

**BARRIERS TO DISCLOSING CHILD SEXUAL ABUSE (CSA) IN ETHNIC MINORITY
COMMUNITIES: A REVIEW OF THE LITERATURE AND IMPLICATIONS FOR PRACTICE IN
AUSTRALIA**

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Highlights • A systematic literature review on child sexual abuse and ethnic minorities was conducted • Barriers to disclosure are a fundamental issue for ethnic minorities, especially need to protect family name • Many cultural barriers to disclosure among ethnic minorities are shared in quality but not quantity with the mainstream • Racism is a unique barrier to disclosure among ethnic minorities; it is not shared with the mainstream • Service worker training may aid culturally appropriate encouragement of disclosure among ethnic minorities

Disclaimer This manuscript has not been published elsewhere, and is not under consideration by any other journal. However, this article reports on the findings from one of six themes explored in a larger study (community awareness, prevention, disclosure, treatment needs, service delivery models, and current national service provision). Thus, content in the Introduction and Method overlaps with content in all prepared articles, but which then report on the findings of one of the explored themes making them each overall different from one another.

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Abstract

Research on child sexual abuse (CSA) among ethnic minority communities in Australia is essentially absent. To begin to address the gap, a systematic literature review was conducted; which necessarily borrowed from overseas to help inform the national context. A wide array of barriers to disclosure were identified, suggesting that this is a fundamental issue for ethnic minorities. The most significant of these barriers appears to be the need to protect family name. This also leads to non-supportive and protective responses from non-offending mothers, however this experience (although more intense) is shared with the Western mainstream. In comparison, fear of stigmatising their whole community is a unique barrier and highlights that racism is a significant and additional burden. The findings suggest that service worker training in Australia is critical for informing professionals of: the importance of family reputation for collectivist groups; the importance of responding supportively and protectively to child victims who have disclosed to them first; the cross-cultural complexities that surround construals of 'child safety'; educating non-offending mothers about the importance of at least believing their child's disclosure (associated with mediating mental illness among victims, but also culturally appropriate because it acknowledges the protective role of family cohesion in collectivist cultures and the high motivation to avoid social exclusion – the most common reprisal for shaming the family name); exploring acculturation as a possible predictor of disclosure; and the risk of racism being overlooked or minimised. Overall, it is argued that practice informed by a well-developed national research agenda is critical.

Keywords Child sexual abuse (CSA), ethnic minorities, disclosure, service delivery, collectivism, racism

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1 Introduction

1.1 Background, aims, research questions, and significance

Little is known about child sexual abuse (CSA) and ethnic minority communities world-wide. As US authors Futa, Hsu, and Hansen (2001) say, “research focusing on sexual abuse in minority populations is minimal” (p. 190). More recently, Tishelman and Geffner (2010) also say, “culture is pertinent to each case of suspected child sexual abuse but only barely (gets) touched on by existing research” (p. 487). Thus, knowledge on whether and how the needs and experiences of ethnic minorities differ from their mainstream counterparts is significantly under-developed. Compared to the US and UK, however, Australia is particularly lagging in its research efforts, as several national researchers note (Bromfield & Arney, 2008; Burke & Paxman, 2008; Cashmore, Higgins, Bromfield, & Scott, 2006; Sawrikar, 2017). Indeed, only one empirical study on CSA across mainstream and ethnic minority groups in Australia was identified in the present literature review study (Taylor & Norma, 2013). This is seen to be a poor response given that nearly a third of Australia’s population (31%) are first and second generation originating from non-English speaking countries (Australian Bureau of Statistics [ABS], 2012–2013; also see Table 1 for population data on Australia’s largest migrant groups).

However, the Australian context is also particularly unique and sensitive compared to other Western countries. Governments in the past have made what we describe as “grave and horrid mistakes” (Sawrikar, 2017, p. 44) with Indigenous communities that have had irreversible and detrimental repercussions across generations, making them wary to intervene in any non-mainstream group. Between 1910–1970, somewhere between 1 in 10 and 1 in 3 Aboriginal children (Burton, Westen & Kowalski, 2015) were forcibly removed from their families, who were considered by the government as uncivilised and inferior, to be better parented by white families who were considered to be civilised and superior (Human Rights and Equal Opportunities Commission [HREOC], 1997). These children are referred to as the ‘Stolen Generations’. Displacing children and families from their community connections and sense of identity, and negatively judging their parenting and family practices, have led to intergenerational trauma, loss of parenting skills, and over-representation in the child protection system (HREOC, 1997).

Despite the significance of HREOC's (1997) *Bringing Them Home* Report, Indigenous children have continued to be removed from their families at very high rates. In 2007, the 'Northern Territory [NT] intervention' led to the removal of Indigenous children at risk of and experiencing family violence and sexual abuse. The NT Emergency Response (as it is also known) occurred under the Howard government as "an intervention program ... justified through an urgent need to save Indigenous children from widespread abuse and victimisation identified by Anderson and Wild's (2007) *Little Children Are Sacred* report" (Macoun, 2011, p. 521). The intervention was seen as necessary to protect children (Johns, 2008; Thill, 2009), but it is argued here that it was no *more* necessary than anywhere else in Australia. This is because sexual abuse occurs in all cultural groups (Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). Thus, the intervention is seen as racist; it used the need to protect child safety as a justification for intervening in a non-mainstream group only (Johns, 2008; Thill, 2009).

Unfortunately, Australia has not conducted a national prevalence study of CSA (Mathews et al., 2016), so exact numbers are not known. The international literature, however, can aid in being able to make some reasonable guesses. Research from overseas does show that prevalence differs across countries, so by analogy some cultural groups in Australia are likely to have higher prevalence than others, but as already stated the work also shows that it occurs in all groups (Finkelhor, 1994; Pereda et al., 2009; Stoltenborgh et al., 2011). In the only known study on cross-cultural reported prevalence of child maltreatment in the state of New South Wales (NSW) in Australia (Sawrikar, 2011) – unfortunately with only small sample sizes ($n = 20$ per cultural group) – it was found that 4 of 20 (20%) Chinese, 3 of 20 (15%) Vietnamese, 1 of 20 (5%) Lebanese, 4 of 20 (20%) Pacific Islander (Samoan and Tongan), 8 of 20 (40%) Aboriginal, and 11 of 20 (55%) Anglo case files had substantiated reports of sexual abuse.

The relatively low prevalence in the Chinese group is difficult to interpret because the results of international research seems to suggest that prevalence is lower in Chinese populations compared to other groups (Ji, Finkelhor, & Dunne, 2013; Chen, Dunne, & Han, 2004). However, the prevalence rates for all four ethnic minority groups explored in this study (Chinese, Vietnamese, Lebanese, and Pacific Islander) are noticeably lower than in Aboriginal and Anglo families, and all case files were randomly selected. These lower rates were attributed at the time to the many barriers to disclosure that ethnic minority groups face, rather than a genuine and substantive higher prevalence among Aboriginal and Anglo families (and one purpose of this article is to identify these barriers as fully as possible). Also notably, the prevalence rate is higher in the Anglo group than in

the Aboriginal group. The fact that no racialised intervention has occurred for the mainstream in the same way that it has for Aboriginal children – that is, programs targeting only white families and communities due to high prevalence of CSA in them – is seen to be a clear demonstration of the racism and discrimination that non-white families incur, with devastating effects to children, families, and communities. It is important to acknowledge that the needs and experiences of Aboriginal families and communities in the state of NSW are different to those in remote NT. However, all this national context has been provided here to establish the *gravity* of racism as a barrier to disclosure of CSA among non-mainstream groups, be they Indigenous or ethnic minority (discussed in further detail under ‘Results’).

By virtue of being non-mainstream in the same way Indigenous Australians are, ethnic minorities in Australia are seen to face to a similar issue: sexual abuse occurs in their communities, but is at risk of being labelled ‘a cultural issue’ for them. This is a burden that does not exist for the white mainstream (see ‘3.1.7 Fear of stigmatising their entire community’ for further discussion); abusers and victims from white mainstream families are seen as individual cases and the entire group does not ‘pay’ for the crime of one or even many. As Huisman, Martinez, and Wilson (2005) more generally say, “for many Whites, for whom race plays little or no role in their everyday lives, it is easier to view people as individuals rather than part of a group ... It is generally beyond their experience to know what it is like to be viewed racially as unmeltable or other” (p. 798). This then creates pressure on minorities for whom “the reality of racism has to be “proven” continually” (Jiwani, 2005, p. 853). In the context of barriers to disclosing CSA, racism among non-white victims/survivors is at risk of being overlooked or minimised.

Despite these complexities and challenges, we see that silence about them is not the appropriate response as it still fails to protect child safety. Instead, we argue that policy makers and practitioners who directly work with issues of child safety must develop a new and efficacious approach to protecting children. Specifically, the approach needs to wholly accept that racist thinking and action is a real threat to non-mainstream families. It also needs to view children from ethnic minority groups as individual victims of criminal abuse rather than cultural victims (also see Sawrikar, 2017 for an in-depth commentary on the experience of racism among ethnic minority CSA victims/survivors). In this way, protection can be offered to all children more equally, while still tailoring that protection to the unique risks that occur for non-mainstream communities.

To this end, this article reports on some of the findings from a larger study on the experiences of victims/survivors of CSA from ethnic minority communities and how best to meet their needs. The larger study

was a systematic literature review conducted to help address the gap in national knowledge. It explored several themes: (i) current community awareness of CSA in ethnic minority communities and how best to raise it, (ii) barriers to participation in prevention programs among ethnic minority communities and culturally appropriate strategies that could address them, (iii) barriers to disclosure in ethnic minority communities and culturally appropriate strategies that could help encourage it, (iv) the treatment needs of victims/survivors from ethnic minority communities and elements that constitute culturally competent treatment, (v) possible service delivery models for victims/survivors from ethnic minority communities in Australia, and (vi) current service provision to victims/survivors from ethnic minority communities in Australia.

This article only focuses on issues to do with disclosure (theme 3); the results of the other themes are reported elsewhere. Specifically, this article addresses two research questions (RQs): (i) what are the identifiable barriers to disclosure of CSA among ethnic minority communities? and (ii) how can service organisations play a role in helping to encourage disclosure of CSA? Broadly, the results intend to develop capacity in the services sector as well as knowledge about similarities and differences between ethnic minority and mainstream victims. It is thus a significant contribution to the area; the use of a systemic approach to identifying the current relevant literature helps begin address the national gap in knowledge that can in turn inform best practice.

1.2 Defining ‘ethnic minorities’

To best meet the needs and identify the experiences of sub-groups in the population, it is necessary to define them clearly. Ethnic minority communities are defined here as those who have a migration history and are minorities in at least one of the four main dimensions of ethnicity identified by O’Hagan (1999) – race, language, culture, and religion. Thus, ethnic minority communities are differentiated from their Indigenous and Anglo counterparts. In Australia, there are two distinct Indigenous groups – Aboriginals and Torres Strait Islanders, and white Australians (Anglo Saxon and Celtic) form its mainstream. Ethnic minorities usually come from non-English speaking countries of origin, which also tend to be high on collectivism (see ‘1.3 Theoretical framework’ for more information). The term includes refugees and asylum seekers, but these groups have needs and experiences over and above those of other ethnic minorities (Allimant & Ostapiej-Piatkowski, 2011), so literature on the broader category should not be seen as sufficient for this niche group. In Australia, a synonymous term is used in the research, practice, and policy discourse – ‘culturally and linguistically diverse’ (CALD). This term has not been used here because the term ‘ethnic minorities’ draws attention to all four dimensions of ethnicity, not just culture and language (Sawrikar & Katz, 2009). ‘Non-mainstream’ groups refer

to Indigenous and ethnic minority communities. They have in common lower social, economic, and political power compared to the white mainstream, but also differ from one another in their needs and experiences and in the definitive characteristic of being First People or having a migration history.

As can be seen from Table 1, most overseas-born people in Australia originate from countries such as the UK (North-West Europe), and many also come from New Zealand (Oceania and Antarctica). However, of those from non-English speaking countries, most are from Asia including China and India, and Southern and Eastern Europe including Italy and Greece.

Table 1: Overseas country of birth by region (ABS, 2016)

Region of birth	Persons	Proportion of overseas-born population (%)
North-West Europe	1,431,169	23.2
South-East Asia	872,891	14.2
North-East Asia	789,436	12.8
Southern and Central Asia	782,903	12.7
Southern and Eastern Europe	657,698	10.7
Oceania and Antarctica(a)	657,696	10.7
Sub-Saharan Africa	317,182	5.1
Middle East	303,089	4.9
Northern America	129,704	2.1
South America	114,599	1.9
Other Americas ^a	21,751	0.4
North Africa	70,994	1.2
Total ^b	6,163,667	100

Source: Census of Population and Housing, 2016; a – Other Americas includes Central America, Caribbean and Americas, nfd; b – Total includes Inadequately described, At sea, and North Africa and the Middle East, nfd.

1.3 Theoretical framework

‘Collectivism’ is a cultural stance that sees the basic unit of society to be the family, and it is differentiated from ‘individualism’ which sees the individual to be the basic unit of society (Hofstede, 1980). More specifically,

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

According to the seminal researcher Hofstede (2001), the US, Australia, UK, Canada, and New Zealand, rank highest on individualism. Western European countries rank next highest, and the remaining parts of the world (such as East Europe, Asia, South America, Middle East, and Sub-Saharan African) rank more highly on collectivism. The implication is that many ethnic minorities in Western countries like Australia originate from non-Western countries high on collectivism (see Table 2 for more information).

Table 2: Individualism (IDV) scores by country¹

Country	IDV	Country	IDV	Country	IDV	Country	IDV
Unites States	91	Czech Republic	58	United Arab Emirates	38	Sierra Leone	20
Australia	90	Austria	55	Turkey	37	Singapore	20
United Kingdom	89	Hungary	55	Uruguay	36	Thailand	20
Netherlands	80	Israel	54	Greece	35	El Salvador	19
New Zealand	79	Spain	51	Philippines	32	South Korea	18
Italy	76	India	48	Mexico	30	Taiwan	58
Belgium	75	Argentina	46	Ethiopia	27	Peru	16
Denmark	74	Japan	46	Kenya	27	Costa Rica	15
France	71	Iran	41	Portugal	27	Indonesia	14
Sweden	71	Jamaica	39	Tanzania	27	Pakistan	14
Ireland	70	Brazil	38	Zambia	27	Colombia	13
Norway	69	Egypt	38	Malaysia	26	Venezuela	12
Switzerland	68	Iraq	38	Hong Kong	25	Panama	11

¹ <http://www.clearlycultural.com/geert-hofstede-cultural-dimensions/individualism/>

Germany	67	Kuwait	38	Chile	23	Ecuador	8
South Africa	65	Lebanon	38	China	20	Guatemala	6

It is also known from the extensive literature on acculturation that cultural norms, values, beliefs, and traditions from the country of origin do not simply disappear into a ‘melting pot’ in the new country after arrival. The seminal work of Berry (1980) highlights that migrants *continuously* manage two conflicting needs – the need to preserve the culture of origin and the need to adapt to the new culture. Moreover, this balance is affected by a number of variables, some of which are dynamic and responsive to changing social cues (Sawrikar & Katz, 2010; Sawrikar & Katz, 2009; Sawrikar & Hunt, 2005). For example, the conflict is affected by whether the person speaks or understands their native language (where language strongly predicts ethnic identity), their generational status (where those born overseas are less likely to be integrated), their developmental age (where need for group belonging and acceptance may be higher among adolescents), whether they are visibly different to the mainstream (such as through skin colour or religious attire), how much they experience racism and discrimination (if at all), where they reside (with different local areas varying in acceptance of multicultural diversity), and the impact of political discourse on the national and global stages (such as the vilification of Muslims, or refugees and asylum seekers derogatorily described as ‘boat people’). Thus, cultural norms and values from the country of origin (such as collectivism) are pervasive in the daily life and social structures of ethnic minority communities, even among well-established migrant groups and across generations.

The theoretical framework of individualism/collectivism has utility in the context of CSA because collectivist cultures place greater value for family and community over the needs of individuals. As such, the needs of victims may be de-prioritised to the needs of the family, most especially the need to protect the family’s reputation or ‘face’. It is also relevant because collectivist cultures overtly accept gender inequalities – the father is seen to be the head of the family, has most of the power within the family, and in turn is most associated with the family’s ‘face’ or reputation. Allegations of CSA against fathers or other senior males are therefore perceived as accusations against the whole family, so in order to save ‘face’ it is often the accuser and/or victim that is excluded by the family rather than the alleged abuser (discussed in detail under ‘Results’).

Importantly, themes of family, reputation, patriarchy, silence, and exclusion also occur in individualistic groups because individualism and collectivism really occur on a continuum, but groups tend to be heuristically categorised as one or the other. Thus, the use of the theoretical framework is not to minimise the importance of

these themes in ‘individualistic’ cultures, but to highlight their centrality among ‘collectivist’ ones. This is necessary when attempting to identify how best to protect children in these communities; it provides a culturally relevant ‘lens’ for making sense of their needs and experiences. It therefore aligns with social constructionism (that perceived reality is constructed by personally meaningful and relevant variables), cultural relativism (that not all cultures can or should be compared, as if they all occur along comparable dimensions), and emic methodologies (that ‘insider’ perspectives matter; both authors are ethnic minorities) (Sawrikar, 2017).

Although the framework is seen to be useful, it is still important to point out that ‘individualism’ and ‘collectivism’ are just generalised stereotypes, so should not be *definitively* relied on. They need to be used with vigilance, ensuring that the beliefs comprising the stereotypes are accurate, do not perpetuate harm or disadvantage to groups, and are questioned when applied to individual situations (Sawrikar, 2017). This is particularly critical for clinical practice because stereotyped assumptions about culture can result in inappropriate and even harmful outcomes (Owusu-Bempah & Howitt, 2000). Thus, macro-level conceptualisations of culture should be combined with more nuanced and detailed constructions of culture that occur within each minority group to better engage with victims from them. That is, the theoretical framework of individualism/collectivism is seen as necessary but not sufficient for understanding CSA among ethnic minority communities.

2 Method

2.1 Databases, keywords/search terms, and inclusion/exclusion criteria

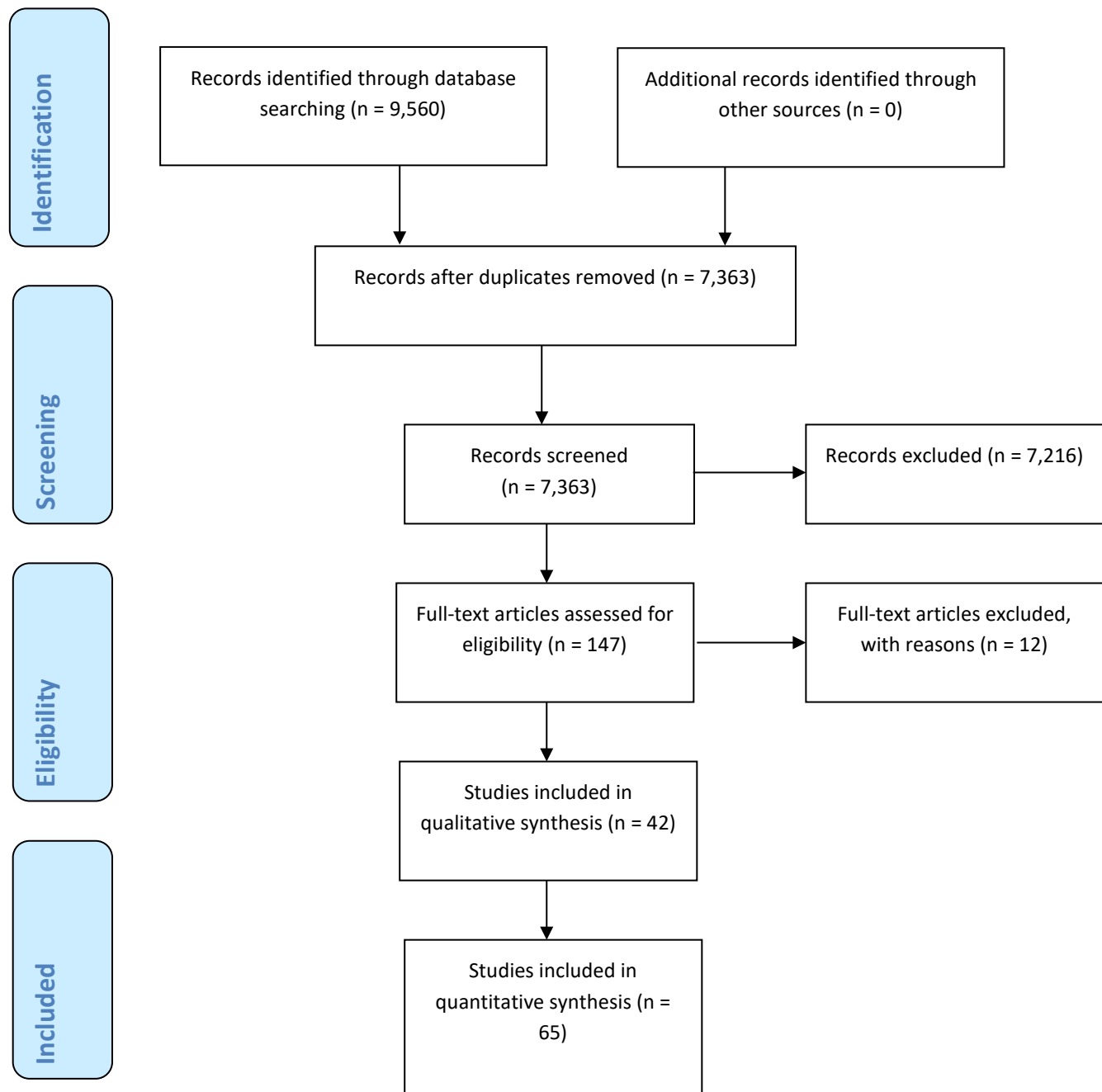
The methodology for obtaining the relevant literature was informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) process. The PRISMA flow diagram (Moher, Liberati, Tetzlaff, Altman, & the PRISMA Group, 2009) is in Figure 1.

Literature was first sourced from relevant databases – Australian Public Affairs Full-Text, Health and Society Database, Informit Family and Society Collection, Informit Health Collection, Informit Humanities and Social Sciences Collection, Multicultural Australia and Immigration Studies, ProQuest Family Health, PsycINFO, Scopus, Social Services Abstracts, and Sociological Abstracts.

Then, a series of search terms related to the two keywords – ‘child sexual abuse’ and ‘ethnic minorities’ – were combined. Search terms related to the first keyword included: sexual abuse, sexual harassment, sexual exploitation, molestation, rape, indecent assault, sexual violence, and gender violence. Search terms related to

the second keyword included: culture (cultur*), race (rac*), culturally and linguistically diverse (CALD), non-English speaking background (NESB), ethnic minority/ies (ethni*), migrant, immigrant, refugee, asylum seeker, of color/colour, and community.

Figure 1: PRISMA flow diagram



Searches were limited to 2000–2016 to ensure only recent literature was included. Where available, searches were also limited to full-text, English, and peer-reviewed only. These criteria led to 9,560 results. Duplicates were then removed ($n = 2,197$), reducing the number of records to 7,363. They were then screened for their relevance to the six themes of the larger review based on their title, keywords, and abstract. Most of the literature was excluded at this stage. Although the Boolean logic of ‘AND’ had been used to combine search terms related to the two keywords, the searches mostly did not yield literature specifically related to sexual abuse experienced in childhood by someone from an ethnic minority background (i.e. ethnic minorities in Western countries or about non-Western countries). Most commonly, articles were excluded because they related to sex offenders and/or recidivism, sexual risk behaviour but not sexual abuse, elder (sexual) abuse, military culture, and substance abuse, men who have sex with men, and women who have sex with women but not sexual abuse. In total, 6,715 records were deleted at this stage. Of the 648 remaining articles, the full text of 20 was not available, leaving 628 records. Of these, 421 related to sexual violence, gender violence, domestic violence (DV), intimate partner violence (IPV), sexual exploitation, and sexual harassment among adults rather than children or survivors of CSA in ethnic minority communities, or were about violence that involved children but not CSA (such as witnessing DV); these too were excluded.

Literature was then excluded if it *only* pertained to Native Americans ($n = 6$) and African Americans ($n = 25$) to address a priori issues to do with the transferability of findings from Indigenous groups in other Western countries and/or minority groups not represented in Australia. Although there are some families from South America represented in Australia (see Table 1), literature only pertaining to Latina/Hispanic Americans ($n = 29$) was also excluded on the grounds that they form a large and significant minority group in the US and so their needs and experiences could be quite specific to that context. Indeed, in a literature review on CSA in minority communities in the US, Kenny and McEachern (2000) found that “many studies utilised Asians in their homelands and Asian-Americans, while research examining Hispanics utilised only Hispanic immigrants to the United States” (p. 906). Note: studies that explored and compared all three (and only these three) groups – Native, African, and Latina/Hispanic Americans – were also excluded and were counted under ‘Latina/Hispanic American’ in this study. On the other hand, literature that addressed groups *in addition* to Native, African, and Latina/Hispanic Americans – for example, Asian-Americans (because Asian-origin migrants are highly represented in Australia, see Table 1) – were included in this review, so the former groups have not been wholly disregarded. This is particularly helpful for ensuring that racial and other barriers common among all ethnic minorities are represented to some extent in the review.

Applying the above exclusion criteria left a total of 147 records eligible for full review. Once the full text of these had been read, however, 12 were identified as not being directly relevant to the larger systematic literature review. This refined and reduced the final number of records to be in scope of the review to 135. Of these, 42 primarily used qualitative methodologies (such as in-depth interviews, focus groups, and case studies), 65 primarily used quantitative methodologies (such as surveys, case file reviews, and meta-analyses), eight used a mixed-methods approach (counted under the 'Quantitative' records), and 28 used secondary analyses (such as literature reviews and commentaries). As the secondary analysis records did not use either qualitative or quantitative methodologies, they do not appear in the flowchart. Only articles relevant to the two research questions (RQs) of this article have been cited here, and Appendix A contains a summary of each cited study's location, the ethnic groups investigated, their method, and whether it could be deemed rigorous. The broader literature on 'child maltreatment and ethnic minority communities' as well as 'family violence and ethnic minority communities', which have been explored by the authors in previous research projects, were also drawn upon where relevant.

2.2 Strengths and weaknesses

The approach for obtaining the literature was systematic, comprehensive, and exhaustive. Emergent themes from the literature were also exhausted, and have been comprehensively reported under 'Results' in the form of a narrative review merging description and analysis (while also keeping a need for brevity in mind). Still, some weaknesses of the methodology and review need to be acknowledged.

The first is that the body of literature on CSA and ethnic minorities is small, as already stated. Moreover, not all of it is based on empirically rigorous methodologies (see Appendix A). This limits being able to offer evidence-based principles of best practice for encouraging disclosure (one key purpose of this paper), with only suggestions being able to be offered. Still, literature on mainstream samples in Western contexts cannot and should not be used to make sense of the needs and experiences of ethnic minorities, which several authors note (Baker, Gleason, Naai, Mitchell, & Trecker, 2013; Chen & Chen, 2005; Chien, 2013; Elbedour, Abu-Bader, Onwuegbuzie, Abu-Rabia, & El-Aassam, 2006; Gilligan & Akhtar, 2005; Mildred & Plummer, 2009; Reavey, Ahmed, & Majumdar, 2006; Sil & Soo, 2008; Wang & Heppner, 2011; Usta & Farver, 2010). As Capri (2013) says of the South African context but with transferability to all ethnic minorities, "North American, British, and European assumptions around child sexual abuse offer an inadequate framework for understanding such abuse in South Africa. Without reflecting critically on these assumptions, we risk obscuring, silencing and

recolonising children's experiences. We constrain knowledge, restrict the identities of South African sexually abused children, and limit spaces for healing" (p. 34).

Another limitation is that the review has grouped several different races, cultures, languages, and religions together, falsely homogenising each of their needs. It can be somewhat justified on the grounds that minorities share some experiences such as language barriers, racism and discrimination, and a collectivist background, however such 'ethnic lumping' (Fontes, 1993) does fail to pay attention to more nuanced detail about cultural norms, values, beliefs, and traditions regarding CSA in specific groups. We see that these limitations must at least be acknowledged, if they cannot be addressed, as part of ethical conduct in research. Indeed, limiting research to English-only articles is also problematic because it excludes voices from various countries of origin; multilingual scholars can and should address this in future research.

Another issue is that much of the literature about ethnic minorities is from other Western countries such as the US, UK, Canada, and New Zealand. This poses issues for the transferability of findings to Australia. This was somewhat addressed by excluding literature that related solely to groups not represented in Australia (such as Native and African Americans), however caution still needs to be exercised. Reasonable comparisons can be made but other countries do have a different 'ethnic profile' to Australia, with different specific groups and sizes comprising their migrant community, as well as reasons for their migration to these countries, all of which affect their socio-cultural and political standing (Sawrikar & Katz, 2008).

There is also the issue that themes identified in literature from non-Western countries may become limited or even irrelevant to migrants from those countries because the experience of being an ethnic minority in a Western country is so different to their experiences in their country of origin. Moreover, literature from non-Western countries is not equally represented; most is about East Asians, South Asians, sub-Saharan and South Africans, Arabs, and Jews, so the experiences of other groups are even less well documented. In order, Australia's largest migrant groups from non-English speaking countries of origin are from China, India, Philippines, Vietnam, Italy, South Africa, and Malaysia (ABS, 2016). There has also been a recent increase in the number of people from Africa, commonly entering on humanitarian visas (ABS, 2012). Thus, current non-Western literature is helpful to some extent but not sufficient to cover the breadth of applicability required. It also relies on the reasonable assumption that since norms, values, beliefs, and traditions do not simply disappear after migration, literature from countries of origin are useful to include (while acknowledging that acculturation is dynamic and therefore individual variation in the extent to which these things transfer after migration also occur).

Notwithstanding these methodological limitations, this review has included articles from diverse backgrounds which is a global approach consistent with and required for issues that address multiculturalism. Overall, the results indicate that there are a wide array of reasons why a victim/survivor of CSA from an ethnic minority background would not disclose the abuse, strongly suggesting that issues surrounding disclosure are fundamental in this group. These barriers have been comprehensively reported below (RQ 1), along with clearly articulated implications for practice in terms of how service organisations could help address them (RQ 2).

3 Results

3.1 RQ 1: What are the identifiable barriers to disclosure of CSA among ethnic minority communities?

Table 3 summarises the barriers to disclosure of CSA among ethnic minorities identified in the reviewed literature. Overall, the findings indicate that most barriers are cultural in nature, and many are shared with the mainstream so are not culturally *specific* to ethnic minorities. As this review aimed to thematically scope the full array of barriers relevant to ethnic minorities, it is not possible to prioritise them in order of importance with certainty. The number of barriers experienced by an individual ethnic minority victim/survivor, how important they are each perceived by them, and ways they interact for them, would vary and need to be ascertained at a case-by-case level. Still, some notion of the importance of each of these identified barriers is given by the number of authors who discuss them. Each barrier is described in more detail below.

Table 3: Summary of all barriers to disclosure of CSA among ethnic minorities

Barrier to disclosure	Cultural	Shared with mainstream
Universal barriers (such as embarrassment, guilt, and fear of not being believed)	No	Yes
Preserving the family name	Yes	Yes (but more intensely)
Lower social power of children	Yes	Yes (but more intensely)
Social norms regarding emotional suppression	Yes	Yes

Fatalistic and/or religious beliefs	Yes	Yes (insufficient literature on whether more intensely)
Fear of reprisal – social exclusion	Yes	Yes (but more intensely)
Fear of reprisal – honour killings	Yes (when collectivist value for family name cited)	No (however insufficient literature in mainstream samples)
Fear of reprisal – death threats (not honour killings)	No (when collectivist value for family name not cited)	Yes
Fear of stigmatising their entire community	No (racial not cultural barrier)	No
Fear of non-supportive and protective responses to disclosure especially from mothers	Yes	Yes (but more intensely)

3.1.1 *Universal (non-cultural) barriers*

Key barriers to disclosure that victims/survivors from ethnic minority communities face are those they share with other victims/survivors. These include embarrassment, guilt, fear of not being believed, lack of awareness regarding rights, lack of willingness to confront the criminal justice system, and difficulty understanding the criminal justice system (AlMadani, Bamousa, Alsaif, Kharoshah, & Alsowayigh, 2012; Sulimani-Aidan & Benbenishty, 2013). These work to create “intense shame leading to secrecy” (Kenny & McEachern, 2000, p. 907), and therefore significant under-reporting (Yoshihama & Horrocks, 2010; Shalhoub-Kevorkian, 2005).

Kenny and McEachern (2000) say that as many as 80% of sexual abuse cases may not be reported. Collings, Giffiths, and Kumalo (2005) also state that “disclosure tends to be the exception rather than the norm, with estimates of nondisclosure varying from 33–92% for girls and from 42–100% for boys” (cited in Lam, 2014, p. 769). Thus, universal barriers already play a central role in understanding the delays, or even failure, in disclosing abuse among victims/survivors from ethnic minority communities.

3.1.2 *Preserving the family name*

For minority groups, however, fear of shaming or dishonouring the family name also appears to be another significant barrier because it directly threatens definitive collectivist values for the family over the needs of individuals. The literature was rife with examples of collectivist values for the family name as the reason for silence about CSA. It was noted in South Asian communities (Gilligan & Akhtar, 2005; Singh, 2009), East Asian communities (Back, Jackson, Fitzgerald, Shaffer, Salstrom, & Osman, 2003; Chan, Lam, & Shae, 2011; Chen et al., 2004; Foynes, Platt, Hall, & Freyd, 2014; Futa et al., 2001; Lesmana, Suryani, & Tiliopoulos, 2015; Li, Ahmed, & Zabin, 2012; Lin, Li, Fang, & Lin, 2011; Ma & Li, 2014; Sil & Soo, 2008; Ullman & Filipas, 2005), Jewish (Neustein & Leshner, 2008; Sulimani-Aidan & Benbenishty, 2013), Saudi Arabian and Palestinian Arab communities (AlMadani et al., 2012; Haj-Yahia & Tamish, 2001), in Zimbabwe (Kaseke, 2010), and in Papua New Guinea (Lewis, 2012).

As an example to help contextualise the issue, Sil and Soo (2008) say, “in Korea, a father who perpetrates father-daughter incest faces fewer consequences, and a victimised daughter suffers greater hardships, compared with those in Western countries (because) the family may overlook the sufferings of the victim to preserve family dignity and honour” (p. 79–80). Other examples were also offered in the literature. Lewis (2012) reports that in Papua New Guinea (PNG), “disclosure of CSA is seen as talking in a “bad” way about relatives. (This) maintains secrecy and isolation and prevents healing for victims” (p. 291). In Israel, Ajzenstadt and Cavaglione (2005) say, “the dominant ideology is that the family is a safe place, childhood is at the core of social life, and high value is placed on loyalty to parents. (These) all serve to make dealing with child abuse within the family akin to violating a taboo” (p. 264). Finally, “a woman (in many groups) who has lost her virginity prior to marriage is viewed as a disgrace to herself and her family. Thus (she) may choose not to disclose the abuse” (Kenny & McEachern, 2000, p. 910).

Importantly, Taylor and Norma (2013) – in the only empirical study found in Australia on the experiences of CSA across mainstream and ethnic minority groups – found that “fear of bringing shame to the family” (p. 120) also affected disclosure rates and delays among Anglo Australian victims. It is a critical reminder that ‘individualism’ and ‘collectivism’ really occur on a continuum, and the context of CSA seems to reveal the collectivist or familial elements that exist in ‘individualistic’ societies. Thus, fear of shaming the family name is relevant to ethnic minorities in quantity/intensity, rather than quality/nature; it is a cultural barrier, but not a ‘culturally specific’ one because social and familial consequences can outweigh the benefits of disclosure to individuals in all groups. Indeed, Fontes (1997) says, “whites are often considered ‘culture free’ or ‘without

ethnicity' in research studies because they are the racially dominant group" (p. 9). It is therefore important to remember that cultural barriers, and in particular those that relate to the family name, also exist for the Anglo mainstream.

3.1.3 Overt lower social power of children

Another cultural barrier to disclosure may be the lower social power of children. As an example, Fontes (1993) says, "the Hispanic cultural norm that children will always obey adults may lead children to comply with adults' sexual advances and maintain silence if any adult has forbidden disclosure" (cited in Kenny & McEachern, 2000, p. 910–911). As another example, Chan et al. (2011) say, "filial piety of the Confucius teachings (in China) ... stresses authority over children and expects unquestioning obedience from them" (p. 163). Thus, "the subordinate position of the child (in Chinese culture) may (also) make the adult less likely to believe such reports" (Choi, Choo, Choi, & Woo, 2015, p. 81).

It is important to point out that the needs of child survivors of sexual abuse who disclose as adults are very different to those who disclose as children and so go through the child protection system (Fanslow, Robinson, Crengle, & Perese, 2007; Fontes, 2005). That is, the consequences of bringing (especially an intrafamilial) perpetrator to the attention of the child protection system has a huge bearing on a child, especially when they are from a collectivist culture with overtly less power than adults.

Critically, Karthiga and Ravikumar (2014) point out that "childhood is a lengthy period of apprenticeship and secondary status in most human societies" (p. 728). Thus, lower social power of children occurs in all cultural groups. It is only a 'culturally specific' barrier to disclosure in ethnic minority communities in that it is comparatively more *overt* in collectivist cultures, where differentially ascribed power to elders is seen as normal, acceptable, and of value (see also '1.3 Theoretical framework').

3.1.4 Social norms regarding emotional suppression

Social norms about the expression of emotions may also act as a barrier to disclosure. For example, Futa et al. (2001) argue that Asian cultures tend to espouse 'middle position virtue', which emphasises harmony, discourages conflict, and causes inconspicuousness. Foynes et al. (2014) similarly say that "disclosure could be seen as counter to an ideal of emotional suppression, which is valued (in Chinese culture) as an indication of strength and self-control, particularly when it is used to enhance relationships" (p. 135).

Importantly, norms valuing emotional suppression are not exclusive to ethnic minority communities. Our previous related work notes fear of not being seen as emotionally self-reliant (Sawrikar, 2008) in Western/individualistic countries. Stigma for seeking professional help for mental illness (Corrigan, 2004) is also reported in these samples. Thus, social norms regarding emotional suppression are not seen as ‘culturally specific’ to ethnic minority communities. Norms that ask for emotional suppression occur in all cultural groups, but as has been argued elsewhere, are driven primarily by a value to preserve family harmony in collectivist cultures, and primarily by a value for self-sufficiency in individualistic cultures (Sawrikar, 2008).

3.1.5 Fatalistic and/or religious beliefs

Fatalistic and/or religious beliefs about the utility of disclosing abuse may also act as a barrier. Again, such beliefs are cultural but not exclusive to ethnic minority communities. It is also not known how such beliefs interact with ethnicity. For example, Catholicism will be practiced differently between Filipinos, Hispanics, and Anglos, and more research to tease this out is required. Some brief examples from the reviewed literature of this barrier are reported below.

Futa et al. (2001) say, “Asian-Americans’ sense of stoicism, and acceptance of their consequences, may prevent them from disclosing the pain of child abuse” (cited in Kenny & McEachern, 2000, p. 910–911). Haboush and Alyan (2013) say, “the degree to which beliefs in fate and divine will may discourage (Muslim) Arab Americans from assuming a more personal locus of control and attempt to alter the course of events through reporting child sexual abuse is unknown” (p. 511). Fontes and Plummer (2010) write, “Catholic women and girls may be expected to suffer in silence, as a cross they simply have to bear” (p. 502). Finally, Luo (2000) says, “(in) Buddhism, any negative life event, such as rape, is caused by the individual’s karma from previous lives (so) revenge (e.g. punishment of the rapist through prosecution) should not be sought to avoid a karmic vicious cycle” (cited in Fontes & Plummer, 2010, p. 503).

3.1.6 Fear of reprisal

The literature suggests that victims/survivors of CSA from ethnic minority communities can have severe cause for fear of reprisal, acting as another significant barrier to disclosure. Most commonly, reprisal occurs in the form of social exclusion, but sometimes it can result in death. Both these risks are related to the collectivist value for family, and as such are seen to represent cultural barriers. As Allimant and Ostapiej-Piatkowski (2011)

put it, immigrant women can have “legitimate fears of being disbelieved or blamed, and possible exclusion or persecution from their community” (p. 8).

3.1.6.1 Social exclusion

Among collectivist groups, limited marriage prospects for the abused child and all their siblings are a common example of social exclusion (see ‘3.1.8.2 Fear of non-supportive and protective responses to disclosure especially from mothers’ for more information on social exclusion); “*look at my daughter! How can we ever get her married? She carries a permanent stain on her character*”, said the father of an abused South Asian child in one case study in the UK (Laungani, 2003, p. 390). Similarly, in Zimbabwe, “a girl who has had sexual intercourse, whether consensual or not, has less chance of contracting a marriage that will contribute *lobola* (bride price) to the family. Thus, the sexual abuse of a girl has grave economic consequences for the family” (Armstrong, 1998, p. 144, cited in Lalor, 2004, p. 447).

Boakye (2009) explains that when a guardian (in Ghana) claims, “this shame will follow the daughter all her life and she may never get a suitor” (p. 960), that in this context, “shame is ‘protecting’ the ‘broader’ interest of the child, but also protecting the broader ‘interest of the family’ (because) every individual has a stake in and responsibility to protect that family name and reputation, including the child ... Consequently, the reputation and interest of the family is put above that of the abused child (and little thought is given to the) immediate and long-term effect of the abuse on the child (or the risk of repeated abuse)” (p. 960–961).

3.1.6.2 Honour killings

In the most extreme circumstances, a victim/survivor (especially female) may not disclose the abuse due to fears for her life. This was noted in Indian (Singh, 2009) and Chinese (Wang & Heppner, 2011) samples, but more commonly in Arab groups. As an example, Haj-Yahia and Tamish (2001) say, “an (Arab) woman’s purity and honour reflect the ability of her father, brothers, and other men in her extended family to protect her. Therefore, [they] are under tremendous and continuous pressure to try to control women’s behaviour. Irreparable damage (occurs if) sexual misconduct becomes public knowledge. Consequently, sexually abused girls and women are not only blamed for their situation but also feel their lives are in real, serious danger” (p. 1305).

Shalhoub-Kevorkian (2000) also says, “Palestinian-Arab society is administrated by the power and interests of the collective rather than of the individual. Early marriage and femicide (viewed culturally as ‘killing to preserve family honour’) are only some examples to show that female sexuality can be used as a means to

control or even abuse women. 'Obedience orders', (that) force wives who leave their husbands to return to them, reflect the social perception that women should be controlled and governed by their male family members. This puts [them] in a catch-22. Despite their need for help and support, they also need to silence knowledge of [the abuse] for fear of wreaking on themselves harsh reactions and punishments by society" (p. 622–623). Children's fear of disclosure is further "affirmed and increased by helpers' fear that girls could be ostracised or killed for disclosing" (Shalhoub-Kevorkian, 2000, cited in Sulimani-Aidan & Benbenishty, 2013, p. 33).

3.1.6.3 Death threats (not honour killings)

Importantly, fear of the perpetrator also occurs in Anglo families who may threaten to kill the victim, their pet (Taylor & Norma, 2013), or other family members if they disclose the abuse. Thus, fear for physical safety can be from both non-protective family members and perpetrators, and is not a barrier exclusive to ethnic minority communities. It is, however, cultural for minority communities when the collectivist value for family name plays a role.

3.1.7 Fear of stigmatising their entire community

Collectivist pressure to preserve the family name and its honour "is a particularly serious and pernicious barrier" (Taylor & Norma, 2013, p. 115) among ethnic minority communities, however the findings so far demonstrate that it is not exclusive to them. There are also several other cultural barriers that are not exclusive to minority communities (as stated above). In comparison to these, there is one barrier to disclosure that is unique to this group: fear of stigmatising their entire community. As Barker-Collo, Read, and Cowie (2012) put it, "if one is a member of a minority or disenfranchised cultural group, then one may have the added burden of the abuse potentially being perceived as a 'cultural' issue" (p. 438).

These authors go on to say that "to avoid risking their cultural group represented as abusive, groups may reject the occurrence of abuse, the individual who reports abuse, or both" (Barker-Collo et al., 2012, p. 438–439). Menjivar and Salcido (2002) similarly say, from the family violence literature, "ethnic minorities may trivialise, ignore, and resist acknowledging domestic violence in their community for fear of stigmatisation" (cited in Salter, 2014, p. 106).

Using her own experiences as an African American woman surviving incest, Wilson (1993) writes that "when a white child is sexually abused, they think they are bad and dirty. When a black child is abused, she thinks she is bad, dirty, and an affront to the race. She thinks, too of the message it will send to white society if she tells"

(cited in Jackson, 2010, p. 7). Thus, “they may be seen as ‘race traitors’ if they disclose” (Wilson, 1994, cited in Fontes & Plummer, 2010, p. 500). Bernard (2002) also talks of the impact of societal racism in the UK on black children’s public voicing of abusive events; “finding their voice creates a tension for children, because they are wracked with conflict, guilt, and ambivalence about loyalty and betrayal. The fear of undermining their family in a racist society exert(s) a powerful influence on them to remain silent” (p. 242). As Fontes and Plummer (2010) put it, “a child’s refusal to disclose may be an unfortunate side effect of a highly adaptive trait – to protect one’s community from hostile outsiders” (p. 501).

More recently, after Sheik Hilaly’s sexist sermon in Sydney in 2006 where he stated that “when it comes to adultery [*this words, and in relation to a rape case being heard at the time*], it’s 90 per cent the woman’s responsibility” (Henderson, 2007, p. 9) – Henderson (2007) importantly pointed out that “in addition to the further silencing of female Muslim victims/survivors from seeking help, it also leaves moderate Muslim men looking as if they are all born rapists” (p. 10). Salter (2014) also warns against the use of Islamophobic discourse in Australia, arguing that “linkages between masculine status and gendered violence that transcend ethnic or cultural boundaries have often been overlooked in controversies over ‘honour-based violence’” (p. 106).

3.1.8 Fear of non-supportive and protective responses to disclosure especially from mothers

Barriers to disclosure for all victims are evidently steep, and fundamentally reflect deep societal shame associated with CSA (Kenny & McEachern, 2000). Thus, it is greatly significant when a victim musters the courage to tolerate the associated stigma and disclose their abuse. This in turn points a spotlight on who they disclose to and their responses. According to Alaggia (2001), protective and supportive (maternal) responses include three key components: (a) believing the child’s account of sexual abuse, (b) implementing effective actions to protect the child from further victimisation, and (c) providing positive emotional support.

3.1.8.1 Parents

Unfortunately, the literature indicates that these protective and supportive responses do not always occur from parents, for a number of reasons and in a number of ways. One reason is to avoid disruption to the family (Kenny & McEachern, 2000; Yiming & Fung, 2003; Lam, 2014). This issue is not exclusive to families from ethnic minority communities; Taylor and Norma (2013) report that “fear of the family being torn apart by the disclosure” (p. 118) also occurs in the Anglo Australian community.

Another reason for non-supportive responses from ethnic minority parents is that they may be “influenced by adverse police experiences in their former homeland and (so) anticipate similarly poor responses from the Australian police” (Taylor & Putt, 2007, p. 5). For example, Lewis (2012) says, “police in PNG are known to sexually harass and rape those reporting sexual assault, which reduces the willingness of victims and families to report” (p. 274). Fattah and Kabir (2013) also say that parents (in Bangladesh) who are aware of the abuse of their children may not disclose it to authorities because of “lack of trust in the police and legal system, fear of influential perpetrators, and unwillingness to make the incident public by taking it to the court” (p. 907).

Parents from ethnic minority communities may also not disclose the abuse to statutory authorities for fear of having their child removed (Gilligan & Akhtar, 2005; Lewig, Arney, Salveron, & Barredo, 2010; Yiming & Fung, 2003). As Futa et al. (2001) say, “there is shame and loss of face when it is disclosed that a child was sexually abused. If a child is placed in an outside agency, the shame continues in the community because the family is (also) no longer intact” (p. 196).

3.1.8.2 Mothers

The literature also suggests that of all confidants, the mother’s response appears most critical. As Kenny and McEachern (2000) write, “maternal support following disclosure has been identified as a mediating factor in the child’s adjustment to the abuse, with those children receiving the most support faring the best emotionally after” (p. 911). However, there are many reasons why a mother from an ethnic minority community may not respond supportively and protectively. Some of these factors are non-cultural, while others are cultural in nature.

Non-cultural factors include the presence of other family issues such as parental substance abuse, mental ill-health, and/or single parenting (Mathews, Abrahams, & Jewkes, 2013); emotional distress in response to the disclosure (Mathews et al., 2013); a possible past history of sexual abuse herself which may never have been disclosed before (Mathews et al., 2013); and the overarching dominance of an intrafamilial perpetrator (Taylor & Norma, 2013). Cultural factors such as religion may also play a role. For example, Alaggia (2001) found that minority mothers in Canada “who believed they could support both the partner-perpetrator and the child victim maintained strong beliefs about forgiveness, sacrifice, and redemption; (viewing) forgiving as a ‘good Christian act’” (p. 49). However, the most pertinent cultural reason for why an ethnic minority mother may not support her child’s disclosure seems to be the need to save the family’s ‘face’. As Yu (1990) puts it, “concern for what others would say creates unbearable pressure, and fear of being criticised and ridiculed by others has a controlling effect on behavior” (cited in Chan et al., 2011, p. 169).

The literature indicates that mothers from collectivist cultures face the very real and damaging risk of being cut off from their family and community should the abuse become public. Alaggia (2001) reports that minority mothers in Canada “had enormous difficulties leaving their abusive partners under any circumstances, including intra-familial child sexual abuse, because their ethnic community did not accept separation or divorce” (p. 50). Moreover, community belonging is critical for ethnic minorities in countries like Australia that have a history of judging, shaming, stereotyping, and excluding its non-mainstream constituency (Nelson, Dunn, & Paradies, 2011). Thus, an ousting from one’s community is more than just rejection from the collectivist kinship clan, and can lead to intense social isolation for ethnic minority mothers and children. As such, the consequences of social exclusion and isolation can substantially increase non-supportive and protective maternal responses, and instead mothers may be driven to “keep the family together at all costs” (Alaggia, 2001, p. 54).

Indeed, Alaggia (2001) found that “(minority) mothers want to focus on strategies for keeping their children safe in the context of family cohesion, (but) service providers focus instead on helping them make decisions that would result in the long-term safety and mental health of the child, (so) their work is at cross-purposes” (p. 54). Thus, mothers from collectivist cultures appear to have a different construal and understanding of a ‘supportive and safe response’. Importantly, Alaggia (2001) says, “this indefensible situation that (minority) women are caught in should be of particular concern for helping professionals. When mothers are put in the position of having to choose between their children and husbands (including extended family, ethnic and spiritual community), they continue to be oppressed by entrenched patriarchal structures” (p. 55).

Thus, there is an important call for workers in service organisations to be ready and equipped to address the complexity of working with victims/survivors of CSA from ethnic minority communities and their families. This is because “the (mainstream) practitioner may confront challenging considerations as the young (minority) woman de-prioritises her own need for safety, instead choosing loyalty towards family and desire for credibility, acceptance, and ongoing links within her own community” (Dawson, 2008, cited in Allimant & Ostapiej-Piatkowski, 2011, p. 4). Implications for practice are discussed in more detail under RQ 2.

3.1.8.3 Mother-blaming discourse

It is also critical to remember that the non-offending mother is not the perpetrator of the crime (McGuffey, 2005). Thus, rage at a non-protective parent (Capri, 2013), especially mother, might make sense from the child victim who is at risk of further abuse or secondary traumatisation from non-supportive and protective responses,

however those working with the child and their family in a therapeutic and policy setting must be mindful not to engage in ‘mother-blaming’ discourse (Chien, 2008).

McGuffey (2005) says “a central premise of the mother-blaming literature is the iconography of the ideal mother (who is) ever-present, intensely available to her children, and eternally selfless. Mother-blaming perspectives downplay the uneven power relationships (between) men and women ... and centralise mothers as the cause of family problems and misfortunes ... (which is why) previous research largely excludes the voices of non-offending fathers” (p. 623–624). Positively, AlMadani et al. (2012) reported that in a sample of 87 cases examined in Saudi Arabia, the father reported the assault in 47% of cases. However, in Zimbabwe, Birdthistle, Floyd, Mwanasa, Nyagadz, Gwiza, and Glynn (2011) report that in a quantitative review of 1,194 cases, fewer than 7% were brought by their father. More research is required to explain such cross-cultural differences between various ethnic minority groups. Overall, however, discourse that perpetuates gender inequalities should not be used when assisting a mother-child dyad in the clinical setting.

Collings (2007) also says that “nonsupportive reactions of professionals have been largely ignored” (p. 768). He found that non-supportive reactions to initial disclosure in South Africa (ignoring, punishing, or silencing the child), were roughly equal in the non-offending guardian (n = 96/394; 24.4%) and a professional (n = 44/171; 25.7%). He says, “the fact that one in four helping professionals reacted to disclosure in a nonsupportive manner is of particular concern, suggesting the need for educational efforts directed at (all) those to whom abused children and their families turn for professional support and intervention” (p. 768–769).

3.1.8.4 Summary

Overall, the results suggest that non-supportive and protective maternal responses to disclosure are heightened in ethnic minority communities. Studies in the US, for example, have shown that mothers were significantly more likely to reject their child’s information about sexual abuse if they were Asian-American and Hispanic compared to black and white families (Kenny & McEachern, 2000). Rao, DiClemente, and Ponton (1992) also found that Asian American primary caretakers (such as mothers) were half as likely to report abuse to authorities as caretakers of other ethnic groups, more likely to disbelieve (23.4%) the report of abuse than European American (6.7%), African American (10.2%), and Hispanic American (11.3%) caretakers, and less likely than caretakers of other ethnic groups to complete the evaluation and treatment with the victim.

Interestingly, studies have also shown that black mothers in the US have more supportive responses than white mothers (Kenny & McEachern, 2000). This is consistent with the findings of Taylor and Norma (2013), who report that Anglo Australian victims/survivors in their sample “encountered disbelief and outright rejection by their mothers and other family members” (p. 117). Overall, more research is required into why black and white (US) mothers differ, as learnings there may have transferable bearings for both the mainstream and ethnic minorities in other Western countries like Australia.

Unfortunately, the effect of non-supportive and protective responses from a victim’s mother results in “non-white victims faring worse after the abuse” (Kenny & McEachern, 2000, p. 912), including worse post-traumatic stress disorder (Lam, 2015). This finding highlights that “psychosocial experiences of abuse, such as survivor responses and support provider reactions, differ according to unique meanings conferred by specific sociocultural contexts” (Ullman & Filipas, 2005, p. 69–70). It goes against the idea that “there are more similarities than differences between ethnic groups in women’s experiences following sexual abuse; that reactions are generally universal (and) transcend culture (and) racial-ethnic factors” (Kenny & McEachern, 2000, p. 912–913).

3.2 RQ 2: How can service organisations encourage disclosure of CSA in ethnic minority communities?

Non-supportive and protective responses to disclosure, especially from a child victim’s mother, can be detrimental to their wellbeing. Given the pressure to protect the family name in collectivist cultures, it may be useful to suggest *initial* disclosure of abuse to people outside of the family, such as service providers in local organisations, school counsellors, prevention program deliverers, teachers, nurses, and GPs. As these non-family confidants do not have a competing demand to keep the family together, it is asserted they may be more likely to respond with supportive and protective responses.

Importantly, non-family confidants need to be those with power and capacity to offer supportive and protective responses. For example, Lepore and Smyth (2002) say, “the simple act of disclosing a past traumatic experience to others could exert a positive effect on subsequent health and wellbeing” (cited in Lam, 2015, p. 734), but Fontes and Plummer (2010) point out that “children who disclose to their pets or other children, for example, may experience some catharsis but are not likely to obtain meaningful protection” (p. 494).

It is suggested here that messages about approaching non-family confidants first could be delivered in culturally tailored school-based prevention programs, so that they are widely disseminated to children within programs that have considered culturally-relevant factors such as the importance of family reputation (see Sawrikar & Katz, 2017a for detailed information on culturally tailored school-based CSA prevention programs for ethnic minority children). However, professional non-family confidants are mandatory reporters in Australia, and so would not be able to work with the child until they also disclosed to their parents/carers. Thus, victims who are encouraged to seek initial help from sources external to the family should also be fully informed that professionals are legally required to breach confidentiality. Once the child has also disclosed to their family later, however, the professional could work with the whole family too. Specifically, they can help educate mothers about the importance of supportive responses, especially believing the child's disclosure. Schaefer and colleagues (2012), for example, found that "if survivors are believed and measures are taken to reduce feelings of guilt, it is possible to reduce degree of psychological impairment" (cited in Chien, 2013, p. 258). In-depth examination of the relationship between CSA and mental ill-health has been reported elsewhere (see Sawrikar & Katz, 2017b).

Education about the importance of at least believing the child's disclosure is also seen to be a culturally appropriate suggestion because it acknowledges the importance of family cohesion in collectivist cultures and its protective role (Lesmana et al., 2015; Singh & McKleroy, 2011; Sulimani-Aidan & Benbenishty, 2013). As Shalhoub-Kevorkian (2000) puts it, "winning the support and understanding of significant individuals dear to the victim lifts (them) from the suffocating state of isolation caused by social exclusion ... (Thus), the meaningfulness of support (may not lie) in society's perceptions of what should be done for abused (children in collectivist societies) but rather in the victim's outlook" (p. 630–631).

Finally, professionals could explore the victim's acculturation to identify the extent to which cultural barriers regarding the preservation of family cohesion and name are acting in their specific case; that is, acculturation may be a predictor or facilitator of disclosure. In the context of CSA, the less individuals endorse traditional collectivist cultural norms which highly value 'family face', the more likely they are to disclose (Alaggia, 2001; Foyne et al., 2014; Kenny & McEachern, 2000). Indeed, "Katerndahl, Burge, Kellogg, and Parra (2005) found more of a correlation between acculturation level and reporting of child sexual abuse than with ethnicity itself and reporting" (cited in Fontes & Plummer, 2010, p. 495). Importantly, acculturation may facilitate disclosure,

but it can only be retrospectively identified as a predictor *once* disclosure has occurred. Thus, its facilitating role may only be explored later, as part of discussions in the clinical context.

4 Discussion

4.1 Summary of key findings, future research, and significance of review

Thematic analysis was merged in the ‘Results’ section, and so has not been separately described here. However across all findings, one key ‘take home message’ is that there are many barriers to disclosure for ethnic minority victims/survivors. These include universal (or non-cultural) barriers, as well as cultural barriers relating to preserving the family name, the overt lower social power of children, social norms regarding emotional suppression, fatalistic and/or religious beliefs, fear of reprisal (most especially social exclusion and sometimes also death), and fear of non-supportive and protective responses to disclosure especially from mothers. These cultural barriers are not exclusive to ethnic minorities, but do appear to be more intense for them. They also have the added racist barrier of fear of stigmatising their entire community. While these barriers have been identified from the reviewed literature, much more research in the area is required. Thus, we only claim here that barriers from the current body of literature have been exhausted, but not that *all* barriers for this group have been identified.

To help mobilise the role of service organisations in addressing these barriers, it is suggested that victims could be encouraged to disclose initially to professionals. The effectiveness of this suggestion does require substantial and rigorous evaluative research given that evidence of non-supportive responses to initial disclosure among professionals has been previously identified (Collings, 2007), however such an endeavour would at least help progress the field with empirical data as well as evidence of the importance of service worker training. This is especially the case in Australia where research is essentially absent; threatening the development of best practice guidelines that are systematically implemented as part of standard practice and knowledge for all client ethnic minority children and families.

Overall, this review is significant because in conducting such a wide and comprehensive scoping of the relevant literature it begins to address the current gap in national knowledge, and shows that many barriers to disclosure among ethnic minorities are shared with the mainstream (even if not to the same extent). It also shows that racism is not shared, and since it is a critical and immense barrier the needs of ethnic minorities must be met

with utmost sensitivity and vigilance on racist thinking and practice. That is, the review allows cross-cultural similarities and differences to be better mapped.

Many of the themes here have been identified from literature based in the US and UK, where research on ethnic minorities is substantially better developed than in Australia. Thus, for international readers it may appear that this review offers limited new insights. In Australia, where such conversation has not yet begun, describing the full array of relevant variables is highly significant. However, beyond just ‘taking stock’ of the field by describing all barriers to disclosure among ethnic minorities, this narrative review has critically synthesised them in ways that do offer new understandings of the current body of work. Specifically, it ‘operationalises’ culture into individualism and collectivism, thereby not being defeated by the difficulty associated with defining ‘culture’ and the net effect of failing to progress the field meaningfully. It also makes these concepts ‘front and centre’ in the way culture, at least broadly, is used to make sense of the needs and experiences of ethnic minority CSA victims/survivors. Much of the reviewed literature speaks to the issues of collectivism, or family importance, but this paper uses it as the theoretical framework to centralise its critical and fundamental role. Using this framework to synthesise the current knowledge base is a contribution to both Australian and international audiences.

4.2 Conclusion

The literature shows that family reputation is a central factor in understanding the many barriers to disclosure among victims/survivors of CSA from ethnic minority communities. It is critical that all service providers be aware of and sensitive to this when providing services to children and families from ethnic minority communities, else they risk providing services that are not culturally appropriate. In this respect, service provider training appears critical, so that such cultural knowledge is not simply left to be discovered ad hoc in the clinical setting. Perhaps even more critically, such training could also be used to educate service providers about the unique barrier to disclosure of racism, so that it is not at risk of being overlooked or minimised.

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Appendix A: Summary of articles obtained from PRISMA process used to answer RQs 1 and 2

AUTHORS	COUNTRY/IES STUDY CONDUCTED IN	METHOD	RIGOROUS
Includes or mostly based in Western contexts			
1. Alaggia (2001)	Canada (Various)	Qualitative	Thematic saturation reached
2. Allimant & Ostapiej- Piatkowski (2011)	Australia (Various)	Secondary analysis (literature review)	
3. Back et al. (2003)	Singapore/USA	Quantitative	
4. Baker et al. (2013)	Hawai'i	Quantitative	
5. Barker-Collo et al. (2012)	Canada/New Zealand	Quantitative	
6. Fanslow et al. (2007)	New Zealand	Quantitative	Large, representative sample (n = 2,855)
7. Fontes & Plummer (2010)	USA	Secondary analysis (literature review)	
8. Fontes (2005)	USA	Secondary analysis (literature review)	
9. Foyne et al. (2014)	USA (Asians)	Quantitative	Large sample (n = 266)
10. Futa et al. (2001)	USA (East Asians)	Secondary analysis (literature review)	
11. Gilligan & Akhtar (2005)	UK (South Asians)	Qualitative	
12. Haboush & Alyan (2013)	USA (Arabs)	Secondary analysis (literature review)	
13. Henderson (2007)	Australia (Muslims)	Secondary analysis (Commentary)	
14. Kenny & McEachern (2000)	USA (Various)	Secondary analysis (literature review)	

15. Laungani (2003)	UK (South Asian)	Qualitative	
16. McGuffey (2005)	USA (Various)	Qualitative	Large sample (n = 60)
17. Mildred & Plummer (2009)	USA/Kenya	Secondary analysis (literature review)	
18. Neustein & Leshner (2008)	USA	Qualitative	
19. Pereda et al. (2009)	Spain	Quantitative (meta- analysis)	
20. Reavey et al. (2006)	UK (South Asians)	Qualitative	
21. Salter (2014)	Australia (Muslims)	Secondary analysis (literature review)	
22. Singh (2009)	USA (South Asians)	Secondary analysis (literature review)	
23. Singh & McKleroy (2011)	USA (Transgender people of colour)	Qualitative	
24. Stoltenborgh et al. (2011)	Netherlands	Quantitative	Meta-analysis
25. Taylor & Norma (2013)	Australia (Various)	Qualitative	
26. Tishelman & Geffner (2010)	USA (Various)	Secondary analysis (editorial introduction)	
27. Ullman & Filipas (2005)	USA (Various)	Quantitative	Large sample (n = 461)
28. Wang & Heppner (2011)	USA (Taiwanese)	Qualitative	Confirmability checked
Mostly based in non-Western contexts			
29. Ajzenstadt & Cavaglion (2005)	Israel	Qualitative	
30. AlMadani et al. (2012)	Saudi Arabia	Quantitative	

31. Birdthistle et al (2011)	Zimbabwe	Quantitative	Large sample (n = 1,194)
32. Boakye (2009)	Ghana	Quantitative	
33. Capri (2013)	South Africa	Qualitative	
34. Chan et al. (2011)	Hong Kong	Qualitative	Large sample (n = 87)
35. Chen & Chen (2005)	China	Quantitative	Large sample (n = 385)
36. Chen et al. (2004)	China	Quantitative	Large, representative sample (n = 2,300)
37. Chien (2013)	China	Quantitative	
38. Chien (2008)	Taiwan	Qualitative	
39. Choi et al. (2015)	South Korea	Quantitative	
40. Collings (2007)	South Africa	Quantitative	Large sample (n = 856)
41. Elbedour et al. (2006)	Israel	Quantitative	
42. Fattah & Kabir (2013)	Bangladesh	Quantitative	Large sample (n = 713)
43. Haj-Yahia & Tamish (2001)	Palestine	Quantitative	
44. Ji et al. (2013)	China	Quantitative	
45. Karthiga & Ravikumar (2014)	India	Mixed method	
46. Kaseke (2010)	Zimbabwe	Qualitative	
47. Lalor (2004)	Sub-Saharan Africa	Secondary analysis (literature review)	
48. Lam (2015)	Hong Kong	Quantitative	
49. Lam (2014)	Hong Kong	Quantitative	Large sample (n = 830)

50. Lesmana et al. (2015)	Indonesia	Qualitative	
51. Lewis (2012)	Papua New Guinea	Mixed method	
52. Li et al. (2012)	Taipei	Quantitative	Large, representative sample (n = 4,084)
53. Lin et al. (2011)	China	Quantitative	Large sample (n = 478)
54. Luo (2000)	Taiwan	Qualitative	
55. Ma & Li (2014)	Hong Kong	Quantitative	
56. Mathews et al. (2013)	South Africa	Mixed method	
57. Shalhoub-Kevorkian (2000)	Palestine	Secondary analysis (literature review)	
58. Sil & Soo (2008)	Korea	Qualitative	
59. Sulimani-Aidan & Benbenishty (2013)	Israel	Quantitative	
60. Usta & Farver (2010)	Lebanon	Quantitative	Large sample (n = 1,028)
61. Yiming & Fung (2003)	Singapore	Quantitative	
62. Yoshihama & Horrocks (2010)	Japan	Quantitative	Large sample (n = 1,371)