of relevant existing literature. First, I delineate the strategy used to identify pertinent literature. I then review material that was deemed relevant to this research, providing a discussion on key topics identified within the review. These include sexual violence within Aotearoa, sexual violence within the Pasifika community in Aotearoa, relevant aspects of Pacific cultural values and beliefs as they pertain to HSB and possible protective and risk factors for the Pasifika community and HSB. I then discuss what is currently known about practitioners' experience of working with HSB, noting an important caveat. Whilst there is an absence of existing research into this topic, I feel this chapter gives good insight into the broader context of the Pasifika community and HSB as well as the complexity that Pasifika practitioners face working in this area.

Aim and Objectives of the Study

This research aims to provide insight into the experience of Pasifika practitioners working with individuals who have demonstrated harmful sexual behaviour. The objective is threefold;

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Research Question

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Literature Review Strategy

A comprehensive and systematic search was conducted of PubMed, Scopus, Web of Science, Science Direct, ProQuest Central, Google Scholar, and NZ Research. The sources were not limited by their date, and the seven databases were examined using a blend of free text search terms associated with the research topic. The key terms that were used within this process were: *Pasifika, Pacific, practitioner, experience, minority, indigenous, psychologist, counsellor, social worker, mental health nurse, harmful sexual behaviour, and sexual offending*. These searches enabled the identification of several relevant sources that included but were not limited to; journal articles, theses, dissertations, reports, government documents, conference proceedings and books. Additionally, bibliographies of existing research were examined for further information. Within this literature review a comprehensive search was conducted due to the heterogeneity of the discourse and paucity of data surrounding Pasifika practitioners' experience of working with HSB.

Sexual Violence

Sexual violence represents an insidious social problem that exists within every facet of our society (Finney, 1968; Grøndahl et al., 2021; McCartan & Gotch, 2020; World Health Organisation, 2020). Sexual violence refers to any sexual behaviour experienced without consent. The term *sexual violence* includes rape, child molestation, incest and other forms of non-consensual sexual contact or interaction (Grøndahl et al., 2021; Percival, 2010). Throughout the last decade there has been an increase in the global socio-political recognition of sexual abuse and a significant rise in the willingness to report sexual violence that has occurred historically (Mccartan et al., 2021; Vertommen et al., 2018). Despite this trend, the

reporting of sexual violence varies significantly between and within countries depending on socioeconomic status, population and cultural norms (World Health Organisation, 2020). These discrepancies mean that there is no consensus on the rate of sexual violence experienced globally.

Sexual Violence in Aotearoa

Within Aotearoa the exact prevalence of sexual violence is also unknown (Ministry of Justice, 2019). The New Zealand Crime and Safety Survey (NZCASS) demonstrated that around 9% of sexual offences were reported to the Police. Therefore a large majority of sexual violence goes undocumented and unprosecuted (NZFVC, 2017). The 2021 New Zealand Crime and Victims Survey (Ministry of Justice, 2021) identified a number of alarming statistics. Gender has a large impact on the likelihood of having experienced sexual assault with 12% of those who identify as males and 35% of those who identify as female having been victimised at least once in their lifetime and over three quarters of sexual assaults being carried out on women. Individuals with diverse sexualities were identified as being four times more likely than the national average to have been sexually assaulted (9% and 2%). Moreover, factors that were correlated with increased experiences of sexual violence were; having a low household income ($10,001-$20,000), identifying as physically disabled, identifying as gay or lesbian, having experienced psychological distress, having low life satisfaction and a low sense of safety (Ministry of Justice, 2019). Over half of the sexual assaults reported were carried out by an individual known to the victim, this included family members, intimate partners and others known to the victim (Ministry of Justice, 2021). These statistics shared by the Ministry of Justice demonstrate that the implications of sexual violence are profound. Indeed, they highlight that sexual violence often results in victimisation of vulnerable groups within our community, resulting in long-term negative implications on society as whole. Therefore, efforts

to reduce recidivism and break the cycle of abuse are of paramount importance for those who are already identified to be the most vulnerable within our community.

Sexual Violence in the Pasifika Community in Aotearoa

The Pasifika community continues to experience an over-representation in both victimisation and offending statistics. Pasifika offenders are imprisoned at a rate of 338 per 100,000 within in the general population, which is over three times the rate for Europeans within Aotearoa (Department of Corrections, 2015). Pacific overrepresentation is most profound within violent and sexual offending statistics. With violent offences being the most numerous for the Pasifika community (46% as opposed to 35% of non-Pacific) and sexual offences (29% compared to 24% in the non-Pacific population) (Department of Corrections, 2015). These statistics demonstrate vulnerability within the Pasifika community and the urgent need for resource reallocation to support the reduction of these statistical artifacts. These numbers are merely a reflection of a wider societal issue that prioritises the dominant Eurocentric worldview (Percival, 2010).

This troubling pattern is also reflected in our intimate partner violence (IPV) statistics. Intimate partner violence refers to "any action within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (New Zealand Family Violence Clearinghouse, 2012, p. 3). Intimate partner violence is of grave concern for the Pacific community as Pasifika are more likely (9%) to report having experienced intimate partner violence (IPV) in the last year than all other ethnic groups (European 4%, Asian 3%), other than Maori (14%) (Fanslow et al., 2010). Moreover, Pasifika are also more likely to be victims of severe IPV, despite significant underreporting from Pasifika women (New Zealand Family Violence Clearinghouse, 2012). IPV within any community has vast and resounding effects as it impacts all those who live within the household and not just the victim. Specifically, it demonstrates to children or young people within the household how an intimate relationship

should function (Fanslow et al., 2010). Having such a high proportion of IPV within the Pasifika community is particularly concerning as household crowding is commonplace amongst Pasifika families. With 45% of Pacific children living in an overcrowded house forcing more vulnerable children to be exposed to the cycle of abuse (Ministry of Social Development, 2016).

Evidence of this abuse cycle can be observed in Pacific youth offending statistics. Pasifika have the highest proportion of children under the age of 14 (32.%) in Aotearoa (Pasifika Futures, 2017). This high proportion of Pasifika youth is important as statistics from the Ministry of Justice showed the proportion of Pasifika children and youth (aged 10-17) who had a Youth Court outcome, or were convicted and sentenced for sexual assault (or a related offence) went up slightly from 2008 to 2019 (10% to 11%) (Statistics New Zealand, 2020). It is projected that by 2038, that one in five children in Aotearoa will be Pasifika (Pasifika Proud., 2016) highlighting that the health and wellbeing of Pasifika youth will have a significant impact on our society as a whole (Ioane, Tofaeono, et al., 2021).

The etiology of Pasifika youth who engage in sexual offences is not well reported in statistical data. Ioane et al. (2013) conducted research looking at Pasifika violent youth offenders in comparison with their European and Māori counterparts. Their results showed that Pasifika youth offenders were different from Maori and European youth in that they had a greater chance of experiencing their formative years in the lowest socioeconomic deprivation areas in Aotearoa. Ioane et al. (2013) also found that Pasifika were more likely to engage in their first offence at an older age than their Māori and European counterparts. Moreover, Pasifika youth offenders' first offence had a higher likelihood of being of a serious and violent nature. Although these findings were investigating violent youth offending and did not break down Pacific Island ethnicities, they illuminate a different pattern in the type of the offences

committed by Pasifika youth. More importantly, they speak to the need for tailored supports that meet the needs of our Pasifika youth population.

In a recent study, Ioane et al. (2021) demonstrated Pasifika youth who engaged in HSB were more likely to exhibit behavioural and emotional problems, have an extensive background of non-sexual offending prior to their sexual offending and be at a higher risk of dropping out of treatment than Pākehā youth. They highlighted that to mitigate these findings, Pasifika youth need to be considered within a cultural and clinical context that is relevant to them. Whilst using psychometrics that were not normed for Pasifika these findings still present useful implications. They outline the need for the development of family-based interventions that employ culturally appropriate norms based on the Vā to inform frameworks in the hope of improving outcomes for Pasifika youth and their families (Ioane et al., 2021).

The needs of Pasifika youth and adults are particularly complex as ethnic identity and cultural orientation are experienced on a broad spectrum. Additionally, those who belong to the Pasifika community are more likely to be in the neighbourhoods with the highest level of deprivation and experience crime and antisocial behaviour at a greater rate than that of the general population (Ministry of Social Development, 2019). Meaning that Pasifika are more vulnerable to poorer outcomes for measures such as education, health and employment. In light of this, new interventions and efforts to establish equitable environments need to be created and implemented to dismantle this correlation between wellbeing and cultural identity (Agnew et al., 2004; Ataera-Minster, 2018; Percival, 2010; Schluter & Paterson, 2009). These interventions sole purpose should be to mitigate the lingering effects of perpetual neoliberalism and colonialism that have worked so hard to deprive ethnic minorities of their cultural identity.

I want to reiterate that these statistics do not occur in a vacuum. I feel that it must be acknowledged that there are an array of interacting factors that have caused this overrepresentation of Pasifika within offending statistics (Fa'alogo-Lilo & Cartwright, 2021;

Pasikale et al., 1995; Paterson, 2007). They are the symptomology of a systemic problem within our country where whereby minorities, such as Pasifika are marginalised and assimilated into a colonialised system that results in socioeconomic deprivation and everything that comes with it.

The Pasifika Perspective

The intention of section is to attempt to provide some understanding as to why Pasifika experience overrepresentation within these statistics and to highlight the intergenerational effects of a lack of support within policy and government. Relevant cultural values and beliefs that are thought to impact these outcomes are mentioned. Then possible risk and protective factors are considered, and the possible utility of the protective factors is highlighted.

Pacific People in Aotearoa

Some 1200 years ago the first of four major waves of Pacific people migrated to Aotearoa New Zealand. This first group of Eastern Pacific people made a home in Aotearoa and are what we know now as Tangata Whenua, Māori/ Indigenous peoples of Aotearoa. This migration story is powerful as it binds the relationship between this first group, Māori (Tangata Whenua) and Pasifika peoples (Tangata Moana) as extended family and formed bonds through genealogy and cultural practices in Te Moana Nuia Kiwa, or connections through greater Oceania kinship (*Pacific Health Research Guidelines*, 2014). These connections are crucial to the sentiment Pasifika have in acknowledgment, recognition, and the desire to protect Te Tiriti o Waitangi and the right of Tangata Whenua, Māori to exercise tino rangatiratanga or self-government.

The next two stories of migration are reflective of European colonisation of the Pacific. The second was 150 years ago when people from the Pacific Islands migrated to Aotearoa as missionaries, whalers, teachers and sailors. After another 70 years the third wave occurred

when Pasifika who provided their services in colonial armed forces or acted as civil servants in Pacific colonies were given the option to migrate to Aotearoa (Anae, 2001).

Perhaps the most familiar migration story is that of the fourth wave, whereby Pacific peoples migrated to Aotearoa for economic reasons, mostly taking up employment in the service and manufacturing sectors in the post-war economy (Anae, 2001; Macpherson, 2001). Having moved to a new country with differing social and economic norms the population has been exposed to several social and economic challenges that continue to impact the community today. The most notable being the downturn of Aotearoa's economy in the mid-1970s and the resultant harassment and scapegoating demonstrated by Norman Kirk's Labour government and perpetuated through Rob Muldoon's National government well into the 1980s (Anae, 2012).

At the last census, 8% of the total population in Aotearoa belonged to the Pasifika community (*Statistics New Zealand*, 2019). Of the nearly 400,000 Pacific individuals within Aotearoa, the majority continue to experience socioeconomic hardship. This hardship includes a persistent and significantly increased incidence of poverty-related health issues, such as cardiovascular disease, diabetes, and cancer. Meaning that life expectancy at the time of birth for Pasifika is more than six years lower than that of non-Māori non-Pacific people. In addition to this, the rate of mortality considered to be avoidable is double in Pasifika (47.3%) when compared with non-Māori, non-Pacific populations (23.2%) (Health System Review-Pacific Report, 2019). Pasifika earn the lowest personal annual median income at $19,700 in comparison to $30,900 annually for Europeans in Aotearoa and have the lowest rate of University Entrance by ethnicity within Aotearoa (Ministry of Social Development, 2019).

To date, Pasifika are overrepresented in statistics correlated to the ramifications of deprivation and disadvantage (Malatest International, 2020). My aim in sharing these

demographics is not to highlight these adversities in order to perpetuate the idea of a *Pacific problem* but rather demonstrate the impact of the failings of Aotearoa's historical leadership. Furthermore, I intend to highlight the necessity for improvement of development, communication, and delivery of culturally appropriate services to create a prosperous and healthy Pacific population within Aotearoa (Agnew et al., 2004). To improve the overall health and wellbeing of the Pasifika community in the future we must look back, to consider the mistakes that have been made in the past. The insurmountable damage caused to the wellbeing of the Pasifika community can be for the most part, attributed to the European obsession with assimilation and the resultant marginalisation of minority communities. Therefore, to understand the specific cultural needs of Pasifika who demonstrate HSB, one must first consider the vast differences between the Pasifika collective worldview and individualist Eurocentric way in which methods have historically been derived from.

Pacific Worldview

The Pasifika worldview is collective, meaning that each individual within the Pasifika community sees themselves as just one part of a whole (Te Pou o Te Whakaaro Nui, 2010). The rest of the Pasifika identity incorporates family, community, physical aspects of the environment (village, seas, and land) and the spiritual world (ancestors, God and spirits) (Ioane & Tudor, 2017). Historically, reviews existing interventions have typically avoided inclusion of analysis or discourse relevant to the Pasifika worldview, and topics such as culture, spirituality or ethnicity (Miranda et al., 2005). Moreover, group studies that were conducted often lack significant representation of Pasifika in their samples. Meaning that results do not pertain statistical significance or power to gather an understanding of interventions effectiveness within the community. In their review Southwick and Solomona (2007) consider the applicability of theoretical frameworks used with Pasifika who require support for their mental health. They state "little research has occurred to begin to mediate this polarity"

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speaking about "a cultural difference of understanding between the body of knowledge that constitutes a western bio-psycho-social explanation of mental health and mental illness and Pacific people' holistic world views" (p.22). Despite being in reference to the mental health frameworks, it is thought that these shortcomings are also experienced by Pasifika who demonstrate HSB. Whereby the existing theoretical frameworks based around western philosophy are not applicable or acceptable to Pasifika worldview (Tamasese et al., 2005b). Moving forward, research must see the world through the lens of the collective worldview. Concepts such as the Vā and other core values and beliefs should be at the core of any evidence-based progress.

The Vā: A sociospatial connection

The Vā is a concept of great importance within the Pasifika community. The concept of Vā is not exclusive to any one Pacific nation but is present in Samoa, Tonga, Rotuma and Tahiti. Aotearoa, Japan and Hawai'i also use the term Wā (Ka'ili, 2005). The Pacific notion of Vā is the definition used within this study as it is relevant to my Samoan heritage. Pratt's Grammar and Dictionary of the Samoan Language defines Va as "a space between" (1911, p. 100). The Vā emphasises the space between, not something to be filled but rather an object in itself.

The Vā is, at a fundamental level, different to the westernised idea of space being a room or expanse. It does not need be to be closed or filled up as it does not possess an "empty, separate or closed space" (Simati, 2011, p.7) but instead is full of intertwined connections and a "duality of substance and respect" (Wendt, 1996, p.42). Throughout my literature review it became aware that Albert Wendt's 1996 definition of the Vā in 'Tatauing the Post-Colonial Body' has been formative within Pacific academia:

"Important to the Samoan view of reality is the concept of Vā or Wā in Māori and Japanese.

Vā is the space between, the between-ness, not empty space, not space that separates but

space that relates, that holds separate entities and things together in the Unity-that-is-All, the

space that is context, giving meaning to things. The meanings change as the relationships/the

contexts change. A well-known Samoan expression is 'Ia teu le vā.' Cherish/nurse/care for

the Vā, the relationships. This is crucial in communal cultures that value group, unity, more

than individualism: who perceive the individual person/creature/thing in terms of group, in

terms of Vā, relationships". (Wendt, 1996, p.402)

This influential quote defines the *space between* and gives thought to how this space correlates to individual entities. Throughout the formation of relationships separate identities merge to become one. Meaning that there is no 'other' and cultural, familial and traditional differences once felt, draw to a close through the Vā interface (Sharon & Kumar, 2011). Wendt gives credence to the collective worldview held by Pasifika, outlining the significance of social space (Lilomaiava-Doktor, 2009). Here the Vā "connotes mutual respect in socio-political arrangements that nurture the relationships between people, places, and social environments" (Lilomaiava-Doktor, 2009, p. 12). In light of this, the Vā's capacity becomes clear.

The Vā has been utilised extensively by Pasifika scholars: by Karlo Mila-Schaaf (2009) in her insight on Pasifika mental health, by Karl Pulotu-Endermann (2001) in his Fonofale Model of Health and Melani Anae (2021) in Liberating education/teu le Vā (relational ethics). A recent study looking into the barriers and supports experienced by Pasifika in Aotearoa's mental health services reported: "Culturally attuned services are needed—services that understand the culture's system of knowledge and practices that shape the experience of mental distress and responses to treatments" (Fa'alogo-Lilo & Cartwright, 2021, p.754). Suggesting the need to engage in ethically responsible work with the Pacific community by employing holistic approaches to Pacific needs.

I then come to this research, and I feel that in this moment it is appropriate for me to state my positioning on the concept of the Vā. I agree wholeheartedly with Wendt (1996) that

the Vā is not an empty space but one that connects, one that exists when two (or more) congregate. I believe that the Vā bestows responsibility on us as free entities to embody respect and love for one another. I see how as free beings we act in proper and improper ways. In relation to this study I then consider: *How do Pasifika practitioners maintain the Vā working with those in their own community who have violated it?*

One answer to this could be Refiti's (2008) explanation of the Vā through the anecdote of the meeting of Samoan chiefs:

"When Samoan chiefs encounter each other in the fōnō council they don't think strategically

about their Vā as a between thing – no, they are already in it, they are seized by it and

therefore a being-Samoan can be said to be already opened. There is no gap, when a matai

sits in the fōnō council he/she is no longer what he/she is today, he/she becomes the ancestor.

This is what I mean by a co-openness" (Refiti, 2008, p. 14).

In this definition Refiti is saying that the Vā is not something that you consciously engage in but something that is embodied through the vessel that is the person. Perhaps it is in this sense that the practitioners engage in subconscious negotiation through the Vā with their clients.

Within this research, understanding of the Vā is paramount as it defines the way in which Pasifika communicate and interact with one another. This too will be relevant to the client and practitioner relationship as the Vā could be used as an active character in "creating space for mutual respect" (Anae, 2001, p. 5). To apply a Pasifika perspective to the process of conceptualising *the experience of Pasifika practitioners' working with those who demonstrate HSB* we must then keep the concept of the Vā at the forefront of the research.

Other Important Pacific Values and Beliefs

Pacific Island nations are not homogenous, but there are strong genealogical and historical links affirming the interconnected identity betwixt individuals from differing Pasifika nations, one example being the Vā as discussed above. These links enable research focused on

Pasifika practitioners to tentatively inform culturally based practice across Pacific nationalities within Aotearoa. Within this research, there will be reference to some of the values and beliefs held by different Pasifika nations, but it is important to note here that this is should by no means be considered an exhaustive list. This research will for the most part employ Samoan terminology within the discussion due to my heritage and identity. Samoan culture is built from the principles of Fa'asamoa (Tamasese et al., 2005a). Fa'asamoa, translated to the Samoan way defines a person's identity as encompassing all the elements of their reality and their relation to each of these as just as crucial as the individual themselves (Ravulo et al., 2019). Whilst the values discussed below often have specific terms within each nation, island, or village, they are customs and protocols that are widely shared amongst the collective Pacific epistemologies.

Fa'aaloalo/ Respect

Respect is an important aspect in the collective worldview within Pasifika values system. Within a pacific *aiga* or family, youth have a clear responsibility to care for and prioritise the wishes and needs of their elders. This often means being compliant and doing what is asked of them by older family members without question (Xiao & Smith-Prince, 2015). This concept of respect is also extended to church ministers or religious leaders within the community who possess both *mana* and *tapu*. Great *mana*, defined by Makirere (2003 p. 12) as "concentration of power in gods, spirits, individuals, rites or objects" and *tapu*, defined as things that are "forbidden and set apart to be avoided because they are either divine or corrupt" (Mitaera, 2016 p. 45). As an individual within the community who has been bestowed with this honour, the boundaries that are experienced and the consequences for violation of these boundaries will not incur the same repercussions as others within the community (Ioane, 2021). Within the space of HSB, respect is thought to impact interactions in a plethora of different ways. This may include the actions of those who demonstrate it, those who experience it and also Pasifika practitioners who work with it.

Tautua/ Service

      Tautua is at the core of *fa'a-Samoa*, or the Samoan way. It refers to the concept of service or rather to serve, in the context of family, community or church. The word tautua is comprised two separate words, tau and tua. Translated literally, tau means to fight but in this context it means to work hard to serve. Tua means behind or back. Therefore the agglomeration of these two syllables '*tautua*' means to serve from the back or serve from behind (Ravulo et al., 2019). A framework developed by Fa'aea and Enari (2021) named the Tautua Life Cycle, is a useful to demonstrate what tautua looks like within one's lifetime. In their model Fa'aea and Enari (2021) depict three oscillating spheres, conceptualised to denote the Pasifika journey to leadership that is obtained through the demonstration of service within a lifetime. The three spheres of service; tautua ia tautua (serve to serve), tautua ia pule (serve to lead) and pule ia tautua (lead to serve) are relevant in it is an integral part of the cultural practices and way of life for Pasifika.

Aiga/ Family

      Family is a central element of the Pasifika worldview. Within a Samoan context aiga is at the core of *fa'a-Samoa* (the Samoan way) and denotes to kindship to include immediate and extended family, blood relatives, legal relatives and adopted relatives (Meleisea and Schoeffel, 1998). Within this context the aiga provides support, encouragement, love, cohesiveness as well as encouraging the demonstration of service and reciprocity to one another (Anae, 2001; Malatest International, 2020).

Itu/Loto fa'aleagaga/ Spirituality

      Religion or spirituality are at the core of the Pasifika worldview, within Aotearoa nearly three quarters of the Pasifika community report that they hold religious beliefs or attend church (Ministry of Social Development, 2016). Religion and spirituality, whether it be Christianity

or in traditional Pacific God(s) is often the cornerstone of the way of life. Regardless of an individual's level of affiliation with the Church it is often considered a safe place of inclusion and security (Ioane, 2021).

Loto maualalo/ Humility

Humility is demonstrated through prioritising the opinions and needs of those who possess great mana and expertise without question (Ioane & Tudor, 2017b). Examples of this could be the silent acknowledgement and unquestioning faith in those who possess power, particularly elders within the family or religious leaders. Humility is an important part of the Pasifika worldview and is accountable for the behaviour demonstrated by many individuals within the pacific community (Ioane, 2021).

Relationship Of Pacific Cultural Values And Beliefs And HSB

For individuals within the Pasifika community wellbeing is defined as a balance in relationships, aptly put by Lui;

> *"Pacific people have a holistic view of health where a person is in tune with his/her*
> *environment and community. Health is achieved when there are positive and balanced*
> *relationships between these three elements: Atua (God), Tagata (people) and Laufanua*
> *(land/environment). Health is the state in which a person's physical, mental and spiritual*
> *needs are in balance and the person is able to meet their obligations to themselves, their*
> *family, village and community."* (Lui, 2004)

Therefore, sexual violence, especially committed against those within the agia (family) or community are considered a catastrophic breach of a sacred relationship and results in a significant negative impact on wellbeing.

There are a plethora of factors at interplay in this instance, and so considering the relationship between harmful sexual behaviour and cultural values and beliefs within the Pasifika community is extremely complex. This complexity is something this research hopes to provide

further insight into. Within what little existing research there is the Vā, service, family, humility, and spirituality will all work to impact the interactions between clients, practitioners, and families (Sinclair et al., 2018; Tamasese et al., 2005a; Te Whakaaro Nui & Olo-Whanga, 2010). Despite much of this research being relevant to the mental health space, it is thought that the nuances of working with Pasifika can be attributed to these values and beliefs. Moreover, these findings are thought to provide some insight into the complexity of working with clients in the HSB space so that known strengths and protective factors can be utilised whilst risk factors can be mitigated.

Protective Factors for Pasifika Who Demonstrate HSB

Existing literature points to several protective factors that are related to the social cohesion that exists within the core of Pasifika values and beliefs. One of the most notable, the brother-sister covenant is referred to in distinct ways throughout Pasifika culture is one of the most important relationships within any community. This relationship is defined by expressing inherent respect for and avoidance of body contact, prohibition of sexual talk, media content or conversations (Herda et al., 1990; Papaliʻi, 2002; Rankine et al., 2017). In Samoan culture the status of the sister is referred to as *feagaiga,* there is no covenant more sacred than that between brother and sister. This respect extends further to most relationships between genders such as, cousins, children brought into the family, and uncles and aunts (Percival, 2010). In Tonga this relationship is defined as being at the core of *anga faka-Tonga* or the Tongan way (Herda et al., 1990). In Fiji women are thought to embody the divine through their reproductive powers, creating the new family line (Torres, 2007). The *Vā feagaiga* (the sacred brother-sister covenant) is thought to act as a protective factor by informing individuals within the Pasifika community what it means to behave and interact appropriately through cultural protocols.

In addition to the *Vā feagaiga* (the sacred brother-sister covenant)*,* the Vā or scared, spiritual space between individuals, discussed above is another concept that places importance on

maintaining positive relationships. The Vā is considered to be a protective factor as it enforces the sacred nature of any relationship and is thought to deter individuals from acting in a way that would victimise others within the community (Nelson Agee et al., 2020).

To further support the idea that there are protective factors within Pasifika culture is the existence of the *Ifoga.* To adopt the words of Faaleava and Alefaio (2022) an "Ifoga is a Samoan cultural ritual of reconciliation enacted when a deep transgression of tapu (sacred) has occurred, and has been described as a ceremony of apology and reconciliation which involves aiga (family) and villages rather than individuals" (p.65). This is a protective factor as it is thought to communicate the gravity of the actions taken by the participant more effectively in accordance with the principles of responsivity in literature surrounding rehabilitation (Bonta & Andrews, 2007; Faaleava & Alefaio, 2022).

The intertwined nature of spirituality and religion within the Pasifika community is also a protective factor, in his article Pouono (2017) stated that Christianity and Christian values are central to the Samoan way of life. Christian values and teachings are all derived from love, encouraging all those within the community to treat themselves and others with respect and kindness (Meleisea et al., 1987; Tofaeono, 2000).

A review commissioned by the Ministry of Pacific Island Affairs (Percival et al., 2010) also found strong condemnation of sexual violation against others was expressed by all seven of the Pacific communities within the report. Moreover, the report identified that many Pacific Christian organisations have implemented policies to reduce sexual violence within the community (Rankine et al., 2017). These teachings, attitudes and opinions held publicly by the Church within the Pasifika community are an important protective factor as within Aotearoa, the Christian church has become the socio-cultural hub where cultural guidelines are delineated and sustained (Tuala-Warren, 2002). Indeed condemnation of harmful sexual behaviour from

the Church is to some extent, a protective factor due to the profound commitment to its values demonstrated by the Pasifika community.

Despite the aforementioned protective factors it appears that much of the professional development and resultant treatment methodologies available to the Pasifika community is designed for individualised, Eurocentric values. Therefore regardless of these strengths, Pasifika clients are not necessarily able to make use of them, or rather there is very little available in terms of existing frameworks for Pasifika practitioners to learn how to utilise them (Fa'alogo-Lilo & Cartwright, 2021; McGrath & Ka'ili, 2010; Pulotu-Endemann, 2004). Leaving Pasifika practitioners to navigate the transformation and application of methodologies on their own. This is thought to result in poorer outcomes for Pasifika who demonstrate HSB and so for this reason in combination with the known risk factors there is need to develop a culturally appropriate treatment framework to mitigate the current inequities observed.

Risk Factors for Pasifika Who Demonstrate HSB

In the same way that Pasifika values and beliefs can work as protective factors against HSB within the community they also interact in a detrimental way placing the Pasifika community at greater risk of experiencing HSB. The concept of Vā and a collective worldview can at times mean that the wellbeing of the collective family can come before an individual. This can result in hesitancy to come forward with information that could hurt or destroy the wider community. This could be a decision made by the victim, where they decide not to come forth out of respect for their family's wellbeing over their own. Alternatively, it could be decided collectively to be kept within the family. Not coming forth to report HSB in this instance is typically to avoid causing shame for the family, wider community and/or the individual who has demonstrated the HSB (Ioane, 2021; Percival et al., 2010). Fa'alogo-Lilo and Cartwright (2021) investigated the barriers and supports for Pasifika accessing and using mental health services. They found that stigma around mental illness and commitment

to finding solutions within the family acted as barriers. As well as both a mistrust and lack of knowledge about services. Meaning that Pasifika were less likely to seek support for their mental health issues, further contributing to poor health outcomes. These findings are thought to be relevant as access to support for HSB may also experience the same stigma and barriers. In their recent study looking at the needs of Pasifika youth who demonstrate HSB Ioane et al. (2021) highlighted the need for a different response for Pasifika youth. They stated that treatment should incorporate family-based interventions, psychoeducation and the use of culturally appropriate frameworks in order to appropriately mitigate the risk factors present within Pasifika youth who have demonstrated HSB. Whilst these findings were specific to youth it is thought that they should be considered to be applicable more broadly, to incorporate children and older Pasifika within the community.

Another potential risk factor that is thought to be relevant is the *Fa'aaloalo/ Faka'apa'apa* (respect) given to someone with great mana. In these instances, a minister, elder or other religious leader can on occasion, demonstrate behaviour that violates tapu without experiencing any repercussions (Ioane, 2021). An individual of great mana is often bestowed with unconditional trust and respect, despite some of the actions that they demonstrate. This will typically occur when a person of lesser importance or mana (often youth) are victims as they place the respect for their elder and wellbeing of the community over their personal wellbeing (Ioane, 2021.; Percival et al., 2010).

Another risk factor identified is the higher rate of IPV within the Pasifika community. Paterson et al., (2007) found that a lack of maternal formal education and low household income are linked to an increased rate of IPV and victimisation within Pasifika households. This is important as sexual violence often accompanies IPV (Schluter & Paterson, 2009) meaning that it is likely that there is a higher rate of sexual violence within intimate relationships in the Pacific community that goes unreported.

Despite having several protective factors, the increased incidence of sexual violence amongst the Pasifika community highlights that the risk factors currently outweigh the protective factors and the efforts made by those working within the space. There is no existing literature that considers the experience of Pasifika practitioners working with those who have demonstrated HSB. This is thought to be an appropriate starting point as practitioners working within the space are likely to possess a vast amount of lived experience in the role. In turn it is thought that they will provide insight into what development required within the space.

The Experience of Working with People who Demonstrate Harmful Sexual Behaviour

Firstly, a caveat; the literature referred to in this portion of the review may not be entirely relevant from a Pasifika perspective as it is for the most part, from a Eurocentric standpoint. In including this literature there is no presumption that Western experiences are the same of those of Pasifika. Rather the hope is to provide some insight into the known complexities of working with those who demonstrate harmful sexual behaviour and why it is even more imperative that research is conducted to develop culturally appropriate, evidence-based support for Pasifika practitioners and their clients.

The opportunity to work therapeutically with those who demonstrate harmful sexual behaviour (HSB) is enabled due to both the gravity of the behaviour and the efficacy demonstrated within recidivism rates (Bakker et al., 1998; Slater & Lambie, 2011). In this instance, success relies heavily on the willingness and capability of practitioners. Henceforth consideration should be given to empirically validating not only treatment models but also the experiences of those working within the space of HSB (Dadds et al., 2003; Slater & Lambie, 2011). Historically, much effort has gone into the assessment of treatment of those who demonstrate HSB and the impacts on practitioners working in this space, as discussed below (Beggs, 2008; Carpenter, 2018; Diamond, 2016; Diego & Shinske, 2015; Ince, 2019; Pelech et al., 2021). Despite this, there is almost no existing literature that takes considers the Pasifika

perspective. Existing literature has demonstrated that there are four main factors to consider when working with those who demonstrate HSB;

Occupational Hazards

On an intrapersonal level, practitioners working with those who demonstrate HSB are inherently exposed to several occupational hazards. In one of the first studies looking at these personal impacts Farrenkopf's (1992) study found that over half (54%) of the participants stated that they had experienced a less optimistic and more cynical viewpoint since working with those who demonstrate HSB (Farrenkopf, 1992). In addition to this he also noted that a significant portion of respondents experienced dulled emotions (42%), as well as a plethora of other negative outcomes such as; depression (25%), burnout, hypervigilance and suspicion (Farrenkopf, 1992). Following this study subsequent research has demonstrated the negative sequalae for practitioners working with HSB. Moulden and Firestone (2010) noted that practitioners can experience reactions that manifest directly i.e. feeling afraid or upset knowing the details of the behaviour or indirectly, i.e. a building sense of emotional detachment in relationships or distress (Elias & Haj-Yahia, 2019; Friedrich & Leiper, 2006; Moulden & Firestone, 2010). Emotional trauma is a very real occupational hazard in this space and can manifest as intrusive thoughts of the details of the client's behaviour, hyper vigilance around behaviour of others and oneself, changes in mood and attitude and symptoms of trauma such as depersonalisation, nightmares, and emotional exhaustion (Dean & Barnett, 2011; Elias & Haj-Yahia, 2019; Moulden & Firestone, 2010; Steed & Bicknell, 2001). Moreover, examination has taken place looking at what takes places in practitioners' interpersonal relationships whilst working with HSB. Farrenkopf (1992) found that practitioners experienced a decline in sexual activity in their intimate relationships with recurrent flashbacks and a decreased desire to engage in sexual behaviour. It has also been demonstrated that often a more negative outlook on people in general can develop, with practitioners describing that their

unwillingness to trust others and anxiety around safety of their children around others had significantly increased (Clarke, 2004; Way, 2004). As a practitioner working in the space, professionals are constantly subject to indirect exposure to trauma and are at risk of experiencing vicarious trauma. This can result in lasting effects on important personal and professional relationships, highlighting the importance of study and the development of support for those in this space (Crump, 2018).

Training Deficits

Practitioners working with those who demonstrate HSB require specific training to have confidence in the professional work that they are doing. Numerous sources have denoted those professionals working within this space feel as though they are incompetent to deliver treatment to those who have displayed this behaviour (Crump, 2018; Glenny, 2019; Ladwa-Thomas, 1999; Shevade, 2011). These widespread beliefs lead practitioners to feel that they have a responsibility to seek further professional development and support when working with clients to endeavour not to do more harm than good. This is to ensure recidivism rates are reduced and that behaviour does not escalate from "low level sexualised behaviours…to more serious ones" (Ladwa-Thomas, 1999 p.10). While it is common for practitioners to be concerned around their competence this feeling is not universal (Glenny, 2019). In contrast, other practitioners working within the space of HSB report that they felt they had received adequate training and were confident in their abilities (Almond, 2014). In addition to this some practitioners felt as though they were able to transfer skills from working with clients with different offending behaviour and successfully utilise them with HSB (Russell, 2016). These varying attitudes are likely to be congruent with the experiences and circumstances of each practitioner and so requires further study.

Personal Victimisation

Research looking at practitioner's personal abuse histories has indicated that a noteworthy portion of individuals who work with HSB are victims of sexual violence themselves (Bach & Demuth, 2018; Crabtree, 2002). In 2004, Way et al. (2004) conducted a questionnaire and found that 75% of the 252 participants, who all identified as practitioners working with HSB had experienced abuse themselves. Moreover, Chassman et al, (2010) found that there were varying ways in which personal victimisation impacted the practitioners on a day-to-day basis. Some stating that it enabled them more clarity when working with clients and others who found it to be too triggering. These findings warrant further study as they highlight that there may be a proportion of practitioners working who are victims themselves, more insight into the impact that this may have on the outcomes of treatment with clients is important.

Controversies

Working with those who demonstrate HSB may also experience a lack of support from their community as well as conflicting values on an intrapersonal level. Research conducted by Scheela (2001) showed that some practitioners may not accept particular clients in the interest of avoiding judgement from individuals within the community. In addition, practitioners who openly spoke out against the societal attitudes towards their clients experienced being ostracised as a result. In avoidance of this some may choose not to share their professional work which ultimately can result in a lack of support from the wider community (Bach & Demuth, 2018). Moreover, practitioners have also denoted that they experience internal conflict as to whether their therapeutic role in treatment is ethical or effective considering treatment therapy with this populations is for the most part, prescribed by the court (Bach & Demuth, 2018).

Conclusion

In Pacific cultures the individual, family or *agia* and wider community are synonymous (Ioane & Tudor, 2017b). Given that almost all interventions for harmful sexual behaviours are based on a dominant western worldview (Ioane et al., 2021), *what is the experience of the Pasifika practitioners who work with those Pasifika who have demonstrated HSB?* In the absence of literature that focuses on a Pasifika practitioners' experience in this particular situation consideration is given to harmful sexual behaviour and its' impacts within our society. The review then gives thought to the Pasifika perspective and aspects of Pasifika culture that are thought to be relevant to working with those who demonstrate HSB. Potential risk and protective factors are identified and finally the experience of practitioners working with HSB is discussed. Within this review it has been identified that harmful sexual behaviour is insidious within our society, reaching to each and every socioeconomic, cultural and geographic corner of Aotearoa (Ministry of Justice, 2019). Moreover, Pasifika experience and overrepresentation amongst these statistics (Ioane et al., 2016) whilst not being provided with genuine opportunities to access equitable support. Finally, I consider the known experiences of practitioners working with HSB. Whilst these experiences do not consider the impacts of culture or attempting to work within a culture that is not one's own, they highlight just some of the complexities practitioners in this field face. This research hopes to work with Pasifika practitioners to synthesise and examine how they navigate this space to establish a basis of knowledge, share insight and determine future recommendations for culturally appropriate practices for working within the Pasifika community. As has been demonstrated time and time again, forcing minority communities into rigid, Eurocentric policies and treatments will only work to further marginalise and damage the Pasifika community allowing the cycle of abuse to perpetuate. This research hopes to add to the growing collection of research that is for Pasifika, by Pasifika.

CHAPTER 3: RESEARCH METHODOLOGY

Introduction

This chapter focuses on the methodology that underpins the research. The rationale for the selected approach, as well as an explanation of the research design will be provided. The research population and sample will also be clearly indicated. The chapter will offer insight into the research instruments that were used was well as the research and data collection procedures. The chapter further offers the manner in which the data analysis was conducted and finally the ethical considerations are outlined as well.

Research Design

This research employs a Pasifika-appropriate, talanoa methodology. Talanoa was selected as both the methodology and method as its philosophy centralises Pasifika values (Vaioleti, 2016). This research hopes to emancipate the research process from a Eurocentric philosophy and place Pasifika values and beliefs at the foundation of this study in order to safeguard the integrity of Pacific knowledge (Smith, 1996; Vaioleti, 2016). Data was collected whereby I engaged in a Talanoa with each of the five participants. To participate in this research it was required that the individual identified as having Pacific heritage and that they worked as a practitioner with Pasifika clients who had demonstrated HSB. The data gathered throughout the Talanoa was then considered using Braun and Clarke's (2006) six stage model of analysis to establish patterns and themes throughout the data. The intent of this research was to allow the analysis to be decisively predicated by the data to enable purposeful themes to be illustrated through an iterative method. Braun and Clarke's (2006) thematic analysis was selected due to its flexibility, allowing subtleties or nuances specific to Pasifika practitioners not to be lost throughout the analysis. Within their writing Braun and Clarke (2013) outline the importance of recognising that the themes do not emerge autonomously from the data. Rather they are delineated through the experiences and meanings of the participant and researcher alike. This

concept is coherent with the Pasifika appropriate epistemology utilised within this research. Moreover, I felt that in acknowledgement of my inevitable impact on the findings the inclusion of my stance and positioning within the research context was necessary (included in chapter 1).

Participants

This research used purposeful sampling, in congruence with its qualitative nature whereby the emphasis is on saturation (to gain a comprehensive understanding of the topic until no new significant information is found) (Patton, 2015). Purposeful sampling is a technique frequently used in cases where limited information rich sources need to be used effectively. In this research individuals who were identified to be experienced and knowledgeable on being a Pasifika practitioner working with those who have demonstrated HSB were selected to maximise the insight gained from research.

The purposeful sampling strategy used was snowballing (Patterson et al., 2008), this was selected with the intention to narrow the range of variation within participants. To place an emphasis on the similarity in participants and gain a greater depth of understanding of the experiences to identify the commonalities that could then be translated into themes (Palinkas et al., 2012). Snowballing was conducted by locating a key participant of interest who demonstrated experience and knowledge within the field and also held the role as a national programme manager. This individual was willing and able to provide the contact details of a number of other individuals who also shared similar characteristics of interest for the research.

Inclusion criteria for this research was defined as; being of Pacific heritage and being a practitioner currently working with Pasifika who had had demonstrated HSB. A practitioner in this instance was any individual who worked therapeutically to support Pasifika who had demonstrated HSB. This could have included (but was not limited to); social workers, psychologists, counsellors, therapists, psychiatrists or nurses. Once potential participants were

identified I made initial contact and immediately attempted to establish and build the Vā to ensure the participants felt as comfortable as possible.

Sampling

Potential participants were invited through an email with an information sheet (appendix 5) and consent form (appendix 4) attached, requesting that they respond providing an indication of interest. Throughout the initial contact the researcher identified whether the potential participant met the inclusion/exclusion criteria and organised a convenient time for the Talanoa. Talanoa were conducted at the convenience of the participants, either at their work place (n=3) or via online video call (n=2). All participants were asked to sign and return their consent form (appendix 4) prior to the Talanoa, and each Talanoa was preceded by a verbal reminder of the information sheet including privacy, confidentiality and the right to withdraw participation and the data provided up to a week following the interview.

Collection

Talanoa were conducted so the researcher was able to spend time with each participant and establish a genuine relationship through pō talanoa (everyday casual conversation) prior to engaging in talanoa faka'eke'eke (akin to westernised, semi-structured interviews) (Fa'avae et al., 2016; Vaioleti, 2006). The time taken to conduct the interview was flexible and greater importance was placed on a sense of connection and trust, with food and drink being provided wherever possible. The Talanoa was guided by a Talanoa schedule (appendix 3) and was recorded using an audio recording device. The schedule was created with the intention of gaining the most comprehensive insight into the research picture. To ensure there was no concern around ambiguous questions asked on my part and the potential for question misinterpretation was minimised. Careful formulation of the Talanoa schedule meant that insight, experiences and perceptions are gained around relevant information whilst not restricting the participants from talking freely. The neutral, open ended questions were

anticipated to enable the participants to express their experiences freely to support and safeguard the knowledge. I sought guidance from both my supervisor, as well as Braun and Clarke's (2013) recommendations for constructing interview schedules in qualitative research. A draft of the schedule was developed and sent to my supervisor for confirmation.

Thought was given to the impact that the Talanoa may have on the participants and prior to the Talanoa faka'eke'eke the participants were reminded that they were in no way obliged to provide any information they did not feel comfortable to give or that may elicit an emotional reaction on their part. After the Talanoa participants were reminded that they would have the chance to withdraw the data provided up to a week following the Talanoa and that they would be able to view and edit the transcripts as they felt necessary. I then transferred the audio recordings to a password protected device and verbatim transcription was conducted as soon as was possible at the time.

Research Instrument

Talanoa was used as the method to guide the data collection within this research. Talanoa is a Pacific technique used in the endeavour to assemble consensus and organise knowledge (Vaioleti, 2016; Vaka et al., 2016a). Talanoa has been recognised as an established research tool (able to act simultaneously as method and methodology) for enabling discussion about complex social issues (McGrath & Ka'ili, 2010). The word talanoa is used widely throughout Pacific nations (Fa'avae et al., 2016; Farrelly & Nabobo-Baba, 2014; McGrath & Ka'ili, 2010; Prescott, 2008; T. M. Vaioleti, 2016; Vaka et al., 2016a) and can simply be translated to mean 'talking', but the term talanoa holds much more meaning. It is concerned with connecting the people to the subject matter to construct knowledge from their experiences (Vaka, 2016). Talanoa promises to ensure that all participants are heard in the process through open conversation. Talanoa was selected for this research as knowledge formulated around sensitive or *tapu* topics, where diverse interpretations (westernised or Pasifika) are possible

needs to be created with the utmost care. Talanoa was thought to aid in the creation of valuable knowledge by enabling high quality research evidence. In order to utilise Talanoa as a research method in the way that acts to inform ethical and empowering development within policy and practice, the researcher spent time with each participant to establish a genuine relationship through pō talanoa prior to engaging in talanoa fakaʻekeʻeke to ensure the Vā with each participant was strong enough so that the participants felt at ease and were able to give unguarded responses (Vaioleti, 2016).

Data Analysis

Creswell (2013) denoted qualitative data analysis means "preparing and organising the data for analysis, then reducing data into themes through the process of coding and condensing codes, and finally representing the data in figures, tables or a discussion" (Creswell, 2013, p.180). Within this study I used thematic analysis to analyse the data. Thematic analysis was selected as it enables identification of patterns or themes demonstrated by beliefs, values or actions taken by an individual or group (Diamond, 2016). Moreover, it places great importance on capturing the participants insight with integrity. This process was informed by Braun and Clarke's (2006) method, consisting of these six steps:

In the first step I engaged in familiarisation with the data, this involved listening to each recording once and noting down any first impressions. I then listened to the recordings again whilst transcribing them verbatim. Transcription was incredibly time consuming but enabled me to fully immerse myself in the data. Throughout this time I began to develop informal ideas around the key themes within the data.

The second phase consisted of the generation of codes. In this process I manually went through each piece of data, and components of the data that were felt to be relevant were given codes (see appendix 2 for an example). This was done in a inductive (bottom up) manner at a

latent level[1], enabling the data to lead the creation of the codes (Braun & Clarke, 2006a). Throughout this process I kept notes and continued to develop possible themes.

The third step entailed denoting the themes within the data by collating and grouping coherent codes into candidate themes. At this time I ensured the objectives and the aim of the research were visible at all times to focus the candidate themes. I used sticky notes and mind maps to initially organise these themes and subthemes. In the next step the candidate themes were reviewed alongside the data set to develop a clear sense that they were adequately representative.

The final step according to Braun and Clarke (2006, p. 22) involves "identifying the 'essence' of what each theme is about... and determining what aspects of the data each theme captures." And so in this final phase the themes were classified, defined and named as they are presented within this research.

Ethical Considerations

The initial phase of this process involved making sure I was familiar with the Massey University Ethical Code of Conduct (MUHEC). The peer review process for this research then involved a collaborative journey whereby I met with my research supervisor on numerous occasions to discuss and consider possible ethical issues and work to mitigate them within the planning stage of the research.

Following this, my supervisor and I met with a Pacific clinical manager at an organisation that works with harmful sexual behaviour to discuss any outstanding considerations and develop strategies to ensure this research is in line with the Massey University Ethical Code of Conduct.

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[1] Thematic analysis at the latent level digs deeper than the semantic (spoken) content of the data. "Examining data at the latent level works to identify or examine the underlying ideas, assumptions, and conceptualisations – and ideologies - that are theorised as shaping or informing the semantic content of the data" (Braun & Clarke, 2006b, p.13)

Ethics approval was applied for and granted by the Massey University Human Ethics Committee, see appendix 1 (Ethics Notification Number: 4000024138).

Throughout this process ethical considerations were reduced to two considerations; researcher stance/positionality and participant confidentiality.

Positionality refers to the researchers inherent worldview, as well as the position they hold on social, cultural and political contexts (Darwin Holmes, 2020). I considered my positionality within this research in terms of; it's impact on what I chose to research, how I conducted it and what the outcome of the research is as a result. I engaged in reflexivity in the form of a journal, where I pondered the preconceptions that I had prior to this research and how my subjective motivations and experiences might have informed this process. I felt that to identify myself within this research it would be important to provide a statement of researcher stance (see Chapter 1) to share what my position is with fixed aspects (age and ethnicity) as well as more fluid and contextual ones (education and experiences) (Chiseri-Strater, 1996). In doing so my intention is to help the reader understand how my positionality has affected the research process as I acknowledge that as so aptly put by Tuhiwai Smith (1999) "Objectivity, authority and validity of knowledge is challenged as the researchers' positionality is inseparable from the research findings" (p.139). In my attempt to engage in reflexivity I also gave thought to the insider-outsider (emic-etic) debate and where I sit on this spectrum. As a woman of mixed Pacific and European descent and a postgraduate student in psychology I consider myself to sit somewhere in between, perhaps falling more on the side of insider than out. I propose that from this position I had enough understanding of the cultural and contextual aspects of this research for the language, beliefs and actions of the participants to be familiar to me but perhaps not enough experience in the field of psychology and HSB that my view is myopic (Darwin Holmes, 2020).

In this instance confidentiality refers to "the handling of information in a confidential manner. It also reflects to the continuation of privacy"(De Vos et al., 2011 p. 55). The community of Pasifika practitioners working with people who have demonstrated harmful sexual behaviour is small. Therefore confidentiality was the greatest ethical consideration throughout the process of this research. The research methodology was, in part chosen to help ensure that participants were not identifiable through the publication of this research. Participants were provided with information sheet (see appendix 5) prior to meeting with myself, stating their entitlements as a participant and what they should expect throughout the interview. The participants were provided with the information again verbally prior to the interview and as well as this they had access to their transcript to view and edit following the transcription of the data. Finally, I retained personal information, tapes and transcripts provided in a secure space online whereby only myself and my supervisor will have access for a period of 5 years to ensure they are kept confidential.

Ensuring Quality

To ensure the quality of the research Yardley's (2000) four criteria were used as a reference point to ensure the research produced is of a high quality. Often employed in combination with Braun and Clarke's (2006) thematic analysis it felt necessary to utilise these criteria to maximise the quality of the resultant literature. These four criteria were:

1. *Sensitivity to context*

2. *Commitment and rigour*

3. *Transparency and coherence*

4. *Impact and importance*

Throughout the research process these four criteria were kept in a visible place and used to assist in the attempt to create research that is of high quality. Examples of this were the creation

and retention of coding and analysis processes available for scrutiny and examination. In addition to this an electronic diary was used to document and aid in my reflection.

Conclusion

Chapter three focuses on the Talanoa methodology that is at the foundation of this research. Within this chapter the aim and objectives are clearly listed, the selected Talanoa research design was presented and an explanation is given as to why this was appropriate. Background was given as to how the participants were identified and the inclusion criteria was noted. Following this the collection process and research instrument was discussed as well as the relevant ethical considerations. I then noted the methods used in the endeavour to ensure this research was able to produce data that is of a high quality.

CHAPTER 4: PRESENTATION OF FINDINGS

Introduction

This chapter presents the findings from the Talanoa. A profile of the participants is included and each participant is designated a number in the interest of identification within the results. Data analysis was conducting using Braun and Clarke's (2006) six step thematic analysis and is presented in a table as well as being discussed using verbatim quotes from the Talanoa.

Aim and Objectives of the Study

The aim of this research is to provide insight into the experience of Pasifika practitioners working with individuals who have demonstrated harmful sexual behaviour. The objective is threefold;

(i) Establish a basis of knowledge that can develop and enhance the way in which practitioners work with Pasifika people with harmful sexual behaviour

(ii) Create greater awareness and support within the community for Pasifika practitioners working within the space of HSB

(iii) Determine recommendations for developing culturally appropriate treatment for working with harmful sexual behaviour so practitioners can engage in evidence-based practice that is Pasifika appropriate

Research Question

What is the experience of Pasifika practitioners working with Pasifika people engaged in harmful sexual behaviour?

Demographic Profile of Participants

Table 1

Participant Demographic Summary

Participant	Ethnicity	Experience working with HSB (years)
P1	Samoan	6
P2	Samoan	10
P3	Samoan	15
P4	Cook Island	10
P5	Samoan	6

As aforementioned participants have been assigned a number in order to enable identification within this study. Moreover, the demographics gathered within this research were not limited to the three listed in the table above but have been redacted in the interest of preserving participant anonymity.

Presentation Of Themes

The data gathered was examined and coded in concordance with the themes that became clear through my analysis. The findings were classified in accordance with the research aim and objectives. The themes are presented in Table 2 below:

Table 2

Theme and Sub-theme Presentation

THEMES	SUB-THEMES
1. The Centrality the Vā	1. Redefining the Vā
2. Integrating Culture into Practice	1. Managing additional complexities
	2. The roundabout approach
	3. Justification of practices
	4. Professional confidence
3. Service to the Community	1. Representation of ancestors
	2. Recognition of personal resilience
4. Navigating Heterogeneity	1. Creating a Road Map

Within this table column one lists the four themes identified within the talanoa. Column two contains the sub-themes identified within each theme.

Discussion Of Themes

My analysis of the data lead me to identify four interconnected themes: 1) The Centrality of the Vā; 2) Integrating Culture into Practice; 3) Service to the Community; 4) Navigating Heterogeneity. Cultural and spiritual beliefs insight a desire among Pasifika practitioners to provide service to their community that goes above and beyond what is required of them in their professional roles (3). In order to effectively provide care to Pasifika who have demonstrated HSB the Vā must be central (1), whilst culture is carefully integrated into practice (2) in accordance with each client's needs (4).

THEME 1: The Centrality of the Vā

This theme captures the centrality of the Vā when working with Pasifika communities engaged in harmful sexual behaviour. Within this study participants were asked to describe if

they felt they had experienced any particular challenges or advantages being a Pasifika practitioner working with Pasifika clients who had demonstrated HSB (see appendix 3 for Talanoa schedule). The practitioners frequently illustrated the ways in which the Vā had a significant impact on the work they did with their Pasifika clients.

All participants felt that the Vā had provided various benefits when working with Pasifika clients who had demonstrated HSB. The pervasive nature of the Vā and the way in which it is constantly a factor in any Pasifika person's interactions was often discussed:

(P4) "I always think of that space in the relationship [the Vā]. I think for any Pasifika, it is the foundation of everything you do. It's doesn't matter whether you're Samoan, or Cook Island or Niuean. It is something that is something that we're taught from a very young age to speak into that space. The value with all of those people, to make every engagement purposeful and meaningful and so that's kind of I guess your foundation as a Pasifika. To move into spaces with people and I think that my experience with all of my Pasifika colleagues, clients and friends, it's one thing that we do really well is that Vā, that relationship."

P4 highlights how the Vā not only impacts therapeutic relationships and the way in which a client might interact with their practitioner but it adds greater depth to each interaction, irrespective of the setting. This demonstrates how the Vā is beneficial to these practitioners in their work with clients who have demonstrated HSB as clients and practitioners have a shared desire to build the Vā. The participants also stated that the Vā and collective worldview meant that they could easily build rapport and have greater efficacy in the work they do with their clients:

(P2) "I think just being Pacific, and being Samoan, you know. Obviously you kind of have a lot more insight into values. In the Vā, and in family and spiritual kind of beliefs. Also

connections and being able to build a therapeutic relationship. Because, yeah, you know

they're shared beliefs and perspectives, so it's easier [to build rapport]."

This quote implies the shared collective worldview and the Vā with the client means that either party does not feel they needed to explain themselves, their beliefs and why they have acted in certain ways. Participants shared that meeting with clients who also identified as being Pacific generated a positive effect that was reciprocated by both parties:

(P4)"You know, and it's kind of a fuzzy feeling like you know. I know that you will instantly

build a connection because you can kind of relate to the values and beliefs that they probably

have been brought up with. Whether they've been disconnected or whatever, you still have it

even from a young child and your parents separate, you still have that basic foundation of

what Pacifica values are."

This 'fuzzy feeling' is thought to be beneficial to engagement as it creates a basis to perpetuate positive connotations for coming into therapy despite the negative context through which it became a necessity. These excerpts from the talanoa highlight the therapeutic benefits Vā by showing how they can put the client and the practitioner at ease through shared worldviews and personal experiences.

In contrast to these perceived therapeutic benefits of the Vā, in the space of harmful sexual behaviour, it [the Vā] was also described as a barrier to disclosure or therapy when working with HSB:

(P3)"In Samoa we always talk about the Vā. It's the Vā, the way that we see relationships as

people. They [the client] say it's hard for me to talk into the space because of the Vā and I

don't feel comfortable talking about stuff that my son has done. Or if they are adults, talking

about stuff that they have done. And [they say] it's actually quite embarrassing. I like talking

to you but this is the hard stuff because it brings shame. And it's the shame that's in the

body."

The participants shared that in sessions with Pasifika clients who observe traditional values there is an initial resistance or hesitation to discuss the HSB. This was identified to be out of concern for the Vā [with the practitioners] and an artifact specific to working with HSB:

(P1) "They [the client] would say I don't really want to [discuss the HSB] because I don't

want the Vā between us destroyed"

Amongst those who have demonstrated HSB, shame has been consistently identified as a significant barrier to engagement in therapy (Scheela, 2001). In the instance of Pasifika the shame one experiences from the behaviour they have engaged in impacts on their ability to maintain the Vā with others. This can exacerbate the client's unwillingness to discuss their behaviour and act as a barrier to engagement.

(P1) "You know they almost came across as being quite defiant and denial, denials a big

thing, when you first start out because of the shame"

And the deep desire to refrain from speaking about things that would break tapu[2]:

(P2) "So particularly talking about sexual matters, me being a woman and almost all the

clients or people that I work with engaged in harmful sexual behaviour are men, so it's kind

of like a tapu to speak about things across gender."

Speaking to parents and families about sexualised behaviour can be incredibly difficult:

(P4)"To understand how hard it [the discussion] is around sexualised behaviour as in you

know for Pasifika families that, it's taboo you know you don't talk about it. We don't talk

about sex to our children. And so how do you go in to talk to families around the [your] child

has displayed sexualised behaviour. So it's working through all those barriers and I think

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[2] Tapu is "things that are forbidden and set apart to be avoided because they are either divine or corrupt" (Mitaera et al., 2016).

that sometimes that's where the programs, kind of can fall short of the cultural needs for

whanau".

Participants suggest that this type of barrier is not seen in other areas such as family violence or offending as the offences are not tapu and so learning to work around these barriers is specific to HSB.

(P1) "You know I think it's, you know, it's more tapu. You know it's more kind of like a

taboo, that the breaking of it, you know. So I think it might be a little bit different and maybe

because you know maybe, violence is a bit more normalized I hate to say, yeah, here. Yeah.

Yep."

Working with Pasifika families around other forms of offending was considered by the practitioners to be much easier to work with as there was not so much a reluctance out of concern for tapu:

(P3)"We are very proud people talking about family violence. Is a lot easier to work with,

than talking about sexual violence, especially within a family."

In this sense working with harmful sexual behaviour in the Pasifika community can be vastly more complex than working with families around different forms of offending. These excerpts depict how those working in the space of HSB need more support and tools to provide appropriate care.

Sub theme – Redefining the Vā

To counteract these barriers, practitioners reported a number of different strategies that they had either learnt from years of lived experience or through talking within the small community of Pasifika practitioners in the area of HSB. In response, the participants all mentioned ways in which they attempted to *redefine the Vā* with their clients. Each therapist used personalised techniques that would vary depending on the needs of the client. Redefinition in this situation meant speaking into the Vā, acknowledging that talking about HSB would

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usually be tapu, (particularly across gender) but that in this instance speaking of HSB will work to strengthen the Vā, not break it.

(P1)"So it was for me as a therapist, it was important to, to bring that out and talk about it. To kind of like normalise, I know that we wouldn't normally talk about, you know, things like this but, you know, you know, this is my, my work, you know this is the job that I do, and it's the one that I'm used to."

As a Pasifika practitioner a large part of being able to work with Pasifika client's involves reassurance to the client. That in discussing a tapu topic is normal for the practitioner, and despite being a difficult conversation for the client any anecdote will not be novel or uncomfortable for the practitioner.

(P3)"I always try and normalise that [discussing HSB]. And [describe to the clients that] in my experience and the way that I understand, the way that I look at the world is different from yours, but this is what I do every day. I talk about this stuff, some of the conversations can be awkward and we're going to speak about some stuff that is going to be really difficult. But I am asking you to be courageous and to support me and my works. So I put the ownership on them to be courageous and support me in my work so that we [client and practitioner] can find, you know, we can find the fofō. The Samoan term for massage but also the way that we can solve problems, so we can find what the fofō is."

Acknowledging the shame and positioning the client so that they know that speaking to the HSB will be supporting the practitioner in their work:

(P3) "When you just try and normalize it [harmful sexual behaviour], and address the shame that's in the Vā, right now. To say look this is what I sense, I need to understand. I do this for a living, and there's nothing that I've read in your son's referral that I haven't read before. In order for me to help I need to understand what I'm dealing with."

Discussing Pasifika values within this space is profoundly beneficial firstly because it enables the client to feel comfortable with the practitioner to build a deeper relationship:

(P1)*"The importance of kind of like relationship building, so that they feel safe to be able to talk about it [the HSB]. Bringing in their Pasifika values, is so important."*

But also reiterates the need to acknowledge the damage done to the Vā with the victim and the wider community. Highlighting the need to repair the Vā:

(P3) *"I do put a lot of focus on restoration on relationships and speaking into the Vā that you have with people, because I think that's important."*

Restoration of the Vā is particularly important in this instance due to the fact that a significant portion of HSB within the Pasifika community occurs within the wider family. Moreover, the collective worldview held by Pasifika emphasises the repercussions that are experienced.

THEME 2: Integrating Culture Into Practice

This theme, integrating culture into practice articulates the journey the participants have taken to integrate Pasifika culture into their service.

Many participants spoke to their journey professionally, sharing that their training taught them how to work with clients using Eurocentric or westernised treatment methodologies. The participants highlighted that their training was virtually void of practical information on how to implement treatment in a way that meant they could incorporate their culture:

(P1) *"It's funny because I've come back to my, what feels right for my culture. I'm just, I remember when I first trained and you know, I started working at [removed]. There was that a kind of conflict of, you know that this is the, you know the Pakeha, this is the way that we've been taught-the Western way. Yeah, but you know, at the back of my mind, you know, things didn't quite gel. You know because there was a conflict [between the Western way and the Pasifika way]. Yeah, so there was always kind of like walking this fine line. But I think, as*

I've gained more experience and growing into, what feels right and what I believe, that is the

right outcome. So, I got back to, you know this is the way you know, the way it needs to be."

P1 describes feeling as though they are forced into a balancing act. Feeling as though they are attempting to adhere to westernised training and professional requirements whilst also doing what is right by the Pasifika community. This was a common feature within the practitioners' narratives. Pressures from management was reported to add further complexity to the practitioners' internal conflict:

(P3) "In order to do the work effectively they intend me to do 5 visits a day, and I see the-

okay sometimes it's possible. Sometimes it's not, because when I'm going to someone else's

house. There are cultural things, as well just the tokenistic take your shoes off and let them

say a prayer. You need to understand how the Samoan thing works. You have small talk, you

let them serve you. Let them do the hospitality. Once everything's done, then normally the

chief or the father of the house will sit with you and ask your business... sometimes that can

take an hour, sometimes it's two and a half hours. And I got tired of having to justify it. I said

okay, I'm not just having a picnic in there, because there are boundaries, because we are

Samoan, we're going to get to know our families."

The additional complexities experienced by Pasifika practitioners means that working to demonstrate policy compliance, ensuring the client is receiving culturally appropriate treatment and doing what feel right for the practitioner can feel like they are at odds with one another:

(P3) "It's navigating that and also speaking in Samoan. And being considered about how I

use concepts like the Vā. Having these cultural policies and specific nuances of

understanding Va'a Samoa to the client, and then also holding that view when I'm reading

reports to stakeholders about what we've done in terms of the intervention. So there's a lot of

that stuff."

P3 shared their difficultly in navigating the delivery of treatment to Pasifika clients, and how they saw it as being a personal agglomeration of westernised models and what is appropriate culturally.

Often times this uncomfortable situation was alleviated through solidarity with peers and informal professional development sought through Pasifika colleagues working with HSB:

(P1) "I think having those conversations having those kind of like, networks, because these so far and few between [Pasifika] clinicians and just, just being able to talk and have that network and learn from each other. You know other Pasifika practitioners, I think that was kind of like, probably the main thing [that helped]. Just because I think your non-Pasifika colleagues don't really get it".

Pasifika practitioners reported engaging in their own informal cultural supervision. Employing a collective approach to mitigate the added complexity of their role and figure out how to successfully integrate culture into practice. Supplementing existing frameworks that lacked cultural consideration with collaboration and sharing amongst Pasifika colleagues in the same area was reported to be a positive method to work through this task.

(P3) "And we've remained close, we are learning. It's just around having that experience, that shared experience of being on camp, or going through some really good prep sessions. Some really difficult family sessions when we've gone to visit families in the home, where both of us who are very fluent in the Samoan language often get stumped on trying to describe sexual violence terms"

Working to collectively support one another, alongside experience in the role was reported to be vastly beneficial to practitioners' professional confidence:

(P4) "I think I've learned along the way; that I can still do my job to the organisation's policies, and you know boundaries that they [organisation] ask of us but still be authentic to myself. And, you know those core cultural values that I won't compromise for anything

because just you know, to be caring, to be present to respect others and to value each other in

those things."

Peer support was reported to help Pasifika practitioners find the balance and feeling okay to incorporate what they feel is right from a cultural standpoint, to get to the point where they recognise that they are the vessel through which these two worldviews are blended.

(P3) "I used to have a problem blending the whole clinical and the cultural. For me it is

through me and my and in my interventions that they are blended"

Allowing themselves to deny aspects of western methodology and giving permission to act differently from what they learnt initially. To take back ownership of some aspect of the work whereby they provide the means for the two (Pasifika and Westernised) to come together.

Personal disclosure was an example of one difference the Pasifika practitioners reported in their practice:

(P5) "There's a little bit more personal disclosure I find when working with my Pasifika

clients, as opposed to anyone else. And I think I've never really stopped to think too much

about why that is. I think I'm aware of it, but I think it's just because I'm wanting to be able to

connect in a way that. Yes, we've got the shared experience, and yeah, it's okay. It's okay for

you to talk about it [the HSB] and I understand [why it's so difficult for you to talk about]. So

I'm hoping that some of that personal disclosure will help to forge the therapeutic

relationship a little bit sooner with my Pasifika clients."

This is at times against what is advised in a westernised model:

(P3) "Our group supervisors at the time, they didn't want us to check in, [they said] 'it's not

your processes, or your group'. But as a group we check-in and then you can just [connect

more easily], we take part of the group as hosts, [we] tell them specific things. But it's just

engaging in their process so they can see us, I am human being as well. And it's checking in

with information that I feel comfortable with them knowing. Visiting my parents and some

stuff over the weekend. Went and saw a movie, like that's okay we're not talking about

specific events. But in order to get buy in, and then people understand that this really is what

happens in this room stays in this room, and then even the therapists talk."

Despite disapproval from the organisation, practitioners at times engaged in some level of personal disclosure in the interest of getting engagement from clients. The practitioners reported doing this because from a cultural standpoint, relationships are a partnership. Therefore, to obtain engagement and buy in from the client, P3 felt that that (personal disclosure) was what was required of them.

In addition to this, it is often established that there are personal links between the client and practitioner. These instances are for the most part thought to be beneficial for the therapeutic relationship:

(P5) "And then just establishing that rapport, when I, you know. I will definitely talk about

coming from South Auckland or if the families from South Auckland or if we know people in

common. I've never felt that it's been an impediment when I've known family members, if

anything it's been the opposite [beneficial to engagement]"

Having shared experiences or mutual friends or family was reported to make the client feel more comfortable and willing to trust the practitioner:

(P5)"I find that with Pasifika cultures, they're like, 'hey yeah you know my uncle' and it's like

all good, it works in your favour. Which is funny. So, yeah, I think there's a lot of trust, trust

there as a, as another brown face you like get the system. Whatever that means for them, and

then you can go in and do your work and then you need to earn the rest [respect from the

client]."

These quotes highlight one of the examples of the ways the participants reported to alter their practice to be more culturally appropriate when they are working with Pasifika clients.

The 'roundabout approach' was another way in which the participants felt their practices differed from their European counterparts. Practitioners described spending more time speaking with clients prior to getting to the therapeutic aspect of the work. One participant used the phrase 'the round approach' to describe this. They felt that establishing the Vā initially meant that at times, non pasifika colleagues could perceive their actions as colluding.

(P1) "Because what might be seen in more Western terms is called colluding / crossing professional boundaries. You know, that's, that's the natural Pasifika away, it's called the roundabout approach. It's also the way of building a therapeutic relationship with, you know, with Pasifika clients [the roundabout approach]"

The 'roundabout approach' is an existing term used by Pasifika practitioners working in mental health and other areas (F. Agnew et al., 2004).

In establishing the Vā and building rapport through the culturally appropriate roundabout approach, participants reported a deeper connection with clients that at times overstepped what is considered to be part of their professional role.

(P4) "How I've supported young people, even past my journey with them they will still contact me, you know. It's just that, that whole once you've made that relationship, culturally, you kind of like get connected. And so, you know, the journey ends when the journey, kind of ends with you. And whenever they need to touch base again, my kind of thinking around that is I will always be here is if you need me and I think that kids get that off me from the get go."

Integrating culture into practice was a common theme amongst the participants, they shared feeling at times that they were often forced into a balancing act. Whereby they had their Eurocentric professional training and requirements on one hand, and their desire to do right by their community on the other. Practitioners felt they were able to mitigate this through working with other Pasifika practitioners in the area and with confidence in their professional ability, often acquired over a long period of time through solidarity with colleagues.

THEME 3: Service to the Community

This theme, service to the community conveys a message that was prevalent throughout the interviews. Participants shared a deep desire to serve their people as being the core motivation to work with harmful sexual behaviour:

(P3) "My passion for working with Pasifika and for the Pacific community. That is why I'm still here"

The desire to serve includes those within the community but is further perpetuated by a sense of responsibility to those that have come before:

(P4) "That when we are out working, we're a representation of our grandparents, of our ancestors, of our family. So you know you kind of always want to uphold your family's titles and names and they become really- you know you're not just there to work for yourself but everybody else that you carry on your shoulder".

This sense of responsibility to work for your ancestors and family motivated practitioners to do the work, and also to stay in the work that they are doing.

Some practitioners described feeling as though they had a special capacity to work in the space of harmful sexual behaviour and so felt that they had an obligation to fulfill that role within their community:

(P2) "I do enjoy working in this field, and it's a field that nobody wants to work in. And I say nobody, hardly anybody wants to work in this field and we, I know this through- we've put out so many ads to employ people to come and do this kind of work and you know [and get no new responses]. So it is quite tough and you really got to have a really good understanding of yourself, to be able to do this kind of work as well and I think that I have that niche or I found that within me"

Some participants felt a deep connection to the work, as if it was their calling, their role and what they could do to serve others within the community despite at times being difficult information to hear:

(P2) "Every single thing to me is a lesson it's like my enzymes my soul is prone to receiving or even accepting [the information]. I don't know if the word is accepting but I do take it on board, and I do, I do think about these things quite, quite even seriously guess I'm not a serious person".

The participants shared a recognition of personal resilience, a sense of responsibility and also feeling honoured to provide this care and support within the community.

(P3) "This job is not for everybody. It can be really, really, that can be really rewarding. But having cultural conversations around sex, about sexual abuse, things that sometimes happen within the house. That's hard. It has an impact on me but I also think about how, what influence and privilege position I have to be working with this family."

This sense of responsibility was at times, out of concern for those within the community that may not get the care required should the practitioner cease to work in the space:

(P1) "And I'm just thinking in terms of working with men that didn't speak much English. Yeah, they don't get [support/therapy]. They won't get any intervention if you don't work with them"

This unease was in response to the reality that there are so few Pasifika practitioners working in the space of HSB that a Pasifika client coming through may otherwise end up working with a practitioner who is not culturally competent to provide an appropriate service to their client:

(P2) "There are some that have come in [practitioners] who have Pacific clients, and they've come and they're sharing, you know, a heavy case review. And talking about things that they've done and I cringe sometimes because I'm thinking, that's why it's not working because you [are not working with the client in a culturally appropriate way]. Communication is so

important so not to go in there and [do the wrong thing], the challenge for me is really on

wanting to kind of rescue the client from the clinician. But I don't want to over, you know, I

don't want to stick my- over step you know, because they're doing [the wrong thing]. But then

I'm thinking no that's pretty unsafe."

This practitioner expressed great concern for Pasifika clients working with non-Pasifika practitioners who were not equipped to provide the right service. The participants highlighted that they were aware that being Pasifika meant being able to provide culturally safe care as well as having an innate upper hand with the clients due to the way they look:

(P5) "I think, from when it comes to assessments or first meetings, all I have-all I have is the

way that I look so even before I've opened my mouth. I think there is the benefits, which I

don't earn but I just have the benefit of looking the same that they, they do. And I hope that in

some ways that might help to ease, any, any fears that they might have about here's another

professional who is going to come in and I don't know, I take my kids."

Practitioners felt that Pasifika clients were more likely to be less anxious when they realised the practitioner was Pasifika. Having someone that looked and/or sounded like them allowed them to feel relaxed about coming in for therapy.

Sub Theme - Impact on Practitioners

For P4 this sense of responsibility, and wanting to provide service to the Pasifika community meant that they felt an obligation to continue to work, even when this was at the detriment of their own wellbeing:

(P4) "I want them to know that that I see them that I hear them and that they're important.

And so yeah, it's hard. It's hard, it's hard to switch off, but I'm learning because I have had

moments where you know you just. You're at complete exhaustion, and you come home and

you sit, and when everybody's gone to bed, your tears are falling because you're just so tired

and you're trying to figure out how you, how you're going to get up tomorrow and continue to

do the same thing".

This quote is relevant to the theme of service to the community as it shows how Pasifika practitioners continue to work with their clients despite being completely exhausted. This can be attributed to their sense of service to the community.

For some practitioners working in the space, the Vā and the deep connection with clients resulted in disregard for selfcare. The very same cultural values that are such an advantage in so many ways for the client can lead the practitioner to burnout:

(P4) "Yeah, and it's hard because I guess for us as Pacific Island people, we'd kind of you know, brought up to be like, you just do it. You don't ever say 'no' you just say 'yes yes yes yes yes'. Even if it's to the point of your own breaking point. You're still giving and giving and giving to serve and I guess that this the thing that all Pasifika- most Pasifika people go through is just the thing that we've been raised to strive for better and to just work hard."

This sub-theme captures the practitioners deep sense of responsibility to work to benefit their community and continually support their clients even if it means they themselves suffer as a result. It's important to the overarching theme of service to the community as it shows the lengths to which the participants are committed to their community, and how far they will go to ensure they fulfil their role in that.

Sub Theme – Collision of Worlds

This sub theme articulates the anxiety that can unexpectedly emerge in practitioners when working with clients within their community:

(P3) "Something I wasn't prepared for was working with my own. So it is something around, and it's my own anxiety around sitting opposite someone who's not of my culture, and feeling 100% competent and confident and what I need to do. Information I need to get out of them and then when I'm sitting with someone who. Now, the majority of our staff live in the

[redacted]. So the chances of them bumping into clients and patients was very, very minimal. Whereas for being a Pasifika practitioner working with Pasifika clients who live just streets away and just thinking about similar to Maori how the last name you can tell what iwi they're from, it's the same thing in Samoa. There are only two families with my name and as soon as they figure that, they figure, obviously they must be related to me".

This practitioner shared that working with your own can be more difficult in the sense that when the client is one of your own, it is more confronting.

(P3) "You know, someone walks in the room and I remember doing a genogram. For example, so we'll do a couple of generations and he [client] gives you his history and then you know we'll do it. With this guy we started doing it [genogram] and I thought man I wonder if I'm related to this guy because of his last name, and then his last name [came up] and I thought I wonder if he's from this village, because he said yeah my grandparents are from and my mum is 'so and so'. And we were related."

In this instance the collective worldview and the inevitability of knowing an individual within a relatively small community meant that P3 found the work more difficult:

(P3) "You know, you go through and you learn your Te Whare Tapa Whā[3] and Fonofale models[4], but it's quite, I don't think there's anything that's really going to prepare for sitting with people, where the anxiety is at a level where they don't trust that you're gonna keep things confidential. Like 'confidentially yeah whatever', he goes to my church, and I see you at the restaurant as well getting your pork buns. I've seen you. But, you know that's on the flip side of that. It's nice when you get clients who are really engaged, and they want some

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[3] Te whare tapa whā is a model developed by Sir Mason Durie (1984) to denote a Māori perspective on health and wellbeing.

[4] The Fonofale model of health developed by Fuimaono Karl Pulotu-Endemann (1995) is a system of wellbeing that acknowledges and embraces Pacific perspectives.

help, and they feel glad that there's another [Pacific] person. But yeah, that's it's, kind of hit

and miss".

This experience of anxiety of working with one's own was not unanimously reported by practitioners as for the most part working with their own meant being able to connect on a deeper level, provide more appropriate care and a great sense of reward to be able to provide support to one's own community.

Sub theme - Personal experience with HSB

Personal experience with HSB was also a sub theme within the data. P2 shared that their experience as a practitioner enabled them to heal from their own abuse:

(P2) "I think resilience and having, [and] thinking that I had completely forgiven people that I think, I have and I think doing this work has been so much more. It has put closure to my, to my abuse as well. And I mean that in every sense of the word because I can talk about this without being triggered, without, you know [getting upset]."

P2 felt that the work that they did with their clients enabled them to come to terms with their own abuse and work through it alongside their clients. They felt that working with HSB was beneficial as it helped them to understand the processes behind the actions they had been victim to. P4 felt that their exposure to HSB as a child meant that they were able to work within the space:

(P4) "Having two siblings that came through from care, with real extreme harmful sexualised behaviour at a young age and that was my first kind of exposure to be able to work with those young people."

In this instance P3 felt that having people they cared about who had demonstrated the behaviour made them feel that they had a greater understanding and level of empathy for those who they work with and so felt they were a better practitioner for it. This subtheme highlights how personal experience with HSB within their lifetime had given these participants first-hand

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knowledge of the impacts that these actions have on the community. As a result of their experiences these participants felt they were even more committed to providing service to their community in order to reduce its impact.

This theme, service to the community shares the motivations, struggles and advantages experienced by practitioners working with HSB. It highlights how the collective worldview held by these participants motivates them

THEME 4: Navigating Heterogeneity

The Pasifika population in Aotearoa encompasses a vastly heterogeneous group, including individuals from many Pasifika nations, backgrounds and positions within our society. In this context, background refers to where the client sits within the cultural gamut. In this instance Participants reported the main considerations were; whether the client is Island-born or NZ-born, whether their upbringing was in line with traditional Pacific values or more in line with Western ones and what their level of culturation is. Position is referring to generation they belong to and what their role is within society. For example; are they in a position of power within the community, what are they a parent, child or grandparent and do they identify as male, female or somewhere else on the spectrum? This theme, *navigating heterogeneity* is important as the participants reported working with a an equally broad representation of the population within their client group. Each client presented with their own needs requiring a tailored response:

(P1) *"There's so much diversity, you know, working with Pasifika. You know that you've got*

older people, I mean, you know, we had more traditional values and you've got the New

Zealand-born young guys. Yeah, so I think that's the other thing, of being able to

acknowledge that there is diversity, with the people that you work with, depending on, you

know like when they were born here and levels culturation."

P4 pointed to a number of different factors to take into consideration when working with different clients, one of the most prominent differences was generational:

(P4) "I think that's, that's really important as knowing the families that you're going into in what level of cultural awareness or connections do they have, because you have to adapt your, your, your you know your involvement with the more interviews with them very differently, and depending on where they sit in their cultural kind of spectrum, you know. They, you know, the first generations here, have you know, have they've been disconnected from the cultural stuff, you know, and when you're talking about Pasifika families. What is the religious beliefs because we know that that's kind of the foundation of Pacific families and so you've got to know those basic things as well. That's our thing, [it's] really important in terms of just building that initial relationship with them that, shows that you acknowledge them as people."

Practitioners pointed to the need to be ready to approach each client and their family differently depending on where they sit on the cultural gamut. For the most part practitioners expressed that older generations or those who had not been born in Aotearoa could be more reluctant to engage in the work due to concern for tapu:

(P1) "I have to think about the person in front of me because you know, because it is diverse and go with that [what response the client needs]. You know like in terms of approaches but, yeah, yeah, the view of the world, you know- a big difference. Yeah, just have some of the older men you know they almost came across as being quite defiant and denial, denials a big thing, you first start out because of the shame. Right? And because of 'how dare you, you know, you know, speak to me. Yeah, question me?'"

In this instance P1 is referring to clients who are older and who also may hold a title or be in a position of power within the community, adding further complexity to the situation for the

practitioner. Here P2 shares an example of how working with other Pasifika practitioners can be particularly beneficial in navigating cultural hurdles:

(P2) "I had an older man come in… My manager was talking in the Samoan language and he

kept looking over to me so I sensed there was some hesitation. And he was, and he did ask

them in the end, and I could understand what he was saying 'Does, does she need to be in

here to see me here? What happens inside these [sessions]' and because he also holds a title.

And so this is one of the things I've spoken to my manager about, 'how do we work around

this because you know we want to respect who they are?' but they [the manager] said that

they've [the client] come into our organisation, so we leave the titles at the door, they've

come in. We're working with the behaviours in here so, so the treatment or the intervention is

pretty much the same as everyone else, they're not given any special favours."

Working with clients who hold great mana or a position of seniority within a family was a significant barrier experienced by Pasifika practitioners working with Pasifika clients:

(P1) "I think another barrier, I mean just a guess it's related to that kind of, but maybe not,

not, not, not the sexual matters, but it was working with older men who would have had

experiences of being leaders in their, in their families and their communities and didn't want

kinda like a bar of it, you know, or you know been told by someone that they probably

perceived was kind of like lower [in the community]."

Practitioners were able to share the way they learnt to navigate these hurdles throughout their years of experience:

(P1) "I've found is like the importance of having different strategies and approaches. So,

depending on, you know like the person in front of you so maybe some of the older traditional

guys. It would be kind of like more sort of practical appealing to, you know what motivated

the man in what their values and what was important to them. So, you may not like maybe do

CBT stuff. But yeah, sort of like motivational, you know, and, yeah, sort of, in value stuff, you

know work, In terms of what were the goals that they wanted to meet."

Understanding where the client sits on the cultural gamut and taking the time to prepare prior to the first meeting was highlighted as one of the most integral aspects of working with Pasifika families:

(P4) "I think as a practitioner, you've got to do your homework. You've got to do your

homework in terms of me being Cook Island, if I was working with a Samoan whanau that

you know, [has] a child that's experiencing that kind of behaviour, [I] would be going to seek

advice from somebody who's, who's older and in that it Samoan community to be like,

'actually how do we sensitively approach this issue with the family? Is it that I need an

interpreter to come to speak with me?' But I guess like for me it's around, you don't want to

go in full bore at first. That's about building that safe relationship where we can then, you

know [do the work], and we're not going to get it all done in one session, or one office

meeting but for me the first meeting is for me to go there. And like you said at the beginning,

kai, a cup of tea or whatever it is to just ease the atmosphere and let them know that I'm not

here to judge them as a whanau, or the child. But [I am] here to work with them in what they

need. And I guess you know, you just continuously really reiterate to them as a family that it's

okay."

This excerpt demonstrates how the participants are required to possess a vast amount of knowledge and the ability to have access to numerous resources to engage in culturally appropriate treatment for each family. In these instances the heterogeneity within the Pasifika community adds complexity to the role of the Pasifika practitioner that oftentimes requires extra support or resources.

Within the client population, youth were perceived to be different in their interactions with practitioners, who reported that building the Vā, and engaging in therapeutic work with them felt more effortless:

(P3) "I mean I think that different client groups have given different responses. I think in particular when I've been working with youth, I've always found the fact that I can relate to them. Not only from the area that they're from, [there] is always other things in terms of sports, you know, just, you know, little nuance things that you picked up that add to the Vā."

In the instance of working with youth, parents attitudes towards sex and masturbation were often addressed:

(P5) "What we find is that especially with our pacific youth clients. Maybe you've got a parent who's like, who says, 'I've never talked to my son about masturbation' or 'I've never talked to my son about pornography because it's just not appropriate'. But then who's having those conversations with your son. And obviously if they're here than they've engaged in some sexual behaviour already so it's important for you as a parent who loves your child to have the skills and to have the knowledge". (5)

This quote shows how working with Pasifika families requires careful navigation. This is because of the stark generational differences often demonstrated by individuals within the family. In these instances family members require vastly different approaches from the practitioner and add another layer of complexity to consider throughout the therapeutic journey. Due to the traditional cultural taboo's within Pasifika culture, sex is something that is not usually discussed. Henceforth :

(P3) *"So, as a society, it's really hard for us to talk about anything, and I don't want to blame God but it's because we like to present the best side of us. If we're not really ready to talk about sex. How can we talk about sexual abuse? No one knows about [redacted] until they have to. But I always try and normalize that [seeking external help for HSB]."*

Participants denoted that to successfully work with an array of Pasifika clients means being able to be dynamic and flexible in each session, that there was no 'one size fits all' in this instance and that great care must be taken to respect the needs of each client and family particularly when discussing something that is tapu within the Pasifika culture.

Sub theme – Developing a Pathway for a Pasifika Appropriate Framework

Whilst working with heterogeneity, the practitioners were able to articulate common themes they found were useful when working with Pasifika clients:

(P4) "You know although we're [Pasifika people] all very different, we're still very similar in terms of those basic stuff that we have around the importance of family relationships, you know, being at the core religion, just all of those things that build us as people."

This demonstrates that despite their differences there are still values and beliefs at the core of the Pasifika philosophy that can be used with all Pasifika clients. The Vā is one of these core tenets that was frequently discussed. This participant described being able to sit with the clients and whanau to facilitate restoration of the Vā to its 'right state' and leading from behind with the support of whanau. Here they are using the Vā to support the therapeutic work with the client:

(P3) "It's the value for the people value service, humility, forgiveness, core values and belief in something. I guess the main thing is that this was part of the values in the way that I work here. It's understanding to give you a space to heal that Vā and nurture it with anyone. We talk a lot about what's your Vā like with your parents, what's your Vā like with your boss or with your teachers. Why is it just that your Vā that you have with this particular individual [went awry]. That needs a lot of work, what are you putting into there? What are you working in? How are you working in that space? And now we're going to talk about what's been damaged. Between you or the person that you've harmed."

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P3 preferred to act more as a guide to their client and family, rather than leading the therapy. This provided the right pathway for the client and their family to do the work, allowing them to navigate the journey. P2 spoke to the importance of being able to be dynamic:

(P2) "Therapy, family, work, being a bit more flexible to the family's needs. In terms of the cultural values we speak a lot about the nature of service, tautua. We talk a lot about identity and understanding identity, spirituality and that's not necessarily like prayer more like what do you believe in?"

Practitioners called attention to the great value that the collective worldview and strong sense of community can present whilst working with Pasifika clients:

(P3) "Other clinicians [non-Pasifika] focus on other things to do, in terms of finishing well with a good safety plan because they think of positive external and internal controls. And you know, I focus on external controls because will power is awesome. Everyone's got a plan to get punched in the face, as Mike Tyson would say it, but it's working with what are those external controls? Okay when I'm feeling triggered I'll talk to my sister, which sister? The older one. You've got two older sisters so which one? Okay, what are you going to talk about? How [is] she going to know you want to talk? You know so I am being real specific, in terms of that social work background around formulating a safety plan, and making sure that the people that are in your circles of support, and the people that you have relationship with that that Vāis robust, people can keep you accountable. And you can keep yourself accountable. So is it nuanced? Yeah it probably is, as different areas of focus, still have the same outcomes."

Using a strengths based approach that has a focus on external support from family and friends is of great value to Pasifika clients as they typically have a strong support base to draw from. P5 shared their understanding of what distinguished working with Pasifika from other groups:

(P5)"My colleague [redacted] is Samoan as well and we would run that group together and

quite often we would sit down and say, 'What is this, what is it that makes this group a

Pasifika group?', because it's not like we've got a manual that's like here's the Pasifika

manual and here's the like the one for everybody else. Here's the mainstream, but it was more

so just a shared understanding of like, this is what Pacific Island people value. This is what

Pacific Island people have typically grown up with. These are the things that, you know, we

can, we know are going to be difficult to talk about so things like sexual orientation, for

example, the boys are really interested in, they're talking about specific things like fa'afafine

culture. How does that fit in with like, you know, how do you talk to your grandma about this

or how do you talk to your parents. What do you say to your dad, when, when maybe you're

dealing with feelings of when you're confused about your sexual identity and so having that

knowledge of like just Pasifika values and traditional beliefs I think is helpful as a Pasifika

practitioner to go on with that knowledge and meet the boys where they are".

This highlights the importance of having treatment that is provided by Pasifika for Pasifika wherever possible as often the differences are not able to be defined but are rather more an innate, often nuanced understanding between client and practitioner.

Conclusion

This chapter presents the findings from obtained throughout the talanoa. My analysis of the data lead me to identify four interconnected themes: 1) The Centrality of the Vā; 2) Integrating Culture into Practice; 3) Service to the Community; 4) Navigating Heterogeneity. These four themes and their subthemes were presented in a table as well as being discussed throughout the chapter. These the Talanoa provided significant insight into the experiences of these practitioners, demonstrating how central the Vā was to their work, and the role it played in their decisions and relationships with clients. How at times, they struggled to navigate the balance between what felt right for each client/family culturally and what their organisations'

protocols required of them. More than anything else, the profound commitment to their roles and to supporting the Pasifika community was overwhelming. The following chapter constitutes a discussion of the themes and their implications.

CHAPTER 5: DISCUSSION

Introduction

This research has attempted to provide an exploration of Pasifika practitioner's experience of working with Pasifika individuals who have demonstrated harmful sexual behaviour. My personal rationale for this research was to contribute to my community in an area that has affected me personally and one in which I hope to continue to work in. The Talanoa with Pasifika practitioners offered insight into their practice domain. Establishing a basis of knowledge that can be built on through future research to create wider awareness and support for practitioners. Moreover, recommendations to further develop culturally appropriate treatment methodology were able to be delineated. This chapter gives thought to the Pasifika practitioner's testimonies, reflecting on the key findings and how they sit within the existing milieu of research. The first section discusses the Vā as a central cultural tenet within Pasifika communities and its impact on working with Pasifika clients who have demonstrated HSB. We then consider the journey taken by Pasifika practitioners to integrate culture into their practice. The third section discusses the participants innate desire to provide service to their community. Finally, the last section explores the heterogeneity within the Pasifika community and the practitioner's experience of navigating this added complexity.

Aim and Objectives of the Study

The aim of this research is to provide insight into the experience of Pasifika practitioners working with individuals who have demonstrated harmful sexual behaviour. The objective is threefold;

(i) Establish a basis of knowledge that can be built on through future investigation to support the professional development of Pasifika practitioners working with harmful sexual behaviour

(ii) Create greater awareness and support within the community for Pasifika practitioners working within this space

(iii) Determine recommendations for developing culturally appropriate treatment for working with harmful sexual behaviour

Research Question

What is the experience of Pasifika practitioners working with Pasifika people engaged in harmful sexual behaviour?

The Centrality of the Vā

To establish and nurture respectful relationships is a fundamental principle within Pasifika culture (Nelson Agee et al., 2020). The immutable presence of the Vā across this research speaks to the collective worldview of Pasifika. One that is not bound by the constraints of space and time, but instead hopes to conserve these values across time and space. The participants shared that existence of the Vā provides various benefits in working with Pasifika clients. They often referred to the ease at which they are able to build a genuine therapeutic relationship with their Pasifika clients. This was attributed to a shared understanding of the meaning of a relationship, that it is sacred, and inclusive of reciprocity and mutual respect despite the circumstances of the introduction. As put by Suaalii-Sauni (2017) the Vā is "a central organising principle in many Pasifika cultures [that] governs all inter-personal, inter-group, and sacred/secular relations and is intimately connected to a Pasifika sense of self or identity" (p. 163). This finding is reflective of existing research into therapeutic work with Pasifika clients (Apelu, 2008; Fa'alogo-Lilo & Cartwright, 2021; Te Pou o Te Whakaaro Nui, 2010; Wolfgramm, 2021) whereby the ability to connect with a client was strengthened through mutual genes, values and beliefs. The collective worldview means that the well-being of any one individual is dependent on safe and healthy relationships with others. Therefore, in order to fully comprehend the effect of the clients' offending behaviour, an understanding of the Vā is pertinent. This places onus on the importance of cultural matching between client and practitioner and is concurrent with existing literature that supports the importance of services

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that are by Pasifika for Pasifika (Agnew et al., 2004; Ataera-Minster, 2018; Ioane et al., 2021; Suaalii-Sauni et al., 2017).

Interestingly, all practitioners also identified the Vā as a barrier when working with Pasifika clients who had demonstrated HSB. This was attributed to several reasons, the first of these being shame. Within a Pasifika worldview offending is seen as a breach of the Vā and committing a violent or sexual offence against another within the community is considered to be catastrophic (Ioane et al., 2021). So, when an individual does commit an offence, responsibility for this action is not placed on the individual alone but shared throughout the family. The shame is held collectively and so the experience for the offender is magnified as they often also feel they have betrayed their own family in addition to the harm they have caused the victim (Seiuli, 2017).

Within this research, practitioners shared that hesitancy to disclose or engage could be misattributed to defiance or denial. When in fact, it is often shame that impedes the client's ability to engage with the work. This understanding supports the notion that having a Pasifika practitioner working with Pasifika clients is imperative to the success of the work. Without an understanding of the Vā and the grave implications of the HSB for the client (and their family) a practitioner may not be able to engage the client at all.

Practitioners in this study identified that concern for the Vā caused clients to be hesitant to discuss their HSB. This can be explained by the fact that discussing sexual matters, especially across genders is in breach of tapu or sacred covenant for Pasifika (Anae, 2000). In general, sex or sexual matters are regarded as tapu (Anae, 2000; Veukiso-Ulugia & Analosa, 2017). This is of particular significance in relation to *feagaiga* (the brother-sister covenant) which specifically prohibits sexual conversations (Herda et al., 1990; Papali'i, 2002; Rankine et al., 2017). The brother-sister covenant often extends far beyond the reaches of immediate family to most relationships between genders. This is an important factor to consider in this

situation as within this research the vast majority of service users were male whilst four of the five participants were female. This tapu was reported to significantly influence the content and the depth of conversations that clients were willing to engage in. A number of participants in this study pointed to the willingness from the wider Pasifika community to address other issues such as family violence but that in their experience the response to talking about or working with HSB was very different. This artifact alone demonstrates the added complexity and the need for further support and training for new and existing Pasifika practitioners coming to work with HSB.

Redefining the Vā

In the interest of ensuring the Vā does not inadvertently create a barrier to genuine therapeutic engagement, participants were able to outline strategies that they had developed, often in collaboration with peers throughout their career. Each participant spoke to their strategy for working with clients who were reluctant to discuss the behaviour in the interest of the Vā. These approaches were largely thought of by the researcher as attempts to *redefine the Vā* with the client. In this instance redefinition meant providing the client and their family with reassurance in an attempt to destigmatise and normalise the conversation for the client. To assure them that seeking external help for HSB is an appropriate response, and would not harm the Vā to speak of a tapu subject with the practitioner but rather strengthen it.

Existing research has demonstrated stigma and shame around mental health has also been a barrier for Pasifika families to access support (Fa'alogo-Lilo & Cartwright, 2021). This has been attributed to traditional spiritual explanations for mental illness and also the vast discrepancy between an individualised western treatment framework and what is appropriate and applicable to the holistic worldview of Pasifika. One that is based around inter-relationships, spirituality and connectedness (Te Pou o Te Whakaaro Nui, 2010). In light of this, Pasifika practitioners who are able to integrate both European and Pacific knowledge, and

those who work to destigmatise mental health have been shown to provide the most utility to their Pasifika clients (Vaka et al., 2016). Despite being a different area this knowledge should be utilized and more effort should be given to providing practitioners working within HSB tools to share their knowledge and expertise with others. This would be beneficial to the area of HSB as working to destigmatise and manage the shame experienced by clients would support engagement and positive outcomes for clients and their families.

In order to mitigate this complexity all the participants stated that they would acknowledge the situation and address the shame early on with clients and their families. They noted that bringing this awareness into the Vā early on was paramount as it set the path for the therapeutic journey.

One participant (P3) described reframing the therapy and asking the client to be courageous and support them in their endeavour to do the work. This was a demonstration of the strength of the Vā, where the practitioner is asking the client to help them in their endeavour to work with the behaviour. In this instance the participant is drawing on strengths of Pacific culture to get deeper engagement from the client. Putting an emphasis on cultural values and strengths when working with Pasifika clients was reported to be beneficial for the connection between the client and the practitioner. Participants felt that employing Pacific appropriate philosophies throughout, worked by reducing anxiety around the work, as well as strengthening the client's identity. This in turn supports the client to draw on the power of being part of a collective Pasifika community and feel a sense of belonging, family support and being aware of the boundaries and consequences of their behaviour. Emphasis on cultural values has been demonstrated to facilitate engagement and enhance the experience of being a service user in a number of studies with Māori and Pasifika (Ape-Esera & Lambie, 2017). These findings should be utilised in order to delineate a Pacific appropriate framework for working with Pasifika who have demonstrated HSB.

Integrating Culture Into Practice

Given that almost all interventions for harmful sexual behaviour are based on individualistic Eurocentric worldviews, it is no surprise that participants reported experiencing difficulty in navigating how to integrate Pasifika culture into their service whilst meeting procedural requirements and resource constraints. All participants reported feeling as though their work was a balancing act. On one hand their westernised training and the other, their culture. These findings are similar to Wilson and Baker's (2012) findings which explored the conflicting cultural tensions experienced by Māori mental health nurses between their medical training and their cultural perspective. Similarly, Moyle (2013) highlighted that Māori practitioners experienced a dual burden of cultural and professional expectations in both their role within an organisation but also within their community. Despite considering Māori practitioners experiences, these findings are significant as they purport the experiences of those practitioners who belong to a minority group within Aotearoa whereby the nature of the culture is similar in that it is also collective. These concurrent findings highlight that this unease is not limited to this research but rather is a shared experience of practitioners who belong to a minority group within a largely Eurocentric society. This sense of unease from the participants in this study is understandable considering the paucity in training and research surrounding work within HSB in the Pasifika community and organisational pressure placed on Pasifika practitioners to perform in their professional role. Integrating culture into practice is important as incorrect application or lack of implementation has, and continues to have resounding effects on efficacy and engagement with service delivery (Tamatea & Brown, 2016). Indeed implementation and evaluation of intervention programmes and therapeutic strategies must be a priority for those working with Pasifika clients who have demonstrated HSB.

Pasifika practitioners working with Pasifika clients, often referred to as matching has been shown to increase communication, improve comfort and support empathy through making

a conscious effort to reduce differences (Bell et al., 2009; Brown et al., 2009). Despite this, these Talanoa have illuminated that there is a lot more complexity to offering a culturally safe service than simply matching Pasifika clients with Pasifika practitioners. This complexity exists within the diversity amongst Pasifika, the versatility required from the practitioners and also the extent to which a Pasifika practitioner understands their own identity as a Pacific person. Additionally, the consideration that must be given to the way in which Pasifika cultural philosophies impact engagement from clients. Through these Talanoa with practitioners it has become clear that a wealth of knowledge exists within Pasifika practitioners working in the space that needs to be delineated and developed into a framework. This would be useful for both professional development of Pasifika practitioners and also where necessary, non-Pasifika practitioners who wish to practice in a culturally safe manner.

Moreover, three of the participants reported feeling as though they were under pressure from their organisation to adhere to practices that were in keeping with the policies and resources available to the detriment of cultural practices. One participant (P3) articulated not having enough time to spend with Pasifika clients and their families. This participant felt as though the time they spent with their Pasifika clients needed continuous justification to the organisation they worked within. Apelu (2008) investigated the experiences of Pacific community mental health nurses working for the DHB and found practitioners working in that area also had the same experience. Whereby they felt at times that they were "puppets of an organisation"(Apelu, 2008, p.86) and that they were unable to fully implement both cultural and clinical aspects of their role. This prevented them from operating from a holistic perspective to appropriately address their client's needs. Watson (2019) found something similar looking from a Māori social workers perspective, she stated that there was a conflict experienced between innate values and beliefs that are sacred to Māori and the ones they felt they needed to adhere to in the workplace. In this instance some kaimahi (Māori-staff)

expressed the sense that the cultural aspects of the practice that they were encouraged to engage in were merely tokenistic and that there was little support from their non-Māori colleagues to go beyond these brief snippets of karakia (prayer/song).

These findings are important to take into account, as existing literature looking into the experiences of minority groups such as Māori in Aotearoa and Aboriginal peoples in Australia have shown that to perpetually experience these tensions often leads to 'Brown Face Burnout' (Watson, 2019). Moyle (2014) highlighted that minority practitioners "walk a tightrope between two worldviews whilst at the same time managing their own personal and professional identity" (2014, p. 56). Indeed, this burnout is caused from experiencing additional strain, being unhappy in the workplace and feeling overworked. To avoid burnout within the small community of Pasifika practitioners who work with HSB, organisations should take steps to ensure these experiences are minimised in the interest of practitioner well-being and staff retention. From the Talanoa within this research and concurrent findings from other studies it is clear that to avoid these outcomes, appropriate support should be provided in the way of culturally safe frameworks and the ability to practice without ongoing pressure to conform to Eurocentric organisational pressures.

In light of the ongoing complexity they experience the participants were able to identify some ways in which they had learned to balance the two worlds successfully. Solidarity in working alongside Pasifika colleagues was identified to be incredibly beneficial in alleviating difficulties experienced as a result of this tension. Having peers within the workplace and a network of Pasifika colleagues meant that these shared experiences could be discussed through both formal and informal supervision. In Watson's (2019) work looking Māori social workers experiences she stated that they "work with and within complexity and require effective systems to process their work—the system that assists this process is supervision" (p.89). This statement is also true of the Pasifika practitioners working within HSB, not only to ensure best

practice both culturally and professionally but also in the interest of practitioner wellbeing and longevity within the role. For this reason, emphasis should be placed on working to develop improved guidelines for Pasifika models of supervision within the area of HSB. Moreover, O'Donoghue & Tsui (2012) examined supervision literature in Aotearoa and reported that it was overwhelmingly monocultural, favouring Eurocentric methods. Pacific supervisors should obtain knowledge of both Pasifika values and beliefs and also the ways in which monocultural prejudice can result in discrimination for Pasifika clients and practitioners alike.

Experience within the role and confidence in their professional ability was another key contributor to the participants giving themselves permission to remain authentic to who they are while also being able to adhere to their organisations policies. Participants attributed professional confidence to the lessons learnt and techniques acquired throughout years of supervision and Talanoa amongst peers and colleagues. These findings demonstrate how integral supervision and solidarity are to the success of Pasifika practitioners. Moreover, it is cohesive with the idea that as a culture, Pasifika are a collective people (Bush et al., 2005). An individual is only one part of a whole, and so it would only make sense that community and sharing with others is an essential part of prosperity in this role.

Recurrent examples of instances where the Pasifika practitioners felt the need to differentiate their interactions with clients from organisational procedure were around personal disclosure and professional boundaries. One practitioner (P5) reported that they have always engaged in more personal disclosure with Pasifika clients, and that they had never considered why this is, but that they felt comfortable doing it. This is interesting as it could provide a reflection of what is also occurring for some Pasifika clients, an innate and perhaps subconscious sense of trust. Other participants stated that they engaged in personal disclosure as they hoped it would help to build a genuine therapeutic relationship more swiftly. Participants identified that in sharing personal information it would not be uncommon to

identify there were mutual friends or shared experiences. In the majority of cases this was thought to be beneficial to the rapport built between the client and practitioner as it put the user at ease. One practitioner pointed out that personal disclosure was an important part of building the Vā with clients as it demonstrated reciprocity and the desire to provide mutual contribution to the relationship. Ioane and Tudor (2017) describe the therapeutic relationship, where one person is helping another as innately asymmetrical. From a Pasifika perspective, the Vā or the connection between two is always mutual and needs to be "acknowledged and respected in order to establish, maintain, balance and align the relationship, so that it becomes one that promotes and enhances therapy" (Ioane & Tudor, 2017, p.294). This is in support of the notion that some level of personal disclosure is significant in the relationship between a Pasifika client and their practitioner.

The participants within this study also reported to employ the 'roundabout' rapport building approach, to build trust with their Pasifika clients. The 'roundabout approach' first coined by Agnew et al. (2004) occurs as a result of the value placed on relational principles like- Vā fealoaloa'i (reciprocal relations of respect), in Samoan culture and is a critical keystone in successful work with Pasifika clients. Adopting the roundabout approach was thought to be critical when working with HSB as this type of behaviour is tapu within Pasifika culture. Going straight to the point with a Pasifika client would therefore not be culturally appropriate. This would be particularly true when the topic is confrontational or sensitive (tapu) and in doing so the practitioner is likely to demean the dignity of the client and their family (Ioane & Tudor, 2017b). Some participants, in sharing their experience of using the 'roundabout approach' and engaging in personal disclosure felt the need to highlight that their methods were not forms of collusion. This highlights the western world view and its' perceived dominance. There appears to be an ongoing need to explain and justify culturally appropriate

treatment with clients that highlights the inappropriateness of western models with Pasifika communities.

Integrating culture into practice still seemed to be a point of tension for Pasifika practitioners working with HSB. They shared that through solidarity with colleagues they felt that they were able to establish a more comfortable place in the continuum between organisational policy and culture. In this space, practitioners felt that they privileged interpersonal connections through personal disclosure and the roundabout approach meaning that they were able to build trust and rapport with service users and their families.

Service To The Community

Service or *tautua* (in Samoan) is one of the core principles of the Samoan culture and is relevant in both a traditional sense and within the vast number of diaspora communities across the globe. In a traditional context, acts of service are demonstrated through respect and obedience to elders and the wider family (Fa'aea & Enari, 2021). Within diaspora communities tautua is an integral part of daily life for many Pasifika, as demonstrated by the participants in their roles. The predominant motivation for service providers to engage in their work with HSB was their desire to serve their people in the best way they could see fit. For most of the practitioners there was a sense that they had a special capacity to work within the space of HSB and so felt that they had an obligation to fill that role within society.

In order to understand the service demonstrated by participants within this context it is useful to consider Fa'aea & Enari's (2021) tautua life cycle (see reference for link to figure). This framework is a collection of oscillating spheres, conceptualised to denote the Pasifika journey to leadership that is obtained through the demonstration of service within a lifetime. Having engaged in the Talanoa I felt as though this blueprint was an appropriate explanation of how the practitioners described the journey they have experienced throughout their career progression. Within Fa'aea & Enari's (2021) figure three spheres of service correlate to the

three steps in which tautua is mastered. It is important to note that while each sphere has its own identity there are several conjoining arrows that depict the interconnections between individuals at different stages that foster leadership and service through the construction of pathways. This is relevant to the practitioners as they all shared an initial desire to serve, as *sphere one: tautua ia tautua* (serve to serve) in the early stages of their career practitioners reported serving through observation and learning with the intention to refine their skills to master their art of being able to help those with HSB. It was clear that through experience four of the participants (1,2,4,5) represented *sphere two: tautua ia pule* (serve to lead) meaning they are learning to master the equilibrium of being able to protect and teach but also continue to serve their community, balancing both service and leadership within their work and personal lives.

Within one of the Talanoa it became clear that one practitioner (P3) appeared to sit in the third sphere: *pule ia tautua* (lead to serve), they described leading from behind and sharing their knowledge with colleagues but also being ready to learn from them at any point. It is thought that this framework could have utility in depicting professional development and the journey of career progression for Pasifika practitioners working in the space of HSB. This would help both practitioners and organisations to understand the journey of Pasifika practitioners throughout their career as it is a Pasifika appropriate framework that is relevant in this context. Moreover, this concept of the Tautua Lifecycle is relevant as for those in leadership roles within the space of HSB there was a sense of obligation that meant despite wanting to work in a different area at times, practitioners felt accountable to their colleagues and clients to pass on the knowledge they had been taught. This obligation to serve through leadership is relevant to the third sphere within the framework and is useful in understanding the experience of participant 3.

Impact on Practitioners

Aside from the sense of responsibly, participants also reported very real practical constraints they experience in their roles. The phrase 'if I don't, who will' was a common response within the Talanoa. Some participants felt that if they left their role or moved to work in another area there would be Pasifika clients who would not be seen or would be seen by someone who was not competent to work with them. There was concern for the client's safety and a desire to protect the client from non-Pasifika practitioners who may not have the knowledge to engage in a culturally safe way. Moreover, there was concern for future victims should the client not receive the treatment they required, one that is culturally appropriate. These practical constraints; a lack of a Pasifika appropriate treatment framework specific to HSB and a shortage of Pasifika practitioners available to work within the HSB space- meant that some of the participants felt that they worked beyond their means.

Despite feeling burnout at times, the Talanoa with the participants denoted that for the most part, practitioners felt privileged to be able to serve their community by engaging in work within the HSB space and genuinely enjoy their roles. Therefore it is clear that difficulties associated with the role are as a result of a lack of resources, illuminating the importance of resource allocation and equity for Pasifika, to support future practitioners into roles associated with helping Pasifika families who are experiencing HSB.

Efforts should be made to support practitioners in their roles and ensure they do not get burnt out. To support practitioners into the *third tautua sphere: pule ia tautua* (lead to serve) so knowledge can be passed down to new practitioners in *sphere one: tautua ia tautua* (serve to serve).

Further to this, more resources should be allocated to Pasifika practitioners working with HSB as within the Talanoa there were many instances where the practitioners reported helping clients and families with tasks and time that fell well outside of their paid role. Existing

literature on Pasifika practitioners has coined this as 'going the extra mile' (Agnew et al., 2004; Apelu, 2008). Participants indicated that their desire to go beyond their call of duty was motivated by the moral and social codes innate to them within the Pacific culture that placed an emphasis on tautua (Samoan-service) and alofa (Samoan-love/compassion). Within the Talanoa it became clear that the relationship between the Pasifika practitioners and their clients varied greatly from that prescribed by the western bureaucracies they work in. Going the extra mile is a consequence of the tension Pasifika practitioners experience when trying to balance bureaucratic policy and demands on one hand and the innate philosophical underpinnings of Pasifika culture on the other (Agnew et al., 2004). For Pasifika practitioners, going the extra mile is the norm. To ensure we are able to retain these individuals within their roles they should be appropriately compensated for their time and efforts as well as being fully supported in their roles to engage with clients in a Pasifika-appropriate way.

Collision of Worlds

The participants also shared experiencing a 'collision of worlds' where they described feeling more pressure when working with their own. Within the Talanoa one participant (P3) reported realising within a session they were related to their client. Another said that they would frequently encounter clients that live within their community (P5). This collision between personal and professional worlds had significant personal implications for the Pasifika practitioners as they reported an increased level of anxiety at times when working with their own. This anxiety was attributed to a number of reasons. Firstly, the increased pressure or desire to do right by those within their community. Secondly, working with a client who has demonstrated HSB and lives in close proximity was reported to be more confronting. Finally, the added complexity of being accountable for dual roles; as a family or community member and also as a professional providing a therapeutic service. In one study conducted by O'Leary et al. (2013) this issue of dual role accountability was discussed in the context of social work.

These findings are consistent with O'Leary (2013) where professionalism and personal lives clashed with one another, highlighting the added complexity of dual accountability. Similarly, Watson (2019) considered the dilemma of being both a whanau member and a social worker within the Māori community and was able to share a detailed insight into the implication for kaimahi. This research discussed the inevitable ethical dilemmas present when working that are related to boundaries with clients. Watson (2019) recommended careful navigation and implementation of clear policy and support for Māori social workers who are inevitably going to be faced with this experience (Watson, 2019). This existing literature provides recommendations and insight into the way in which anxiety around working with one's own could be mitigated. Additionally, they support the argument for further research, to create better support in the way of clear policy and frameworks that are Pasifika appropriate. Within this research these experiences were not unanimous (discussed in previous sections), and whist the practitioners experienced some difficulty, familiarity was often proven to be beneficial to client engagement and efficacy. This contrast denotes the complexity of working within this space as there are a myriad of interrelating factors at work that impact both service user and provider alike. Henceforth, more research should be undertaken to clearly define instances where these complexities exist and frameworks should be created to support practitioners in their roles.

Personal Experience with HSB

Of the five Talanoa, two of the participants discussed having personal experience with HSB. Despite being anecdotal this representation within the small population is supportive of Bach and Demuth (2018) and Crabtree's (2002) findings that a significant portion of those who work with HSB have had experiences with it personally. Interestingly both practitioners felt that their past experiences had impacted their work with their clients in a positive way. One stating that their work with service users enabled them to be empathetic for the person who had victimised them and work to forgive and bring closure to their experience. Similarly, another

found that their exposure to HSB gave them an ability to work with their clients and have deeper understanding for them. Both of these anecdotes are a beautiful demonstration the strength of these individuals and their desire to do right within their community through a demonstration of tautua (service) and alofa (love). Throughout the Talanoa there was an overwhelming sense from these practitioners that regardless of the immense complexity of their work, that they love their community and felt honoured to be in a position to provide care and service to those who need it most.

Navigating Heterogeneity

The Pasifika community in Aotearoa embodies a heterogeneous group that represents an ever-evolving population (Cammock et al., 2021; Suaalii-Sauni et al., 2017). Within this research, the practitioners revealed that they work with an equally as diverse set of clients. This diversity can be attributed in part to a client's connection to their culture, MacPherson's (1984) discussion around Samoan identity outlined three categories of individuals; those who were brought up with traditional Samoan values, those who were raised bi-culturally and those not raised with Samoan values. These categories can be generalised to include all Pasifika who possess heritage from Island nations in the endeavour to explain the variation in cultural identity. Pasifika can also differ in whether they are Island-born or New Zealand (Aotearoa)-born and, if Island-born, at what age did they migrate to Aotearoa. Moreover, the age of the client and their social standing within the community is of great importance too. For example, an older, Island-born man who holds a title and observes traditional values will present very differently from a young man born in Aotearoa who has very little connection to his Pasifika identity. The psychosocial, psychological and physical needs of these two individuals will be vastly different despite the fact that they both identify as Pasifika (Ioane, 2017a). Outlining the need for the ability to be flexible and dynamic whilst working with Pasifika who have demonstrated HSB and their families.

Practitioners frequently spoke to the reluctance experienced when working with older individuals who were connected to their traditional beliefs, values, protocols and attitudes. Fa'alogo-Lilo and Cartwright (2021) investigated the barriers to and supports for Pasifika to engage in mental health services, their conclusions were concurrent with these findings. Suggesting Pasifika from more traditional backgrounds perceive that talking about one's self could be considered as too individualistic or a waste of others time. Additionally they found that all practitioners and the majority of clients stated that shame and fear from the clients and their families are the main barrier for accessing mental health services (Fa'alogo-Lilo & Cartwright, 2021). It is thought that these findings may be at least in part generalisable to utilise in the explanation for the reluctance seen in more traditional clients or family members.

Some practitioners said the work was particularly more complex when the individual held a title or possessed great mana. This was thought to be because individuals who have been bestowed the honour of a title or possess great mana would scarcely be questioned or face consequences for wrongdoing (Ioane, 2021). It is in these instances that the practitioners reported sensing some defiance to accept the repercussions of their actions or engage in talking therapy. In contrast to this, service providers felt that the youth were generally more open to attending sessions and discussing their HSB. This was thought to be because the youth were more likely to have a greater understanding of western talking therapies and so, feel more accustomed to engaging in it themselves. In these instances clients were reported appear to be more comfortable to discuss tapu subjects such as sex or their harmful sexual behaviour. These generational differences were particularly pronounced whilst working with families. Here, older generations often tried to demonstrate their best side to the practitioner and would frequently present as being uncomfortable and unaccustomed to engaging in therapy. In contrast younger generations were generally less reluctant to discuss the HSB. These

experiences of working with a diverse client base are important to note as they call attention to the intricacies of working with Pasifika who have demonstrated HSB.

Developing a pathway for working with Pasifika who have demonstrated HSB

Despite diversity, practitioners were able to provide a number of recommendations for working with Pasifika clients who have demonstrated HSB. Service providers felt that there was always a benefit in incorporating the core tenets of the Pasifika worldview with any Pasifika client irrespective of their connection to cultural values and beliefs. These core aspects included; the collective worldview, one that is relationally based and only has meaning in the context of relationships with others (Te Pou o Te Whakaaro Nui & Olo-Whanga, 2010). The Vā, the relational space that delineates the boundaries and qualities that promote wellbeing and meaning for each individual within the wider community (Anae, 2007; Wendt, 2010). Additionally, *Loto fa'aleagaga*/Spirituality, Tautua/service, *Loto maualalo*/humility and *Fa'aaloalo*/respect that were all noted by the participants as being the core philosophical underpinnings of Pacific culture. These core principles were considered by the practitioners to be of great utility as using Pasifika philosophies and frameworks was identified to strengthen the client's identity and sense of belonging. This was also felt to decrease resistance as client's and their families felt less anxious working with the service.

Practitioners felt that emphasis of these strengths, such as external controls (family support) provided a fertile environment for client progress. In contrast those who had very little connection to their cultural values and beliefs were less hesitant to engage but at times faced difficulty later. Practitioners felt that in these instances incorporating cultural frameworks and philosophies were of great benefit to the clients as it supported their sense of identity and belonging. Enabling greater understanding of the ramifications of their behaviour and so worked to motivate engagement and progress. Existing literature has shown that working to strengthen cultural identity within client's is known to improve wellbeing and engagement

(Ioane, 2017b; Koç & Kafa, 2019; Vaka et al., 2016b). Ape-Esera and Lambie (2011) conducted a process evaluation of a community treatment programme designed specifically for Māori adolescents (rangatahi) who had committed sexual offences against adults or children. They found that emphasising Māori beliefs and processes enhanced therapy and treatment to secure identity, maintain relationships and support positive adolescent growth. Whilst focusing on Māori rangatahi, these results are relevant to Pasifika clients who have experienced HSB as they highlight the utility of cultural identity for collective cultures within Aotearoa and provide a recommendation for those working in the space of HSB.

When working with Pasifika who observe traditional values and beliefs practitioners outlined the utility of *redefining the Vā*. In these instances they worked to engage in de stigmatisation, reassurance, psychoeducation and normalisation of the HSB and the concept of talking therapies. Participants stated that it is important to gently acknowledge the situation and address the shame early on with clients and their families to set the path for the therapeutic journey and bring awareness early on to its destination without touching on the behaviour itself. In these cases, great importance was placed on Pasifika relational values of respect, warmth, and humility to build a therapeutic relationship with the client and their family before getting to the HSB, using the roundabout approach to develop and sustain the relationship.

Participants talked about the importance of being prepared for each client and their family, reiterating the heterogeneity within the Pasifika community. Just because the client is Pasifika does not mean the approach is 'one size fits all' and often requires the practitioner to be flexible and dynamic within sessions. Where cultural matching is not possible, often times it is appropriate to engage in cultural guidance with a practitioner from the same background. For example, if the client is Samoan and the practitioner is Cook Island, cultural supervision should be sought from an appropriate colleague or community leader. Alternatively, if instances arise where the practitioner is not able to be Pasifika or the client does not want a

Pasifika practitioner, the practitioner should still engage in cultural supervision specific to working with clients who have demonstrated HSB irrespective of whether the client wishes to be identified as Pasifika or not. Moreover, participants noted the importance of by Pacific for Pacific when working within the space of HSB. This is because the practitioners themselves identified that they are the vessel through which the Westernised approach and Pacific cultural values are brought together to provide a uniquely Pasifika service delivery. Leading from behind and being a guide to the family or client as they work to restore the Vā to its right state.

Recommendations

This study has successfully answered the research question; *What is the experience of Pasifika practitioners working with Pasifika people engaged in harmful sexual behaviour?* The Talanoa reflected the immense complexity of working with Pasifika who have demonstrated HSB and delineated a number of implications for the future. Through collaboration and support from the participants and my supervisor, I feel as though I have been able to establish a tentative basis of knowledge around this unique experience. One that prioritises the Pasifika worldview and the values and beliefs held by the Pasifika community and one that will work to create support and awareness for Pasifika practitioners working with HSB.

Throughout this research it became clear to me that there is a need for an appropriate professional development framework that is designed for Pasifika practitioners working with Pasifika who have demonstrated HSB. Moreover, this framework should utilise and accommodate the wealth of existing Pacific practitioner knowledge in the area as it is clear that a deep understanding of Pasifika worldviews is paramount to working successfully within this space. This framework needs to include; the collective worldview or identity and an understanding of the impacts of HSB on the Pasifika family and victim(s). In addition to this,

there is a need to abolish the Eurocentric, individualised treatment in order to incorporate family and the notion of the Vā.

Efforts should be made to improve the guidelines and supports in place for Pasifika supervision within the area of HSB. These supports should have a focus on reducing 'Brown face burnout' though alleviating tensions experienced at the collision point. In the days and months following these Talanoa the exhaustion that these individuals experience(d) weighs on my mind. In the interest of their wellbeing, as well as the wellbeing of the wider community we need to better support them in their roles through research and having it published in the effort to impact policy. As put by Nabobo-Baba (2004) *"Publishing is where the ultimate power lies, for what good is research if it is not published; this is entry into academia. Entry into academia is where a lot of 'silence' takes place. Our Pacific strategies of dethroning silence must therefore include strategies to publish. (p. 19)*

Moreover, Pasifika service providers should be given the courtesy by their organisation to work with their community in a way that they see fit, without the need for constant justification.

Finally, the endeavour to achieve these goals should be conducted by Pacific for Pacific so as to ensure infrastructure and frameworks are beneficial to the Pasifika community as a whole and do not work to perpetuate inappropriate Eurocentric methodologies.

Limitations

The aim of this study was to explore the experiences of Pasifika practitioners working with Pasifika who have demonstrated harmful sexual behaviour. As a result, a number of considerations have been identified, this is a contribution to an area that had previously experienced an absence of knowledge. There are however limitations present within this investigation.

This research was conducted throughout 2021, a year fraught with hardship due to the global pandemic COIVD-19. Pre-existing health disparities and socioeconomic hardship experienced

by a disproportionate number within the Pasifika community meant that the effects of the pandemic have been exacerbated (Ioane et al., 2021). The Ministry of Health, (2021) conducted 500 interviews with Pasifika in Aotearoa to understand the impact of COVID-19 on the community. In summary, they found that over one third of Pasifika families had been impacted financially. With almost one in five (18%) households losing half or more of their income and two thirds (66%) of those, being unable to find new paid employment to cover weekly basic household costs. Meaning that 38% of those interviewed were struggling to pay for basic needs such as food and accommodation (Ministry of Health, 2021). These interviews also highlighted the impact on the Pasifika communities' ability to access healthcare and mental health support. With nearly three in ten (28%) of Pasifika who attempted to seek mental health support in alert levels 2, 3 and 4 reporting they were unable obtain this. Similarly, of those who needed basic healthcare such as GP appointments, prescriptions and dental care 26% felt they were not able to access these services. The impact of COVID-19 has exacerbated the needs of the Pasifika community within Aotearoa and meant that many Pasifika practitioners have been working overtime to mitigate adverse effects for the community leaving little capacity for engagement in research such as this. Therefore it is thought that the number of those who were able to participate was limited as others did not have the capacity to engage as they were working on the front line with those in need within the community. This is thought to have had an impact on the number of Pasifika practitioners available to participate in the research and it was felt that despite the immensely rich information provided by the 5 participants, saturation may not have been reached. This was felt to be particularly true when considering the differences in experiences between disciplines. Moreover, the participants were not entirely representative of the diversity that is present within the Pasifika community with four of the five participants identifying as Samoan and one as Cook Island. Therefore there were many countries that were not represented within the Talanoa, meaning that this research does not include an exhaustive

list of the nuanced differences between nations and cultures within the Pacific diaspora. However, despite the acknowledgement of these limitations, overall the findings in this study provides depth and insight into the crucial work of Pasifika practitioners with HSB that requires ongoing support and attention. Future consideration needs to be given to the identification of the diversity within Pasifika communities to ensure development of frameworks and supports are reflective of the individual needs of different cultures. As stated, this small sample is indicative of the exploratory nature of this research, but it presents value in providing novel insight into the Pacific diaspora in Aotearoa. This study has illuminated the experience of Pasifika practitioners working with those who have demonstrated HSB and how vastly different these experiences are from a Eurocentric point of view. Indeed further research is warranted in order to delineate the methods that should be employed to provide more appropriate support for clients and practitioners alike.

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APPENDICIES

APPENDIX 1. Ethics Approval (Ethics Notification Number: 4000024138)

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND

Dear:
Natasja Gojak

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our database for inclusion in the Annual Report of the Massey University Human Ethics Committee.

The low risk notification for this project is valid for a maximum of three years.

If situations subsequently occur which cause you to reconsider your ethical analysis, please contact a Research Ethics Administrator.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director - Ethics, telephone 06 3569099 ext 86015, email humanethics@massey.ac.nz. "

Please note, if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to complete the application form again, answering "yes" to the publication question to provide more information for one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

Dr Brian Finch Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Notes	Transcript	Codes
The Va is ever-present and can impact interactions with clients positively or negatively	In Samoa we always talk about the Va. It's the Va fealoa'i away which is the relationships that we have, as people, because it's hard for me to talk into the space because of the Va fealoa'i and the way that I don't feel comfortable talking about stuff that my son has done or if they are adults, talking about stuff that they have done. And it's actually quite embarrassing. I liked talking to you but this is	Va as a barrier
Shame is genuine and it may take a Pasifika practitioner to understand that this is a real barrier	the hard stuff because it brings shame. And it's the shame that's in the body. Sometimes it makes it difficult for me and my response has always been the same. Shame is good, but it's hard for me to work with guilts easy to work with. Shame can be hard because somethings people can hide behind because I need to understand that. For some people can be quite genuine suppose, trying to	Shame as a barrier Shame as a barrier Heterogeneity in families
Older family members with more traditional values can be more reluctant to discuss	understand it. So, in my experience, really good with youth that I'm a pasifika practitioner and I can speak into those spaces, working with the parents, New Zealand raised versus Island raised, that's been the island raised parents that have always tried to present the best side of them at an assessment, which I can understand, but at the same time it's like a kind of need to talk, to them the youth	Pasifika practitioner understanding Heterogeneity between clients
Practitioner learning to work through complex situations with families	space, you know how we say don't go there. This job, yeah I'm going to go there. Are you going to ask what happened in school, and some will ask about some other stuff as well and sexual arousal and all the stuff you're looking at on your phone. He'll say, did you read about that? And then his parents will say. Oh no, no he doesn't, he doesn't have a phone. And I'm like, yes he does, it's all over the report I've got from OT. And then so then there's trying to work with that. And I think that I used to find that really hard but with experience, it's just a little bit	Traditional values impacting engagement
Addressing the shame in the Va working to support and reassure the client and their family that seeking help is okay and that it will all remain confidential	more work. When you just try and normalize it, and address the shame that's in the va, right now. To say look this is what I sense. I need to understand. I do this for a living, there's anything that I've read in your son's referral that I haven't read before. In order for me to help I need to understand what I'm dealing with. So please, please, like I said, everything is confidential, you've signed the contract, I just need to understand so I can help. Some parents are really good about. I'll take some time and then you go back you know the parents were so embarrassed. They'll just drop them off and, and it's more or less here he his fix him. Fix him. He didn't learn that from us.	Addressing the Shame Added complexity Reassurance Psychoeducation Shame as a barrier

APPENDIX 3. Talanoa Schedule

Pō talanoa – Introductions and general conversation

- Introduce myself and re-cap through the aims of the research

- Ask the participant if they have any questions before the interview and recording starts

Talanoa fakaʻekeʻeke – Semi-structured interview

- Tell me about yourself (where did you grow up, family, educational background)

- How long have you been in your current position? What are your responsibilities?

- What was your journey to becoming a practitioner within this space?

- As a Pasifika practitioner did you feel you are prepared to work with individuals who have demonstrated harmful sexual behaviour (why)?

- If not, what do you feel could have helped you to be more prepared?

- How do you think your cultural values impact your practice?

- As a Pasifika practitioner what are some of the challenges you have experienced facilitating treatment for those who have demonstrated harmful sexual behaviour?

- How have you been able to navigate challenges experienced?

- Do you feel you have adapted your role to incorporate your cultural values, traditions and practices? If so, what strategies do you use?

- Do you think drawing from cultural values, traditions and practices is advantageous for your clients?

- What else would you like to share with me about your experiences with individuals with harmful sexual behaviour?

- Do you have any further comments you would like to share?

- Do you have any questions you would like to ask me about the research?

Pō talanoa – Closing and thanks

- Advise the participant what will happen next and when they will likely receive the summary of the results if they have requested it

- Thank the interviewee for their time

APPENDIX 4. Participant Consent Form

Pasifika Practitioners' Experiences: Working with people engaged in harmful sexual behaviour

PARTICIPANT CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ Date: _____

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Pasifika Practitioners' Experiences: Working with people engaged in harmful sexual behaviour

Warm Pacific greetings…
My name is Natasja Gojak and I am conducting research that hopes to explore the experiences of Pasifika practitioners working with individuals who demonstrate harmful sexual behaviour. As a researcher of mixed Pacific and European descent I hope this research will contribute to the Pasifika community in a positive way whereby the knowledge articulated by participants will work to inform advancement within practice methodology, awareness and practitioner support within the community. Given that there is no existing literature in this area the objective will be to create a basis of knowledge that can be built on throughout further investigation. It is my hope that through this research we can develop a discourse around Pasifika practitioners working in the field of harmful sexual behaviour with the intent to advocate for further recognition and support for those who work in the field.

Participant Recruitment
You are invited to participate in this research on the basis that you are of Pacific descent and that you are a practitioner working with clients who have engaged in harmful sexual behaviour. In addition to this, you have been invited based on personal networking within a community of clinicians and my belief that your experience and knowledge will make an invaluable contribution to this research.

Project Procedure
You are invited to attend a one on one conversation with me at a venue of your choice. Alternately, it can also be carried out online using Zoom as the platform. It is expected that the meeting will take approximately 1 hour.

Consent will be sought from you in the first instance so that you formally agree to partake in this study. I will also be asking for your consent to either record the interview online or in person. Confidentiality and anonymity will be absolute and any data obtained (i.e. personal information, tapes, transcripts) that contains identifying features will remain on a secure place online, in keeping with the Massey University Code of Ethics whereby only myself and my supervisor will have access to the data. Any published findings will not include data that would pose a potential threat to participant anonymity.

Moreover, you will have the option to view and edit your transcribed interview prior to its analysis so as to ensure you are comfortable with all the data you have provided.
The data obtained from these interviews will be used to complete my Thesis towards a Master of Science in Psychology. A summary of the main findings will be made available to you upon completion of my study. In acknowledgement of your time and the knowledge you impart, koha will be provided as a thanks to each participant.

Participant Involvement

You are invited to participate in a one on one interview at a venue of your choice, at a time that is convenient to you. The interview is expected to last for approximately an hour.

Participant's Rights

You are under no obligation to accept this invitation to participate. Should you accept it you have the right to:

- Decline to answer any of the questions
- Withdraw from the study up to a week following the interview, and in doing so withdraw the data you have contributed to the research
- Ask any questions in regard to the research you would like at any point throughout your participation
- Provide information on the proviso that no data that identifies you as a participant will be used without your permission
- Request access to a summary of the research findings upon its completion
- Ask that any part of the audio be redacted

Committee Approval Statement

This project has been evaluated by peer review and judged to be low risk (Ethics ID 4000024138). Consequently it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz.

Please do not hesitate to contact me or my supervisor, Associate Professor Julia Ioane at any point about any aspect of this research. Our contact details are:

Natasja Gojak
Email:
Phone:

Associate Professor Julia Ioane
Email: J.Ioane@massey.ac.nz
Phone: (+64) 09 2127160