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## **An unheard story**

*Exploring social inequity in sexual abuse prevention and intervention, considering its potential as assimilation of the Sámi people*

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## Introduction

There are many stories related to the Indigenous Sámi people that were not recognized in the past but have gradually become so; injustices through assimilation policies, their status as Indigenous people, and the ethnic harassment they endure. This chapter explores whether an unacknowledged story indicates *assimilation* of the Sámi people through social inequity in child sexual abuse (CSA) prevention and intervention. Assimilation refers to the merging of ethnic groups with the majority as an outcome of interactions between majority and minority groups (Gordon, 1964). *Social inequity* refers to unjust disparities among diverse social identity groups, including racial, ethnic, gender, or socioeconomic categories, resulting in hindrance to their well-being and functioning (Whitehead & Dahlgren, 2009). Media have noted modern assimilation, such as Sámi children being placed in Norwegian foster homes (Andersen & Andreassen, 2023). Furthermore, the Truth and Reconciliation Commission (TRC, 2023) highlighted assimilation through language loss, land loss, discrimination, and the welfare services' lack of cultural competence and understanding of historical injustice.

The research question is: *How may the Sámi people be exposed to social inequity in child sexual abuse prevention and intervention, and can social inequity be understood as assimilation of the Sámi people?* For this purpose, I seek to learn through Sámi people exposed to child sexual abuse (CSA) and professionals combating CSA. The former group is more likely to interact with welfare services, facing a higher risk of encountering social inequities. The latter group represents organizational structures. By exploring the lived experiences of these groups, I aim to uncover social inequities in CSA prevention and intervention, potentially indicative of assimilation of the Sámi people. This exploration of stories seeks to understand whether inequities merge ethnic identities with the majority, fostering a deeper understanding of these dynamics. The stories are analyzed through a reflexive thematic approach, and the theoretical tools are *social inequity*, *stories*, and *culturalization*.

The chapter provides an overview of the Sámi context, the assimilation era, and its aftermath. Subsequently, the theoretical framework and the study's methodology will be introduced. The study's results will then be presented and discussed in the final section.

## The Sámi context

The Sámi people are a diverse group when it comes to language and culture. They live in Norway, Sweden, Finland, and Russia, and have ten languages. Three of these languages are most widespread in Norway (Reaidu, u.å). Like other Indigenous peoples, the Sámi people have faced significant pressure from assimilation policies and ethnic discrimination (Minde, 2005). The Sámi people were historically considered to belong to a more primitive stage of development as humans than the majority population. Norwegian authorities decided that they had to be assimilated or face extinction (Jensen, 1991). Nergård (2013) describes how assimilation took place on two levels. On the *external level*, Sámi people lost their language and traditions, children were abused, and they experienced misuse of power. On the *internal level*, they experienced self-denial, self-humiliation, distrust of Sámi values, shame, and self-loathing. Many felt the need to hide their Sámi identity and cultural expressions. Nevertheless, many managed to preserve their language, way of life, and cultural expression (Nergård, 2013).

*Historical trauma* refers to the enduring impact of traumatic events on a group, particularly linked to shared identities like ethnicity, encompassing both psychological and social responses (see Evans-Campbell, 2008). International and national research consistently highlights the elevated risks faced by Indigenous populations, including the Sámi, in encountering adversities such as discrimination, violence, neglect, and CSA (Curtis et al., 2002; Eriksen et al., 2015; Fiolet et al., 2021). Several Sámi people express distrust of welfare services, and many argue that this must be seen in connection to the assimilation era (Saus, 2019; Øverli et al., 2017). Additionally, many indicate the presence of a culture of silence regarding CSA within Sámi communities and a tendency to keep abuse experiences private compared to others. This has been highlighted in research (Øverli et al., 2017), newspapers (Lismoen, 2022), a documentary (Wajstedt, 2021), and government documents (Justis-og beredskapsdepartementet, 2021). The combination of a *culture of silence*, adversities, and distrust may pose significant challenges for many Sámi people in seeking essential help.

The Sámi people's Indigenous status in Norway triggers various rights governed by international conventions and national legislation. These regulations oblige the state to preserve and advance the Sámi language, culture,

and way of life. Additionally, they have a special right to not be discriminated against and to participate on equal terms in society (Kommunal- og moderniseringsdepartementet, 2020). Due to the Nordic welfare model's emphasis on the universality of social rights – where social rights are extended to everyone (Kildal, 2013) – the Sámi people have the same rights as the majority population, regardless of ethnicity. Norway has recognized the Sámi people's rights to culturally and linguistically adapted welfare services through the ILO Convention nr. 169 (Kommunal- og moderniseringsdepartementet, 2020). This implies that it is the state's responsibility to ensure that the Sámi population receives culturally adapted services equal to those of the majority population.

Presently, Norway has established many formal rights for the Sámi population. Nevertheless, a significant challenge lies in the inconsistent implementation of these rights in practice. Few welfare services are developed or adapted for the Sámi population, despite this being a national goal since the 1990s (Helse- og omsorgsdepartementet, 2006). Many Sámi people have distinct views on health, sickness, and treatment, facing challenges such as geographical distance to access services and the need to communicate in their language to express specific challenges and needs (Krane, 2021). In social work, the lack of cultural competence has been addressed for decades (Eidheim & Stordahl, 1998; Saus, 2003; TRC, 2023).

## Theoretical framework

Coordinated Management of Meaning (CMM) is based on three fundamental concepts:

1. Coordination refers to the joint interaction in shaping positive or negative patterns that have the potential to be adjusted for more meaningful communication.
2. Coherence refers to the simultaneous interpretation and making sense of the patterns of interaction. Meaning-making relies on everyone's history, traditions, beliefs, values, culture, and previous experiences. This may cause us to make different interpretations or meanings.

3. Mystery refers to the knowledge that there is always another story, interpretation, and sense of self (Pearce, 2007).

These concepts provide a basis when I explore the participants' stories about how they make meaning of social inequity regarding CSA prevention and intervention.

Within CMM, we find the LUUUUTT Model:

- Lived stories (what we actually did or are doing)
- Unknown stories (missing information)
- Untold stories (what we choose not to say)
- Unheard stories (what we say that isn't heard or acknowledged)
- Untellable stories (stories that are forbidden or too painful to tell)
- Stories Told (what we say we are doing)
- Story-Telling (how we tell stories) (Penman & Jensen, 2019, p. 50)

The model provides an opportunity to evaluate and potentially resolve the inherent tension between stories lived and stories told (Pearce, 2007). *Stories told* are the official stories we tell ourselves and each other to capture important aspects of our lives. These stories give us a sense of coherence. Yet, sometimes our stories become inconsistent, have gaps, and contradict themselves. This is described as a tension between *stories told* and *stories lived* – the stories we are living out (Pearce, 2007).

For example, *stories told* can be the impression of the assimilation period lasting between 1850 and 1980 (Minde, 2005). However, *stories lived* can be that assimilation exists today, as shown in the TRC (2023) report. This may cause tension between the stories lived and the stories told. The existence of assimilation today is still debated, which can be understood as an unheard story. *Unheard stories* are stories that are told but not acknowledged or given sufficient attention. Diverse social or ethnic groups have experienced being unheard, and that their voice and stories are silenced or marginalized. Minority groups feeling intentionally ignored can be damaging (Jensen, 2020). The concepts of *stories told*, *stories lived*, and *unheard stories* will be used as analytical tools to see and understand nuances in the participants' stories about social inequity.

*Social inequity* denotes unfair disparities in resources, opportunities, and outcomes among diverse populations. It indicates instances where certain social identity groups (such as racial, ethnic, or gender groups) face disadvantages, discrimination, or unequal treatment that hinder their ability to achieve optimal well-being and functioning (Whitehead & Dahlgren, 2009). Disparities in cultural competence in welfare services can lead to *culturalization* – where certain situations or problems are interpreted and explained based on generalized understandings of a person's cultural background. This reductionist approach emphasizes cultural aspects at the expense of considering social factors such as gender, class, and poverty, potentially marginalizing and stigmatizing individuals from diverse backgrounds. Perpetuating stereotypes widens the social distance between social workers and clients (Ylvisaker et al., 2015).

Conversely, *equity* entails addressing disparities by considering unique needs, rectifying historical injustices, and promoting fair resource distribution for everyone's optimal outcomes, irrespective of background or identity. Equity involves the ongoing process of addressing disparities by considering the unique needs of various social identity groups, rectifying historical injustices, and creating conditions that promote optimal outcomes for all members of society. It emphasizes the fair and just distribution of resources, opportunities, and support to ensure that everyone has an equal opportunity to thrive, regardless of background or identity (American Psychological Association, 2021).

## Methodology

### Participants and recruitment

The empirical material consists of interviews with Sámi women exposed to CSA and professionals engaged in CSA prevention and intervention in communities with both a Sámi and Norwegian population. Gaining insights through these participants is valuable for exploring social inequity in CSA prevention and intervention and for considering whether potential social inequities may indicate assimilation.

The professionals engaged in CSA prevention or intervention have different professions and will be referred to as professionals. In the results, they will be categorized and referred to as *health and social work professionals 1–6*,

*community professionals 1–3, and community leaders 1–3.* Community professionals hold various occupations, while community leaders include elected officials and religious leaders. The professionals were recruited through direct contact by email or phone.

The women who have experienced CSA were recruited through being open about their experiences in lectures and media, as well as through snowball sampling. Snowball sampling involves recruiting through participants' networks (Biernacki & Waldorf, 1981; Browne, 2005). Recruitment presented challenges, particularly due to the sensitivity of the topic and the vulnerability of Indigenous people (NESH, 2021). The additional constraints of the COVID-19 pandemic further complicated recruitment efforts.

I initially reached out to an expert who had discussed CSA in Sámi-Norwegian communities in newspapers. Through this expert, I connected with the first woman, and the second woman expressed interest after learning about the initial interview. Direct contact was made with two women who had publicly shared their CSA experiences, leading to a snowball effect where one participant connected with the fifth and final participant. The *women* were between the ages of 30 and 60. They will be referred to as woman 1–5.

Interviews were conducted via Teams, phone, or face-to-face as per participant preference or COVID-19 restrictions. The interviews lasted 1–2 hours and were audio-recorded before being transcribed verbatim.

### **Strategy of analyzation**

The strategy of analyzation is inspired by a reflexive thematic approach by Braun and Clarke (2022) that is built upon different phases and involves repeated movement between them. After becoming familiar with the data and identifying potential analytical interests, the coding process produced almost a hundred codes.

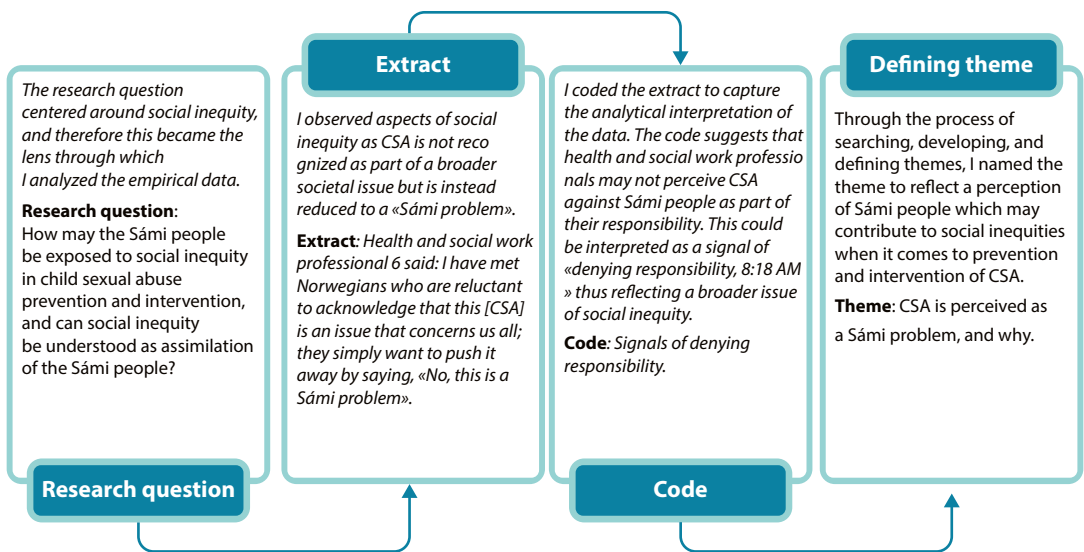
During the analysis, I focused on the various stories through which social inequity was conveyed. After examining the data through coding and considering the entire dataset, I identified a pattern concerning social inequity that seemed to encompass both shared and unique aspects of the concept. This led to the identification of three themes shaping problematic perceptions in CSA prevention and intervention:

1. CSA is perceived as a Sámi problem, and why.
2. *Silence* about CSA is perceived as Sámi culture.
3. Addressing ethnicity in prevention work is unfair or stigmatizing.

Figure 5.1 illustrates the analysis process by showing how one theme was identified, drawing on reflexive thematic analysis by Braun and Clarke (2022). The six-step framework is condensed into four steps, describing the progression from data familiarization to the final theme definition.

**Figure 5.1**

*Example of analysis and search for themes*



## Ethics

This study follows the recommendations provided by the Norwegian Agency for Shared Services in Education and Research (SIKT), following *Ethical Guidelines for Research Ethics in the Social Sciences and the Humanities* (NESH, 2021) and additionally *Ethical Guidelines for Sámi Health Research* (The Sámi Parliament, 2019). Given the historical vulnerability of the Sámi people due to assimilation and unethical research, ethical reflexivity is imperative. It underscores the researcher's responsibility to protect participants



from harm and disadvantages (NESH, 2021), particularly considering the vulnerability of CSA. Protective measures include ensuring anonymity, securing personal information, and minimizing third-party details.

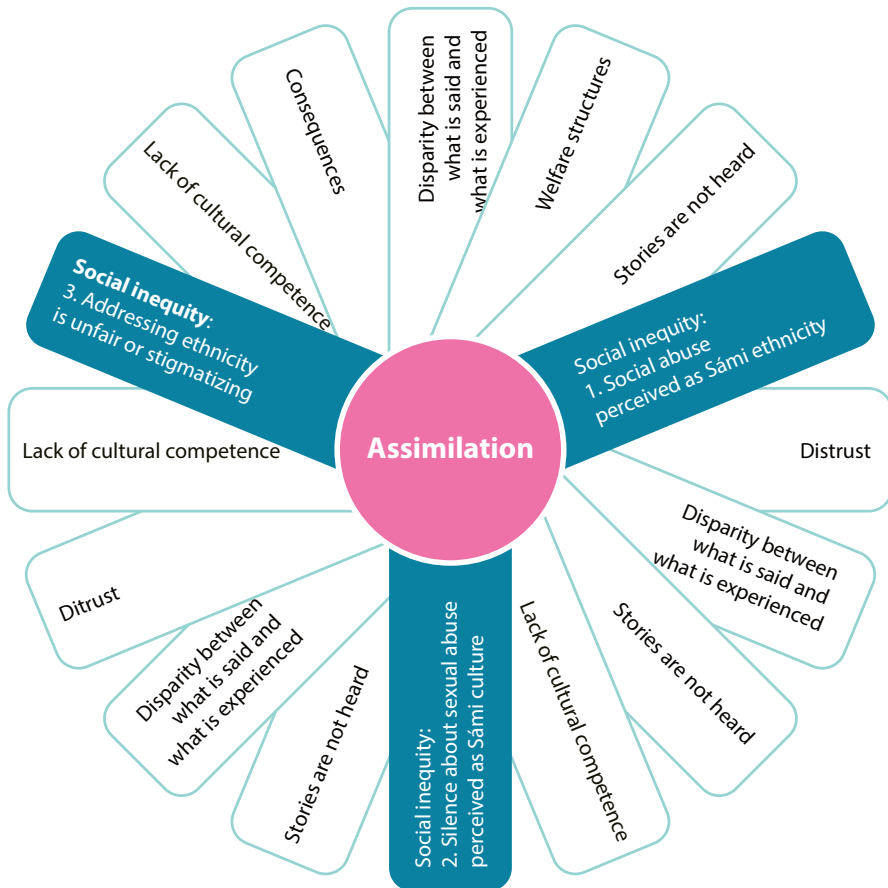
Participants were fully informed about the study's nature, potential implications, and its focus on CSA. They were informed that interviews would address experiences with the welfare system, not the abuse itself. They had support contacts and could reach out to me if needed. Consent, which could be withdrawn at any time, was obtained verbally and via email due to sensitivity and COVID-19 constraints. Both Sámi women and professionals voluntarily participated, motivated by a desire to help others and contribute to CSA knowledge development.

## **Exposing problematic perceptions**

In this section, I will introduce three themes framed by the Daisy Model in CMM. The Daisy Model underscores the multiple conversations of every action or statement, with the statement at the center and each petal representing a distinct conversation (Pearce, 2007). I have chosen to place *Assimilation* in the center and present the three findings in bright yellow petals: 1) CSA is perceived as Sámi culture, 2) *Silence* about CSA is perceived as Sámi culture, and 3) Addressing ethnicity in prevention work is unfair or stigmatizing. After each finding-petal are different conversations that I have incorporated into the interpretation of the findings.

**Figure 5.2**

*The results through the Daisy Model*



### **CSA is perceived as a Sámi problem, and why**

Several of the professionals and women shared stories of CSA being perceived as a Sámi issue by authorities and the public. They experienced this through the media, authorities' inaction, and other professionals. Notably, all participants rejected the notion that CSA is inherently linked to Sámi ethnicity. One professional described an experience:

*I have met Norwegians who are reluctant to acknowledge that this [CSA] is an issue that concerns us all; they simply want to push it away by saying, “No, this is a Sámi problem”. (Health and social work professional 6)*

The professional observes that colleagues perceive CSA as ethnicity. Another participant highlighted authorities' inactions: “I have the impression that the authorities see it [CSA] as a Sámi issue that needs to be fixed”. The participants talked about others' perception of CSA as “a negative culture” within Sámi communities. In this way, CSA was connected to both ethnicity and culture.

The global aspect of CSA affecting everyone goes unheard, creating a divide between “their” and “our” problem. Interviews revealed participants' need to explain this perception with stories revolving around the shame of being Sámi, cultural incompetence in the public sector, discrimination against Sámi people, and discriminatory structures—all linked back to the assimilation era. One community leader described:

*The historical injustice, where we do not discuss sexual abuse as isolated acts of abuse and as incidents of immorality, recurs once more. I want to move away from this kind of thinking entirely. This is a sign of societies that have suffered great injustice. That's the way it is. We must first be able to discuss that injustice in a different way than before, take a stance on it, and call the injustice by its proper name. (Community leader 2)*

The community leader stated that the Sámi people once again are subjected to injustice when CSA is linked to ethnicity. He emphasizes the necessity of considering CSA in the context of historical injustices, which refers to the assimilation policy. By saying “once again,” the community leader refers to what has not been heard. The stories about the assimilation era as an explanation for perceiving CSA as a Sámi issue indicate a shared view among multiple participants.

### **Silence about CSA is perceived as Sámi culture**

Regarding the perception of silence about CSA being associated with Sámi culture, participants shared stories highlighting how CSA may remain concealed rather than reported. However, they also emphasized the necessity for a more nuanced perspective on this issue. Numerous stories revolved around individuals being aware of CSA but not taking adequate action, including family members, neighbors, child welfare services, police, teachers, congregation, etc. One of the professionals said:

*There has been a very high level of acceptance for it. CSA. No alarm bells have rung. [...] There are people who... some prominent individuals have been... members of the municipal council, politicians, and people who have molested boys for probably 40 years. It's been known. Everyone has known about it. There are no measures to address it. (Community professional 1)*

The professional shared multiple stories about how many knew about CSA, yet no one reported it, even when it involved a prominent person. It seems to have become a story that is not acknowledged. Later, the community professional also said: “You can interpret it as a culture of silence, but it can also be an expression of distrust”.

Several of the participants also brought up distrust of the authorities. One of the women stated:

*I don't think it's right for people to say that it's only because the Sámi culture is a culture of silence and therefore it [CSA] has happened over time. It is also about the trust in the welfare services and those higher up in the government and all that. When you ask for help, you don't get help. (Woman 3)*

The woman contends that silence about CSA is not inherent to Sámi culture but should be viewed in relation to distrust stemming from assimilation policies. By stating “it is *also* about,” she conveys an openness to considering aspects of the culture as potential explanations as well. The woman's statement may be interpreted as a disparity between what is said and what is experienced.

Another woman (4) stated: “If they [welfare services] do not understand the Sámi culture, then we will never get help”. The woman emphasizes the significance of being heard when it comes to the welfare service’s understanding of Sámi culture to address Sámi people’s needs. Several participants shared stories to underscore this point.

### **Addressing ethnicity is perceived as unfair or stigmatizing**

The third finding is about how addressing Sámi ethnicity in CSA prevention and intervention is perceived as unfair to others or stigmatizing. While some participants held this perception, most experienced it through collaborative efforts in CSA prevention or intervention. Several of the participants connected this perception to the lack of knowledge about the after-effects of the assimilation era.

One of the professionals told multiple stories about how the prevention of CSA is being organized without considering unique needs:

*The authority’s policy was that everyone should be treated equally. The measures should apply to everyone, nothing specific to ethnicity. We would rather not stigmatize. I can understand this way of thinking. [...]. but have you not understood anything? What about the trust, that we don’t trust the public sector? There is a reason why people have kept quiet [about abuse] for 70 years. We do not have trust and we have not been listened to. (Community professional 2)*

The professional emphasizes how the policy of equal treatment, driven by the fear of stigmatization, results in the Sámi people being unheard. This creates a tension between what is said about equality, intended to prevent stigmatization, and the experience of distrust. Without understanding this distrust, prevention and intervention work may be ineffective.

The participants expressed distrust in the public sector as one of the consequences of the assimilation era, acting as a barrier for Sámi individuals seeking help. I asked another professional if the prevention work addressed Sámi ethnicity:

*No, the management gave notice from day one. We work from one point of view in child and youth work. It is humanism. That is what applies here. Respect for everyone – everyone is treated equally. Whether you are Sámi, Norwegian, or... we have refugee children here too. Everyone is exactly the same. (Health and social work professional 4)*

The professional emphasizes treating everyone equally, reflecting a belief in moral fairness irrespective of their minority status.

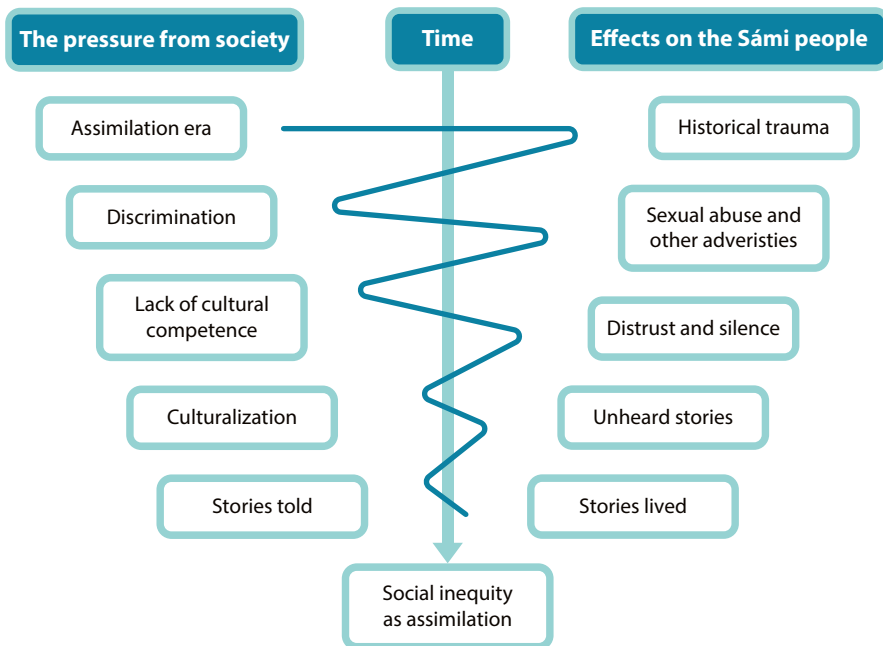
## **Exploring social inequity and assimilation in the battle against CSA**

The purpose of this study has been to explore whether Sámi people are exposed to social inequity in CSA prevention and intervention, and if so, whether this social inequity can be understood as assimilation of the Sámi people. The findings indicate that both Sámi women who have experienced CSA and professionals perceive that the Sámi people are treated differently from others in prevention and intervention work.

The discussion will be divided into two parts. In the first part, I will explore whether the perception of CSA, silence about CSA, and the tension between equity and equality in CSA prevention and intervention can be understood as social inequity. In the second part, I will discuss whether these potential social inequities may be understood as assimilation. Figure 5.3 illustrates how societal pressure over time may exert effects on the Sámi people, manifesting as social inequity and contributing to assimilation. Simultaneously, the figure demonstrates the complex interconnections among the various concepts discussed in this article.

**Figure 5.3**

*Concept map of how pressure from society can affect Sámi people*



### **Problematic perceptions as social inequity**

The first and second findings in this study address how CSA and silence about CSA by professionals are perceived as features of Sámi culture and ethnicity. This perception may be understood as culturalization – the process by which social or structural issues are understood as culturally determined (Rugkåsa et al., 2015). When it comes to the perception that CSA is connected to ethnicity, it is important to emphasize that CSA is a global burden (World Health Organization, 2020). The knowledge that the Sámi and other Indigenous populations in various countries are more frequently exposed to abuse than the majority population (Brzozowski et al., 2006; Curtis et al., 2002; Eriksen et al., 2015) can still contribute to such perceptions. However, it is problematic that professionals see CSA as a feature of ethnicity. This perception can be a form of culturalization that may prevent the Sámi people from receiving adequate help. If service providers perceive CSA as a feature of ethnicity, they may be less likely to believe it is something they can address or change. This could result in the Sámi population in need of CSA prevention or interven-

tion being exposed to social inequity – disparities in resources and support (Whitehead & Dahlgren, 2009). The same applies to the second finding related to the perception that *silence* about CSA is seen as a cultural trait.

Both the participating women and professionals described silence in connection with CSA. In the expression *culture of silence*, using the term culture may pose challenges, as it can quickly be linked to Sámi culture. When discussing silence about CSA in relation to Sámi people, it is crucial to distinguish this from being an inherent aspect of their culture and instead view it as a long-term effect of assimilation policies, as discussed in Bersvendsen and Saus (2023).

This *culture of silence* is a *story told* since it is expressed in media, public documents, and research. Based on the findings of this study, the story told is consistent with the *story lived*, often creating a sense of coherence (Pearce, 2007). However, the results also reveal tension between the story lived and the story told in the meaning-making of silence about CSA. This study's findings indicate that the culture of silence should be viewed in conjunction with the lack of historical and cultural competence.

While welfare services recognize the need for cultural competence (Angell et al., 2022; Eidheim & Stordahl, 1998; Saus, 2003), implementing it into practice remains a challenge (Douglas & Saus, 2021). This resonates with how culturalization is often somewhat unintentional and may lead to issues being placed on cultural distinctions (Rugkåsa et al., 2015). The lack of cultural competence poses a serious human rights challenge and may affect the ability to prevent and combat CSA against Sámi people (NHRI, 2018).

This may result in insufficient access to culturally tailored encounters or services, which would go against the concept of equity – ensuring equal opportunities, resources, and support for everyone based on unique needs (American Psychological Association, 2021). Coupled with the perception of CSA being linked to ethnicity, this may lead to inadequate assistance, placing many Sámi people in social inequity.

The lack of cultural competence also reflects the third finding in this study, the resistance to adapting CSA prevention and intervention to the Sámi people. This was perceived as unfair or stigmatizing by some of the professionals working with CSA prevention and intervention. When professionals are not working to secure equity in CSA prevention and intervention, it would mean that Sámi people are exposed to social inequity through not



receiving culturally adapted welfare services. That welfare services do not have culturally adapted services has been a *told story* – a story which has been told and heard by authorities through granted formal rights but acknowledging the struggle with implementation (Helse- og omsorgsdepartementet, 2006). This was followed up by the government's action plan to prevent and combat violence through linguistically and culturally adapted welfare services (Justis- og beredskapsdepartementet, 2021).

Even though research indicates that social workers do not have resistance to acquiring cultural competence to adapt the services to the Sámi people (Angell et al., 2022), the finding in this study shows that there is a tension between the perception of equity and equality.

The participants who did not see the need for equity – adapted treatment for the Sámi people – were concerned that everyone should be treated equally regardless of ethnicity. The resistance seems therefore to be grounded in the moral belief that every human being is of equal value. This perspective aligns with the Nordic welfare model's emphasis on equal social rights for everyone (Kildal, 2013). However, if this perspective contributes to the neglect of cultural and linguistic needs in CSA prevention and intervention, it poses challenges.

The concept of cultural competence demands the ability to understand family contexts – the unique needs tied to local, historical, cultural, social, and identity aspects (Saus, 2010). Misinterpreting equity as unfair or stigmatizing may hinder the effective implementation of equity measures and may expose Sámi people to social inequity. It is also problematic if we see it as favoritism through providing better treatment to the Sámi people than individuals of other ethnicities. The purpose of equity and cultural competence is to offer each individual services tailored to their context. It's crucial to communicate and educate about the principles of equity to ensure a clear understanding and promote inclusivity.

### **Social inequities as assimilation**

As of today, there is no systematic and strategic assimilative *policy* aimed at making the Sámi people Norwegian. However, it can be debated whether this is a political outcome. Despite the cessation of policies after 1980 and Norway's commitment nationally and internationally to protect the Sámi people, language, and culture, we struggle to translate this commitment into

practice. As mentioned, the need for cultural competence has been stressed since the 1990s (Eidheim & Stordahl, 1998; TRC, 2023). This need is also highlighted in government documents and stated by the Norwegian National Human Rights Institution (NHRI, 2018).

May it then be a matter of unintentional oversight – an unheard story? A conscious decision to disregard these regulations? Or is it resistance or unintentional ethnic discrimination within our welfare structures? However, in the TRC (2023) report, informants highlight what is *ingrained in the walls* as a significant factor in understanding public administration and Sámi considerations. Several are telling stories about resistance in different parts of public administration, and also about ethnic discrimination (TRC, 2023).

Regardless of the cause, the Sámi people persist in facing social inequity within welfare services and further within the realm of CSA prevention and intervention. We know that the increased vulnerability of the Sámi population to discrimination and hateful speech is associated with significant physical and psychological health-related consequences (Hansen & Sørli, 2012). Additionally, we know the major after-effects historical trauma may have on people (Evans-Campbell, 2008). This may lead to challenges in openly expressing and embracing Sámi identity.

Consequently, individuals may choose to identify as Norwegian and gradually lose their Sámi identity, akin to (Nergård, 1992) depiction during the assimilation era. It's not an advantage to be Sámi compared to the Norwegian population. In cases of CSA, one may encounter a support system that considers itself unable to help if CSA and silence about CSA are being culturalized. Additionally, there might be a dilemma between equity and equality within the support system, further depriving Sámi individuals of the assistance they both need and have the right to.

## Conclusions

I started this chapter by asking: *How may the Sámi people be exposed to social inequity in child sexual abuse prevention and intervention, and can social inequity be understood as assimilation of the Sámi people?* The findings reveal

that professionals have perceptions of CSA as a feature of ethnicity and silence about CSA as Sámi culture. These perceptions can lead to inadequacies in the handling options of professionals, leaving Sámi individuals vulnerable to CSA without the necessary assistance.

Social inequities persist when prevention and intervention measures are not culturally adapted to the Sámi people, violating their right to receive such adaptations in welfare and community services. The unfortunate convergence of these inequities may contribute to an assimilated effect. Despite legislative frameworks, practical implementation by the state falls short, placing responsibility on individuals in welfare services and the affected Sámi people.

To address unique needs rooted in historical injustices, there is a call to learn from the experiences of Sámi individuals and professionals, ensuring welfare services create conditions that foster optimal outcomes for all individuals in society.

## Reflection questions

1. How can problematic perceptions against Sámi people among professionals influence the experience and effectiveness of CSA prevention and interventions?
2. What strategies could be implemented to bridge the gap between the Sámi people's formal rights to equity and the inconsistent implementation of these rights in practice?
3. How does the discussion on social inequity and assimilation relate to broader societal issues and the potential impact on marginalized groups?

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