



**Addressing the prevention and treatment of child
sexual abuse in culturally and linguistically
diverse (CALD) communities in Australia**

PROJECT METHODOLOGY

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December 2019

Contact for follow up

This project has received funding from Griffith University (\$5K Research Encouragement Grant 2018) under the title, ‘Addressing child sexual abuse in ethnic minority communities in Australia’. It is being carried out by Dr Pooja Sawrikar at Griffith University (GU), School of Human Services and Social Work (HSV), Parklands Drive, Southport, 4222, Gold Coast, Queensland, Australia; p.sawrikar@griffith.edu.au.

Disclaimer

The views and findings expressed in this document are those of the author’s only, and do not reflect those of Griffith University. Some content overlaps with material in the following publication, for which permission has been obtained: Sawrikar, P. *A conceptual framework for the prevention and treatment of child sexual abuse (CSA) in ethnic minority communities*. In Bryce, I. & Petherick, W. (2020). *Childhood Sexual Abuse: Forensic Issues in Evidence, Impact, and Management*. US: Academic Press/Elsevier. Three Technical Reports will be written across this project, corresponding to each of its methodological stages. Content in the Introduction will overlap, so that each Report can be read as a stand-alone document. However, the Method, Results and Discussion sections will vary, making them each overall different from one another.

Suggested citation

Sawrikar, P. (2019). *Addressing the prevention and treatment of child sexual abuse in culturally and linguistically diverse (CALD) communities in Australia: Project Methodology*. Griffith University (GU), Queensland. <http://dx.doi.org/10.25904/5dc8bff3781f5>

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ABBREVIATIONS

AASW	Australian Association of Social Workers
AMA	Australian Medical Association
APS	Australian Psychological Society
CALD	Culturally and Linguistically Diverse
CPD	Continuing Professional Development
CSA	Child sexual abuse
DET	Department of Education
GU	Griffith University
HREC	Human Research Ethics Committee
ISCA	Independent Schools Council of Australia
NCEC	National Catholic Education Commission
NESB	Non-English speaking background
NSW	New South Wales
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
SA	South Australia
VIC	Victoria

An important explanation ...

CSA

CSA is the abbreviation for child sexual abuse, often used in scholarly journals and books to help adhere to strict word limits. However, in the Technical Reports prepared in this study, which are free of such word limits, the abbreviation will not be used (except when directly quoting from scholarly literature). This decision reflects an attempt to use the power of language in a way that respects the complex array of experiences of victims/survivors, and avoid the risk of reducing these with what could be construed as an unemotional academic acronym.

CALD

In comparison, CALD is a term that does not ‘belong’ to the people it is trying to describe and understand.¹ It is a term that was developed to help celebrate Australia’s diversity, but it suffers two critical issues. The first is that it only draws attention to language and culture², thereby excluding race and religion as relevant factors. The second is that Australia is a ‘culturally and linguistically diverse’ *nation*, including its Anglo mainstream. In showcasing ‘the diverse’, the term hides that it is really about ‘the different’ – those who are not Anglo Australian.

As it is problematic due to being limited, exclusionary, and non-transparent, using the abbreviation is not seen to diminish respect for this sub-group of Australia’s population. It has *only* been used in the Technical Reports associated with this project to be consistent with the language adopted by Australian state, territory, and federal governments.

More information about the usefulness and limitations of the term ‘CALD’ can be found in this publication: Sawrikar, P. & Katz, I. (2009). *How useful is the term ‘Culturally And Linguistically Diverse (CALD)’ in the Australian social policy discourse?* Refereed Conference Paper, Australian Social Policy Conference (ASPC), Sydney.

¹ ‘CSA’ is also a term that does not belong to people; through resilience and empowerment, victims can become survivors, and the abuse is not something they have to be forever held hostage to. The difference is that distance from the term ‘CSA’ is through a process of emancipation; distance from ‘CALD’ does not begin from the person.

² ‘CALD’ was developed to address the even further reductionistic term ‘NESB’ (non-English speaking background).

LIST OF TABLES

Table 1: Summary of timeline and methodological steps in each Stage of the project	11
Table 2: Hofstede’s Individualism (IDV) and Power Distance Index (PDI) scores by country	20

LIST OF FIGURES

Figure 1: Conceptual framework of the multi-year study	10
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CONTENTS

OVERVIEW OF THE MULTI-YEAR STUDY	6
Theoretical background	6
Conceptual framework	9
Timeline and tasks	11
Significance	15
DEFINING THE ‘CULTURALLY AND LINGUISTICALLY DIVERSE’	18
Individualism and collectivism	18
CONCLUSION	24
REFERENCES	25

OVERVIEW OF THE MULTI-YEAR STUDY

Theoretical background

In 2016, a systematic literature review on child sexual abuse and ethnic minority communities was conducted to help address a long-standing gap in knowledge. Ethnic minorities refer to migrants in Western English-dominant multicultural countries (such as Australia, the US, UK, Canada, and New Zealand) who are non-mainstream in race, culture, language, and/or religion – the four main dimensions of ethnicity (O’Hagan, 1999).

Four broad themes were explored – community awareness of child sexual abuse, culturally appropriate prevention, barriers to disclosure of child sexual abuse among ethnic minorities, and culturally appropriate treatment. Findings in relation to these four themes are only briefly described here. The full results are available from the [Project Website](#).³

Community awareness

The review found that awareness of child sexual abuse among ethnic minority communities appears low. This was attributed to social, cultural, and legal factors in the non-Western country of origin, which then influence the visibility, perceived relevance, and perceived threat of child sexual abuse. These transfer after migration and extend into established communities and generations, as a result of the dynamic process of acculturation which disallows full assimilation. That is, cultural values, traditions, beliefs, and norms do not simply disappear into a ‘melting pot’ after migration; social forces propel migrants toward some cultural preservation against the pressure to culturally adapt.

More specifically, child sexual abuse may be seen as a private family matter in the non-Western country of origin, that therefore does not invite state intervention and in turn leads to lower media and research attention. These trends cause and are caused by widespread acceptance⁴ of myths about child sexual abuse, and the protection and preservation of the collectivist and patriarchal status quo. These trends are further compounded by prohibitive norms on discussing any matters to do with sex including abuse. All together, they can lead

³ www.nomoresilence.info/publications

⁴ The scholarly literature uses the phrase ‘acceptance of myths’; Stage 1 of this study uses the phrase ‘belief of myths’. See Technical Report 1 (Full Report) for further information.

ethnic minorities or others into falsely thinking that child sexual abuse is ‘a Western problem’.

Prevention

The review also found that there is a strong call for ‘culturally tailored’ prevention programs to be delivered. This meets the crucial need to not homogenise or universalise the experience of child sexual abuse, which can be detrimental for ethnic minorities if their cultural needs are overlooked or minimised. While such programs can be delivered to parents/guardians in these communities, the review took the position that culturally tailored school-based programs heighten risk of racism.

If separate programs are run for ethnic minority children, child sexual abuse may be seen as an ‘ethnic minority problem’ undermining the message that it *is* a cross-cultural issue. Such racist attributions pose an additional unjust burden on an ethnic minority child victim/survivor of sexual abuse already silenced by the wide array of known barriers to disclosure. Thus, despite one intention of culturally tailored prevention programs to encourage disclosure, children may continue to remain silent to protect their entire ethnic community. Instead, culturally informed school-based programs delivered to all children is seen as ideal; it meets cultural needs, honours cultural diversity, and mitigates racism.

Barriers to disclosure

As already stated, there are a wide array of known barriers to disclosure for victims/survivors of child sexual abuse. These include embarrassment, guilt, shame, lower social power of children, adherence to social norms valuing emotional suppression, fatalistic and/or religious beliefs, avoiding family disruption, preserving the family name, fear of social exclusion (including compromised marriage prospects for all daughters within a family), fear of not being believed, fear of non-supportive and protective responses to disclosure especially from mothers, fear of death threats, lack of awareness regarding rights, and lack of willingness to confront and difficulty understanding the criminal justice system. This is not an exhaustive list.

The review concluded that many barriers to disclosure are shared between the Western mainstream and migrants from non-Western countries of origin, but are intensified for ethnic minorities when family reputation – of utmost importance to protect in collectivist cultures – is involved. Insufficient literature on fear of honour killings in non-Western but also Western populations was identified, and fear of stigmatising their entire ethnic community (i.e. racism) was identified as a unique barrier incurred by ethnic minority communities only.

Treatment needs

Working through these barriers to finally tell someone of the abuse is one step toward becoming a survivor. Seeking professional help is another step, however even more barriers to formal service uptake can be encountered here. For ethnic minorities, these include: *non-cultural* barriers (lack of awareness of services, lack of worthiness and/or wanting to forget, and fear of children being removed); *acculturative/migratory* barriers (fear of deportation and/or low English proficiency); and *cultural* barriers (fatalistic and/or religious beliefs, normative reliance on intra-familial support, and shame for seeking extra-familial support).

Thus, by the time an ethnic minority victim/survivor of child sexual abuse enters the clinical setting, they have traversed an arduous journey. They may present primarily with physical or mental ill-health, but siloed focus on these to the exclusion or minimisation of cultural, racial, gendered, and professional power dynamics and differences can threaten the utility of that clinical space in helping a victim become an empowered survivor. Based on this, a number of ‘good practice principles’ in the treatment setting were identified.

One principle was that any service delivery model that is designed should be *grounded* to that specific cultural context. It is in line with Bronfenbrenner’s (1977) ecological model. The model that was designed in the review was tailored to the Australian context; identifying all relevant variables that would need consideration by practitioners for ‘culturally and linguistically diverse’ (CALD) communities in Australia.

Another principle was the need for a *client-centred* approach, so that the individual’s needs and experiences were not ‘boxed in’ by their ethnicity as if that were the only factor to consider for them. Several service elements aid a clinician and their organisation in taking a client-centred approach. That is, implementing them assists in improving engagement with individual ethnic minority clients and meeting their needs in culturally appropriate ways:

- value for flexibility in the way a service delivery model is implemented
- the use of a strengths-based approach rather than a deficit one
- the use of an empowerment-based approach so that power is put in the hands of the victim/survivor and not wholly placed in the professional
- awareness of ‘intersectionality’ so that the ways in which racism, sexism, classism, and any other structurally-related disadvantage combines to produce multiple layers of inequity is not overlooked
- cultural competency in terms of being informed and sensitive, and
- the use of a feminist framework given that most victims are female, but used in ways that do not silence male victims either.

Conceptual framework

Based on all these findings from the systematic literature review, a multi-year project was designed, and Griffith University (GU) has contributed funding to it. The study is comprised of three intended stages, each developing and evaluating an education program to help build capacity across various community sectors.

The first program is for the service sector, and aims to build awareness and knowledge of all the key issues that emerged from the review as well as clinical confidence and competence. The second program is for CALD parents/guardians, and aims to build awareness and knowledge about child sexual abuse and the role of governments regarding child safety in culturally sensitive ways as well as confidence and competence to protect their children. The third program is for the school sector, and aims to build awareness and knowledge about the pitfalls of only using universal or only using culturally tailored prevention programs as well as staff confidence and competence to respond supportively and culturally appropriately to disclosures.⁵

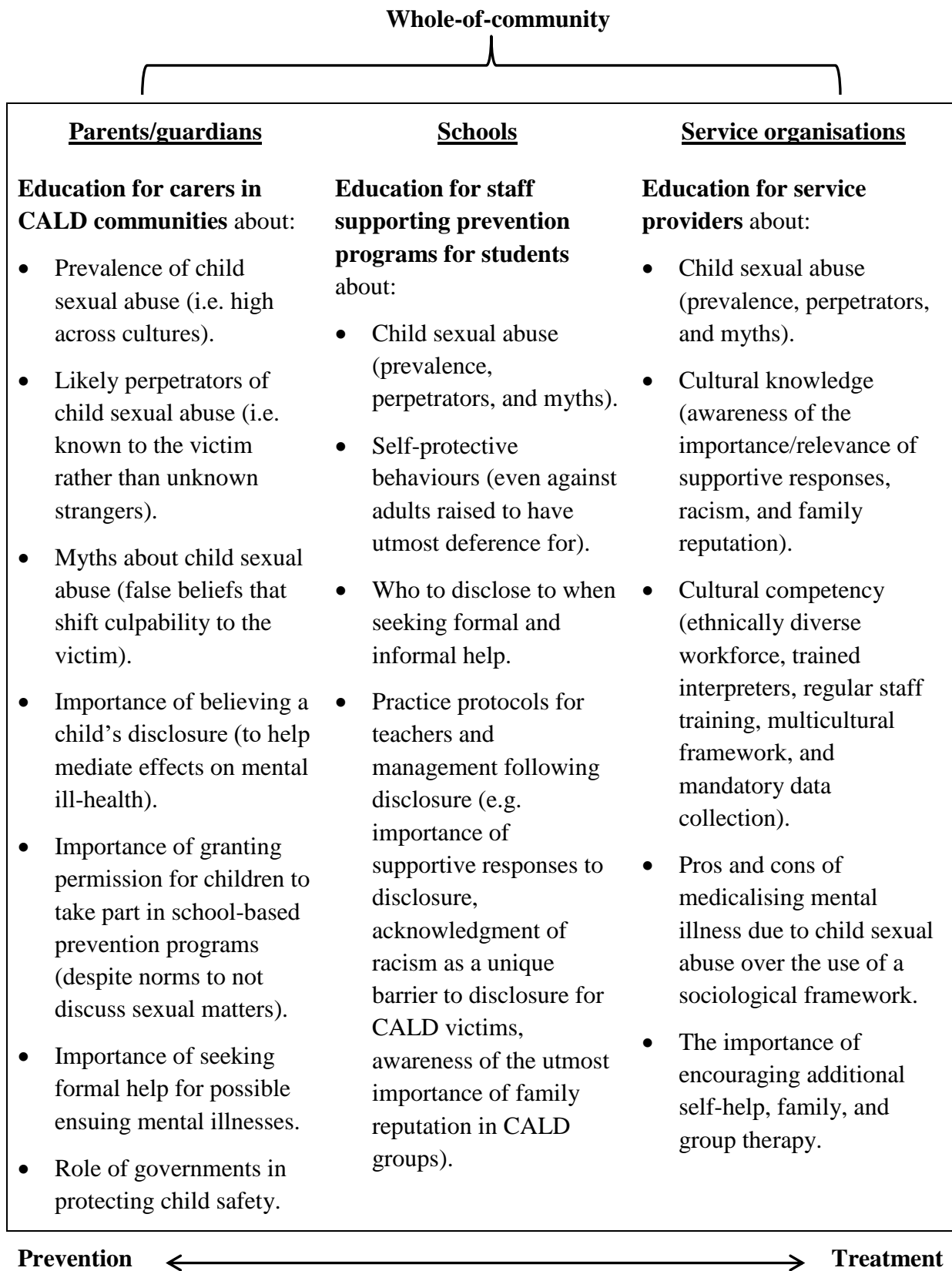
Each stage of the study fits within a conceptual framework that sees responsibility for protecting CALD children from risk of sexual harm belonging to the whole community. It also sees that investment in both prevention and treatment is critical, thus requiring a comprehensive and rigorous research study. The key variables under examination in each Stage are mapped in Figure 1.

Stage 1 aims to improve treatment, and Stages 2 and 3 aim to improve prevention by not just targeting children as is commonly the case. Understandably, most prevention programs target children as they are the ones who ultimately need knowledge about their safety, however the effectiveness of these programs is bolstered by a whole-of-community approach that includes parents/guardians.

While it may seem counter-intuitive to address treatment first, it is also known that as soon as prevention programs are delivered, culturally appropriate treatments need to be available should disclosures of abuse be made (Stanley, Miller, Richardson-Foster, & Thomson, 2009). Thus, the ‘treatment system’ needs to be ready to receive victims/survivors when education about child sexual abuse is provided.

⁵ GU has contributed funding to Stage 1, and will contribute in-kind resource provision for Stage 2. Stage 3 will only be completed if further funding is secured; this will be sought in later years.

Figure 1: Conceptual framework of the multi-year study



Timeline and tasks

The methodological steps in each Stage are summarised in Table 1. They are described in more detail thereafter.

Table 1: Summary of timeline and methodological steps in each Stage of the project

	Prep activities	S1: Cultural competency training for service providers	S2: Outreach educational program for parents/guardians	S3: Culturally adapted school-based prevention programs
Ethics/CPD	2018–19			TBD
Project website				
Program development		2019–2020	TBD	
Program delivery				
Program evaluation				
6-month follow-up				
Research outputs				
Program accessibility				

Ethics and CPD endorsement

The first research activity will be to obtain approval for S1 and S2 of the project from GU's Human Research Ethics committee (HREC). Approval for S3 will be sought later upon further secured funding, along with approvals from Queensland (QLD), New South Wales (NSW), South Australia (SA), and Victoria (VIC) Departments of Education (DET) and state Working with Children Checks.

Continuing Professional Development (CPD) endorsement will also be sought from the Australian Association of Social Workers (AASW), to help assure end-users that the program has been checked for rigour. Trainers no longer apply for endorsement from the Australian Psychological Society (APS), as attendees make their case for why participation counts towards CPD. The cost for CPD endorsement from the Australian Medical Association (AMA) and Royal Australian College of General Practitioners (RACGP) is outside the project's budget.

Project website

The next research activity will be to develop a professionally designed website containing information about the project. All research outputs across the life of the project will be uploaded here. Unfortunately, financial constraints prohibit the translation of this website into languages spoken across established and newly emerging communities, which would heed ethical and social justice issues of accessibility for people with low English proficiency. To address this, community members and organisations are invited to donate funds for this purpose (www.nomoresilence.info/donate-for-translations).

Program development

After the preparatory research activities have been completed, the study will move into Stage 1. Each Stage follows the same order of activities. The first is program development. The ‘Cultural competency training program’ (S1), ‘Outreach educational program’ (S2), and ‘Culturally informed prevention program for schools’ (S3) will be primarily based on the results of the systematic literature review, and supplemented by adapting similar/related available programs to the specific context of child sexual abuse in Australia.

Program delivery

The S1 program will be delivered in four of Australia’s culturally diverse cities (Brisbane QLD, Sydney NSW, Adelaide SA, and Melbourne VIC). These sites have been selected to increase the usefulness of the program, as well as likelihood of participation. A range of cities also helps identify issues relevant to local areas. Service providers will be recruited via email invitation (target $n = 60$ attendees per city \times 4 cities = 240).

For S2 (pending funding), parents/guardians from any CALD background will be invited to view and then take part in the evaluation of an online education program (target $n = 200$), by linking with all identifiable community organisations listed on state and territory multicultural government department websites. Each organisation will be contacted via email, inviting them to forward the link to the program to their client base. Such a wide recruitment strategy is required to meet the target sample size against the strong cultural norm to remain silent about child sexual abuse.

In S3 (pending funding), a randomised controlled trial (RCT) will compare the effectiveness of a current child sexual abuse prevention program against one that has been modified to be culturally informed and sensitive, i.e. inclusive of issues specific to ethnic minorities. A separate child sexual abuse prevention program for CALD children will not be developed, as

this is seen to undermine the message that child sexual abuse is a universal problem. The control and trial programs will be delivered by a partner organisation.

Data entry and program evaluation (including six month follow-up study)

Evaluation data will be comprised of program satisfaction (measuring *process*), and baseline and follow-up data (measuring *outcomes*). Surveys are mostly quantitative, however a free text box at the end provides opportunity to obtain richer qualitative data that can help contextualise numeric data. Quantitative data will be entered into SPSS for analysis, and qualitative data will be entered into NVivo to assist with thematic organisation. A reflective journal with fieldwork and observational notes will also be kept during the program deliveries as an additional data source for triangulation.

Baseline data in S1 will be on service providers' cultural competency (e.g. confidence, knowledge, skills, etc.). In S3, it will be on CALD students' knowledge about child sexual abuse, disclosures, and formal help-seeking, and on school staff's confidence and protocols to support disclosing CALD students. This baseline data will be collected with hard copies completed in person.

Six months later, follow up data will be collected online using LimeSurvey software (endorsed and licensed for use by GU because of its secure and encrypted protocols). As with the baseline survey, it will be anonymous which is critical for obtaining more valid data that is less subject to social desirability issues. It will also be short (approx. 15 mins) to address possible participant fatigue and therefore help increase response rates.

To address possibly low response rates in S2 among CALD parents/guardians, especially those with low English proficiency, there will be only one rather than two data collection points (immediately after program completion). Questions will be in relation to immediate changes in parent/guardian's knowledge about child sexual abuse, believing disclosures, school-permissions, and formal help-seeking.

Research outputs

After each Stage, a Technical Report will be prepared documenting: program development; recruitment, delivery, and satisfaction; and comparison of longitudinal baseline and follow-up data (S1 and S3), or analysis of cross-sectional data (S2). Each Report will be perused by an invited panel of national and international experts in the field before it is finalised, given a Digital Object Identifier (DOI), and made publicly available on the Project Website and other outlets such as GU's Research Repository and ResearchGate.

Technical Reports are critical because strict journal word limits prohibit documenting important details necessary for establishing and verifying a study's empirical rigour through a comprehensive audit trail. Each Report will also contain a short Executive Summary, which all participants will be referred to as part of ethical practice so that they are aware of how their contributions have been used to inform research, practice, and policy.

Content in the Technical Reports will form the basis of either shorter peer-reviewed journal articles or book chapters prepared later, and co-authored with eminent scholars in the invited panel reflecting their intellectual contributions to knowledge and best practice. Scholarly literature published after 2016 on the needs and experiences of victims/survivors of child sexual abuse in ethnic minority communities will be identified and included in the preparation of these peer-reviewed outputs so that they reflect current knowledge. Planned articles will focus on the research questions of each Stage, but others will also be prepared on issues that surface during program delivery or follow-up, thereby being responsive to emergent themes.

Finally, findings will be disseminated at national and international conferences. This will help increase impact among researchers, policy makers, practitioners, educators, and students, and help ensure that all research outputs are informed by up-to-date research in the area.

Program accessibility

As the study is based in four states (QLD, NSW, SA, and VIC), addressing national accessibility beyond the life of the project is critical. This is especially the case for S1 and S3, as wide notification of the S2 program will have already occurred during the recruitment phase for that evaluation study.

In S1, the 'Cultural competency training program' will be converted to online (OL) mode, and a link to this program will be added to the Project Website. Wide notification of the OL program will occur by advertising in AASW, APS, AMA, and RACGP newsletters, and service providers who complete it will also be eligible for CPD certification. The OL program will be finalised on the principle of 'co-design' using consultative and participatory input from all key and relevant stakeholders; namely attendees in the four face-to-face deliveries.

In S3, the 'Culturally informed prevention program for schools' will occur in the state/s that the partner organisation is based. Therefore, to ensure that schools across Australia are aware of the project and have access to its results, all educational ruling bodies in each state/territory (e.g. DETs, Independent Schools Council of Australia [ISCCA], National Catholic Education Commission [NCEC], etc.) will be emailed and notified about Technical Report 3, to then forward to all schools under their jurisdiction.

Significance

Addresses a national gap with data

At the time the systematic literature review was conducted in 2016, only one empirical study comparing child sexual abuse in the Anglo Australian mainstream and CALD communities was found (Taylor & Norma, 2013); starkly revealing the paucity in national research. As a result, the review turned to the international literature on child sexual abuse in ethnic minority communities in comparable Western multicultural countries (e.g. US, UK, Canada, and New Zealand), as well as to the literature on child sexual abuse in non-Western countries from which immigrants to Australia may originate. Together, it was still found that the literature on child sexual abuse in non-Western samples is substantially under-developed.

This multi-year project heeds the critical call that much work on child sexual abuse in CALD communities needs to be conducted, as literature on Western samples cannot and should not be used to inform best practice with this group. Specifically, it will conduct empirical research to collect data and truly contribute to informing the Australian context. It will also evaluate this research for whether prevention and treatment were improved. As it builds on the results of the systematic literature review, it is informed by a rigorous approach to theory-building.

Uses an action-based approach

In addition to addressing the current gap in knowledge and research, this study is significant because it provides a focal point on the critical and complex issue of child sexual abuse and culture. However, this asset (especially for CALD victims/survivors of child sexual abuse who can benefit from having a researcher/advocate give voice to this taboo topic) is also a liability: in drawing investigative attention to child sexual abuse among CALD groups, they incur the detrimental risk of racist stereotyping. The international literature already shows that this barrier to disclosure is not a burden carried by the white mainstream, and thus whole minority communities remain even harder to reach; in staying silent about the abuse they protect their community (Gilligan & Akhtar, 2005).

This means that the *way* in which attention is drawn to the issue is critical and all known risks should be mitigated as best as possible. A program evaluation study (which this project is) *begins* with the intention of developing practitioners' and educators' skills in cultural competency and therefore overtly and directly acknowledges and addresses the risk of racist stereotyping (the extent to which it achieves this goal will be evaluated in the project).

A pure study which primarily aims to explore the phenomena and extent of racism among CALD victims/survivors of child sexual abuse in Australia and their families and communities, without an ‘action’ component that strives to concurrently mitigate this known and unique risk, is seen as an unethical study and abuse of researcher power that could cause irreversible damage to CALD communities and further silence the children it aims to reach. Thus, a primarily applied study was designed; focusing on building capacity among those able to support and in contact with CALD victims/survivors of child sexual abuse and their families, rather than engaging with CALD communities simply to gather information about their experiences but offer no real support.

Addresses one of Australia’s science and research priorities

The study is also significant because it addresses one of Australia’s broad Science and Research Priorities (#9 Health)⁶, as well as the Australian Research Council’s (ARC’s) more specific Practical Research Challenges (PRCs) of bettering health care models and services to improve outcomes for CALD children, thereby reducing disparities in access to information about and high-quality services for child sexual abuse. Improving service and system models and practices also helps increase efficiency because a systems approach that is community-wide across service agencies, communities, and schools, has the best chances of improving population-level health outcomes. That is, the needs of *all* CALD children, families, and communities are considered and addressed, not just those lucky enough to be guided by individuals who are knowledgeable about child sexual abuse and treatment needs in this group.

Through its longitudinal design, the study will also retrospectively explore the extent to which it improved prediction of child sexual abuse in schools and communities through symptom recognition, identification of child sexual abuse through the building of a ‘safe to disclose’ culture, tracking child sexual abuse through communities and schools over to service agencies, preventing child sexual abuse through education, and effective management of emerging threats to safe disclosure of child sexual abuse within specific minority communities and school cultures to ensure they are tailored to local environments and are flexibly responsive.

⁶ As defined by the ARC (2018), Australia has nine Science and Research Priorities: 1. Food, 2. Soil and Water, 3. Transport, 4. Cybersecurity, 5. Energy, 6. Resources, 7. Advanced manufacturing, 8. Environmental Change, and 9. Health. www.arc.gov.au

Translates scholarly findings for practice

Using empirically rigorous research methods to generate data across interdisciplinary sectors of the community helps address the crucial gap in national research. However, the study will also widely disseminate its evidence-based research outputs and therefore advance knowledge with fundamental outcomes translated for practice.

Containing clear practice and policy guidelines for service providers, multicultural community organisations, and schools enhances the quality of the workforce, reduces risk in decision-making, and truly assists with progressing practice in the field and moving beyond just the development of scholarly knowledge. This all helps protect CALD children from sexual harm as well as the added harm of racism.

Thus, this project will have significant research impact by making demonstrable contributions to Australian society and culture through investment in particularly disadvantaged, vulnerable, and marginalised populations thereby enhancing social capital; public policy and services through training thereby building and advancing knowledge and capacity; and promoting health and quality of life for CALD children, families, and communities.

Uses rigorous methods as a platform for future research and policy development

Finally, the study design – mixed-methods and longitudinal – is significant. A mixed-methods approach is useful and necessary in complex and sensitive matters; qualitative open-ended responses are critical for gauging the perceived effectiveness of the three education programs over a moderate-term and can more deeply flesh out issues that quantitative data cannot, however quantitative data is critical for establishing the size of change over time.

As it will be based on a large nationally representative sample, it will be able to contribute to and beyond the academic discipline of child protection. Specifically, it can offer the field opportunities to conduct further research that can build on and compare results to the findings of this study and therefore properly begin national and respectful ‘conversation’. It can also offer contributions to public policy formulation and debate on the effectiveness of preventative/education programs – those that aim to develop clinical practitioners’ and school educators’ cultural competency and community awareness of child sexual abuse among CALD carers (parents/guardians) – and how best to protect CALD children, families, and communities from sexual harm and racism.

DEFINING THE ‘CULTURALLY AND LINGUISTICALLY DIVERSE’

To be able to best meet the needs and experiences of specific client groups, it becomes important to define them clearly. In this project, CALD communities are defined as those that have a migration history and are minorities in at least one of the four main dimensions of ethnicity identified by O’Hagan (1999) – race, language, culture, and religion. The international literature commonly refers to this group as ‘ethnic minorities’, and it is for this reason that the two terms can be (and in this project are) used interchangeably.

Thus, people from CALD communities are either born overseas (first generation) or have parents, grandparents, etc. born overseas (second, third generation, etc.); English is usually not the main language spoken in the country of origin and/or in their homes; and they usually come from culturally collectivist backgrounds. As such, the term usually includes refugees and asylum seekers, and those of mixed race, but is not sufficient to capture their unique set of needs and experiences (Sawrikar, 2017).

Individualism and collectivism

From the definition of who ‘CALD’ groups are, one point in particular needs expanding on – culture. “It is generally acknowledged that ‘culture’ is a somewhat elusive concept which is difficult to define with any degree of precision” (Collings, Lindblom, Madu, & Park, 2009, p. 10). As Korbin (2008) puts it, “culture is constantly changing defying easy definitions or the construction of a library-like catalogue of behaviors and values and instead demanding finely nuanced contextual understandings” (p. 122). Thus, there are many ways of examining the role of culture – ultimately, any “time-honoured tradition that is considered normal, acceptable, and/or of value” (Sawrikar, 2017, p. 18) – as it pertains to child sexual abuse in CALD communities.

However, for the purposes of this project a *broad* conceptualisation of culture has been used – the distinction between individualism and collectivism – because this macro-level theoretical framework is seen to be of critical relevance to understanding the daily lived experiences and social structures of, and therefore child sexual abuse in, CALD families and communities. ‘Individualism’ sees the basic unit of society to be the individual, ‘collectivism’ sees the basic unit of society to be the family, and these dichotomies have remained stable over time (Hofstede, 2001, 1980).

More specifically, individualistic cultures value independence, autonomy, initiative and uniqueness; emphasise that individuals have the right and responsibility to look after themselves; stress horizontal relationships based on equality; and tolerate deviations from the norm to a greater extent (Bond, 2002; Triandis, 1990). In contrast, collective cultures value social order, harmony, support and roles; in collective cultures the family provides security in exchange for loyalty and obedience; inequality (usually based on age and gender) is seen as appropriate and acceptable; and members tend to be more homogenous as deviations from the norm are not tolerated as greatly (Bond, 2002; Triandis, 1990).

As can be seen from Table 2, the US, Australia, and the UK all rank highest in individualism, followed in general order by West European countries (e.g. Netherlands, France, Germany), East European and Spanish-speaking countries (e.g. Poland, Czech Republic, Spain, Argentina), some South and East Asian countries (e.g. India, Japan), and then the Caribbean, some South American, African, Middle Eastern, and other Asian countries (e.g. Malaysia). The main implication of this is that CALD people and groups in Western countries like Australia are likely to originate from countries higher on collectivism.

Table 2 also provides data on the Power Distance Index (PDI) of countries. According to the seminal researcher Hofstede, the PDI “measures the extent to which less powerful members of organisations and institutions (e.g. the family) accept and expect that power is distributed unequally, so it represents inequality and suggests that a society’s level of inequality is endorsed by the followers as much as by the leaders”.⁷ Thus, it is a measure of overt inequality. These numbers do not solely reflect inequality based on gender, however power differences between males and females do contribute to these numbers. This data has been presented to demonstrate that *overt* patriarchy – the dominance of male power across social systems – tends to occur in collectivist cultures.⁸

Although the theoretical framework is seen as useful, there are two important limitations of the dichotomy that still need to be acknowledged. The first is that ‘individualist’ and ‘collectivist’ cultures are actually generalised stereotypes, which occurs because cultures tend to be heuristically categorised as one or the other whereas in fact all cultures exist on a continuum of individualism and collectivism. Thus, these heuristic categories should not be *definitively* relied on; they need to be used with vigilance, ensuring that the beliefs comprising the stereotypes are accurate, do not perpetuate harm or disadvantage to groups, and are questioned when applied to individual situations (Sawrikar, 2017). This is particularly important for clinical practice because stereotyped assumptions about culture can result in inappropriate and even harmful outcomes (Owusu-Bempah & Howitt, 2000).

⁷ <http://www.clearlycultural.com/geert-hofstede-cultural-dimensions/power-distance-index/>

⁸ The data in Table 1 has been ranked by countries’ individualism (IDV) score.

Table 2: Hofstede’s Individualism (IDV) and Power Distance Index (PDI) scores by country⁹

Country	IDV	PDI	Country	IDV	PDI
Unites States	91	40	Saudi Arabia	38	80
Australia	90	36	United Arab Emirates	38	80
United Kingdom	89	35	Turkey	37	66
Netherlands	80	38	Uruguay	36	61
New Zealand	79	22	Greece	35	60
Italy	76	50	Philippines	32	94
Belgium	75	65	Mexico	30	81
Denmark	74	18	Ethiopia	27	64
France	71	68	Kenya	27	64
Sweden	71	31	Portugal	27	63
Ireland	70	28	Tanzania	27	64
Norway	69	31	Zambia	27	64
Switzerland	68	34	Malaysia	26	104
Germany	67	35	Hong Kong	25	68
South Africa	65	49	Chile	23	63
Finland	63	33	China	20	80
Poland	60	68	Ghana	20	77
Czech Republic	58	57	Nigeria	20	77
Austria	55	11	Sierra Leone	20	77
Hungary	55	46	Singapore	20	74
Israel	54	13	Thailand	20	64
Spain	51	57	El Salvador	19	66
India	48	77	South Korea	18	60
Argentina	46	49	Taiwan	58	17
Japan	46	54	Peru	16	64
Iran	41	58	Costa Rica	15	35
Jamaica	39	45	Indonesia	14	78
Brazil	38	69	Pakistan	14	55
Egypt	38	80	Colombia	13	67
Iraq	38	80	Venezuela	12	81
Kuwait	38	80	Panama	11	95
Lebanon	38	80	Ecuador	8	78
Libya	38	80	Guatemala	6	95

⁹ <http://www.clearlycultural.com/geert-hofstede-cultural-dimensions/individualism/>

The second main limitation of using this categorical dichotomy is that it falsely makes people, communities, and cultures appear static or fixed. In contrast, people, communities, and cultures are interpretative, dynamic, and fluid in nature (Korbin, 2002). One significant example of this fluidity is the process of acculturation, which can occur in a number of different ways for migrants.

According to the seminal researcher Berry (1980), migrants manage two conflicting and therefore dynamic needs: the need for cultural preservation and the need for cultural adaptation. The extent to which individuals from CALD communities preserve their culture of origin and adapt to the host culture depends on several factors, including non-static ones. These include, for example, whether they speak or understand their native language (where language strongly predicts ethnic identity), their generational status (where those born overseas are less likely to be integrated), their developmental age (where need for group belonging and acceptance could be higher among adolescents), whether they are visibly different to the mainstream (e.g. through skin colour, religious attire, etc.), where they reside and whether and how much they experience racism and discrimination (with different local areas varying in acceptance of multicultural diversity), and the impact of political discourse on the national and global stages (e.g. vilification of Muslims, the use of derogatory terms such as ‘boat people’ for refugees and asylum seekers, etc.) (Sawrikar & Katz, 2010, 2009; Sawrikar & Hunt, 2005). In short, culture is not fixed.

Berry (1980) acknowledges that the needs for cultural preservation and cultural adaptation are fluid and responsive to changing social circumstances, however does also propose that they can be heuristically categorised, yielding four broad types:

- *Integration* (high cultural preservation + high cultural adaptation)
- *Assimilation* (low cultural preservation + high cultural adaptation)
- *Withdrawal* (high cultural preservation + low cultural adaptation)
- *Marginalisation* (low cultural preservation + low cultural adaptation)

Of the four acculturation typologies, ‘integration’ is usually associated with better mental health outcomes because it can protect and promote a sense of belonging to the culture of origin as well as a sense of inclusion in the new country (Sawrikar & Hunt, 2005; Singh, 2009). However, Kanukollu and Mahalingam (2011) report that “in straddling two cultures, (visibly different migrants such as South Asian Americans) may find themselves feeling marginalised with their many social identities, compounded by the ‘perpetual foreigner syndrome’ in which (they) are not treated as Americans due to their phenotypic differences in comparison to European immigrants ... This inability to be a part of the dominant group leads to a marginalised personality with inner turmoil and vulnerability to distress” (p. 222). Thus, by extension, even the most integrated ‘CALD person’ in Australia may feel excluded

or experience exclusion no matter how ‘Australian’ they feel or say they are. Such experiences demonstrate the fluidity of culture and how it affects ethnic identity in complex and moving ways.

Notwithstanding these limitations, the broad dichotomy between individualism and collectivism has been used in this project because it is seen as a useful heuristic for understanding the key issue for victims/survivors of child sexual abuse from CALD communities. Collectivist cultures place greater value for family and community over the needs of individuals. In the context of child sexual abuse, the needs of victims may be de-prioritised to the needs of the family, most especially the need to protect the family’s reputation or face. The relevance of this issue as it relates to each Stage of the project is discussed in each Technical Report.

The project further highlights the relationship between collectivism and patriarchy because in many collectivist cultures the father is seen to be the head of the family, has most of the power within the family, and in turn is most associated with the family’s ‘face’ or reputation. Allegations of child sexual abuse against fathers or other senior males in these cultures are therefore perceived as accusations against the whole family, and in order to save ‘face’ it is often the accuser and/or victim that is excluded by the family rather than the alleged abuser (Sawrikar & Katz, 2017). Again, the role of patriarchy will be discussed in more detail throughout the Reports and project.

Importantly, similar patterns have been identified in Western populations, where leaders have been protected by their community in order to save face (see the Royal Commission into Institutional Responses to Child Sexual abuse¹⁰; henceforth Royal Commission). That is, evidence of secrecy and silence, and threat of social exclusion, as barriers to disclosure with the effect of protecting and preserving patriarchal structures have been documented in a variety of publications and reports including those published by Australia’s recent Royal Commission which do not focus on CALD communities.

Thus, the theoretical framework of individualism and collectivism is not being used here to minimise the importance of family, reputation, patriarchy, silence, and exclusion among individualistic groups, but to highlight their centrality among collectivist ones. This is necessary when attempting to identify how best to protect children from these communities; it provides a culturally relevant ‘lens’ for making sense of their needs. In doing so, it also values social constructionism (that perceived reality is constructed by personally meaningful and relevant variables), cultural relativism (that not all cultures can or should be compared, as if they all occur along comparable dimensions), and emic methodologies (that ‘insider’

¹⁰ <https://www.childabuseroyalcommission.gov.au/>

perspectives matter¹¹). In short, patterns of silence and exclusion to protect reputation occur in collectivist cultures, but are not exclusive to them.

¹¹ The author is from a CALD community.

CONCLUSION

This document applies for the whole project, and was prepared here separately to avoid significant overlap in content in the three Technical Reports associated with each methodological Stage. It is intended that this be read prior to reading each Technical Report, as a reminder of how each Stage fits within the larger aims and objectives of the multi-year project.

REFERENCES

- Berry, J. W. (1980). Acculturation as varieties of adaptation. In Padilla, A. M. (Ed.). *Acculturation: Theory, models, and some new findings*. Westview: Boulder, Colorado.
- Bond, M. H. (2002). Reclaiming the individual from Hofstede's ecological analysis—A 20-year odyssey: Comment on Oyserman et al. (2002). *Psychological Bulletin*, *128*, 73–77.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*, 513–531.
- Collings, S. J., Lindblom, L., Madu, S. N., & Park, M. S. (2009). The cross-cultural validity of the child sexual abuse myth scale: A preliminary investigation. *Journal of Psychology in Africa*, *19*(1), 9–18.
- Gilligan, P., & Akhtar, S. (2005). Child sexual abuse among Asian communities: Developing materials to raise awareness in Bradford. *Practice (UK)*, *17*(4), 267–284.
- Hofstede (2001): <http://www.clearlycultural.com/geert-hofstede-cultural-dimensions/individualism/>
- Hofstede, G. H. (1980). *Culture's consequences: International differences in work-related values*. Sage Publications: Beverly Hills, California.
- Kanukollu, S. N., & Mahalingam, R. (2011). The idealized cultural identities model on help-seeking and child sexual abuse: A conceptual model for contextualizing perceptions and experiences of South Asian Americans. *Journal of Child Sexual Abuse*, *20*(2), 218–243.
- Korbin, J. (2008). Child neglect and abuse across cultures. In Robinson, G., Eickelkamp, U., Goodnow, J., & Katz, I. (Eds.). *Contexts of child development: Culture, policy, and intervention*. Charles Darwin University Press: Darwin, pp. 122–130.
- Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child Abuse and Neglect*, *26*, 637–644.
- O'Hagan, K. (1999). Culture, cultural identity, and cultural sensitivity in child and family social work. *Child and Family Social Work*, *4*(4), 269–281.
- Owusu-Bempah, K., & Howitt, D. (2000). *Psychology beyond Western perspectives*: London: Wiley-Blackwell.
- Sawrikar, P. (2017). *Working with ethnic minorities and across cultures in Western child protection systems*. UK: Routledge.

- Sawrikar, P. & Katz, I. (2017). Barriers to disclosing child sexual abuse (CSA) in ethnic minority communities: A review of the literature and implications for practice in Australia. *Children and Youth Services Review*, 83, 302–315.
- Sawrikar, P. & Katz, I. (2009). *How useful is the term “Culturally And Linguistically Diverse (CALD)” in the Australian social policy discourse?* Refereed Conference Paper, Australian Social Policy Conference (ASPC), Sydney.
- Sawrikar, P. & Katz, I. (2010). “Only White people can be racist”: What does power have to do with prejudice? *Cosmopolitan Civil Societies*, 2(1), 80–99.
- Sawrikar, P. & Hunt, C. (2005). The relationship between mental health, cultural identity, and cultural values, in Non-English speaking background (NESB) Australian adolescents, *Behaviour Change*, 22(2), 97–113.
- Singh, A. A. (2009). Helping South Asian immigrant women use resilience strategies in healing from sexual abuse: A call for a culturally relevant model. *Women and Therapy*, 32(4), 361–376.
- Stanley, N., Miller, P., Richardson-Foster, H., & Thomson, G. (2009). *Children and Families Experiencing Domestic Violence: Police and Children’s Services’ Responses*. London: NSPCC.
- Taylor, S., & Norma, C. (2013). The ties that bind: family barriers for adult women seeking to report childhood sexual assault in Australia. *Women’s Studies International Forum*, 37, 114–124.
- Triandis, H. C. (1990). Theoretical concepts that are applicable to the analysis of ethnocentrism. In R. W. Brislin (Ed.), *Applied cross-cultural psychology*. New York: Sage.