Pasifika Youth with Harmful Sexual Behaviour Differ from Other Young People and Need a Different Response

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Evidence-based treatment approaches for youth who engage in harmful sexual behaviour largely derive from western populations and worldviews, but there is increasing demand for diverse communities to be better served. This includes the Pasifika community in Aotearoa New Zealand, where Pasifika youth are at higher risk of dropping out of treatment than are New Zealand European (Pākehā) youth. This study explored coexisting emotional and behavioural problems (measured by the Child Behavior Checklist) and offending behaviour of an age-matched sample of Pasifika (n = 44) and Pākehā (n = 44) youth referred to a community treatment programme for harmful sexual behaviour. The Pasifika youth were more likely to display symptoms of anxiety and depression and had higher rates of internalising problems, compared to Pākehā youth. Pasifika youth were more likely to offend against peers/adults who were unknown to them (non-familial strangers/acquaintances), whereas Pākehā youth were more likely to target child victims known to them. More Pasifika youth had a history of non-sexual offending prior to the sexual offending that had them referred for treatment. These data point to the unique needs of Pasifika youth with harmful sexual behaviour. More family-based treatment, using culturally appropriate relationship frameworks such as the Va, are recommended.

Keywords: *Harmful Sexual Behaviour, Juvenile Sexual Offending, Sexual Offending, Youth Offending, Pacific Youth*

Introduction

The Pasifika[1] population in Aotearoa[2] New Zealand (NZ) includes migrants and descendants from the regions of Oceania - Polynesia, Melanesia and Micronesia. The Pasifika population in Aotearoa NZ is a vibrant and diverse group, with 60% born and raised in Aotearoa NZ, and increasingly with a mixed Pasifika and non-Pasifika heritage (Pasefika Proud, 2016). Pasifika comprise around 8% of the population, with the indigenous Māori at 17%, the Asian ethnic minority at around 16% and the NZ European/Pākehā majority at 70% (Statistics NZ, 2020[3]). Pasifika have the largest proportion of children (32.3%) under 14 years old compared to other ethnic groups (Pasifika Futures, 2017). By 2038, it is expected that one in five children will be Pasifika in Aotearoa NZ (Pasefika Proud, 2016). This suggests that the current and future health and wellbeing of Pasifika children and youth in Aotearoa NZ will have an impact on the overall wellbeing of society.

Offending by Pasifika in Aotearoa NZ

Young Pasifika people are overrepresented in offending that is of a violent nature, relative to other ethnic groups (Ioane & Lambie, 2016), but little is known about sexual offences committed. Ministry of Justice statistics show that the percentage of Pasifika children and young people[4] with a Youth Court-proved outcome, or who are convicted and sentenced in the District/High Court due to a sexual assault and related offence(s), increased slightly from 10% (2008) to 11% (2019) of the total number[5] of children and young people committing such offences (Statistics NZ, 2020). Research increasingly points to the need to understand differences between ethnically and culturally diverse youth so that appropriately targeted interventions are developed to

[1] "Pasifika" is a variant of the word "Pacific" and is commonly the way in which Pacific people, with diverse Pacific origins (such as the authors of this paper) refer to themselves, hence the use of the term throughout this work.
[2] Aotearoa is the indigenous name for New Zealand (NZ); the combination 'Aotearoa NZ' is used.
[3] Total is more than !00% as Stats NZ explains: People who identify with more than one ethnicity have been included in each ethnic population that they identify with. Pākehā is a Māori (indigenous) term for Europeans or New Zealanders of European descent.
[4] "Children" in the court system are aged 10- to 13-years-old and a "young person" is aged 14 to 16. From July 2019, the definition of young people was extended to include 17-year-olds, so they are primarily processed in the Youth Court rather than in the adult justice system.
[5] In 2008, Pasifika accounted for 6/60 sexual assaults; in 2019, Pasifika accounted for 6/54 sexual assaults.

mitigate risk and prevent an offending trajectory that may continue into adulthood (Rojas & Gretton, 2007). Given the over-representation of Pasifika in sexual offending, understanding differences and characteristics between ethnic groups is therefore crucial.

This study aimed to look at similarities and differences associated with emotional and behavioural problems and offending behaviour by Pasifika and Pākehā youth, in order to then advance and contextualise interventions to address unique factors amongst different ethnicities. We have chosen to compare Pasifika to Pākehā youth because current intervention programmes are Eurocentric and do not appear to be culturally responsive to Pasifika youth (Lambie et al., 2007). Further, most programmes are developed in the United States with a variation in the numbers of indigenous and/or ethnic minority groups (Borduin et al., 1990; Dixon et al., 2015).

It is important to note that exploring issues by ethnicity is not to suggest that one ethnicity may be more likely to offend than any other (Adams et al., 2019; Lim et al., 2012) - rather, it is to enable genuine and equitable opportunities for treatment by addressing specific needs in these high-risk population groups.

Pasifika communities in Aotearoa NZ

Pasifika communities are a heterogenous population with fundamental similarities and subtle yet important differences between them. A fundamental similarity is the large emphasis placed on relationships (Reynolds, 2016; Tamasese et al., 2005; Vaioleti, 2006). Pasifika communities hold a collective and community focused worldview identified by the relationships held with one another—family, village, community—that includes the spiritual world and cosmos (Mo'a, 2015). Their identity is relational, and their values are relational, including - but not limited to - respect, love, humility and reciprocity. Rather than a western definition of such relational values, however, these values create the foundation by which Pasifika communities interact, socialise and identify with one another. Within Pasifika cultures, what governs the relationships is a theoretical construct known as Va:

> "Va is the space between, the betweenness, not empty space, not space that separates but space that relates, that holds separate entities and things together in the Unity-that-is-All, the space that is context, giving meaning." (Wendt, 1999, p. 402)

The Va has spiritual underpinnings, given the sacred obligations between and within Pasifika communities towards their families (Tuagalu, 2008). The Va creates a theoretical space, which, whilst not seen, is felt between people so that relationships are nurtured within the Pasifika worldview and are therefore fundamental to engagement within Pasifika communities (Ministry of Pacific Peoples, 2018). There are certain elements of the Va that create the boundaries and protocols (verbal and behavioural) with which Pasifika people relate to one another, for example, towards elders, professionals and spiritual/faith-based leaders.

Pasifika offending as a breach of relationships

Within a Pasifika worldview, when an offence is committed, the responsibility is not only held by the individual, it is also collectively shared by the family. An offence towards another person(s) and/or property can be seen as a breach of the Va. A breach of the Va in its most serious form is in either the act of violence or unwanted sexual behaviour towards another individual. When the Va is breached, there are physical, emotional and psychological impacts on the victim. There is also shame that the offender can experience, initially due to the impact of their behaviour on their own family, because their shame is held collectively by their nuclear and extended families. In addition to the legal consequences faced in western world countries, Pasifika people who engage in offending behaviour and their families must also face the cultural consequences of their behaviour, despite it being committed by an individual person.

In the Samoan culture, the process of ifoga is an act undertaken by the individual and their family to publicly display self-humiliation, in order to seek forgiveness from the victim(s) and their family (MacPherson, 2005). The consequences of their actions can include banishment from family and/or village, a permanent loss of relationships (which is significant, given the relational identity of Pasifika communities), and a shunned and shameful reputation for the family that can potentially last across generations. Given the evolving culture of Pasifika communities in Aotearoa NZ, cultural consequences of such behaviours can include the parent of a young person apologising to the victim(s) and their family, hence highlighting the collective responsibility of the family, despite the offence having been committed by an individual.

Even though there are these dual processes of law and lore that occur when a Pasifika person commits a crime such as sexual offending, little has been done to explore unique factors among Pasifika youth with harmful sexual behaviour that may exist and therefore require a specifically targeted approach.

Pasifika youth in Aotearoa NZ

Research about Pasifika youth highlight progress and challenges amongst this group (Clark et al., 2015). Findings from the Youth 12 survey[6] found that 17.1% (n = 1445) of the students surveyed identified themselves as Pasifika. Of concern is that the Pasifika youth in the survey reported a greater exposure to violence than did NZ European students (Fa'alili-Fidow et al., 2016). In addition, 22% of Pasifika students reported being forced to do sexual things they did not want to do and 39% had not told anyone about the abuse (Clark et al., 2015). This national study found that prioritising the wellbeing of Pasifika youth in Aotearoa NZ required the implementation of culturally appropriate interventions, programmes and services for Pasifika youth that took into account their diverse environment including family, school, church and community. Another study looking at

[6] This is a nationwide study that began in 2000 looking at the health and wellbeing of youth throughout Aotearoa NZ.

Pasifika youth found that positive relationships with family and friends, and a spiritual connection to "God" (a Christian God), contributed to positive wellbeing (Marsters & Tiatia-Seath, 2019).

Harmful sexual behaviour

Harmful sexual behaviour continues to have a significant and adverse impact on all victims including Pasifika, their families and the wider community (Rojas & Gretton, 2007). The relationship between the young person and their victim has been researched and often categorised depending on the age of the victim, whether children, peers or adults (Keelan & Fremouw, 2013; Seto & Lalumière, 2010). The review by Keelan and Fremouw in 2013 found a lack of definitive or predictive characteristics or differences between who might offend against children and those who offended against peers and/or adults. However, other studies showed that those who offended against children were more likely to offend against family members, compared to those who offended against peers that included female acquaintances and strangers (Aebi et al., 2012; Hendriks & Bijleveld, 2004; Hsu & Starzynski, 1990). Furthermore, those who offended against peers were more likely than those who offended against children to come from families within which they had more exposure to violence within the home and criminal activity and less adult supervision (Gunby & Woodhams, 2010).

With regards to behavioural problems, an early study found no differences in rates of externalising behaviours (conduct disorder) between those who offended against children vs. against peers or adults (Hsu & Starzynsky, 1990), whereas a later study found more conduct-related problems for those who offended against children (van der Put & Asscher, 2015). Research has also found differences when exploring behavioural problems and socioeconomic status between those offending against children versus those offending against peers/adults (Aebi et al. 2012; Leroux et al., 2016). Overall, results are mixed, given that an earlier study found no differences in externalising behaviours (conduct disorder) between the two groups (Hsu & Starzynsky, 1990), whereas another study found more conduct-related problems for those who offended against children (van der Put & Asscher, 2015). This is in contrast to a more recent study of lower numbers for those diagnosed with conduct disorder who had offended against children compared to those who had offended against same aged peers or adults (Leroux et al., 2016). In terms of internalising problems (such as depression and anxiety), previous studies have shown that those who offended against children were more likely to suffer frequent symptoms of depression and anxiety than were those who offended against peers or adults (Aebi et al., 2012; Gunby & Woodhams, 2010; Hart-Kerkhoffes et al., 2009; Hendriks & Bijleveld, 2004; Hunter et al., 2003). A further review in 2017 by Ueda found similarly that those who offended against children were more likely to show internalising behaviour problems such as anxiety (Fanniff & Kolko, 2012; Glowacz & Born, 2013), while those who offended against peers or adults were more likely to show externalising behavioural problems, such as conduct disorder (Glowacz & Born, 2013; Joyal et al., 2016). Consistent with previous studies, some research has indicated that rates of internalising behaviour problems and harmful sexual beahviour were similar across ethnic groups (according to Aebi et al., 2012) in the US and a Europe-based study by Glowaboth ethnic groups were found to show high rates of internalising behaviour problems (Aebi et al., 2012; Glowacz & Born, 2013).

There is limited research exploring patterns of harmful sexual behaviour towards peers/adults or against children amongst young people of diverse cultural backgrounds. A recent study comparing indigenous and non-indigenous youth in Australia with harmful sexual behaviour found that indigenous youth were more likely to commit their first sexual offence against a peer or adult compared to non-indigenous youth who tended to offend against younger people (Adams et al., 2019). This is also consistent with an earlier study that included an over-representation of indigenous Australian youth and found a tendency to offend against peer and/or adult victims (Allan et al., 2002). However, in contrast, studies in Sweden (Langstrom & Lindblad, 2000) and Australia (Rojas & Gretton, 2007) have also shown indigenous youth who offended against those younger than themselves, where they were (on average) in their mid-teens, while their victims were (on average) under 12 years of age. Interestingly, this difference of age and offending was not evident when comparing indigenous Māori and non-indigenous Pākehā youth with harmful sexual behaviour in Aotearoa NZ, as both were more likely to target younger victims than peer/adult victims (Lim et al., 2012).

A response to harmful sexual behaviour in Aotearoa NZ

Community interventions for harmful sexual behaviour in Aotearoa NZ are generally delivered by specialist agencies such as SAFE Network Ltd, which is located in Auckland, a city with the highest Pasifika population in Aotearoa NZ. A report in 2007 evaluated community treatment programmes for adolescents including Pasifika (Lambie et al., 2007). At that time, it was acknowledged that programmes did not meet the cultural needs of Pasifika youth, and there was also a lack of Pasifika clinicians despite the number of Pasifika referrals to the agencies involved. The report found that Pasifika youth had a 41% chance of not receiving treatment and only a 21% chance of completing treatment. Pasifika youth were at high risk of dropping out of treatment prior to completion, due to the young person withdrawing and/or a lack of funding by a statutory agency. Drop-out rates were 38% Pasifika, compared to 24% Māori and 23% NZ European. This is a significant concern given that youth who drop out of treatment are more likely to have higher rates of sexual and non-sexual recidivism (Lambie et al., 2007). To date, there has been no further research to explore this issue.

Purpose

The aim of this study was to a) explore and investigate the coexisting emotional and behavioural problems, and offending behaviour, of Pasifika youth with harmful sexual behaviour in comparison to Pākehā youth; and b) determine whether such improved understanding of

Table 1. Characteristics of the sample.

Variable	Pākehā *N* (%)	Pasifika *N* (%)
Parental Status		
Living with two biological parents	11 (25)	10 (22.7)
Living with one biological parent	33 (75)	33 (75)
Total	44 (100)	43 (97.7)[1]
Offence Type		
Sexualised touch/oral[2]	26 (59.1)	29 (65.9)
Penetration offences	18 (40.9)	15 (34.1)
Total	44 (100)	44 (100)
*Victim Type**		
Child-aged[3]	37 (84.1)	21 (47.7)
Peer/adult[4]	7 (15.9)	23 (52.3)
Total	44 (100)	44 (100)
*Relationship to Victim**		
Familial	26 (59.1)	14 (31.8)
Non-familial	14 (31.8)	28 (63.6)
Both familial and non-familial	4 (9.1)	2 (4.5)
Total	44 (100)	44 (100)
Historical Sexually Harmful Behaviour		
Evidence	17 (38.6)	13 (29.5)
No evidence	27 (61.4)	31 (70.5)
Total	44 (100)	44 (100)
*Historical Non-sexual Offending**		
Evidence	17 (38.6)	29 (65.9)
No evidence	27 (61.4)	15 (34.1)
Total	44 (100)	44 (100)

* $p < .05$;
1 Information on parental status for one case was unavailable; 2 Sexualised touch including oral contact; 3 Four or more years younger than offending adolescent and less than 12 years of age; 4 Three or less years younger/older than offender and under 18 or four or more years older than offender and over 18.

cultural factors of Pasifika youth with harmful sexual behaviour need to be incorporated as part of their therapeutic programme. It is envisaged that this study will provide information and guidance for the development and enhancement of future treatment practice for Pasifika youth that may also have relevance to indigenous and other ethnic minority groups of similar worldviews.

METHODS

Participants

The inclusion criteria for this study were being male, identified in their file as Pākehā (NZ European) or Pasifika (at least one parent being Pasifika), engaged in a "hands-on" offence[7] of a sexual nature, and that a Child Behaviour Checklist (CBCL; Achenbach, 1991) had been completed. An age-matched sample of 88 files (44 Pasifika, 44 Pākehā) were selected to audit. The mean age of the sample was 14.23 years old (*SD* 1.4 years).

This sample was derived from the assessment dataset. Ethnicity data were self-reported and included some ethnic specificity (such as being from Tonga, Tokelau or Samoa). However, this was not consistently reported in the files and also, out of only 44 age-matched files, specific island identity would have comprised very small subgroups. Therefore, the category 'Pasifika' was used. This acknowledges there are fundamental similarities between the worldviews of those identifying with Pacific island ethnicities, in contrast to those identifying with Pākehā/European worldviews, while also not discounting the cultural differences within and between Pacific communities that a larger-scale sample might be able to provide. Also, in line with standard Stats NZ practice in dealing with small populations, clients who identified with multiple ethnic groups were allocated to one. If identified as Pākehā/Other, they were classified as Pākehā; if identified as Pasifika/Other they were identified as Pasifika; if identified as Pākehā/Pasifika, they were identified as Pasifika. This latter group was identified as Pasifika as this study prioritised the Pasifika population, where the effects of racism would operate as if Pasifika (and 'brown'), even if they could also claim to be part of the majority 'white' population (Ross, 2014)..

[7] A "hands-on" sexual offence is defined as involving a degree of force, aggression, or coercion.

A coding number was assigned to each young person's file to ensure anonymity.

Measures

The Child Behavior Checklist (CBCL) is a checklist that looks at a child's functioning from a parent/caregiver's perspective (Parallel forms of the CBCL include a Youth Self-Report and Teacher's Report Form). The CBCL was selected for this study as there is evidence to suggest that this instrument is applicable for ethnically diverse children (De Groot et al., 1994) and it was the form most consistently completed across the files at the time of assessment.

The CBCL consists of 113 items that assess the emotional and behavioural problems of children between the ages of 4 and 18 in a standard format, as reported by parents or primary caregivers. Parents/caregivers rate to what degree each item describes their child on a 3-point scale: 0 (*not true*), 1 (*somewhat true*), and 2 (*very true*). The CBCL is an established and widely used measure with demonstrated content, construct, and criterion validity, as well as good reliability (mean *r* from .65 to .75 on interrater agreement of problem scales, mean *r* =.71 for test-retest reliability of problem scales over 2 years; Achenbach, 1991). The CBCL yields scores on three broadband scales and eight syndrome scales. The syndrome scales include Anxious/Depressed, Withdrawn/Depressed and Somatic Complaints (which contribute to the Internalizing Problems broadband scale); Rule-Breaking Behavior and Aggressive Behavior (which contribute to the Externalizing Problems broadband scale); and Social Problems, Thought Problems and Attention Problems (which complete the Total Behavior Problems broadband scale, determined by adding all eight syndrome scale scores).

Clinician-based information: Data were collected from information obtained at the initial assessment by SAFE clinicians, including -

Parental status. This was recorded as 1 = married or 2 = divorced, separated, or one or both parents deceased.

Offence type: This was classified dichotomously as a) sexualised touch and oral (that included oral contact) and b) penetration (attempted or completed) that included anal or vaginal. If the young person had offended in a) and b), they were categorised as b).

Victim type: A child victim was classified as a child who was four or more years younger than the young person at the time of the event, and below the age of 12 years old. Peer/adult victims were aged from 13 years, a categorisation similar to previous indigenous studies in this area (Adams et al., 2019; Lim et al., 2012)

Relationship to victim: This was classified as familial (known and/or relatives), non-familial (stranger).

Historical sexually harmful behaviour: Evidence for a history of sexually harmful behaviour is *present* or *not present* at the time of the data was collected.

Historical non-sexual offending: Evidence for a history of non-sexual offending is *present* or *not present*.

Procedure

The study was a subset of a larger study that looked at 600 adolescent males aged 11 to 18, who were referred to SAFE Network Ltd. If a young person is accepted to SAFE, they undergo a comprehensive individual and family assessment carried out by SAFE clinicians. It is generally agreed that Pasifika referrals will be seen by Pasifika clinicians as a priority. Depending on the recommendations of the assessment, if they are accepted into the SAFE programme, they will participate in individual, family and group therapy for between 6 and 18 months. For the purposes of this study, file data obtained during the assessment period were the primary source of data.

Ethics approval was granted by the University of Auckland Ethics Committee. Data were collected at the office of SAFE Network by postgraduate students responsible for coding the offence characteristics and background of the young person from each relevant file. This was carried out under the supervision of a clinical psychologist with more than 30 years' research and clinical experience working among young people with harmful sexual behaviour and in consultation with a Pasifika clinical psychologist.

Analysis

Data were analysed using the Statistical Package for the Social Sciences, version 17 and the R software package (version 2.12.2). Due to the small sample size alongside an inability to confidently determine the distribution of data, non-parametric testing was used. The Mann Whitney U test was used to compare any differences in the emotional and behavioural responses of Pasifika and Pākehā youth. Chi square analyses were used to test whether there was a relationship between the scores of the CBCL and ethnicity.

RESULTS

The characteristics of the sample are presented in Table 1. Chi square testing revealed no significant differences between the groups in parental status, offence type, and evidence of historical sexually harmful behaviours. Pasifika youth targeted a higher proportion of peer/adult victims (52.3%) than did Pākehā youth (15.9%) and this was significant ($\chi^2(1) = 12.95$, $p < .001$). The relationship of the Pasifika youth to the victim was significantly ($\chi^2(1) = 8.93$, $p = .0028$) more likely to be non-familial (63.6%), compared to Pākehā youth (31.8%). Finally, significance was approached by Pasifika youth ($\chi^2(1) = 6.56$, $p = .01$) who had a higher proportion of historical non-sexual offending (69.2%) than Pākehā youth had (23.1%).

Table 2 reports the mean T-scores for both ethnic groups on the CBCL subscales. The cut-off to be in the Borderline range is between 60 and 64, and in the Clinical range is greater than 65. The mean T-score fell in the Borderline range for Pasifika youth for Anxious/Depressed, Withdrawn/Depressed, Social Problems, Attention Problems, Rule-Breaking Behavior, Internalising Behaviors Total scale, Externalising Behaviors Total scale and Total Behavior Problems scale. The mean T-score fell in the Borderline range for Pākehā youth for Social Problems, Attention Problems and Rule-Breaking Behavior. There were no mean T-scores that fell within the Clinical range for Pasifika and Pākehā youth.

Chi square analyses were used to determine if there was a significant difference between the proportion of

Table 2. Child Behaviour Checklist for Pākehā and Pasifika youth with sexually harmful behaviour.

CBCL Subscales	Ethnicity	Mean T	SD T score	% in Borderline or Clinical range
Anxious/Depressed	Pasifika	61.59*	9.99	36.4
	Pākehā	57.16	8.85	15.9
Social Withdrawal	Pasifika	60.70*	7.56	29.5
	Pākehā	58.77	8.98	20.5
Somatic complaints	Pasifika	59.05	9.30	22.7
	Pākehā	57.09	7.90	11.4
Social Problems	Pasifika	61.05*	8.69	25
	Pākehā	60.27*	10.37	22.7
Thought Problems	Pasifika	59.66	8.29	25
	Pākehā	58.36	9.55	22.7
Attention Problems	Pasifika	62.00*	9.40	22.7
	Pākehā	61.93*	11.66	25
Rule-Breaking Behavior	Pasifika	62.82*	10.04	38.6
	Pākehā	61.32*	7.98	31.8
Aggressive Behaviour	Pasifika	59.58	9.46	15.9
	Pākehā	58.34	7.98	13.6
Internalising Problems	Pasifika	61.09*	10.80	59.1
	Pākehā	56.07	11.4	40.9
Externalising Problems	Pasifika	60.16*	10.80	52.3
	Pākehā	57.77	11.02	56.8
Total Problems	Pasifika	61.82*	10.70	61.4
	Pākehā	59.02	11.29	54.5

Notes: The Child Behaviour Checklist (CBCL) is the version completed by a Parent/Caregiver.
*T score falls in the Borderline or Clinical range

Pasifika and Pākehā youth scoring in the borderline and clinical ranges (BCR) for the CBCL subscales. Significantly more Pasifika youth (36.4%) than Pākehā youth (15.9%) scored in the BCR for the Anxious/Depressed subscale ($\chi^2(1) = 4.77$, $p = .029$). Therefore, there was a significant difference in the Anxious/Depressed subscale reported for Pasifika youth when compared to Pākehā youth. There were no significant differences between the proportion of Pasifika and Pākehā youth scoring in the BCR for the remaining subscales.

Mann Whitney U tests were carried out to examine differences between Pākehā and Pasifika adolescents (Table 3). Pasifika youth had significantly higher scores on the Anxious/Depressed syndrome scale and Internalising subscale than did Pākehā youth. Scores for Pasifika youth and Pākehā youth did not differ significantly on the remaining subscales.

DISCUSSION

This study found that Pasifika youth who engage in harmful sexual behaviour were more likely to display symptoms of anxiety and depression and have higher rates of internalising problems compared to Pākehā youth. Secondly, Pasifika youth were more likely to offend against peer/adults who were more likely to be unknown to them, whereas Pākehā youth were more likely to target child victims that were known to them.

Overall, Pasifika youth showed significantly higher rates of Anxious/Depressed symptoms and internalising problems than did Pākehā youth. This is consistent with previous findings among youth with harmful sexual

Table 3. Mann Whitney U statistic, means and standard deviations comparing Pākehā and Pasifika *CBCL subscales*.

CBCL Subscales	Pākehā ($N = 44$)		Pasifika ($N = 44$)		U-Statistic
	Mean	SD	Mean	SD	
Anxious/Depressed	4.45	4.41	6.43	5.06	722.0*
Withdrawn/Depressed	3.50	3.34	4.30	2.84	782.5
Somatic complaints	2.05	2.73	2.82	3.14	846.0
Social Problems	4.09	3.88	4.43	3.31	878.5
Thought Problems	2.77	3.80	3.39	3.45	809.5
Attention Problems	7.52	5.07	8.23	4.18	841.5
Rule-Breaking Behaviour	5.91	3.80	7.55	6.30	875.5
Aggressive Behavior	8.66	6.70	9.51	6.95	881.0
Internalising Problems	9.86	8.98	13.07	8.64	708.0*
Externalising Problems	14.57	10.29	16.93	12.22	905.5
Total Problems	43.41	30.86	51.41	29.69	805.5

*Notes: * p <.05*

behaviour (Aebi et al., 2012; Glowacz & Born, 2013). Whilst both groups showed borderline levels of Social and Attention problems, and Rule-Breaking behaviour, Pasifika youth also showed borderline level scores on the Anxious/Depressed and Withdrawn/Depressed subscales. These findings, whilst not clinically significant, require further consideration, as scores in the borderline range are high enough to initiate concern, even while not defining clinical deviance (Achenbach & Rescorla, 2001).

In terms of offending, Pasifika youth were more likely to target a higher proportion of peer/adult aged victims than were Pākehā youth, and their relationship with them tended to be non-familial. Pasifika are not 'indigenous' in Aotearoa NZ, but share the racist positioning and negative portrayals by the dominant Pākehā majority that the indigenous Māori face as a "brown Other" (Matika et al., 2021; Ross, 2014), so patterns associated with colonised, ethnic minority status could be relevant. For example, studies comparing indigenous and non-indigenous youth found that indigenous youth were more likely to commit a sexual offence against a peer or older individual, compared to non-indigenous youth who tended to offend against younger victims (Allan et al., 2002; Adams et al., 2019). Yet, in contrast, other studies have found indigenous youth were more likely to sexually offend against those younger than themselves (Langstrom & Lindblad, 2000; Rojas & Gretton, 2007) or were more likely to target child victims than peer/adult victims (Lim et al., 2012[8]).

Alternatively, Ross (2014) and Wood et al. (2000) suggest, based on similar patterns with South African youth, that there may be different trajectories of offending, where youth who target known, younger victims may be indicating a developing pattern of sexual deviance, and youth who offend with unknown peer/adult victim(s) may be more indicative of sexual experimentation. In reference to our study findings, the harmful sexual behaviour of Pasifika youth towards peer/adult victim(s) may therefore be a reflection of sexual experimentation and immaturity.

Our findings, that these Pasifika youth have more internalising problems and more non-familial peer/adult victims than do Pākehā, are generally in contrast to previous research that has found higher rates of anxiety/depression among those who offend against children rather than peers/adults (Aebi et al., 2012; Fanniff & Kolko, 2012; Glowacz & Born, 2013; Hunter et al., 2003; Lim et al., 2012). In addition, those with higher rates of externalising behaviours tended to offend against peers/adults (Glowacz & Born, 2013; Joyal et al., 2016), which is also in contrast to our findings.

Based on wider Pasifika and youth research, and our clinical knowledge, there may be a number of factors contributing to these results that need to be considered, and that also point to different approaches to interventions that may be required. These are outlined briefly in turn below, including Pasifika parents' style of reporting on the CBCL; rates of family violence that Pasifika experience; different cultural responses to depression; how the Va may be (mis)understood; the taboo nature of conversations about sex in Pasifika families; social skills needed in developing sexual and age-appropriate relationships; and wider patterns of offending that may also affect harmful sexual behaviour.

Firstly, the CBCL is completed by parents/caregivers, who may underestimate a Pasifika young person's genuine emotional and behavioural response when in the presence of their parents or in the family home. The notion of the Va between Pasifika parents and children may lead to unintended masking of emotions by young people in the family home that may also impact on their genuine engagement in therapy, as it assumes appropriate and suitable behaviour between people (Refiti, 2002 as cited in Mila-Schaaf, 2006).

Secondly, whilst this study did not specifically explore exposure to or experience of family violence, Pasifika youth in Aotearoa NZ in general continue to be exposed to violence within their homes at relatively high levels (Fa'alili-Fidow et al., 2016), and this is particularly apparent in youth with violent offending behaviours (Ioane et al., 2016). Associations between youth offending towards others and exposure to family violence are consistently found (e.g., Gunby & Woodhams, 2010) and family violence exposure can contribute to a number of emotional and behavioural problems during child and adolescent development, which may be reflected in the different emotional/behavioural patterning of Pasifika youth with harmful sexual behaviours, compared to those from other communities.

Thirdly, responses to depression are culturally diverse. In Aotearoa NZ's extensive Youth '12 survey, similar proportions of Pasifika and Pākehā students reported significant depressive symptoms, but Pasifika students were more likely than Pākehā to report self-harm and three times more likely to have attempted suicide within the previous 12 months (Fa'alili-Fidow et al., 2016). Given the high risk of self-harm and suicidal behaviour among Pasifika youth in the community, and the higher number of emotional and behavioural problems found in this study compared to Pākehā, it is imperative that interventions include an exploration of emotions and behaviours within a cultural context. Cultural issues may also be seen in the fact that Pasifika young people are more likely to be diagnosed with a serious mental health disorder than were the older Pasifika generation (Foliaki et al., 2006); more likely to report an experience of ethnic discrimination by health professionals than are Pākehā youth (Crengle et al., 2012); and experience a range of differences in the way Pasifika communities understand health (and mental health) within a cultural context (Pulotu-Endemann & Tu'itahi., 2009). Therefore, it is imperative that professionals have a clear understanding of what Pasifika communities define as depression (and other mental health issues) prior to discussing treatment and care plans.

Fourth, there is the question of Va. The current finding that Pasifika youth are more likely to target peer/adult victims who are non-familial suggests (from a cultural

[8] Child victims are victims that were four or more years younger and under 12 years of age.

perspective) that further exploration regarding the role of Va and relationships amongst Pasifika youth with harmful sexual behaviour is needed. In our clinical experience, Pasifika youth appear to provide a rationale and minimisation of their behaviour by highlighting the non-relational aspect of their victim; indeed, for some, acknowledging that they did not offend against a family member or known person makes their behaviour less offensive from their perspective. The Va is what governs a relationship and is a fundamental component of being Pasifika. However, in this context, the Va appears to be misunderstood and/or incorrectly applied. From the perspective of the person who has offended, the Va occurs when you have a pre-existing relationship with a person(s) and/or property and does not necessarily apply when the offence is against someone who is unknown to you. Therefore, this cognitive distortion may justify the offence. As a result, this cultural misinterpretation of their behaviour may be crucial to informing their treatment plan. This suggests that the notion of the Va is an area for further analysis and context that may be a crucial component in therapy when working with Pasifika communities engaged in harmful sexual behaviour. It also highlights that a lack of deep cultural understanding (which is typically gained in safe, culturally robust families and communities) may be a risk factor for offending, where young people have grown up in disadvantaged communities that include unsafe, culturally disenfranchised environments. This finding is consistent with a recent review that highlights family history and dynamics should be included as part of treatment as well as the establishment of trusting therapeutic relationships (Lateef & Jenney, 2020).

Fifth, the targeting of peer/adult victims by Pasifika youth may also suggest an issue with a lack of sexual knowledge and maturity, where offending relates to sexual experimentation, as Wood et al. (2000) suggest, rather than the sexual deviance suggested by those who target younger, known victims. Sexual experimentation also makes sense culturally, although further research is needed. The Va between parents and young people within Pasifika may inadvertently inhibit conversations about taboo subjects such as sex, sexuality and drugs. This may put Pasifika young people at risk by avoiding subjects of sex with their parents/caregivers and reverting to information from peers and the internet that may be incorrect or based on sexually exploitative norms. A recent study looking at the influences on Pasifika youth regarding relationships showed that the most prominent source of learning came from family, with the influence of friends being a limited source of information (Savaii, 2017). This was a surprising result, given the global literature about the influence of friends in young people's relationships, but it highlights the risks of assuming that global literature regarding youth can – or should - be generalised to Pasifika, indigenous or other ethnic minority cultures. If Pasifika youth are more likely to look to their families for sexual information, and that subject is particularly taboo for those families, the risks of sexual ignorance and abusive experimentation may be heightened. Whilst schools, in general, provide sexual education, it is unclear how much of this has occurred among young people engaged in harmful sexual behaviour towards others. More research is needed.

Sixth, offending by adolescents with harmful sexual behaviour against peers or adults is aligned with an explanation that focuses on social incompetence; that the young people do not have the social skills to meet their sexual and emotional needs when attempting to engage in age-appropriate and consensual relationships (Ward & Siegert, 2002; van den Berg, 2017). This theory appears to be substantiated in a recent study of Pasifika youth (Savai'i, 2017), which showed participants did not know how to appropriately approach another individual nor be able to genuinely ascertain whether someone of the same age was interested in them, particularly if their primary source of understanding relationships came from within the family home. Also, given the greater exposure to violence reported by Pasifika young people in their homes (Clark et al., 2015), there are potentially further misreadings of social cues and consent that have been learned. This also highlights the importance of having family-based interventions alongside the inclusion of cultural norms and values that define Pasifika families in any treatment programme for Pasifika youth with harmful sexual behaviour.

Seventh, another unique characteristic of Pasifika youth with harmful sexual behaviour, compared to Pākehā youth, was having a history of offending behaviour that was non-sexual and approached statistical significance. In contrast, other studies involving ethnic minority vs dominant majority youth show the two groups have similar histories of antisocial attitudes and behaviours prior to the onset of a sexual offence (Adams et al., 2019; Cale et al., 2017), meaning that engagement in sexual violence may be a continuation of established antisocial behaviour (Lussier, 2017). The finding in this study of Pasifika youth having a history of offending behaviour that was non-sexual requires further exploration. Pasifika youth in Aotearoa NZ tend to have shorter offending histories compared to indigenous and Pākehā youth; yet the offending is more violent and severe (Ioane et al., 2016). This further adds to the discussion that if learning for Pasifika youth is influenced from within the family home where violence can exist (Fa'alili-Fidow et al., 2016), this reinforces the need to include family in any intervention targeting young people with harmful sexual behaviour. From a cultural perspective, this becomes even more important given the collective worldview of Pasifika communities and the importance of the Va in building and maintaining relationships as part of one's shared identity.

Finally, given that most of the authors have lived experiences as Pasifika *and* as clinicians, we acknowledge the ongoing social and economic pressures faced by Pasifika people in Aotearoa NZ and throughout the globe. Pasifika people in Aotearoa NZ continue to live in areas of high deprivation (Ministry of Health, 2019), low income (Pacific Perspectives, 2019) with major health inequities and poor health outcomes (Ministry of Health, 2020). Furthermore, racism and discrimination towards Pasifika people have been identified as barriers to accessibility and provision of appropriate services (HDSR, 2019). Therefore, any intervention with Pasifika

communities must be holistic in its approach in order to recognise the social and economic determinants that impact on wellbeing and prosocial life outcomes.

Limitations of the study

This study comes with a number of limitations. Firstly, the small sample size indicates that the findings must be taken as exploratory, but are valuable in providing new knowledge about this unique and vulnerable population in Aotearoa NZ that may be of relevance to other ethnic minority communities internationally. Also, given the differences in findings from research with dominant, mainstream youth with harmful sexual behaviour, further research is indeed warranted to determine how these unique features of Pasifika youth who engage in harmful sexual behaviour could benefit from a more targeted and cultural intervention.

Secondly, whilst the data collected and analysed are tightly focused, the significant differences found in this study between Pasifika and Pākehā youth appear to be consistent with the differences between the individual (e.g., Pākehā) and collective (e.g., Pasifika) worldviews. It further validates the need for interventions to be targeted to the culture and worldview of the client population and with cultural understanding by practitioners who work among those with harmful sexual behaviours. The classification of ethnicity in the study to two ethnic categories (Pasifika or Pākehā) was appropriate to the sample size and typical of research, but we would like to see more nuanced detail of ethnicity being explored, as the term "Pasifika" covers a diverse range of island cultures, and family members both born in or migrating to Aotearoa NZ, that cannot entirely capture the increasing diversity of Pasifika communities in Aotearoa NZ. Further consideration and discussion are needed to identify ways to more deeply reflect the diversity of Pasifika communities in data collection and research.

Thirdly, the data collected are from the responses of parents/caregivers and are likely to be an underestimation of how their child may respond given the cultural concept of the Va that can have an impact on the relationships between Pasifika parents and their children.

Finally, a key limitation may be the methodology using administrative client file data and psychometrics (the CBCL). The use of psychometrics that have been normed on another culture, and the appropriateness of drawing on offence data and demographics of Pasifika communities, can be problematic. Further studies to respond to these limitations would be through the development of other measures normed on Pasifika, and the inclusion of a qualitative Pasifika methodology such as Talanoa (Vaioletti, 2006) or the Kakala framework (Fua, 2014) as a means to gathering data in a culturally and respectful manner. This could include qualitative exploration to gain direct and authentic insights from the Pasifika community on understandings of harmful sexual behaviour.

Clinical implications and further research

This study has many clinical implications for those working in this field. Firstly, an understanding of Pasifika worldviews is crucial to working with these communities. This includes an understanding of Pasifika communities, the relevance of relationships and their common aspects of shared or collective identity; helping young Pasifika with harmful sexual behaviour develop a cultural understanding of the impact of their offending behaviour on their victim(s) and family; and working with the families of offenders and victims, rather than taking only an individualised treatment approach. This would involve incorporating the notion of the Va and how this may impact on therapy and engagement with Pasifika young people.

Secondly, the findings of this study show the unique features of Pasifika youth engaging in harmful sexual behaviour. They are more likely to offend against peers/adults and are more likely to display emotional and behavioural symptoms consistent with anxiety and depression. Therefore, in response to these findings, treatment plans should include psychoeducation on topics like understanding and managing emotions, sex and sexuality, that are often taboo; learning appropriate communication strategies with peers, parents and caregivers; and better identifying and managing emotions and behaviours before anxiety and depression spiral. Family-based interventions are likely to be more successful and should be further researched.

Thirdly, more clinical research is needed including further analyses of the background and offending characteristics of the diverse Pasifika population and comparative evaluations of the effectiveness of treatment-as-usual, mainstream programmes and more culturally nuanced programmes.

Conclusion

This study found that Pasifika youth targeted harmful sexual behaviour at same age or older victims who were not known to them, had a more extensive history of non-sexual offending behaviour prior to the sexual offending, and exhibited higher levels of emotional and behavioural problems, than did Pākehā youth. These findings suggest that the harmful sexual behaviour of Pasifika youth should be viewed within a relevant cultural and clinical context, including a broader understanding of the social and economic disparities that may contribute to family violence, cultural disenfranchisement and the emotional and behavioural difficulties that Pasifika young people experience. Cultural norms based on the Va that underpin family and clinical relationships and how to approach sexual relationships must be considered. As a result of the collective worldview present among Pasifika and other collectivist cultures throughout the world, the development of cultural and clinical treatment models within a collective, family-based foundation is crucial in our ongoing attempts as practitioners, policy makers and researchers to improve the current and future outcomes of Pasifika youth and their families.

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