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Sexual Violence and Secondary Prevention: An exploration of opportunities and barriers to implementing a secondary prevention approach to harmful sexual behaviour in New Zealand

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Abstract

Sexual violence is a highly prevalent issue that has wide-ranging social and economic impacts. Research suggests that approximately one in three women and one in seven men experience sexual victimisation during their lifetime. Victimisation is related to various lifelong impacts on physical and mental health. Research has shown that children and youth are responsible for a significant proportion of harmful sexual behaviour, including approximately 50% of all offences against children. With an increasing focus on the public health approach to the prevention of sexual violence, it is timely to explore the opportunities that secondary prevention presents. This thesis interviewed eight clinicians about their views on implementing secondary targeted prevention approaches in New Zealand. Thematic analysis identified two main themes in their responses, comprehensiveness and early intervention. These are discussed in relation to what clinicians thought was needed in New Zealand, and what barriers and opportunities existed to the realisation of this approach. This thesis provides an overview of the key issues that need to be considered by policy makers in the development of new prevention strategies and initiatives in the area of sexual violence. It highlights the various socio-cultural factors that will need to be adequately addressed by any approach that hopes to meet the diverse, and often conflicting, needs of individuals, families, and communities.

Key words: harmful sexual behaviour; prevention; targeted; secondary; New Zealand

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1. Introduction

1.1 Overview

Sexual violence is recognised as an important public health issue worldwide. The issue has wide-ranging social and economic impacts and is an expanding area of research in policy and programme development. Sexual violence effects individuals, families, communities and society, with consequences that are significant, long-lasting, pervasive, and often inter-generational (Campbell, 2016; Dickson & Willis, 2017). Internationally, there are varying approximations of the prevalence of sexual violence that have been found with different populations. A meta-analysis of 271 studies from around the world found prevalence rates of self-reported sexual abuse experienced before the age of 18 of approximately 18% for females and 8% for males (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011).

1.2 New Zealand context

Sexual violence is highly prevalent in Aotearoa New Zealand. Research has found that approximately 29% of women and 9% of men in New Zealand report unwanted and distressing sexual violence during their lifetime (Mayhew & Reilly, 2009). Other international and New Zealand research suggests that 1 out of 3 girls may be sexually abused before they turn 16 years old (Finkelhor, 1994; Woodley, 2013). For boys, it is estimated that 1 in 7 will be abused before the age of 16 (Finkelhor, 1994; Woodley, 2013).

The prevalence of sexual assaults experienced by women in New Zealand range from approximately 25-30%, with over 97% of these assaults being committed by males. Over 90% of sexual abuse is perpetrated by someone known to the victim, with 70% of abuse involving genital contact (Campbell, 2016). More than 23% of women who were asked about any sexual violence they had experienced during their lifetime, reported that they had been sexually abused as children, with most of the abuse being perpetrated by family members

(Fanslow, Robinson, Crengle, & Perese, 2007; Woodley, 2013). The median age of onset of being victimised was reported to be 9 years old (Fanslow et al., 2007).

Sexual violence disproportionately affects Māori women who are almost twice as likely as non-Māori to experience sexual violence (Fanslow et al., 2007). Māori are overrepresented as both victims and perpetrators of family violence, including sexual violence (Fanslow et al., 2010; Te Puni Kōkiri, 2009). Rates of sexual violence are also higher among Pasifika young people compared with the rest of the population (Campbell, 2016). Rates are also higher "among those with low education; among those who have experienced child maltreatment; among those with mental health issues; and among those with substance abuse issues" (Campbell, 2016, p. 14). Research based on retrospective studies of adults estimates that only 1 in 20 cases of sexual violence is identified by or reported to authorities (Kellogg, 2005). In New Zealand nearly 84% of those convicted of sexual offences have no prior record of sexual offending (Culling, 2018).

Sexual violence towards children is particularly concerning given the vulnerability of children and the impact it has on them developmentally. There is strong evidence of correlations between sexual abuse on children and almost every known mental health disorder, as well as various social problems (Fang, Brown, Florence, & Mercy, 2012; Woodley, 2013). Studies have found that there are various other lifelong impacts on the physical, mental, reproductive and sexual health of victims (Felitti & Anda, 2010; Fergusson, McLeod, & Horwood, 2013). Depression, post-traumatic stress disorder, suicidality, drug and alcohol abuse, and various other health conditions are common consequences for victims (DeGue et al., 2012; Felitti & Anda, 2010).

It is important to remember when considering sexual violence that it is difficult to establish the true extent of the problem and subsequent impacts in New Zealand. Therefore, it is possible that these statistics underestimate the true rates of sexual violence in New Zealand. Victims do not disclose most sexual violence for various reasons including shame, stigma, fear of further violence, and distrust of police processes (Woodley et al., 2013).

Sexual violence also has a significant economic impact in New Zealand. The burden of this issue is one of the most significant costs to the public health

system (Fang et al., 2012). A Select Committee Inquiry report in 2015 estimated the cost of sexual violence crime in New Zealand to be $1.8 billion per annum (Social Services Select Committee, 2015). It is one of the most costly crimes per event and significant Police resources are spent investigating and prosecuting offenders (Roper & Thompson, 2006).

In recent years the New Zealand government and various community agencies have begun to research more thoroughly the extent of sexual violence and what can be done to reduce the number of sexually violent incidents. Many have argued that current services for victims/survivors are inadequate and more attention and resources should be given to both supporting existing services and developing new responses to sexual violence (Dickson & Willis, 2017). Various commentators have argued for a renewed focus on researching and developing prevention strategies with a corresponding reallocation of resources into prevention rather than criminalisation (Tabachnick, 2013).

Given the shift in focus in the literature towards prevention, this thesis will examine this issue predominantly in relation to children and young people. The following section will examine the epidemiology of sexual violence perpetration by children and young people.

1.3 Epidemiology

Youth and children are responsible for a significant proportion of sexual violence (McKibbin, Humphreys, & Hamilton, 2017). There have been various studies attempting to establish the prevalence, with rates found to vary. In a study in the United States it was estimated that adolescents were responsible for at least 20% of all sexual offences and 50% of all offences involving child victims (Smallbone & Rayment-McHugh, 2013; Snyder, 2000). In the United Kingdom a study found that 65.9% of a sample who had been sexually abused as children reported that the abuse was perpetrated by other children and young people (Radford, Corral, Bassett, Howat and Collishaw, 2011 cited in McKibbin et al., 2017). Other experts in the UK have estimated the proportion to be around one third (Finkelhor, Ormrod, & Chaffin, 2009; Hackett, Phillips, Masson, & Balfe,

2013). This has also translated to similar estimates in different countries such as Australia, where 25% of sexual offences are perpetrated by youth under 18 (Smallbone & Rayment-McHugh, 2013).

Some of these youth offenders go on to become adult offenders but most do not (Hunter, 2006). Consequently, various jurisdictions around the world have begun to focus on providing specialised child and youth interventions. Youth and child programmes were initially modelled on adult interventions but over the years practitioners and researchers have developed their understanding (and consequently adapted programmes) to more accurately consider the developmental context of young people and the etiology of pre-adult sexual violence (Chaffin & Bonner, 1998; Letourneau & Miner, 2005).

1.4 Definitions of important terms

It is important to define various terms that will be used throughout this thesis. Current literature in this area is not uniform in the definitions used, and many terms are used interchangeably. To avoid confusion the following terms are defined.

1.4.1 Sexual violence

Sexual violence is defined by the U.S. Centre for Disease Control and Prevention (CDC) as "any attempted or completed sexual act, sexual contact, or non-contact sexual abuse with someone who does not consent or is unable to consent or refuse" (DeGue et al., 2013).

1.4.2 Child sexual abuse

The World Health Organisation defines child sexual abuse as:

> The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are—by virtue of their age or stage of development—in a position of responsibility, trust or power over the victim (World Health Organization, 2006,

p. 10).

The legal age of consent to have sex in New Zealand is 16 years old therefore anyone under this age is deemed to be unable to give consent. The issue of consent becomes more complex when two children or young people who are under 16 years old engage in sexual behaviours. This can be particularly relevant for sibling sexual behaviours. There are various factors that are relevant to determining whether this constitutes abuse including the difference in age, physical strength, emotional maturity, the context of the behaviours, the relationship dynamic, and whether there was force or coercion involved (McKillop, Rayment-McHugh, Smallbone, & Bromham, 2018a; Ryan, 1997).

Child sexual abuse can include contact behaviours, such as oral sex or penetration of the vagina or anus. It can also include non-contact behaviours, such as forcing a child to undress or coercing them to watch pornographic images (World Health Organization, 2006). Child sexual abuse can be carried out by other children and young people, as well as by adults (Quadara, 2015). Sexual abuse undertaken by other children or young people is also conceptualised according to the seminal work of Johnson (1988) who distinguished between children and young people's developmentally-appropriate sexual behaviour, and sexually abusive behaviour that exceeds what is considered normal and involves the use of coercion or force.

In this thesis, sexual abuse carried out by children and young people is referred to as harmful sexual behaviour, the terminology used by the current Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Saunders & McArthur, 2017).

1.4.3 Harmful sexual behaviour

The terminology surrounding sexual violence and young people has developed separately from the adult framework to better incorporate the importance of considering the developmental context of these behaviours. Sexual violence refers to sexual behaviours perpetrated when consent is not present. As outlined above, this includes anyone under the age of 16 in New Zealand. However it is also necessary to delineate between sexual behaviours

that are considered developmentally inappropriate and those that are appropriate despite involving two individuals who are under 16. To further complicate the matter, some of these behaviours may not be considered abusive but may be inappropriate and therefore harmful.

To navigate these issues a framework of sexual behaviours was developed by Johnson (1988, 1999) to give guidance as to what behaviours were developmentally appropriate and which were harmful. Harmful sexual behaviour is used to describe behaviours that fall into two categories, 'abusive' and 'problematic' behaviour. Sexually 'abusive' behaviour refers to sexual activities that include victimisation through the use of manipulation, coercion or force, usually with a subject that is not able to give informed consent. Sexually 'problematic' behaviour refers to sexual behaviours that are developmentally inappropriate, cause distress to the individual or those around them, or increase the risk of victimisation.

The term 'harmful sexual behaviour' is often used as an overarching term to cover both of these categorisations of behaviour. This can create confusion as 'problematic' behaviours are not necessarily 'abusive' behaviours; however, 'abusive' behaviours are by definition necessarily 'problematic' (Hackett, 2004). To further complicate the issue, there are also differing perceptions of when a child becomes an 'adult.' This includes different societal perceptions and different legal ages. The legal age of accountability for behaviours is also relevant – whether a young person is subject to the youth or adult jurisdiction of criminal justice procedures. In New Zealand the age of criminal responsibility is currently 10 for certain behaviours. However young people are dealt with differently depending on whether they are dealt with under the Youth Court or District Court jurisdictions. The age for being accountable in the adult jurisdiction is currently 17 years old; however this is changing to 18 years old in 2019.

Taking all of this into account, the definition that will be assumed for this thesis for harmful sexual behaviour is one which was developed by Hackett; "Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self

or others, or be abusive towards another child, young person or adult" (Hackett, Holmes, & Branigan, 2016).

1.4.4 Prevention

As the Association for the Treatment of Sexual Abusers (ATSA) outlines, there are no widely accepted definitions of prevention. Different organisations or individuals approach the issue from different perspectives or priorities. This has created confusion in the literature, which is compounded by different philosophical, political, cultural, and professional conceptualisations. For example, 'prevention' definitions sometimes describe whether the 'prevention' activities occur before or after the harm has been perpetrated. Other definitions describe the types of people at risk of perpetration or victimisation (ATSA, 2014).

Despite these differences, ATSA has embraced a framework developed by the Centre for Disease Control and Prevention (CDC) that categorises prevention activities as primary, secondary, and tertiary (Letourneau, Schaeffer, Bradshaw, & Feder, 2017; Smallbone & Rayment-McHugh, 2013; Tabachnick, 2013). It is a useful framework when working towards a comprehensive public health approach to the prevention of harmful sexual behaviour. The CDC defines primary prevention as any activity that occurs before any harmful behaviour has occurred and aims to prevent any perpetration or victimisation. This is usually targeted at the universal population, although is sometimes targeted at a population with known risk factors.

Secondary prevention is defined as any activity that attempts to intervene early for individuals at high risk of perpetration or victimisation. Secondary prevention, in some research, also includes activities to reduce the harm of behaviours immediately after they have occurred. Tertiary prevention is aimed at offenders after the harmful behaviour has occurred and attempts to stop the behaviours and prevent any further harm. These interventions are usually long-term and intensive (Letourneau et al., 2017; Smallbone & Rayment-McHugh, 2013).

Although there are clear differences in the conceptualisations of the three levels of prevention, it is important to remember that in practice these are not rigid or mutually exclusive. The different practices of many organisations sometimes incorporate activities that would span the breadth of the prevention continuum, emphasising different levels with different target groups or in different contexts.

For the purposes of this thesis I will be adopting definitions consistent with the CDC. Therefore to avoid confusion, when primary prevention is referred to, it will be defined as any prevention activities aimed at a universal audience before harm occurs. Secondary prevention will be defined as any prevention activities that occur before harm and are targeted at an at-risk individual or population. Tertiary prevention will refer to any prevention activities after harm has occurred.

1.4.5 Risk and risk factors

Prevention programmes are often targeted at 'at-risk' populations or groups. These populations or groups are designated as 'at-risk' because they have a combination of risk factors present. Various studies over many years have attempted to identify various characteristics, variables or factors that indicate a person or group is more likely to perpetrate harmful sexual behaviour (Leach, Stewart, & Smallbone, 2016; McKillop et al., 2018a; McKillop, Rayment-McHugh, Smallbone, & Bromham, 2018b; Worling, 2004). These factors are often identified by looking at the characteristics of those who offend, or perpetrate harmful sexual behaviour, and comparing them with non-offending populations (Långström, Babchishin, Fazel, Lichtenstein, & Frisell, 2015). These are further explored in populations that reoffend which helps identify factors related to frequency or repetition of harmful sexual behaviours (Dennison & Leclerc, 2011). Statistical analysis of these variables or factors creates models of liability for people, or groups of people, to perform certain behaviours (Felitti & Anda, 2010; Felitti et al., 1998; Levenson, Willis, & Prescott, 2016; Wolff, Baglivio, & Piquero, 2015).

Longitudinal studies allow the correlation of variables over time to establish predictive models of risk of certain behaviours being performed by

people who meet certain combinations of risk factors (Lussier, McCuish, Mathesius, Corrado, & Nadeau, 2018). These models do not attempt to prove causation because of the difficulties of establishing causation due to the complexity of measuring and identifying all of the relevant variables and environments that exist. Rather, these risk models rely on correlations to predict the factors that are likely to be present in a person, or group of people, who go on to perpetrate harmful sexual behaviours (McKillop et al., 2018a).

The science underlying risk models and identification of relevant 'risk factors' faces many challenges (Cording, Christofferson, & Grace, 2016; Heffernan & Ward, 2015). First, risk models often rely on data about variables of people who have perpetrated the behaviour – that is, the correlation is established after the behaviour. This means there are not accurate models that clearly identify people who are at risk of perpetrating harmful sexual behaviour but do not actually perpetrate harm. It is difficult to establish the factors that prevent people who are otherwise 'at-risk' of perpetrating behaviour. This population is largely unknown and difficult to distinguish from the general non-offending population. The second challenge of risk models is that they rely on data from identified perpetrators of harmful sexual behaviour. However the research suggests that there is a large amount of harmful sexual behaviour that goes unreported (Hornor, 2010; Kellogg, 2005). This means that there is an incomplete picture of the extent and identity of those who are victims and perpetrators. It is impossible to know how this affects the existing data.

Although our knowledge of 'risk factors' is somewhat limited, they are a useful tool in identifying people or populations that could be targeted for interventions that aim to prevent both victimisation and perpetration. The risk models are sufficiently developed to be of some use in identifying risk factors that can be addressed and targeted. The assumption underlying this is that it is not necessary to understand all of the causal mechanisms that exist to adequately address some of the risk or protective factors that seem to be present (McKillop et al., 2018a). It is important to remember, however, that risk models cannot be relied upon to reliably identify people who will definitely perpetrate harmful sexual behaviour (Heffernan & Ward, 2015). Risk factors cannot be used

as justification to compel people to undergo or attend a prevention programme. They can be used to identify opportunities for interventions that increase protective factors, or reduce risk factors, in general non-compulsory ways. Ethical considerations are paramount in considering the use of scientific knowledge in this area, and the way that knowledge of risk factors is disseminated and used.

1.4.6 Importance of language

There has been an emphasis recently within the sexual harm research community to use more valid, accurate and respectful language when describing sexual violence and those that perpetrate it. For various reasons, researchers have suggested more person-focused language in how those that have perpetrated harm are described (Willis & Letourneau, 2018). This is necessary to avoid labelling of people, which is often unjustified and increases the shame and stigma associated with sexual violence. Researchers have highlighted that labelling those who have sexually harmed others as 'sexual offenders' leads to public perceptions about the permanency of a person's tendency to perpetrate harm (Willis, Levenson, & Ward, 2010). Although there are limitations to the accuracy that can be achieved in recidivism studies, many studies have found low levels of recidivism for perpetrators of harm, which would suggest this perception is not accurate. Negative labelling has also been shown to potentially increase the risk or likelihood that someone reoffends (Willis & Letourneau, 2018). Attempts have been made throughout this thesis to use accurate and respectful language.

1.5 The current study

The current study is focused on harmful sexual behaviour perpetrated by young people. The predominant reason for this focus is so that sufficient attention can be given to the particular factors that relate to child or adolescent-perpetrated harmful sexual behaviour. The problem of child and youth-perpetrated harmful sexual behaviour is significant and deserves attention. Letourneau (2017) outlined how early adolescence in particular is the riskiest

period for the perpetration of harmful sexual behaviour. Finkelhor (Finkelhor et al., 2009) found, in their national crime data, that adolescents perpetrated 35% of all sexual crime when victims were under 18 years old, rising to 50% of all crime for victims under 12 years old. The peak age for all harmful sexual behaviour perpetrated by children or adolescents was 12 years old. More recent research surveyed child sexual abuse victims and found that it was adolescents who perpetrated over half of attempted or completed harmful sexual behaviour (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014). Another recent study claimed that sibling harmful sexual behaviour was the most prevalent form of family violence (Yates, 2017). Further research detailing the magnitude of this problem is described in the literature review section.

The decision to limit the scope was also made because when examining prevention it follows that the earlier successful interventions can be explored and implemented in the life course of a person, the more likely it is to successfully avert the onset of this behaviour. There are significant opportunities to intervene and prevent the onset of harmful sexual behaviour before a person becomes an adult, averting significant victimisation, the need for treatment, and the associated costs of both. Preventing victimisation of children and young people is also a priority because of the effect it has on their development and subsequent wellbeing. Children and young people lack autonomy or the ability to influence their systems, which makes them particularly vulnerable to issues within their systems, including intra-familial abuse.

Another reason to focus on child and adolescent-perpetrated harmful sexual behaviour is because research indicates that it is significantly different from adult-perpetrated harm in that it is more likely to desist with maturation (Keane, Guest, & Padbury, 2013). Therefore the policies and approaches targeting adolescent-onset harmful sexual behaviour need to be different from adult prevention efforts (McKillop et al., 2018a). The specific needs of this population and the factors leading to onset need attention.

This thesis is also concerned with how victimisation is linked to perpetration. Therefore some aspects of particular contexts, such as adult-perpetrated harm in the family, will be included in the scope of this thesis

because of these links. For instance the high rate on victimisation present in the population of adolescents who sexually harm needs to be considered in the context of intergenerational abuse within some families. It also needs to be considered from the perspective that prevention efforts that decrease adult-onset harmful sexual behaviour will decrease the rates of adolescent victimisation and therefore may have a flow-on effect on decreasing adolescent-onset sexual harm also. Consequently although this thesis is not focused on adult-onset sexual harm, it remains particularly relevant for some aspects of prevention, for example in the family context.

1.6 The researcher

My interest in this research stems from my work at an organisation that delivers tertiary interventions for people who have perpetrated harmful sexual behaviour. As I began working in this area I became interested in different approaches to the prevention of harmful sexual behaviour. I began asking questions about how we could improve interventions in New Zealand in order to prevent the impact of harmful sexual behaviour on the lives of both victims and perpetrators. There appeared to be various gaps in the service provision in New Zealand, which I thought deserved further exploration. My workplace encouraged me to explore this and to seek to further the conversations about what opportunities existed to prevent harmful sexual behaviour beyond the current services offered. I also believed that clinicians would be able to give insight into the existing barriers to these opportunities being realised, partly as a result of my own work within the organisation and the awareness of the 'on the ground' knowledge that clinicians hold.

I therefore position myself in this research as a researcher with dual roles as an academic inquirer and a clinician-insider. This required continual attention and awareness of the balance of these roles and being transparent about these positions throughout the research process.

1.7 Outline of chapters

This thesis is structured into six chapters as follows:

Chapter 1 introduces the topic of this thesis and provides the context of the problem, defines some important terms, introduces the focus of the current study, and locates the researcher in relation to the topic.

Chapter 2 reviews the literature regarding harmful sexual behaviour, outlines the benefits of gaining clinician perspectives, and outlines the aims of the research and the research questions.

Chapter 3 outlines the methodology for the current study

Chapter 4 & 5 present the themes that emerged from the data, 'comprehensiveness' and 'early intervention.'

Chapter 6 presents a discussion of the results, outlines the limitations of the study, and makes suggestions for further research.

2. Literature Review

2.1 Introduction

First, this chapter looks at the literature about the etiology and risk factors associated with the development of harmful sexual behaviour. Secondly, it explores the different theoretical models of prevention. Thirdly, it outlines the evidence for the different prevention programmes and approaches currently being adopted. Fourthly, it details the New Zealand context and the current prevention activities being utilised. Next it details indigenous approaches to harmful sexual behaviour and prevention. Lastly, it explores the next steps that the literature outlines and explores the contribution that clinician perspectives have been shown to have on the development of successful approaches and interventions.

2.2 Etiology of harmful sexual behaviour

Children and young people who develop harmful sexual behaviour are a highly heterogeneous group (Tabachnick, 2013). There is a wide variation in the characteristics of this group, spanning different personal characteristics, types of sexual behaviours, and the contexts they come from, including their family situations and communities (Casey & Lindhorst, 2009; Letourneau et al., 2017; Smallbone & Rayment-McHugh, 2013). The known characteristics of child and adolescent perpetrators of harmful sexual behaviour are explored further below.

2.3 Risk factors associated with harmful sexual behaviour

Unfortunately, there is no clear risk factor profile for child and adolescent perpetrators of sexual harm. Most existing studies rely on cross-sectional retrospective data from identified offenders. More longitudinal studies, such as the Vancouver Longitudinal Study, that follow families and individuals are needed to fully understand the interaction between risk factors, development, and onset of harmful sexual behaviour (Blokland & Lussier, 2015; Lussier et al.,

2018). This limits the definitiveness of the conclusions that can be drawn from the data; however, some inferences can be made from the available research (Letourneau et al., 2017).

Recent research has criticised the emphasis that prevention and treatment approaches have had on the individual factors associated with the onset of harmful sexual behaviour. Whilst not denying the importance of the individual, and the contribution that developmental experiences and individual vulnerabilities have towards increasing the likelihood of harmful sexual behaviour occurring, researchers have argued that there has been too much focus on these factors to the detriment of others. For instance, there has been limited focus on the importance of ecological and situational factors that combine with the individual characteristics to produce the event of harm (Smallbone, Rayment-Mchugh, & Smith, 2013).

It is necessary when considering the risk and protective factors for harmful sexual behaviour that individual, ecological and situational factors are all considered. Prevention efforts that rely on interventions with individuals without proper consideration of the ecological and situational factors will be limited in their effectiveness (Smallbone et al., 2013).

2.3.1 Individual characteristics

Although adolescents who perpetrate sexual harm are a highly heterogeneous group, the research does suggest that there are some common developmental experiences and individual vulnerabilities that are risk factors for the development of harmful sexual behaviour (McKillop et al., 2018a, 2018b). These are discussed in turn below.

Gender and familiarity

Most youth perpetrators of harmful sexual behaviour are overwhelmingly male and, as it is with adult perpetration, the perpetrator knows most victims (Campbell, 2016).

Deviant sexual interests

Only a small proportion of youth who sexually harm have deviant sexual interests or violent or aggressive tendencies (Hunter, Figueredo, Malamuth, & Becker, 2003; Letourneau et al., 2017). Results from a meta-analysis of adolescent sexual offender studies indicated that they are most likely not a distinct group but rather have significant similarities to non-sexual youth offenders. The small minority of adolescent sexual offenders with sexual deviancy were found to have some distinct risk factors such as childhood abuse, sexual victimisation, exposure to sex and pornography, low self-esteem and social isolation (Pullman & Seto, 2012; Seto & Lalumière, 2010; Tabachnick, 2013).

Much of adolescent sexual offending is thought to be opportunistic and often a result from an adolescent feeling a confusing combination of nurturing and sexual impulses towards younger children (Finkelhor & Ormrod, 2001; Smallbone, Marshall, & Wortley, 2008). The low prevalence of deviant, or inappropriate, sexual attraction makes it unsuitable as a target for universal primary prevention approaches. However for those youth who do have deviant sexual interests, it will be important to provide appropriate interventions for them (Letourneau et al., 2017). The apparent absence of deviant sexual interests for a large proportion of adolescents who sexually harm is encouraging for the likelihood of success with universal or targeted prevention approaches. It may also explain why recidivism rates for adolescent sexual offenders are quite low (Tabachnick, 2013).

Smallbone et al. (2013) have a different perspective in that they view every person as having the capacity to sexually harm. Their theory assumes a "biologically-based potential among adolescent and adult males to engage in sexual violence and abuse" that stems from an "evolutionary adaptedness" (Smallbone et al., 2013, p. 50). Therefore they would not see the potential to behave in this way as an indicator of pathology or psychological problems. They assert that most people do not perpetrate sexual harm because of "human socialization and social control systems together with natural ecological and situational barriers" (Smallbone et al., 2013, p. 50).

Contact with the youth justice system

Many youth perpetrators of sexual harm generally have more in common with other antisocial youth rather than being a distinct group, with perpetrators of sexual harm being as much as 8-10 times more likely to be re-arrested for a nonsexual offence than for a new sexual offence (Smallbone & Rayment-McHugh, 2013; Worling & Långström, 2006). Adolescent sexual offenders have also been differentiated from adult sexual offenders and are thought to have more in common with other adolescent non-sexual offenders (Babchishin et al., 2017; Letourneau & Miner, 2005). A significant proportion of youth sexual offending has been preceded with contact with the youth justice system for non-sexual offending (Blokland & Lussier, 2015; McKillop et al., 2018a). It is thought that adolescent sexual violence might be an extension of general non-sexual violence found in youth offenders (Tabachnick, 2013).

Theories that have been put forward assert that harmful sexual behaviour for adolescents coincides with the developmental stage which is often characterised by other anti-social behaviour that involves coercion, rule-breaking, deception and exploitation of others (Smallbone et al., 2013). Lussier and Blokland (Lussier & Blokland, 2014) proposed a typology for the onset of harmful sexual behaviour, distinguishing three distinct trajectories: adolescent-limited, adult onset, and persistent adolescent. Contrasting with previous conceptualisations that focused on sexual deviance, they proposed that for many adolescents their harmful sexual behaviour was transient in amongst various other impulsive and 'sensation-seeking' behaviours (McKillop et al., 2018a).

Early adversity

Children and young people who perpetrate harmful sexual behaviour have often experienced abuse and neglect themselves. The developmental experiences of many children and adolescents can lead them to develop individual vulnerabilities that increase their risk of developing harmful sexual behaviour (Bouvier, 2003; McKibbin et al., 2017; McKillop et al., 2018a). These difficulties include experiencing various types of child abuse, attachment

difficulties, socialisation deficits, and emotional regulation problems (Dennison & Leclerc, 2011; Lussier et al., 2015). Recent prospective longitudinal studies have also found correlations between early adversity and harmful sexual behaviour (Leach et al., 2016). They emphasised that in particular it was poly-victimisation (experiences of multiple types of abuse) that was most significantly correlated to the development of harmful sexual behaviour (Leach et al., 2016; McKillop et al., 2018a).

Three main themes of risk factors have emerged from the early adversity research; 'non-optimal parental supervision and/or monitoring', 'lack of warm and involved parenting practices', and 'poor communication between parents and children' (Chetwin, 2013). Early adversity has also been linked with the development of maladaptive interpersonal patterns. A lack of parenting means that many young people do not get the opportunities to develop adaptive methods of coping, and learn appropriate social interaction. A lack of warmth from parents can mean that children experience a lack of emotional intimacy, which can lead to the development of unhealthy or harmful coping methods and relational styles (Hanson & Morton-Bourgon, 2005).

Studies have suggested that two thirds of perpetrators have experienced significant abuse and trauma, often referred to as adverse childhood experiences, such as physical, emotional or sexual abuse, parental rejection, family breakdown or domestic violence, and parental drug and alcohol abuse (Hackett et al., 2013). Letourneau et al. (2009; 2013) identified the ten top specific factors associated with perpetration of harmful sexual behaviour as being: having experienced abuse or neglect (87.5% of the sample), low supervision/monitoring (82.8%), negative peers (48.4%), impulsivity (40.6%), lack of boundaries (34.3%), family problems (29.6%), exposure to pornography (28.1%), social problems (26.5%), low sexual knowledge (25%) and problematic parental discipline practices (18.7%).

The Adverse Childhood Experiences (ACE) study measured indicators of child maltreatment (physical abuse, emotional abuse, sexual abuse, and physical and emotional neglect) and household dysfunction (criminal history of household members, mental illness of household members, parental separation

or divorce, household substance abuse, and violent treatment of mother in the household). The presence or absence of these indicators were used as a measure of childhood adversity and linked to adverse behavioural and health outcomes. Subsequent studies have shown the relationship between an increased number of adverse childhood experiences and an increased risk for offending behaviours (Felitti & Anda, 2010; Felitti et al., 1998; Levenson et al., 2016; Naramore, Bright, Epps, & Hardt, 2015; Wolff et al., 2015).

Studies have shown that both women and men who perpetrate harmful sexual behaviour have higher rates of being maltreated as a child and living in dysfunctional family environments (Levenson et al., 2016; Naramore et al., 2015). A recent study also found that adolescents with a history of childhood adversity were more difficult to rehabilitate and had higher rates of reoffending compared with those without early adversity (Wolff et al., 2015). More recently, researchers have urged caution in relying on screening for adverse childhood experiences as an indication of risk until further research is done and there is more evidence about effective interventions (Finkelhor, 2017). It is also important to note that the timing of adverse childhood experiences with developmental phases can greatly affect the outcome for a young person (de Jong & Dennison, 2017).

Prior victimisation

The experience of being a victim of childhood sexual abuse has been linked to being at a higher risk of developing harmful sexual behaviour (Bentovim, 2002; McKibbin et al., 2017; Thomas, Phillips, & Gunther, 2013). Seto and Lalumiere (2010) found in their meta-analysis that youth that had perpetrated harmful sexual behaviour were five times more likely to have been sexually abused compared to youth who had perpetrated non-sexual harmful behaviours. Aebi et al. (2015) also found in their study evidence that sexual victimisation increased risk of perpetrating harmful sexual behaviour, for both girls and boys. It is important to remember that most people who are sexually abused do not go on to harm others (Ogloff, Cutajar, Mann, & Mullen, 2012).

A recent study found that victims of child sexual abuse were more at risk of offending than random controls, but so were their siblings. Only female

victims were more likely to offend than their own siblings. The increased risk for offending was not specifically found for sexual offences, instead it was found for various types of offences (de Jong & Dennison, 2017).

Social peer relational factors

Social skills deficits have been associated with the onset of harmful sexual behaviour (Letourneau et al., 2017). These include being socially isolated, anxiety-related issues, self-esteem issues, and a lack of social skills. Difficulties in emotional coping, being able to form emotionally intimate relationships, and difficulties maintaining meaningful peer networks are also risk factors (Tabachnick, 2013).

Peer influences on antisocial behaviour are also a relevant risk factor. Involvement in the youth justice system, as mentioned above, is associated with a higher risk of developing harmful sexual behaviour (Lussier et al., 2018; McKillop et al., 2018a). The influence of peers and the lack of emotional maturity for decision making have also been associated with the adolescent-onset of harmful sexual behaviour (McKillop et al., 2018a).

2.3.2 Pornography

The consumption of pornography has been associated with an increase in sexual aggression through a meta-analysis across seven countries (Wright, Tokunaga, & Kraus, 2016). Their meta-analysis showed that the consumption of pornography, whether violent or not, was correlated with an increase in verbal and physical aggression in young people. Deliberate pornography consumption rates have been found to be between 10-33% for children and young people (Flood, 2009). Flood asserts that exposure to pornography can form unrealistic ideas about the appropriateness of violence in relationships and unhealthy attitudes towards sex and relationships. Unfortunately, the viewing and sharing of pornography among adolescents is becoming more normalised (McKibbin et al., 2017).

2.3.3 Ecological factors

Sexual violence occurs in various ecological contexts within society. One of the most significant contexts in New Zealand and internationally where sexual

violence occurs is within the family. Intra-familial abuse makes up a significant proportion of sexual victimisation. In a comprehensive review of the literature on child sexual abuse, Quadara et al. (2015) found that, with the exception of one or two, the overwhelming majority of researchers agree that child sexual abuse occurring within families is the most prevalent form of sexual abuse (Monahan, 2010). Father-daughter abuse is often presumed to be the majority of this abuse; however sibling sexual abuse is suggested to happen at similar or higher rates making up as much as 43% of intra-familial abuse (Quadara, 2015). It is also estimated that half of all adolescent-perpetrated offending involves a sibling (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2000). Compared to sexual abuse that happens within other interpersonal relationships, intra-familial abuse often has an earlier onset, occurs more frequently and for longer periods of time, and becomes more severe more quickly (Fischer & McDonald, 1998; Smallbone & Wortley, 2004; Wakeling, Webster, Moulden, & Marshall, 2007).

Research has shown that only 19.5% of victims of sibling abuse disclose the abuse at the time (Carlson, Maciol, & Schneider, 2006). This is not only important in terms of stopping the victimisation and ensuring these victims receive appropriate support to deal with associated trauma but it is also relevant to a potential increase in risk that they may themselves become perpetrators of harmful sexual behaviour.

Griffee et al. (2016) explored sibling incest, defined as any kind of sexual contact between siblings. Although this may include sexual behaviours that some researchers would categorise as normative 'sex play' between siblings and thus not harmful, it is useful to consider the risk factors associated with sibling incest. There are known harms that can come from sibling incest even though sibling incest is often experienced as voluntary (Beard et al., 2013; O'Keefe et al., 2014). Sibling incest often begins at an early age, which is particularly relevant because it may happen before a child is able to comprehend or use any preventive education focused on protecting themselves.

Risk factors that were identified for sibling incest fitted into four main categories: "factors that lower external barriers to sexual behaviour, factors that encourage nudity of children within the nuclear family and permit children to

see the parent's genitals, factors that lead to the siblings relying on one another for affection, and factors that eroticize young children such as being a victim of child sexual abuse" (Griffee et al., 2016). The most predictive factors included ever having shared a bed for sleeping with a sibling, parent–child incest (PCI), family nudity, low levels of maternal affection, and ever having shared a tub bath with a sibling. For coerced sibling incest, the factors identified were ever having shared a bed for sleeping with a brother, PCI, witnessing parental physical fighting, and family nudity (Griffee et al., 2016). A significant correlated protective factor protecting daughters from sibling incest was a high level of maternal affection.

Finally, the structure of a family is also one of the most important risk factors in child sexual abuse. The risk of victimisation is lowest when children live with both of their biological parents and rises when they live with one parent or stepparents (U.S. Department of Health and Human Services, 2010 cited in Artus & Niemi, 2016). The risk rises even further when children are removed from the family home and live in foster care or other care arrangements, with some studies stating the risk being 10 times more than children living with biological parents (Artus & Niemi, 2016; McKillop et al., 2018a). Girls are particularly at risk of abuse from stepfathers or from the live-in partners of their mothers with their risk being estimated to be 20 times more than girls living with their biological parents (Artus & Niemi, 2016). Low parental attachment, overprotective parents, the presence of alcohol problems and marital conflict are also factors identified as increasing risk within families (Fergusson, et al., 1996 cited in Artus & Niemi, 2016).

2.3.4 Situational factors

Various researchers have pointed to the importance of considering the situational factors in the occurrence of harmful sexual behaviour. They use social ecology theory to conceptualise harmful sexual behaviour as being influenced by the most 'proximal' factors to the event of harm (Bronfenbrenner, 2005; Kenny & Wurtele, 2012; Smallbone & Cale, 2015; Smallbone et al., 2013; Wortley & Smallbone, 2006). To prevent the behaviour, it is necessary to consider the

factors that are present in the immediate setting of the behaviour. Whilst the ecological and individual factors are important, the person-situation interactions that occur within, and are shaped by, the ecological context are essential to consider. In this conceptualisation, the factors immediately preceding and during the behaviour, and the interactions between the perpetrator and victim are considered to be 'highly dynamic properties that can precipitate offense-related motivations' (Smallbone et al., 2013; Wortley & Smallbone, 2006). The presence of other situational determinants such as the presence or absence of parents or bystanders is also considered important to whether harmful sexual behaviour occurs (Smallbone et al., 2013).

The empirical literature is developing in this area. There are various situational factors that have been correlated with an increased risk in harmful sexual behaviour occurring. For instance adolescent perpetrated harmful sexual behaviour often occurs when they are left unsupervised with younger children such as in a babysitting situation, or playing outside when parents are otherwise occupied (Finkelhor & Ormrod, 2001). One theory is that adolescents in this situation experience confusing feelings of nurturing and arousal that arise in the moment, especially if non-sexual physical contact occurs (Smallbone et al., 2008).

McKillop et al. (2018a) examined situational factors. They found adolescents are most likely to perpetrate harmful sexual behaviour in a domestic setting. The most likely is a home shared by themselves and the victim, followed by the victims' home, followed by the home of someone else. Bedrooms were the setting where the most harmful sexual behaviour occurred with nearly 60%, followed by outside in the backyard (18%), and the living room (10.2%).

Other external factors are critical to whether a perpetrator has the opportunity to sexually harm their potential victim. McKillop et al. (2018a) found that nearly 77% of adolescent perpetrated harm happened when there was an adult guardian close by. However, whilst the presence of a guardian may not prevent the harm occurring, another study found that the presence of a guardian who may potentially discover the perpetrator reduced the duration and severity of the harmful sexual behaviour (Leclerc, Smallbone, & Wortley, 2015). Victims

of adolescent perpetrators were more likely to engage in overt resistance strategies compared to occurrences of harm when an adult was a perpetrator. The age difference between victim and perpetrator was found to be a mediating variable in whether overt resistance was present or not (McKillop et al., 2018a).

Nearly two thirds of adolescent perpetrators were found to have known their victims for longer than a year before the first harmful sexual behaviour. They also found an apparent impulsivity rather than premeditation, with over 66% of perpetrators forming their intention to harm during the encounter with the victim (McKillop et al., 2018a).

2.4 Models/Frameworks for prevention

In this section Finkelhor's (1984) model of the four preconditions for harmful sexual behaviour to occur will be outlined. The different models of prevention will also be briefly explained, with an emphasis on the public health model of prevention.

2.4.1 Four Preconditions

Finkelhor (1984) developed a model of child sexual abuse that was a significant development in the research and has continued to be a useful framework for understanding child sexual abuse, or harmful sexual behaviour more generally. Finkelhor's model explained four preconditions that were necessary for child sexual abuse to occur. Firstly a person must have some motivation to sexually abuse, secondly they need to overcome internal inhibitors, thirdly they need to overcome external inhibitors, and lastly they must overcome the resistance of the child.

The model has been used as the foundation for theory about child sexual abuse and each precondition has been explored through research. They have also formed the foundation for much of the prevention efforts. Prevention interventions have focused on the perpetrator of harm and treating individual's motivations to sexually harm a child. This has included addressing deviant sexual attractions, emotional needs being met by children, and lack of social

skills that have prevented appropriate adult sexual relationships being formed. They have focused on reducing risk for perpetrators for their internal inhibitors being overcome through offence-supportive attitudes being developed, alcohol and drug use, and other psychological issues.

Prevention efforts have also focused on increasing external inhibitors through targeting situational or environmental factors. This has included interventions aimed at increasing parental supervision, communication between parents and children, and other interventions, which decrease the opportunity for the harm to occur. Lastly, prevention efforts have also targeted increasing the resistance of the child. This has been done by increasing children's knowledge of harmful sexual behaviour, likelihood of help-seeking behaviour, and safety responses to perpetrators attempting to instigate sexual behaviour.

Recent research has criticised the amount of prevention interventions that focus on preventing victimisation. Instead researchers have asserted that prevention efforts should shift their focus to prevent perpetration (Quadara, 2015). More recently there has been a call for a comprehensive public health approach to the prevention of harmful sexual behaviour (Letourneau et al., 2017).

2.4.2 Frameworks for prevention of harmful behaviour

There are various different fields of prevention which all emphasise a different aspect of opportunities to prevent crime and harmful behaviour. Tonry and Farrington (1995) developed a useful crime prevention model comprising four elements: developmental, situational, community, and criminal justice. These are outlined briefly below.

Developmental prevention

Developmental prevention focuses on all levels of an individual's social ecological system. This would include identifying risk factors at each level – the individual, family, social, school, and community levels. The risk factors are all related to the individual and would include things from impulsivity or poor

emotional regulation skills, to antisocial peers, to academic difficulties, to living in communities with high levels of violence (Smallbone, Marshall, & Wortley, 2011; Tonry & Farrington, 1995).

Situational prevention

Situational prevention moves the focus from potential perpetrators and instead focuses prevention efforts on making the sexually harmful event less likely to happen through targeting situational variables. This approach is targeted at intervening in the environments and places where sexual harm is perpetrated and making changes. It works by reducing the opportunity for the event of harm to happen and also addressing known precipitating conditions. These include five main techniques: increasing the effort required to perpetrate harm, increasing the risks to the perpetrator of their harmful behaviour being seen or known about, reducing the rewards from perpetrating harmful behaviour, removing any excuses for the harmful sexual behaviour, and reducing provocations to perpetrate harm (Smallbone et al., 2011; Tonry & Farrington, 1995).

Community prevention

Community prevention focuses on developing community-based and community-led solutions to harmful sexual behaviour. Partnerships are developed with communities, which then oversee the implementation of localised solutions to prevent harmful sexual behaviour. The rationale behind this is that localised approaches are more appropriate because they are better at recognising both localised barriers and opportunities to prevent harmful sexual behaviour. Governments provide resourcing and the partnerships develop strategies that incorporate the various other models of prevention. One particular limitation to the community prevention approach is that due to the nature of harmful sexual behaviour being largely hidden and unknown, there is likely to be less community-led motivation to address the issue (Smallbone et al., 2011; Tonry & Farrington, 1995).

Criminal justice interventions

Criminal justice interventions include all of the activities of the Police, Courts, statutory agencies, and correctional organisations. These interventions are usually tertiary interventions and encompass preventing further harm after initial perpetration. These would include diversion programmes for first-time perpetrators of harm, or if there has been some initial indications of inappropriate sexual behaviours. It also includes criminal justice interventions that remove perpetrators from their communities or compulsory treatment programmes often monitored by the courts (Smallbone et al., 2011; Tonry & Farrington, 1995).

Public Health framework

Many researchers and practitioners in the sexual violence field have begun to view harmful sexual behaviour in the context of a public health model, which likens the harm from sexual abuse or violence akin to the harm from diseases or conditions (Letourneau et al., 2017; Levine & Dandamudi, 2016; Smallbone & Rayment-McHugh, 2013). Smallbone et al. (2008) used Tonry and Farrington's (1995) crime prevention model as a foundation for their comprehensive prevention framework, integrating the public health framework. This views the harm from sexual abuse as preventable if programmes intervene before the harm happens, or after the initial harm to prevent further harm. As outlined above, these activities are often categorised as primary, secondary, or tertiary prevention (Letourneau et al., 2017; Smallbone & Rayment-McHugh, 2013). The model targets offenders or potential perpetrators, victims or potential victims, situations or particular environments where harmful sexual behaviour is more likely to occur, and communities across all three levels of prevention – primary, secondary, and tertiary (Smallbone & Rayment-McHugh, 2013). Smallbone et al. (2013) summarises this prevention matrix in a table below:

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Offenders/ Potential Offenders	• Reduce exposure to known developmental risk factors • Introduce school-based sexual ethics programs • Increase school attachment/ reduce school disengagement	• Re-engage school-disengaged youth • Therapeutic services, particularly for boys exposed to known risk factors • School-based support and intervention with at-risk boys • Reduce number of new gang affiliations	• Incapacitate most prolific / serious youth offenders • Expand offender rehabilitation services • Provide means to exit antisocial peer groups/ gangs
Victims/ Potential Victims	• Reduce exposure to known developmental risk factors • School-based resilience-building programs • Reduce prevalence of school disengagement	• Interventions with at-risk girls (personal safety, guardianship, sex education) • Increase support and assistance for marginalized children/youth	• Improve reach and effectiveness of victim support and treatment services • "Cocoon" the most vulnerable victims • Focus therapeutic efforts on preventing re-victimization
Situations	• Create safe, attractive places for children and youth • Increase legitimate use of public spaces	• Improve natural surveillance in "at risk" places • Increase planned/ legitimate/ supervised activities in "at risk" public locations • Community night patrols targeting specific problem locations/times • Targeted problem-oriented and community policing	• Improve targeting of police patrols (hot spots; hot times) • Disrupt problem youth group activities/ movements • Disrupt access to alcohol/ substances • Target hardening to reduce alcohol thefts
Community	• Mobilize and focus community concerns about sexual violence • Parenting programs tailored for the local context	• Responsible bystander training (youth and adults) • Problem-solving with community leaders to reduce barriers to community guardianship • Intensive interventions with multi-problem families	• Mobilize and focus community concerns about sexual violence • Community engagement focused on improving extended guardianship • Appoint school engagement officers

Table 1: Prevention Matrix

Smallbone and Rayment-MucHugh (2013) applied this model to two cases of harmful sexual behaviour to demonstrate how the prevention activities in each aspect of the matrix could work together to be more effective (see table 2 and 3 below).

Targets	Primary prevention	Secondary prevention	Tertiary prevention
Offenders	• General deterrence • Developmental prevention	• Interventions with at-risk children and adolescents	• Early detection • Treatment
Victims	• Personal safety training • Resilience building	• Resilience building with at-risk children and youth	• Ameliorating harms • Preventing re-victimisation
Situations	• Opportunity reduction • Extended guardianship	• Situational interventions in at-risk places	• Safety plans • Organisational interventions
Communities	• Community education • Community capacity building	• Responsible bystander training • Enabling guardianship	• Interventions with "problem" families, peers, organisations, and communities

Table 2: Comprehensive framework for preventing youth sexual violence and abuse (Smallbone & Rayment-McHugh, 2013)

Systemic level	Case study 1 (remote community)	Case study 2 (regional suburban precinct)
Individual	Self-regulation problems; low educational achievement; low aspirations	Antisocial attitudes and behaviour; attitudes supportive of sexual entitlement and coercive sexual practices
Situational	Various opportunity structures (e.g., unsupervised night-time "loitering") and precipitating conditions (e.g., jealousy; teasing; intoxication)	Poor residential design; use of public spaces for illicit activities, including SVA; limited guardianship
Family	Family violence; limited supervision; impaired guardianship	Absence of supervision or guidance
Peer	Peer normalisation of early/aggressive sexual activity; antisocial peers	Peer normalisation of abusive sexual behaviour, antisocial peers, gang membership
Organisational	School disengagement; risks during organised recreational activities	School disengagement; low achievement
Community	Community violence; breakdown in community norms concerning responsible social and sexual behaviour	High crime rates; substance use; public fights and assaults; barriers to effective community guardianship

Table 3: Examples of systemic risk factors contributing to sexual violence at sites 1 and 2 (Smallbone & Rayment-McHugh, 2013)

2.5 Current Prevention Interventions

This section will examine the current prevention interventions and the evidence about their effectiveness. As outlined above, there are some differences in the literature as to the definitions used for primary or secondary prevention and the characterisation of interventions. For the purpose of the following literature review, primary interventions include only those that are universal in their approach and are aimed at all of society. Secondary interventions are those that are targeted to a specific group who either self-identify their at-risk status, or fit into another targeted at-risk group. Tertiary interventions are those where harmful sexual behaviour has occurred. The existing research is outlined below.

Presently there are very few empirically evaluated programmes of harmful sexual behaviour prevention that have been proven effective. There are substantial gaps in the research and provision of prevention services. As the numerous reviews have outlined there are a lot of resources and research focused on tertiary prevention (Långström et al., 2013). Whilst this is an important part of preventing further sexual harm by preventing reoffending, it is only a portion of the required efforts to really make a difference to the amount of people being sexually harmed.

2.5.1 Primary universal interventions

The literature about primary prevention is immense and there are conflicting conclusions as to the effectiveness of primary interventions. Artus & Niemi (2016) concluded that the evidence for primary prevention is "fairly low in both validity and reliability." They argued that a lot of research does not meet the required rigour to make any definitive conclusions as to the benefit of primary interventions, both in terms of outcomes but also cost-effectiveness.

Most existing primary prevention interventions focus on education initiatives with children and youth aiming to increase their knowledge and protectiveness skills (Dickson & Willis, 2017; Griffee et al., 2016). Pitts (2015) asserts that the literature generally supports the capability of these interventions to successfully increase children's knowledge and ability to detect inappropriate or harmful sexual advances. However, there have not been sufficient evaluations of a good enough quality to establish an overall efficacy for the interventions. Letourneau (2017) outlined that the effectiveness of victim-focused prevention for helping children avoid harmful sexual behaviour has never been clearly established. Two studies could not find any significant effect on victimisation rates for young people who had participated in victim-focused preventative programmes (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Finkelhor et al., 2014).

Griffee et al. (2016) explained that some victimisation-prevention-focused interventions would not be effective because by the time children were old enough to understand the information and skills taught they may have already been sexually harmed. Further, they also explained that in many cases both siblings would experience sibling sexual behaviour as voluntary.

Recent studies have found that young people overwhelmingly report that conversations with parents about sex were not helpful in preventing harmful sexual behaviour. Evidence found that most mothers talked to their children about harmful sexual behaviour but often imparted incorrect information, such as an emphasis on 'stranger danger' (Babatsikos, 2010; McKibbin et al., 2017; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Interestingly research also showed

that boys were less likely to receive information than girls (McKibbin et al., 2017).

There is strong evidence from a set of robust evaluations that interventions which support mothers and children together are more effective than interventions which support mothers and children separately (Chetwin, 2013). There is limited evidence in relation to fathers or male caregivers. Chetwin (2013) outlined the important role of parents in prevention efforts and concluded that the potential to increase their ability to prevent harmful sexual behaviour deserves more attention. Two other studies (Leclerc, Chiu, & Cale, 2016; Leclerc et al., 2015) concluded that interventions that focus on parental relationships with their children may be more effective because they increase associated protective factors of parental protectiveness, adequate supervision, communication, and maternal warmth.

Some have asserted that prevention activities should instead be focused on potential offenders and reducing the likelihood of them offending (Leclerc et al., 2015). Letourneau (2017) concludes that, if designed and implemented well, school-based programmes could prevent adolescent-onset perpetration of harmful sexual behaviour. They highlighted that parent-focused components would be necessary as well as there being an overt focus on sexual knowledge, beliefs and behaviours. They also thought it was essential to focus on differentiating between sexual thoughts and feelings about children and the actual behaviour. Additionally, they recommended that primary prevention approaches include topics such as "the acceptance of sexual diversity, improved communication between partners, and modelling of sexual activities within a framework of mutual respect and affection between partners."

A recent survey of prevention activities in New Zealand found that most commonly organisations are focusing on sexual violence education, with around 60% also participating in public policy advocacy and public awareness raising activities. About 40% were conducting research and evaluation, while under a third of them had developed social norms campaigns, or prevention strategies with specific communities. The majority of programmes targeted teenagers in secondary schools, with 14% of respondents targeting primary school aged

children (5-12 years old) and 14% targeting preschool children. Programmes were most commonly delivered in single sessions but 32% delivered five or more, and 9% delivered programmes with an unlimited number of sessions (Dickson & Willis, 2017).

In New Zealand an education programme called "Mates and Dates" is delivered to secondary students aged from 12-18 years old and consists of 5 sessions that are each an hour long. This programme focuses on teaching young people how to identify unhealthy relationships, have ethical and healthy relationships, identify inappropriate or harmful sexual behaviours, and get help or intervene in situations when necessary. A review of the programme in 2018 found mixed results and was limited to survey responses rather than any indication of increase in actual knowledge or use of skills. It found that 74% of students claimed to have a better understanding of finding out if someone had consented to taking part in a sexual activity with them, 62% rated the course as good and excellent, whilst 26% said that the course would change the way they thought about things (Appleton-Dyer, Dale-Gandar, Adams, & Ansari, 2018).

2.5.2 Secondary targeted interventions

There have been a number of recent findings in sexual abuse research that require a response from those providing services in the sexual abuse prevention field. These findings indicate risk in many populations that are already involved and engaged in various services.

An Australian study recently found that child sexual abuse victims were almost five times more likely than the general population to be charged with any offence than their non-abused counterparts, with the strongest associations found for sexual and violent offences (Ogloff et al., 2012). These correlations must be taken into account when assessing the risk of individuals within families who have experienced intra-familial abuse. This is especially true of males who have been victimised. Their risk assessment will be significantly higher by virtue of being a child sex abuse victim and being a male relative of an identified offender. This study may also have implications for individuals who are engaged in victim/survivor services.

Another recent study by Långström et al., (2015) examined the sexual offending risk factors and familial clustering of sexual offending using longitudinal crime and family registers. They linked the data of sexual offenders over 37 years with data from family registers to find that there was significant familial aggregation in sexual offending. The study included a sample of all Swedish men convicted of any sexual offence between 1973 and 2009 (*N*=21,566). They used the data to calculate conditioned odds ratios for the risk of sexual offending in fathers and brothers and compared these with the corresponding rates in fathers and brothers of age-matched population control men without sexual crime convictions. They found that full biological brothers of sexual offenders were five times more likely than control dyads to also have offended [odds ratio (OR). 5.1, 95% confidence interval (CI). 4.5–5.9], and biological sons of sexual offenders were nearly four times more likely to have also offended (OR. 3.7, 95% CI. 3.2–4.4). This begs the question as to what might be behind these findings.

Consequently, Langstrom et al. (2015) also explored the relative contribution of genetic and environmental factors to sexual offending using a generalised linear mixed model with a probit link. They used data from maternal and paternal half-brothers within the main sample to calculate liability estimates of contributing factors. This was based on an assumption, based on previous research (Frisell et al., 2012 cited in Langstrom et al., 2015), that most maternal half-brothers share living environments growing up whilst most paternal half-brothers do not. Their results suggested that 40% (95% CI.17%–48%) of liability for sexual offending was due to genetic influences, and 2% (95% CI.0%–13%) from shared environmental factors. The remaining 58% was theorised to result from unique environmental factors, such as perinatal adversities, biological factors, and social events, or from measurement error (Långström et al., 2015). This study suggested that more focus should be put into measuring the effectiveness of "selective prevention efforts for male first-degree relatives of sexually aggressive individuals." The authors also argued that family history should be taken into account when assessing sexual violence risk.

While the results of this study should be interpreted with caution, the implications of this study are still significant. Services that are already engaging with youth and adults who have committed harmful sexual behaviour are now faced with evidence that prevention efforts should perhaps directly target the other members of these individuals' families. This is a shift from current approaches that have considered an individual's family primarily in relation to them and their system. The family system is considered in terms of the identified client's functioning and interventions are designed to target improving family dynamics, parenting, and the ability for them to provide support and supervision. However, the siblings are often not directly involved in much of this work and the interventions rely on the parents' influence on the family system.

Screening for risk

A strategy that has been mooted to increase prevention efforts is to screen for risk in individuals through the development of valid tests. It is necessary that these screening tests would have enough sensitivity and specificity to establish whether someone has the 'disease' – or in this case the individual characteristics that 'cause' the offending behaviour. The test needs to be accurate enough to correctly rule in those with the disease (sensitivity) and correctly rule out those without the disease (specificity) (Levine & Dandamudi, 2016).

Unfortunately, there are currently no valid tests that can identify an individual who is at risk of sexually offending. Various psychological, risk assessment tools and actuarial measures that have been validated to accurately predict the risk of known offenders reoffending could be used to identify risk factors for sexual offending (Eher, Olver, Heurix, Schilling, & Rettenberger, 2015). These could be used to measure the risk of someone becoming an offender (G. T. Harris, Lowenkamp, & Hilton, 2015). Unfortunately there are no validated tools for use with children and adolescents so these measures could not be used for this population (Tabachnick & Klein, 2011).

These measures are also limited because they cannot predict whether an individual will actually offend, despite the presence of various risk factors being present. They may have distinct protective factors that successfully prevent them from offending or acting on their sexual 'urges' or desires. There also remains difficulty with the stigma attached with labelling someone as a risk of being an offender, especially considering the chance of a false positive result from assessment tools.

Using existing administrative data from government institutions and services has also been explored as a possible method to screen for risk. Predictive risk modelling has been explored in relation to child maltreatment and may have some application to the field of harmful sexual behaviour. The existing evidence and research about this tool is outlined below.

Risk prediction modelling

Risk prediction modelling has been proposed as a method of identifying individuals or families who could be offered prevention interventions. The New Zealand government explored this in 2012 in relation to whether risk prediction models could be applied to prevent child maltreatment. Vaithianathan (2012) explored whether it was possible to use existing administrative data to establish a valid predictive model. The study examined over 200 variables such as demographic information, socio-economic status, primary caregiver characteristics and history, and child-specific factors. They concluded that it was possible to use data in this way with a satisfactory level of predictive validity – it had good sensitivity and specificity.

However they highlighted the various ethical issues that surrounded the use of data in this way and recommended a full ethical exploration of the issues involved before any application of risk modelling happened (Vaithianathan, 2012). The use of predictive modelling has consequently received intense scrutiny and criticism from various ethical reviews. These highlighted multiple issues with using predictive modelling and also more general issues with targeting populations based on risk (Dare, 2013; de Haan & Connolly, 2014).

Political ideologies are also relevant to the framing and implementation of risk predictive modelling. The ideological orientation of government influences how issues are conceived and how individualised a problem or behaviour becomes. This has implications for how interventions are designed, how risk factors profiles are created, and ultimately how predictive models could be used to justify the overriding of important rights (Keddell, 2015).

Keddell (2015) outlined how the political context influences what is considered ethical, with divisions apparent depending on where one sits along a spectrum of political ideologies. This spectrum was crudely outlined as ranging from a social democratic ideology that accepts the government's responsibility for broad universal interventions aimed at general well-being, compared with a libertarian ideology that emphasises the reduction of government intervention and a rejection of government responsibility for social problems.

Other ethical issues at an individual level include privacy concerns, the need for informed consent for the collection and use of personal data, competing human rights, power dynamics and the potential stigmatisation from targeted interventions (Dare, 2013; de Haan & Connolly, 2014; Keddell, 2015; Vaithianathan, 2012).

Predictive modelling is also limited in how it supports, and informs the design of, interventions. It does not assist in identifying targets for interventions and may interfere with critical components of interventions, such as engagement, trust, a non-judgemental approach, and the ability to be strengths-based (Keddell, 2015). There are also significant concerns about the ethics of targeting people with services or interventions that have not been sufficiently proven to be effective. It is not possible to conduct a cost benefit analysis of predictive modelling because the benefits are not known in the New Zealand context, or internationally (Blank et al., 2014).

Further to the ethical issues of using predictive modelling with the general New Zealand population, there are also significant ethical issues with its cultural appropriateness. Blank et al. (2014) outlined the issues of predictive modelling in relation to Māori and the disproportionate effect it could have on Māori. Existing structural inequalities and institutional bias could be exacerbated

by the use of risk modelling. The existing overrepresentation in data (that has been argued to be caused by a combination of factors including colonisation and systemic racism) could result in predictive models that may not adequately account for nor address these causes (Cram, Gulliver, Ota, & Wilson, 2015). Blank et al. (2014) outlined how the maltreatment predictive modelling over-identified Māori children as being at-risk in comparison to actual substantiated rates of maltreatment, with Māori being identified as 69% of the at-risk group compared with the actual rate of 61% of substantiated maltreatment.

Ultimately using predictive modelling with Māori involves various historical and social justice issues that would need to be adequately addressed before the use and implementation of such an approach (Blank et al., 2014; Cram et al., 2015). As Blank et al. (2014) also explained, it is important that Māori are not automatically treated as a homogenous group when in fact there is great diversity in how Māori identify with their culture and how this influences their lives.

Self-Referral Services

There are a number of self-referral prevention interventions offered internationally. These programmes offer confidential support to those that self-identify their need for assistance in dealing with their thoughts and/or behaviours, or someone they know. The stigma and shame of harmful sexual behaviour often prevents people who identify their own risk of offending from seeking help themselves (Levenson, Willis, & Vicencio, 2017; Willis et al., 2010).

Stop It Now

Stop It Now is based in the United Kingdom and the United States of America. It targets adults at risk or those who have already harmed somebody, family or friends who have concerns about someone, and parents or caregivers concerned about their children. It also involves broader education initiatives and community awareness programmes (McKillop et al., 2018a). Two recent reviews found that participants in the programme reported positive effects of the programme in helping them to prevent harmful sexual behaviour (Hudson, 2018; van Horn et al., 2015).

Project Dunkelfeld

Project Dunkelfeld in Germany has shown that media campaigns can successfully reach people who have thoughts of perpetrating harmful sexual behaviour. The service offers a high level of confidentiality, which is made possible by the absence of mandatory reporting laws in Germany. Laws that penalise clinicians for revealing private information protect service users' anonymity (Beier et al., 2009). The project also involves a public education campaign to increase societal knowledge about harmful sexual behaviour. A recent study found that a treatment programme offered through Project Dunkelfeld to self-identified paedophiles and hebephiles was effective at enhancing behavioural control and altering associated dynamic risk factors (Beier et al., 2015).

Berlin Project targeting adolescents

The 'Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles' targets 12-18 year old adolescents through a media campaign and offers voluntary treatment. A study found that their developing programme was successful at targeting a group of adolescents who had a sexual preference for prepubescent and/or early pubescent children (Beier et al., 2016).

New Zealand context

Christofferson (2018) explored whether a self-referral service would be possible in New Zealand and what some of the challenges would be to establishing this service. She highlighted the challenges of the legal situation in New Zealand, practitioner norms around confidentiality and their threshold to disclose risk of harm, sufficient funding and a likely lack of public support as barriers to implementation.

Situational prevention

'Shifting boundaries' was a programme developed to target situational prevention of dating violence. An education programme targeting 12-13 year olds was implemented alongside an intervention to identify 'hot-spot' locations where sexual violence and harassment were more likely to happen. Students were prevented from entering these self-identified areas whilst adult

supervision was also increased in these areas. The study found that in a cluster-randomised trial involving 30 schools and over 2,500 students, that situational prevention interventions alone decreased incidence of sexual violence perpetration and victimisation (Taylor, Stein, Mumford, & Woods, 2013).

2.5.3 Tertiary interventions

Tertiary interventions work to prevent further harmful sexual behaviour with those who have already perpetrated harm. Most treatment programmes utilise cognitive-behavioural frameworks to deliver programmes to the perpetrators, and when working with children and adolescents, often include their families. Treatment often includes cognitive behavioural therapies that aim to alter thoughts, beliefs, and physiological arousal, and increase social and coping skills. Other cognitive processes may also be explored such as offence-supportive cognitions, and underlying beliefs about gender and sexual relationships. Treatment may also include behavioural interventions such as aversion therapy or olfactory conditioning. Some treatment providers also use psychodynamic approaches (Dennis et al., 2012).

Tertiary interventions are usually delivered according to the Effective Offender Treatment Principles of 'risk needs responsivity' (RNR), as well as the Good Lives Model (Andrews & Bonta, 2010; Andrews & Hoge, 1990; Ward & Stewart, 2003; Ward, Yates, & Willis, 2012). These principles have been incorporated more recently in New Zealand in intervention approaches such as the Good Way Model (Ayland & West, 2006; West, 2007). The 'risk' principle, of the RNR principles, asserts that harmful behaviour can be accurately and reliably predicted and therefore interventions should be delivered at different intensities depending on what risk band an offender fits into. Various actuarial risk assessment tools have been developed to estimate the risk of reoffending in both adult and adolescent populations with good predictive validity (Wakeling, Mann, & Carter, 2012). The 'needs' principle asserts that interventions should only focus on criminogenic needs, which have been empirically related to reoffending rates. The 'responsivity' principle asserts that interventions should consider the factors that affect engagement and programme completion, such as cultural needs, staffing characteristics and the therapeutic relationship.

There have been mixed results from studies analysing tertiary treatment effectiveness. Hanson (2009) found support for programmes reducing recidivism rates; specifically, they were more effective if they followed the 'risk needs responsivity' principles. Lambie et al. (2007) found that New Zealand tertiary prevention programmes run by WellStop, STOP, and Safe Network Auckland were effective at reducing recidivism rates. However, a more recent systemic review by Långström et al. (2013) found that for medical and psychological interventions, there are major weaknesses in the scientific evidence for the prevention of child sexual abuse. They found no strong evidence for the effectiveness of interventions for both individuals who were at risk, and for individuals known to have previously harmed a child. They did, however, find limited evidence from one trial that showed multi-systemic therapy reduced the risk of reoffending for adolescents.

More recently, Gannon et al. (2018) found in their meta-analysis that prison-based treatment of adults is effective. They found it was most effective when it is group based, the inappropriate sexual interest is tackled, it involves consistent psychological expertise in the delivery of the treatment programme, supervision is provided to the staff delivering, and polygraph use is absent. Community reintegration programmes that support offenders with housing, employment and social support once they are released have also been shown to have a positive impact on reoffending rates (Bates, Williams, Wilson, & Wilson, 2014; Elliott & Beech, 2013).

Sex offender registries are used in many jurisdictions in an attempt to deter harmful sexual behaviour and protect the public by making information about offenders and their locations public (Bonnar-Kidd, 2010; A. J. Harris, Levenson, Lobanov-Rostovsky, & Walfield, 2018). These are used despite any evidence they have any positive impact on population offending rates, or on the reoffending rates of known perpetrators (Ackerman, Sacks, & Greenberg, 2012; Agan, 2011). A recent study found that children or youth who were subjected to sex offender registration had fewer strengths and increased rates of problems including suicidal cognitions and being 5 times more likely to have been approached by an adult for sex (Letourneau et al., 2018).

Multi-systemic therapy

An adapted version of multi-systemic therapy (MST) specifically for harmful sexual behaviour has recently gained increased attention. MST works with the adolescent who has perpetrated harm and their family together in an intervention based in the community. Studies have shown it is effective at reducing various harmful and problematic behaviours (Borduin, Schaeffer, & Heiblum, 2009). In two follow-up studies, Letourneau et al. (2009; 2013) found that MST's effectiveness was maintained at a 2 year follow-up and showed a reduction in sexual behaviour problems, delinquency, substance use, externalising symptoms, and out-of-home placements.

2.5.4 Work with victims/survivors

Victims of harmful sexual behaviour often have long-lasting trauma and effects on their wellbeing. As discussed above, being victimised is a risk factor for the perpetration of harmful sexual behaviour. Studies have shown that being victimised increases the risk of further trauma and re-victimisation, both sexually and non-sexually (Finkelhor, 2007; Widom, Czaja, & Dutton, 2008). Although most victims of harmful sexual abuse do not go on to become perpetrators, one study did find there is an increased risk of perpetration (Ogloff et al., 2012). As Vizard (2013) outlines, it is crucial that early intervention programmes are offered to those who have been victimised, as this greatly increases the likelihood they will recover from their trauma and not go on to perpetrate harm. Lambie et al. (2002) studied groups of male victims, with similar victimisation experiences, and found a significant correlation between the likelihood of subsequently perpetrating harmful sexual behaviour and the quality of emotional support from family and other adults, and the quality and number of peer friendships.

2.5.5 Indigenous-led approaches

In the field of criminal offending generally, there have been various researchers who have advocated for an indigenous-led approach to criminal justice (Jackson, 1987, 1988). They have asserted that colonisation and a loss of cultural identity have contributed to the overrepresentation of Māori in prison

and community-based criminal sentences (Gutierrez, Chadwick, & Wanamaker, 2018; Jackson, 1987, 1988). They argue that a generic approach to treatment does not adequately meet the specific cultural needs of indigenous people, is not effective, and ultimately contributes to the continuing high rates of incarceration (Nakhid & Shorter, 2014; Tinsley & McDonald, 2011).

Historically there have been a number of efforts by criminal justice agencies to be bicultural in their practice. Tauri (1999, 2005) outlined how beginning in the 1970's there were various efforts made by the government to create a justice system that was more bicultural. These included staff recruitment policies, Māori liaison roles, cultural-sensitivity training, and implementing interventions that attempted to be more culturally appropriate such as restorative justice approaches and family group conferencing. Dannette (2010) outlined how the Royal Commission of Social Policy released a report in 1988 which began the implementation of the three principles of Te Tiriti o Waitangi (partnership, participation, and protection) into government policy. This application of these concepts to policy issues created the foundation of biculturalism in policy and translated into an emphasis on the social justice issues of redistribution, consultation and recognition of rights.

In 1994, a sexual abuse treatment programme specifically designed to be more culturally appropriate, Te Piriti Special Treatment Unit, was developed and was shown to be effective (Nathan, Wilson, & Hillman, 2003). Other similar developments occurred at the same time. In 1997, Māori focus units began to be developed at various prisons around New Zealand. However the majority of these programmes still predominantly use the RNR and cognitive behavioural models with cultural aspects of Tikanga Māori added on (Pihama et al., 2016). Hinewirangi Kohu-Morgan who helped design the programmes for the Māori Focus Units spoke critically about how these programmes were being implemented. She said that they were "basically Pakeha programmes with a few Māori words" (Kohu-Morgan, 2013). Many argue that these programmes also maintain an individualistic focus and fail to address other complex factors that are considered crucial to Māori wellbeing from a holistic point of view such as environmental or spiritual factors associated with offending (Durie, 1999; Durie,

Hoskins, & Jones, 2012; Leaming & Willis, 2016; Moyle & Tauri, 2016; Pihama et al., 2016).

Other researchers have criticised Western conceptualisations of harmful sexual behaviour that neglect the contributions of racialised colonial power and systemic racism whilst favouring explanatory accounts that overly emphasise factors located within an individual or nuclear family. A point that various researchers highlight is the evidence that suggests that sexual violence was rare in Māori populations prior to colonisation (Balzer, Haimona, Henare, & Matchitt, 1997).

Many Māori advocate for better incorporation of Māori models of wellbeing, such as Te Whare Tapa Wha (Durie, 1985, 1999) and Te Wheke. However some have asserted that there remain pervasive attitudes that Māori models of wellbeing, research and Māori forms of knowledge are inferior to Western knowledge and research (Bishop, 1998; Leaming & Willis, 2016). For instance, Tinsley & McDonald (2011) spoke about the existing ability of Tikanga Māori to address harm and restore the wellbeing of victims within the concept 'whakahoki mauri' - to restore balance. They have been joined by many others who conclude that Te Ao Māori already has concepts and processes that are capable of addressing sexual harm in their communities (Cavino, 2016; Toki, 2012).

Some Māori have begun to advocate for separate programmes for indigenous offenders that are 'Kaupapa Māori' - that is, designed 'for Māori by Māori', in accordance with Māori customs and traditional forms of knowledge (Allwood & Berry, 2006; Durie et al., 2012; Mahuika, 2008; Mane, 2009; Walker, Eketone, & Gibbs, 2006). However, Durie (1995) cautions the assumption that all Māori are homogenous, explaining that Māori have "a variety of cultural characteristics and live in a number of cultural and socio-economic realities."

Nonetheless, there is emerging evidence of the efficacy of culture-specific and relevant programmes for indigenous people. A recent meta-analysis found that participants in culturally relevant programmes had a significantly lower rates of recidivism compared with indigenous participants in generic programmes (Gutierrez et al., 2018). They did however find that there were

some limitations in the methodological quality and recommended further research to evaluate more fully.

Whilst many researchers are advocating for separate programmes for indigenous people, others disagree. They believe that the focus should be on developing culturally sensitive and relevant delivery programmes consistent with Andrews and Bonta's principle of specific responsivity (Andrews & Bonta, 2010). Dannette (2010) criticises the underlying assumptions of the bicultural approach. She asserts that the current bicultural criminal justice policy approach is not based in scientific evidence or rationale. She believes that the emphasis on colonisation and loss of cultural identity forms a "wishing well approach" to addressing overrepresentation of Māori in negative criminal justice statistics. The "wishing well approach" (according to Dannette) uses cultural justifications inappropriately and has internal inconsistencies with its reasoning. Instead she thinks that programmes should focus on individual adversity such as socioeconomic deprivation. She also criticises Kaupapa Māori research more generally, asserting that it has many flaws and does not have enough scientific robustness in order to further itself (Dannette, 2010).

A recent example of a Kaupapa Māori prevention initiative was the Tiaki Tinana project. The project was established as a Māori response to sexual offending and involved raising awareness within Māori communities, and creating a dialogue among community leaders and whānau about prevention strategies. The evaluation found that the project was received well by Māori, was successful at increasing awareness and dialogue, and was a promising model for further development (Te Puni Kōkiri, 2010).

Māori researchers have acknowledged that the path to providing research evidence of the validity of Kaupapa Māori Research is fraught with difficulty because of differences in underlying epistemological and ontological assumptions (Henry & Pene, 2001). However, some believe that with time these approaches will be shown to be effective and valid if given sufficient attention and resourcing (Walker et al., 2006).

2.6 Summary

The Literature Review began with exploring the research about the etiology for the child and adolescent-onset of harmful sexual behaviour, outlining the largely heterogenous nature of this group and the difficulty identifying a clear pathway to onset. The various risk factors that have been correlated with the onset of harmful sexual behaviour were outlined, including the range of individual characteristics including gender, early adversity, prior victimisation, deviant sexual interests, contact with the youth justice system, and social peer relational factors. Other risk factors such as pornography, ecological, and situational factors were also outlined.

The models for understanding the occurrence of harmful sexual behaviour and frameworks for prevention were outlined. The public health approach, and its applicability to harmful sexual behaviour, was also outlined. The Literature Review then went on to outline the current prevention interventions that exist both internationally and in New Zealand. The evidence for the effectiveness of different interventions across the prevention spectrum was outlined. The research about victimisation and its relevance was briefly explored. The research about indigenous-led approaches was also outlined.

There is a growing focus internationally on universal primary prevention that is encouraging; however, targeted secondary prevention is mostly overlooked (Dennis et al., 2012; McKibbin, Humphreys, & Hamilton, 2016). New Zealand needs to explore opportunities for a more effective prevention approach that incorporates prevention activities across the spectrum of primary, secondary, and tertiary approaches (Artus & Niemi, 2016; Christofferson, 2018; Dickson & Willis, 2017; Ministry of Social Development, 2017). There needs to be a change in focus so that the crucial area of researching and developing targeted secondary prevention approaches can progress. A renewed effort to identify causal risk factors of harmful sexual behaviour is needed to establish new opportunities for targeted interventions (Långström et al., 2015). This needs to integrate an ecological framework with the public health approach to identify opportunities throughout the prevention spectrum (Kenny & Wurtele, 2012). Whilst the research in this

area is limited, there is sufficient knowledge in this area to begin developing and exploring secondary prevention approaches in the New Zealand context.

Throughout the literature there was a noticeable paucity of research focused on gaining the perspectives of clinicians or other professionals. This important perspective, including their assessment of how to effectively design, develop, and implement appropriate prevention interventions, was largely silent.

2.7 Clinician perspectives

Clinicians' perspectives are important to gather in this thesis for various reasons. First, clinicians have a wealth of knowledge and experience that is not always captured effectively in research studies. By the very nature of their day-to-day work in the field, they often have perspectives of trends and changes that are not always immediately reflected in academic research. Secondly, clinicians have applied knowledge as to how different models of intervention may be most effective, and are closest to the people who are being targeted with interventions. Thirdly, clinicians may have a perspective on why some of the research evidence in this particular area has not translated into widespread practice and implementation. Lastly, clinicians are likely to understand the targeted populations and foresee the likely opportunities and barriers that exist in implementing successful prevention approaches (Xie, Qiao, & Wang, 2016).

Ensuring socio-cultural relevance has been established by research as being an important principle in the design of effective prevention programmes (Nathan et al., 2003). Recent developments in implementation science have also emphasised the necessity to gather the perspectives of stakeholders to increase the likelihood of successful implementation of evidence-based practice (Bauer, Damschroder, Hagedorn, Smith, & Kilbourne, 2015). Owing to the ethical and practical difficulties of gaining the perspectives of those who are directly affected by harmful sexual behaviour, clinicians' perspectives are another valuable source of information.

2.8 Research aims

The aim of this research is to get clinician perspectives of what would constitute effective prevention of harmful sexual behaviour. It is hoped this will help ensure that programmes designed in the future adequately meet the needs of families and have socio-cultural relevance, relevance to individual circumstances, and incorporate an awareness of how social and cultural factors affect this type of behaviour. This research aims to achieve this by interviewing clinicians working in prevention services in the harmful sexual behaviour field.

Research questions

1. What are clinicians' perspectives on what would be involved in an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour in New Zealand, particularly for young people and children?

2. What are clinicians' perspectives on the barriers that exist that will inhibit the realisation of an effective secondary (targeted) prevention approach in New Zealand?

3. What are clinicians' perspectives on the opportunities that presently exist to progress towards the realisation of an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour?

3. Methodology

3.1 Introduction

This chapter outlines the methodological approach that was taken in this thesis and the reasons for these decisions. It will also outline the participants of the study and the process undertaken to select them. The procedure for data collection and its' analyses will be outlined. This research was given ethical approval by the Massey University Human Ethics Committee, application number SOA 17/45 (See Appendix A).

3.2 Qualitative research method

This research was exploratory in nature and is placed within a realist/essentialist epistemology (Potter & Wetherell, 1987; Widdicombe and Wooffitt, 1995). This approach was chosen because there has been very little research in this area and the aim of this thesis was to explore participants' perspectives. Participants' accounts are taken at 'face value' in the assumption that the explicit or surface meaning of the data reflects the meaning participants' intend (Patton, 1990). My interpretation of the meaning of the data is clearly shown throughout the results section, which illustrates transparently what was said and how I have interpreted the extracts.

It is important to acknowledge that qualitative methods for research are not without limitations. The role of the researcher in the semi-structured interviews does play some part in creating a dynamic that can influence the discussion, and responses to questions. Being transparent and reflexive throughout this thesis about my own positioning goes some way towards acknowledging this. This research was not focused on the individual experiences or personal opinions about the topic. It was focused on professional opinions of a field the participants work(ed), are therefore presumed to be knowledgeable about, and are presumably comfortable discussing.

3.3 Participants

The sample for this thesis was 8 participants. They came from a variety of backgrounds and physical locations around New Zealand. Some were still involved in the field of harmful sexual behaviour; some had recently left for different roles. All participants had experience that was thought to be sufficiently recent, being less than 5 years since they left their roles working with harmful sexual behaviour. Participants' ethnicities included New Zealand European/Pākehā, Irish, English, Scottish, and Italian. There were no participants that identified as Māori. The following table gives a summary of participants' gender, years of experience and contexts they have practiced in.

Participant pseudonym	Gender	Practice context	Years experience
Suzy	F	Tertiary Community and Prison	10
Brian	M	Tertiary Community	16
Margaret	F	Tertiary Community	21
Frances	F	Primary Community	5
Alana	F	Tertiary Community and Prison	8
Paul	M	Tertiary Community and Prison	13
Nancy	F	Tertiary Community and Prison	12
Millie	F	Primary and Tertiary Community	30

Table 4: Participant Demographic Data

Selection of sample

This thesis used purposive sampling to recruit participants. This decision was made for a number of reasons. First, at the time of data collection, there were a relatively small number of organisations and professionals who work in this area in New Zealand. The second challenge arose from the researcher's role as a clinician at one of the organisations who work with harmful sexual

behaviour. Participants from this organisation were excluded to avoid any ethical issues or response bias in the sample. The possible pool of participants was further reduced when another organisation declined to participate in the study. This meant that 2 of the 3 main organisations working in this area in New Zealand were not included in the study. The remaining organisation was approached to advertise the study within their organisation and with other professionals who had relevant experience. Participants responded to the invitation via email or phone call. A convenience sample was gathered through a snowballing effect of information about the study being shared throughout New Zealand. There were a number of participants who no longer worked at the researcher's organisation but heard about the research and were included in the study. Other participants came from the remaining organisation, or had recently left into other roles such as research roles.

3.4 Interview guide

This thesis used semi-structured one-on-one interviews to collect data. A qualitative approach was used for several reasons. The predominant reason for this approach was because of the flexibility it enables during interviews so that participants' experiences could be fully captured and utilised in attempting to answer the research questions. This was important given the paucity of research in this area, particularly for research focused on professionals' views.

An interview guide was prepared for the semi-structured interviews (Appendix B). The interview questions were purposefully designed to allow participants to digress to different topics and discussions and speak freely about their perspectives. They were also designed to avoid eliciting pre-empted answers to questions or leading participants to a conclusion. For example, participants were asked whether they thought different approaches were needed for different cultural groups before a follow-up question asking what different approaches should be provided. It also contained some brief information about some recent relevant literature, which participants were invited to respond to with their perspectives.

Interviews were conducted using simple language and allowed clinicians time to reflect. Although the participants were aware of the researchers' involvement in the field and familiarity with jargon used in the area, participants were sometimes asked to clarify what they meant to prompt fuller explanation.

3.5 Data collection & procedure

Data was collected through interviews during September and October in 2017. The interviews were recorded using two secure recording devices, which were then transcribed verbatim by the interviewer. No material was excluded from the transcripts. Only first names were used in the transcripts, which were securely stored throughout the research analysis. The interviews took place in a variety of places, all chosen by the participants. These included offices at their workplace, interview rooms at universities, or other private rooms in the community. Participants were given the information sheet to read and they were asked to sign a consent form (Appendix C). Participants were asked to confirm they did not mind their interviews being recorded and they were made aware when these were turned on. Participants were asked for information about who they were, their ethnicity, and their experience in the harmful sexual behaviour field. The researcher then proceeded with the interview questions. At the end of the interview guide, participants were asked whether there was anything they would like to add. After this they were thanked and told that the recordings had been stopped. Participants were given a small koha for their contribution. Those that had indicated they would like a summary of the results were told they would receive this via email.

3.6 Data analysis

The participants' interviews were analysed using the qualitative method of thematic analysis. The researcher utilised Braun & Clarke's (2006) process for analysing the data. The steps of this process are outlined below:

Phase	Description of the process
1. Familiarising yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Table 5: Phases of Thematic Analysis (Braun & Clarke, 2006, p. 35)

Codes were created and the data analysed until themes emerged. Data excerpts from the interviews were used to illustrate the themes and how they presented across the interviews. These are outlined in the Results chapter.

3.7 Data presentation

Throughout the results section, excerpts of data are represented to help illustrate each of the themes identified. For clarity and ease of reading some excerpts were edited. This included removing part of a quote when the pertinent parts of the quote sat either side of a large irrelevant sentence. Some words that did not add or detract from the meaning of a quote were also removed such as "umm" or "yeah." The researcher has been aware of the potential to distort meanings; editing has been done with care, and used sparingly.

To maintain confidentiality of the participants, their organisation or other identifying markers have been removed. For instance, if someone talked about their experience of a particular organisation this has been removed. Extracts of data are linked to participants by using pseudonyms. The gender and years of experience are also indicated alongside each extract.

3.8 Ensuring trustworthiness

It is important in qualitative research to establish the trustworthiness of the research. To do this it is important to establish the credibility, transferability, dependability, and confirmability (Krefting, 1991). This has been done using various strategies throughout this thesis, which are explored below.

Credibility is concerned with the consistency of findings with reality. In this thesis, using a common method of data collection and analysis that is robust and has been previously used to explore perspectives in this area helped to ensure this. Although purposive sampling was used to approach potential participants, the sampling was still random in the sense that only those who were interested in participating followed up the offer and were recruited. In the interpretation of the data, multiple sources of data were used to establish both differences and commonality throughout different accounts of the topic being studied. Clarification of responses was utilised, and questions framed the aspect of enquiry in different ways to allow for fuller exploration and credibility. The analysis of the data was also supervised and reliability was checked by the researcher and supervisor both reading all the transcripts, and comparing their analytic findings. The experience of the researcher working in this field is also relevant to an interpretation of the data that is likely to be reflective of reality.

Transferability is concerned with how the research findings can be transferred or applied to other situations. The context and limitations of this thesis have been clearly outlined, including relevant information about the sample, and are discussed further in the Discussion chapter. The participant perspectives are context specific in that they relate specifically to the New Zealand context. The conclusions of this thesis are therefore limited in that they

may only apply to the New Zealand context. However, the consistency of findings with international literature would suggest there is some transferability of the findings to other contexts. There has been sufficient data included in this thesis to allow for other researchers to compare this thesis to other contexts.

Dependability is concerned with how likely similar findings would be found if the study was replicated, or how any variability can be understood. The methodology of this thesis has been clearly outlined to enable replication. The details of the researcher and participants are also clearly outlined to enable a fuller understanding of the variables present in the study.

Confirmability is concerned with the accuracy of findings and how truly they reflect participants' experiences and perspectives. Thematic analysis inherently relies on the researcher having an active role in the interpretation of the data. However, the interpretation of the data has been transparently outlined throughout through the use of data extracts, which were checked for reliability in their transcription from the original audio. As mentioned above, the supervisor of this research was also involved in checking the thematic analysis with the transcriptions of interviews.

3.9 Conclusion

This section has outlined the methodology used in this thesis and the reasons for these decisions. It has also outlined the trustworthiness of the conclusion of this research. The following chapters present the findings of the study in detail. Chapter 4 discusses the first main theme, comprehensiveness.

4. Results – Comprehensiveness

4.1 Introduction

Participants were asked about harmful sexual behaviour, what they thought contributed to it, what the risk factors were, what they thought was needed to prevent it, and the barriers that existed. Two main themes were identified: comprehensiveness and early intervention. These themes will be explored and the opportunities and barriers that participants spoke about will be discussed in relation to each theme.

4.2 What the participants said

The first theme evident throughout participants' accounts was comprehensiveness. This theme covered the participants' thoughts on developing a comprehensive approach, what this involved, what opportunities currently existed, and the barriers that would impede its realisation.

Participants emphasised that a successful prevention approach needed to be across all ecological levels, be connected and well communicated, involve a variety of different approaches, and be responsive to the bicultural context of New Zealand. They thought it should include localised solutions, be focused on increasing societal knowledge, be evidence-based, and have an underlying person-centred approach.

Collaboration was a prominent theme identified by all participants, and its significance in the interviews could arguably justify it being identified as a theme in its own right. However, the decision to discuss collaboration as a subtheme in relation to comprehensiveness rather than as a separate theme has been made because a comprehensive approach implies collaboration. The interrelatedness of collaboration and comprehensiveness means that outlining them separately creates an artificial distinction that was not present in the clinicians' accounts. It makes more sense to the researcher to discuss the

significant subtheme of collaboration in the context of a comprehensive approach.

4.2.1 All ecological levels

Participants discussed the need for an overarching national strategy that would set out a comprehensive approach to the prevention of harmful sexual behaviour. They asserted that an effective approach would require interventions across the prevention spectrum, targeting the array of contributing factors, and involving a cross-sector response encompassing all ecological levels. They explained how the interrelated nature of each ecological level meant that these factors need to be considered as a whole and initiatives need to target all aspects of society. They emphasised the necessary contribution and value that each part of the prevention spectrum added.

> *"To prevent something like harmful sexual behaviour we have to be working across all realms, we can't just work in one area because if we…just work in the tertiary then well obviously we just gonna be working in the tertiary until the end of time and even if we work in the at-risk and the tertiary we're still, we're probably going to be preventing some of the tertiary I would have thought but still not preventing stuff from happening in the first place." - Millie, F, 30*

Participants emphasised the cumulative reinforcing effect that initiatives at each ecological level can have on each other. Likewise the barriers that currently exist in each sector of society at every ecological level compound each other to exponentially make change more difficult.

> *"If we actually want to change the whole culture then the stuff has to be reinforced everywhere and it has to be addressed in all different facets of people's lives" - Frances, F, 5*

4.2.2 Communication and connectedness

Interviewees emphasised the need for collaboration between services across the prevention sector, from primary through to tertiary, and the need for them to connect and have a cohesive, well-considered, united strategy that was shared and supported by all.

> *"Well I think there is kind of probably cohesiveness. My impression is that there's a bunch of different organisations trying to do good stuff but it's kind of like a bit potluck." - Brian, M, 16*

Participants emphasised the need to progress from the current siloed approach to a state of connectedness where all different parts of the sector were aware of their roles, each other's initiatives, and how they fit together.

> *"It is really important that all of our work fits in neatly with each other. I think having, what I do think is that we actually need is a national sexual violence prevention strategy and that we can see how our work fits in with that." - Frances, F, 5*

Participants spoke about the importance of family and school efforts being connected so they can reinforce each other. They thought that if families and communities were not actively involved in a strategy, because they do not feel any ownership or responsibility, then children and young people would not receive consistent messaging about sexual relationships and behaviour.

> *"I think family has to play a role in that as well and I think that if we are saying one thing at schools and then kids go home and their parents are saying something else or just the way they're behaving at home is different, or at odds with what we're saying then that's gonna have an effect." - Frances, F, 5*

They spoke about the importance of relationships and good communication between the different organisations and key people involved. One participant spoke about how the good relationships that they have with the various relevant people has a positive effect on their ability to intervene and increase the accessibility of preventative responses. They discussed how the trust between these organisations was important so that they shared a common approach to

respond to sexual harm and those that have perpetrated it. This results in the ability to focus on preventative responses rather than punitive or criminal justice responses.

> *"I think our relationship with various judges and our relationship with the police, youth aid advocates, youth aid officers, we have a very strong relationship with them, so I think that there is a story that has been gathered over time that as a prevention going forward once somebody has done something it is far better they come to Stop rather than we put them in jail and don't do anything so that is taking prevention in a different way but I think that's good that, there was a period of time probably about 15 years ago where New Zealand was regularly jailing 15 and 16 year old boys and that would be a very rare thing now. So that's a good prevention strategy." - Margaret, F, 21*

4.2.3 Variety of different approaches needed

Participants emphasised the need to target the prevention of harmful sexual behaviour from various perspectives, through various different modalities and forms of communication, taking into account various different characteristics of individuals, families and communities. This work needs to have common threads running throughout with an overarching strategy to guide the work.

> *"So I think that is why you do have to take a real scattergun kind of approach. There is stuff going on at school, there is stuff going on in social media, there is maybe things going on in the workplace to try and get through I guess messages to people." - Paul, M, 13*

Participants also spoke about the need for a comprehensive approach to be wide-ranging in what it offers people who are at risk of perpetrating harmful sexual behaviour. It needs to provide opportunities for prevention that are known and accessible to people, whether that be individuals, families, institutions, or communities. The interventions needed to address all of the current difficulties in reaching those most at risk. They spoke about how the

inevitable barriers that will eventuate in the transition from the status quo to a different societal and community understanding of harmful sexual behaviour need to be well considered and comprehensively confronted.

4.2.4 Bicultural context

Most participants discussed how the bicultural context of New Zealand and the principles of the Treaty of Waitangi affect how a comprehensive approach to preventing harmful sexual behaviour should be developed and implemented. Participants spoke about how collaboration and partnership with indigenous Māori communities, families and individuals is a vitally important part of addressing harmful sexual behaviour.

> *"Working collaboratively in partnership with them [Māori] and involving them as much as possible." - Alana, F, 8*

As well as upholding the principles of the Treaty of Waitangi, this is an especially important aspect of any strategy due to the high rates of victimisation and perpetration amongst Māori. With proper collaboration comes a higher likelihood that a strategy will be more effective.

> *"I think ensuring that there are always people from the cultures that you want to be focusing on as part of the conversation at all levels." - Frances, F, 5*

Practically, participants highlighted how there are different ways that sex and sexual harm are discussed in Māori whānau. Practitioners need to be aware of the different norms and cultural rules that exist. They went on to elaborate that a Western framework or approach that relied on increasing overt discussions of sexual behaviours may not be the best approach for Māori.

> *"Also that in some Māori practice around prevention there isn't, that sort of talking openly about sex and sexuality isn't the normal way to go about it. And that I find is a direct clash with our work because we do talk openly about sex and sexuality and that's something we need to kinda find a way to*

bring all of that together and be able to do that work comfortably alongside each other." - Frances, F, 5

They emphasised the need to collaborate with Māori to design interventions that are effective for Māori and incorporate the different cultural values and norms.

"There are different solutions to preventing abuse as well, so I think that is one thing that I think we need to develop better in [organisation] and we are slowly working towards it, is how we work more effectively with Māori" - Frances, F, 5

Within the participants' responses there were different views about whether different approaches or services were necessary for Māori given the different worldviews and ways of knowing. Some participants thought that rather than a separate service, what was more important was cultural responsivity. This remains a tension between different accounts and it will be important to consider the different views amongst people working in the field.

"I think that rather than having necessarily completely different services and settings and programmes for different cultures it would be important to incorporate cultural responsivity into the service at the very least." - Suzy, F, 10

Regardless of whether a separate service or approach is developed, cultural differences have significant implications for any approach. One participant spoke about how psychologists or those working in the field need to be aware of the history of experiences that Māori have had with state systems and community institutions. These have shaped the common perceptions of how some Māori view psychology and may become a barrier to engagement or participation.

"You know one of the things that we know from the research around how Māori view psychologists. There is great suspicion about psychology and where that comes from you know and then we're the first person you see when you've committed an offence like this." - Nancy, F, 12

One participant spoke about the need for practitioners to understand how Māori might perceive them. It was important to understand how non-Māori practitioners could represent the continuation of colonisation for Māori clients.

> "*What little I know about this person, probably I represent someone she doesn't trust or why should she." - Millie, F, 30*

One participant spoke about how this means that sometimes the practitioner's whole orientation or approach to harmful sexual behaviour prevention needs to be adjusted and flexible to respond appropriately to cultural norms and practices. This is on a theoretical level but also on a very practical level.

> *"Even the whole Marae-style way of sleeping, then some people think that's… You can't approach that thinking well that's wrong or that that then makes abuse easier to happen, you have to approach it as well this is the way of doing things here so how can it be safe for the people who are doing it." - Millie, F, 30*

One participant spoke about the underlying need for practitioners to be respectful of cultural differences and not seek simply to understand difference but ultimately to see other perspectives as valid.

> *"So I think the way we engage with people is just so important so therapists have to be respectful of people, they have to understand different cultures, different values and respect them, not just understand them but they have to respect that some people think differently to them and that's okay because we don't…we are not the holders of the knowledge and the ones in the right." - Paul, M, 13*

4.2.5 Localised community solutions

Throughout participants' accounts they spoke about the need for communities to have input into localised solutions. The rationale for this was that local communities were in the best position to understand the issues and how they presented themselves in their specific community context, including what particular barriers and opportunities existed. Participants spoke about the need for people within local communities to be actively involved in the framing of the issue, strategies developed to deal with it, and ultimately the implementation of prevention interventions such as education initiatives.

> *"We need to be more proactive in asking communities how they want support or how they want to deal with any particular issue, whether it's sexual offending or any other offending how do they want to deal with this when it happens in your community? Do you want support? Do you need service provision?" - Nancy, F, 12*

One participant spoke about an example of the need to have young people involved in designing the interventions for other young people, particularly around cultural differences and specific needs of communities.

> *"…that programme needs further development to fit with those groups better and I think that you need Māori and Pasifika young people to be part of designing that." - Frances, F, 5*

4.2.6 Increase societal knowledge

One other significant aspect of the comprehensiveness theme was that it needed to take into account the current attitudes and knowledge about harmful sexual behaviour, both in society and amongst professionals. Participants emphasised the significant contribution that societal knowledge and attitudes towards harmful sexual behaviour have in perpetuating the current status quo. They also emphasised the need for professionals who work with people to be aware of these issues. They discussed how the general population reacted to harmful sexual behaviour, the reasons why, and what steps were necessary for more helpful responses to occur.

4.2.7 Evidence-based

The last aspect of comprehensiveness spoken about by participants was the need for a strong foundation of scientific evidence to inform the strategy. It needs to include evidence that focuses on relevant factors at each ecological level. A unified theory of intervention should incorporate evidence of individual factors such as deviant sexual attraction, family-based factors such as attachment and

sexual boundaries, and societal level factors such as societal attitudes and gender constructions.

> *"In terms of what the things to target I think it would be very crucial to develop the programme quite carefully and to make sure that we are considering and planning to target the things that are going to be the most well supported from the literature from the empirical research." - Suzy, F, 10*

4.2.8 Person-centred approach

Interviewees also discussed how prevention approaches need to be collaborative with the people who are service-users. This is especially important given the likely voluntary nature of engagement with prevention interventions; very few clients will be compelled to participate. Participants thought that individuals, families and communities would not engage well with approaches which were seen as paternalistic or forced upon them.

> *"I think definitely if people feel like they're being involved and they're being consulted and you are working collaboratively with them, then there is much less resistance and all their… just the standard really important stuff like being warm and non-judgemental, and empathic, that stuff really does go a long way." - Alana, F, 8*

They elaborated that the designers and implementers of prevention strategies need to adequately consult with people so that it is a collaborative approach that will actually meet their needs. Rather than a top-down 'expert' approach, they could use a more collaborative approach that regarded people as the 'experts' in their own lives.

> *"I think working with the whole family and finding out what, how their family functions and what supports they're wanting and what they feel they need and just working in collaboration rather than sort of the worker being kind of the expert. Sort of hearing from them what they already know, what is already working well, what they think they need to work on, and working more in partnership with them." - Alana, F, 8*

Participants spoke about how ensuring families felt in control of the intervention, and what they were being subjected to, was especially important given the subject matter. They emphasised the necessity to work with the family motivationally so that they feel like they are making decisions and choosing to undertake the intervention.

> *"So I think you need to keep educating people as to why you're doing things, they need to understand it so that they can make informed choices about what they do. As soon they're not really informed or they're doing it because they think they should, I think you lose them." - Paul, M, 13*

4.3 Barriers to comprehensive approach

Participants spoke about a number of barriers that would inhibit a comprehensive approach from being successful at preventing harmful sexual behaviour. These ranged from socio-cultural barriers, barriers in organisations working in this area, difficulties with establishing an evidence-based approach, resourcing, and barriers to engaging people in need.

Whilst prevention activities can be separated into primary and secondary, it is more helpful when examining the barriers and opportunities to the prevention of harmful sexual behaviour to see them as being part of the same continuum. The conditions that are necessary for secondary prevention activities are so intimately linked to primary prevention activities it would be artificial to distinguish between them by arbitrarily categorising barriers and opportunities as either primary or secondary. However, having said this, there are some specific barriers relating to the targeted nature of secondary prevention generally and these are explicitly stated.

4.3.1 Socio-cultural barriers

Participants discussed how socio-cultural factors were significant for three main reasons. The first of these being implicit - they are barriers to societal-level harmful sexual behaviour prevention strategies and opportunities

being implemented. The second reason was that barriers at the societal level continue to maintain various socio-cultural causes of harmful sexual behaviour. The third, and perhaps most significant reason, was that barriers at the societal level create a social and cultural environment that impedes the realisation of prevention opportunities at other ecological levels.

They discussed factors including social stigma, the demonising of those who engage in harmful sexual behaviour, punitive attitudes towards those who do wrong, constructions of gender, the perpetuation of gender inequality and the unequal sharing of power, the lack of recognition of colonisation, the taboos and silence about sex, the lack of conversation or education about healthy relationships, and the socio-political factors which prevent adequate resourcing of prevention strategies and activities. These factors are discussed below.

Silence and taboo

Participants talked about how there existed a silence and taboo about sex, sexuality and relationships in New Zealand society. The lack of discussion and conversations about these topics mean that it becomes a taboo subject.

> *"Yeah because it is so personal and so private. We've got such taboos around sex, sex as it is. You know we don't talk about it." - Paul, M, 13*

They thought this created a societal environment where there was a lack of knowledge and awareness about various sex-related issues, which contributed to misunderstandings and misinformation about harmful sexual behaviour. In their experience this often led to a widespread and persistent misunderstanding about how harmful sexual behaviour happens and who the perpetrators are.

> *"I still think that that silence exists often in those areas and that where there is silence that there is therefore how I see it, a vacuum for misinformation." - Millie, F, 30*

They spoke about the need to address the silence about sex generally because this maintained common misunderstandings and misconceptions about harmful sexual behaviour.

Stigma, shame and demonisation

Participants spoke about a number of consequences of the lack of knowledge and awareness about harmful sexual behaviour. A significant issue talked about by all participants was how inaccurate knowledge created negative attitudes towards those that have perpetrated harmful sexual behaviour. It also created a stigma about the behaviour and anyone who is associated with it. Participants saw this as affecting prevention efforts on multiple levels. It means that incorrect perceptions amongst communities and families are maintained because most people in society do not speak about these issues openly. It prevents people openly talking about their concerns about others' behaviours, especially within their own families or communities. Participants also discussed that the demonisation of those who perpetrate harmful sexual behaviour means that people's perceptions of perpetrators are often incorrect, and subsequently their ability to identify and acknowledge the behaviour of people close to them as harmful is compromised.

> *"There are negative attitudes in community about people who commit sex offences and people who are interested, sexually interested in children or other deviant things. So they feel stigmatised and this leads to secrecy" - Suzy, F, 10*

One participant explored the idea that social stigma for harmful sexual behaviour had a social utility in deterring people from behaving in a way that deviates from acceptable social norms. However they concluded that in practice this has the opposite effect.

> *"I think that the stigma exists because people don't want people to offend against you know, to offend sexually, and yet it kind of has the opposite effect where it reduces support for people." - Suzy, F, 10*

They spoke of the consequences of social stigma being that people are unwilling to identify themselves as having inappropriate sexual attractions or perpetrating harmful sexual behaviour, or being associated with anyone who has. The social cost, isolation, judgement, or other violent reactions from society, prevent people

from admitting or identifying their own problematic thoughts, attractions, or harmful behaviours.

> *"I think those issues around demonising behaviour mean that it is harder for anyone to come forward, and it's harder for people to own up to their own behaviour." - Frances, F, 5*

Participants explained that resultantly, many people who may have otherwise been prevented from perpetrating inappropriate or harmful sexual behaviour do not seek, nor receive, the help that they need because of the fear of repercussions or consequences of identifying themselves as deviant. The silence about harmful sexual behaviour and demonising attitudes are reinforcing to each other. The silence about harmful sexual behaviour often results from the demonisation one would face if their behaviour were revealed. The demonisation of perpetrators is maintained by the silence because the only examples of perpetrators are found in sensationalised media reports.

> *"We have to encourage people I think who may have a tendency to be wanting to commit those sort of crimes to feel comfortable to get help. And at the moment the way we treat sexual offenders is we make them into monsters and so nobody is gonna put their hand up to say I've been having thoughts like that." - Paul, M, 13*

Participants spoke about the media's role in perpetuating the demonising of perpetrators of sexual harm. They explained that media portrayals lead to people 'othering' perpetrators. The result of this 'othering' is that families do not see harmful sexual behaviour as a potential problem in their own families, or if it is brought up, it is dismissed because their family members do not fit their conceptualisation of a perpetrator. Instead, they ignore it, dismiss it, or think the victim is lying. Even if they do believe the harm occurred, they tend to minimise the harm and dismiss the need for it to be acknowledged, discussed overtly, and addressed through professional interventions.

> *"I go back to a guy at Lincoln a few years back, this is in relation to the beast of Blenheim and the media, he wrote this really great piece and one of my favourite sayings in it because it was to do with the demonising of*

people who do sexual abuse in the media and he said, 'we know and we just, we know but we don't get'. So what he was speaking to was the fact that while we continue to demonise, it means that sexual abuse happens over there, therefore not here therefore if someone discloses in my family, church, school, marae etc. that can't be true because it happens over there. So I think in say families with more privilege if you like of various sorts then that is then a risk because they are going to be pushing something as it happening over there." - Millie, F, 30

Another major consequence of stigma and demonisation that participants spoke about was how it maintained a limited view of the causation of harmful sexual behaviour. Throughout their accounts they spoke about a strong discourse prevalent in current New Zealand society about the responsibility for harmful sexual behaviour being located within the individual. Participants' responses emphasised the limitations of this view and challenged these dominant discourses. Instead, participants characterised harmful sexual behaviour as a complex web of factors that are influenced by processes at all ecological levels. Societal-level factors were significant in the participants' accounts of what contributed to harmful sexual behaviour. The implication of most accounts was that the current construction of harmful sexual behaviour as a harmful choice that is made by individuals is too simplistic and ignores crucial causative factors that are located outside of the individual.

"I don't think we can ever think that there won't be shame attached to it but there are a lot of things and this comes back to my original beef which do not help… like all sex offenders are deviant and going to offend against every child they see and all you know so dangerous or they're all really nasty but this person is really nice so they must not be an offender, so this lack of understanding about the complexities" - Nancy, F, 12

Stigma also affects how communities embrace prevention strategies. Participants spoke about how stigma is a main driver behind people denying that harmful sexual behaviour is happening in their community and a reluctance to overtly address the issue. Stigma therefore impedes the necessary collaboration needed to effectively implement prevention initiatives.

> *"So the public I guess even though it's, I guess you would think that people would be keen to prevent that happening but still I think it is something people would rather leave in a box and not think about and not acknowledge is happening in the community and that kind of thing." - Alana, F, 8*

Another significant flow-on effect of societal stigma is difficulties engaging families. Requirements for informed consent mean that clients would need to be adequately informed of why they have been targeted with an intervention. This would likely be met with resistance and could even create a negative sense of identity for a child.

> *"That to me is really difficult because how you gonna provide an intervention for somebody who is a risk of sexual offending without telling them that they're at a risk of sexually offending. Terrifying the family, creating a sense of identity within the child…" - Nancy, F, 12*

Inaccurate constructions of risk

One of the most crucial points that came through in participants' accounts was regarding the inaccurate constructions of risk that were created as a consequence of inaccurate knowledge and demonising perceptions about the perpetrators of harmful sexual behaviour.

> *"My experience of working with those women they never thought in a million years that that was gonna happen in their family" - Alana, F, 8*

Participants thought that most people in society have formed the view that it is an evil or bad person who perpetrates harmful sexual behaviour, or they think it is a small group of strangers who prey on people in parks or dark alleyways, or at bars in town. The demonisation reinforces a dichotomous categorisation of people as 'good' or 'bad' dependent on their behaviour, and sometimes only one occurrence of behaviour.

> *"I guess when that behaviour is so demonised or people are so demonised and it's like these strangers in the dark alleyway or you know these horrible people doing this thing. For people to kinda believe that it can be your best mate doing it or their own partner there's a barrier to that. But for people*

to believe that they themselves could be doing something is also really difficult." - Frances, F, 5

This prevents people from appreciating the real risk that exists from people that are closest to them. Statistics in New Zealand show that a person who is known to the victim or survivor perpetrates the majority of sexual offences. The media's focus on stories that are sensationalist contributes to solidifying people's misperceptions about who, where, when, and how harmful sexual behaviour is most likely to be perpetrated. This means that as a society in general we continue to believe that only people who are inherently bad people or evil perpetrate harmful sexual behaviour.

"I think the wider society of New Zealand has no concept of how to manage risk… people do not understand that the person who is most likely to offend is a person known to the child. That in fact repeat sex offending is quite low, that sex offenders can be low-risk but their risk can be managed over time, they don't understand any of the basics of that." - Nancy, F, 12

One participant highlighted how this often results in parents and caregivers focusing on ineffective strategies to keep children safe from perpetrators. This is an example of how a societal level conceptualisation is directly linked with a protective response, or lack thereof, from parents or caregivers.

"[They focus on strategies] that are related to stranger danger and nothing to do with an understanding of: do you know who is in a child's life? Do you know how to recognise a change in your child's behaviour and why that would happen? You know just understanding what distressed vulnerable people will look like if something is not going right for them" - Nancy, F, 12

Another participant thought that these misconstructions are maintained in society by a lack of knowledge and awareness but also because of fear.

"I think one of the most significant barriers is that as soon you start for a lot of people talking about this stuff equals fear. Because if you tell people that it isn't just the stranger then that means it could be anyone in their life then there's a whole heap of fear that goes with that, that is very uncomfortable for people." - Millie, F, 30

The predominant misconstruction of the people who perpetrate harmful sexual behaviour also means that people do not appreciate their own capacity to behave in a harmful way and are very resistant to accepting criticism or critique of their own behaviour. It serves as a disincentive for people to reflect on their own behaviour and recognise the harmful aspects of their behaviour and the way they, or people close to them, relate to women or others sexually.

> *"People will keep on going, that sicko perverted person over there but if they realise, maybe over time I think this would be very slow, that it could be their friend." - Millie, F, 30*

Public attitudes increase risk

Participants outlined how many dominant societal discourses about perpetrators of harmful sexual behaviour serve to undermine current prevention work and increase risk factors for individuals. They outlined how many people believe that an individual's capacity to perpetrate harmful sexual behaviour is innate, unchanging, and irreversible. Due to the widespread and persistent demonisation discussed above, people do not believe that perpetrators' risk can be managed or reduced to a safe level. This is a hugely significant barrier to the success of interventions approaches.

> *"I'm working with people all the time who are on preventative detention for sexual offending that could probably be released into the community and managed better and have better lives but it's not palatable to the general population and therefore the parole board. People don't want to take the risk and so yeah education is something that we need to do." - Paul, M, 13*

One interviewee explained how as a consequence, the necessary social support is not given to those individuals that are trying to reintegrate into communities because of the stigma and misconceptions. They are often ostracised or a community protests so much that a person is removed from a community. They find it very difficult to get employment and stability in their lives. This then creates a situation where various risk factors for further perpetration become present and other protective factors are diminished.

"Even if a person has gone through treatment and have done everything that they have been ordered to do or asked to do is then very difficult for people to really move on and have a normal life because once you have got a sexual offence on your criminal history it is very difficult to get a job… a person can go through treatment and do really well but life can still be really difficult which then makes it difficult for them to meet their needs and then you know back to square one." - Alana, F, 8

This attitude has an impact on the likelihood of targeted prevention programmes being successful. It would be safe to assume that the same barriers will exist for those who are identified as having a risk of perpetrating harmful sexual behaviour. People's inability to trust services and their incorrect perceptions of risk mean that they would not want people identified as at-risk to live in their neighbourhood or community. This prevalent societal attitude will further prevent people from self-identifying their risk or the risk of people close to them.

Gender constructions & rape culture

Most participants spoke about how prevalent gender constructions and rape culture both work to maintain the current prevalence of harmful sexual behaviour and undermine prevention efforts.

"I think that the things that are a part of that rape culture have a strong influence on creating a culture and environment in which sexual abuse can thrive." - Frances, F, 5

They spoke about how gender constructions contribute to a societal environment that is less likely to be successful at prevention for a few reasons. First, learning and modelling of harmful gender dynamics happen from a young age, which are subsequently not challenged by men. Secondly, it creates a permissive environment where sexual harassment and other harmful sexual behaviours are trivialised and normalised. Thirdly, it perpetuates the acceptance of unhealthy power dynamics present in some relationships, decreasing the likelihood of harmful sexual behaviour being addressed.

"So those things I think are a sort of a normalising of, a normalising of the kind of behaviours that allow that to happen, so things like it being

culturally normal to sort of undermine women or undermine people of diverse genders and sexualities with sexist or homophobic comments and that kind of thing." - Frances, F, 5

One participant emphasised how ingrained rape culture was in New Zealand and how it was such a significant factor to be addressed in any comprehensive strategy. Rape culture also contributed to the onset of harmful sexual behaviour by perpetuating unhelpful myths or constructions of what constituted appropriate sexual behaviours.

"I think that particularly that idea around women being passive and men being active in kind of the drivers is particularly dangerous in sexual situations because I think that leads to situations where it's really strongly encouraged that men pursue women and if they say no they're just playing hard to get.... that's just how they do they are the gatekeepers to sex kind of thing they'll say no, eventually they'll say yes. I think that is really, really risky and dangerous plays into how then sexual abuse can happen where it just seems normal that women are gonna say or be less actively engaging in something and that links in as well to a kind of fear of female sexuality, or a suppression of that. So that women aren't, it's often not seen that women enjoy sex, or want sex or might be the ones who are trying to pursue sex and that, so that plays into that passivity as well. And the really dangerous idea that women don't actually enjoy sex so if they look like they're not enjoying it while they're having sex then that's just normal." - Frances, F, 5

The predominant attitudes towards women can also mean that in many environments harmful sexual behaviour is either accepted or ignored. One participant spoke about the cognitive dissonance in many males that their perpetuation of rape culture contributes to harmful sexual behaviour.

"So there is no connection made between attitudes towards women that are demeaning and derogatory and then the one who has done that [harmful sexual behaviour] for a start" - Millie, F, 30

That same participant highlighted another effect of rape culture being that individuals are less likely to readily identify their own behaviours as sexually

abusive or harmful, or they believe that their derogatory attitudes or abusive behaviour are ok because of an implicit acceptance of them by their peers' responses, or more accurately their lack of response.

> *"I think that is a huge barrier because until the good guys can realise that actually it might have been some of their behaviour too or even if not their own behaviour, they have laughed at somebody else's bad behaviour or they haven't stopped the actions of another person having bad behaviour and women can do that." - Millie, F, 30*

Participants spoke about the role modelling of gender dynamics in families and how it has the potential to be either a disruptive or reinforcing influence on predominant societal norms of gender. Unfortunately, in too many families, the unhealthy gender constructions on society are reinforced through the gender roles created in families including the use of power and control by men, and the forced passivity in women.

> *"So you see really strong reinforcement of ideas that women are mothers and not necessarily professional people, not leaders, not bosses. That women are passive generally and so both in their general sort of the way they work or the way they speak and interact as well as in sexual encounters, and conversely men are really active and are leaders and bosses and in charge." - Frances, F, 5*

Cultural differences

A significant barrier that most participants talked about was that of culture. They spoke about how the multiculturalism of New Zealand makes it difficult to be culturally appropriate and effective at reaching everybody.

> *"I think working in culturally appropriate ways is really important and that within New Zealand there are so many different ways you have to work with different groups and different individuals." - Frances, F, 5*

They spoke about a number of different issues related to culture and emphasised how it was necessary to collaborate with various different cultures in order to intervene appropriately when necessary. They spoke about how some groups may have particular barriers relating to their perception of social or community

services. Many families who would be considered at-risk are often already socially isolated and have distrusting relationships with government agencies or professionals in the mental health, behavioural or psychology field.

> *"How do we engage the people that feel that they are on the margins of society and don't trust professionals? And most of those professionals are not from their culture" - Nancy, F, 12*

A number of participants emphasised how different cultural groups have different conceptualisations and understandings of sexual behaviour and what constituted acceptable and healthy behaviours. This included different levels of comfort discussing sex overtly and how much of a taboo the topic was.

> *"I do think that there could be differences in how easy or otherwise it is to discuss this, to be open and to ask for help and to make this kind of disclosure. I do think there could be cultural influences on that. To some people it could just be something that would be inconceivable. They might have a lot more to lose because for whatever reason, just because of the cultural norms or the depth of the stigma in different cultures." - Suzy, F, 10*

A participant spoke about the need to consider how some fundamental constructions of Western psychology might conflict with a culture's worldview and that it was important that Western euro-centric models did not dominate. They spoke about the need to avoid attempting to make families fit in Western models. It was important to consider different cultural norms and how different cultures respond to harm.

> *"I think we need to be really responsive to what and how those cultures function and kind of fit our model to them rather than trying to make them fit our model because that's how we work. Yeah, I don't think a one size fits all approach is ever helpful." - Alana, F, 8*

One participant explained that their service does not see a lot of people of a particular culture and wondered why this was happening. Collaborating with different cultures and seeking answers to these questions would be important to understand the complexity further.

> *"For example the number of other significant cultures in New Zealand like the Chinese, the Asian population, we have very, very few Asian clients in our community-based programme. Why is that?" - Margaret, F, 21*

Another participant highlighted the need for people of particular cultures to be involved in the interventions so that the subtleties and implicit cultural understandings inform prevention interventions. Stigma and shame compounded these issues when families did not feel like professionals understood them. He thought it was important that people working in the field focused on the needs of clients and communities in deciding how to share information and knowledge about harmful sexual behaviour.

> *"She said in quite a joking but at the same time in a very respectful way about how she can talk to the youth in South Auckland in a way that Palagi [NZ European] will never talk to youth in South Auckland. For me that sort of encapsulates basically that question that you know it's just to make the information and the support accessible, if people can have someone of the same ethnicity, same culture, somebody who understands some implicit stuff, it's going to be so much better and yeah." - Brian, M, 16*

He thought that the attitudes of some professionals further exacerbated this issue when they were insensitive to cultural differences and had inflexible attitudes towards their own professional views.

> *"I don't think it's helpful to get too tied up with the 'well I've got the information and I can impart it irrespective', actually the face of the person imparting does actually matter a lot." - Brian, M, 16*

A significant barrier that many participants spoke about was the difficulty in being adequately supported to deliver programmes to different cultures. Even with training, one participant outlined how it was difficult to have confidence in delivering a programme to another culture about such a complex issue as harmful sexual behaviour.

> *"Who is the right person to understand the culture to understand the context to understand how to appropriately approach people without offence and all those things we don't do, we don't do that. I've worked with*

so many Pacific Island and Māori offenders and I have done as much cultural training as I've been able to get but you know, you know what I mean, understanding let alone having the confidence to deliver it properly is difficult." - Nancy, F, 12

4.3.2 Difficulties developing a self-referral service

Participants discussed the various relevant considerations for a Dunkelfeld-like self-referral service to be developed in New Zealand. One spoke about two significant factors inhibiting a service being developed in the New Zealand context. She outlined the likely public reaction to offering the required higher level of confidentiality, which would be necessary to encourage people who are otherwise unreachable to come forward and access help. She also outlined how the current legislative environment also inhibits a service being offered because there are legal obligations to disclose known risks.

"The therapeutic confidentiality is going to be such an important feature because otherwise we don't have the opportunity to treat any of them" - Suzy, F, 10

Ultimately she thought that a service might be possible if it was clearly defined, had cross-sector and cross-party political support, and educated the public on the rationale for the service. She highlighted the example of media campaigns in Germany and thought these might be effective at producing the necessary public shift in attitudes.

"I think that a lot of that stuff comes through and the German ads they use. They have clear messages like thoughts aren't a crime, it's not your fault to have to be thinking this way but it is your responsibility to do something about it or to get help." - Suzy, F, 10

4.3.3 Effective engagement

Participants spoke about the various barriers to engaging individuals and families in prevention services, including negative perceptions of government

agencies, difficulties reaching families, resistance to organisations coming into private family affairs, and common perceptions of the people who work in this area.

> *"We need to have a way of building relationships with disenfranchised families" - Nancy, F, 12*

Participants also discussed the particular barriers that would prevent an individual from accessing a self-identification service similar to Dunkelfeld. These barriers included a lack of awareness of services, a lack of trust that services would be able to help them, and a fear of the legal consequences of identifying themselves as being at risk. Other barriers were the potential social isolation or judgement from friends and family if they found out about an individual accessing the service, and the fear of potential impact on employment or participation in other community-based activities that might be jeopardised through a service disclosing the risks that you have identified.

> *"So asking them to come forward and disclose some of that stuff to receive some help and if they experienced a judgemental context then I think that's a disservice already and we are likely to lose them or not encourage them in the first place. So that would be key." - Suzy, F, 10*

Participants spoke about how the history of intervention from government agencies and the prevalence of government agencies removing children from the care of their parents continues to cause mistrust and suspicion. One participant explained how this results in many families feeling unable to access services that they do not fully understand and of which they are incredibly wary. Any prevention approach would need to consider how to reach families and change common perceptions of intervention services, whilst acknowledging the tension for professionals who have legal obligations to disclose suspected child abuse or neglect.

> *"How do we build from within the community, how do we get from within the community people to do the roles that then perhaps support better engagement. It's about building relationships so how do we build*

relationships and trust with people when this is such a risky thing to talk about?" - Nancy, F, 12

Participants spoke about how effective interventions rely on families being able to be transparent and truthful about risk factors in the family environment. One participant spoke about how difficult it is for families to make themselves vulnerable and let professionals into their families. Some families are very resistant to services becoming involved with their family.

> *"I mean family dynamics aren't always that great. And so like I was saying some families don't talk, some, we don't know what goes on behind closed doors you know often and in some… it's becoming a little bit different, most people would say this is our house, this is our home, it's our place, our space. We don't want people coming in and intruding, particularly if you do have very strong values about things and these ideas are not consistent with those values or they appear to maybe go against some of those values." - Paul, M, 13*

Participants reflected on the complexity of family interventions and how it becomes difficult to do preventative work with the rest of the family who have not perpetrated harm. They are already involved in a difficult process and may have experienced significant disruption. They are also not likely to be very open to the suggestion that they have a risk of perpetration. One participant spoke about the likely reaction.

> *"There will often be a split in the family right, so this person has offended, they're gone now, we don't want to have anything to do with him or the service that he's in or anything to do with anything. We just want to move on with our lives and pretend like this never happened and I certainly don't thank you for coming back and telling me that now you're saying that my children will become offenders as well, so I think it's engagement." - Nancy, F, 12*

They thought that siblings were likely to react negatively to the suggestion they should undergo some sort of prevention intervention. It would be difficult to

engage some who would naturally be inclined to individualise the behaviour and 'other' their brother.

> *"I can also imagine people not, look that's not me, that's my brother, I don't have any interest in this, leave me alone kind of thing. And I think that's quite valid. Because it is not, it's not a guarantee." - Suzy, F, 10*

He spoke about how there is a general mistrust and suspicion of professionals such as psychologists. The way that psychologists have treated some people means that many people have formed fixed perceptions of psychologists, which are not helpful for successful interventions.

> *"When they hear that psychologists are coming you know this is not something they look forward to because they've been talked down to. Psychologists and professionals are aloof, they… they feel judged and so we've got to, to do something about that. We've got to be able to go in and sit down and talk to families where they feel comfortable and that they can actually talk to us, they don't feel judged. That's probably the biggest obstacle that we face as professionals working with our clients." - Paul, M, 13*

Another participant thought that other stereotypes about the people that work in the field of harmful sexual behaviour would be an important factor in the ability of families to trust prevention services.

> *"There are many unhelpful stereotypes about the people who do this kind of work... seen as wishy-washy tree huggers, useless interfering." - Millie, F, 30*

Even if you were able to reach families, one participant spoke about the difficulty of relying on families to be able to attend services and gain the necessary confidence and skills to discuss these topics. They thought that some parents would struggle to understand or implement this new knowledge and skills.

> *"Yeah I mean not everyone is gonna be able to necessarily have these conversations in their family … it's not necessarily people that have a really harmful attitude but they don't necessarily know how to communicate around this topic. It is a really specialist area to talk about…we can't just*

assume that parents are equipped to talk about this stuff as well." - Frances, F, 5

4.3.4 Lack of understanding of biculturalism

Many participants spoke about how the lack of understanding of biculturalism amongst society and professionals remains a significant barrier to delivering effective prevention approaches. Most participants spoke about how the history of colonisation in New Zealand is a very significant factor to be considered in the design and delivery of prevention interventions. The effect of colonisation on the prevalence of harmful sexual behaviour in Māori communities cannot be minimised or ignored.

> *"I don't think you can talk about sexual violence without talking about colonisation" - Millie, F, 30*

One participant spoke about their experience of a lack of understanding and cultural competency amongst some organisations in New Zealand.

> *"The therapist who came from [organisation], there was a very common word in Māori and she didn't know it and so that area, that's something for regardless of what agency that we work at I think in this area we have to be able to do better." - Millie, F, 30*

Participants spoke about how a comprehensive understanding of the effects of colonisation and racism and their contribution to the socio-economic and related health and wellbeing statistical disparities is very important. It is important not only to be respectful of the bicultural context of New Zealand created through the Treaty of Waitangi, but more importantly because colonisation is a vital factor to understanding how we have arrived at the creation and maintenance of high harmful sexual behaviour rates in Māori families and communities. This understanding of colonisation and the Treaty of Waitangi will inform how a strategy works with Māori families and communities.

> *"It's challenging because I think the ideas are very different, and I know that a lot of Māori practitioners believe in addressing colonisation really as one of the first things you look at." - Frances, F, 5*

If a prevention approach does not adequately address these differences in knowledge or awareness it will not successfully address the ongoing effects of colonisation, nor be successful at connecting with Māori whānau. Participants spoke about how non-Māori practitioners need to reflect on their practice and adjust how they work with families who are Māori. Acknowledging their limited ability to fully understand a Māori worldview was also important. The emphasis of this account was that true collaboration involved a flexibility and willingness to work differently or change their approach.

> *"So I think because of colonisation and sometimes an understandable distrust in agencies, that actually then as a therapist, a non- Māori therapist practitioner, whatever we are, we actually need to be working in some different ways." - Millie, F, 30*

One participant highlighted a few things that practitioners could do to be more culturally aware in working with Māori families, such as understanding the Māori worldview of whānau and in particular how this is different from a pakeha worldview of the nuclear family. Overall they emphasised how an awareness of racism and colonisation is fundamental.

> *"So when I think of working with Māori in particular I don't just think whether it's karakia, or use of Te Reo, or use of pronunciation, or location, or support people, although of course it is all of those things, I also think of it in terms of what some of the ongoing impacts of colonisation or racism are." - Millie, F, 30*

4.3.5 Current state of research

One of the most significant barriers that participants identified is the paucity of research in the area of targeted prevention. This creates difficulty in establishing what risk factors are most relevant and preventable. They emphasised how the pathways to the onset of harmful sexual behaviour are

varied and different for most of the people they have worked with. They described many risk factors at all ecological levels that they noticed throughout their work in the field, such as family and institutional structures, prior victimisation, sexual deviancy, social isolation, prior trauma such as domestic violence, poor parenting, socio-economic factors, pornography, and offending history.

> *"Well, I guess that's tricky because when you say targeting 'at-risk populations' there's the good old field kind of knowledge or story at least that there isn't, you know there isn't an identified population because if you have an organisation running for long enough and if you're open enough to various cultures and all of that, then sooner or later your accumulation of clients will reflect your population make up." - Brian, M, 16*

Almost all of the participants spoke about the importance of an individual's ecological environment in the onset of their harmful sexual behaviour. Interviewees spoke about how the current state of research created difficulty in knowing how to advance a common prevention strategy because the risk factors were so interrelated with other societal problems and research was very limited in this area. It was also difficult to obtain and maintain adequate resourcing because of a government emphasis on being able to show the effectiveness of interventions. They highlighted how it is very difficult to measure success in terms of preventing harmful sexual behaviour, particularly with societal or community level interventions. This often means that programmes that can be easily measured such as tertiary interventions, which have specific and more easily identifiable success rates get the most attention. In practice this can mean that attention and funding is given to programmes that have a good impact on individuals or families but do not prevent harmful sexual behaviour on a bigger scale.

> *"Are we going to do something because we know that it has from everything that we can sort of gather, that it is likely to be able to have a positive impact on people and accept that probably we can't measure that very well." - Brian, M, 16*

It is also difficult for interventions to be evidence-based at this stage, which means interventions often rely on being evidence-informed. Unfortunately this means that sometimes interventions are found to be not effective at reaching some populations.

> *"I think that we are running the mates and dates programme which when the first evaluation was done on that programme it came out that it wasn't effective with Māori and Pasifika students, that Māori and Pasifika students didn't find it very effective." - Frances, F, 5*

4.3.6 Siloed approach

One of the common barriers participants spoke about was the siloed nature of some of the work that happens in the harmful sexual behaviour field. One participant thought that the organisations working with victims and perpetrators needed to work more closely together, and more closely with the community.

> *"One of the things that I think needs to happen is that there needs to be much closer working together between the harmful sexual behaviour sector and the survivor sector for a start… potentially I think the harmful sexual behaviour sector can sit in a bubble sometimes aye. And yes deal with this school or deal with probation or deal with [Organisation] but actually where is the connection into the community." - Millie, F, 30*

4.3.7 Prioritisation

A significant barrier that many participants brought up was the lack of prioritisation of harmful sexual behaviour as an issue. Without the necessary funding and prioritisation by government and funding bodies then a comprehensive approach will not be developed nor have the resourcing necessary for implementation. Approaches will continue to be reactive after harm has been perpetrated and will not shift to a preventative focus.

> *"I think a lot needs to happen in terms of the government funding that goes towards it and prioritisation." - Frances, F, 5*

Participants spoke about the constant struggle for harmful sexual behaviour to be addressed, even in reports and strategies targeting harm in families. They spoke about the role that people in the field are forced to take on in advocating for a prioritisation of this issue and for it to be mentioned in reports, discussed, and considered and addressed in government policy. The effort needed to make this issue visible and ensuring it is addressed is a significant barrier. One participant thought it was important that the harmful sexual behaviour field does not get subsumed into an over-arching agency because they feared this would result in a continuing silence and invisibility of harmful sexual behaviour.

> *"This is why we have to be separate because we don't get included in anything but actually that's a barrier, we need to just be included in things and specifically mentioned. So the White Paper on Child Abuse in New Zealand, apparently I was told by someone who read it, actually mentioned sexual abuse twice and once was as a stat, the whole of the White Paper in terms of children and abuse in New Zealand in this country… twice. So that's a barrier." - Millie, F, 30*

They went on to explain how currently in many resources that are created, harmful sexual behaviour is not included. It is vital that people, who are part of human services organisations, or in education, have access to accurate resources that can educate them about harmful sexual behaviour.

> *"My manager was showing me a really good resource that the health people have come up with at work, a really awesome resource and so the first thing I was doing was looking to see where sexual stuff was mentioned anywhere and no!" - Millie, F, 30*

It is not only at a government and policy level that prioritisation is an issue. One participant pointed to the competition that existed for attention and time in many organisations and businesses. They explained that organisations and businesses give more priority to training focused on core-business and trainings that are more likely to increase business profits.

"Sexual violence and sexual harassment absolutely has to be a priority for the organisations to address but I can understand why it's competing with other things, or with, particularly with the professional development, it's not necessarily seen as something that is directly going to benefit that business." - Frances, F, 5

4.3.8 Resourcing necessary

A significant barrier that most participants spoke about was the lack of resourcing. This affected the prevention of harmful sexual behaviour in various ways. Firstly, it means that organisations were often focused on their core business rather than being able to focus on development and collaboration with the sector to create more comprehensive strategies. Secondly, it puts pressure on current services to deliver their core business, which gives them less flexibility to focus on developing new interventions.

"Yeah I think so, there could be a lot more money put in really because I think it does come down to money. For example we could run a lot of different groups if we had more staff but we've got you know we do have waiting lists for people to do treatment and we can only do certain kinds of treatment. We can't just do whatever we like, it takes time to set up groups so like I say we just recently ran a group, the first group we have run in the Department actually for deniers." - Paul, M, 13

Thirdly, participants spoke about how resources are generally concentrated on tertiary interventions and criminal justice responses to harmful sexual behaviour. Tertiary interventions are more resource-intensive and this prohibits resources being able to be shifted to other areas of the prevention spectrum. Tertiary interventions are also easier to justify compared with primary and secondary interventions because establishing evidence of effectiveness is a lot more challenging due to the difficulties of measuring the impact of interventions at a societal level.

"It's a criminal justice issue and quite rightly I can see why it's a criminal justice issue but that's only once offending has happened it's a criminal

justice issue and that's where we put all our efforts, over here in the criminal justice side of things but there's the whole public health issue side which we could address and hasn't been addressed" - Paul, M, 13

One participant's view was that it generally takes too long for interventions to be implemented and intervene in the development of harmful sexual behaviour.

"Yes, because all of the resourcing is in prison whereas WellStop [a community-based programme] is nowhere near as resourced as Kia Marama [a prison-based programme], for example… We wait till it's really bad to work with these people I think" - Nancy, F, 12

Another resourcing barrier that one participant spoke about was the necessity to consider how prevention interventions at a societal or community level will have a flow-on effect to the resourcing required by community organisations. They emphasised how it would be necessary for community-based organisations in the area to be adequately resourced for the likely influx that will occur with an increased visibility and understanding of harmful sexual behaviour.

"The knock-on effect of that is that the community-based teams don't have the resources to meet the need for a prevention programme." - Margaret, F, 21

One participant had a different perspective on resourcing and funding and said that it is starting to increase and regardless this should not stop people and organisations moving forward in the prevention space.

"Yeah of course resources is always going to be an issue but I have grown very tired of hearing that in my life. And so now I just figure I know there's been lots of points in my working life in relation to prevention where I haven't done things or haven't tried things or haven't mentioned things because there is no money, no money and you know I've spoke on a select committees in front of funding boards et cetera et cetera and now I think I just think well where there's a will, there's a way" - Millie, F, 30

4.3.9 Over-reliance on victim protectiveness strategies

Participants also spoke about the difficulty they had historically with prevention efforts focusing on the victims of harm. They outlined how most strategies focus on increasing the safety of potential victims and making sure their parents and caregivers are being protective of them. Strategies included teaching potential victims about how to know what is appropriate, what to do if they feel unsafe or are being harmed, and what situations to avoid. Participants discussed that whilst the research has generally agreed these interventions are helpful, a question remained over whether prevention efforts should instead be more focused on preventing perpetration.

> *"I know a lot of the strategies that we have for sexual abuse prevention tend to rely on victims keeping themselves safe and I know that's something they do again with children. Keeping ourselves safe and what we have to do but of course those of us who work in the area know that often people that do the sexual abuse are the people that the parents, the family members, the trusted friends and professionals that are around children so, that sort of approach is not complete, it's not enough on its own." - Paul, M, 13*

This is also important because the over-reliance on preventing victimisation means that the 'responsibility' of prevention is disproportionately placed on women when they are the most likely to be victimised. Men, who are responsible for the majority of harm, do not end up with any of the burden of responsibility, nor do they become the target of any interventions to reduce their likelihood of perpetrating sexual harm.

4.4 Opportunities for comprehensive approach

Participants spoke about the opportunities that could form part of a comprehensive strategy. The opportunities spanned across the sector and covered all ecological levels, from societal level initiatives to interventions with individuals and families. Participants emphasised the opportunities to provide education to society and professionals, connected and accessible services at both the national and community level, and to develop and implement bicultural responses. The opportunities that participants spoke about under the comprehensiveness theme are also linked with the realisation of the opportunities for early intervention explored in the next chapter. Creating a receptive societal and community environment through a comprehensive strategy will lay the foundations for early and targeted interventions.

4.4.1 Exploit appetite for change

Participants spoke about how the current societal context and confluence of various social factors were important factors in being able to be successful in implementing a comprehensive approach. Interviewees emphasised that current worldwide events which have resulted in high-profile cases of sexual abuse being talked about in the media were creating an opportunity for wider conversations about harmful sexual behaviour, and the chance to dismantle common misconceptions or misunderstandings.

> *"I think that social media and the fact that these things hit the headlines and they become big and then you know important people, people who are famous are seen as, you know Rolf Harris he's done sexual abuse but he seems like such a nice man and all this and I think that provides education even for those people that think that it doesn't happen. I think there's just such a lot of it going on that it is starting to gather steam, maybe there's a bit of a snowball effect happening in terms of that education, I'd like to think so and bit by bit a larger and larger proportion of communities is realising what's not okay." - Paul, M, 13*

One participant pointed to the growth that their organisations had experienced as a positive sign that there was a momentum for change, and an appetite for more open conversations and visibility to the issue.

> *"So it's now becoming that culture is definitely changing and I think that's a huge part of why [organisation] is growing so rapidly because people are more willing to talk about the stuff openly and people don't want to be the only ones not doing it." - Frances, F, 5*

Another participant spoke about the recent increase in attention and funding from some government agencies such as the Accident Compensation Corporation.

> *"ACC are doing more and more work in prevention in this space so it is starting to happen there but in terms of the barriers that you just mention there. So I accept money is there and also what we are seeing is some change in the space anyway where more fundraising is starting to happen with sexual violence prevention as a goal or whatever or as a cause so that's a change." - Millie, F, 30*

The increase in awareness, visibility, and funding may create the ability for the realisation of the opportunities that participants outlined, which are detailed below.

4.4.2 Universal education and awareness initiatives

Throughout participants' accounts they spoke about the importance of how misunderstanding and misconceptions of harmful sexual behaviour were contributing to the current situation. They expressed how universal education and awareness interventions that targeted the creation of accurate knowledge, beliefs and helpful attitudes, would be a vital component of a comprehensive strategy.

> *"We need to be able to speak out on what actually happens in the research and evidence base, we need to be able to make that more widely understood because we get shouted down by the dramatic stories." - Nancy, F, 12*

They discussed the importance of working towards universal understanding, awareness and skills in the area of harmful sexual behaviour, healthy relationships, and the protection of vulnerable people from becoming victims or perpetrators. Participants thought universal education interventions aimed at the societal level were particularly important because they would have a flow-on effect onto other ecological levels.

> *"I think we can do more to teach about sexual boundaries and that sort of thing. So before we get into the really nitty-gritty how do you help someone who has sexual interest in children… greater education awareness and understanding to people of what sexually harmful behaviour looks like and what the risks can be. I guess we talk about that all the time now, in the media around Harvey Weinstein is a good example of just the way people identifying what is appropriate and what is not appropriate." - Nancy, F, 12*

Other participants elaborated what these universal interventions could look like and how they could effectively reduce the stigma and silence about these issues. They spoke about the need to have a societal intervention that would target social constructions, attitudes and beliefs about perpetrators of harmful sexual behaviour. They highlighted a current media campaign in New Zealand ("It's Not Ok"), which focuses on changing social norms around domestic violence, and an education campaign in Minnesota focused on changing societal attitudes to harmful sexual behaviour.

> *"One universal campaign so like 'It's Not Ok' but not the same, so universal as in messages everywhere and staged and with media support… key messages of all sorts… aimed at all kinds of people and both in terms of, one that they did in Minnesota, they actually had a picture of a man holding a child's hand and the billboard said something like: if you're ever worried about how you're feeling towards children you can call us, or something like that. Now those billboards of course were not met with absolute glee by people but I would love it if New Zealand at least considered having something like that as part of a campaign as well as key messages around that we can, if it is around children, that we can talk to children that we can actually break the stigma, break the silence, it doesn't have to be a dirty or*

taboo subject that we can talk about it in ways that are respectful of culture and respectful of whatever. So universal and I'm thinking when I'm saying universal I'm meaning also including social media etc." - Millie, F, 30

Participants spoke about the need for education to be taken out to the community through workshops and stalls at community events such as weekend markets. She thought that this could begin to make people more confortable with the subject and provide accessibility to information in a non-threatening way. She spoke about how it increases the visibility of the subject and begins a community's journey to 'community-readiness,' where a critical mass of people within a community begin to want to tackle the issue.

"We obviously need to be able to have resources that are accessible for all those people and that's why there needs to be a universal campaign because we can't just wait for people who are motivated and that's why the stall idea I really liked because people could just walk past people could after 10 weeks pick up a pen or a magnet, people could over time have a conversation." - Millie, F, 30

Education and awareness campaigns could create a societal environment where people feel more able to come forward about their own unhealthy thoughts or harmful behaviours. They thought this could work in a similar way to how mental health campaigns have broken down the stigma associated with mental health. They also cited the Dunkelfeld project, which has been effective in Germany in encouraging many people to seek help through a confidential service to address their thoughts or behaviours before harm occurs.

"In this sort of thing there has been broad public health campaigns about reducing stigma of mental health in general in recent years in New Zealand and all kinds of things really have been de-stigmatised but this could be another thing that could potentially just be a bit more information for the public about and not necessarily being somebody's choice to have that interest but if they don't act on it they haven't committed a crime and I think… maybe asking the public to put themselves in the shoes as well if you would actually imagine what a burden that would be to realise that you're like that and realise what society thinks of you. What that would be like and

having this big secret but having nowhere to go to get help, nowhere that you can safely go and talk about it and ask for help." - Suzy, F, 10

Others discussed how the education campaigns could also aim to give people a better understanding about the people who perpetrate harmful sexual behaviours and how society can best work towards preventing these behaviours in the future.

"So prevention strategies around you know bigger wider context around who offends, why do they offend and what's the sort of… you know what I mean, what's the support so that maybe we don't minimise the shame but we recognise that this is a problem that is huge in our society and if you've got it then we need to support you to manage it. You know that it's awful but it happens matter of fact, now how are we going to help you to make sure it doesn't happen again." - Nancy, F, 12

They outlined their thinking about how benefits of universal interventions would have a flow on effect to other aspects of the prevention matrix. For example, a better and more informed public might create a society where harmful sexual behaviour could be identified and responded to by individuals and families more readily because the fear of social stigma and shame did not exist to the same extent that it might do now.

"Unless there was to be that society level change in terms of the stigma, they might feel that they need to keep this person's confidentiality as well and keep it in amongst themselves kind of thing." - Suzy, F, 10

4.4.3 Utilising existing community leaders, institutions and organisations

Participants emphasised that a comprehensive and connected whole-community approach, utilising community leaders and existing organisations within communities is most likely to be effective in designing and delivering national education and awareness initiatives.

"I think it's really important think if you want to change a culture then you need to have a whole community approach to that so I think if you're

looking at a school then you need to have, you do need to have education programmes, you need to have student led initiatives, you need to have advocates within that community at all levels, so students, staff, parents and that the messages need to be reinforced consistently… It can't just be something that happens once a year in health class. It also needs to be reinforced in English class if you're reading a book that touches on these issues, even not, not just harmful sexual behaviour but gender roles and things like that, that those messages are reinforced in the same way. I think it needs to be reinforced on the rugby field and that you need the principal and other key role models also reinforcing these messages as well." - Frances, F, 5

Participants thought it would be most effective to use established trusted relationships within the community to deliver programmes. Leaders within different organisations such as rugby clubs, scouting organisations, and churches could reinforce key messages.

"Familiarity I guess if it was delivered in their school that they know their teachers and that kind of stuff so it's at a localish or you know you're going to hubs of the community that kind of thing. Potentially youth groups and churches and stuff like that you know again you get that kind of familiarity where there is already an established relationship. I guess that's something that's harder to achieve when you've got a particular topic that you want to disseminate but really people are gonna hear it better from people they are already engaged with." - Brian, M, 16

Participants highlighted that using existing structures would also increase the reach of initiatives and be more efficient. They also spoke about the need for community-based organisations to be able to prioritise this work in order for this to be a successful approach. Information would become more available and easily accessible for people within their own communities

"There needs to be resources I mentioned before, that would be short video vignettes or something so again something that is accessible, could you do vignettes, on Instagram, on Facebook on…but through existing parenting

places as well e.g. SKIP, e.g. Plunket, e.g. Paft, all of those places would have all of those resources right through them." - Millie, F, 30

One participant spoke about an example from the United Kingdom of a community-based intervention that heavily relied on people from that particular Somali community. As they outlined, this involvement of leaders from the Somali community was important for two reasons. It meant that the delivery of the intervention itself was supported by Somalians and was more likely to be received well from trusted sources.

"What happened was the Somali community had a person who was interested in the prevention who was then trusted within the Somali community and liaising with the Stop It Now person… so the Stop It Now person did it in conjunction with this person, and this person had done multiple talking consulting etc. within the Somali community. The specific Somali community decided that it would be women who were mothers, would come to a workshop. Then as part of all of that work, a video was done using a young Somali woman who was an actor telling the story of sexual abuse that was real from another young Somali woman. Resources have to be tailored, any universal key messages have to be relevant for different people." - Millie, F, 30

More importantly however, the leaders of that community informed the underlying approach to the intervention so that it was culturally appropriate and effective in its method of intervention. There is a great risk with community-based interventions that they do not effectively target the mechanisms of change for a particular community and thus will not be effective at shifting community attitudes or behaviours.

4.4.4 Incorporate Māori ways of knowing

Participants emphasised the need to respond appropriately to the bicultural context of New Zealand and create approaches and services that adequately meet the cultural needs of Māori. They emphasised the importance of considering the context of harmful sexual behaviour and incorporating systemic

needs, reflecting holistic Māori frameworks of wellbeing. Many participants spoke about the need to incorporate Māori ways of knowing. They spoke about how a Māori worldview could be an advantage when developing strategies that emphasised the importance of wider family systems and the interconnectedness of individuals.

> *"The systems work I think that it is important for everybody but it is obviously vital for Māori and Pacifica families because they I think… for European cultures we might think that we function in isolation even though we actually don't but for those cultures they are very aware that they function as a system and family is very important and so I don't think we can ignore that." - Alana, F, 8*

Another participant spoke about how Māori intuitively have a holistic view of the way things connect. They said that in their experience Māori already understand a holistic prevention approach without a Western psychological framework being needed.

> *"In my experience some people get this matrix idea, they already have it, they haven't had to be taught it and the most common groupings of people I've come across who have got it already without any without using that language is a lot of Māori people." - Millie, F, 30*

They thought that a prevention strategy that was cross-sectoral and operated at all different ecological levels was more aligned with a Māori approach

> *"Why she liked the matrix approach in conjunction with an approach of collective impact is that it was more in-line with Māori, the Māori worldview in terms of prevention." - Millie, F, 30*

Another aspect they highlighted in a Māori approach to interventions in the harmful sexual behaviour area would naturally be more restorative in its approach because of the way they view collective belonging. This could have a positive impact on family-based interventions when harm had occurred within a family.

> *"There is a greater willingness or a more readiness I think to go to the person who did the harm and that they're a part of us as well as the person*

who was harmed…there is a more natural going there because they're thinking of the all." - Millie, F, 30

A few participants spoke about the different efforts that are being made to develop bicultural models of prevention interventions, including having more Māori delivering prevention programmes. There are some current examples that exist that could be expanded further.

"We're just in early, very early discussions with [organisation name], which is the Māori treatment provider for victims of sexual abuse here in [city]. They have a project running Marae-based projects across the [area] so they've identified I think six Marae they are going to go to and have asked us whether our education prevention coordinator would be able to go alongside them. So I think having it Marae-based, having a prevention strategy that is Marae-based would be really useful." - Margaret, F, 21

4.4.5 Addressing related socio-cultural factors

Addressing related socio-cultural factors could contribute to significantly reducing the prevalence of harmful sexual behaviour. Participants acknowledged the multifactorial nature of the causation of harmful sexual behaviour, framing it as a symptom of a combination of factors in an individual's environmental system.

"We should consider harmful sexual behaviour from the perspective of it being a symptom rather than necessarily being the target behaviour." - Brian, M, 16

Almost all of the participants reflected on the need for a comprehensive prevention strategy to address the contributing factors that exist in different communities, such as poverty and other socio-cultural factors.

"That was kind of a useful way for me to think about the broader context of harmful sexual behaviour and yes it is a target but considering in which way it can be a symptom is worth, when you are thinking about populations of people [who are at-risk], it's worth doing that I think" - Brian, M, 16

One participant discussed how a connected network of community services could improve how families that are affected by harmful sexual behaviour can receive the necessary interventions that address risk factors and increase protective factors throughout the whole family system. Collaboration ensures that family systems receive the right level of support and they do not 'fall through the cracks.'

> *"Even though you might be directly working with this person, there's other people that are probably struggling too and maybe being able to link them up with their own supports, so working really collaboratively with other agencies in the community, and having really good relationships so that if people need additional support you're not just closing the door and saying we are not here to deal with that." - Alana, F, 8*

4.4.6 Training human service professionals

Throughout most participants' accounts they asserted that many professionals who work with people across all human services lack the skills and knowledge to be able to approach these issues with families or know how to deal with them appropriately. One participant thought that educating these professionals was a critical opportunity.

> *"What she said to me is that anyone else she talked to couldn't give her it, so she had gone to other agencies, she talked to her counsellor in private practice who was an ACC counsellor, she talked to family, no the family wouldn't talk to her, she talked to friends, she talked to someone at work, no one could tell her anything." - Millie, F, 30*

Another participant thought it was important that those working with young children should be educated in how to respond to behaviours at kindergartens and early childhood centres. She thought that many children were exposed to inappropriate behaviours that were not adequately responded to by professionals at the time.

> *"I think probably having as a preventative measure having really well-trained kindergarten teachers, early childhood teachers. I don't know*

whether it's part of their training at uni but I doubt… we aren't invited into the universities to talk with students about when you… when you graduate from this in your early childhood teaching or when you're on placement this is what you might be faced with and this is how you might manage it in the moment. Because parents aren't with their children all the time but both the parents and the care providers need to be able to give in the moment direction without shaming or shutting a child down." - Margaret, F, 21

Another interviewee discussed the need for human service professionals to be educated about the fundamentals of risk for harmful sexual behaviour so that they could be in a position to educate families they work with.

"Education of the key people who routinely are involved in a family's life, teachers, GPs, nurses, social workers, all of those people, to understand like what I do with 'Child Matters' - the basics of what risk looks like and the realities of the risk, again not the stranger danger, but the reality of what risk looks like." - Nancy, F, 12

4.4.7 Develop voluntary self-referral service

Most participants spoke about the opportunity to develop a service that people could voluntarily access for help and collaboratively work towards staying safe with their own inappropriate or harmful thoughts or behaviours before any harm occurred.

"They could perhaps provide a broader range of services, they could be doing some work with people who identify having sexual thoughts about children, if we're talking about child sexual offending, and wanting some assistance. At the moment there's really not much for people like that." - Paul, M, 13

Many participants discussed the significant benefits of a self-identification or self-referral service being that it could reach many people who perpetrate harm that are difficult to identify through any other process. Many perpetrators of harm often have various factors that contribute to their risk which are not evident to those around them. The processes are largely internal and private,

which prevents people in their systems recognising the signs and supporting them to access help.

> *"I think having a, having a process where people can identify themselves as needing help and because it's not something that, it's not something that people are going to openly talking about. It's gonna be going on in their own heads, so I think for I guess it will be harder for sort of third parties to identify people even though that can still happen, but I think there would need to be an avenue for people to say I think I'm a risk or I know I'm at risk. For people to come forward to access help that way." - Alana, F, 8*

One participant had noticed a significant increase recently in people self-identifying their need for help and support. This may indicate a shift in the willingness of men generally to seek help with their thoughts or behaviours.

> *"Anecdotally Police, victim support, some survivor agencies say that in the last about five years we first noticed it was that so far it's been men, don't know why it couldn't be women, becoming concerned about their own behaviour. So if men are that concerned that they are going to Police or survivor agencies that speaks to me, either a desperateness, it has to be pretty bad, or an absolute wanting to change and not being able to find help given that none of those places are the place to get help." - Millie, F, 30*

Another participant highlighted that currently in New Zealand there are very limited services available outside of normal business hours for people to seek help. Being able to access confidential advice at a time convenient and safe for people is an important service that could be provided.

> *"It was so obvious to me, but not until I went back to Help in the most recent time, is that say an adult is concerned about their thoughts or feelings or behaviour in New Zealand, they couldn't ring Wellstop or Stop or whatever because there is no after-hours number… adults who are wanting to do something. Where do they go? After hours. So I think that there is a gap in that space." - Millie, F, 30*

4.5 Conclusion

Participants were asked what needed to happen for a prevention approach to be successful at reducing the prevalence of harmful sexual behaviour in New Zealand. In their responses participants discussed the need for a comprehensive approach. This involved a cross-sectoral, mutli-ecological level, bicultural approach that was connected, evidence-based, localised, wide-ranging, and person-centred. They outlined the various barriers that need to be overcome and highlighted numerous opportunities to achieve this. Participants spoke about how the realisation of a comprehensive approach will allow for early intervention approaches to be more realistically achievable. Early intervention approaches are explored in the next chapter.

5. Results – Early Intervention

5.1 Introduction

The second theme evident throughout participants' account was that of early intervention. This theme covered a number of subthemes, which are explored below. In some ways the theme of early intervention is implicit in the subject material of the interviews, being about prevention. Prevention by its very nature is early in that it intervenes before the arrival of something, in this case harmful sexual behaviour. However, participants emphasised various important aspects of early intervention that are worth exploring.

5.2 What the participants said

Participants spoke about intervention needing to be early in life for those at risk, early in the formation of knowledge and attitudes, early in the sequential factors that contribute to harmful sexual behaviour, and early in terms of putting systems in place to detect the associated risk factors for harmful sexual behaviour. Participants explored the opportunities for early intervention and the associated barriers to these approaches.

5.2.1 Targeting early learning

One of the most significant subthemes of early intervention that was present in all participants' accounts was the focus on intervening early in a child's life during their formational education around sexual behaviour, relationships, gender constructions, and consensual behaviour. Participants explored how prevention interventions could work universally to ensure adequate knowledge, and healthier and safer attitudes.

> *"The thing that strikes me is that still so many people have the idea that they would talk to children at a particular age i.e. like 12, rather than this idea of there being natural and healthy spontaneous conversations from birth right through." - Millie, F, 30*

5.2.2 Targeting risk factors early

The second significant subtheme of early intervention was about targeting the presence of risk factors in someone's life. Participants emphasised the necessity to create interventions that would adequately address the combination of known risk factors for the onset of harmful sexual behaviour. This subtheme mainly focused on developmental prevention approaches.

> *"That kind of point that because we're in this field that this is the target behaviour or whatever, but switching the angle and considering it as a symptom I think is useful from time to time to consider what's… how come this person's displaying this kind of behaviour?" - Brian, M, 16*

5.2.3 Intervening in the proximal factors leading to harm

Another subtheme prevalent in most participants' accounts was that of intervening early in the formation of the preconditions for harmful sexual behaviour. Participants spoke about the need to provide access to support for those that either self-identify their risk, or who are identified as requiring intervention by someone in their system. This focused more on the proximal causes of harmful sexual behaviour and intervening at this stage.

> *"So if we were able to do more at the point where someone was thinking about it before they'd actually acted on it, I think that would be in the long-term, would have much better outcomes for the individual but also preventing there from being further victims which is one of the primary goals." - Alana, F, 8*

5.2.4 Shifting focus of efforts

The last significant subtheme was about shifting the focus of attention of strategies to reduce harmful sexual behaviour before the harm occurs. Participants spoke about how the current focus on tertiary interventions after harm occurs was not the most effective use of resources. They emphasised how

opportunities could be created for early intervention through a reprioritisation of resources.

> *"Funding, I don't know you'd have to get someone who is politically savvy to put a proposal forward but I mean they pour quite a lot of money into keeping people incarcerated or on probation and then funding treatment, sort of ambulance at the bottom of the cliff kind of thing so I think some of that funding could be redirected to trying to prevent it from getting that far which would make more sense." - Alana, F, 8*

5.3 Barriers to Early Intervention

Participants identified various barriers to implementing an early intervention approach, which are explored below.

5.3.1 Silence and taboo

One of the most significant barriers that all participants spoke about was the silence about sex and sexual behaviour, and the taboo that existed around this topic. They saw the silence contributing to a general societal context that made it difficult for early interventions to be effective in raising awareness and increasing knowledge amongst families and communities. They also saw it as having a direct impact on the ability of young people to protect themselves or react early in situations where they were victimised or witnessed the victimisation of others.

> *"Yeah, okay most important risk factors … I would say one of the risk factors is the not talking about it, so that…when I say not talking about it I think not talking about sexual development, sexual health as well as talking about specifically safety so that if people, adults included, can't talk to their children about things like sexual development or sexual health then actually that arguably is making it harder for if that child either has something bad happen to them, sees something, hears something et cetera to then be able to talk, so there's that whole dimension if you like." - Millie, F, 30*

Participants said that another consequence of sex and sexuality not being discussed in families is that young people seek information and knowledge from other sources. Young people rely on inappropriate sources and form inaccurate ideas about sex and relationships. This results in young people being at higher risk of perpetrating harmful sexual behaviours through misunderstanding.

> *"Sex not being discussed in the families and boys not knowing anything about sex and hearing things at school from other boys, typically it was boys around 14, they just reached puberty, they're getting interested in girls and their parents wouldn't talk about it, it wasn't discussed at home…often these are socially isolated boys, they'd hear other boys talking about sexual stuff, they'd be interested in girls but they wouldn't know how to interact with them, they'd go online to try and find out about sex, they'd see a whole lot of inappropriate sexual stuff: pornography, adult stuff that they really don't understand is not real life. Its fantasy, male fantasy." - Paul, M, 13*

Participants spoke about some common myths that maintain the silence on these issues and continue to prevent parents and caregivers discussing these issues with their children. One participant highlighted the significant prevalence of the belief that talking about these issues with children will mean they lose their innocence or that these conversations will sexualise them too early.

> *"Some of the narratives for adults and children I think are just so strong that you don't talk about this stuff to children because they lose their innocence or they will talk about it to other kids at schools and they would tell the parents and that parents blah blah blah on and on." - Millie, F, 30*

They went on to explain how this means that children and young people do not have the required knowledge to understand what appropriate behaviours are. Some younger children do not understand until later in life that the behaviours that someone was doing to them were not healthy or acceptable until they develop their knowledge. This means that the trauma can often have a more negative effect on them because the behaviours continue for longer than they otherwise would have. The other flow-on effect of children not disclosing their victimisation immediately is that perpetrators are not identified early, which can lead to further perpetration of harm, more victims, and more extreme harmful

sexual behaviours. It can also result in reactive sexual behaviours from those who have been victimised and have not received appropriate support when they were harmed.

> *"I guess we are aware of risk factors, we are aware of the sorts of influences on particularly young people that are there, particularly the Internet, but we still don't say much. We don't really do much as far as I know about introducing young people to sex in sex education. It tends to be more around the biology, it tends to be more around preventing sexually transmitted infections or preventing pregnancy, rather than around relationships and what sex is about apart from just procreation." - Paul, M, 13*

One participant thought that another result of misinformation and the taboo about sex meant that many parents would be resistant to education programmes in schools. They suggested that the government needed to overrule parents' objections to these programmes because of the scale and urgency of this issue in our society, likening it to blood transfusions to prevent death.

> *"I think it's an education thing where to some degree the state has to overrule that, to overrule parents, you know you get parents that say I don't agree with blood transfusions and so they would rather let their kid die or let God decide whether their child lives or dies than give them a blood transfusion. You will get people that have similar ideas around, a lot more people I imagine would be resistant to ideas around some of these healthy relationship ideas. They would see it as encouraging young people to have sex." - Paul, M, 13*

5.3.2 Lack of knowledge of normal sexual behaviour

Participants spoke about how the lack of education and information about normal sexual development meant many do not understand the normal development and expression of sexual behaviour in children and young people. This often leads to parents, caregivers or whānau under or over-reacting to sexual behaviours. At its worst this causes children to be labelled as paedophiles when they are exhibiting developmentally appropriate exploratory sexual behaviours.

> *"We have such strong views about the people that do it [harmful sexual behaviour], you know I can remember working at [organisation] with children there who were curious, I think, had done something to try it and learn, and then it would be talked about as a paedophile. You know the language, the whole understanding. There's very little understanding." - Paul, M, 13*

These incorrect characterisations of children's sexual behaviour often mean that these children can be unnecessarily shamed about developmentally normal sexual behaviours. At the opposite end of the response spectrum, the harmful sexual behaviours that some young people perpetrate are ignored or not responded to adequately.

> *"The number of times I have heard from refuge women where the children have been acting out sexually and that has just been ignored. Not just by the family but by the refuge workers." - Millie, F, 30*

Predominant discourses that inappropriate sexual behaviour is "just boys being boys" means that harmful sexual behaviour, or the antecedents of it, are ignored and not responded to appropriately. On an individual scale this means that an individual may go on to perpetrate significant harm to someone because they do not have the awareness about their behaviour. On a wider scale this means that a large number of children are not receiving corrective information or responses from adults early in their lives. The high prevalence of this unawareness contributes to a normalisation or acceptance of harmful sexual behaviours.

> *"Before they had that information they were going 'oh well boys will be boys', 'oh well he's acting out stuff', 'oh well…' instead of 'we need to be talking about this' and responding to this boy. So that's what I mean, it is because we all see different things and then also some of us don't know what it is that we are seeing." - Millie, F, 30*

5.3.3 Stigma and Demonisation

Participants' perspectives about stigma have been outlined in depth in the 'comprehensiveness' chapter. However, stigma operates in a particular way with

families by discouraging them from accessing and engaging with services. Participants' thoughts about this barrier are explored below.

> *"Society wide factors to families engaging in services. One would be people's lives and busyness. One would be still the stigma and shame around this issue." - Millie, F, 30*

Participants spoke about stigma operating at a family level by preventing families discussing the topic, maintaining inaccurate conceptualisations of risk, preventing families from acknowledging the issue within their family, preventing them from seeking help, and preventing individuals from being transparent about their own current or past behaviours. They thought that these processes would impact on the widespread uptake and embracing of prevention interventions.

Participants explained how the silence about harmful sexual behaviour occurring in families further perpetuates the inaccurate beliefs about its prevalence and who the perpetrators are. It becomes a circular loop reinforcing itself because the stigma and shame prevent families from talking about the harm happening within families, which in turn reduces the amount of conversations that contribute to accurate perceptions of harmful sexual behaviour, which in turn maintains the stigma and shame, informed by inaccurate and misinformed perceptions. A participant spoke about how confronting this issue remains for many, and how difficult it is trying to speak with adults about the issue.

> *"So it's one things to talk about Harvey Weinstein etc., but it's another thing for people to talk about it in their own communities, schools, families" - Millie, F, 30*

The lack of explicit talking about harmful sexual behaviour creates a social isolation for many victims and perpetrators. The experiences are hidden and unknown. Not only does this lead to individual victims' needs not being met, it also decreases the likelihood that perpetrators are identified.

> *"That's part of the trouble is that actually we all know people of course all around us all the time but we don't know that we do and so then a particular kind of isolation or shame or stigma around it and because you*

don't know that we do we don't think that we need to know. So that's why I go back to my very first point around the talking, the actual explicit talking around the subject." - Millie, F, 30

One participant explained how stigma and possible over-reactions from inaccurate perceptions of risk, hinders most men from being transparent in relationships. The common misconception that there is no hope of rehabilitation for perpetrators of harmful sexual behaviour means that most people would struggle to be in relationship with someone who has harmed a child. This often happens when a new partner is brought into a child's life and the history is not known. Stigma stops perpetrators from revealing past behaviours and in turn reduces the attention their partners give to putting protective strategies in place.

"You could have the partner come in and go through the protectiveness programme if you had concerns about the children… I think the first hurdle there is often the guy has to tell his partner that this has happened in his past." - Margaret, F, 21

They emphasised how the opportunity to create more understanding and accurate social constructions of perpetrators of harmful sexual behaviour could have a significant impact on men's engagement with treatment services. It could help individuals self-identify their risk in a safer way that does not lead to rejection in relationships and social isolation, a factor known to increase the risk that individuals will seek their needs in inappropriate ways. It could also reduce an over-reliance on victims to identify perpetrators.

5.3.4 Hesitancy to stigmatise individuals or families

Participants thought that targeted interventions could have some unintended consequences for families that participate. The research concluding that there is an increased risk within families where harm has already occurred could be misunderstood or misinterpreted. Nuanced understandings of the research are not likely to be widespread, especially when media enjoy making sensational headlines that are inaccurate, limited or over-generalised. Due to the potential for societal misunderstandings about research or the rationale behind

targeted approaches, families might be subjected to incorrect judgements or assumptions.

> *"Other people finding out, oh they have done sexual offending, both those boys are getting treatment whereas one of them has done it and the other one hasn't and then just spreading the… could end up being ostracised by kids at school" - Paul, M, 13*

One participant thought it would be difficult for families to explain the nuances of the intervention strategies to people in their community.

> *"…trying to get the message across 'oh no they haven't done anything, they are just getting intervention in case they might.'" - Paul, M, 13*

The effects of societal misunderstanding could end up having detrimental effects for the young people involved in a preventative intervention. For example identifying them as someone with an increased risk could actually have the effect of increasing their risk due to social isolation. This could nullify any protective interventions and actually increase risk factors.

> *"All of a sudden they are identified as a higher risk than other kids in the class. They haven't done anything but in this classroom of 30 kids… it gets known to parents that little Johnny over there, he's going to Wellstop because his brother did some sexual offending. Okay we won't invite him for a sleepover then. All of a sudden you know we are pushing you in the direction of isolated, affecting their social skills." - Paul, M, 13*

Participants emphasised that this was an important consideration in designing interventions and that they needed to be targeted at whole families and be primarily strengths-based, increasing protective factors and framed as "healthy relationships and sex and ethics."

They said that early identification of people to target could result in the perpetuation of incorrect perceptions of people within society. Existing structures of racism and inequality could be exacerbated from the incorrect assumptions made.

> *"People can take statistics in all different ways, and you hope assumptions aren't made about particular groups or at risk groups." - Frances, F, 5*

One participant emphasised that this is a particularly pertinent point as the state of this research is still in its infancy. It is important not to lose sight of the potential for this research to be incorrect or limited in some way that has not been considered. He thought our history of psychological research should cause us to be cautious.

> *"…as soon as you say start saying anybody else in the family is a higher risk now. So that research in itself is kind of dangerous if there is some sort of effect that wasn't thought of and its' 'oh no!'. Because we've had that before in research when something gets identified as you know nothing works and it turns out oh no it's just because it wasn't delivered very well." - Paul, M, 13*

The limited research that does exist that identifies people who may be more at risk of perpetrating harmful sexual behaviour could easily be misinterpreted at a societal level. The existing misunderstandings and misinformation about harmful sexual behaviours mean that the risk of research being misinterpreted is very high. The ability for people to understand the research would rely on them being able to understand the complexity of how these figures and risk liabilities are calculated. As one participant said, an increased risk may be significant but ultimately the absolute risk of that behaviour happening for an identified individual or family is still very low. One participant emphasised the need to be cautious about how research could be misinterpreted in the release of information publically.

> *"I think as soon as you start singling people out as potential anything you don't want anyone else to know about it because as soon as other people do you've got the whole thing of that misinformation, how can you get the really good message across is to…they're not offenders, it is potential, they'd have to understand the research, they'd have to understand so much and we know the general population can't understand very much at all, you can't get basic messages across to people and that would be complex to try get that message across." - Paul, M, 13*

The flow on effects of a lack of ability to accurately interpret and understand research means that there could be significant negative consequences for families or individuals. The identification of individuals as being at risk could

cause significant stigma and shame within families and communities. The fear of this happening would prevent families from self-identifying and accessing prevention services, or would influence their reaction to being identified and invited to attend prevention programmes.

One risk of creating preventative interventions based on the current research is that the interventions may become self-fulfilling prophecies. A participant spoke about how some research is currently misinterpreted by some of their clients. Some individuals may see this research and interpret it to mean that they have no agency over their behaviour and that their genetics mean that perpetrating harmful sexual behaviour is a given.

> *"I had a client come in and he self-identified as a paedophile after looking up the DSM and sent to me some articles about left-handedness being related to paedophilia. He said I am left-handed and this is, this is me. I thought that was pretty unhelpful, so I think the explanations that involve genetics are ones that I give a little flag around like 'oh really I see it more as a behaviour that you are responsible for.'" - Brian, M, 16*

Another participant also highlighted a potential consequence of a situation where a teenager misinterprets the attention a sibling perpetrator is getting and emulates their behaviour to get the same attention.

> *"You'd have to be really careful that they didn't somehow get treated as potential offenders for something that they have not actually even contemplated. You know I mean you could end up with some sort of self-fulfilling prophecy if you weren't careful. All of a sudden you open them up to ideas they haven't even considered and you give a lot of attention to it and all of a sudden you're getting attention for being potential offenders. And they saw the attention the sibling got and you know in certain families where they're lonely and isolated and not getting much attention anyway, they might think my 'God this sexual offending's good.'" - Paul, M, 13*

5.3.5 Statutory and Legal Environment

Participants spoke about how the current legal process results in low reporting rates and consequently individuals who have perpetrated harmful sexual behaviours are not identified early in their harming of others. One participant highlighted how the current adversarial legal system is very difficult for victims of harm, which may be a contributing factor to low reporting rates of being victimised.

> *"With the legal process at the moment, we've got this process where a victim and offender face off against each other and it's very, very difficult for people. And this is for child sexual offending, adult sexual offending, it's a very combative process and there are places overseas where they take more of a discovery process where they're not required to sort of face off against each other in court so I think there is a lot that can be done to encourage victims to feel more comfortable about coming forward." - Paul, M, 13*

Resultantly, individuals who may have been prevented from further harmful sexual behaviour, or from concerning behaviours escalating into more serious or harmful behaviours, are not intervened with early. Participants thought the creation of a better system that allows for people to identify perpetrators of harm in a less confrontational and re-traumatising system would help. The current legal remedies for sexual crime also means perpetrators are heavily invested in pleading not guilty, or attempting to use the legal process to escape conviction.

> *"A lot of people would rather live with their abuse because obviously taking someone to Court doesn't get rid of the fact that you've been abused anyway so the secondary abuse that people talk about in terms of taking someone…going through the legal process is a barrier to identifying people." - Paul, M, 13*

5.3.6 Myths about victimisation and other misunderstandings

Participants discussed how myths about victimisation are also barriers to early intervention. They highlighted that a common myth prevalent among many

families is that their children would always tell them if they have experienced sexual harm.

> *"Another would be 'doesn't happen in my family', therefore no need to talk. … I've heard it so often, nothing has happened to my child because if it has my child would have told me. I have heard that almost 100% from people I've worked with." - Millie, F, 30*

One participant explained how this is based on a general misunderstanding of the dynamics present in child victimisation from harmful sexual behaviour. Parents believe that because they have close relationships with their children, their children would be able to tell them if they have been harmed. Unfortunately, many parents do not have accurate information or beliefs about how victimisation can affect a child's ability to do this.

> *"They believe that it is a fact that their child, nothing has happened because their child would have told them. Missing of course that their child tried or the very good reasons why children might not have been able to tell. Again we go back to misinformation a lot of the time, everywhere we go in this." - Millie, F, 30*

Another participant spoke about how these misconstructions and fear can also result in families not believing their children when they disclose they have been victimised. This can prevent early identification and intervention with perpetrators before they go on to commit further harm.

> *"They believed their teenage son over their young daughter even when she disclosed initially." - Frances, F, 5*

5.3.7 Ethical issues of targeting at-risk populations

There were various ethical issues that participants spoke about throughout their interviews. Ultimately participants questioned whether the current research is enough to justify a targeted approach to be taken with families who have identified offenders or victims within their families.

> *"I don't know. I think you just gotta be so careful, I want to see, I'd want to see a bigger study." - Paul, M, 13*

One participant emphasised the importance of not doing any harm, and was worried that a targeted approach, if implemented prematurely, could do harm to families and individuals.

> *"I just wouldn't want to be assuming that someone was at risk and making them go through a program or an intervention if actually we didn't have really good evidence that they were vulnerable or at risk. I would just wonder about whether that could potentially be harmful." - Alana, F, 8*

Further research is needed before adopting an approach that creates potentially inaccurate assumptions about someone's risk based on factors that are largely outside of their control.

> *"I guess it couldn't be a blanket rule that we're gonna target everybody that's related to someone that has engaged in harmful sexual behaviour unless we absolutely knew that it wouldn't do any harm." - Alana, F, 8*

Participants also questioned whether it would be the right approach to target these families even if the current research was accepted as accurate and true. One participant spoke about the difference between elevated risk and the actual likelihood of offending, highlighting how the base rate of actual offending is very low in both the general population and the identified 'at-risk' population in the Långström study.

> *"It would be interesting to know if there is an elevated risk among first-degree relatives, still what is the likelihood? It might be slightly elevated but more likely than not is probably that they're not going to, they don't pose any risk, if you know what I mean? If you took that as an indicator probably false positives would be extremely high." - Suzy, F, 10*

They explained how the existence of false positives is a problem for any model that attempts to identify 'at-risk' populations. This is because when there is a statistically elevated risk in an identified population, the identified risk profile falsely includes some that do not actually perpetrate harmful sexual behaviour. This would result in some people potentially being targeted by these

interventions that were never going to perpetrate harm. The ethical question then becomes can the intervention be justified and under what parameters?

> *"You can have an elevated, a statistically significant elevated risk, and still get the actual absolute risk very, very low if that makes sense. So maybe if a person, a general person off the street who's maybe… what is their risk of committing a sexual offence anytime in their future, could be 1% maybe. And maybe the siblings and parents and children of people who are known to have committed that kind of behaviour, perhaps their risk could be 2% or 3%, so significantly higher maybe but ultimately that is still a very low number… a significant elevation in risk could still be quite a low risk." - Suzy, F, 10*

One participant highlighted that general psychological research also cautions intervention in many situations, even if someone has been identified as higher risk. The research has shown that in some cases you may actually increase the risk of reoffending.

> *"We tend to take the approach here that is if someone's risk of reoffending is at a certain low level we don't intervene even if they're a perpetrator because bringing them into the system and intervening can actually increase their risk of reoffending so I think you have to be a little bit careful about how you do it." - Paul, M, 13*

Further research would be needed to see if this increase in risk also applies to the onset of offending, rather than the existing research that focuses on reoffending.

5.3.8 Difficulty designing interventions

Many participants spoke about another barrier being the difficulty in deciding what an intervention would involve, even if the research identifying at-risk groups were considered valid and accurate.

> *"I don't know if we have enough research yet to indicate what types of environments are most protective in terms of knowing that there is a risk.*

You know, how would you raise a child knowing that they had that risk?" - Nancy, F, 12

They spoke about the difficulties in establishing what should be targeted in these interventions, especially with young people who have multiple difficulties in various areas.

"We don't know the factors that create the increased risk too, right? We don't know whether that's social skills or emotional regulation or an absent [parent] or you know so then that comes back to how do we protect vulnerable families in general? You're not going to just have this specific little problem with being a sex offender potentially." - Nancy, F, 12

They questioned whether interventions would be able to address the multiple factors that could be contributing to the harmful sexual behaviour. They also highlighted how harmful sexual behaviour can be considered as similar in causation to other types of harmful behaviour.

"How do we intervene with all of those things which all make up a resilient individual who is less likely to do bad stuff of all types?" - Nancy, F, 12

5.3.9 Deviant sexual attraction without awareness

One participant highlighted a very significant barrier in reaching some people. They spoke about how some people are not aware of their deviant sexual attraction to children and therefore cannot refer themselves for prevention interventions.

"A lot of them maybe wouldn't have the self-awareness about the risk beforehand, I don't think this kind of thing will reach them because it's too instantaneous." - Suzy, F, 10

5.3.10 Families failing to understand their role in HSB prevention

Participants spoke about how families will often struggle to see their contributing role in either creating an environment where harmful sexual

behaviour can occur, or failing to protect their child from other environmental influences.

> *"Sometimes the parents certainly have more responsibility, not for the offending per se, but for maybe the environment that the young person was in." - Paul, M, 13*

They often individualise the causation of harm and attribute all of the responsibility for harm occurring to the perpetrator of harm.

> *"The families did not feel, they wanted to drop the young man off, or their young woman off, at the door. 'Can you fix them? The problem lies in him or her and give them back to us when they're fixed.'" - Paul, M, 13*

Families fail to understand that the causation of the harmful behaviour is complex and that families have a role in reducing the risk factors present in a young person's environment.

> *"…not realising that it's the system you know, it's complex, there's things going on in the school, there's social stuff going on, kids feel isolated socially, they see they get ideas about the kids doing stuff that they should be doing." - Paul, M, 13*

Due to these difficulties families are often very closed to any intervention that attempts to change anything in the system that a young person comes from. They do not see the environmental factors that contribute and thus do not see the need to examine anything in their family. This means that perpetrators are often returned back into environments that do not have the necessary protective factors present to reduce the risk of further perpetration.

> *"It is very difficult for them, any of those major changes to be maintained if the person is going back to the same environment where nothing has changed. The other people aren't informed, they don't know kind of what the risk factors are or how they can better support that person. What to look for, whatever. We're almost setting people up to fail if we ignore the wider context." - Alana, F, 8*

5.4 Opportunities for Early Intervention

Participants identified various opportunities for universal and targeted early intervention approaches, which are discussed below.

5.4.1 School-based interventions

All participants discussed targeting young people in schools as one of the most significant opportunities for early prevention. They spoke about how schools provide a great opportunity for various reasons including, the ease of access to young people, structures that already exist to support the delivery, the ability of programmes to reach all young people, an existing relationship with trusted adults, environmental factors that encourage learning and the reception of information, and the support systems necessary to follow-up any disclosures that may arise from any programmes. Schools were also more willing to engage these services in the current societal climate.

> *"I think we could do, we could do a lot more in schools I think to, to look at sexuality, to look at relationships and I think yeah, as a community we could do a lot more to make it okay to talk about stuff to do with sexual issues and relationship issues and kind of normalising that side of things and getting people to be more open about talking about that kind of stuff but also more, better socially equipped I guess. Rather than just, obviously the main point of schools is for the academic side of things, but I think they also have a role to play in terms of preparing young people to be functioning adults and again knowing how to get their needs met." - Alana, F, 8*

Participants emphasised the importance of beginning this education as early as possible because of the high prevalence of both victimisation and perpetration by children.

> *"I think definitely setting up norms early, early intervention in terms of even primary school or high school age children around consent." - Suzy, F, 10*

They spoke about the value of utilising this opportunity because it is so much more difficult to reach adults in general society.

"I think while people are still at school we have got an opportunity to put things into the curriculum around that. Once people have left school I don't know how we get through to people." - Paul, M, 13

Participants spoke about how gender constructions were formed from a young age and how young boys can form unhealthy masculinities that can contribute to them perpetrating harmful sexual behaviour. Boys can form underlying beliefs about needing to be powerful and dominant in relationships, and other norms about emotional expression, 'proper masculine' ways of getting needs met, and what kind of behaviours are acceptable.

"I think there's a lot of work to be done around cultures of masculinity and how that can be a positive thing. Like masculinity in and of itself is certainly not a negative thing but just the way that these particular macho cultures that leads to violent behaviour, that is a problem." - Frances, F, 5

Participants also spoke about the opportunity to intervene with young children with educative corrective responses when they show any signs of inappropriate sexual behaviours. They spoke about the opportunity to respond to these behaviours before they escalate to harmful sexual behaviours. Intervening early also means that other children who are exposed to this behaviour will also receive appropriate guidance and education. This opportunity would rely on having well-trained professionals, which has already been elaborated on above.

One participant also discussed the wider educational system and how school exclusion and isolation could lead to young people perpetrating harmful behaviour. They related the risk for harmful sexual behaviour to a wider context of risk of various other harmful behaviours and negative outcomes. They thought that there were opportunities for early intervention to support these young people who were on the edges of society to be supported to get their needs met in healthy safe ways, which could prevent some of them who would have otherwise gone on to perpetrate harmful sexual behaviour.

"So how does this all fit together? It fits together because these people, these young people are not on a path where they have good opportunities and sound values to sit alongside any of the decision-making that they have. So a

prevention strategy may well be those young people that aren't fitting in with the norm of our school, what could we really do to make sure those young people have the best chance in life that they could have so that they didn't sit on the edge of life, and do things that weren't okay?" - Margaret, F, 21

5.4.2 Educating parents and caregivers

Participants spoke about the opportunity to educate parents and caregivers about situational prevention. They reflected on how many parents did not have the required knowledge to form accurate beliefs about the risk that existed from known people in their children's lives. Therefore they did not provide adequate supervision, providing opportunity and access for perpetrators. Parents also did not know or notice the signs of distress in their children. They spoke about how it is often not until harm has happened and they are engaged in a harmful sexual behaviour service that they understand the warning signs.

"Things that are related to stranger danger and nothing to do with an understanding of do you know who is in a child's life? Do you know how to recognise a change in your child's behaviour and why that would happen? You know just understanding what distressed vulnerable people will look like if something is not going right for them." - Nancy, F, 12

They thought that a lot of harmful sexual behaviour could be prevented purely through further educating parents and caregivers.

"If people who are sort of caring for children know, understand more about the dynamics and know what to look for and know what the risk factors are, I think that yeah I think that could do a lot... When they had done the work they can see that there was often a long period of grooming and of all sorts of kinds of indicators of risk but they didn't know that that's what that was at that point." - Alana, F, 8

Another participant spoke about the need to help parents be able to talk about consent and healthy sexual behaviours during normal day-to-day interactions with their children.

> *"How to talk to children in ways that are can be part of just natural spending time together." - Millie, F, 30*

One participant spoke about how the onus should not necessarily be on parents to prevent sexual abuse but if parents were better informed this could have a significant impact on victimisation rates.

> *"So helping people to understand how to protect their children, I don't know if that's taking the onus away from the offender but how many children could you at least have protected by having parents who are aware of the risks?" - Nancy, F, 12*

5.4.3 Pornography

All participants identified that access to pornography is a very important factor contributing to harmful sexual behaviour. They explained how it contributes to the various social norms at a societal level, but also contributes to individual-level risk factors. Young people can become dependent on pornography to emotionally regulate or cope, or young people access pornography without the necessary cognitive ability to understand it, which then contributes to them acting out pornography in real-life situations and perpetrating harm because of the unrealistic and unhealthy constructions of sexual behaviour that pornography creates.

> *"So they've got some work out about pornography basically being an instruction guide and how they found a number of clients who have gone from looking at pornography to first-time harmful sexual behaviour being really intrusive." - Brian, M, 16*

Another participant outlined how pornography use can be a precursor to harmful sexual behaviours, particularly for men who struggle with social skills and getting their intimacy needs met in a healthy way. Their sexual arousal can

be affected by pornography and can result in them forming deviant sexual attractions, which increases their risk of perpetrating 'contact' harmful sexual behaviours.

> *"Quite a typical pattern for those guys was not being, not feeling able to kind of to form close intimate relationships and not being well socially connected and sort of building a whole life really via the Internet. And the internet meeting a number of needs but you know part of that being sexual needs as well and then I guess almost reaching saturation point with mainstream pornography or whatever you want to call it and then kind of beginning that search for more and more extreme images and gradually kind of the age bracket getting younger and younger until they are looking at some really sort of extreme and very illegal material." - Alana, F, 8*

Participants also spoke about educating individuals about the effects of pornography. Interventions could be provided through social media campaigns, schools and existing community organisations or services such as doctors. They thought reducing access is a vital part of any strategy and needs to be given more serious effort and attention. It is currently too easy for young people to access pornography that has a significant impact on them and their sexual development. One participant thought a significant opportunity was investing in better systems to prevent young people accessing pornography. They spoke about educating parents about current technology solutions, although admitted that these were mostly insufficient at preventing young people from accessing pornography through their personal devices.

> *"You could do something about the Internet, access to that. You could you know, schools think that they have got good safeguards on their systems, they haven't got good safeguards at all, these kids are really IT savvy and they can get around it." - Margaret, F, 21*

5.4.4 Risk Targeted Interventions

The area of targeted prevention of harmful sexual behaviour is still in its infancy and this was reflected throughout participants' accounts. There were a

variety of responses to the idea of targeting at-risk populations. Participants had many questions about how targeted prevention could work, whom it would target, and how it could be done ethically.

> *"I guess kind of like, it's a tricky legitimacy because I have come across this idea before and there's even some numbers to it isn't there?" - Brian, M, 16*

Participants suggested that there are various risk factors that are correlated with the onset of harmful sexual behaviour, which involve complex relationships between an individual and their environment. One participant highlighted that many people who are exposed to significant risk factors do not go on to perpetrate harmful sexual behaviour, whilst conversely many people who do go on to perpetrate harmful sexual behaviours have not obviously experienced identified risk factors.

> *"So you know, you'll have wealthy kids, you'll have poor kids, you'll have Māori kids you'll have Pacifica you know I guess that's kind of something that I sort of hold as a general message that I've had in the field. That there isn't necessarily an "at-risk population" because this behaviour happens across all sort of streams and strata." - Brian, M, 16*

As he explored this further, a clear tension emerged between being able to generalise and identify people who are more at-risk, and the apparent unpredictability of whether this behaviour will present when an individual is exposed to certain environmental risks.

> *"For me there's a bit of a tussle between those two ideas: that this happens across all strata, versus these are the youth that we see and they generally have this unhelpful experience in the background, they generally have poor self-regulation and they've got all these issues going on." - Brian, M, 16*

Current research identifying target populations

As outlined in the literature review, there are limited opportunities that stem from two pieces of research. The first outlines the increased risk of biological sons or brothers of known perpetrators of harmful sexual behaviour. The second piece of research shows that those who perpetrate harmful sexual

behaviour are significantly more likely themselves to have been victimised than the general population. These research findings combined with research about the impact of other shared environmental risk factors within families provide support for the idea that it would be beneficial to offer prevention interventions to families of known perpetrators of harmful sexual behaviour. Participants' thoughts about this research and the subsequent idea of targeting these families are outlined below.

Biological male relatives research

Participants had mixed reactions to the research about sons and brothers of identified offenders. Some participants did not agree with it or were even surprised by it: *"Yes it would surprise me." (Margaret, F, 21).* Another participant said: *"So I think the explanations that involve genetics are ones that I have a little flag around." (Brian, M, 16)*

Some participants anecdotally thought that it was true, or recalled their experience of the familial clustering of sexual harm. Others recalled their experience working with sons and fathers, and often with pairs of siblings.

> *"Of course yes of course there is, now it's all flashing back to me, the number of times in the stories it's yeah… Either the story is the story you're getting is that the adult sexually abused one child and then the next and on and on and then the oldest child started abusing the… And so there is all that whole awful not trickle down effect but you know ripple effect, they just all… wrong word to describe it. So yes that or yes the number of times of course where if you get the back story, oh yes so my older sister sexually abused me and then yeah and I think dad might've sexually abused her… That would be very common." - Millie, F, 30*

However the research did not sit comfortably with them and they questioned whether the study's underlying methodology and conclusions were valid.

> *"I guess this is starting for me edging towards the kind of here are two twins and they have been separated their whole lives and so can we deduce something from the genetic kind of influence going on here that kind of*

stuff, so it starts to make me feel a wee bit uncomfortable, that kind of trap about hey why don't we look at this, that even though they've been apart they're still engaging in harmful sexual behaviour. It makes me feel a little bit uneasy. I don't…ah yeah. I'm willing to take it on as information, but I immediately start feeling a little bit cagey about what that implies. Because like my first thought is well what is something that I'm familiar with is the attachment disruption so the sibling has a risk factor there, in terms of vulnerability and whether it plays out in the risk assessment tools or not there is something going on yeah. So I start feeling a bit cautious about that stuff." - Brian, M, 16

Another participant thought there might be other variables that were relevant to the correlations found and might result in different conclusions being reached.

"Yeah I mean if there is research that identified that the siblings of, call them perpetrators for want of a better, the siblings of perpetrators are at a higher risk I'd like to look at that research and go okay well what… let's look at this group how old were they, what was the age difference between the siblings, what was the gender, is it both boys or both girls or what was their relationship like, were they close, how much did they share?" - Paul, M, 13

Different explanatory accounts

In the participants' responses they spoke about a tension between different explanatory accounts of harmful sexual behaviour that emphasise either the biological or environment contribution to risk, or one which emphasises the interaction between the two. They highlighted that there may also be different processes involved depending on what the harmful sexual behaviour is, who the victim is in relation to the perpetrator and the circumstances of the harm. For instance the causation behind sexual harm involving perpetration by an adult against a child is likely to be different to sexual harm between siblings, and different again when there are two unrelated children.

> *"So in other words what you are getting at there is that there is some sort of biological or genetic [link]. Only you know one thing I will say is I have, in terms of that idea that it is the nature versus nurture thing although maybe I guess it's still both. I have worked with offenders who are so completely ingrained in their attraction to children since such a young age that it feels to me very biological, it feels like we can do all the intervention in the world, that person is still going to be attracted to children." - Nancy, F, 12*

They discussed various elements of theory related to the etiology of harmful sexual behaviour. Some thought the theory of epigenetics was relevant and emphasised how early experiences can have a significant impact on how genetic vulnerabilities are expressed. They also spoke about the influence of the environment to either mitigate vulnerabilities or increase them by exposing people to further risk factors. They emphasised the opportunities to prevent harmful sexual behaviour by targeting people's environment.

> *"I think there is some suggestion that there is a link in terms of, particularly in terms of paedophilia that there is some genetic… but I still don't think that that is enough to discount the kind of environmental stuff. So a person might have a vulnerability but I think the environment determines to a large extent whether that vulnerability is activated if you like. So I think regardless the environment is still really important and that's what we can target really. I think maybe we might be at a point sometime where we can target a person's genetics or whatever but yeah I still think that [the environment] is where we need to focus our interventions regardless of what the underlying vulnerabilities are." - Alana, F, 8*

Participants had many questions about the research and what it might say about harmful sexual behaviour. They discussed different hypotheses about the effect of different factors on the research results, and therefore the validity of conclusions that could be made from it. Participants thought that there were many confounding variables they would want to explore including common abuse experiences among siblings, attachment disruption, family structures during childhood, developmental experiences, strength of sibling relationships, the effects of abuse disclosure, whether their father had been absent, and various

other factors. Ultimately the participants' responses reflected the complexity of questions about the etiology of harmful sexual behaviour and the difficulties with research in this field.

5.4.5 Intervention with victims/survivors

Research has also identified that rates of perpetration of harmful sexual behaviour amongst victims of sexual harm is higher than rates amongst the general population. Although they are statistically at an increased risk of perpetration, participants highlighted that the overwhelming majority of victims do not go on to perpetrate harmful sexual behaviour.

> *"There are also a lot of people who are victims of sexual abuse that don't go on to sexually abuse and they will have come from families they will have been abused in families." - Paul, M, 13*

Participants thought that the implications of this research and the validity of targeting victims would be contentious and likely controversial.

> *"We do know people who have experienced harm and trauma themselves, sometimes that's a background but then you know is that unfair? Like it's kinda like targeting the victims. So that's again quite a political dilemma. So you know we could go across to our colleagues in the survivor areas. I don't think that would go down that well… you know 'Hey by the way did you know that your clients might go on to harm others?' It's not a good [approach]." - Brian, M, 16*

Some of the therapists recalled their experiences of their clients who had perpetrated harmful sexual behaviour having been victims themselves. Their victimisation was significantly related to their perpetration.

> *"I've had some pretty standout stories where there has been a pretty direct relationship between you know I've got a client right at the moment whose harmful sexual behaviour essentially mirrored what happened to him about eight years earlier and playing it back out." - Brian, M, 16*

One participant discussed the importance of ensuring adequate service provision for survivor and victim services. They thought this could have a significant effect on prevention efforts.

> *"Now if we're looking at prevention, one of the biggest things that there is poorer resourcing in New Zealand is around children having access to very good therapeutic interventions for sexual victimisation." - Margaret, F, 21*

One participant discussed how one potential opportunity for prevention with victims would be to ensure that victims' services work on protective factors and education about appropriate sexual behaviours. They emphasised that this would need to be done sensitively and appropriately so that survivors are not re-traumatised by interventions, and in a way that did not compromise the primary reasons for therapy.

> *"I think that if the therapists who are working with sexual victimisation in children were also as overtly aware about the fact that these children could go on and engage in that behaviour and had an educational prevention strategy as part of their therapeutic engagement around victimisation that would be very helpful." - Margaret, F, 21*

They went on to explain that one of the significant difficulties with this is that the majority of therapists working in this area do not have experience working with perpetrators of harmful sexual behaviour so may not have the requisite skills needed to be effective.

> *"The way the victims' services are set up in New Zealand is that you have an ACC policy or practice, and a lot of people who have been, I would say predominantly the majority who are providing ACC services for children around sexual victimisation have not had any work experience in working with children who have engaged in this behaviour. So I guess that's another very strong prevention area that you could work in. So that's up skilling again at tertiary level, and at a workforce level." - Margaret, F, 21*

However as mentioned above there is also an awareness of the difficulties with taking an approach that targets victims of harm with interventions to prevent them becoming perpetrators. This is especially true given the intersection of

victimisation with gender. Men do the overwhelming majority of perpetration, whilst the overwhelming majority of victims are women. An approach that did not consider these contextual factors would be unacceptable.

Many participants emphasised the familial clustering of victimisation of multiple people within family systems. They thought it was the familial clustering of sexual harm that may contribute to an increased risk and prevalence of harmful sexual behaviour. The clustering of victimisation also has implications for intervening with families to increase protectiveness and safety awareness. One participant spoke about how sexual harm can be present inter-generationally. This could provide an opportunity to intervene with families to break the cycle of victimisation and perpetration within families.

> *"I think about the summary of facts in all the offenders I've worked with where they offend against a child who is seven and then they offend against that child's sister who is seven so it goes through the family as the children get older, the offending moves on to the younger child. I saw it so frequently and even across generations where a daughter and then a granddaughter."*
> *- Nancy, F, 12*

5.4.6 Utilising existing service engagement

Another opportunity that participants spoke about was intervening with families when we become aware of their related risk factors. Many families come into contact with other services that attempt to work towards wellbeing of families in various domains. Through these services it is possible to ascertain that families are at-risk because of various family-based factors. For instance we might be aware that a child has experienced adverse childhood experiences (ACES) because they come to the attention of various community-based or school-based services. An opportunity would be to intervene with these young people and invite them to participate in education interventions that focus on increasing their protective factors through knowledge and skills training.

Participants reflected on the various known factors in people that perpetrate harmful behaviours in general and thought addressing them in early

life would be effective. They discussed interventions targeting various underlying causes such as attachment, effective and warm parenting, emotional regulation skills, communication skills, empathy, social skills, ability to delay gratification, the effects of trauma or abuse, witnessing domestic violence, or having inappropriate or harmful gender dynamics modelled to them.

> *"So much of this is not just about addressing sexual offending, so much of this could be done, I wonder how many sexual offenders have already been prevented because they got intervention for something that was nothing to do with sexual offending that helped them to steer onto another path." - Nancy, F, 12*

Participants spoke about how witnessing harmful sexual behaviour in the family context could influence children's perceptions of what appropriate or acceptable behaviours are in relationships. Harmful sexual behaviour and abusive dynamics can be normalised and reinforce societal constructions of gender roles and rape culture. When services respond to domestic violence and support families this creates a significant opportunity to provide education and other interventions focused on preventing harmful sexual behaviour.

> *"Social learning theory would suggest some support for that because you know of people being sexually abused within family and they see that behaviour, it becomes normalised, maybe minimised, depending on the level of… level of abuse. Then it could be likely that the young men in those families and women I guess go on to abuse as well." - Paul, M, 13*

Participants discussed that when harm has occurred in families there are a variety of different needs for each member, depending on factors such as their age, whether they were harmed or not, and their individual exposure to other risk factors for harmful sexual behaviour.

> *"Yeah I guess you'd need to be really careful about what information they were exposed to and how that was done and… it's a difficult question. Obviously it would have to be really age-appropriate so I still think for them, even if it's around I don't know for those siblings whether it's about kind of*

keeping themselves safe or...yeah I think probably some intervention but maybe it would look different" - Alana, F, 8

They reflected on how families will often keep information from their children with the best intentions of protecting them from being harmed by the knowledge of a perpetrator within their family. However sometimes this is primarily caused by parents' inability to deal with the process and their own difficulties in speaking about this topic.

"Adults have trouble handling the grief from children, the pain in children aye, so sometimes as adults we don't have certain conversations because we don't want to deal with that or we don't know what words to say or even if we just genuinely don't want to make things worse for the child. Actually they've been, their father has been done for sexual abuse, they've been sexually abused, it's already bad." - Millie, F, 30

One participant highlighted how sometimes it is beneficial for children to have the ability to ask questions and know about the harm that was caused. This would be an important consideration that would need to be navigated in family interventions where there are competing needs and competing ideas about what is best for the children involved.

"One of the most common things that I've heard from adult survivors who went through a Court process when they were younger is that the thing that sucked the most was that nobody asked them anything. They did their statement and then that was it and from what I can gather most commonly it was because adults were protecting the children by not talking about them…it made all the difference in the world to meet the Police because they had all the questions." - Millie, F, 30

5.4.7 Family resilience interventions

Participants spoke about opportunities to intervene with families so that the precursor to the development of risk factors could be prevented.

"Pre-anything happening but we think there is a risk. I guess some sort of therapeutic intervention if we had all the money in the world we'd have therapeutic interventions, which were holistic so they weren't just like 'oh we think somebody is going to be the victim of sexual offences'. You know it would be 'what does this family need to become more resilient?' So it would be resilience interventions. What does Dad need to be you know… what are the risk factors, specific risk factors in this family and how do we treat them? So if there's an issue with alcohol, and with a relationship breakdown and a difficulty parenting how do we provide interventions to support that?" - Nancy, F, 12

They reflected on how possible solutions could focus on building resilience within families without necessarily needing to label them with stigmatising assumptions about their family or individuals within it.

"…bring the family in for support and coping and resilience, I keep coming back to that word resilience, but how do we, what other problems are in this family, how else can we support you, is there anything else you need, so that you start to create support without labelling it as: oh you're next we need to sort you out but actually yeah maybe if we sell it like that." - Nancy, F, 12

They emphasised that we cannot make assumptions about what would be effective for all people who have perpetrated harmful sexual behaviour.

"We can't assume either that it is a purely a sexual attraction to children, it might be a whole lot of other things like difficulty, like their genes might be things that make it difficult for them to develop social relationships and interact with others and that's what creates the risk, it's easier to relate to children so it might be that it's social skills." - Nancy, F, 12

They thought interventions could focus on self-regulation, managing impulsivity, appropriate ways of forming relationships, and communication skills. The most effective intervention according to this participant was one where it was based in an awareness of the underlying needs of all children to thrive.

"It would be some sort of nurturing environment where there is an awareness of what that specific child needs to thrive and that's true of any

child – of any child who has some sort of challenges. How do you help them to cope with the world with whatever challenge they have?" - Nancy, F, 12

5.4.8 Targeting high-risk community spaces

Another opportunity that was spoken about is targeting high-risk community spaces through situational prevention strategies and educating people about intervening as a bystander. Situational prevention opportunities could range from proactively encouraging safer environments in community spaces such as rugby clubs and pubs. Strategies could be implemented that worked to change the culture and prevalent attitudes in these spaces. The high use of alcohol and presence of other contributory factors to harmful sexual behaviours could be targeted through education and awareness programmes. Staff and leaders in these spaces could also be trained in bystander interventions. One participant spoke about her work with bar staff increasing their knowledge and skills about how and when to intervene in risky situations.

"So those sorts of things are really good and there's some more preventative stuff around drinking, alcohol as being such a disinhibitor and also you know a lot of umm people young people particularly meet in bars, get drunk, sex happens. I know my partner has done quite a lot of work with different providers of alcohol, bars that kind of thing. Around watching out for umm the people to try and be good bystanders in terms of you know what we can do in terms of by-standing and also keeping ourselves safe in terms of not leaving drinks unattended and that sort of thing there is a lot of other things like that which have already started sort of I suppose situational prevention methods." - Paul, M, 13

Other situational interventions could be increased such as making community spaces physically safer through the increased use of lighting and cameras.

"I know there's lots of cameras for example around the community in the business area in terms of providing deterrent I suppose 'oh there is cameras I suppose I can't do something' those things to me umm are useful but I think more important are the attitudes that people have…." - Paul, M, 13

There has been some significant academic work on this approach to making it more difficult for perpetrators to get the opportunity to commit harmful sexual behaviours through the physical designs of spaces and increasing the deterrents present in community spaces.

> *"The work of Stephen Smallbone is a little older now but he did a lot of work around situation prevention so, you know better lighting in parks, better monitoring of how people get home from various venues, young women or young boys aren't exposed to danger on the way home." - Margaret, F, 21*

5.5 Conclusion

Participants identified that a significant part of a successful prevention approach was that it was early. They discussed the need for prevention approaches to intervene early in a child's life and formation of beliefs and attitudes about sex and relationships, early in the development of various risk factors relating to the onset of harmful sexual behaviour, early in the sequential events leading to harmful sexual behaviour. They also suggested putting in place services and systems that can respond to early warning signs. Participants outlined the barriers to this approach and what opportunities remained despite these challenges.

6. Discussion

6.1 Introduction

This chapter will present a discussion of the Results of this research, including a discussion about how they relate to the previous literature. Recommendations will be made with regards to how this research can be applied to the current context in New Zealand. The limitations of this research and suggestions for future research will be outlined.

6.2 Research questions

This thesis aimed to answer the following research questions:

1. What are clinicians' perspectives on what would be involved in an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour in New Zealand, particularly for young people and children?

2. What are clinicians' perspectives on the barriers that exist that will inhibit the realisation of an effective secondary (targeted) prevention approach in New Zealand?

3. What are clinicians' perspectives on the opportunities that presently exist to progress towards the realisation of an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour?

The thesis findings contribute significantly to the literature because there have been very few studies that have explored what secondary (targeted) prevention might look like in a New Zealand context. Two main themes emerged from participants' interviews – namely, the need for a comprehensive approach and a focus on early intervention. The participants discussed various barriers and opportunities to this.

6.2.1 Research question 1

What are clinicians' perspectives on what would be involved in an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour in New Zealand, particularly for young people and children?

The theme of comprehensiveness outlines the participants' views that it is important to avoid considering secondary (targeted) prevention approaches in isolation from the context of prevention approaches more generally. Participants explained how the interrelatedness of relevant factors at all ecological levels required an overarching comprehensive national strategy that included primary, secondary and tertiary approaches. Participants also highlighted the interconnectedness of the prevention spectrum, illustrating how the likelihood of success with secondary approaches targeting at risk populations relies on successful interventions across the spectrum They emphasised that an effective approach requires the following elements:

- Implemented across all ecological levels
- Collaborative, connected and well communicated
- Involve a variety of different approaches
- Be responsive to the bicultural context of New Zealand
- Include localised solutions
- Focused on increasing societal knowledge
- Evidence-based
- Have an underlying person-centred approach

The theme of early intervention again emphasised the need for a wider view of prevention rather than focusing purely on secondary prevention. Primary prevention efforts would contribute to a societal and community environment where secondary approaches were more likely to be successful. Successful primary prevention interventions were also likely to reduce the need for secondary or tertiary services. Participants outlined the various aspects of early intervention, which would include the following:

- Target the early formation of knowledge and attitudes in children and young people

- Detect and target known risk factors early
- Intervene early in the proximal factors leading to harm
- Involve a shift in focus towards early intervention

Harmful sexual behaviour is a complex issue, both in terms of how it is defined and in what factors contribute to its occurrence. This thesis has aimed to provide an insight into New Zealand clinicians' perspectives of this complexity. The many tensions and difficulties inherent in the issue are prevalent throughout the clinicians' accounts. The two main themes that emerged emphasise this and highlight how an effective response needs to be equally multi-faceted. Harmful sexual behaviour is something that needs a comprehensive approach because of its multiple sources of complexity. Harmful sexual behaviour is also something that needs to be addressed with early intervention, both to reduce and prevent the harm caused, but also because it becomes exponentially more difficult the later intervention occurs. These findings are consistent with other literature focused on related sexual violence prevention, which has emphasised that the prevention of complex problems takes time and requires cross-sector involvement (Casey & Lindhorst, 2009; Quadara, 2015; Thornley, 2013).

Broadly speaking, the themes of comprehensiveness and early intervention outline clinicians' perspectives on *what* is needed and *when* it is needed. They highlight the various challenges in regards to the *how* and *why* of prevention interventions. In particular they have outlined the significant barriers in relation to specific ethical and practical difficulties with secondary (targeted) prevention interventions. However participants' accounts also contain much hope, outlining the many opportunities that continue to exist despite these barriers.

A significant connection that has emerged, both from the literature and this thesis, is the relationship between societal conditions and targeted prevention. It has become clear that in order for targeted prevention efforts to be possible and effective, it is necessary to consider factors far outside the context of specific individuals or risk factors. The creation of societal conditions through universal prevention efforts is critical to set the foundations for the possibility of targeted prevention approaches. Universal interventions focused on increasing

the accuracy of information and perceptions about harmful sexual behaviour are greatly needed. These interventions also need to focus on changing attitudes and social norms rather than simply giving information (McKillop et al., 2018a; Smallbone & Rayment-McHugh, 2013). These findings are consistent with international literature, which suggests changing knowledge and awareness by itself is likely to be ineffective (Leen et al., 2013). Similarly, other studies have found that short-term media campaigns that are delivered in isolation instead of being part of a sustained comprehensive strategy are likely to fail to reduce violence (Bellis, Hughes, Perkins, Bennett, & Observatory, 2012).

Much of what this thesis has explored and found is consistent with recent developments in the literature that have emphasised the multifaceted causation of harmful sexual behaviour. Recent studies have emphasised the need to utilise a social ecological framework to better understand harmful sexual behaviour, which places more significant consideration on factors such as structural societal causes (Quadara, 2015; Smallbone & Rayment-McHugh, 2013; Smallbone et al., 2013; Thornley, 2013). The Royal Commission into Institutional Responses to Child Sexual Abuse in Australia recently looked into what gaps existed for preventing child sexual abuse (Saunders & McArthur, 2017). They concluded a number of implications for policy and practice. First, they concluded that Australia needed to develop a whole-of-community approach to preventing child sexual abuse, that service delivery needed to be enhanced, and that better support should be provided for access to primary prevention education and resources. They also concluded that there were various gaps in service provision to adequately meet the needs of people with problematic sexual thoughts and/or behaviours, and their families (Saunders & McArthur, 2017). Some aspects of these findings have been found in New Zealand in various studies (Artus & Niemi, 2016; Christofferson, 2018; Dickson & Willis, 2017).

There have been some very recent developments in the harmful sexual behaviour field in New Zealand, which are also in-line with the findings and recommendations of this thesis. One initiative is bringing together experts who represent the 'full breadth of the sexual violence sector' to form an 'independent sexual violence sector working group.' This indicates a realisation that cross-

sector connection and the creation of a unified strategy are important to progress the work of preventing sexual violence more broadly (Ministry of Social Development, 2018b).

The results of this thesis are also consistent with trends within the international research community. At the most recent conference of the International Association for the Treatment of Sexual Offenders in August 2018, I presented the findings from this thesis. The affirming feedback from the researchers present emphasised how important they believed it was to begin focusing more on prevention and considering the issue from a cross-sector, societal and whole-community approach. Feedback from researchers from around the world also affirmed the importance of considering these problems from an indigenous perspective and expanding the funding and resource for indigenous-led responses.

The clinicians' perspectives in this thesis have affirmed the application of principles of effective prevention, established through research in related fields, to the secondary prevention of harmful sexual behaviour. Previous research has outlined principles of best practice including comprehensiveness, being based on a theory of change targeting relevant and malleable risk and protective factors, contextualised programmes which are locally-designed and culturally specific, interventions appropriate to developmental stage, sufficient content and dosage, multiple formats of presentation, strengths-based, community driven, addressing structural factors, and incorporating impact evaluation (Bradshaw, 2014, 2015; Farrington & Ttofi, 2009; Finkelhor et al., 2014; Letourneau et al., 2017; Nation et al., 2003; Thornley, 2013).

6.2.2 Research question 2

What are clinicians' perspectives on the barriers that exist that will inhibit the realisation of an effective secondary (targeted) prevention approach in New Zealand?

Participants in this thesis identified a number of barriers to the realisation of an effective secondary (targeted) approach. Participants

emphasised barriers across the ecological levels that would need to be addressed using multi-faceted interventions at different levels of the prevention spectrum. For instance socio-cultural barriers, such as stigma and demonisation, would be most appropriately targeted with universal (primary) approaches. Other barriers that were identified related more specifically to the implementation of secondary approaches, such as the current statutory and legal environment, and ethical considerations. The barriers that participants outlined included:

- Socio-cultural barriers – silence, taboo, stigma, demonisation, inaccurate knowledge, public attitudes, gender constructions, rape culture, and cultural differences
- Difficulties developing a self-referral service
- Being able to engage targeted populations effectively
- A lack of understanding of bicultural context
- Insufficient research
- Siloed approach
- Lack of prioritisation and resourcing
- Over-reliance on victim protectiveness strategies
- Current statutory and legal environment
- Common misconceptions and myths
- Ethical considerations

One of the most significant barriers that may be impeding the realisation of an effective comprehensive prevention approach is the continued siloed nature of current efforts. As was outlined in a recent review (McKibbin et al., 2016), this also applies to researchers, who need to avoid neglecting different domains of research and thus becoming siloed in their approach. Rather, the review emphasises the need to integrate and synthesise their research so that, for example, approaches to investigating 'causes' are not isolated from investigations focused on 'treatments' (McKibbin et al., 2016).

A recent survey of primary prevention of harmful sexual behaviour in New Zealand outlined the existing preventative approaches and concluded that the current approach is limited and needs to broaden (Dickson & Willis, 2017). The findings of this thesis are consistent with the authors' recommendations,

which encouraged prevention efforts to shift their focus from providing sexual violence education towards interventions at a broader social and policy level aimed at changing attitudes and behaviour. They recommended less focus on individuals and more focus on the broader environment that allows harmful sexual behaviour to flourish. They also emphasised the necessity of extending the responsibility for this wider focus beyond specialist services in the harmful sexual behaviour field, such as including school-based efforts.

Socio-cultural barriers were perhaps the most prominent in participants' perspectives. Without a shift in the societal environment, it is unlikely there will be significant change in the occurrence of harmful sexual behaviour. The social environment will continue to create the conditions for harmful sexual behaviour to flourish. Importantly it will also create an environment that makes it very difficult to implement any secondary targeted approaches. In the current societal climate it is very difficult to navigate the ethical considerations of identifying those at risk, or encouraging potential clients to come forward, when there is such widespread and unwavering stigmatisation and demonisation.

Throughout the participants' perspectives the tension of this issue was clear. Whilst they could see the logic of the research that identified those at risk, albeit limited, there was a huge hesitancy to apply this knowledge in a way that could perpetuate social inequalities and subject individuals and families to social exclusion. This was compounded by the current state of research that provides very little guidance as to what targeted programmes and interventions would be effective with individuals and families.

There was also a tension between identifying people early because they met various risk factors but at the same time not wanting to stigmatise them, or label them in a way that predetermines their behaviours or future. Participants also identified the potential that interventions could have to produce the opposite effect, and prevent protective factors that were going to form naturally from occurring, and therefore increase the risk.

These tensions are consistent with the literature that highlight the pressing need for further robust evaluations and research into effective interventions (Dickson & Willis, 2017). Whilst the nature of primary and

secondary preventions make evaluating impact very difficult, this is a necessity to be able to justify intervening with families and individuals when the risk of adverse consequences are so high. Ultimately further research is needed in order to establish more knowledge that can be sufficiently relied upon to make policy and practice decisions. It is also necessary for further Kaupapa Māori research to be funded and carried out so that further services can be developed from a Kaupapa Māori framework.

Furthering the barriers outlined above is the lack of resourcing and prioritisation that these issues attract. Resourcing impacts the ability to focus on research when there are such dramatic 'front-line' demands on resources. Recent research found that resourcing also often affects the ability of many providers to offer interventions that are optimal in length, which further compromises the ability to establish effectiveness (Dickson, 2013). Adequate funding was identified as the most prevalent barrier amongst New Zealand service providers to advancing the development of prevention interventions (Dickson & Willis, 2017).

A recent service development report identified a number of service gaps in New Zealand that are consistent with participants' perspectives. These included limited culturally specific and responsive services, 'Capacity to Protect' programmes and intervention with non-offending partners/family, and services for clients who are at risk of, but have not yet committed harmful sexual behaviour. Providers noted there are also gaps around the number of Māori clinicians working in the sector (Ministry of Social Development, 2017). Appropriate prevention materials for specific cultural communities was identified as another gap in the sector (Dickson & Willis, 2017).

The role of the media is also a significant barrier to the advancement of prevention efforts. Media portrayals of sexual violence have been shown to have significant effects on how society forms attitudes and behaviours towards sexual violence and the ability of perpetrators to be rehabilitated (Harrison & Rainey, 2013; Malinen, Willis, & Johnston, 2014; McCartan, Kemshall, & Tabachnick, 2015; Vess, 2009). Creating partnerships with media and developing media campaigns will be a significant challenge for the sector.

Another tension that is relevant is the difficulty with navigating these issues in the societal context when such emotive responses are present. It is important to consider how these issues can be explored in a way that does not minimise the harm that has occurred, or the pain and trauma that a victim has experienced. It is also important to be aware of the risk of the perception that harmful sexual behaviour is being excused or justified. This is particularly relevant given the intersection of these issues with gender issues; especially given the overwhelming majority of harmful sexual behaviour is perpetrated by boys and men. It is difficult to adequately balance the needs of victims whilst trying to implement a societal environment that encourages help-seeking behaviour by decreasing the demonisation of those who perpetrate harm.

6.2.3 Research question 3

What are clinicians' perspectives on the opportunities that presently exist to progress towards the realisation of an effective secondary (targeted) approach to preventing the onset of harmful sexual behaviour?

Despite the barriers outlined above, participants thought there were promising opportunities to progress prevention efforts. Opportunities spanned the prevention spectrum and, as mentioned above, are interrelated. To separate prevention interventions is somewhat arbitrary because (for example) universal education interventions that aim to educate all parents will also inevitably educate parents with families who also fit into the at-risk category, or perhaps families where harmful sexual behaviour has already occurred. However, participants emphasised how universal (primary) education programmes would in fact contribute to a societal environment where families and individuals could be more likely to seek extra assistance with difficulties for various reasons. For instance universal programmes targeting societal attitudes could reduce stigma and encourage help seeking. They could also increase knowledge of inappropriate sexual behaviour, which would encourage parents to seek help when needed rather than ignoring early warning signs. Participants outlined the following opportunities:

- The current appetite for change
- Universal education and awareness initiatives including school-based interventions and educating parents and caregivers
- Utilising existing community leaders, institutions, and organisations
- Incorporate Māori ways of knowing
- Addressing related socio-cultural causative factors
- Training human services professionals
- Developing voluntary self-referral services
- Developing risk-targeted interventions
- Targeting pornography use
- Interventions with victims/survivors
- Utilising existing service engagement
- Developing family resilience interventions
- Situational prevention in high-risk community spaces

An important opportunity in New Zealand will be to utilise the current appetite for change and the increased attention the sector is getting from government at the time of writing. The development of the 'independent sexual violence sector working group' (Ministry of Social Development, 2018b) has the potential to be very influential in creating a unified comprehensive strategy to increase the effectiveness of prevention efforts. This could create the mandate for the wider implementation of prevention initiatives and attract better government funding.

If sufficient attention is given to developing interventions aimed at changing societal attitudes the flow-on effect will create an increase in the acceptance of other opportunities. As discussions throughout communities increase, community-based solutions could grow independently and be driven by community-based organisations. This could be similar to the way that campaigns around domestic violence and mental health have spurred community-driven responses.

As outlined in the Results, there is the potential for better collaboration between services working with families who experience significant amounts of adversity. The strengthening of responses to these families and increased

education of professionals could create opportunities for prevention-enhancing discussions and interventions to happen. Supporting better access to prevention and education resources is also a critical opportunity.

One of the most promising opportunities in New Zealand is to develop self-referral services, so that those who are concerned about their own behaviours, or someone they know, can seek assistance voluntarily. Whilst, as Christofferson (2018) has outlined, there are some barriers to overcome, this should be a priority. It will be important that the development of these services include associated initiatives targeted at changing social attitudes.

An important opportunity would be to develop culturally appropriate methods of measuring risk. As Mela and Ahmed (2014) discuss, ethnic, cultural, and cognitive differences are central considerations for the appropriateness of risk assessment measures cross-culturally. Further attention to these issues will be vital in the New Zealand context.

The recent development of a Kaupapa Māori pilot is also an opportunity for further indigenous-led responses to be initiated. The pilot is scheduled to be finished in June 2019 and the subsequent evaluation could provide a mandate for further pilots, or widespread development of interventions that fit into a Kaupapa Māori framework (Ministry of Social Development, 2018a).

Another opportunity presents itself through the recently developed shared case management system that involves the three main providers of harmful sexual behaviour services. This system will allow for more centralised record keeping and will eventually lead to better research data opportunities (Ministry of Social Development, 2017).

Two other recent developments emphasise the uptake of an approach consistent with the results of this thesis. The first development is a phone line that has been set up to assist people in accessing services or discussing their concerns for themselves, or for others. There has also been a non-mandated referral pathway for people to voluntarily access treatment if they are experiencing concerning thoughts or behaviours (Ministry of Social

Development, 2017). In practice the non-mandated initiative is more accurately described as a new referral and funding pathway because treatment is most often done alongside other adults who are mandated to attend treatment programmes. However it does signal the willingness of government to consider expanding current approaches to develop new prevention initiatives.

There will continue to be tensions between privacy and the sharing of information about families and individuals who are at-risk. However as societal attitudes change, this may create opportunities for the balance of risks and benefits to be tipped in favour of sharing more information. Individuals and families may be more willing for this to happen if the potential consequences of stigma are reduced. There does not appear to be a societal appetite for a risk prediction modelling approach to harmful behaviour, however this might shift if societal attitudes become more supportive. It may also become more acceptable if research creates a stronger evidence base for understanding the multiple factors that contribute to harmful sexual behaviour. Factors that lie outside the individual and family may be able to be incorporated into risk modelling also.

There do still remain opportunities for risk-targeted interventions. For example, as McKillop et al. (2018a) outlined, educating general practitioners to identify individuals who are presenting with particular vulnerabilities that are linked to the onset of harmful sexual behaviour might increase opportunities for early intervention and referral to prevention services. Other healthcare professionals who have regular contact with families could also be involved in interventions that aim to raise protectiveness strategies and education about harmful sexual behaviour.

Another opportunity that McKillop et al. (2018a) outlines would be to develop interventions for young people who have contact with the youth justice system. Responding to research that shows an increased risk of perpetration for this population could create an opportunity to provide resiliency interventions that aim to educate youth about harmful sexual behaviour and introduce strategies that target known risk factors.

There are also various opportunities to increase the literacy about pornography and the potential adverse effects it can have. Public education

campaigns, as well as programmes targeted at children and youth while they are at school, could increase awareness of this issue. With enough focus, public pressure might influence government to instigate legislation and policy that will compel Internet providers to develop better tools for content control.

It is also important to consider whether there are any appropriate ways we can intervene with those who have been victimised by harmful sexual behaviour. Increasing the knowledge of providers of victim/survivor services could increase the implementation of interventions that aim to protect and prevent perpetration. This however, as previously acknowledged, is a contentious and very difficult issue to navigate. It must also be remembered that most victims of sexual violence do not go on to perpetrate harm (Ogloff, Cutajar, Mann, & Mullen, 2012).

6.3 Limitations

This thesis inevitably has some limitations. First, it does not include the perspectives of clinicians who identify as Māori. This could be due to a number of factors, including the relatively low number of Māori who work in this field (Ministry of Social Development, 2017). However it is important to include this perspective in further research, particularly given the important cultural considerations mentioned throughout this thesis.

Another limitation of qualitative research methods is the generalizability of the research findings. However, this thesis does not purport to identify an objective finding about the research question, and does not attempt to produce definitive knowledge on the topic. The research question is focused on participants' experiences in this area and their perspectives of the barriers and opportunities that exist. It is thought that their perspectives do have some bearing on the topic generally, and are reflective of the general experiences of other professionals working in this area but this is not necessary.

It has also been acknowledged that my role as a clinician in this field may have influenced how participants responded to the interviews, and it may have also influenced my analysis of the data. It is possible that 'fresh eyes' may have

reached different conclusions. However, my role may have also given me the ability to be more responsive in the interviews and more deeply understand the material that participants discussed. The checking of results with my supervisor, and the agreement in our findings, suggests that this 'insider role' was not problematic with regards to the trustworthiness of the data.

Another limitation of this thesis is sample size, and that two out of three of the main organisations working in this area in New Zealand did not participate. A bigger sample may have resulted in a richer quality of data. Nonetheless, data saturation was achieved with this sample. Another relevant factor was the low number of male clinicians who participated, making up 25% of the sample. Again, this is largely reflective of the low number of men who work in this field.

6.4 Suggestions for future research

While research aims to answer particular questions, inevitably, further questions arise from the results. While this current study has contributed to the knowledge internationally and nationally on clinicians' perspectives on prevention strategies for harmful sexual behaviour in young people, their accounts highlight further gaps in our knowledge. Thus, there are a multitude of research opportunities that would benefit the progress of prevention in New Zealand. Research that explores the impact of primary and secondary prevention initiatives would significantly contribute to the literature and evidence base for a public health prevention approach. Longitudinal research would be particularly valuable given its ability to ascertain the effect of interventions over time on a number of outcomes measurements.

Kaupapa Māori research would be important to ascertain if the findings from this thesis are also found with Māori practitioners in this field. It is very important to establish the cultural relevance and appropriateness of prevention approaches in New Zealand.

There is also a need to talk directly with perpetrators and victims of harmful sexual behaviour to gain their insights into what they think would help reduce the prevalence of harmful sexual behaviour.

Similarly, it would also be beneficial to seek the perspectives of those clinicians who primarily work with victim and survivor services. Whilst it is somewhat artificial to separate victim and perpetrator services, as harmful sexual behaviour services often work with people who have themselves experienced significant victimisation, adversity and abuse, it would be beneficial to seek the unique perspective of clinicians in victim/survivor services.

6.5 Conclusion

This thesis has explored the perspectives of clinicians about how best to prevent harmful sexual behaviour. The findings have emphasised the need for a comprehensive approach and early intervention to effectively reduce the prevalence of harmful sexual behaviour. It will continue to be important to seek the perspectives of those who are 'on the ground', in-line with implementation science, to ensure that proposed strategies are feasible, acceptable, and appropriate. Although there are barriers with substantial implications, there also remain meaningful opportunities for changes to New Zealand's approach, and specifically for secondary (targeted) prevention of harmful sexual behaviour.

References

Ackerman, A. R., Sacks, M., & Greenberg, D. F. (2012). Legislation Targeting Sex Offenders: Are Recent Policies Effective in Reducing Rape? *Justice Quarterly, 29*(6), 858-887. doi:10.1080/07418825.2011.566887

Aebi, M., Landolt, M. A., Mueller-Pfeiffer, C., Schnyder, U., Maier, T., & Mohler-Kuo, M. (2015). Testing the 'sexually abused-abuser hypothesis' in adolescents: A population-based study. *Archives of Sexual Behavior, 44*(8), 2189-2199. doi:10.1007/s10508-014-0440-x

Agan, A. Y. (2011). Sex Offender Registries: Fear without Function? *The Journal of Law & Economics*(1), 207. doi:10.1086/658483

Allwood, C. M., & Berry, J. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology, 41*(4), 243-268. doi:10.1080/00207590544000013

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct*: New Providence, NJ : Lexis Nexis, 2010 5th ed.

Andrews, D. A., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering Psychology. *Criminal Justice and Behavior, 17*(1), 19-52. doi:10.1177/0093854890017001004

Appleton-Dyer, S., Dale-Gandar, L., Adams, J., & Ansari, Z. (2018). *ACC Mates & Dates – Presentation of Key Survey Findings 2018*. Retrieved from https://www.matesanddates.co.nz/assets/resources/synergia-survey-report-mates-dates-2018.pdf

Artus, J., & Niemi, M. (2016). *Review of evidence for primary prevention of child abuse and neglect (including child sexual abuse)*. Retrieved from https://www.acc.co.nz/assets/research/child-abuse-prevention.pdf

Ayland, L., & West, B. (2006). The Good Way model: A strengths-based approach for working with young people, especially those with intellectual difficulties, who have sexually abusive behaviour. *Journal of Sexual Aggression, 12*(2), 189-201. doi:10.1080/13552600600841680

Babatsikos, G. (2010). Parents' knowledge, attitudes and practices about preventing child sexual abuse: a literature review. *CHILD ABUSE REVIEW, 19*(2), 107-129. doi:10.1002/car.1102

Babchishin, K. M., Seto, M. C., Sariaslan, A., Lichtenstein, P., Fazel, S., & Långström, N. (2017). Parental and perinatal risk factors for sexual offending in men: a nationwide case-control study. *Psychological Medicine, 47*(2), 305-315. doi:10.1017/S003329171600249X

Balzer, R., Haimona, D., Henare, M., & Matchitt, V. (1997). Maori family violence in Aotearoa. *Wellington NZ: Te Puni Kokiri: Ministry of Maori Development*.

Bates, A., Williams, D., Wilson, C., & Wilson, R. J. (2014). Circles south east: The first 10 years 2002-2012. *International Journal of Offender Therapy and Comparative Criminology, 58*(7), 861-885. doi:10.1177/0306624X13485362

Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC Psychology, 3*(1), 32. doi:10.1186/s40359-015-0089-9

Beard, K. W., O'Keefe, S. L., Linz, T. D., Swindell, S., Stroebel, S. S., Griffee, K., & Young, D. H. (2013). Brother-brother Incest: Data from an Anonymous Computerized Survey. *Sexual Addiction and Compulsivity, 20*(3), 217-253. doi:10.1080/10720162.2013.807483

Beier, K. M., Ahlers, C. J., Goecker, D., Neutze, J., Mundt, I. A., Hupp, E., & Schaefer, G. A. (2009). Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *Journal of Forensic Psychiatry and Psychology, 20*(6), 851-867. doi:10.1080/14789940903174188

Beier, K. M., Grundmann, D., Kuhle, L. F., Scherner, G., Konrad, A., & Amelung, T. (2015). The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images. *Journal of Sexual Medicine, 12*(2), 529-542. doi:10.1111/jsm.12785

Beier, K. M., Oezdemir, U. C., Schlinzig, E., Groll, A., Hupp, E., & Hellenschmidt, T. (2016). Research article: "Just dreaming of them": The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ). *CHILD ABUSE & NEGLECT, 52*, 1-10. doi:10.1016/j.chiabu.2015.12.009

Bellis, M. A., Hughes, K., Perkins, C., Bennett, A. M., & Observatory, N. W. P. H. (2012). *Protecting people, promoting health: a public health approach to violence prevention for England*: Department of Health.

Bentovim, A. (2002). Preventing sexually abused young people from becoming abusers, and treating the victimization experiences of young people who offend sexually. *CHILD ABUSE & NEGLECT, 26*(6–7), 661-678. doi:10.1016/S0145-2134(02)00340-X

Bishop, R. (1998). Freeing ourselves from neo-colonial domination in research: A Maori approach to creating knowledge. *International Journal of Qualitative Studies in Education (QSE), 11*(2), 199.

Blank, A., Cram, F., Dare, T., de Haan, I., Smith, B., & Vaithianathan, R. (2014). *Ethical issues for Māori in predictive risk modelling to identify new-born children who are at high risk of future maltreatment*. Retrieved from http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/predictive-modelling/00-ethical-issues-for-maori-in-predictive-risk-modelling.pdf

Blokland, A. A. J., & Lussier, P. (2015). *Sex offenders: a criminal career approach*: Chichester, West Sussex: John Wiley & Sons.

Bonnar-Kidd, K. K. (2010). Sexual offender laws and prevention of sexual violence or recidivism. *American Journal of Public Health, 100*(3), 412-419. doi:10.2105/AJPH.2008.153254

Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology, 77*(1), 26.

Bouvier, P. (2003). Child sexual abuse: Vicious circles of fate or paths to resilience. *The Lancet, 361*(9356), 446-447. doi:10.1016/S0140-6736(03)12501-9

Bradshaw, C. P. (2014). The role of families in preventing and buffering the effects of bullying. *JAMA Pediatrics, 168*(11), 991-993. doi:10.1001/jamapediatrics.2014.1627

Bradshaw, C. P. (2015). Translating research to practice in bullying prevention. *American Psychologist, 70*(4), 322-332. doi:10.1037/a0039114

Bronfenbrenner, U. (2005). The bioecological theory of human development. In Bronfenbrenner, U. (Ed.), Making human beings human: Bioecological perspectives on human development (pp. 3-15). Thousand Oaks, CA: SAGE.

Campbell, L. (2016). *Sexual Assault Support Service for Canterbury Research to Inform Service Design Final Research Report v2*. Retrieved from https://www.avivafamilies.org.nz/resources/file/sassc_research_report_v2_final__delivered_07_april_2016_(2).pdf

Carlson, B. E., Maciol, K., & Schneider, J. (2006). Sibling Incest: Reports from Forty-One Survivors. *JOURNAL OF CHILD SEXUAL ABUSE, 15*(4), 19-34. doi:10.1300/J070v15n04-02

Casey, E. A., & Lindhorst, T. P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault. Prevention in Peer and Community Contexts. *TRAUMA VIOLENCE & ABUSE, 10*(2), 91-114.

Cavino, H. M. (2016). Intergenerational sexual violence and Whanau in Aotearoa/New Zealand-pedagogies of contextualisation and transformation. *Sexual Abuse in Australia and New Zealand, 7*(1), 4.

Chaffin, M., & Bonner, B. (1998). Don't shoot, we're your children: Have we gone too far in our response to adolescent sexual abusers and children with sexual behavior problems? *CHILD MALTREATMENT, 3*(4), 314-316.

Chetwin, A. (2013). *A Review of the Effectiveness of Interventions for Adult Victims and Children Exposed to Family Violence*. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/a-review-of-the-effectiveness-of-interventions-for-adult-victims-and-children-exposed-to-family-violence-25-09-2013-tf-meeting.pdf

Christofferson (Beggs), S. M. (2018). *Exploring barriers to prevention: When therapeutic confidentiality cannot be guaranteed*. Paper presented at the 15th Conference of the International Association for the Treatment of Sexual Offenders. Successfully implementing sexual offender treatment and management: What is helping and what is hindering, Vilnius, Lithuania.

Cording, J. R., Christofferson (Beggs), S. M., & Grace, R. C. (2016). Challenges for the theory and application of dynamic risk factors. *Psychology, Crime & Law, 22*(1-2), 84-103. doi:10.1080/1068316X.2015.1111367

Cram, F., Gulliver, P., Ota, R., & Wilson, M. (2015). Understanding Overrepresentation of Indigenous Children in Child Welfare Data: An Application of the Drake Risk and Bias Models. *CHILD MALTREATMENT, 20*(3), 170-182. doi:10.1177/1077559515580392

Culling, H. (2018). *Informing the prevention of child sexual abuse: comparing convicted offenders and minor-attracted persons.* (Masters of Science in Psychology), University of Canterbury, Canterbury, New Zealand. Retrieved from https://ir.canterbury.ac.nz/handle/10092/16145

Dannette, M. (2010). Maori and criminal offending: A critical appraisal. *Australian & New Zealand Journal of Criminology, 43*(2), 282-300.

Dare, T. (2013). *Predictive risk modeling and child maltreatment: An Ethical review*. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/predictive-modelling/00-predicitve-risk-modelling-and-child-maltreatment-an-ethical-review.pdf

de Haan, I., & Connolly, M. (2014). Another Pandora's box? Some pros and cons of predictive risk modeling. *Children and Youth Services Review, 47*, 86-91. doi:10.1016/j.childyouth.2014.07.016

de Jong, R., & Dennison, S. (2017). Recorded offending among child sexual abuse victims: A 30-year follow-up. *CHILD ABUSE & NEGLECT, 72*, 75-84. doi:10.1016/j.chiabu.2017.07.013

DeGue, S., Holt, M. K., Massetti, G. M., Matjasko, J. L., Tharp, A. T., & Valle, L. A. (2012). Looking ahead toward community-level strategies to prevent sexual violence. *Journal of Women's Health, 21*(1), 1-3. doi:10.1089/jwh.2011.3263

DeGue, S., Massetti, G. M., Holt, M. K., Tharp, A. T., Valle, L. A., Matjasko, J. L., & Lippy, C. (2013). Identifying links between sexual violence and youth violence perpetration: New opportunities for sexual violence prevention. *Psychology of Violence, 3*(2), 140-156. doi:10.1037/a0029084

Dennis, J. A., Khan, O., Ferriter, M., Huband, N., Powney, M. J., & Duggan, C. (2012). Psychological interventions for adults who have sexually offended or are at risk of offending. Cochrane Database of Systematic Reviews 2012, Issue 12. doi:10.1002/14651858.CD007507.pub2.

Dennison, S., & Leclerc, B. (2011). Developmental factors in adolescent child sexual offenders: A comparison of nonrepeat and repeat sexual offenders. *Criminal Justice and Behavior, 38*(11), 1089-1102. doi:10.1177/0093854811417076

Dickson, S. (2013). *Preventing Sexual Violence: A stocktake of tauiwi & bicultural primary prevention activities 2013*. Retrieved from https://www.toah-nnest.org.nz/images/pdfs/PreventingSexualViolenceStocktake.pdf

Dickson, S., & Willis, G. M. (2017). Primary Prevention of Sexual Violence in Aotearoa New Zealand: A Survey of Prevention Activities. *Sexual Abuse: Journal of Research and Treatment, 29*(2), 128-147. doi:10.1177/1079063215583852

Durie, M. (1985). A Maori perspective of health. *Social Science and Medicine, 20*(5), 483-486. doi:10.1016/0277-9536(85)90363-6

Durie, M. (1999). Mental health and Maori development. *Australian & New Zealand Journal of Psychiatry, 33*(1), 5-12. doi:10.1046/j.1440-1614.1999.00526.x

Durie, M., Hoskins, T. K., & Jones, A. (2012). Interview: Kaupapa Maori: Shifting the social. *New Zealand Journal of Educational Studies, 47*(2), 21-29.

Eher, R., Olver, M. E., Heurix, I., Schilling, F., & Rettenberger, M. (2015). Predicting reoffense in pedophilic child molesters by clinical diagnoses and risk assessment. *Law and Human Behavior, 39*(6), 571-580. doi:10.1037/lhb0000144

Elliott, I. A., & Beech, A. R. (2013). A U.K. Cost-Benefit Analysis of Circles of Support and Accountability Interventions. *Sexual Abuse: Journal of Research and Treatment, 25*(3), 211-229. doi:10.1177/1079063212443385

Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for

prevention. *Child Abuse and Neglect, 36*(2), 156-165. doi:10.1016/j.chiabu.2011.10.006

Fanslow, J. L., Robinson, E. M., Crengle, S., & Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse and Neglect, 31*(9), 935-945. doi:10.1016/j.chiabu.2007.02.009

Fanslow, J. L., Robinson, E. M. (2010). Help-seeking behaviours and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. Journal of Interpersonal Violence, 25(5), 929-951.

Farrington, D. P., & Ttofi, M. M. (2009). School-based programs to reduce bullying and victimization. *School-based programs to reduce bullying and victimization*.

Felitti, V. J., & Anda, R. F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: Implications for healthcare *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (pp. 77-87).

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258. doi:10.1016/S0749-3797(98)00017-8

Fergusson, D. M., McLeod, G. F. H., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *CHILD ABUSE & NEGLECT, 37*(9), 664-674. doi:10.1016/j.chiabu.2013.03.013

Finkelhor, D. (1984). *Child sexual abuse : new theory and research*: New York: Free Press.

Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *CHILD ABUSE & NEGLECT, 18*(5), 409-417. doi:10.1016/0145-2134(94)90026-4

Finkelhor, D. (2007). Prevention of Sexual Abuse Through Educational Programs Directed Toward Children. *Pediatrics, 120*(3), 640.

Finkelhor, D. (2017). Full Length Article: Screening for adverse childhood experiences (ACEs): Cautions and suggestions. *CHILD ABUSE & NEGLECT*. doi:10.1016/j.chiabu.2017.07.016

Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). Victimization prevention programs for children: A follow-up. *American Journal of Public Health, 85*(12), 1684-1689.

Finkelhor, D., & Ormrod, R. (2001). *Crimes against children by babysitters [electronic resource] / David Finkelhor and Richard Ormrod*: [Washington, DC] : U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2001.

Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). *Juveniles who commit sex offenses against minors [electronic resource] / David Finkelhor, Richard Ormrod, and Mark Chaffin*: Washington, DC : U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2009.

Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., & Hamby, S. (2014). Youth exposure to violence prevention programs in a national sample. *Child Abuse and Neglect, 38*(4), 677-686. doi:10.1016/j.chiabu.2014.01.010

Flood, M. (2009). The harms of pornography exposure among children and young people. *CHILD ABUSE REVIEW, 18*(6), 384-400. doi:10.1002/car.1092

Gannon, T. A., Olver, M., Mallion, J., & James, M. (2018). *Future Directions in Sexual Offending Treatment*. Paper presented at the International Association for the Treatment of Sexual Offenders, Vilnius, Lithuania. http://forensicpsychology.co.uk/wp-content/uploads/2018/04/Gannon-ND2018.pdf

Griffee, K., Swindell, S., O'Keefe, S. L., Stroebel, S. S., Beard, K. W., Kuo, S.-Y., & Stroupe, W. (2016). Etiological Risk Factors for Sibling Incest. *Sexual Abuse, 28*(7), 620-659. doi:10.1177/1079063214558941

Gutierrez, L., Chadwick, N., & Wanamaker, K. A. (2018). Culturally relevant programming versus the status quo: A meta-analytic review of the effectiveness of treatment of indigenous offenders. *Canadian Journal of Criminology and Criminal Justice, 60*(3), 321-353.

Hackett, S. (2004). *What works for children and young people with harmful sexual behaviours?* : Barnardo's.

Hackett, S., Holmes, D., & Branigan, P. (2016). Operational framework for children and young people displaying harmful sexual behaviours, London, NSPCC.

Hackett, S., Phillips, J., Masson, H., & Balfe, M. (2013). Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers. *CHILD ABUSE REVIEW, 22*(4), 232-245. doi:10.1002/car.2246

Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior, 36*(9), 865-891. doi:10.1177/0093854809338545

Hanson, R. K., & Morton-Bourgon, K. (2005). Predictors of sexual recidivism: An updated meta-analysis (User Report 2004–02).

Harris, A. J., Levenson, J. S., Lobanov-Rostovsky, C., & Walfield, S. M. (2018). Law Enforcement Perspectives on Sex Offender Registration and Notification: Effectiveness, Challenges, and Policy Priorities. *Criminal Justice Policy Review, 29*(4), 391-420. doi:10.1177/0887403416651671

Harris, G. T., Lowenkamp, C. T., & Hilton, N. Z. (2015). Evidence for Risk Estimate Precision: Implications for Individual Risk Communication. *Behavioral Sciences and the Law, 33*(1), 111-127. doi:10.1002/bsl.2158

Harrison, K., & Rainey, B. (2013). *The Wiley-Blackwell handbook of legal and ethical aspects of sex offender treatment and management*: Wiley-Blackwell.

Heffernan, R., & Ward, T. (2015). The conceptualization of dynamic risk factors in child sex offenders: An agency model. *Aggression & Violent Behavior, 24*, 250-260. doi:10.1016/j.avb.2015.07.001

Henry, E., & Pene, H. (2001). Kaupapa Maori: Locating Indigenous Ontology, Epistemology and Methodology in the Academy. *Organization, 8*(2), 234-242.

Hornor, G. (2010). Child Sexual Abuse: Consequences and Implications. *Journal of Pediatric Health Care, 24*(6), 358-364. doi:10.1016/j.pedhc.2009.07.003

Hudson, K. (2018). Preventing child sexual abuse through education: the work of Stop it Now! Wales (Vol. 24, pp. 99-113).

Hunter, J. A. (2006). Understanding diversity in juvenile sexual offenders: Implications for assessment, treatment, and legal management. *Current Perspectives: Working With Sexually Aggressive Youth and Youth With Sexual Behavior Problems*, 63-77.

Hunter, J. A., Figueredo, A. J., Malamuth, N. M., & Becker, J. V. (2003). Juvenile sex offenders: Toward the development of a typology. *Sexual Abuse: Journal of Research and Treatment, 15*(1), 27-48. doi:10.1023/A:1020663723593

Jackson, M. (1987). The Maori and the Criminal Justice System, A New Perspective: He Whaipaanga Hou. *Wellington, Policy and Research Division, Dept. of Justice*.

Jackson, M. (1988). The Maori and the Criminal Justice System, A New Perspective: He Whaipaanga Hou, Part 2. *Wellington, Policy and Research Division, Dept. of Justice*.

Johnson, T. C. (1988). Child perpetrators—children who molest other children: Preliminary findings. *CHILD ABUSE & NEGLECT, 12*(2), 219-229. doi:10.1016/0145-2134(88)90030-0

Johnson, T. C. (1999). The development of sexual behavior problems in childhood. *Sexual aggression*, 41-74.

Keane, M., Guest, A., & Padbury, J. (2013). A Balancing Act: A Family Perspective to Sibling Sexual Abuse. *CHILD ABUSE REVIEW, 22*(4), 246-254. doi:10.1002/car.2284

Keddell, E. (2015) The ethics of predictive risk modelling in the Aotearoa/New Zealand child welfare context: child abuse prevention or neo-liberal tool? *Critical Social Policy*: Sage.

Kellogg, N. (2005). The evaluation of sexual abuse in children. *Pediatrics, 116*(2), 506-512.

Kenny, M. C., & Wurtele, S. K. (2012). Preventing Childhood Sexual Abuse: An Ecological Approach. *JOURNAL OF CHILD SEXUAL ABUSE, 21*(4), 361-367. doi:10.1080/10538712.2012.675567

Kohu-Morgan, H. (2013). Maori Prison Rehabilitation Programs not Maori Enough. Retrieved from http://www.radionz.co.nz/news/te-manu-

korihi/131954/maori-prison-rehabilitation-programmes-not-maori-enough

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American journal of occupational therapy, 45*(3), 214-222.

Lambie, I., Geary, J., Fortune, C. A., Willingale, J., & Brown, P. (2007). Getting it Right: An Evaluation of Community Adolescent Sexual Offender Treatment Programmes In New Zealand.

Lambie, I., Seymour, F., Lee, A., & Adams, P. (2002). Resiliency in the victim–offender cycle in male sexual abuse. *Sexual abuse: a journal of research and treatment, 14*(1), 31-48.

Långström, N., Babchishin, K. M., Fazel, S., Lichtenstein, P., & Frisell, T. (2015). Sexual offending runs in families: A 37-year nationwide study. *International Journal of Epidemiology, 44*(2), 713-720. doi:10.1093/ije/dyv029

Långström, N., Enebrink, P., Laurén, E.-M., Lindblom, J., Werkö, S., & Hanson, R. K. (2013). Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions. *BMJ, 347*, f4630.

Leach, C., Stewart, A., & Smallbone, S. (2016). Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study. *CHILD ABUSE & NEGLECT, 51*, 144-153. doi:10.1016/j.chiabu.2015.10.024

Leaming, N., & Willis, G. M. (2016). The good lives model: New avenues for Maori rehabilitation? *Sexual Abuse in Australia and New Zealand, 7*(1), 59.

Leclerc, B., Chiu, Y.-N., & Cale, J. (2016). Sexual violence and abuse against children: A first review through the lens of environmental criminology. *International Journal of Offender Therapy and Comparative Criminology, 60*(7), 743-765. doi:10.1177/0306624X14564319

Leclerc, B., Smallbone, S., & Wortley, R. (2015). Prevention Nearby. *Sexual Abuse, 27*(2), 189-204. doi:doi:10.1177/1079063213504594

Leen, E., Sorbring, E., Mawer, M., Holdsworth, E., Helsing, B., & Bowen, E. (2013). Prevalence, dynamic risk factors and the efficacy of primary interventions

for adolescent dating violence: An international review. *Aggression and Violent Behavior, 18*(1), 159-174.

Letourneau, E. J., Harris, A. J., Shields, R. T., Walfield, S. M., Ruzicka, A. E., Buckman, C., . . . Nair, R. (2018). Effects of juvenile sex offender registration on adolescent well-being: An empirical examination. *Psychology, Public Policy, and Law, 24*(1), 105-117. doi:10.1037/law0000155

Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23*(1), 89.

Letourneau, E. J., Henggeler, S. W., McCart, M. R., Borduin, C. M., Schewe, P. A., & Armstrong, K. S. (2013). Two-year follow-up of a randomized effectiveness trial evaluating mst for juveniles who sexually offend. *Journal of Family Psychology, 27*(6), 978-985. doi:10.1037/a0034710

Letourneau, E. J., & Miner, M. H. (2005). Juvenile sex offenders: A case against the legal and clinical status quo. *Sexual Abuse: Journal of Research and Treatment, 17*(3), 293-312. doi:10.1007/s11194-005-5059-y

Letourneau, E. J., Schaeffer, C. M., Bradshaw, C. P., & Feder, K. A. (2017). Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming. *CHILD MALTREATMENT, 22*(2), 100-111.

Levenson, J. S., Willis, G. M., & Prescott, D. S. (2016). Adverse Childhood Experiences in the Lives of Male Sex Offenders. *Sexual Abuse, 28*(4), 340-359. doi:doi:10.1177/1079063214535819

Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017). Obstacles to Help-Seeking for Sexual Offenders: Implications for Prevention of Sexual Abuse. *JOURNAL OF CHILD SEXUAL ABUSE, 26*(2), 99-120. doi:10.1080/10538712.2016.1276116

Levine, J. A., & Dandamudi, K. (2016). Prevention of Child Sexual Abuse by Targeting Pre-Offenders Before First Offense. *JOURNAL OF CHILD SEXUAL ABUSE, 25*(7), 719-737. doi:10.1080/10538712.2016.1208703

Lussier, P., & Blokland, A. (2014). The adolescence-adulthood transition and Robins's continuity paradox: Criminal career patterns of juvenile and adult sex offenders in a prospective longitudinal birth cohort study. *Journal of Criminal Justice, 42*(2), 153-163. doi:10.1016/j.jcrimjus.2013.07.004

Lussier, P., McCuish, E., Mathesius, J., Corrado, R., & Nadeau, D. (2018). Developmental Trajectories of Child Sexual Behaviors on the Path of Sexual Behavioral Problems: Evidence From a Prospective Longitudinal Study. *Sexual Abuse, 30*(6), 622-658. doi:10.1177/1079063217691963

Mahuika, R. (2008). Kaupapa Māori theory is critical and anti-colonial. *MAI review (Online)*.

Malinen, S., Willis, G. M., & Johnston, L. (2014). Might informative media reporting of sexual offending influence community members' attitudes towards sex offenders? *Psychology, Crime & Law, 20*(6), 535.

Mane, J. (2009). Kaupapa Māori : a community approach. *MAI review (Online)*.

Mayhew, P., & Reilly, J. (2009). Interpersonal violence: Findings from the New Zealand Crime and Safety Survey. *Family Violence Statistics Report. Wellington: Families Commission*.

McCartan, K. F., Kemshall, H., & Tabachnick, J. (2015). The construction of community understandings of sexual violence: rethinking public, practitioner and policy discourses. *Journal of Sexual Aggression, 21*(1), 100-116. doi:10.1080/13552600.2014.945976

McKibbin, G., Humphreys, C., & Hamilton, B. (2016). Prevention-enhancing interactions: a Critical Interpretive Synthesis of the evidence about children who sexually abuse other children. *Health & Social Care in the Community, 24*(6), 657-671. doi:10.1111/hsc.12260

McKibbin, G., Humphreys, C., & Hamilton, B. (2017). "Talking about child sexual abuse would have helped me": Young people who sexually abused reflect on preventing harmful sexual behavior. *CHILD ABUSE & NEGLECT, 70*, 210-221.

McKillop, N., Rayment-McHugh, S., Smallbone, S., & Bromham, Z. (2018a). A comparison of individual, ecological and situational factors associated with adolescence- and adulthood-onset sexual abuse of children.

McKillop, N., Rayment-McHugh, S., Smallbone, S., & Bromham, Z. (2018b). Understanding and preventing the onset of child sexual abuse in adolescence and adulthood. *Trends & Issues in Crime & Criminal Justice*(554), 1.

Ministry of Social Development. (2017). *Harmful sexual behaviour service development report*. Wellington, New Zealand: Ministry of Social Development.

Ministry of Social Development. (2018a). Harmful Sexual Behaviour Services. Retrieved from https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/harmful.html

Ministry of Social Development. (2018b). Strengthening support for the sexual violence sector. Retrieved from https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/strengthening-support-for-sexual-violence-sector.html

Monahan, K. (2010). Themes of adult sibling sexual abuse survivors in later life: An initial exploration. *Clinical Social Work Journal, 38*(4), 361-369. doi:10.1007/s10615-010-0286-1

Moyle, P., & Tauri, J. M. (2016). Māori, Family Group Conferencing and the Mystifications of Restorative Justice. *Victims & Offenders, 11*(1), 87.

Nakhid, C., & Shorter, L. T. (2014). Narratives of four maori ex-inmates about their experiences and perspectives of rehabilitation programmes. *International Journal of Offender Therapy and Comparative Criminology, 58*(6), 697-717. doi:10.1177/0306624X13476939

Naramore, R., Bright, M. A., Epps, N., & Hardt, N. S. (2015). Youth Arrested for Trading Sex Have the Highest Rates of Childhood Adversity: A Statewide Study of Juvenile Offenders. *Sexual Abuse, 29*(4), 396-410. doi:10.1177/1079063215603064

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

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What Works in Prevention: Principles of Effective Prevention Programs. *American Psychologist, 58*(6-7), 449-456. doi:10.1037/0003-066X.58.6-7.449

O'Keefe, S. L., Beard, K. W., Swindell, S., Stroebel, S. S., Griffee, K., & Young, D. H. (2014). Sister-brother Incest: Data from Anonymous Computer Assisted Self Interviews. *Sexual Addiction and Compulsivity, 21*(1), 1-38. doi:10.1080/10720162.2013.877410

Ogloff, J. R. P., Cutajar, M. C., Mann, E., & Mullen, P. (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. *Trends and Issues in Crime and Criminal Justice*(440), 1-6.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE.

Pihama, L., Te Nana, R., Cameron, N., Smith, C., Reid, J., & Southey, K. (2016). Maori cultural definitions of sexual violence. *Sexual Abuse in Australia and New Zealand, 7*(1), 43.

Pitts, C. (2015). Child sexual abuse prevention programs for pre-schoolers: A synthesis of current evidence. *Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.*

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. SAGE.

Pullman, L., & Seto, M. C. (2012). Assessment and treatment of adolescent sexual offenders: Implications of recent research on generalist versus specialist explanations. *CHILD ABUSE & NEGLECT, 36*(3), 203-209. doi:10.1016/j.chiabu.2011.11.003

Quadara, A., Nagy, V., Higgins, D. & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report (Research Report No. 33). Melbourne: Australian Institute of Family Studies.

Roper, T., & Thompson, A. (2006). *Estimating the Costs of Crime in New Zealand in 2003/4*.

Ryan, G. (1997). Phenomenology: A developmental-contextual view. *Juvenile Sexual Offending: Causes, Consequences, and Correction*, 122-135.

Saunders, V., & McArthur, M. (2017). Help-seeking needs and gaps for preventing child sexual abuse: a report for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Seto, M. C., & Lalumière, M. L. (2010). What Is So Special About Male Adolescent Sexual Offending? A Review and Test of Explanations Through Meta-Analysis. *Psychological Bulletin, 136*(4), 526-575. doi:10.1037/a0019700

Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., & Rodriguez, R. A. (2000). Child on child sexual abuse: psychological perspectives. *CHILD ABUSE & NEGLECT, 24*(12), 1591-1600. doi:10.1016/0145-2134(00)00212-X

Smallbone, S., & Cale, J. (2015). An integrated life-course developmental theory of child sexual abuse. In A. Blokland & P. Lussier (Eds.), *Sex offenders: A criminal career approach*. New York: Wiley.

Smallbone, S., Marshall, W. L., & Wortley, R. (2008). *Preventing Child Sexual Abuse: Evidence, Policy and Practice*. Collumpton: UK: Willan.

Smallbone, S., Marshall, W. L., & Wortley, R. (2011). *Preventing Child Sexual Abuse – Evidence, Policy and Practice*. New York, NY: Routledge.

Smallbone, S., & Rayment-McHugh, S. (2013). Preventing Youth Sexual Violence and Abuse: Problems and Solutions in the Australian Context. *Australian Psychologist, 48*(1), 3-13. doi:10.1111/j.1742-9544.2012.00071.x

Smallbone, S., Rayment-Mchugh, S., & Smith, D. (2013). Youth Sexual Offending: Context, Good-Enough Lives, and Engaging With a Wider Prevention Agenda. *International Journal of Behavioral Consultation & Therapy, 8*(3/4), 49-54.

Snyder, H. N. (2000). Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics.

Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *CHILD MALTREATMENT, 16*(2), 79-101. doi:10.1177/1077559511403920

Tabachnick, J. (2013). Why prevention? Why now? *The International Journal of Behavioral Consultation and Therapy, 8*, 55-61.

Tabachnick, J., & Klein, A. (2011). A reasoned approach: Reshaping sex offender policy to prevent child sexual abuse.

Tauri, J. (1999). Explaining recent innovations in New Zealand's criminal justice system: Empowering maori or biculturalising the state? *Australian and New Zealand Journal of Criminology, 32*(2), 153-167. doi:10.1177/000486589903200205

Tauri, J. (2005). Indigenous perspectives and experience: Maori and the criminal justice system. *Introduction to Criminological Thought*, 129-145.

Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013). Shifting Boundaries: An Experimental Evaluation of a Dating Violence Prevention Program in Middle Schools. *Prevention Science, 14*(1), 64-76. doi:10.1007/s11121-012-0293-2

Te Puni Kōkiri (2009). Rangahau Tūkino Whānau; Māori Research Agenda on Family Violence. Te Puni Kōkiri, Wellington.

Te Puni Kōkiri. (2010). *Tiaki Tinana, A case study on creating conversations about sexual violence*. Retrieved from https://www.tpk.govt.nz/documents/download/262/tpk-tiaki-tinana.pdf

Thomas, S. P., Phillips, K., & Gunther, M. (2013). Childhood Sibling and Peer Relationships of Perpetrators of Child Sexual Abuse. *Archives of Psychiatric Nursing, 27*(6), 293-298. doi:10.1016/j.apnu.2013.09.002

Thornley, L. (2013). *What Works to Prevent Intimate Partner Violence and Elder Abuse? Report to Ministry of Social Development*. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/what-works-to-prevent-intimate-partner-violence-and-elder-abuse-25-09-2013-taskforce-meeting.pdf

Tinsley, Y., & McDonald, E. (2011). Is there any other way? : possible alternatives to the current criminal justice process. *Canterbury law review (Online)*.

Toki, V. (2012). Tikanga Maori in criminal law. *New Zealand law journal*.

Tonry, M., & Farrington, D. P. (1995). Strategic Approaches to Crime Prevention. *Building a Safer Society: Strategic Approaches to Crime Prevention, 19*, 1-20.

Vaithianathan, R. (2012). *Vulnerable children: : Can administrative data be used to identify children at risk of adverse outcomes?* Auckland, N.Z.:: Centre for

Applied Research in Economics (CARE) Department of Economics, The University of Auckland.

van Horn, J., Eisenberg, M., Nicholls, C. M., Mulder, J., Webster, S., Paskell, C., . . . Jago, N. (2015). Stop It Now! A Pilot Study Into the Limits and Benefits of a Free Helpline Preventing Child Sexual Abuse (Vol. 24, pp. 853-872).

Vess, J. (2009). Fear and loathing in public policy: Ethical issues in laws for sex offenders. *Aggression and Violent Behavior, 14*(4), 264-272. doi:10.1016/j.avb.2009.04.004

Vizard, E. (2013). Practitioner review: The victims and juvenile perpetrators of child sexual abuse—Assessment and intervention. *Journal of Child Psychology and Psychiatry, 54*(5), 503-515. doi:10.1111/jcpp.12047

Wakeling, H. C., Mann, R. E., & Carter, A. J. (2012). Do Low-risk Sexual Offenders Need Treatment? *Howard Journal of Criminal Justice, 51*(3), 286-299. doi:10.1111/j.1468-2311.2012.00718.x

Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Maori research, its principles, processes and applications. *International Journal of Social Research Methodology, 9*(4), 331-344. doi:10.1080/13645570600916049

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*(4). doi:10.1002/14651858.CD004380.pub3

Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice, 34*(4), 353-360. doi:10.1037/0735-7028.34.4.353

Ward, T., Yates, P. M., & Willis, G. M. (2012). The good lives model and the risk need responsivity model: a critical response to Andrews, Bonta, and Wormith (2011), 94.

West, B. (2007). Using the Good Way model to work positively with adults and youth with intellectual difficulties and sexually abusive behaviour. *Journal of Sexual Aggression, 13*(3), 253-266. doi:10.1080/13552600701664262

Widdicombe, S., & Wooffitt, R. (1995). *The language of youth subcultures: Social identity in action*. Harvester/Wheatsheaf.

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *CHILD ABUSE & NEGLECT*(8), 785.

Willis, G. M., & Letourneau, E. J. (2018). Promoting Accurate and Respectful Language to Describe Individuals and Groups. *SEXUAL ABUSE-A JOURNAL OF RESEARCH AND TREATMENT, 30*, 480-483. doi:10.1177/1079063218783799

Willis, G. M., Levenson, J., & Ward, T. (2010). Desistance and Attitudes Towards Sex Offenders: Facilitation or Hindrance? *Journal of Family Violence, 25*(6), 545-556. doi:10.1007/s10896-010-9314-8

Wolff, K. T., Baglivio, M. T., & Piquero, A. R. (2015). The Relationship Between Adverse Childhood Experiences and Recidivism in a Sample of Juvenile Offenders in Community-Based Treatment. *International Journal of Offender Therapy and Comparative Criminology, 61*(11), 1210-1242. doi:10.1177/0306624X15613992

Woodley, A., Davis, R. & Metzger, N. . (2013). Breaking the Silence but Keep- ing Secrets: What Young People Want to Address Sexual Violence. Tu Wahine Trust and HELP (Auckland Sexual Abuse HELP Foundation): Auckland

World Health Organization (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: World Health Organisation and International Society for Prevention of Child Abuse and Neglect Retrieved from http://apps.who.int/iris/bitstream/10665/43499/1/9241594365_eng.pdf.

Worling, J. R. (2004). The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR): Preliminary psychometric data. *Sexual Abuse: Journal of Research and Treatment, 16*(3), 235-254. doi:10.1177/107906320401600305

Worling, J. R., & Långström, N. (2006). Risk of sexual recidivism in adolescents who offend sexually: Correlates and assessment. *The Juvenile Sex Offender*, 219-247.

Wortley, R., & Smallbone, S. (2006). Applying situational principles to sexual offenses against children. In R. Wortley & S. Smallbone (Eds.), *Crime Prevention Studies* (Vol. 19, pp. 7-35). Monsey: Criminal Justice Press.

Wright, P. J., Tokunaga, R. S., & Kraus, A. (2016). A meta-analysis of pornography consumption and actual acts of sexual aggression in general population studies. *Journal of Communication, 66*(1), 183-205. doi:10.1111/jcom.12201

Xie, Q., Qiao, D. q. b. e. c., & Wang, X. (2016). Parent-Involved Prevention of Child Sexual Abuse: A Qualitative Exploration of Parents' Perceptions and Practices in Beijing. *Journal of Child & Family Studies, 25*(3), 999-1010. doi:10.1007/s10826-015-0277-5

Yates, P. (2017). 'Siblings as Better Together': Social Worker Decision Making in Cases Involving Sibling Sexual Behaviour. *The British Journal of Social Work*, bcx018.

Appendix A

Massey University Human Ethics Committee approval

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Date: 27 September 2017

Dear Heath Hutton

Re: Ethics Notification - **SOA 17/45 - Clinician and Therapist Perspectives of Sexual Abuse Prevention**

Thank you for the above application that was considered by the Massey University Human Ethics Committee: **Human Ethics Southern A Committee** at their meeting held on **Wednesday, 27**

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

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

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 350 5573; 06 350 5575 F 06 355 7973
E humanethics@massey.ac.nz W http://humanethics.massey.ac.nz

Appendix B

Interview guide

Read to participants:

This research aims to explore your thoughts about strategies to prevent harmful sexual behaviour in at-risk populations. This research aims to seek your professional opinion about what approaches would be best at preventing harmful sexual behaviour.

It also aims to seek your opinion about what considerations would be needed so that the interventions adequately meet the needs of the clients and address possible social and cultural factors that may contribute to the risk of harmful sexual behaviour.

[Outline semi-structured interview and flexibility for them to add tangents or other information as they wish.]

1. First, could you tell me a bit about yourself:

Years of experience in the field and role

The culture you identify with

Areas that they've practiced in (regions, contexts)

2. What would you say are the most important risk factors in populations for harmful sexual behaviour?

3. Do you think it is possible to have activities and strategies targeting at-risk populations? Why/why not?

4. What do you believe to be the most important aspects of prevention strategies targeting at-risk populations?

5. How do you think these aspects can be addressed in a prevention approach?

6. What would be the barriers to implementing this approach?

7. What solutions would you propose to address these barriers?

8. Are there changes needed to the current structure of delivery of services? What changes?

9. Do you think families from different cultures need a different approach? What needs to be different?

10. How can prevention strategies best meet the cultural needs of families?

11. How can prevention strategies best meet the social factors that contribute to harmful sexual behaviour?

12. Do you believe there are any specific issues with a family-based/wide approach?

13. What do you think are the most relevant factors to families engaging in these services?

14. What do you think are the most relevant society-wide factors to families engaging in these services?

15. What skills or characteristics do you think would be most important for professionals to have to deliver these interventions?

16. How could success be measured in these interventions?

17. A population that research indicates may be more at risk than others is families with identified offenders in them. Research indicates that the siblings or children of identified male offenders may be at higher risk of harmful sexual behaviours.

What are your thoughts about this research? Is this your experience? Have you noticed this?

18. If you were thinking of preventing further harmful sexual behaviour in these families, what strategies could be used?

19. Is there anything else that you think is important to consider in this area that we haven't already discussed?

Appendix C

Information Sheet

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Clinician and Therapist Perspectives of Sexual Abuse Prevention Programmes - Targeting Potential Offenders Before Offending

INFORMATION SHEET

Tēnā koe,

I am a student researcher in the School of Psychology at Massey University studying towards my Master of Arts (Psychology). I am about to start research that you may be interested in, focusing on programmes aimed at prevention of sexual abuse.

This project aims to get clinician and therapists' perspectives of what would constitute effective prevention of harmful sexual behaviour. Additionally, it aims to gather clinician and therapists' views on the opportunities and barriers related to implementing a targeted prevention approach in New Zealand. Ultimately the project aims to add to the literature on sexual abuse prevention, to assist in the development of approaches that adequately meet the needs of families and sufficiently address the socio-cultural factors relating to sexual violence.

I would like to invite clinicians and therapists working in the harmful sexual behaviour field to participate in this research project exploring their perspectives of what would constitute effective prevention strategies.

I am seeking participants from organisations that work in the area of prevention of sexual violence. I am aiming to talk to 8-10 clinicians/therapists. If you agree to participate, this will involve being interviewed, which I anticipate will take between 1½ - 2 hours. I will meet with you at a venue that is convenient for you. In appreciation of your time and effort in participating, you will be offered a koha (vouchers) at the end of the interview.

It is important that potential participants know that I am employed at a Wellington-based harmful sexual behaviour organization. This research is separate to my role as a clinician and it is not expected that our possible professional relationship would influence your decision to participate in this research.

Participant Rights
You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study anytime until 2 months after the interview;*
- *ask any questions about the study at any time during participation;*
- *ask for the recorder to be turned off at any time during the interview;*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*

The data that is collected from the research interviews will be transcribed using pseudonyms. These transcriptions will be kept securely for a period of five years. The audio-recordings will be destroyed immediately after transcribing processes have been completed.

I will keep your input confidential if you wish (sometimes people prefer to have their name included in reports and publications). I may wish to use some quotes from you, but would not include any explicitly identifying information against your wishes. However, in some cases, it may be possible for people who know you and know your participation to guess your contribution.

Te Kunenga
ki Pūrehuroa

School of Psychology - Te Kura Hinengaro Tangata
Private Bag 11222, Palmerston North 4442, New Zealand T +64 6 356 9099 extn 85071 F +64 6 356 7988 http://psychology.massey.ac.nz

Participants should not make disclosures of information to me during the interviews that would require me to notify authorities.

You can choose to receive a copy of your transcript if you would like. This can be sent to an email address that you provide.

If you have any further questions about the research then please get in contact with the researcher or his supervisor on the contact details below:

Researcher:
Heath Hutton
[redacted]
heath.hutton.1@uni.massey.ac.nz

Research Supervisor:
Dr Kirsty Ross
Clinical Psychologist and Senior Lecturer
School of Psychology
Massey University
K.J.Ross@massey.ac.nz
+64 (06) 356 9099 ext. 84968

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 17/45. If you have any concerns about the conduct of this research, please contact Dr Lesley Batten, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 356 9099 x 85094, email humanethicsoutha@massey.ac.nz .

Appendix D

Letter to Organisations

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Clinician and Therapist Perspectives of Sexual Abuse Prevention Programmes - Targeting Potential Offenders Before Offending

REQUEST FOR PROFESSIONALS TO PARTICIPATE

Tēnā koe,

I am a student researcher in the School of Psychology at Massey University studying towards my Master of Arts (Psychology). I am about to start research that you, and the staff at your organization, may be interested in, focusing on programmes aimed at prevention of sexual abuse.

This project aims to get professionals' perspectives of what would constitute effective prevention of harmful sexual behaviour. Additionally, it aims to gather professionals' views on the opportunities and barriers related to implementing a targeted prevention approach in New Zealand. Ultimately the project aims to add to the literature on sexual abuse prevention, to assist in the development of approaches that adequately meet the needs of families and sufficiently address the socio-cultural factors relating to sexual violence. I would like to invite professionals working in the harmful sexual behaviour field to participate in this research project exploring their perspectives of what would constitute effective prevention strategies.

I am seeking participants from your organisation and would ask that you pass an invitation to participate onto your staff. I have attached an information sheet with information for your staff to consider. I would also be grateful for a letter from you to your staff outlining your understanding that their participation in this research will be confidential, voluntary and anonymous, and permission for this to happen.

I am aiming to talk to 8-10 professionals from various organisations around New Zealand. If your staff agree to participate, this will involve them being interviewed, which I anticipate will take between 1½ - 2 hours. I will meet with them at a venue that is convenient for them. In appreciation of their time and effort in participating, they will be offered a koha (vouchers) at the end of the interview.

It is important that you and potential participants know that I am employed at a Wellington-based harmful sexual behaviour organization. This research is separate to my role as a clinician and it is not expected that our possible professional relationship would influence your decision to participate in, or advertise, this research.

If you have any further questions about the research, then please get in contact with either myself or my supervisor on the contact details below:

Heath Hutton
[redacted]
heath.hutton.1@uni.massey.ac.nz

Research Supervisor:
Dr Kirsty Ross
Clinical Psychologist and Senior Lecturer
School of Psychology
Massey University
K.J.Ross@massey.ac.nz
+64 (06) 356 9099 ext. 84968

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 17/45. If you have any concerns about the conduct of this research, please contact Dr Lesley Batten, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 356 9099 x 85094, email humanethicsouth@massey.ac.nz

Appendix E

Participant consent forms

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Clinician and Therapist Perspectives of Sexual Abuse Prevention Programmes - Targeting Potential Offenders Before Offending

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to have my transcript returned to me.

I wish/do not wish to a summary of the research findings given to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

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