

HELP

(Auckland Sexual
Abuse HELP
Foundation)

EVALUATION OF HELP'S SERVICES TO YOUNG
PEOPLE FOLLOWING SEXUAL VIOLENCE

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Report Prepared for:
HELP
(Auckland Sexual Abuse HELP Foundation)



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This research is part of a broader research project about the delivery of effective psychosocial services to New Zealand young people aged 13 – 18 years following sexual violence.

Tu Wahine Trust and Auckland Sexual Abuse HELP Foundation undertook the research project in partnership, meeting together with the researchers over a three year period to work through the complex and challenging issues which arise when working together on projects of this nature.

The research team would like to thank both Tu Wahine and HELP for working through these challenges together with such strength, good will and generosity of spirit. We would acknowledge that the research process and outcomes were more robust as a result.

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Lastly, we would like to thank the young people and rangatahi who contributed their ideas, thoughts, feelings and experiences to this project. It is the views from the young survivors who responded to the survey, and agreed to be interviewed, that will help us understand how we can best provide support and services to other young people and rangatahi who experience sexual violence. Kia kaha (strength). Your views are gold and will very much help inform service delivery in Aotearoa, New Zealand.

Disclaimer

All findings and conclusions are those of the authors and are not to be attributed to HELP, Tu Wahine Trust or the Lottery Community Sector Research Committee.

Executive Summary

This evaluation, commissioned by HELP (Auckland Sexual Abuse HELP Foundation) and the Tu Wahine Trust ('Tu Wahine'), and funded by the Lotteries Commission is designed to evaluate HELP's services, in particular, how well HELP is delivering services to young people aged 13 – 18years.

The sexual assault and abuse of young people in New Zealand is a significant problem.

HELP is a specialist organisation that has been providing sexual abuse support services since 1982.

The purpose of this part of the project is to undertake an evaluation of HELP's services to those aged 13 to 17 years, to determine what is working well, what is working less well, and how HELP's services can be improved to meet their needs.

This evaluation is part of an overall research project which aims to identify the needs of young people affected by sexual abuse or assault in order to support improvements to psychosocial services for those who are survivors of sexual violence.

This evaluation is based on:

- An overview of the literature relating to the sexual abuse and assault services of adolescents;
- A profile of service users and services provided;
- Interviews with seven young service users;
- An online survey with service users aged 14-17 years;
- A file review of 60 service users aged 13-18 years who had accessed HELP's services;
- Interviews (16) with service providers and stakeholders working with young sexual abuse survivors or with young people from varied cultural backgrounds; and
- A focus group re HELP's on-line resource www.GR8mates.org.nz

There is very little research on the efficacy of therapeutic approaches, programmes or treatments that work for adolescents who have been sexually abused and even less understanding of what works from their perspective. The literature suggests, however, that quality care may be less about a particular 'model' or 'programme', than a sound understanding of sexual abuse and the use of overarching principles.

Both the file review and the interviews suggest that many of the young people accessing HELP's services are presenting with severe and overwhelming

symptoms, and that both HELP's crisis and therapeutic services are providing effective support to the young people to help them deal with these.

Those surveyed rated their first counselling visit as very good or excellent, and their on-going counselling as excellent. Specifically, those who participated in the survey said that the HELP counsellors had made sure they were safe, understood their needs, given them choices, allowed them to make decisions, taught coping skills and most of all, helped them a lot. Those interviewed also described the enormous feelings of relief that the counselling provided.

Despite feelings of trepidation prior to counselling, the interviews with young people and the survey respondents suggest that victims/survivors find the counsellors warm, friendly and compassionate. They feel relief that the counsellors believe them, and they appreciate the pace of counselling. This type of effective support is critical, as these young people have often received very poor quality support elsewhere.

School-based nursing and counselling staff also rate HELP's services highly and report seeing a difference in the young people at their schools who have used HELP's services. They report seeing positive differences in the young people that HELP works with, particularly in relation to truancy, classroom behaviour, confidence, self-esteem and learning.

Confidentiality is of the utmost importance to young people. Overall however, there appears to be satisfaction amongst service users that the balance is right.

The young people surveyed and interviewed appear to find HELP's services to be culturally responsive and believed they met their cultural needs. HELP rates highly on these dimensions.

Although HELP both receives and makes referrals, at least some of those interviewed noted that the relationships between the agencies would benefit from a better understanding of HELP's service provision to young people.

Most organisations that are familiar with HELP's services, such as school counsellors and nurses, believe that to deliver effective services, counsellors need to have a good understanding of the complexities associated with sexual abuse and assault. They consider HELP, with its extensive background and history, to be a leader in this field.

There are wait lists for services, with some young people waiting a school term or more to access support.

Young people appear not to be looking for information about sexual violence after a sexual assault. It may be necessary to place information in places in everyday settings that young people frequent *before* they are abused or assaulted, so that they are aware not only about HELP's services, but that support services exist. Schools and libraries need to urgently unblock online

access to sexual abuse support sites so that those survivors who do seek information can get the help they need.

Young people suggest that those in crisis may not know that support services exist, do not look for services at this time, and in many cases (due to their inexperience navigating health and support services) do not even know that they exist to look for them.

There are programmes in schools designed to help Year 9 -13 students take greater responsibility for their safety and wellbeing, both in their personal relationships and situations with safety. Even the young people who had attended such presentations said that they were unaware of service providers, such as HELP, that could provide support.

One of the strongest and most common barriers to accessing services identified by both young people in focus groups and those surveyed was that they did not believe services would help. That feeling was particularly strong amongst young sexual abuse survivors. Yet the young survivors found HELP's service very helpful, and in some cases to be "life saving".

As most young people have very little experience accessing support and navigating medical or support systems, any efforts to increase the profile of sexual violence services will need to inform young people not just of the service, but of the benefits of therapeutic support.

Some of the young people felt that unless someone had experienced a particularly violent assault, and they were completely unable to cope, that they would be unlikely to access crisis services as the threshold would be set too high. It was suggested, therefore, that young people would be more likely to contact a help or support line.

Young people are adamant that any decisions about breaching confidentiality are theirs to make, as they have a much better understanding of their situation and the implications of such breaches than service providers.

They want staff and services that are culturally responsive, and understand the different cultural worlds in which they live. HELP staff appear to recognise the critical importance of culture when delivering services and employing staff from different cultural backgrounds. Feedback from HELP suggests that referring to culture –specific organisations such as Tu Wahine Trust remains a priority.

Support services need to be in a place where young people are. Young people felt that this could be online, or in a physical location. Many of them have very limited flexibility in their schedules and felt that their parents know where they are at all times, making a physical location challenging. Moreover, they only access traditional service providers, such as GP clinics, with their families.

HELP currently provides counselling in school-based settings. The young people, however, have asked for services to also be delivered in other settings, such as one stop shops, youth centres, and in places where different population groups are, such as GLBTI¹ young people at Rainbow Youth.

There was a call for a 24/7 online messaging service. HELP may wish to further explore this potential in a New Zealand-based context.

HELP's counselling services are currently delivered by trained sexual abuse and assault counsellors and the counselling is predominantly delivered individually in a face-to-face context. Many of the young people were appreciative that they could bring a friend. They are keen to explore alternatives such as group counselling and mentoring.

Research conducted alongside this evaluation found that if young people were to design a service for young people who have experienced sexual abuse and assault, aspects of the service would look different to the way most current youth services are organised.²

Neither HELP's nor other providers fully match this vision of services that over 220 young people, including victims/survivors of abuse and assault would like to see. Nonetheless, in providing a youth focused, school based service, many aspects of HELP's services meet the features outlined. In particular, the service is confidential, youth focused, based in schools where most young people are, is considered warm and welcoming, and provides support to friends, family and whānau of the survivor. HELP offers a service where a young person who has been sexually abused or assaulted is listened to, and treated with warmth and compassion rather than blame. The counsellors help them to reframe their experiences reducing their feelings of guilt, shame and self-blame. They understand their needs and teach them skills that help them to cope with their symptoms. Moreover, at a time in which the young people report feeling disempowered, they give them choices, allow them to make decisions and respect those decisions. Although recovery may be a journey, the young people report being helped "a lot".

It is clear from this evaluation that many features of HELP's services are critically important to young people experiencing sexual abuse in Auckland, and that these services are making a difference to these young people's lives.

The young people interviewed and surveyed for this project rate HELP's services extremely highly. Many of the young people appear to experience very little or poor support prior to accessing HELP's services, they have been unaware that services existed, and had little confidence that any services that they could

¹ Gay, Lesbian, Bisexual, Transgender, Intersex

² Please refer to Woodley, A., Davis, R. & Metzger, N. (2013) *Breaking the Silence but Keeping Secrets: What Young People Want to Address Sexual Violence*. Tu Wahine Trust and HELP (Auckland Sexual Abuse HELP Foundation): Auckland

access would help them. Moreover, many are feeling this way at a time that they are blaming themselves for what happened, frightened of their family's reaction, and dealing with the effects of abuse, such as suicidal ideation, depression and anxiety.

Those working with young people, such school counsellors and nurses, also believe that HELP is providing an essential service that is making a difference to young people.

HELP's crisis, therapeutic and court services, appears to be providing very effective services to some of the most vulnerable young people in Auckland.

One of the most concerning aspects of the evaluation has been the possible scale of unmet need and the capacity of HELP to meet this. If the profile of HELP's service is raised this will need to be accompanied by an increase in service capacity, to ensure that young survivors get the support they want and need in a timely manner.

Introduction

Background

This evaluation, commissioned by HELP (Auckland Sexual Abuse HELP Foundation) and the Tu Wahine Trust (Tu Wahine) and funded by the Lotteries Commission is designed to evaluate HELP's services, in particular, how well HELP is delivering services to young people aged 13 – 18 years.

The sexual assault and abuse of young people in New Zealand is a significant problem. The Youth '07 study of secondary students in New Zealand found that 19.9% of female students and 5.4% of male students reported having experienced unwanted sexual touching or made to do sexual things that they did not want to. When asked to describe how bad their most recent experience was, one third (33.6%) felt it was 'pretty bad', 'really bad' or 'terrible'. Similarly, an update of the survey in 2012 found one fifth females (20%) and 9% of male students had been touched in a sexual way or made to do unwanted sexual things (Clark et al., 2013). Other studies have also found high rates of victimisation (see for example Anderson, Martin, Mullen, Romans, & Herbison, 1993 and the Adolescent Health Research Group, 2001).

The median age of onset for sexual abuse in New Zealand is nine years old (Fanslow, Robinson, Crengle, & Perese, 2007). Nonetheless, statistically young people aged 15 – 24 years are at the highest risk of sexual assault of *any* age group (Mayhew & Reilly, 2007).

The sexual abuse of young people is associated with almost every known mental health disorder. Many young people live with this emotional pain throughout their adult lives. The effects are not only immediate and short term, but can have lasting consequences for the personal and social development of those subjected to it.³

New Zealand service providers such as HELP and Tu Wahine, who work with victims/survivors of sexual abuse and assault and their whānau and families, recognise that research and evaluative feedback are critical tools in informing accountable, responsive and professional practice. Yet to date much of the research and writing on sexual abuse comes from the USA and United Kingdom. As Mortimer (2005) argues, this research may not represent the needs and characteristics of New Zealand's population. While recognising that overseas information about sexual abuse and assault are not without usefulness or value, it is widely recognised that "the lack of a solid body of research originating from

³ See Browne & Finkelhor, 1986; Fergusson, Lynskey, & Horwood, 1996; Herbert, Lavoie & Parent, 2001; Putnam, 2003; Roberts, O'Connor, Dunn, & Golding, 2004; Topping & Barron, 2009.

Aotearoa/New Zealand clearly limits our ability to provide culturally sensitive, local solutions to local needs.”⁴

New Zealand research on the psycho-social service needs of young people aged 13 – 17, and whether these needs are being met by current services, is also sparse. Yet this information too is critically important if we are to recognise and respond effectively to the needs of young sexual abuse and assault survivors.

In 2011 HELP and Tu Wahine applied to the Lotteries Commission for a research grant in order to start addressing the gaps in information that had been identified.

HELP is a specialist organisation that has been providing sexual abuse support services since 1982. It works with women and children in the Auckland area suffering from the effects of sexual abuse to assist them to regain their quality of life.

Tu Wahine is a Kaupapa Maori organisation providing services to Māori survivors, whānau and families. It provides the following range of free services to directly deal with the impacts of sexual violence on whānau:

- intervention services
- advocacy services
- crisis response
- long term recovery and support
- prevention education and awareness.

HELP and Tu Wahine work within a Treaty-based partnership. Together, HELP and Tu Wahine have been working on this project over the past three years.

Purpose

The purpose of this part of the project is to undertake an evaluation of HELP’s services to those aged 13 to 17 years, to determine what is working well, what is working less well, and how HELP’s services can be improved to meet their needs.

This evaluation is part of an overall research project which aims to identify the needs of young people affected by sexual abuse or assault in order to support improvements to sexual abuse services.

The broad purpose of the overall project is to:

- Investigate the psycho-social service needs of young people affected by sexual abuse

⁴ Mortimer, R. (2005). *Technical report 1: An annotated bibliography of New Zealand literature on sexual abuse*. Raranga Whatumanawa. Downloaded from http://whatumanawa.massey.ac.nz/reports/Technical_Report_1.pdf 8 September 2010.

- Evaluate whether the services provided by HELP are meeting these needs and are effective
- Scope an evaluation of Tu Wahine Trust’s services for young people. The scoping document, undertaken by Tu Wahine, was designed to suggest how best to evaluate the Trust’s effectiveness in meeting the needs of tamariki who have experience of sexual abuse.

Several key questions were explored during this process. First, what are the psycho-social service and/or response needs of young people aged 13-18 who are affected by sexual abuse? Second, when accessing services, what works well and is likely to result in positive outcomes for young people affected by sexual abuse? Third, are the services and interventions currently being provided by HELP and Tu Wahine Trust⁵ in line with with these needs and resulting in positive outcomes for young people affected by sexual abuse?

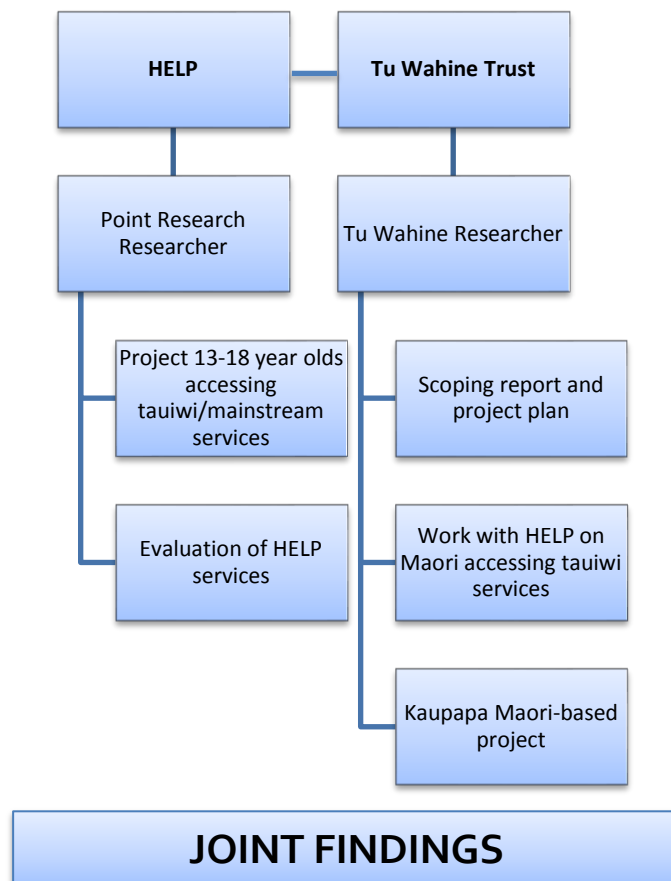
This report, the evaluation of HELP’s services, is the second of three reports. The scoping report by Tu Wahine and the psycho-social needs of young people have been reported separately. Some of the findings from those reports have been included where directly relevant.

Method

The literature shows that attitudes and behaviour in relation to sexual abuse vary widely across cultures; therefore cultural considerations were considered particularly important in this project. In recognition of this, HELP and Tu Wahine partnered on the research approach, design and methodology of this project. Whilst HELP focused on identifying the psycho-social service needs of tauwi young people, Tu Wahine focused on the needs of rangatahi Māori. The sister organisations then worked together on the parts of the research process in which the views of rangatahi Māori who had accessed, or might potentially access mainstream services, were sought.

The approach is reflected in the diagram below.

Figure 1: Research Approach



The data collection was undertaken in 2012 and comprised two parts:

1. An evaluation of services based on:
 - An overview of the literature relating to the sexual abuse and assault services of adolescents;
 - A profile of service users and services provided;
 - Interviews with seven young service users;

- An online survey with a further six young NZ European (4) Maori (1) Pasifika (4) service users aged 14-17 years who were currently using HELP's school-based counselling services;
 - A file review of 60 service users aged 13-18 years who had accessed HELP's services;
 - A focus group with ten young people aged 13-19 years about the GR8mates website www.GR8mates.org.nz; and
 - Interviews (16) with service providers and stakeholders working with young sexual abuse survivors or with young people from varied cultural backgrounds. The key stakeholders to be interviewed were identified by HELP and Tu Wahine as those who worked with young sexual abuse or assault survivors, or who had knowledge in this area.
2. The identification of the psycho-social service needs of adolescents (reported separately) which HELP's services were then compared. This comprised six parts:
- A literature review on the psycho-social service needs of adolescents (a literature review of the psycho-social service needs of rangatahi Māori was undertaken separately by Tu Wahine);
 - Three stakeholder hui organised by Tu Wahine;
 - A meeting with refugee and new migrant stakeholders, including GPs, practice nurses, health workers and youth workers working with these populations;
 - Focus groups, hui and fono with young people in which a total of 210 Pakeha, Māori, Pasifika, Asian, Indian, Middle Eastern and 'other' young people aged 13-18 years participated;
 - A focus group of youth leaders from Auckland Council; and
 - A focus group of eight young women aged 18-21 who had experienced sexual assault but who had not accessed services.

File Review

A total of 354 young people aged 13 to 17 years old contacted HELP for face to face crisis and/or therapeutic support between 30th July 2009 and 7 August 2012.

It was decided to review a total of 60 files.

All 354 files were pre-coded based on gender (males can access the crisis service), ethnicity and the relationship to the person causing sexual harm. The sample was then drawn by finding the total in each population group and selecting files (by dividing the total by the number required and taking every nth file) to get the following sample: 5 court files, 25 crisis files and 30 therapy files. The files were then drawn by an independent child psychologist.

Figure 2: File Review

	Court (no.)	Crisis (no.)	Therapy (no.)	Total %
Gender				
Female	5	20	30	92%
Male	0	5	0	8%
Ethnicity				
Pakeha	0	5	8	22%
Maori	1	7	5	17%
Pasifika	2	5	8	22%
Maori/Pasifika	0	0	3	5%
Asian	1	4	2	12%
Other	2	5	8	2%
Unknown	1	1	0	3%

Online survey

An online survey was undertaken of current service users. The survey was short and highly graphical, containing pictures and 'drag and drop' visual questions. The young people were asked a series of closed and open questions about perceived barriers to seeking support from the service, what had worked well for them, how the service could be improved and whether they would recommend the service to others. A total of six young people completed the survey. The number of participants was limited as staff changeover at the time of the survey meant that the caseloads were lower than normal. The survey will remain open in order to inform service delivery.

Interviews with young people

A trained sexual abuse therapist undertook seven interviews with young people aged 13-17 years who were currently accessing HELP's youth services. The emphasis on the interviews was on service delivery, in particular what worked well, what did not work well, and where they thought service improvements could be made.

Hui and Stakeholder interviews

Those working with young people were interviewed by the HELP and Tu Wahine independent interviewers. A semi-structured interview schedule was used to ask the interviewees about sexual abuse support and services for young people, in

particular what they felt was working well, not working well, and could be improved.

Focus Groups

The views of young people were considered central to this study. The focus group participants were predominantly sourced through schools and youth workers.

The focus groups adapted a café conversation discussion style. Café conversations are an interactive, progressive conversation method. They ensure that every participant has an equal opportunity to contribute in a hospitable and welcoming space, and are focussed on connecting diverse perspectives and highlighting insights and sharing discoveries.

The young people were given a very brief vignette in which they were told something had happened to a young person – that was sexual in nature, unwanted, that the young person had found it pretty serious, and it was causing them distress. They were then asked what a young person in that situation might do and how she or he might be supported at different stages of her or his journey (e.g. disclosure, seeking information, accessing services, what a service that might appeal to a young person would look like). The emphasis was on ensuring that we designed a pathway in which a young person could get the best support they possible.

Data analysis

The data from the different sources was examined to search for common themes. Because there is so little research on New Zealand sexual abuse and assault, and New Zealand adolescents, an inductive approach was used, where the themes emerged from the data.

Ethics

Early on in the project the research team were advised by the New Zealand Health and Disability Ethics Committees (Northern Region) that as the project was informing service efficacy and improvements rather than focused on the health or wellbeing of the young people themselves, ethical approval was not required.⁶

Nevertheless, ethical practice was paramount throughout the research. This involved:

- Ensuring that a trained sexual abuse counsellor undertook interviews with sexual assault and abuse survivors that had accessed services;
- Ensuring that they were asked no questions about the abuse or the assault and that all questions related to service delivery or support;
- Providing information sheets about the research;

⁶ The project meets the definition of an audit since the primary purpose is to improve the delivery of a service being studied. Moreover the secondary use of data is being used for quality analysis by people contracted by the service providers holding the information.

- Ensuring that participants feel able to withhold their consent and understand that they can stop being involved at any point without any consequence;
- Encouraging participants to bring a support person/people if they wish;
- Not rushing, allowing time to build relationships/whānaungatanga;
- Matching interviewer/interviewee by gender and ethnicity where possible;
- Being clear about how the information is going to be used, and ensuring confidentiality;
- Incorporating a feedback loop, so that the participants knew what information was to be used from their interviews and focus groups; and
- Respecting confidentiality.

Protecting participants from harm was an utmost priority. This protection involved:

- Giving participants a “checklist” of what they should expect from the research team, and what they can do if they feel the checklist isn’t being met;
- Involving our researchers in a training session to lead them through what to expect, talking and behaving sensitively and any legal obligations (e.g. disclosure);
- Having the group facilitators look for signs of discomfort or distress; and
- Ensuring that counselling was available at each of the sessions, in case a participant became upset or distressed, or wishes to follow up any issues that are raised in the interview process.

Literature Review

This literature review looks at whether there are therapeutic approaches, programmes, models or principles for working with young people aged 13-18 years who have experienced sexual abuse or assaults.

Adolescence is a time during which critical life-related tasks concerning behavioural self-organisation, the pursuit of relationships outside of the family, and the formation of identity occur, along with a search for independence (Luciana, 2009). Young people are encountering new experiences, freedoms, and opportunities, such as increasing independence from parents, new relationships with friends, and intimate partners (Danielson, Moffit, Caspi & Silva 1998).

It is also a time when there is increased risk taking behaviour and vulnerability to psychopathology, for example to substance abuse and risky sexual behaviours (Danielson et al., 2006; Luciana, 2009).

The combination of increasing independence, lack of experience, and vulnerability to risk factors, increases not only the risk of sexual victimisation (Finkelhof, Moore, Hamby, & Straus, 1997; Halpérin, Bouvier, Jaffe, Monoud, Pawalk, Laederach, Wicky & Astie, 1996; Harner, 2003; WHO, 2002), but the incidence.

The aim of the literature review was to find evidence for what works well, what doesn't work well and what needs to change if services are to support young people aged 13 -18 years.

Effective Therapeutic Approaches

The literature relating to young people provides very little guidance to sexual assault and abuse providers on effective therapeutic approaches of best practice models that can be used to support young people.

Allnock and Hynes (2011) undertook an extensive review of therapeutic services for children and young people in a bid to find which approaches are most effective.

They found 12 published literature reviews, including six meta analyses, the most recent published in 2008. Their search found that for at least 30 years, researchers have attempted to learn, through outcome studies, how therapeutic services can help children and young people recover from abuse.

The literature provided very little guidance on the efficacy of different therapeutic models with young people. There was some evidence, however, that

quality care may be less about a particular 'model' or 'programme', than a sound understanding of sexual abuse and the use of overarching principles.

Although the researchers found that cognitive behaviour therapy was the most commonly evaluated therapy, it is noted that most of the studies they reviewed related to younger children.

Randomised control trials show promise for the treatment of sexually abused children, and tend to demonstrate the efficacy of cognitive behavioural therapy on symptoms such as depression, post-traumatic stress disorders, and behavioural problems, with the reduction in post-traumatic stress persisting post-treatment. It is noted, however, that the children in the studies were between eight and 15 years rather than the 13 to 18 year age group studied in this project, hence the relevance of these findings is unknown (Cohen, Mannarino, & Knudsen, 2005; Deblinger, Lippman, & Steer, 1999; King, Tonge & Mullen et al., 2000).

There is also some evidence that trauma-focused cognitive behavioural therapy works well with young people aged between eight and 14 years. When compared with those on a waitlist, there was a reduction of post-traumatic stress disorders symptoms (Cohen, Deblinger, Mannarino, & Steer, 2004). Again, the extensibility of these finding to those over 14 years is unknown.

Allnock and Hynes (2011) concluded that although both individual and group cognitive behavioural therapy can decrease harm, and has subsequently led to its recommendation as a first line of treatment for sexually abused children, the findings need to be treated with caution. Extrapolating the findings to adolescents aged 13-18 years needs to be treated with even greater caution.

"The overall methodological quality of studies to date is considered to be low, some claimed results are in fact statistically non-significant, and important questions remain unasked, such as what is the optimal timing of CBT and how do outcomes vary by severity of symptoms or client history" (Allnock and Hynes, 2011, p.32).

There are even fewer evaluations on other types of therapies and even less is known about their effectiveness. Researchers found, for example, that four evaluations of play therapy were too limited to reach conclusions on the efficacy of the therapy (Wethington, Hahn, Fuqua-Whitley, Sipe, et al., 2008).

Programmes

There appear to be few programmes and approaches targeted directly at 13 to 18 year olds. Most of these use a combination of therapies and approaches. Of these programmes, even fewer have been evaluated, although it is noted that some evaluations are underway.

Risk Reduction through Family Therapy is a trauma-focused cognitive behavioural therapy which uses a multicomponent treatment covering: psycho education, coping family communication, substance abuse, post-traumatic stress disorder, health, dating, and sexual decision making, and re-victimisation risk reduction. In 2010 Danielson and colleagues looked at 10 female adolescents with a history of sexual abuse, who completed between 14 – 34 outpatient sessions. Their research found reductions in substance use and related risk factors, and reduced post-traumatic stress disorder and depressive symptoms. Although a randomised control trial is currently underway, the results are not yet available (Danielson et al., 2010).

Skills Training in Affect Regulation (STAIR) is a programme designed to treat traumatised adolescents, including those exposed to sexual violence. It combines trauma-specific cognitive behavioural therapy, psycho-education, cognitive and behaviour coping skills, and the processing of trauma narrative. Although no evaluation has been published, preliminary analyses show that it reduces symptoms of post-traumatic stress disorders, depression, and anxiety (Cloitre & Carr, 2005, *cited in McKay & Storch, 2011*). It is rated “supported and acceptable” by the National Child Trauma Stress network.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is a cognitive-behavioural group therapy designed for traumatised adolescents who experience on-going stress. The programme includes components of trauma-specific cognitive behavioural therapy, affect regulation, and interpersonal skill building. Although a full evaluation is underway, pilot data suggests an improvement in behavioural problems, interpersonal relations, and symptoms of post-traumatic stress disorders.

Partners with Teens is a cognitive behavioural intervention designed to treat post-traumatic stress and prevent the re-victimisation of female adolescents who had been physically or sexually abused. It modifies trauma-focused cognitive behaviour therapy, drawing on motivational interviewing, dialectical behaviour therapy, and parent training. In a study of 12 adolescents who had been sexually or physically abused and their caregivers, Greife (2011) sought to determine the efficacy of this method. There were no significant changes in the symptoms across the treatment phases.

Group Treatment

Corder (2000) found that group treatment was a promising modality for adolescent victims of child sexual abuse, and that connecting teens with peers who face similar problems together in groups can address the shame and secrecy associated with sexual abuse (Corder, 2000). Avinger and Jones (2007) undertook a review of outcome studies and found that only 10 studies addressed group therapy for sexually abused girls aged 11 – 18 years. Whilst none of the studies reported significant changes in externalising behaviour – at least

according to parental reports – several of the studies showed significant reductions in the members' symptoms of anxiety and increased in self-esteem.

Web-based therapy

Some sexual abuse organisations, for example the US National Sexual Assault Online Hotline, are already providing online support services for victims of sexual violence. The hotline is designed to deliver live, secure, anonymous crisis support, using a secure instant messaging format.

Technology is widely used by New Zealanders and young people in particular. According to the World Internet Project (Smith, Gibson, Crothers, Billot & Bell, 2011), 98 per cent of younger New Zealanders aged 12-29 are internet users, and 87 per cent belong to a social networking site (mainly Facebook). Importantly, all respondents under 30 years, regardless of household income or ethnicity, use the internet at similar levels. The divide between ethnicities in terms of user status decreased greatly between 2007 and 2011. Most young people rate the internet as important in their everyday life, and an important source of information. Notably, however, those under 30 give other people such as family and friends the highest rating as a source of information. Young people are becoming increasingly doubtful about the reliability of online information (Smith, Gibson, Crothers, Billot & Bell, 2011).

For many young people, text messages have taken the place of email (Berglas, Ralph, Schwartz, & Brindis, 2008). People under 30 are now the group least likely to contact friends or family by email, with texting remaining by far the most common way to contact (Smith et al., 2011).

Although not specific to young people, an evaluation of 4609 users who had contacted the US National Sexual Assault Online Hotline, found that the majority found it easy to use and were satisfied with the service and the skills of those they contacted. One in ten users had discussed an immediate assault situation and half had discussed an incident that had occurred more than six months prior (Finn, Garner & Wilson, 2011).

Advantages to delivering interventions online include cost-effectiveness, the ability to reach a large audience, convenience and flexibility for potential users, timeliness, and ability to overcome geographic barriers (Berglas et al., 2008).

Researchers indicate that the relative anonymity and privacy offered by the internet is the key determinant of its appeal to young people (Levine, 2009). This anonymity has been found to reduce barriers to help seeking (Gould, Velting, Kleinman, Lucas, Ghmas & Chung 2004). It also allows supervisors to monitor communications and provide support to counsellors (Barak, 2007).

There are also disadvantages to online counselling. These include lower levels of self-disclosure than in face-to-face sessions and lower satisfaction levels (Mallen, Day & Green, 2003). Moreover, the inability to identify users makes it more

difficult to deal with threats of self-harm or harm to others (Hawton, Arensman & Townsend et al., 1998).

In terms of efficacy of treatment, Barak and colleagues (2008) undertook a meta-analysis of 92 studies involving 9764 clients treated through various internet-based interventions. Importantly, these involved adults accessing psychological interventions for a wide range of problems. A comparison revealed no differences in efficacy between face-to-face therapy and online communication-based e-therapy. Post-traumatic stress disorders and panic and anxiety disorders had the greatest effect size, leading the researchers to conclude that internet-based interventions are well suited to treat problems that deal with emotions, thoughts, and behaviours (Barak, Hen, Boniel-Nissim, & Shapira, 2008). It is also noted that the effect size varied significantly with online services. Cognitive behavioural therapies showed a greater effect size than psycho-educational or behavioural therapies (Barak et al., 2008). Other studies have shown highly-effective therapeutic effects on anxious children (Spence, Holmes, March & Lipp, 2006) and depressive children (Nelson, Barnard & Cain, 2006).

It is noted too that the audio, chat, and email modes of communication were more effective than other modalities, such as webcams or forums (Barak et al., 2008).

Interestingly, Barak and colleagues (2008) found that youth aged 18 years or under were least effectively treated by internet-based therapies, however as many of the studies used an age range, rather than specific ages, this result needs to be considered cautiously.

Although young people have not been specifically asked to evaluate online sexual abuse services, when asked about their experiences searching for sexual health information online, they identified similar strengths and drawbacks to adult sexual abuse online users. Participants noted that the internet provided:

- **Privacy/Confidentiality**

Young people generally agreed that the anonymity of the internet made looking for information more private and less awkward than asking in person, especially when asking what was generally perceived to be embarrassing personal questions. For some, being able to ask questions on interactive websites was more comfortable than asking questions directly. A comment from one teen said, "You can be anonymous....It's like you're just typing it to somebody you can't see." Others from the focus group noted that asking personal sexual questions in a doctor's office or clinic could be uncomfortable and that searching the internet was a good alternative in those situations.

- **Convenience**

The young people liked the convenience of finding information at a time and place convenient to them. One teen explained, "if you have a

pressing question in the middle of the night, you can look online but can't call the doctor's office."

- **(Lack of) interpersonal connection**

Whilst some teens preferred the anonymity of online searches, others were less comfortable. They preferred to speak directly to someone about their questions and felt that it was important to see the person's body language and hear their tone of voice. As one teen noted, "When you type on the computer, they won't know your actions....When you talk on the phone, they can know whether you're angry or sad." (Barak et al., 2008).

Coordination and continuity of care

Monck (1997) points out that a wide range of needs are presented to therapists. In addition to symptoms, these can include: physical needs, the needs of siblings, family, schools, the court system, ensuring safety, providing parenting education, and of referring children or families to other services. The needs of the young person, and where appropriate the family, need to be placed at the centre, to ensure their needs are understood and met. A range of interventions and responses may be required to meet those needs (Saywitz, Mannarino, Berliner and Cohen, 2000).

Good practice principles for service delivery

Although there is a paucity of literature on good practice programmes and services for young people, there is some literature on adult programmes and services that may provide some guidance. Some of these, too, are New Zealand based.

Effective Support

In a New Zealand study looking at pathways to recovery from sexual abuse, Kingi, Jordan, Moeke-Maxwell and Fairbairn-Dunlop (2009) asked 75 adult victim survivors who had disclosed a rape/sexual assault to police, a support agency, or professional, what had helped.

The victims/survivors felt that accessing competent and appropriate support from the 'right' person was important. The 'right' person was the quality deemed by the survivor to be important, and included factors such as styles and techniques the counsellor used. Most found the emotional support to be helpful. Some felt that they relied heavily on support agency workers when they were struggling and occasionally suicidal. Many also mentioned the value of being listened to and allowed to talk, having their experiences validated, and being believed. Being taught coping skills, provided with information and explanations, and having available and reliable support, was also found to be helpful (Kingi et al., 2009).

They found, however, that some support workers or counsellors were less helpful than others (Kingi et al., 2009). Unhelpful responses included counsellors who: conveyed a sense of blame and/or judgment, who failed to ensure that the victim/survivor was safe, did not provide what they wanted, were not competent or qualified, were costly to visit or difficult to get to.

Although the study focused on adult survivors, there was overwhelming recognition of the value and quality of specialist sexual violence agencies in providing support to sexual abuse survivors (Kingi et al., 2009).

Principles of Service Delivery

The Ministry of Women's Affairs commissioned a review of literature on adult sexual violence and good practice (Mossman, Jordan, MacGibbon, Kingi and Moore, 2009). Like the literature on youth services, they found in general there was more agreement over the principles of delivery than the types of service delivery.

The principles that they found were generally agreed as being important included:

- **Ensuring that the victims/survivors needs are paramount**
There should be informed choice and consent regarding the procedures and uptake of services, to ensure victims/survivors feel empowered (this includes choices regarding the gender and ethnicity of service providers). Moreover, victims/survivors should be treated with respect, empathy, and in ways that validate their experiences.
- **A recognition of the importance of specialisation and training**
Service delivery should be by appropriately trained, skilled, experienced, and informed individuals and professionals. For victim/survivors' needs to be met, the unique impacts and complexities associated with sexual violence must be understood and incorporated.
- **Ensuring culturally appropriate services are accessible and available**
Māori victim/survivors must have access to appropriate and effective services, either run by Māori, or from non-Māori service providers who are trained in culturally appropriate protocols. These must be developed in partnership with Māori. Moreover, services must also be adapted to meet the needs of victim/survivors from diverse ethnic groups (e.g. Pacific women, new migrants, and refugees).
- **Specialist sexual abuse services**
Specialist understanding is also required to inform service delivery relevant to the needs of diverse groups of victim/survivors.
- **Enabling a multi-agency response**
Ideally, service provision should be integrated across multiple agencies with high levels of co-operation and co-ordinated working relationships (i.e. medical, criminal justice, mental health, and specialist community support agencies).

- **Providing an appropriate environment**
Services should be physically accessible, financially affordable, and provided in a welcoming, non-judgmental and non-intimidating manner.
- **Being accountable**
There must be a commitment to on-going evaluation of service delivery, with assessment based on research evidence, practice standards, and client feedback.
- **Ensuring support is available**
Service providers must facilitate for victim/survivors to have access to a support person at the earliest opportunity (Mossman et al., 2009).

Conclusions from the literature

Despite the prevalence of abuse and assaults to those aged 13- 18 years, and an acknowledgement that they are neither old children nor young adults, there is very little research on the efficacy of therapeutic approaches, programmes or treatments that work for adolescents who have been sexually abused and even less understanding of what works from their perspective. There is some evidence, however, that quality care may be less about a particular 'model' or 'programme', than a sound understanding of sexual abuse and the use of overarching principles. This will be further explored in the evaluation.

Profile of HELP

HELP provides the following services to young people:

- Crisis intervention and support via a 24 hour telephone support service and / or call-out service attending Police and medical processes;
- Counselling services for young people, available onsite and in 12 local high schools;
- Caregiver support and counselling for parents or caregivers of young people who have been sexually abused;
- Caregiver information resources "The Ripple Effect of Sexual Abuse", "One Path Ahead" and "Understanding Sexual Abuse";
- GR8MATES - a web based resource for teenagers supporting a friend who has had an unwanted sexual experience - www.GR8mates.org.nz;
- A court support service for those going through sex crime trial processes; and
- Support for those people in the community who receive disclosures of sexual abuse from young people - particularly school counsellors and health providers.

HELP employs over 30 staff trained in trauma therapy and other psychotherapeutic and educational approaches, including psychotherapists, crisis counsellors, administration and managerial staff. Three of these comprise the specialist youth counselling team.

They have a code of ethics which covers the expected performance of the organisation and its workers, and outlines an understanding of responsive practice. This covers their responsibilities to clients, the wider community, colleagues and HELP.

Clients

Around 13,000 women and children have accessed HELP's counselling and crisis services over the past 30 years.

A total of 354 young people aged 13 to 18 years old were referred to or contacted HELP for face to face crisis and/or therapeutic support between 30th July 2009 and 7 August 2012. Of these 331 (91%) were female. Three-quarters (78%) of the young people came into the service through a crisis referral. The remaining 22 per cent were referred directly to HELP's therapeutic services.

Of the 275 face to face crisis referrals, most came from the police (70%). Fewer than 2 per cent (1.8%) were self-referred.

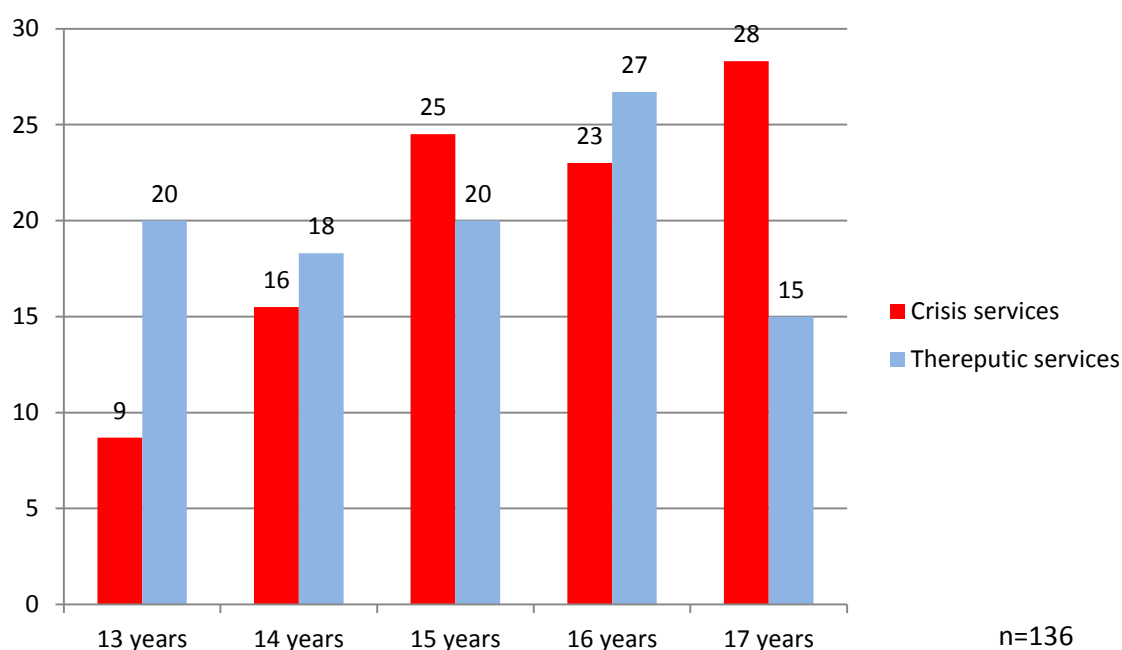
Figure 3: Source of Referral

Referrer	Per cent
Police	70
Auckland City hospital (i.e. Puawaitahi or Pohutakawa)	23
Schools	5
Mother	4
Self	2

NB: Sometimes a joint referral was made so percentages may exceed 100 per cent.

The age profile of the group suggests that most young people who accessed the service were aged 15 -17 years. It is noted, however, that the assaults or abuse often happened in earlier adolescence, and for some in their childhood years.

Figure 4: Age of young person



Both the face to face crisis service and therapeutic counselling services support young people from a wide range of a range of ethnic backgrounds.

Figure 5: Ethnicity of young person

Crisis services	%	Therapeutic services	%
European/Pakeha	26	European/Pakeha	23
Maori	20	Maori	20
Pasifika	13	Pasifika	30
Asian	4	Asian	3
Indian	4	Indian	10
Other	2	Other	2
Undefined	33	Undefined	12
Total	275	Total	60

NB: The young people could select more than one ethnic group to belong to so percentages may exceed 100 per cent

For those entering crisis services the most common relation to the person causing sexual harm was an acquaintance (19.4%) followed by a stranger (17.6%) father/grandfather (12.8%) or family friend (7.7%). For those referred directly to therapeutic services, the offender profile was slightly different with one-third (33%) involving a family member, one in six a family friend (15%), an acquaintance (12%) or a stranger (10%).

Perspectives of the service users

Symptoms, Needs and Support

The file review and the interviews suggest that young people endured a wide range of symptoms that required support.

Their needs focused on predominantly four areas:

1. Dealing with symptoms of trauma and distress
2. Requiring support with police and the courts
3. Dealing with family problems and support
4. A need for counselling, support and therapeutic services

There were a vast range of symptoms and these were often severe and traumatising. The most common was suicidal ideation (22%), followed by disturbed sleep (20%), trust issues (17%), flashbacks (13%), anxiety (11%), and cutting (11%).

The files suggested that 11 per cent needed support whilst dealing with the police, and a further 7 per cent had reported that they needed support dealing with family problems.

In 55 of the 60 files reviewed, the young person's needs outlined were met, at least in part.

In the files where the young people's needs had not been met, or had only partially been met, it was largely because the young person had terminated therapy, e.g. a friend had made her come along and she did not want to, or the court stopped funding HELP to work with the young person. Several had been referred to other services, such as Tu Wahine, following an explanation of what they could offer and how they could support the young person. In one case a referral wasn't taken as HELP temporarily closed the waiting list for youth services as at that time, new clients could not have been seen in the foreseeable future. A referral was made to another service.

It is noted that the young people did not always attend appointments, and some dropped in and out of services over time, apparently re-contacting the service when they needed to.

Face to face crisis services (25 files)

Of the 25 face to face crisis files, the main needs identified were ways of dealing with symptoms of abuse (19%), the need for on-going counselling and therapeutic support (48%), and the need for support when accessing medical, court and police services (53%). Overall, it appears from the files that many of the

needs identified are being met, and that the young people were given additional support, such as family support.

Six of the files indicated serious risks such as suicide ideation, self-harm and safety risks. Whilst in most cases the files indicate that the risks were responded to with plans, in two cases it is unclear from the notes whether the risks remained.

The crisis files indicate that HELP is making regular referrals to external agents. Six (11%) of the files recorded that referrals had been made to external agencies such as the Kari Centre Youth Early Intervention Service⁷ and Child, Youth and Family (CYF). In addition contact was made with school counsellors in four cases.

There appears to be a low rate of drop out or disengagement from face to face crisis services. In general those accessing crisis services received follow-up calls and/or therapeutic services. Four young people chose not to have a HELP counsellor provide follow-up services, largely as they felt that they did not require them. Two did not engage with the service despite multiple attempts to contact the young person.

One young person did not receive crisis support due to staff attending other call-outs at the time.

Several of the files recorded positive comments and thanks.

"Young person said she felt as though she had gained more confidence from her time working with the therapist."

"Young person says she finds sessions helpful."

Therapeutic service (30 files)

Of the 30 therapeutic files, the main needs identified were ways of dealing with symptoms of abuse (96%), the need for on-going counselling and therapeutic support (16%) the need for support when accessing medical, court and police services (12%), support with family difficulties (8%), and the need to refer the young person to external agencies.

Overall it appears from the files that many of the needs identified are being met.

"Sleeping and eating has improved 'since our talk'."

"Young person said she enjoyed some sessions where she felt she had time-out from school and social pressures. Parent commented that the young person was eating and sleeping better after the first engagement"

⁷ The Kari Centre Youth Early Intervention Service is a small specialty service for adolescents aged 13 - 19 years who require intensive specialist input.

in therapy (not maintained). By rewriting a dream the young person commented she felt better."

It is noted that in some files researchers were unable to determine whether all the specific identified needs had been met as they were not subsequently mentioned in the file. It is unclear if this is because the issues were not dealt with, were not being immediately addressed due to other priorities, or whether this information was not recorded.

Four young people did not get immediate service and it was noted that they were on "long wait lists" before being seen. During this time there was regular follow-up by duty counsellors and/or contact with the school counsellors.

Four of the young people disengaged with services, but two subsequently re-engaged and disengaged, one over a several year period.

Fourteen of the files indicated serious risks such as safety issues (57%), suicide ideation (20%) and self-harm (43%). The notes indicate that in most cases the risks were responded to with the use of safety plans (30%), information on how to deal with the risks (20%), and referrals to other agencies (60%), such as the Kari Centre, CYF and the Eating Difficulties Education Network (EDEN). Most of these files suggest that there are on-going and complex issues, for example several young people remain potentially exposed to a non-resident person causing sexual harm.

It appears from the review of therapeutic files that HELP is making referrals. Four of the files recorded that referrals had been made to external agencies such as the Kari Centre and CYF. In addition, contact was made with school counsellors in five cases.

"The client commented she was "feeling heard and listened to": following therapist's responsiveness to Young Person and engagement with Young Person's parent and the Kari Centre."

Once again, several of the files recorded positive comments and thanks.

"Client expressed appreciation that the process was slow - and at a pace she was comfortable with."

Courts (5 files)

Of the five files relating only to court proceedings, all involved HELP supporting the victim/survivor to complete a Victim Impact Statement. Due to shifting court dates, some of these young people required extensive and on-going support.

One client was referred to a Kaupapa Māori service agency. Another was out of area and so was referred to a therapist in her area, where counselling support was arranged for both the victim/survivor and her parent. It appeared that one

client did not attend HELP appointments despite follow-up contact and a number of appointments being scheduled.

In general, four of the files indicated that the young people had received support for the needs that had been identified whilst accessing the service, and immediately following the referral. In the fifth the court stopped funding HELP to work with this young person.

Cultural responsiveness

Although there was little in the files that related to cultural issues, a few had referenced discussions to cultural issues that were explored with their clients. It is noted that two taitamariki were referred to Tu Wahine. An interpreter was sought for a young person with little English.

Surveyed

To date, six young people who are currently accessing HELP services have participated in an on-line survey. It is noted that the survey will remain open until the end of 2014.

Most of the young people interviewed or surveyed saw the HELP counsellor at school.

Those surveyed described how they felt before they attended their first counselling session.

- Two were worried, or very worried that the counsellor would believe them;
- Two were worried that they would be seen as making a fuss;
- Four were worried that they wouldn't know what to say;
- Four were worried that they would be asked embarrassing questions;
- Two were worried about what the counsellor would be like and that the counsellor wouldn't understand them;
- Two were worried that they wouldn't have their meets met, and perhaps most importantly; and
- Five were worried that it wouldn't help how they were feeling.

All those surveyed, however, agreed that the HELP counsellor had made sure they were safe, treated them with respect, made them feel comfortable, listened to them, believed them, understood them, understood their needs, given them choices, allowed them to make decisions, and kept their counselling confidential. Most importantly all agreed that their needs had been met, they had been taught coping skills, given good information and that overall the counselling had helped them.

"It takes away stress and stuff."

As it was school based, most had found it easy to get an appointment to see a counsellor, and had found it easy to get to counselling sessions.

All but one felt that their questions had been answered.

Culture

Non-Pakeha respondents were asked to rate how well the counsellor understood their background and culture on a ten point scale, where one was a low understanding, and ten was a high understanding. Overall, the five Pasifika and Māori clients rated the counsellor's understanding of their background and culture as high (9.3 on a 10 point scale). None felt that there was anything that they would like to tell their counsellors that could help them understand it better.

Strengths

The young people felt that HELP was particularly good at listening and supporting them.

"[They help us to] clarify difficult situations and reasons why we experience certain emotions."

"They are able to listen to everything you say and provide easy and comfortable ways to approach difficult things that are going on in your day to day lives and the advice really helps."

"They listen, understand, give coping skills, make sure that you're safe, try to make you feel better and always give awesome advice."

"They listen and understand me."

None of the six surveyed had ideas on how the service to them could have been improved. All six would recommend HELP to someone in the same situation.

"It was a good place to feel safe and be able to talk and be listened to."

"It would give others a chance to be heard by someone who can understand what you went through so you don't think you're alone and to attain the best advice in coping or managing your emotions and daily life. How to push through it the best way possible."

The young people surveyed felt that there was nothing that they could suggest that would improve the service provided.

"I think the service is great."

"Amazing job."

Interviews

Sixteen service providers and stakeholders, selected by HELP and Tu Wahine, were interviewed about HELP's services.

Most of those interviewed were overwhelmingly positive about the therapeutic and advocacy work HELP does. They felt that there was a critical need for specialist sexual abuse and assault services in Auckland and that HELP is an essential part of the landscape.

The interviewees also believed that those dealing with sexual assault and abuse needed a good understanding of the special nature of the issues, including how to deal with mental health problems, self-harm and suicidal ideation, drug and alcohol misuse, and the balance between safety and confidentiality.

Most agreed that HELP, with over 30 years of experience working in this field, and despite on-going battles with funding, had developed considerable expertise and credibility and were well respected as a service provider and advocates.

Provides an extension to services

All of the interviewees, including counsellors and school nurses, felt that HELP provided an essential service to vulnerable young people in New Zealand. All believed that these young people deserved the best support available, and most agreed that a specialist sexual abuse/assault service is in the best position to be able to provide this.

"This requires specialist help that goes way beyond our training and what we can offer." (School counsellor)

Others felt that young people needed a choice of services as one size would not fit all.

"HELP is necessary, as is Puawaitahi, as is the Pohutakawa, as is the Kari Centre, as are the school counsellors. This is not about one size fits all. Young people need a choice of services - and HELP is right up there in providing quality specialist services to these young people."

Most of those working directly with young people who access HELP's services believe that the HELP counsellors are making a difference to the lives of the young women receiving counselling.

"These girls who were so deeply affected, who were not coping at school, were disengaged, truant, and presenting with a raft of problems both in and out of school, are starting to reengage and get their lives back on track. [HELP] are making a difference to these girls' lives."

"HELP has really helped our young women get back on their feet. We have had problems with the girls not wanting to come to school, not learning properly in

the classroom. These girls have been really traumatised by what has happened to them. They have been able to rebuild their lives. We really believe that HELP has given them a lifeline back to recovery. To be honest we wouldn't want to do without them. It is changing lives."

Concerns

Several stakeholders and interviewees also raised some key concerns. It is noted that these are the perceptions of interviewees, and that the evidence does not always support these views. Nevertheless, they need to be addressed in the evaluation.

Low visibility

Several interviewees felt that HELP had low visibility, particularly amongst those working the youth sector, and that organisations that might otherwise refer to HELP did not because they were unaware of their services.

"Organisations like ours use protocols for referrals. HELP need to tell us what they are doing and covering and whether they have capacity to work with more young people. If they are on our protocols, and we have a good service description, we are much more likely to refer young people to them."

Trusted Referrals

Most organisations acknowledged that whilst some referrals are made from protocols, most referrals are highly relational in nature. Referrals of vulnerable young people in particular, are trust-based. Interviewees believed that having a profile with referring agents is not just about raising service awareness. The organisations need to feel confident that the people they are referring would get high quality treatment.

"It is tricky as we are not a specialist sexual abuse service, yet many of the young people who come to us have been assaulted or abused. But they have come to us as they identify with our service and kaupapa. We often end up helping them as their issue is a much broader issue than abuse and assault and they have a trusted relationship with us. So we need to work out how to do this better."

These interviewees felt that as the young people already had a trusted relationship with their own organisation it would be useful to offer counselling based where the young people were already, for example from an office at Rainbow Youth or Youth Centres where the young people are, rather than refer on to other organisations.

"The balance seems to be giving young people the support they need without them having to travel from pillar to post. They are comfortable here. They are not particularly mobile, so we need to bring services to them."

"We know that services should be provided where young people are. It would be good if HELP could work more closely with us as young people come here already. They trust us and know that we would not bring a service into our premises unless we endorsed it. Otherwise it is simply another place to go, another set of relationships to establish. We need to be putting our young people at the centre of this – they know us, trust us, and they are right here."

Youth services

An interviewee felt that as HELP is a sexual abuse services rather than a youth service, this can impede their understanding of the special psycho-social service needs of this age group.

"They provide a service for young people, but they are not particularly youth focused. They are set up to cover all ages. When you provide for all ages, it is hard to provide the specialist needs of an age group. Young people have very distinct and different needs from the rest of the people they are providing services too."

However other interviewees felt that this might also be a strength as the young people received better continuity of care.

"Often young people drop in and out of a service as and when they need it. Having a service that goes from childhood through adolescence to adulthood means that they don't need to transition between services. Transitioning can be hard on young people, particularly if they have suffered trauma, as they need to start building relationships with new people in a new service with a different set of rules and ways of doing things."

Capacity

There were questions as to whether HELP had the capacity to meet the needs of those sexually abused or assaulted and there were calls for capacity to be increased.

"We make referrals and the young people we refer are put onto waiting lists. It is very frustrating as these young people desperately need services and support."

On referral agency said that they had made referrals, and then heard back from the young people that HELP had not contacted them.

It is noted that the files reviewed indicate that although not all young people are contacted, there are numerous attempts to do so before a file is closed.

Duplications and overlaps

There was concern from some that despite massive gaps and areas where young people were getting no services; there were overlaps of services in other areas,

such as at the hospital. Several interviewees noted that contestable funding across the sector was responsible for organisations being “pitted against each other” rather than working constructively together and that young people needed a choice of services, referral pathways and providers. Nevertheless it was widely acknowledged that there was in fact an excess of work for all.

‘I think the issue is that we both [each service] think we do the best job. Perhaps the approach is that we acknowledge that actually we both do a good enough job and that rather than trying to work with the same group, we focus on different groups. The whole sector knows that there is so much unmet need, so many wait lists for services, let’s just get on with it.’

There appears, however, to be very little evidence of duplications in services. Although young people can take different pathways, services such as Puawaitahi, and HELP offer very different services to different age groups. Rather than duplicating services, Puawaitahi assess and manage the health needs of young people, and refer clients to HELP for therapeutic services.

Services for young men and transgender

Several of the interviewees expressed concern that HELP did not provide therapeutic services to young men, although they do provide a male crisis service. There were also questions as to whether a gendered therapeutic service would provide services to transgender people, and upon what basis. However, it was also acknowledged that as long as young men had access to quality services, it did not in fact matter which organisation provided these services.

GR8mates Website

HELP provides a website for young people supporting friends who have had an unwanted sexual experience.

A focus group of ten young people, aged 13 -19, was held in which they discussed the content and design of the website. It is noted that the website is ten years old and HELP recognises that it is in need of updating, but as yet has been unable to secure funding to undertake this work.

The concept

All the young people thought that the website was an excellent idea, and acknowledged that if a friend disclosed abuse or sexual coercion to them they would be very unsure how to best support them. They said they would be most likely to turn to other friends to find out what to do (without using names) or look on line searching on google.

The name

Although the name GR8mates was considered ‘dated’ as it uses ‘txt speak which no one uses anymore’, the young people thought it had two key advantages.

1. It looks like it is aimed at young people

"The txt thing is annoying, but at least when I see the title, I know that it is targeted at me."

2. It would not alert parents or teachers to the content or nature of the website if they search history.

General Information

The participants thought that the information on the site was excellent. They felt that it would help them to understand how to support their friend. There were, however, in their view some key gaps they would like to see addressed.

1. They noted that the advice was largely around providing emotional support. They felt that there needed to be some urgent practical advice alongside the emotional support, such as how to get a morning after pill, getting checked for STDs etc.
2. They noted that five of the six comics involved girl/boy situations. They felt that there needed to be a few more 'boy' situations.
3. They felt that some of the scenarios were a bit 'dated'. The issues that they are dealing with involve social media and the rapid spread of information such as online photos taken of them having sex, and a culture in which sexual assaults can take place in group situations with onlookers and bystanders.

They would like the website to:

1. Open to a page saying what is covered in the website – i.e. what sexual abuse or unwanted sexual touching is – so people know straight away what it is covered and how the website can help
2. Have a section on prevention. They felt that when they are confronted by situations such as a friend who is drunk and going off with someone, or being taken off somewhere, or having group sex when they are drunk, they are unsure what to do or say or how to intervene.

"I don't want to be that person who just stands there and watches and does nothing as your best friend makes the worst mistake of her whole life in front of everyone - but what do you do?"

3. Have a section for people who have acted 'badly' towards someone and 'feel terrible.'
4. Spell out when to breach confidentiality 'disclaimers' in two or three bullet points i.e. what to do if your friend is at risk of serious self-harm.
5. Have a 'help me now' button which, if they were panicking, would link them to a crisis line where they could receive immediate help.
6. A section with real life stories of how people have supported their friends, what worked and what difference it made.

Design

As HELP recognise, the young people found the design of the website to be dated and in urgent need of redesign. They felt that this is a serious issues and it needed a design that reflected the nature of the topic.

Cartoons

The young people supported the use of cartoons. Although they would like more scenarios, and for the cartoons to have headings so that you don't need to read the whole scenario to find out what it is about, they preferred cartoons to photos of people.

"This is a sensitive subject. You don't want real people looking at you. You don't want all those eyes staring out at you."

"The people they use on websites always look a little crazy. They never look normal."

Colours

The colours worked well but were a little 'wishy washy or pale'. They said that lots of websites used bright colours such black and red, or hot pink and yellow as adults think young people like colours that 'shout at them'.

"I don't know why they think we only like bright colours. Sometimes you go to a website and feel as if you are being assaulted. It is just too much."

However, they said that the colours were soothing.

They also prefer a clean, clear look than a busy look.

"If they are redesigning the website please tell them that for some reason adults think young people like busy websites with circles and arrows. I have no idea why they think that because we really don't. It just looks a busy, cluttered mess."

They find black text easier to read than purple.

New Zealand/Aotearoa

The young people felt that the website needed a more "NZ feel". There was nothing on the website, other than the address, that made it feel as if it were a NZ website, so they were unsure if the information in sections such as where to go for support, would be relevant to them. They said that there were practical implications in being unsure whether it was a New Zealand site, such as texts to the USA being expensive, a higher drinking age and different laws.

The overseas look was based on two signifiers:

1. The lack of branding so that they were unsure who had set it up

2. The anime or Japanese style cartoons (big eyes, big hair).

Navigation

The young people felt that the website navigation could be improved. Currently the information is difficult to find, and current headings bring up pages of information that need to be scrolled through. This does not work particularly well on a computer screen, is even more difficult to navigate on a phone.

Specifically, they would like to see:

1. A search bar (not linked to google)
2. The side tabs with clearer hyperlinks
3. Headings on cartoons, information and frequently asked questions that don't take the person searching to pages of information
4. The information chunked so a click does not bring up screeds of writing

Page Lay-out

The side bar and banner remaining constant, along with the white space, does not work well, as it takes a lot of space, particularly on a small screen.

"The massive white space with small font just looks unprofessional."

Credibility and professionalism

The young people are attuned to the presence of 'troll' websites and said that several characteristics of the website made them question the credibility and authenticity.

"It needs to be credible – it needs the HELP logo – why would listen to what you have to say [without it]? It needs that credibility."

Features that would help enhance credibility in their view included:

1. The branding – they would want to have a credible organisation such as HELP, the Ministry of Health or ACC branding on the website. It would need to be significant and obvious.
2. The grammar and spelling – they were concerned about inconsistencies such as GR8mates in the title, followed by 'greatmates' in the text. They were also concerned that punctuation such as the use of triple exclamation marks made it look less credible. They felt that headings should be capitalised and everything should use correct spelling and grammar as that is how they differentiate between troll and genuine sites.

The young people felt that websites aimed at young people needed to be at the cutting edge of design as they are 'digital natives' yet they are often given websites that look more like 'school projects.'

"This is a serious topic – the look is a bit too casual."

They asked for a website that has a professional clean look, links that work, and easy to use navigation that also works on a phone. They noted that it is not expensive to do a great website if the design is kept simple.

"Bad design costs as much if not more than a clean, simple design."

Discussion

In the three years to August 2012, HELP has provided crisis and therapeutic services to over 350 young people. It appears that the services are generally meeting the needs of the young people who have experienced sexual abuse and assault.

Both the file review and the interviews suggest that many of the young people accessing HELP's services are presenting with severe and overwhelming symptoms, and that both HELP's crisis and therapeutic services are providing effective support to the young people to help them deal with these.

When asked to rate HELP services, all of those surveyed rated their first counselling visit as very good or excellent, and their on-going counselling as excellent. Specifically, those who participated in the survey said that the HELP counsellors had made sure they were safe, understood their needs, given them choices, allowed them to make decisions, taught coping skills and most of all, helped them a lot.

"Everything in the counselling session helps. I always walk away from it feeling good or like I have let off a load."

Those interviewed also described the enormous feelings of relief that the counselling provided.

"I felt so bad. I can't tell you how bad. It helped a lot. I still have bad days but I know how to get through them."

"Sometimes when I come to school I am really uncomfortable and stuff. Having them come in calms me down because I am talking about what happened. If something happened during the week and my appointment is in Friday, I have to wait until then and I stress out a lot."

Despite feelings of trepidation prior to counselling, the interviews with young people and the survey respondents suggest that victims/survivors find the counsellors warm, friendly and compassionate. They feel relief that the counsellors believe them, and they appreciate the pace of counselling. This type of effective support is critical, as these young people have often received very poor quality support elsewhere. Indeed, it is possible that the poor support they have received previously may well be impacting positively on their service ratings.

As an example, young people appear to rate services highly when they are listened to, believed, and treated with compassion and kindness. Yet the evidence from this research would suggest that young people would like far more

than this from a youth-centred service. The high ratings young people have given to current services may well be, in addition to the quality of the service itself, a reaction to their low expectations of what a service can deliver and how it can help them, as well as the poor treatment they've received before they have reached the service.

"I first told my counsellor at school. She was a little bit helpful. She said I should do other things to take my mind off it. Telling her was hard."

"The responses (from friends) were not helpful."

"I was laughed at. I had that once from another person."

School-based counselling

School-based nursing and counselling staff also rate HELP's services highly and report seeing a difference in the young people at their schools who have had HELP's services. They report seeing positive differences in the young people that HELP works with, particularly in relation to truancy, classroom behaviour, confidence, self-esteem and learning.

The young people find the school-based counselling services to be convenient, whilst allowing them to protect their privacy.

Confidentiality

Confidentiality is of the utmost importance to young people. For the victims/survivors interviewed for this project, maintaining confidentiality was one of the most important aspects of a service. Yet, as many stakeholders pointed out, the balance between confidentiality and safety can be difficult to negotiate. Overall however, there appears to be satisfaction amongst HELP's service users that the balance is right.

"I was told that you don't have to worry because whatever comes in here is confidential."

Cultural responsiveness

Interviews with HELP staff suggest that providing services which meet the needs of their client population are very important to them and the kaupapa of their service. The counselling team indicated that cultural issues are addressed early on in the counselling sessions, particularly for Māori clients who are given the option of attending a Kaupapa Māori service.

The young people surveyed and interviewed appear to find HELP's services to be culturally responsive and believed they met their cultural needs. HELP rates highly on these dimensions, and the young people had no suggestions as to how their needs in this area could be better met. Moreover, the files indicate that taitamariki are offered Kaupapa Māori services when they access HELP, and at least some young Maori choose a kaupapa-based service. Similarly, some young

people choose to access Shakti's services. Nonetheless, the HELP team would like to give young people greater choices regarding the ethnicity of staff in their own service providers and actively recruit on that basis.

Disengagement and re-engagement

It is noted that although some of the young people 'dropped out' of the service and did not attend appointments or make contact, most did. One of the limitations of this review is that for ethical reasons, the researchers were unable to re-contact the young people who dropped out to find out why. It is also noted, however, that some of the young people who dropped out reappeared, sometimes months or over a year later. Although this might not be ideal from a service provision point of view, particularly when they fail to attend sessions, one young person described how she didn't want to see someone all the time. This may be a reflection of how young people, particularly when they are in crisis, access services.

"As soon as I feel a bit better I'm off."

HELP staff have an understanding of the way young people access services, and the service is flexible enough to allow the young people to come in and out of the service as they need to.

Sector Cooperation and Coordination

Sexual assault and abuse services can include schools, mental health services, sexual health services, police, courts, family therapy and myriad other services. Many of the interviewees reiterated that sexual abuse and assault is an area that requires a high degree of cooperation and coordination between agencies. Although HELP both receives and makes referrals, at least some of those interviewed noted that the relationships between the agencies would benefit from a better understanding of HELP's service provision to young people. Service providers indicated that they tended not to make referrals to people they did not know, or organisations they were unfamiliar with, and felt that some basic information such as a list of services, and a staff profile would assist the referral process. Further, whilst HELP has positive and strong relationships with many of the organisations it receives referrals from and makes referrals too, interviewees noted that there is further potential to build relationships with those working in the youth sector.

Expertise

Most organisations that are familiar with HELP's services, such as school counsellors and nurses, believe that to deliver effective services, counsellors need to have a good understanding of the complexities associated with sexual abuse and assault. They consider HELP, with its extensive background and history, to be a leader in this field.

Duplications, gaps and waitlists

Whilst there is little evidence of duplications across the services, there is considerable evidence of gaps.

In practice, the number of young people waiting for HELP's therapy services fluctuates across the year from a minimum of 3 to more than 10 at times. As with any social service, some of the fluctuations are unpredictable, but there also appear to be significant trends across the year and the school terms. Each term, for example, starts with a low number of young people waiting, but this increases as the term progresses. This upward trend also occurs across the year with highest wait lists near the end of the school year.

Although 10 young people on a wait list might seem a moderate number, this can mean that some students wait a school term (9-11 weeks) or more for service. When responding to trauma, HELP say that early intervention is far more ideal as it can lead to less time struggling with post-trauma symptoms and less re-victimisation. Although it is noted that the file review shows that the duty counsellors and school counsellors keep in regular contact with young people whilst on the wait list, both the school counsellors and HELP staff note that the situation is far from ideal.

Unmet need

The extent of unmet need is likely to be high. The Youth '12 survey suggests that there may be considerable unmet need for support following unwanted sexual touching that makes the young people feel bad. Similarly the file review suggests that young people who have experienced assault or abuse often fail to get support months, if not years, after the assault or abuse occurred, and have suffered considerably over this time.

Whilst some of this can be attributed to a reluctance to disclose, it also appears to be due to a lack of awareness of services.

Implications

The research into support and services for 13-18 year olds undertaken as part of this overall project has enabled us to start to build a picture from the literature, the interviews with service providers and stakeholders, and most importantly from the views of young people and from young victims/survivors of abuse themselves, of what effective support for young people who have experienced sexual assaults or abuse might look like. How well does HELP's service meet this vision?

Disclosure

It appears that young people are concerned that if they disclosed abuse, that they would feel deeply ashamed and embarrassed, and that they would be judged. They feared that they would be mocked and not be believed.

Most believed that they would feel more comfortable disclosing to friends (Woodley, Davis & Metzger, 2013). Yet the young people accessing HELP services had not always met with a positive response when they had disclosed to friends and family. Some had been mocked or laughed at; others described how those to whom they disclosed did not know what to do.

Focus group participants talked about the barriers to accessing services including fears that they wouldn't be believed, that they would be making a fuss, and about how they would be treated if they disclosed, in particular whether they would be blamed.

The young people surveyed had been referred through their school counsellors. These fears, at least for some of these young women, prevailed even when they met with a supportive response from the school counsellor, and according to the school counsellors, been reassured that the HELP counsellors would support them.

This evaluation suggests that young people accessing HELP's services feel a deep sense of relief that they are believed, and rate their counselling sessions highly.

Sharing the results of the evaluation, in particular the stories from young people may help allay some of these barriers and fears.

Information

The young people in focus groups felt that although young people might just want the "whole thing to go away", young victims might look for information that could help them to feel alone or less isolated. They felt that they would most likely look for information online, at the library, or through school nurses or counsellors (Woodley et al., 2013). None of the young survivors interviewed, however, looked for information subsequent to the assault or the abuse.

Because at least some young people experiencing stress, trauma and crisis appear not to be looking for information, it may be necessary to place information in places in everyday settings that young people frequent *before* they are abused or assaulted, so that they are aware not only about HELP's services, but that support services exist. This includes online information in places they already visit, such as Facebook, and in public spaces where they are, such as schools in libraries.

It was noted that internet restrictions at schools and libraries often block sites accessed by the search terms young people might use. Hence sexual violence help sites, such as HELP would need to be manually exempted from such restrictions. Schools and libraries need to urgently address this so that those survivors who do seek information can get the help they need.

The young people said that they would like to see information in multiple formats. They would like the information to be: focussed on prevention; take

normal teenage risk-taking behaviour into account; designed to reduce feelings of isolation; designed to reduce the threshold of what young people consider to be assaults (stranger rapes); and to provide help to those supporting the survivor such as family and friends.

They would also like to see stories that show pathways to recovery.

HELP's website, along with the GR8mates website, pamphlets and information packs, contain information on the service, including what constitutes sexual violence and abuse, what services can offer, how they work and how they can help. Young people are also given this information on call-outs.

Although much of the material on the website is based on common situation, these are not real stories showing pathways to recovery.

HELP recognises that this information needs to be more widespread.

Services

Awareness of services

Currently it appears that HELP has low visibility amongst its target population. The file review and interviews with young people suggest that those in crisis may not know that support services exist, do not look for services at this time, and in many cases (due to their inexperience navigating health and support services) do not even know that they exist to look for them.

Despite this, some young people are still getting services from HELP. Although most referrals and initial contacts do not appear to come from young people themselves, they are coming from other support agencies. Hence it appears that unless a young person is violently sexually assaulted and this is reported to the police, or the abuse comes to the attention of an adults who can help, they are unlikely to get the support that the survivors said they needed, they found helpful, and that they would recommend to others.

There are programmes in schools designed to help Year 9 -13 students take greater responsibility for their safety and wellbeing, both in their personal relationships and situations with safety. These also provide information on violation and self-protection, including information on service providers that can help. However, even the young people who had attended such presentations said that they were unaware of service providers, such as HELP, that could provide support.

It may be, given the extent to which young people are experiencing unwanted touching, abuse and assault, and the low disclosure rates of these (despite the reported impacts of these experiences), that there needs to be a greater profile in the target population of support agencies such as HELP.

Benefits of accessing sexual abuse services

Not only did young people report a low awareness of counselling and support services, they appear to have little knowledge of the support such services can provide. One of the strongest and most common barriers to accessing services identified by both young people in focus groups and those surveyed was that they did not believe services would help. That feeling was particularly strong amongst young sexual abuse survivors. Yet the young survivors found HELP's service very helpful, and in some cases to be "life saving".

As most young people have very little experience accessing support and navigating medical or support systems, any efforts to increase the profile of sexual violence services will need to inform young people not just of the service, but of the benefits of therapeutic support.

It is noted that young people wanted to hear about the journeys of other young people, and suggested that stories from survivors would be helpful.

Threshold for accessing services

There was much discussion about the threshold for accessing services. Some of the young people felt that unless someone had experienced a particularly violent assault, and they were completely unable to cope, that they would be unlikely to access crisis services as the bar would be set too high.

Most young people do not self-refer to HELP. Although it appears that there is low awareness of services, it may also be that the threshold for 'crisis' services is too high for young people to access. A help or support line is more accessible, and it was suggested, therefore, that young people would be more likely to contact a help or support line.

Confidentiality

Young people are saying that confidentiality is one of the key issues they consider before disclosing sexual abuse or assault to someone who could support them. The care and protection responsibilities and confidentiality issues are difficult to negotiate and balance. This was an issue that came up repeatedly in the file review; at what point does safety over-ride a young person's right to confidentiality?

For young people, however, the issue is not at all complex. They are adamant that any decisions about breaching confidentiality are theirs to make, as they have a much better understanding of their situation and the implications of such breaches than service providers.

The young people interviewed and the survey respondents consider confidentiality to be very important, and felt that overall HELP respected their confidentiality. HELP's service appears to be consistent with this requirement from young people.

Importance of culture

The literature, stakeholders, and the young people themselves have all pointed out that the way we see and respond to sexual abuse and assault are highly influenced if not dependent on the cultural, ethnic and religious beliefs of the young person and their family and whānau. For most young people, an understanding of and respect for their culture was central to the efficacy of support and service delivery. Importantly they want staff and services that are culturally responsive, and understand the different cultural worlds in which they live.

It appears that young Māori also want more choice. McPhillips and colleagues observed that the uptake of services by school-based rangatahi Māori increased dramatically when a Māori counsellor was brought in to the school (McPhillips, et al., 2009). Young Māori want to see Māori staff, kai, a Māori sense of humour, and for the service to have a Māori look and feel. Overall, the services delivered by HELP are very much in line with many of the principals of service delivery outlined by Hamilton-Katene (2009) in which the needs of Māori survivors are considered paramount and they are given the choice of accessing Kaupapa Māori services

HELP staff rated high on understanding the culture and background of the young person. HELP management too recognise the critical importance of culture when delivering services and employing staff from different cultural backgrounds. Feedback from HELP suggests that referring to organisations such as Tu Wahine and Shakti remain priorities.

Staff

The young people saw the quality of staff as critical to the effective provision of services. Whilst some wanted to see mentors, most wanted to see specialist staff that had an understanding of sexual violence, an understanding of young people, and critically, an understanding of their familial and cultural background.

They wanted counsellors who were young (or youth focussed). Most wanted counsellors of the same sex, and they wanted staff to allow them to take support people into counselling sessions with them.

They would like to see the profiles of staff both online and in the waiting rooms.

HELP counsellors are trained sexual abuse therapists. Although not all are young, the youth team have a youth focus. HELP provides same sex counsellors as the survivors. Young people are allowed to take support people with them.

The interviews with young people and the survey respondents suggest that victims/survivors find the HELP counsellors warm, friendly and compassionate with a good understanding of their background and culture.

HELP does not currently display staff profiles on the website.

Setting

It was almost universally agreed that any support services need to be in a place where young people are. They felt that this could be online, or in a physical location. Many of the young people have very limited flexibility in their schedules and their parents know where they are at all times, making a physical location challenging. Moreover, they only access traditional service providers, such as GP clinics, with their families.

HELP currently provides counselling in school-based settings, and this works well for young people. The young people, however, have asked for services to also be delivered in other settings, such as one stop shops, youth centres, and in places where different population groups are, such as GLBTI young people at Rainbow Youth.

There was also support for a drop-in approach. Some young people felt that a drop-in approach would work best, as they felt a young person would need support when they needed support. They were realistic that this would be aspirational and unlikely to eventuate if services were to be school-based, however, they did feel that it could work if the services were 'virtual' and used online messaging.

The ideal 'look' for a clinic was a light, colourful, 'happy', professional but warm place. They did not want it to be white or filled with pamphlets as this would look too clinical. Ideally, they would like it to look casual, with people wearing casual clothes.

They felt it would need to look inviting to different groups. The GLBTI young people felt that if the service was not based at Rainbow Youth, they would like to see something that made it look 'visibly queer' such as a rainbow flag on the wall.

Most young people said that if the service were based at a one stop shop or similar, they would find it helpful to have photos and a descriptions of warm and friendly looking staff around the walls. Similarly, they felt that any websites should have descriptions and photos of staff, and a little about themselves and their background.

Although HELP's service is not in some of the settings outlined, the service is based in schools, which is where most young people aged 13-18 years are. This not only allows those young people who have their after school time closely monitored by parents to access services, but it enables young people to 'hide in plain sight' by visiting the 'school nurse'. HELP would like to deliver in other settings but the service already has wait list in schools, so is limited by capacity.

The HELP service, where some young people access services, is based in a house rather than in a clinical setting. Although not particularly light and bright, the waiting room has couches and drinks, a rainbow flag, magazines including lesbian magazines and is designed to be casual, informal and welcoming.

Channels

The young people were open to service delivery through a range of channels. They felt face to face, phone, online messaging, and texting were all channels that would work well.

Some were particularly keen on messaging as they felt that they could discuss this issue anonymously and confidentially in real time with someone. It would be like a 'drop in centre' where people could go when they needed help or wanted to talk to someone, rather than be confined by appointment times.

Although some population groups would not be able to use this method as they did not have access to unmonitored computers or computer time, others felt that the online environment would allow young people enormous flexibility and an environment in which they could talk to others who had been through it, chat safely, Skype counsellors, and access online tools, resources and support. They also felt that it would offer parents and families a place where they could go to learn how to support young people.

There is evidence that messaging services for sexual assault and abuse victims work well in the USA, however there are risks. HELP may wish to further explore the call for a 24/7 online messaging service and its potential in a New Zealand-based context.

Counselling style

HELP's counselling services are currently delivered by trained sexual abuse and assault counsellors and the counselling is predominantly delivered individually in a face-to-face context. Many of the young people were appreciative that they could bring a friend. Nonetheless, young people are interested in other styles of counselling. They are particularly keen on opportunities for the young people who have been abused to move towards wellbeing and to find a way to help others, thereby helping themselves. One of the ways Pasifika young people saw this as happening was by developing mentoring relationships to help support other young people through their experiences of abuse.

The young people were also keen to explore group counselling. They felt that although group counselling might mean that it was not anonymous, it would work well for some people by reducing feelings of isolation.

Although HELP does not currently provide a mentoring service, HELP currently runs group counselling periodically.

Reporting

A key barrier to disclosure is mandatory reporting which is seen to breach confidentiality. There was an agreement that only in situations which were *genuinely life-threatening*, that someone who could help should be immediately told.

As an NGO, HELP has more flexibility in how they can respond to young people who do not want their confidentiality to be breached. HELP's policy is focused on the long-term safety of clients and their philosophy directs facilitation of empowerment whenever possible. However, HELP staff are also bound by their professional codes of ethics and all actions must be in line with these.

Support for caregivers and friends

Young people asked that their caregivers and friends get the support that they need to provide effective support to young survivors, and in recognition of the distress that it would cause family, whānau and friends, to enable them to take care of themselves.

HELP currently delivers this through their care giver support services, booklet series, and through the GR8mates website. Although the young people believe that the GR8mates website contains important information, as HELP recognises, it needs to be updated.

Prevention

Young people wanted services to have a strong emphasis on prevention. Although HELP do not have a prevention programme for 13-18 year olds, organisations such as Rape Prevention Education (RPE) run specialist sexual violence programmes in schools that teach young people about rape and sexual violence.

A list of secondary school sexual violence prevention programmes, along with online resources are on the HELP website.

Alignment

The following table summarises the vision of young people, and looks at how closely HELP's services match that vision.

Summary of what young people want and whether HELP's services align with their vision

Young people want	Detail	HELP's service	Explanation
Information	Multiple formats on what constitutes sexual violence and abuse, what services can offer, how they work and how they can help	Mostly	HELP's website, along with the GR8mates website, pamphlets and information packs, contain information on the service, including what constitutes sexual violence and abuse, what services can offer, how they work and how they can help. Young people are also given this information on call-outs. HELP recognises that this information needs to be more widespread and in places young people are already.
	Stories from survivors	In part	The information on the website is based on stories and real life situations, however young people would like to see real stories from others showing pathways to recovery.
Confidentiality	Don't want confidentiality to be breached	Yes	Interviewees and survey respondents reported that HELP respected their confidentiality and rated highly on keeping counselling confidential
Culture	Understanding of and respect for their culture	Yes	Interviewees and survey respondents rated HELP staff highly on understanding their culture and background
	Māori staff, kai, sense of humour, look and feel to the service	No - use referrals	But make referrals to organisations such as Tu Wahine and rate highly on understanding culture and background
Staff	Youth focused or young, gender matched,	Yes	Staff have a youth focus. Staff and clients are matched on gender
	Warm, friendly, compassionate	Yes	Interviewees and survey respondents rated HELP staff highly on warmth, treating with respect, making them feel comfortable
	Similar culture	No - use referrals	But make referrals to organisations such as Tu Wahine and rate highly on understanding culture and background. Management try and recruit therapists from different cultural backgrounds
Setting	Where young people are – at school and in youth based setting such as Rainbow Youth	Largely	HELP delivers services in schools, which is where most young people are. HELP would like to deliver in other settings but is limited by capacity.
	Light, colourful, 'happy', professional but warm place.	Largely	Not particularly light and bright, the waiting room has couches and drinks, a rainbow flag, magazines including lesbian magazines and is designed to be casual, informal and welcoming.
	Visibly queer	Yes	Rainbow flag on the wall, lesbian magazines in waiting room
Channels	Drop in centre	No	
	Face to face and phone services	Yes	Crisis, therapeutic and court support services are offered
	On line messaging	No	HELP would like to provide a 24/7 messaging service
Support for friends and family	Friends	Yes	GR8mates websites. Young people found the information valuable, however as HELP recognises the design needs to be updated
	Caregiver support	Yes	Caregiver support is provided through its support services and a booklet series.
Prevention	Young people want a focus on	Indirectly via	HELP provide a list of links to online resources and

prevention in addition to support services

links to specialist services

sexual violence prevention programmes targeted at this age group

Conclusion

If young people were to design a service for young people who have experienced sexual abuse and assault, it would look different to the way most current youth services are organised.

The services would be mobile, and based in schools, youth centres and places where young people hang out, or online where young people are.

Physical services would be light, airy and warm, with comfortable couches. Pamphlets and posters would be replaced with symbols and art that represent modern Māori, Pasifika and Asian culture, so that all young people would feel welcomed and acknowledged. There would be photos of staff displayed on the walls, along with profiles describing who they are and a little about themselves (not necessarily what they do).

Staff would be young, and from a range of cultural and ethnic backgrounds. The staff would understand 'cultural traditions and old ways' but have a deep understanding of where young people stand on the bridge between tradition and the modern, and be able to stand on that bridge beside them.

Young Māori would have the choice of accessing Kaupapa Māori services, or mainstream services with Māori staff and a Māori look and feel.

In addition to counsellors, young people would be able to access young mentors who are prepared to share their journeys and read their stories of how they have dealt with abuse and what helped. As they moved towards wellbeing young people would be offered mentoring training so that they had an opportunity to turn the 'terrible things happened to them' into something that might help other young people.

Young people would get to know about the service through skits at school, in classrooms, and through online stories posted in places on the web they already visit, rather than tucked away in websites they have to search for and find, where they risk inadvertently downloading pornography when they use search terms like sexual abuse and assault, or get 'caught looking'.

Young people would have the option of counselling through messaging services, individual counselling, group counselling, and activities where people hang out with others who understand what they are going through.

Crisis lines would be replaced by support lines. Friends and families would be given information on how to support and nurture their young person.

Neither HELP's nor other providers fully match this vision of services that over 220 young people, including victims/survivors of abuse and assault would like to

see. Nonetheless, in providing a youth focused, school based service, many aspects of HELP's services meet the features outlined.

It is clear from this evaluation that HELP offers a critically important service to young people experiencing sexual abuse in Auckland, and is making a difference to these young people's lives.

The young people interviewed and surveyed for this project rate HELP's services extremely highly. This is at least in part as many of the young people appear to experience very little or poor support prior to accessing HELP's services, they have been unaware that services existed, and had little confidence that any services that they could access would help them. Moreover, many are feeling this way at a time that they are blaming themselves for what happened, frightened of their family's reaction, and dealing with the effects of abuse, such as suicidal ideation, depression and anxiety.

HELP offers a service where a young person who has been sexually abused or assaulted is listened to, believed, and treated with warmth and compassion rather than blame. Young Māori are supported to access their partner organisation, Tu Wahine, a Kaupapa Māori service.

The HELP counsellors help young people to reframe their experiences reducing their feelings of guilt, shame and self-blame. They understand their needs and teach them skills that help them to cope with their symptoms. Moreover, at a time in which the young people report feeling disempowered, they give them choices, allow them to make decisions and respect those decisions. Although recovery may be a journey, the young people report being helped 'a lot'.

Those working with young people, such school counsellors and nurses, also believe that HELP is providing an essential service that is making a difference to young people.

Although it may not yet fully meet the vision of services that young people would hope to receive, HELP's crisis, therapeutic and court services, appear to be providing very effective services to some of the most vulnerable young people in Auckland.

One of the most concerning aspects of the evaluation has been the possible scale of unmet need and the capacity of HELP to meet this.

The Youth '12 survey suggests that that a significant number of our young people have experienced unwanted sexual touching that makes the young people feel bad. Similarly the file review suggests that young people who have experienced assault or abuse often fail to get support months, if not years, after the assault or abuse occurred, and have suffered considerably over this time.

Whilst some young people will be reluctant to disclose, and others may not need or want support from either formal or informal networks, this evaluation

suggests that many young people may not be getting the support they need as they are both unaware of services, and unaware of how services could help them.

Raising the profile of sexual abuse services, such as those provided by HELP, is critical if young sexual abuse survivors who need support to access the support they need. However, any increase in profile will place further pressure on services. As noted, HELP already has wait lists with some young sexual violence survivors waiting weeks for therapeutic counselling.

Given the severity of the symptoms young people are experiencing as evidenced in the file review, and the relief from trauma they report after accessing HELP's services, the wait time for services needs to be addressed. Young people suffering the effects of sexual violence need timely therapeutic treatment.

If the profile of HELP's service is raised this will need to be accompanied by an increase in service capacity, to ensure that young survivors get the support they want and need in a timely manner.

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