

**CHILD SEXUAL ABUSE IN RURAL AND REMOTE
AUSTRALIAN INDIGENOUS COMMUNITIES –
A preliminary investigation.**

Compiled by Lyla Coorey

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Caution: There is material in this report that may be offensive for cultural reasons, and because there is reference to sexual matters, to some Aboriginal and Torres Strait Islander people. No harm or offence is intended to these people.

‘The silence of the victims has brought so much fear and pain into their lives. The silence of families has caused a breakdown in our cultural and moral values, and the silence of the abuser has meant little hope of them getting the sort of help they need.’

- Maryanne Sam (1992) ‘Through Black Eyes: A Handbook of Family Violence in Aboriginal and Torres Strait Islander Communities.’

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This report is a compilation of the views of many people who have given their ideas, insights, and time freely and patiently. I sincerely appreciate the enthusiasm, honesty and willingness in which they have partaken in this very sensitive project. Their commitment to having the subject of child sexual abuse placed on the national agenda, so that some constructive changes can begin to take place, has been strong and highly inspirational.

In particular I wish to thank my three mentors: Pam Greer, Melva Kennedy and Les Bursill. Their contribution and continuous support has been overwhelming and encouraging.

A special thanks also to Boni Robertson. She has provided sound advice and enormous support to this study.

The generosity of Pam, Melva, Boni and Les and of those who have willingly participated in this study, is an indication of their determination and demonstrated strong spirit of cooperation between indigenous and non-indigenous people.

I am also grateful to Melissa Harbison who has assisted with the collection and documentation of material pertaining to the section on Social Environment and to Peter Williamson for his computer assistance.

FOREWORD

This report was compiled in response to concerns raised by indigenous people, about the prevalence of child sexual abuse, in Australia. While recognition was given to the issue of child sexual abuse in rural and remote indigenous communities in this report, there was also a general belief that child sexual abuse is not confined to these areas only.

Throughout Australia, there is a growing expression of concern by both indigenous and non-indigenous advocates, about the increasing prevalence of child sexual assault, and about the manifestation that occurs for the family and the children who survive such an experience.

The report is a preliminary attempt to document the pertinent issues for Aboriginal and Torres Strait Islander children experiencing this sort of abuse; to get an idea of the scope of the problem in country and remote areas; and to pave the way for more research into the subject for which ethical approval (both cultural and professional) from the appropriate bodies would be required. There are no recommendations made in this report as these would need canvassing through a more thorough analysis of the problem Australia-wide and would need to include input from victims of abuse themselves.

To date, there is a dearth of knowledge on this subject. Although largely anecdotal, this report offers rare insights into the lives of our indigenous children and their families, and argues that there are a number of factors that contribute to making this group of Australians, extremely vulnerable to all kinds of abuse.

It is further apparent that these factors impact on the welfare of all Australian children, regardless of their cultural or social background, and need to be considered and included in any discussion or debate on the subject.

The insights expressed in the report are largely the viewpoints of Elders, and of other indigenous and non-indigenous people working in the fields of child protection, family violence and related areas.

Acknowledgement is given in the report, to some of the important and valuable work that is already being done by both indigenous and non-indigenous providers, to intervene in, and prevent further abuse. However, there are areas where a number of the services have been reported to be insufficiently meeting their obligations in this regard. Whether this is a matter of there being too great a demand for too few resources, or whether it is a matter where service providers require further training, is a issue that warrants far greater investigation and analysis.

Several informants strongly suggest that, when the system and the community fail to protect children and fail to deliver effectively, children are placed at greater risk of being abused and of being subjected to longer periods of abuse.

The report outlines a number of barriers, structural and communal, that need to be addressed, in order to improve access to appropriate services. It is hoped that this information can contribute to the significant changes required across the variety of systems and services – such as child protection, legal, social, educational and health. It is also anticipated that it can contribute to the continued development of joint initiatives, partnerships and collaboration, between indigenous and non-indigenous Australians.

This report is dedicated to all indigenous children of Australia and their families, and to those adults who have survived horrendous abuse at the hands of individuals and systems that have failed to alleviate their suffering. They have been deprived of the most basic human right of children – ‘childhood’.

I wish to thank Pam Greer, Melva Kennedy and Les Bursill who have provided expert guidance, inspiration, commitment and ongoing support to this study. I also would like to thank Boni Robertson who also, has generously given assistance in is study.

I would also like to extend my gratitude to all those who have contributed their views expertise and willingness to speak out about a subject that is highly sensitive, in all communities in all countries, but especially here in Australia, where silence has only served to prolong the suffering of far too many. It is hoped that the readers of this report will be respectful of them and sympathetic to the extent they have gone to, to place this largely neglected issue on the public agenda.

Lastly, I wish to thank Lyla Coorey for compiling this report, and to Melissa Harbison and Peter Williamson for their background support on the project.

The (Hon) Sen. Bill Heffernan
Parliament House
Canberra
Australia

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1 INTRODUCTION

In Australia child sexual abuse in indigenous communities in rural and remote areas has received very little attention to date. Often assumed under the broad category of 'Family Violence',¹ and with strong taboos about discussing sexual issues, this subject matter remains hidden and unchallenged with the needs of this special group of country children largely being neglected.

This report originated from concern expressed by a number of Aboriginal people to Senator the Hon. Bill Heffernan, about the prevalence of child sexual abuse, and that not enough is being done about this problem.

It is timely to be producing this report as Aboriginal and Torres Strait Islander people are starting to speak openly publicly and privately about this form of child abuse. Some Elders in Western Australia recently approached the Family and Children's Services with the request that a number of high profile Aboriginal leaders of that State, be arrested and charged with child sexual abuse (Budiselik 2000). The chairperson of the Aboriginal and Torres Strait Islander Women's Task Force on Violence in Queensland, Boni Robertson, states that many indigenous women are seeking an effective legal response to the sexual abuse of their children. A review of concerns of young people from Aboriginal and Torres Strait Islander backgrounds contacting the Kids Help Line reveals that the majority of child abuse calls are about sexual and physical abuse (1999 p.7). This indicates that children themselves are requesting outside help for sexual abuse.

Consultations with several indigenous people including male and female Elders who have contributed to this report, reveal similar views about the need to discuss publicly as well as within communities, the difficulties this problem creates for their people especially children. The Aboriginal and Torres Strait Islander Women's Task Force on Violence (2000 p.100) states that the reluctance amongst some indigenous people to discuss child sexual abuse is a serious concern. Whilst communities feel shame in admitting that child sexual abuse occurs, there is more shame when communities do nothing about it (Mulroney 1994 p.58).²

¹ Whilst it is said that some Aboriginal people prefer to use the term 'family violence' to include domestic violence, family feuding, elder abuse, child abuse, child sexual abuse, rape, homicide, suicide etcetera (Blagg 2000a; Moe 1992 cited in Blagg 2000a p.6), other Aboriginal people state that this label 'muddies the water' for each issue and stops each issue getting the funding they individually require. Child sexual abuse is a special area of need that has different, and its own specific matters to be addressed such as the protection and safety of children, the power imbalances between children and adults, and medico-legal investigations including the collection of evidence and the credibility of children as witnesses in legal procedures. Another problem with assuming all forms of violence under the one heading is that there is no legislation covering 'Family Violence' as such. Legislation exists for homicide, for child sexual assault, for domestic violence etcetera.

² Domestic violence is more readily acknowledged as a problem in indigenous communities. As Taylor notes, 'In contrast to predominantly white communities,

Whilst there is a growing amount of information on child sexual abuse, there is little research in Australia that focuses specifically on this problem in indigenous communities in country areas. A small number of reports including the 'Report of the New South Wales Child Sexual Assault Taskforce' (1985), the 'Aboriginal and Torres Strait Islander Women's Task Force on Violence Report' (2000), the 'Commission of Inquiry into Abuse of Children in Queensland Institutions' (1999), and the Kids' Help Line review of telephone calls from Aboriginal and Torres Strait Islander backgrounds (1999) include children from rural and remote Australia. They provide many valuable insights into the trauma experienced by this particular group of children.

According to the New South Wales Department for Women, standard research agencies have been reluctant to collect statistics about the levels, incidence and nature of sexual assault upon Aboriginal women (1996 p.93). One agency that was willing to collect information about the nature and circumstances surrounding sexual assault incidents against Aboriginal women in rural NSW, was the NSW Bureau of Crime Statistics and Research in conjunction with the NSW Attorney General's Department. It was hoped that in interviewing Aboriginal women sixteen years and over, about sexual assault experiences within the previous ten years, the data would have contributed to some understanding of this problem for Aboriginal children as well. This 1998 project had to be abandoned due to both technical difficulties and the lack of indigenous women to interview.

One Aboriginal informant states, 'Child sexual assault is about shattered children's lives – about child protection. To keep quiet and not do research on this issue results in a "cover up" which protects offenders and does nothing to help our children. It is important that it gets out in the open... child sexual abuse is a very serious issue.' Another Aboriginal informant (male) states, 'With sexual assault especially in Aboriginal communities, there is such a wide concern about it, yet such a strong fear about it, that any research will meet with opposition. Many believe it reflects very badly on Aboriginal people, but we know it happens in all groups in all societies. It's just that we have done so very little about it.'

In this investigation, Aboriginal and Torres Strait Islander people are open and frank in their interviews suggesting a willingness to improve the lives of children. Many speak of an overwhelming despair that the problem of child sexual abuse has been known about for so long, yet so little has been done.

This report is only a preliminary investigation to try and find out what are pertinent issues for indigenous children in rural and remote areas experiencing sexual abuse; to get some

Aboriginal communities rarely if ever, deny the existence of the problem of domestic violence. Many communities are actively trying to find solutions. Older women in the community generally take the lead in this'. She adds, 'Aboriginal communities always have a wholistic view of the problem and wish to attend to the problems of their men as well as their women, education programmes and structural change in their community' (Coorey and Taylor 1989 pp21-22).

idea of the scope of the problem in country areas; and to pave the way for a more detailed analysis for which ethical approval from the appropriate bodies would be required.

Its aim is to document the viewpoints of Elders, indigenous and non-indigenous people working in the fields of child protection, family violence and related areas and to outline some solutions already adopted in rural and remote areas.

One of the main goals in compiling this report, is to bring the subject out in the open so that children will be able to disclose sexual abuse and be believed; get protection and feel safe; and receive appropriate help. Another goal is to encourage those, whose responsibility it is, to put measures in place that will prevent further abuse from occurring. No recommendations are being made in this report as these would need to come out of a more thorough analysis of the problem Australia – wide, involving consultations and input from indigenous people especially from those who are victims of child sexual abuse themselves.

All attempts have been made to deal with this issue in a sensitive way.

The report begins with some information on the nature of child sexual abuse, common to society generally. It then attempts to examine the extent of the problem in rural and remote indigenous communities in Australia. The impact of abuse, and the difficulties encountered in disclosing experiences of it are then outlined with special reference to Aboriginal and Torres Strait Islander children. This discussion of **the impact of abuse and the failure to disclose it, help to explain how the problem manages to remain unchecked.** There is further elaboration of this in the next section which is on reporting. This section acknowledges that **those to whom abuse is reported have a responsibility to intervene, but that this is not always happening.**

Closer examination of the reasons for this is revealed in the section on `Factors that Increase Children's Vulnerability to Sexual Abuse in Rural and Remote Areas. Here there is detailed information on the special requirements of delivering services to indigenous people and of doing this in rural and remote settings. The point is strongly made that **when `the system' (and the community) fails to protect children, and fails to deliver effectively, children are placed at greater risk of being abused and of being subjected to longer periods of abuse. There are factors to do with rural and remote living (such as the size of communities, isolation and community attitudes, fear of exposure) that are shown to trap children in these situations. The impact of neglect, lack of supervision and of the high consumption of alcohol and other drugs, on increasing children's vulnerability to abuse,** is also mentioned in this section.

The final sections on Intervention for Child Sexual Assault, for Male Offenders and on Prevention, are largely a compilation of comments of informants. A few examples of how child sexual abuse is being dealt with in rural and remote indigenous communities are outlined.

The social, emotional and material disadvantages that are inherent in the social environment of Aboriginal and Torres Strait Islander children, are briefly outlined in

the Appendix at the end of this report. They **are serious and are clearly, an extension of the suffering in the lives of sexually abused children.**

2 METHODOLOGY

The following strategies were employed:

- consultations with Elders, informants and key stakeholders from both government and non-government sectors from Far North Queensland (Cairns, Cooktown, Cape York Peninsula); Torres Strait Islands; south west Queensland; country New South Wales (Dubbo, Gilgandra, Bourke, Bathurst); and some coastal areas of New South Wales, Sydney and Canberra. Many informants did not want to be acknowledged due to confidentiality concerns.
- review of literature relating to rural and remote child sexual abuse in indigenous communities in Australia, revealing a dearth of information on the subject of indigenous child sexual abuse in rural areas. Indeed, research on this topic for Aboriginal and Torres Strait Islander youth generally speaking, is negligible (Martyn 1998 p.14). This means that there is little understanding and documentation of sexual abuse of indigenous children in Australia. This report attempts to comprehensively draw together as much published information on the subject as possible and combine it with the responses provided by the broad cross-section of informants interviewed.
- Identification of key issues and gaps.

It could be said that a major weakness of this report is that it contains anecdotal opinions but however, because of the nature of the indigenous people's reactions to this subject, people are often reluctant to go on the public record. Several informants raise concerns about confidentiality and fear of reprisal should their opinions be associated with them personally.

Another weakness lies in the reference to press articles which are open to debate and journalistic interpretation and integrity.

Areas Requiring Further Investigation

There is very limited information on the following subjects, for which further investigation is needed:

institutional abuse

- sexual abuse in foster homes
- indigenous children's experiences in court (similar to the New South Wales Department for Women's study entitled 'Heroines of Fortitude')
- the factors underlying homicide, manslaughter and attempted manslaughter of males, by imprisoned indigenous women
- suicide attempts of male and female inmates to assess the impact of child sexual abuse on such behaviour
- economic and social costs of child sexual assault on society.

3 THE NATURE OF CHILD SEXUAL ABUSE

Some facts regarding child sexual abuse are detailed below and arguably pertain to all children – indigenous and non-indigenous. However it is when we examine the `context' in which child sexual assault occurs in indigenous communities, that differences emerge³.

The differences are to do with

- **why the abuse is going on unchecked**
- **the problems with reporting it and**
- **the factors that make indigenous children especially vulnerable to prolonged periods of abuse.**

Unless these issues are dealt with by those with the responsibility to do so, they share in the guilt in contributing to the suffering of this special group of children.

- Firstly, child sexual abuse is a crime.
- There are a number of definitions of child sexual abuse. The NSW Child Protection Council broadly defines it as: `Contact or interaction between a child and an older person in which the child is used as an object of gratification for the older person's sexual needs or desires and is unable to give consent, due to the unequal power in the relationship' (Kennedy, `Reporting Suspected Child Abuse' 1995 p.10). The NSW 2000 Draft Interagency guidelines for child protection intervention includes `sexual threat' imposed on a child or young person in its definition and adds that coercion, either physical or psychological is intrinsic to child sexual abuse and is what differentiates it from consensual peer sexual activity (Commission for Children and Young People 2000 p.34).
- Sexual abuse rarely occurs without the presence of other forms of abuse. There is no doubt that the physical, emotional and psychological effects accompanying sexual abuse can last a lifetime (Kennedy 1997 p.2).
- The NSW Child Protection Council's Core Training Package on child sexual assault cautions that although there are areas of overlap between this form of abuse and physical assault and neglect, child sexual abuse is different and warrants a different response. The major difference lies in the gender identity of offenders and victims. Child physical abuse and neglect are committed equally by both men and women with a slightly higher incidence of male child victims to females. Child sexual assault, in

³ The NSW Department for Women acknowledge the importance of looking at the social context in which sexual abuse occurs and quotes Pam Greer (an Aboriginal consultant and educator in domestic violence, and child and adult sexual assault), that no act of sexual assault occurs in a context free of societal values and dominant cultures (1996 p.93).

contrast, is predominantly committed by men⁴ with a significantly higher incidence of female victims than males (1986 p.6). Finkelhor suggests that physical abuse is usually seen as a parenting problem while sexual abuse because of the much higher incidence of male perpetrators should be described as a problem of male socialisation (1984 in NSW Child Protection Council Child Sexual Assault Core Training Package 1986 p.73).

- Another difference is that physical abuse of children tends to be spontaneous whereas child sexual abuse is usually planned and ongoing. Evidence of neglect and physical abuse are often more obvious than evidence of child sexual abuse. By the time disclosure of sexual abuse occurs, the abuse has usually been going on for some time. In contrast, physical abuse and neglect are more likely to be identified earlier on in the activity. The Council concludes that for these reasons, child sexual assault has different policy, programming, legal, training, and community education implications than child physical abuse and neglect (op.cit.).
- The abuse is often continuous over years
- Most offenders are known to the child or the child's family and most of the incidents occur in the child's home making the home an unsafe place for the majority of the children being abused. Children may run away from home or leave home to bring the abuse to an end (Carter 1987).

Profile of the Offender

There is no distinctive psychological profile of an offender.

- They come from a range of racial, cultural religious and socio-economic backgrounds (Kennedy 2000) and may be male or female. They include government employees working with the child protection department, schools, health department, members of the clergy, Aboriginal Lands Council officials and high profile Aboriginal and Torres Strait Islander leaders as well as unemployed males. Offenders are of **indigenous and non-indigenous** backgrounds including clergy and other people in positions of trust and authority. The Commission of (Forde) Inquiry into the abuse of children in Queensland institutions, identified perpetrators as other residents, staff or visitors to the institutions (1999 p.iv)⁵.

⁴ The fact that the majority of offenders are male means that child sexual abuse is a problem which, states David Finkelhor, 'incriminates a particular sex – men - a rather uncomfortable fact for many men to deal with. It makes it harder for them to work enthusiastically on this problem, and to avoid defensive responses which can transfer blame from the male offenders to the (often female) victims' (quoted in NSW Child Protection Council Child Sexual Assault Core Training Package 1986 p.73).

⁵ A number of informants spoke of high profile white and Aboriginal men who were abusing their position of power to hold threats over families where the families knew they were abusing their child. For example, families feared losing entitlements, or funds and

- All offenders engage in the similar manipulative tactics⁶ necessary to entice children into sexual acts to satisfy their own desires without any regard for the pain and suffering being inflicted on their victims. The issues are identical and the excuses are identical. Three factors that often appear to be present in the perpetrator's behaviour are motivation (usually sexual gratification or curiosity); opportunity (e.g. left alone with the child); and access (e.g. staying in the child's home).
- **The offender often actively works to shift responsibility for the abuse onto the child.** The end result is that the child, and later as an adult, is left with 'a legacy of guilt and may feel responsible for the abuse' (NSW Health Services for adult survivors of child sexual assault 1997 p.2). In many cases, **these feelings of guilt and responsibility are strong reasons why victims do not seek help.**
- The existence of paedophile rings operating in a number of country areas of NSW is a major concern⁷. This problem of predatory behaviour, is not just confined to rural NSW, but has been identified as being prevalent, nation-wide. The social isolation, the oppressed conditions and the poor health status of some indigenous communities, help to nurture an environment that attracts the predatory movement.
- Adults abuse children because **they can** (the power imbalance, motivation, opportunity and access to the child, make abuse possible)^{8,9} and because **they can get**

grants they had been assisted by the perpetrator with accessing, should they go public about the abuse of their child. As Professor Ernest Hunter commented, often these perpetrators in community positions of authority do not come to the attention of police or anyone outside the community (2000). They have manipulatively enforced secrecy, and hence effectively built in protection for themselves so that the abuse can continue over a long period of time and no one will do anything to stop them.

⁶ Articles by Christiansen and Blake (1990); Hanson, Gizzarelli and Scott (1994); Spangaro (1994); and Phelan (1995) make excellent reading in understanding offenders' tactics.

⁷ One Aboriginal family violence worker interviewed, stated she knew of children from four towns who had 'disappeared' with men who had driven into towns and taken them away with them. D'Souza in his survey of Aboriginal Child Care agencies reported that there was suspicion that organised pedophiles were operating in at least two country locations (1994 p.7 quoted in Martyn 1998 p.14).

⁸ People working in the field of sexual abuse regard such factors as the presence of alcohol, the watching of child pornographic videos, or the fact that the offender was abused as a child himself, as excuses for behaviour that is unacceptable in any society and not the cause of such behaviour. It is well known that not all people who are victimised in childhood end up as abusers later in life. It is known that men and women react differently to childhood sexual victimisation. This is certainly apparent when one looks at the ratio of female to male victims and the ratio of female to male perpetrators. See the NSW Child Protection Council's Child Sexual Assault Core Training Package (1986) for a review of literature on the subject of why sexual abuse of children occurs.

⁹ A number of informants in this study and in the Submission to the Royal Commission into Aboriginal Deaths in Custody (Langton et al 1990 p.481) expressed their concern

away with it¹⁰. One informant stated that predators travel from one isolated community to another under the pretence of offering entertainment for children, (circuses, films, shows etc). She indicated that there had been reports of children being abused by such artists/performers. When families had tried to confront them, they had 'packed up and left town'. The lack of transport made it impossible to track them down.

- **Sex offenders are very likely to re-offend.** When investigations into abuse are inadequate, abuse is likely to continue.

The final report of the Wood Royal Commission 1997 commented on this and stated that, '...in light of the evidence received which demonstrates the tenacity and duplicity of paedophiles, the repetitive and obsessive nature of their offending, the low detection and conviction rates, and the inability of the system in the past to remove [them] from positions in which they have direct access to children, special measures are required.' (cited in The Sydney Morning Herald magazine, The Good Weekend November 11, 2000 p.34). The NSW government has since had to make serious changes to investigation procedures, penalties, registration of persons convicted of serious sex offences, and the notification of teachers who have received disciplinary action for sexual misconduct.

It has even been cited in popular press that paedophiles rarely stop at one crime and **when investigations are inadequate, abuse is likely to continue** (The Sydney Morning Herald Good Weekend November 11, 2000 pp 26-34). The article elaborates how a number of school teachers have been able to move between the public and private school systems without their history of sexual abuse of children recorded. The new school has employed these teachers not knowing about their past. Such movement has, according to the article, enabled them to not only **escape prosecution**, but to **seek new victims** (op.cit.p29).

The NSW government has since introduced a system (part of the 'Working with Children Check') where any form of 'completed disciplinary action' against a teacher will have to be reported to the Commission for Children and Young People by all schools public or private, where it will be lodged on a permanent database. This database will operate in

that children together with adults are watching violent videos which contribute to the development of sexually inappropriate behaviours and new styles of crime, that contrast to traditional ways of behaving. One informant mentioned that videos get watched over and over especially in communities where there are little other activities to pursue. See Sydney Morning Herald October 12, 2000 p.14 for discussion regarding censorship of violence and sex in films.

¹⁰ As Edwards (2000) reports, the chance of getting caught for a sexual assault is less than 3% and as long as there is no prosecution for this offence, there is no deterrence. The crime continues on (Dart 2000). Edwards comments that there is much documentation (particularly the studies by Abel et al) to support the fact that sex offenders commit far more offences than what they are actually caught for (2000). Sadly, more often, more than one child is being abused at any one time and children are not aware of this, having been conned into believing they are special in the offender's mind and that his behaviour is not offensive.

conjunction with the national criminal record check and the 'prohibited person' legislation, which was introduced in July this year. This legislation prevents any person convicted of a serious sex offence from working with children¹¹. Schools will have to check the Commission for Children and Young People database as well as police and prohibited person records (op.cit.p.31).

The fact that sex offenders are very likely to re-offend was also acknowledged by the Director of the New South Wales Pre-Trial Diversion of Young Offenders Program, Dale Tolliday on ABC Radio, November 3, 2000 when he spoke of management programs for sex offenders rather than rehabilitation programs. This was because the likelihood of re-offending remains with them for a lifetime, he told listeners. Management programs addressed those factors such as lifestyle, social activities, etcetera, that make it easy for offenders to engage children in sexual acts. Tolliday added that counselling might reduce the likelihood of re-offending hopefully in at least half of the cases. But because of the private nature of sexual abuse, the threats and secrecy surrounding the abuse, the shame for children, and their reluctance to disclose for fear of the consequences, he indicated that it is difficult to assess whether an offender is re-offending or not.

Prevalence

Information about the prevalence of child sexual abuse in indigenous communities is presented below. Some of it is anecdotal but should not be discounted as it reflects people's knowledge of the communities they work in.

- Currently speaking, the incidence of child sexual abuse is very high. For the general population (overseas and Australia) it is estimated from retrospective studies of adults, that by the age of 18, one in 3-4 girls and one in 7-8 boys have experienced some form of sexual abuse. There is no statistical evidence available to suggest that the figures for indigenous child sexual abuse are any different from the general population. It is impossible to estimate the extent of this problem because it is highly under-reported. Another difficulty is that when it is reported, a lack of response means that statistics are not accurately reflecting the incidence of reporting (Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000 p.100).
- However, based on their work experience and knowledge, many informants maintain that in some indigenous communities, the figures are much higher for both girls and boys.
- There is other anecdotal evidence that the incidence of sexual abuse of young males is increasing but remaining largely unreported because of the hidden nature of male to male attacks and the shame that is often felt by victims (Aboriginal and Torres Strait

¹¹ See Sydney Morning Herald article 'Judge suppresses convicted teacher's name to protect top school' September 27, 2000 p.1 where a teacher was allowed to return to teaching children after having been convicted of serious sexual offences 11 years previously.

Islander Women's Task Force on Violence Report p.xv). It is possible that in some of the more traditional communities, the initiation of Aboriginal male children is being hijacked around child sexual abuse so that, especially for children, it would be difficult and confusing to understand what is cultural and what is abuse. Children may not be aware that they were being abused. This issue had apparently arisen in some cases of abuse where the offenders were Elders in the community.

- One study in the late '80's involved an analysis of trends in Aboriginal offending. Blagg cites this study by Broadhurst (1987) who found that there were `dramatically escalating rates of sexual and physical violence by Aboriginal men during the '80's (Blagg 2000a p.4).
- Beresford and Omaji refer to a study by Choo and comments by an Aboriginal Community Health Worker (Kickett 1988) which indicate that child sexual assault is seen as the most serious problem within Aboriginal communities within Western Australia and one which demands priority of attention (1996 p.45).
- According to Greer (1992) and the Aboriginal and Torres Strait Islander Women's Task Force on Violence, for those young girls involved with the criminal justice system, the rate of sexual abuse is between 70% and 80%. They add that in one state, the Aboriginal and Islander Child Care Agency claims that 50% of the children within the court system in their region are victims of incest (2000 p.99). The New South Wales Director-General of the Department of Juvenile Justice, Ken Buttrum, stated on Radio National October 31, 2000, that 95% of girls in the Yasmar institution in Sydney had a history of child sexual abuse¹².

Rural and Remote Prevalence

Existing data on indigenous child sexual assault in rural and remote areas is virtually non-existent with that available being patchy and/or largely anecdotal. The following information reveals some indication of the possible extent and severity of the problem:

- The rate (per 100,000 resident population) of recorded sexual assaults is much higher in some rural areas of New South Wales than for the state as a whole (NSW Bureau of Crime Statistics and Research 1998¹³). Because these higher rates occur in areas where there are proportionately higher numbers of Aboriginal and Torres Strait Islander residents and because, compared to their number in the local population, there is an over-representation of offenders of Aboriginal or Torres Strait Islander

¹² Whilst this figure is particularly high and supports the view that a significantly high percentage of girls involved with the criminal justice system have a history of sexual abuse, there is no breakdown of this figure into the number of girls who are of Aboriginal and Torres Strait Islander background and of those who are from a rural and remote background.

¹³ See also the New South Wales Bureau of Crime Statistics and Research Recorded Crime Statistics for 1997-1999 and January to December 1999.

origin in sexual assaults reported to police, the Bureau has suggested that it is possible that many of the victims are women and children of the same origin (1998).

- One national survey produced findings that made a distinction between urban and rural areas and found that indigenous people perceived family violence to be more of a problem in rural areas (56.5%) than in metropolitan Brisbane (24.8%) (Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000 p.97). However, because child sexual assault (and elder abuse, domestic violence, rape etcetera) comes under the heading of 'family violence,' it is difficult to know whether people's comments about family violence include child sexual assault.
- The prevalence of child sexual assault amongst indigenous rural children was emphasised at an Aboriginal and Torres Strait Islander Commission (ATSIC) Regional Council (Murdi Paaki) Consultation held in June 2000 in Broken Hill, NSW. Broken Hill is located 195 kilometres west of the town of Wilcannia. The focus of the consultation was on indigenous youth suicide and issues related to alcohol. Child sexual assault was continually raised as a causal factor in youth suicide, and alcohol and other substance abuse (Professor Ernest Hunter 2000).
- The review of phone calls by Aboriginal and Torres Strait Islander children to the Kids Help Line regarding child abuse also testifies to the prevalence of child sexual assault. The proportion of calls relating to child abuse was 34% greater for indigenous callers according to the Kids Help Line (1999 p.7). Whilst these calls were about neglect, emotional abuse, and physical and sexual abuse, the majority of callers were concerned about physical or sexual abuse. Compared with Anglo-Australians, the number of indigenous calls about sexual abuse was less for those experiencing 'regular abuse', 'occasional abuse' and 'currently at risk of sexual abuse.' However the figure for those no longer being currently abused but still having unresolved issues was much higher – 65% of indigenous calls compared with 42% Anglo-Australians¹⁴.
- Country based workers (both indigenous and non-indigenous) who had regional responsibilities named specific towns/communities, which they believed, had particularly high levels of child sexual abuse. They based these views on such things as the high levels of sexually transmitted diseases (sometimes not reported by the local doctor); the behaviour of many children in school (evident in their schoolwork and in their play - indicators suggesting personal experiences of sexual abuse); the way they walked (evident of vaginal injuries); the number of children roaming the streets day and night, putting them at great risk of abuse; overhearing conversations of children about sexual interference; child prostitution (children as young as 9, 10 and 11 years of age in need of food and/or drugs); and teenage pregnancy where the identity of the father of the baby is not disclosed and often not sought.

¹⁴The fact that 65% of calls relating to sexual abuse were from young people who were no longer being abused but who had unresolved issues, indicates a lack of support and counselling at the time of being abused as well as later on (Kids Help Line 1999 p.8).

Impact of Child Sexual Abuse

As the Commission of Inquiry into Abuse of Children in Queensland Institutions notes, the outcomes of child abuse is not an easy subject to study `as it is often difficult to disentangle the effects of abuse from the effects of other factors such as disrupted families (1999 p.284).

However, some facts about the impact have been established:

- **outcomes are often profoundly negative ...** there is little doubt that **children who have been exposed to severe or prolonged abuse face long-term problems that will disrupt or damage the rest of their lives, and affect all those significant others around them'** (op.cit.).
- **the form of sexual contact usually progresses and becomes more severe over time.** This implies that **unless intervention to stop the abuse occurs early in abusive relationships, the sexual behaviour will continue, and is likely to become more intrusive and result in increasingly intimate acts** (Christiansen and Blake 1990). In Edie Carter's study of Aboriginal adult survivors of child sexual abuse in metropolitan Adelaide, 53 of the 61 subjects (almost 87%) experienced continuous abuse ranging between one and eleven years. She highlighted that the majority of cases had not been reported and that programs and services needed to be developed to meet the needs of Aboriginal people (1987 p.31), suggesting that suitable help was not readily available even in this urban environment.
- **the long-term effects** on the child are significantly influenced by the **persistency of the abuse** (chronicity) and the **severity of the sexual trauma** (ranging from exposure, through to penetration resulting in significant internal injury) (Armstrong 1999 p.17).
- **the characteristics of the perpetrator, the nature of the relationship with the victim, and characteristics of the environment** in which the trauma occurs, can also play a part in determining the **long-term consequences** for the child. For example, perpetrators who hold authority and power over the child and from whom there is no `escape', are more likely to cause longer term negative outcomes than a perpetrator with temporary responsibility for a child. If the child is in a closed environment such as an institution or in a family unit where there is no recourse to outside influence, their sense of helplessness and fear will very likely produce long term damage (op.cit.).
- **most indigenous children miss out on getting help** at any stage of the period during which they are being abused, and even when the abuse has stopped. They are often left to fend for themselves without any assistance to come to terms with what is happening, or what has happened, to them.

- the **trauma of child sexual abuse lingers on for years** after the abuse has stopped, when the needs of the Aboriginal child were not attended to at the time (Nytunga Phillips 1996; Human Rights Equal Opportunity Commission's Report 'Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997 pp. 193 - 194).
- **if the perpetrator is an Aboriginal family or community member, the victim feels immense betrayal.** According to Nytunga Phillips (1996) this is seen as 'the most devastating trauma of all' as,

'Aboriginal family and kinship are the very core of the Aboriginal psyche; it is a way of being. Therefore when a client's family member has sexually abused or abused in any way, the client, then the worldview and Aboriginal community safety for the client is indeed nothing short of shattered. The client often feels a great sense of loss, and loss of identity is also a huge struggle for them. They don't know where they belong and families often feud over the assault or abuse. Usually in this feuding the client is very often forgotten about and this results further in serious psychiatric disorders. Sexual abuse survivors or victims who were subjected to the abuse for long periods of time, over years by a person in a position of trust tended to end up with serious psychiatric disorders and more than not, many were now in psyche wards or had at one period, if not more, had been in psyche wards.' (Nytunga Phillips 1996).

- experiences of child sexual abuse can 'immobilise' adults who report alcohol and drug abuse, admissions to psychiatric hospitals, and fears that penetrate their daily lives and relationships (Edie Carter 1987 p.31). As children, they had lived in fear of their abuser, which manifested itself in many ways including bed-wetting. They distrusted men and feared being touch (op.cit. p.21, p.29).
- sexual abuse can impact on a child's developing sense of their sexual identity and to the construction of the world as a safe place (The Commission of Inquiry into Abuse of Children in Queensland Institutions 1999 p.286).
- child sexual abuse impacts on schoolwork and behaviour at school, and often lasts throughout children's schooling, limiting their potential later in the workforce (op.cit.).

There are a number of informants in this study who assert that the impact of abuse is worse for Aboriginal and Torres Strait Islander children, because of a lack of support, and poor or no role models in some communities with respect to coping patterns (exemplified in adults' substance and alcohol abuse, violence and imprisonment). There are **ongoing problems, trauma and anguish for child victims that extend into their adulthood.**

They note the following effects of having been sexually abused as a child:

- fear pervading their daily lives and relationships
- fear of the abuser
- fear of being touched
- regressive behaviour such as bed-wetting, thumb sucking and language difficulties.
- signs of physical stress, for example boils on body

- intense anger often inappropriately expressed
- alcohol, drug and other substance abuse such as petrol and glue-sniffing
- suicide attempts by young people which they believed were associated with sexual abuse¹⁵
- high risk factors for suicide such as low self-esteem, depression, lack of support services (though rates not high amongst indigenous children)
- not coping with school work – one victim had to repeat a year at school
- truanting from school
- reluctance to go home –run away from home
- displacement from their homes, transfer from one foster home to another
- behavioural problems – people are quick to label Aboriginal children as ‘cheeky black kids’
- pregnancy
- sexually transmitted diseases
- mental health problems in adult life and in childhood such as eating disorders, anxiety, sleep disturbances and depression
- victims becoming perpetrators
- violent behaviour later in life
- vulnerability to further abuse
- vandalism
- going to gaol later in life¹⁶
- isolating themselves from others
- promiscuous behaviour in adolescence
- prostitution
- poor relationships
- parenting difficulties

Disclosure

Disclosure is difficult for any child being sexually abused and the impact of the abuse can make this so in addition to the dynamics of child sexual assault.

¹⁵ One case was cited where several young boys were known to be sexually abused by a high profile white male who came into the community. One suicided while the others took to petrol sniffing. Nothing was done about the offender. An Aboriginal researcher of Northern Territory Aboriginal culture, claims that Aboriginal children who have been sexually abused are ‘just not healing’ and are badly shamed by the experience. She believes the high rate of suicide amongst them, is because they are not coping with having been abused in this way.

¹⁶ An Aboriginal and Torres Strait Islander Mental Health Worker in a Queensland prison found that many Aboriginal and Torres Strait Islander inmates who had been suicidal, using heroin or other drugs, or engaging in other self-harming behaviour, were found to have repressed sexual abuse issues from their past (Gulash et al 1999 p.19).

Because the perpetrator has usually enforced secrecy (by the use of threats, lies, tricks, shame, bribery and violence), many children are unable to disclose the abuse (NSW Health Department's Report on Services for Adult Survivors of Child Sexual Assault 1997 p.86). They may be tentative and fearful and withdraw their statements when they see the reactions of others to the crisis, which their disclosure precipitates. Attempts to talk to others about sexual abuse is often discounted out of a lack of knowledge or denial that such abuse could take place or because of a lack of medical evidence (op.cit.). The possibility of not being believed, is damaging to the child (Single quoted in the Sydney Morning Herald December 16, 2000 p.23). Being unable to disclose, can place children at further risk of being abused. **Sexual abuse is more likely to happen to a child who has already been abused and who has been unable to tell anyone or seek help** (Hunter 1994, p. 22).

Gwen Baldini (1996), a Co-ordinator and Counsellor with the Yorgum Aboriginal Family Counselling Service asserts that failure to disclose sexual abuse comes from the powerlessness, poverty and dependency ingrained in Aboriginal women and children over the past 200 years. She states that the stigma and shame that has happened within the Aboriginal communities has kept victims silenced with fear, anger, pain and frustration which can last a lifetime if no help or support is available. She adds that there is no support often because sexual abuse is not easy to talk about or even to work through when older Aboriginal women and families never had the perpetrator of their abuse brought to justice. The needs of many older generation Aboriginal people who were removed from their families as children, and sexually abused, were largely ignored. As Goddard and Carew note, historically the experiences of Aboriginal children (and British children sent out to Australia – a practice that lasted for nearly 350 years till as recently as 1967) who were sexually abused, were not believed, or not seen as significant, or both. There was little attention paid to what children were saying and sadly, this is still relevant today for many children (1993 p.23). Little wonder, perpetrators were not brought to justice!

Nytungga Phillips (1996) has a similar argument, which also throws light on why Aboriginal sexual assault survivors might not disclose the abuse and get help. She speaks of an 'expectation of abuse' which she regards as a 'Post Colonisation Symptom' - a product of the colonisation process affecting Aboriginal mental health. That is, there is an expectation that one will be abused because it has happened to their family throughout history and in the present day by the white community. In fact, Phillips draws similarities between the impact of colonisation on the mental health of Aboriginal people and the impact of sexual abuse on the mental health of Aboriginal people. In both cases, the resultant fears of authority, whites and welfare, can play a large part in not disclosing sexual abuse. She suggests that often when the client starts off talking about sexual abuse as being their primary issue or problem, it quickly becomes the secondary issue to that of the 'Post Colonisation Symptom'.

Daphne Naden, the Co-ordinator of the Cape York Family Violence Advocacy Project believes many Aboriginal parents are not ready to talk about child sexual abuse yet and may not be ready for another ten years even though it is rife in many communities (2000). She attributes this to her knowledge that so many parents themselves were abused as

children, are still suffering in shame and silence, and fear disclosure. She states it is easier for them to speak about child neglect because this is quite obvious, but child sexual abuse is something else. She is concerned that whole groups of children in communities are traumatised and are not talking about their experiences and not being supported by adults, many of whom are too hurt themselves. She sadly acknowledges, 'These children are our new generation and our next lot of leaders!' (op.cit.).

The subject of 'shame' warrants special attention as it impacts powerfully on Aboriginals' lives – a concept that non-Aboriginals may have difficulty understanding about Aboriginal people (Dulwich Centre 1995 cited by Melva Kennedy 1999 p.218). Shame plays a major role in the failure of Aboriginal people to disclose child sexual abuse (Ridgeway 2000; Heslop 2000; Munday 2000; Ryder 2000; Crowe 2000; Alberts 2000). According to Melva Kennedy it is one of the main reasons why the victim's family may want to keep knowledge of the abuse to themselves. She discusses how shame triggers a whole range of emotions for them – embarrassment, disgrace, dishonour and humiliation. It can have a huge effect on the decisions they make and can affect their health and well-being (op.cit.).

The Aboriginal people's strong sense of shame is thought to be the result of colonialist christianity – largely the influence of fundamentalist christian groups on many Aboriginal communities. According to an Aboriginal academic many women have been told by the church that the 'body is evil'. This is contrary to the traditional beliefs that Aboriginals have had about their bodies (Eric Deraal 2000) and has historically been the subject of much tension between indigenous people and the churches¹⁷.

This notion that the body is evil, has made it extremely difficult, if not impossible for Aboriginal and Torres Strait Islander women to talk about sexual abuse in their lives. As a result of the loss of dignity, shame and self-esteem when one's body is violated, women 'just shut down.' They are so ashamed of what goes on in their communities, they do not want people to know. Aboriginal children have been told over the years not to talk about sexual matters (Kennedy 2000). Another Aboriginal Health Worker, Pat Naden (2000) stated that such taboo also included such matters as menstruation, puberty and other issues related to personal development, let alone sexual abuse, which she stated was also bound by kinship ties.

¹⁷ As Eric Deraal, an Aboriginal Elder states, indigenous people all over the world have felt very comfortable about their bodies in the past, and had no shame associated with being naked. The human body was respected – nothing was hidden. It was particularly respected because of the spirit inside of it. He adds that Australian Aboriginals believe that when the body is tampered with as in the case of child sexual abuse, the perpetrator is tampering with spirits and causing a great deal of damage mentally, spiritually and emotionally for himself as well as for the victim. Both Eric Deraal and the academic (who has asked to remain anonymous), acknowledge that the Church has done a lot of good for many Aboriginal people, but they also believe a lot of damage has been done.

Melva Kennedy believes education is the only way, Aboriginal people will gain the confidence to begin to talk about child sexual assault. She states, 'Education is a powerful tool that can break down a lot of barriers' (1999 p.219). She goes on to say that education for Aboriginal people on any subject, but particularly for child sexual abuse, must be presented in a way that is non-threatening nor alienating. With education comes disclosure.

Disclosure may be very difficult for a child if child sexual abuse is not talked about either publicly through media education, workshops, school awareness programs including Protective Behaviours courses, or privately at home. Informants express great concern that, because child sexual abuse is not discussed amongst Aboriginal and Torres Strait Islander people, children who are getting abused have no one to talk to, yet 'having someone to talk to is the first step needed for kid's protection,' says Melva Kennedy (2000).

Both Melva Kennedy and Pat Naden and many informants suggested that there needs to be a network of 'mentors' in Aboriginal communities who children could trust and turn to for help. As Colleen Brown, an Aboriginal and former Mental Health Worker states, 'Children will feel out someone they get good vibes from. They need to find this person so they can open up – they are hurting inside.' Colleen Brown spoke of the Aboriginal boys she has worked with who were sexually abused in institutions. She describes their pain as like a boil festering inside of them, needing to explode' (2000).

The 'mentors' could be indigenous or non-indigenous and could be teachers, health workers who visit schools, Aboriginal support workers (for example, family support workers), or even police as Melva Kennedy suggests after having visited 'Kids and Cops' programs in Canada in 1999 where police are involved in such activities with kids as fishing etc. to help break down barriers and distrust between native Indian children and police and foster a supportive relationship between them (2000).

A number of informants believed that children often do not disclose until their adolescent years and most often they will disclose to their peers. For this reason, it is important to have educational programs in schools that target younger children, giving them the confidence and support to disclose as early as possible as well for older children needing to know how to get help for their friends who talk to them. These programs would need to be culturally appropriate for Aboriginal and Torres Strait Islander children whose terms for body parts, for example, are different to those used by white children, and who may be more reticent than white children, in discussing anything about their bodies. The language would therefore need to be carefully chosen (Naden, Pat 2000 and Griffith, Charlie 2000). Melva Kennedy suggests these 'Aboriginal friendly' Protective Behaviour programs should be made readily available to Aboriginal children and adults (1999 p.221). A number of informants drew attention to posters that warn children about potential sexual abuse but which they regarded as highly inappropriate for indigenous children as they could be perceived by some children as 'frightening' rather than as an optimistic source of relief and help to their problems.

Very often children who have learned of their friend's abuse will inform their parents. Hence it is important that these parents (and all adults) are aware of child sexual abuse and know of how to access help for children.

Unfortunately, many indigenous people have no information about child sexual abuse. Many non-offending parents have no idea that their children are being abused – they have no knowledge of the 'indicators' of sexual abuse and consequently are not looking out for any such signs.

A way of encouraging children to talk about their experiences of child sexual abuse is to establish groups where they can feel safe in opening up and where they will be supported. These groups would be suitable for both young girls and boys and may best be run in a setting conducive to feeling comfortable in their surroundings (such as on a camp). One Aboriginal Medical Service in country NSW has successfully raised sexual assault issues in education and support groups for young girls. The groups were run by a non-indigenous counsellor. Although not labeled as 'sexual assault' groups because of the sensitivity of discussing sexual abuse, group participants have felt comfortable in making disclosures and dealing with their issues. Confidentiality has played a large part in ensuring the safety of discussing their experiences.

There are reports of other successfully run groups at camps for Aboriginal children in the north coast area of NSW (Trish Munday 2000; Pam Greer 2000). According to Pam Greer at one camp where the Department of Community Services was involved, 28 out of 30 girls disclosed that they had been sexually abused. Whilst an enormous amount of money was spent on offering these girls and their families an intensive family program based on a Native American model, to Pam Greer's astonishment, not one charge of child sexual assault was laid!

Disclosures of child sexual abuse have been made at several camps/workshops organised for Aboriginal women. For some of these women, this has been the first time they have discussed this matter. Some of the organisers involved in these camps have been amazed at the amount of disclosures that have been made. One legal solicitor with the Aboriginal Women's Legal Resource Centre, Trish Munday, commented that on one such workshop, there was not one woman in the group who did not have a child sexual assault issue. The Aboriginal Women's Program within the Women's Legal Resource Centre, Dymphna House (a specialised education and counselling service for child sexual abuse and incest), and the Centre for Education Against Violence – all based in Sydney in conjunction with local Community Health Services have been involved in the running of these camps¹⁸.

¹⁸It is essential that at such camps/groups /workshops, any educational information should be jargon-free and language clarified, where necessary. Venues for workshops should always suit participants and be in their own communities where possible so that people can feel relaxed and not threatened (Melva Kennedy 1999 pp.219-220). Training material including handouts, should be culturally appropriate and include visual material. Two videos produced by Melva Kennedy along with colleagues, on child sexual assault and domestic violence in indigenous communities entitled, 'Big Shame' and 'Who's the Loser?' respectively, have been widely used at such venues. Both videos have won

Such groups would need to be run by people who have groupwork skills, who are trained to handle disclosures especially when made in a group setting and who have knowledge of the special needs of indigenous victims and of the context in which child sexual abuse occurs in Aboriginal and Torres Strait Islander communities.

Disclosure by Adult Survivors of Child Sexual Assault

During the 1993 New South Wales Sexual Assault Committee's Phone-In; the 'Operation Paradox' (a phone-in organised by the New South Wales Police Department in the early 1990's to 'dob in' suspected child sex offenders); and following the release of the Wood Royal Commission Report on The Paedophile Inquiry in August 1997, there have been many disclosures by adults of child sexual abuse. Some people had talked about their abuse for the first time after many decades of silence and suffering. This resulted in an increase in demand by adult survivors for counselling services (New South Wales Health Department's Director-General, Michael Reid in the Introduction to the Department's Report on Services for Adult Survivors of Child Sexual Assault 1997 p.i and p.38).

The NSW Health Department's Report (1997 pp86-87) discusses the issues relating to disclosure by adults who were sexually abused as children. The Report suggests that the current population of women and men would not have had access to the services at the time of being abused, as it is only in more recent times that services have been developed. This group of adults would therefore have special needs related to the impact of the abuse and to the lack of assistance in the past. The fact that disclosure may not occur until later in life is an indication of the long-term trauma this problem creates for people.

The Report notes that the detrimental effects of sexual abuse can worsen over time for some victims or when the adult begins to make links between the history of abuse and present difficulties. Consequently, disclosure may be precipitated by a crisis in adult life and can affect not only the adult but others close in their life such as partner and children. Such present difficulties creating a crisis, can include the start of an intimate relationship; birth of a child; illness or death of an offending or non-offending parent (especially if there is unfinished business relating to the failure of this parent to protect them); a subsequent rape; or reading or hearing about issues relating to child sexual assault (op.cit.).

Responding to Disclosures

Once disclosures are made, regardless of the setting where this occurs, there needs to be follow up for the victim with counselling and support. Once the abuse is disclosed, the child or adult will be in crisis and so will the rest of their family – another matter for the

international and Australian awards and are available from the Centre for Education Against Violence, Sydney Ph. 02 9840 3735.

victim to have to contend with. They need to be dealt with carefully because they may feel they are to blame for the upheaval in everyone's life and may be worried about what is going to happen next. They may be heavily pressured to recant their story. The importance of having qualified professional people working with children and adult survivors of child sexual abuse, especially from when disclosure first occurs, was stressed over and over again by many indigenous people. Aboriginal people want professional help from competent people whom they can trust with details of a very private and difficult matter.

As Trish Munday notes, men who are responsible for the sexual abuse of children (and domestic violence) have previously gained from the silence and shame. Once a disclosure is made and the matter gets reported, these men will now have a lot to lose (2000). There may be criminal proceedings against the offender and he may react very defensively to protect himself. He may become hostile towards the child or adult, and anyone in the family or outside, who is supporting the victim or taking action on their behalf. This raises the issue of safety for victims and their families. Munday spoke of women's requests at workshops, for Apprehended Violence Orders after having broken the silence on domestic violence. It may be necessary to apply for them following disclosure of child sexual abuse. Ros Barker, an Aboriginal Liaison Officer with the Dubbo Court believes there are real safety issues for those living in small communities such as Brewarrina, Bourke and Narromine. Bringing child sexual abuse out in the open in such places can be very traumatic for victims and their families (2000).

A number of informants suggested that safe houses for child victims and their non-offending family members (which may include men) are essential in country locations though not necessarily in the town they live in, if safety cannot be guaranteed. Another alternative is to enforce house rules to make the child's home safer such as not permitting adults in the bedrooms of children, and other protective measures for their children. As Gwen Demaal-Hall from Cooktown states, such safe houses away from the community where abuse has occurred, can provide women and their families with the opportunity to interact with some supportive people who can do a lot to help them in their current crisis (2000).

The New South Wales Health Department's Aboriginal Family Health Strategy has indicated that the needs for safe housing are diverse. Each community they consulted about violence, spoke of the need for 'places of safety and protection for all members of the community irrespective of kinship structures and relationships.' However, these safe houses may be similar to women's refuges or may be a temporary place for protection and safety such as someone else's home. For some women who were consulted, there was a need for crisis centres, safe houses for children or short term accommodation for men, women and children (1993 p.13).

4 REPORTING CHILD SEXUAL ABUSE

According to the Australian Bureau of Statistics (1996, 1997), only about one-quarter of women who have been sexually assaulted report their experiences to the police. The figure for indigenous women is even less. In Edie Carter's study, only 12% of women reported their experiences of rape (1987 p.11). It is alarming that any known figures regarding the incidence of sexual abuse of children do not reflect the accurate rate which is a great deal higher.

The reasons why indigenous people are reluctant to report child sexual abuse are numerous and need to be addressed by indigenous and non-indigenous people if children are to be protected and given help. They include:

- fear (the most common reason given as to why the abuse was not reported)
- fear of repercussions in the community
- closeness of many communities
- not wanting anyone to know
- shame
- fear of reprisals from their own family and that of an offender should they talk to the police or welfare
- fear of violence
- fear of police
- fear of not being believed¹⁹
- distrust of police and welfare agencies
- fear of being 'checked out' by government departments who 'scare' a lot of indigenous people
- fear of who is going to turn up to investigate an incident of abuse - the investigating district officer or police officer may know the offender and not be supportive of the victim.
- fear of losing one's child²⁰
- fear of being blamed for the abuse²¹

- fear of the perpetrator going to gaol
- fear of perpetrators learning of the source of complaints of abuse²²

In Far North Queensland and the Torres Strait Islands there have been incidents of violence, retribution and conflict when child sexual assault has been reported. As one Health Worker states, 'It is an enormous risk to report abuse and takes a great act of faith to take a case to the Department of Families, Youth and Community Care'. One Aboriginal woman states that when the perpetrator is someone with power in the community (that is, who has a say as to who gets housing and who gets jobs), women have to leave, they are too scared to talk. Their only option is to leave. She argues that these perpetrators should be shamed and made to leave.

John Heslop from the New South Wales Child Protection Enforcement Agency, notes that Aboriginal people are more likely to report to police and child welfare when the offender is white, and that police have greater success in getting a prosecution of an offender if he is white (particularly if he is a serial offender or a pedophile). He adds that when cases go to court and the offender is Aboriginal, witnesses sometimes disappear (2000). Edie Carter noted that with respect to child sexual abuse, the figure for reporting the abuse was much higher when the offender was white – almost 55% (1987 p.28), compared with when the offender was Aboriginal - almost 17% of cases (op.cit. p.20).

Fear is seen as a major reason why child sexual abuse was not reported by Aboriginal and Torres Strait Islander families, and may explain why witnesses disappear in cases where the offender is indigenous. It is said that when some cases come to the attention of police and welfare, Apprehended Violence Orders have to be taken out to give the non-

¹⁹ It is as if Aboriginal women are not even worthy of the label 'victim' when one hears that many Queensland Aboriginal women interviewed by the Aboriginal and Torres Strait Islander Women's Task Force on Violence stated that there was no point in reporting sexual abuse because the police and Department of Families, Youth and Community Care do not believe them (2000 p.100). Edie Carter's study also documents women's fear of not being believed (1987 p.20,p.28).

²⁰ Cases were cited where the child had to be removed by District Officers of the Department of Community Services when the mother favoured the perpetrator over the child. It was suggested that sometimes parents do not perceive the behaviour as abuse and often they are controlled by the abuser. Sometimes children were 'shuffled' from foster home to foster home and suffered further abuse. New Child Protection legislation to be introduced in New South Wales in late 2000 will mean there will be tighter screening of foster parents.

²¹ Some women have thought that if they were a better mother, their child would not have been assaulted. Workers reported cases where women have been confronted with such accusations as 'How could you have let this happen to your child?' The fact is, though, that children cannot be supervised twenty-four hours a day by their mothers and that often, mothers have no idea that abuse is taking place.

²² In one small community in the north of Queensland, it is reported that police passed on a letter to an alleged child sex offender. The letter expressed the concerns of a number of people about this man's abuse of several local children.

offending family legal protection against harassment or further abuse. In one such case in country New South Wales, the harassment and abuse was constant and often occurred in public places and included large numbers of family members of the offender. The victims (three children) had to be closely supervised and driven to and from school each day.

Aboriginal people have a lot of genuine and justifiable reasons for distrusting government authorities given the history of white settlement and the subsequent loss of their culture, traditions, land, language, power and control over their own lives.²³ Fear and distrust of government authorities that have an investigative and/or a protective role with respect to children, in effect, encourage and protect offenders (Kennedy 2000). So, not accessing them or not reporting abuse to them in fact works against children. Pat Naden, an Aboriginal Health Worker stresses the importance of trying to undo some of the distrust Aboriginal people feel about government agencies. She suggests educating children (and adults) about police, the Department of Community Services and hospitals and the protective and supportive roles they can play when dealing with child sexual abuse (2000).

In the meantime, another way around this fear and distrust is to give greater support to women's groups so that collectively they would feel stronger to report child sexual abuse.

However many Aboriginal and Torres Strait Islander people have reported abuse to the police and community services and not received any assistance or action. Some doctors were said 'to run a mile' rather than intervene to stop the abuse as they see themselves as the family doctor for the whole family.

There is an urgent demand for government and non-government (such as medical) services to examine:

- what are the needs of their Aboriginal and Torres Strait Islander clients
- why they are not responsive to these needs
- what are the barriers to intervening
- what are the needs for staff training and
- what are the gaps in staff training.

With respect to the possibility of offenders ending up in gaol, Aboriginal women have not wanted to feel responsible for them possibly becoming another statistic (Kennedy 1999 p.218; Greer 1992 p.193; Carrig 2000; Carmody 2000). Pam Greer states that,

'The number of black deaths in custody, has heightened fears that if sexual violence by Aboriginal men is reported, then the alleged offender will suffer the next death in custody. Many communities are torn apart by the secrecy that is inherent in this attitude, which protects offenders and allows the cycle of sexual violence to continue.' (1992 p.193).

²³ Peter Read, in his book, *The Stolen Generations: the Removal of Aboriginal Children in New South Wales 1883 to 1969* makes the comment, 'White people have never been able to leave Aborigines alone. Children particularly have suffered' (1981 P.2).

However there are Aboriginal women who believe that this fear is creating legal problems in the criminal justice system. According to Aboriginal women interviewed in the 'Heroines of Fortitude Study, Aboriginal men are receiving lower sentences for rape because of what they refer to as 'the Deaths in Custody defence.' They believe that this sends a misleading message to the community that crimes committed by Aboriginal men upon Aboriginal women are less of a crime. Whilst they acknowledge that there is an over-representation of Aboriginal men in gaols, they point out that they are there because they have done something wrong. These women call for uniform sentencing of Aboriginal men' (Department for Women 1996 p.111).

5 FACTORS WHICH INCREASE CHILDREN'S VULNERABILITY TO SEXUAL ABUSE IN RURAL AND REMOTE AREAS

One outreach Aboriginal health worker to the Cape York Peninsula summed up her reasons as to why she suspected the incidence of child sexual assault was higher in rural and remote areas:

`... a lack of things to do; children are far more vulnerable because of the misuse of alcohol in families and by other community members; child sexual abuse is hard to deal with because families close ranks; they do not have the resources to address it; communities are so isolated, where can you go to get away from abuse?; there is a lack of safe places to go to; there is just nothing for them. Children are walking the streets to get away from abuse in the home but, of course, they are also vulnerable outside the home'.

It is obvious from this statement that there are many factors relating to rural and remote areas, which make children vulnerable to being sexually abused. Some of these factors and others keep children trapped in situations of prolonged abuse. These factors are outlined below.

Neglect and Lack of Supervision

There is much documentation about the neglect and lack of supervision of indigenous children indicating a great level of concern by both indigenous and non-indigenous people. For example:

- the `Aboriginal and Torres Strait Islander Women's Task Force on Violence Report' quotes from the Aboriginal Coordinating Council's `Submission to the Royal Commission into Aboriginal Deaths in Custody' 1991, `I've seen children in school holidays hanging around outside the canteen...in the middle of the day drinking glasses of beer. Some children roam around until the early hours of the morning. Neglect is the real problem...and this lack of supervision leaves opportunity for children to be sexually abused' (2000 p.72).
- D'Souza states that although all children are vulnerable to sexual abuse, he believes Aboriginal children are extremely vulnerable to this form of abuse because of poverty and the lack of supervision by a responsible adult (1994 p.7 quoted in Martyn 1998 p.14). He sees the problem as `inextricably bound up with the history of the oppression of Aboriginal people and their present state of disadvantage and oppression' (D'Souza 1994 p.8 quoted in Martyn 1998 p. 14).
- Beresford and Omaji refer to the sexual abuse and neglect of Aboriginal children in Western Australia. They mention Aboriginal children's disapproval of their family backgrounds which include, `... the widespread alcoholism, the disinterest shown by parents in their children, the syndrome of absent parents, the physical and sexual

abuse committed by parents and the substandard accommodation lived in by many of the children.' They also speak of the multiple risk factors in the environment that lead to an inevitable involvement in juvenile crime (1996 p.46).

- Discussing the urgent need for primary preventative programs which support the functioning of families, a prominent Aboriginal Community Worker states, '... very few people have been game enough to talk about the need for parenting skills because it's really attacking our society ... but there is a need for parent support' (Beresford and Omaji, 1996 p.149).

Statistics relating to these issues show that the extent of the problem has been known about for some time, but that little change is observable. For example:

- Although as at June 1989, approximately 4% of all children were of Aboriginal and Torres Strait Islander descent, they represented 47% of all children under Children's Services orders. Queensland figures for the year 1995 indicated that there was still a continuing over-representation of indigenous children on child protection orders (Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000 p.103).
- A number of studies quoted in 'Aboriginal Health' edited by Kate Healey (1998 p.20), indicate that for the years 1993-94; 1994-95; and 1995-96, in all States and Territories, Aboriginal and Torres Strait Islander children had higher rates of reported and substantiated child abuse and neglect, than non-indigenous children. In 1995-96, the ratio of indigenous to non-indigenous rates was higher for neglect than for any other category of abuse – over six times as many substantiated cases of neglect per 1,000 among indigenous children - and two-three times as many substantiated cases of physical, emotional and sexual abuse per 1,000 children compared to their non-indigenous counterparts (op.cit.).
- The 1997-98 and 1998-99 data on child protection from the Australian Institute of Health and Welfare, indicate that indigenous children are (still) much more likely than non-indigenous children to be the subject of a substantiation of neglect (1999 p.16; 2000 p.17). The author of these two reports, Ms Helen Johnstone states that there are several reasons for this imbalance including poverty, parental health problems and a possible lack of adequate support services (Canberra Times May 19, 2000). The reports also mention intergenerational effects of previous separations from family and culture; and cultural differences in child rearing practices as being contributing factors (1999 p.17; 2000 p.16). Professor Ernest Hunter provides support for Helen Johnstone's explanations for child neglect, when he blames the impact of colonisation on the change of roles of Aboriginals as parents and providers and as the transmitters and teachers of culture. He adds, quoting the work of Tonkinson 1982 and Alroe 1988, that parental roles and adult authority were compromised as the

responsibility for child education and discipline was taken over by Europeans (1998 pp.11-12).²⁴

Neglect and a lack of supervision are identified by informants, as two of the main reasons indigenous children are considered to be at great risk of sexual abuse. Several Aboriginal and Torres Strait Islander people want to address these issues as a matter of urgency. Some of their comments are documented below:

- Some informants suggest that parents are too traumatised themselves to look after their children – that the impact of colonisation and dispossession from their land is still causing grief and suffering and is responsible for the violence, and alcohol and substance abuse seen today.
- A leading Aboriginal consultant on domestic violence, whilst acknowledging the impact of these historical events, states that adhering to these beliefs ‘holds us in a place where we relinquish our own responsibility. Why can’t we move forward?’²⁵ She adds that to speak of colonisation etcetera, ‘waters down the issue of child sexual abuse.’ She firmly states, ‘Some parents cannot cope with themselves let alone with kids. It is a shame we neglect our children but until we admit to it, or say we didn’t realise we were neglecting our children, no help will be accepted. We have to say this is a problem for our kids. It is hard for people to put their hands up and say, “I need help.” We all have to pull together and say we have a problem.’
- An Elder from Far North Queensland holds a similar view. He states, ‘Forget about Captain Cook, he died a long time ago. We have to take responsibility for ourselves now, own our pain and see the solutions to our problems within ourselves.’ He adds that child sexual abuse is a very serious problem for us. Both he and the consultant are very concerned that parents are giving up responsibility of their children to others including the child welfare and having an antagonistic attitude towards that government department that potentially has the ability to support them as parents. In the meantime, children are missing out on love and affection which they need as much as they need food, water etcetera, for healthy growth and development. [Children who are lonely, feel unloved and unwanted are at a high risk of being sexually abused. They may mistake sexual attention from an adult as affection and concern for them (Hunter 1994 p. 22)].
- One Aboriginal community leader in a country NSW town is concerned that children as young as 3 years of age are being left to fend for themselves. She and a policewoman speak of parents being out drinking and playing poker machines whilst their children roam the streets. The community leader states that when the Aboriginal police officers drive the children to their homes and find the parents not home, they

²⁴ The subsequent distrust of government departments makes it difficult for indigenous parents to seek advice or help with parenting. It is more likely that such help will be accepted if provided by other indigenous people (Beresford and Omaji, 1996 p.150).

²⁵ The recent comments of Noel Pearson are similar (See Sydney Morning Herald October 2, 2000 p.1; Sydney Morning Herald October 24, 2000 p.6).

then take them to a relative's home and this is when the child is placed at risk of being sexually abused. Several Aboriginal informants lament that once, 'extended family' was a good thing for Aboriginal children; nowadays it is not.

- Protective structures around children are not there anymore. It is hard to get women (and men) to put protective behaviours in place. The parenting skills are just not there.²⁶
- Ernest Hunter (2000) and several other informants state that children get sexually abused often when there are a large number of people in the house and alcohol is being consumed. He states, 'Children are the "collateral" damage to a wider pattern of damage'. In these situations there are so many people, and so much alcohol and drug abuse, that parents are not vigilant and do not know where their children are, and who they are with.
- One worker from a child care agency in Cape York Peninsula says that very often children in the northern peninsula of the Cape and in the Torres Strait Islands are abused by someone who has come into the house – a friend or relative staying there, rather than by a biological family member. Children are being left in their company.
- Informants in two NSW country towns state that it is customary for relatives to invite themselves to stay when visiting another town. In some cases, the family may not have had any contact with these relatives for several years and not know anything about them apart from their kinship ties²⁷. It can be hard to say 'No' to such visitors as it is expected that should they visit the town they are from, the hospitality would be reciprocated. Very often, when the visitors arrive, 'out comes the grog and/or other drugs' and a party commences that may last for several days. What happens is drunken relatives end up in children's beds and sexually abuse them. Alcohol is being used as a defence by the offender in some cases that have gone to court – they state they did not know what they were doing at the time because they were drunk! Large households of drunk people create a huge risk factor – children are not being watched over.

²⁶ There is much documentation to explain why many indigenous people lack parenting skills (Human Rights and Equal Opportunity Commission 1997; Hunter 1998; Clarke et al 1999; Read 1997; Edwards and Read 1989; Goddard and Carew 1993; Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000; Sam 1992; Commission of Inquiry into Abuse of Children in Queensland Institutions 1999). Multiple generations of children were removed from their own parents and have subsequently missed out on learning how to bring up children.. Many parents have had to learn how to be parents and are still learning.

²⁷ One Aboriginal Health Worker spoke of a case where four uncles abused different members of the one family when they came to stay. They were trusted simply because they were uncles but had not been seen for years, so little was known about them. A Court Witness Assistance Support Worker stated that adolescents experience large households of drunk people as a part of life. Sometimes she sees the same young girls with different perpetrators.

- Another informant states, 'Aboriginal children are "outdoor" kids. We can't watch them 24 hours a day, but at least we should know where they are and who they're with.'
- Whilst two informants, another Elder and an Aboriginal Mental Health Worker state that far too often, no one cares that children are truanting from school for weeks, another informant, a non-indigenous Women's Health Policy Worker, based in country NSW, states that a lot of Aboriginal women are wanting to address issues of children being unsupervised. Some Aboriginal women want children to attend school during the day instead of being out on the streets, yet they feel that if education is made more relevant for Aboriginal children, attendance rates would be higher.

The Higher Consumption of Alcohol and Substance Abuse

Some Aboriginal Health Workers believe there is a much higher consumption of alcohol and substance abuse in country areas and particularly in the more remote communities such as those in the Cape York Peninsula (see Martin 1998), compared with urban areas. Although they do not believe alcohol is the 'cause' of child sexual abuse, they report it is often present when incidents take place. For this reason they consider there is possibly a higher prevalence of child sexual abuse in these places. This was also noted by Choo quoted in Beresford and Omaji (1996 p.45).

As with the consultations of the Aboriginal and Torres Strait Islander Women's Task Force (2000 p.65-72), many informants raise the subject of alcohol and substance abuse (petrol and glue sniffing) amongst both perpetrators and victims and the ready availability of alcohol in most Aboriginal and Torres Strait Islander communities especially for children. This is despite many Aboriginal women's attempts to have it banned completely or have more restrictions placed on its availability (op.cit.p71, p.72).^{28 29 30} Many

informants speak of children as young as 7, 8 and 9 years of age being alcohol dependent, and/or sniffing petrol or glue.

Where victims are engaging in alcohol and substance abuse, it is felt that they are increasing their risk of getting sexually violated. Effects of petrol sniffing on users may include promiscuous behaviour and little awareness of anything that is going on around them beyond maintaining the petrol supply which is usually stolen (Weekend Australian August 5-6, 2000 p.4). An Aboriginal Police Aide, Japaljarri from the Kintore community, states in this article,

‘They want love? They get love from petrol. It’s true. We got a lot of problem between kids. Little girls pregnant. You ask them who the father is. They don’t know.’ (op.cit.).

A number of informants expressed concern that they know of young Aboriginal and Torres Strait Islander children who are prostituting themselves for drugs, alcohol and other substances of abuse.

²⁸ Governments and industries have played a role in helping to create the conditions in which chronic social problems have festered. This is especially so with respect to allowing alcohol into Aboriginal communities. Geoffrey Genever, a consultant and academic has evidence of plea after plea made to the Queensland Bjelke Petersen Coalition Government not to bring liquor to the Cape. In April 1971, seven communities, including Arukun and Hope Vale all voted against liquor outlets. Some were spared the arrival of alcohol but its presence in other communities, often affected those that stayed dry. Genever has further evidence that in the 80s, the Coalition State Government encouraged liquor sales through canteens as a source of community revenue (The Australian Magazine, September 16 –17, 2000 p. 26). This point was also noted in the Aboriginal and Torres Strait Islander Women’s Task Force Report on Violence (2000 p. 71). The Task Force (op.cit p. xiv) and an article in the Weekend Australian (Focus September 30-October 1, 2000 p.1, pp4-5) also note the failure of indigenous people, as well as non-indigenous people to stop the sly grog trade.

²⁹ The Alcohol Tax Reform Alliance comprising of church, health and Aboriginal groups have complained about the Federal Government’s low rates of tax on cask wine as deplorable, linking the cheap alcohol to higher levels of violence, illness and injury (Sydney Morning Herald, August 18, 2000 p. 4). The National Drug Research Institute’s studies have found that areas with high consumption of cask wine and regular strength beer suffer the most alcohol related violence and illness. The Alliance commended the government for reducing tax on low-alcohol beer, but added that it was socially unacceptable to tax cask wine very little because of its very cheap price, while ignoring its alcohol content. A study on Aboriginals in Alice Springs found the amount of cheap wine sold almost doubled to 7000 casks a week after a 1997 High Court decision forced the Northern Territory to remove its wine tax (op. cit.).

³⁰ See Tony Koch’s article in the Courier-Mail ‘Our black mark of shame’ for an account of women’s pleas to have alcohol brought under control so that they do not have to continue living every day of their lives ‘expecting to be bashed, abused, raped, or killed by drunken men’ (October 31, 1998 p.21).

There is also the suspicion that such abuse by some children is a response to sexual abuse – a way of self-medicating their pain and suffering. Other reasons for glue and petrol – sniffing by Aboriginal children in remote parts of Australia, are well documented in many articles in the Sydney Morning Herald and the Australian newspapers of late (SMH July 10, 2000 p.4; The Weekend Australian August 5-6, 2000 p.1, p.4; The Weekend Australian August 12-13, 2000 p.27; The Sydney Morning Herald August 21, 2000 p.1 p.6; The Sydney Morning Herald September 8, 2000 p.4; The Sydney Morning Herald September 26, 2000 p.12). An article in the Weekend Australian (January 6-7, 2001 pp. 1–2), documents the long-term debilitating effects of petrol sniffing – brain damage, loss of body functions and control, and the need for institutionalisation – sometimes a long way away from their homes where they are rarely visited by families, ‘wracked’ by loneliness and living with people who don’t speak their language.

Many informants suggest it is the exposure of young boys to men drinking heavily, and physically and sexually abusing their wives, that is responsible for youth repeating this sort of behaviour. As Gwen Ridgeway, explains, ‘There are three generations of people growing up without good role models’ (2000).

Another problem for Aboriginal and Torres Strait Islander Health workers and others is that any intervention into child sexual abuse including education programs are being hampered by the alcohol and substance abuse by parents. One Aboriginal Health Worker states, ‘We have to teach parents about child sexual abuse though often parents are too drunk or stoned.’ Another worker adds that the abuse of prescribed medication is a big problem in her community.

Impact of the Size of Communities

Rurality and remoteness are associated with ‘small communities’ which may mean:

- a lack of anonymity
- no one to talk to about the abuse
- a great sense of shame if anyone finds out
- services not available, readily accessible, nor utilised for fear of lack of confidentiality, especially if service providers are Aboriginal or Torres Strait Islander
- doctors, teachers, police or welfare personnel socially know the offender and may do nothing to intervene, despite having the authority to take action when an abuse is suspected or known to have occurred
- victims’ fears of reprisal from others towards self or one’s family, if a disclosure is made.

There is a great likelihood that both the victim and offender are known in the community and, as Baxter comments this can mean that community opinion will be split in favour of one or the other. This generates pressure, which can result in the victim and their family having to leave town. Baxter also notes that the publicity either through the local media or the gossip network, can allude to the identity of the victim and offender along with

inaccurate accounts of the sexual assault - a matter that service providers have to consider (1992 p.176).

No Escape and a Lack of Transport

Perhaps the worse problem for children in small communities is the offender still living in the community (he may be their father or their mother's partner, a community leader or other high profile person), and there is no escape from him. In one case, three children who had been abused, were subjected to name-calling by the perpetrators' family. These children had to endure such harassment as being called 'sluts' and other derogatory things, and lived in constant fear for their lives. Their parents had to buy a car so that they could be driven to and from school and they, as well as extended members of their family, were also subjected to abuse and name-calling. The family received no support or protection from the Aboriginal Police Liaison Officer who, they state, has ties with the perpetrator's family. This is a case that had gone to Court successfully.

Children have to constantly live with the memories of the abuse when the perpetrator and his family remain in the community. Their presence is also a reminder of the threats should they ever choose to disclose. The fear, pain and trauma they experience, will continue to last as long as they receive no support or counselling to help survive in the presence of the perpetrator. This is in contrast to the respondents in Edie Carter's study in urban Adelaide who were able to run away from home or leave home. If the child or adult survivor wishes to disclose about their experiences of child sexual abuse, they have to contend with the reactions of family and community members (NSW Department of Health Report on Services for adult survivors of child sexual assault 1997 p.43).

As Baxter notes, the effects of rural geography can create isolation and restrict the availability of transport (1992 p.175). She gives the example of a mother with a child who has been sexually abused not being able to financially or emotionally afford the 200 kilometres 'round trip' for the regular counselling she knows her child needs. Often there is no public transport with the closures of many railway services as part of the New South Wales State government's policy of discontinuing services which are not commercially viable (Coorey 1988 p.108). Some towns have a bus service to neighbouring towns, which connect to train timetables there. In the remote communities of Cape York Peninsula and the Torres Strait Islands, the only means of transport such as planes, helicopters or boats, are unaffordable.

Isolation, Community Attitudes and Inaction

The isolation of some rural and remote communities can often mean community attitudes are un-informed and unchallenged and thereby unsympathetic, oppressive, and strongly expressed in people's reluctance to get involved (Coorey 1988 p.115). Because of a lack of knowledge and understanding of the nature of child sexual abuse, community attitudes can be, amongst other things, blaming of the victim - a most alienating factor for victims making it harder for them to get any help they need. Baxter states that the values of rural

communities can produce a 'rape folklore' evident in people's comments such as 'We don't get many of those' or 'It doesn't happen here' (1992 p.175). Of course, such attitudes associated with lack of knowledge, favour offenders as they enable the abuse to continue without question and without any intervention to stop it.

The NSW Health Department's Report on Services for adult survivors of child sexual assault also comments that ideas and beliefs about child sexual assault and the issues for adult survivors sometimes go unchallenged in rural or remote areas. One rural worker in their study comments,

'With isolation comes an attitude of not being connected with the rules and regulations of the rest of the state, so they develop their own way of doing things.' (1997 p.43). (This was also the sentiment of a health worker in the Torres Strait Islands.)

The NSW Health Department report gives examples of how local areas deal with child sexual abuse. For example, one rural worker speaks of children being admitted to hospital as 'social admissions' with bowel blockages or impacted faeces but the local doctors are not prepared to act. This worker adds, 'There seems to be an issue about dobbing and notifying' (op.cit.). The new Child Protection Legislation that came into effect in New South Wales in December 2000 requires doctors and other professionals who work with families to report any case where they suspect a child might be harmed, even if there is no evidence of abuse. However, doctors have divided opinions about this requirement (Sydney Morning Herald, December 27, 2000 p.7). Nevertheless, the interest of vulnerable children need to take precedence. Nigel Spence, the Chief Executive of the Association of Children's Welfare Agencies sees the intention of the new legislation as not being punitive but to arrange support services to allow mothers to care adequately for their children (op.cit).

One only has to read autobiographies of adult survivors who write about their experiences of childhood sexual abuse to know how utterly devastating inaction would be for a child. See, for example, the book, 'Shadow Child' written by Rosalie Fraser (1998) who, along with her younger sister, suffered severe physical, sexual and emotional damage at the hands of their foster mother and was desperate for someone to help.

Some children make several attempts to have the abuse discovered by others (particularly those with authority and whom they trust or perceive as caring such as doctors, hospital staff, teachers) – often to no avail. When opportunities to have someone intervene, get passed up by adults, it becomes harder and harder for children to fight for the help they need. Their confidence in the adults around them is destroyed. The failure to be protected leaves them emotionally scarred for life. It is not surprising to hear of adult survivors living a 'loner existence' as Colleen Brown, a retired Aboriginal Health Worker, described of some of her clients (2000).

Fear of Exposure and Inaction

Some children in small communities continue to suffer sexual abuse where, because of the extreme sensitivity of this subject, the adults around them fear exposure and refuse to

acknowledge publicly (and privately), that it is happening. Many Australians would be familiar with the Channel Nine Television 60 Minutes Program on television May 2000, which portrays the NSW outback town of Wilcannia. The Program sets out to tell the optimistic story of how a schoolgirl, Heidi Bugmy is the first to get the Higher School Certificate in the town. When teachers, police and others are interviewed it becomes apparent that there are grave concerns that many children are neglected, sexually abused, pregnant in their teen years, and are victims of domestic violence³¹.

Many of the townspeople are in an uproar over the claims (and possibly over the fact that so many Australians viewed the town's secrets). Only 12 out of 160 children attend class the next day as angry parents withdraw their children from school. Teachers require police protection following abuse and threats. The Aboriginal teacher who speaks proudly of the accomplishments of the children she teaches, despite the suffering she indicates they are experiencing, has to leave Wilcannia. The town's denial is strong.

Not everyone though, is in denial. Apparently many officials privately state to The Sun-Herald that the claims are true and that they are involved in helping out in the community (June 4, 2000). The town Mayor, a white man, tells the Sun-Herald, 'This town is in denial. The only way we can deal with our problems is to face them openly. What needs to happen in this town is that the community takes control of itself, recognises its problems and employs solutions to deal with them' (op.cit.).

An Aboriginal consultant on domestic violence and sexual assault commenting on the 60 minutes Program, states that she has been going out to Wilcannia for years and each time she goes there, she gets disclosures of sexual abuse of women and children.

It is said that some Aboriginal District Officers in some remote parts of Western Australia fear exposure of child sexual abuse in their communities and 'know a lot more about child sexual abuse than they let on because they want to "protect" the children'. There are occasions when, for example, children have to be removed from the family and there is a reluctance to do this. However it is this very attitude that keeps children trapped in situations of abuse as they are being denied protection and access to help. Although the difficulties that Aboriginal District Officers/Family Services Officers have working with their own people, are acknowledged, a number of Aboriginals, suggest that they should not occupy such positions unless they are prepared to do their job. One Aboriginal woman stated, 'We need people who are prepared to think of the "child" and not the "community".'

Protection of the Offender

³¹ These claims are considered not to be extraordinary or unusual for rural towns where schools have become sanctuaries from home when alcohol abuse, unemployment and domestic violence are present, according to Ray Martin, the reporter of 60 Minutes.

There are many cases spoken of where the mother of a sexually abused child is reluctant to have the offender charged. In one case the mother wanted the offender (the child's father) back home with her. It is unknown how much pressure from the offender, was being placed on the mother who was apparently extremely hostile towards the police investigating the matter. The abuse involved a significant physical injury to the child but the mother insisted the child did it to herself. In this instance the offender went to gaol and the child had to be placed by the Department of Community Services because the mother had an alcohol problem. The issue of safety is always present in such cases and sometimes it is the child who is left completely unprotected, who has to be removed from the family.

There are other cases in New South Wales and Cape York Peninsula, where the mother is said to have allowed the abuse to go on so that she could obtain her drugs from the offender. In the Cape, it is stated that this situation prevails during the wet season when it is difficult for women to obtain drugs and alcohol. An Aboriginal expert on domestic violence and sexual assault suggests that perhaps the mothers are being pressured by their partners to exploit children for drugs and alcohol. Whether either or both adults in the family are allowing such abuse to go on, the end result is that the children are the ones who are suffering and who will pay the price for such exploitation.

Informants comment that many Aboriginal and Torres Strait Islander women are very sympathetic towards their men. They see them as so unhappy that they tell their children to forget about having been abused (which, of course, is impossible to do). These women fail to report the abuse and do not seek any help for the damage caused to their children. Some are not even aware of the damage that has been done. As Daphne Naden, Co-ordinator of the Family Violence Advocacy Project servicing the Cape York communities states,

'Young mothers don't know they have responsibility to do anything about sexual abuse. They don't know any different. They see the role they play as a good parent, and that includes just accepting what they see around them' (2000).

Other women do not want to expose the behaviour of their men, and the abuse, which they find shameful to talk about. One Aboriginal academic states that Aboriginal men are getting away with sexual abuse. She describes offenders as,

'lost men, disempowered men with no direction, no future, dispossessed, caught between two cultures. Sexually abusing kids is a way of having some sort of pleasure to nurture their sad existence.'

At an Aboriginal Women's Conference in Dubbo in 1991, it was mentioned that one man in a country town had abused three generations of women there and that no one had done anything to stop his behaviour. The matter had been 'hushed up and denied.' As an informant states,

'Perpetrators have mothers, and mothers get very defensive about their sons. They are sometimes the grandmothers of the victims as well. There is no help for these

mothers/grandmothers. If you “attack” someone and state the obvious, then this will lead to divisiveness. Many communities are in crisis yet there is no action. Fathers are abusing their baby daughters; husbands are abusing their wives; children are being neglected. But people are too worried about being non-racist and not offending “the community” to get involved.’

Because offenders are often protected, many informants believe it is time for a massive attitude change amongst indigenous people. Some suggest a change in attitude would result in getting people to look at the problem and owning it. One Aboriginal Health Worker states, ‘We have to say to our people, it is important to protect our children’. Another says, ‘We have to start getting them to talk about all sorts of abuses’. Education is regarded as the key to achieving attitude change and many have suggestions for how this can be done through community awareness programs and parenting education programs. See the section below ‘Lack of Community Awareness of Child Sexual Abuse.’

Informants state that some service providers such as police, district officers/family services officers, Aboriginal and Torres Strait Islander Legal Officers, doctors and others are reluctant to intervene when child sexual assault is reported. Reasons given include:

- knowledge of the offender
- having a social relationship with them
- status of the offender in the community
- failure to take the word of the victim, especially if the victim has been in trouble with the law.
- the matter is too difficult to deal with
- they do not want to be perceived as being racist when the offender is Aboriginal or Torres Strait Islander.

Regardless of the reasons for not intervening, the end result is that the offender is being protected from possible prosecution and exposure of his crime. Such inaction strengthens the likelihood of his continuing the abuse and seeking out other victims.

Lack of Services

The general consensus amongst informants is that the more remote the community, the less chance a child has of getting help and therefore the longer they may be subjected to sexual abuse, and the longer they suffer the long-term effects of abuse without any support. They felt that this is particularly the case for many children in the remote communities of the Cape York Peninsula and outback NSW³². They report cases where, because of a lack of counselling:

³²Although child sexual abuse is prevalent in all communities regardless of size, in larger communities help is more likely to be available. However, this does not necessarily mean that services are more likely to be utilised. There are many barriers to accessing help irrespective of where people live. For example, the co-ordinator of a major sexual assault centre in Sydney stated that there was an enormous amount of sexual abuse in Redfern

- the trauma of rape keeps surfacing
- some children try running away
- children are entering adolescence with a multitude of problems
- children who were abused have become abusers as young as 9, 10 and 11 years of age
- children are drinking and taking drugs and not talking.

A lack of services is often the result of insufficient staff and resources,³³ and as Boni Robertson, the Chairperson of the Aboriginal and Torres Strait Islander Women Task Force on Violence states, the level of demand for child sexual assault services far outweighs the number of human resources available (2000).

Resources being stretched to the limit, funding cutbacks, and staff burnout are continual complaints with respect to the Cape York Peninsula and the Torres Strait Islands. Some staff are advised to withdraw their services to outlying communities to lower budget expenditure on travel. There is a high burnout rate of employees across all government departments and agencies in rural areas, resulting in changeover of staff affecting continuity and quality of service. For example, one District Officer with the Department of Families, Youth and Community Care, based on Thursday Island provides a child protection service to the 12,000 people of the Torres Strait Islands and the Northern Peninsula – an area spanning across 10,000 kilometres! There has not been, until recently, any coverage when this person has been on leave. A psychologist visits one community in the Northern Peninsula every three months for one day but has not been seen for the past six months. There is never any follow up of therapy for children.

Similarly, there are no locally based services of this Department to the rest of the Cape York Peninsula. Services are provided from Cairns by the Remote Area Team. Many informants complain that flying services in and out does not work and many cases of child sexual abuse are just not getting dealt with because of the following reasons:

- resources are not there on hand
- there is no time to assess the situation
- there is no follow up with this system of service provision
- in wet weather (for five months of the year) and when there is 'sorry business' (for example a death in the community), the service does not enter the community (Daphne Naden 2000)
- services that are flown in are highly visible and clients have no privacy
- some of the visiting services are so 'alien' coming from cities that, as a school teacher in Cape York Peninsula commented, 'How can you make sense of these services to locals? There is a missing link.'

but that Aboriginal communities do not want to be associated with this type of violence. She added it was not uncommon for victims to 'disappear' after an assault had taken place, that is, not follow through with counselling or legal action.

³³ The lack of staff and resources is a common problem in country Australia where it can be difficult to obtain adequate funding and to attract and hold on to good staff where there are few, if any, career options (Coorey 1990).

- there is no following through of cases that go to Court
- there is no counselling nor
- helping people to access appropriate services.

One school principal allegedly told a health worker that there is no point in making notifications of abuse to the Family, Youth and Community Care Department as nothing gets done! Apparently a number of high school girls are pregnant each year and sexual abuse is suspected to be the cause. A doctor servicing the Cape York Peninsula echoes the same point when she states, 'Situations (of abuse) are allowed to persist.' She states that, although there is communication between the various departments required to intervene, the lack of resources means that 'the whole system falls into a heap.' She says that doctors are very distressed about the problems for children but that the response that is needed is not clinical. The problems are systemic and a community development response and a political response are required.

Similarly, in outback New South Wales, for example in the remote town of Ivanhoe, if there is a child abuse case or a domestic violence, there is a five hour wait for transport to get women and children out to services when they are in crisis and in an emotional state. Often, things calm down and the momentum for intervention is lost even though the problem and issues of safety still exist. Workers blame the cutbacks in funding on the decline in services especially to regional communities. As staff from an Aboriginal agency assisting victims of violence laments, 'After all the efforts of the past two decades to establish services, we feel everything is going backwards.'

In rural New South Wales, informants speak of a lack of district officers to handle child protection work (priority goes to children at risk one year and younger); a lack of counselling ; a shortage of specialist police; and insufficient doctors in the bush. A number of towns are known to have a high prevalence of all sorts of abuse and neglect but are totally under-resourced. Members of the Joint Investigation Teams (specialist police and district officers from the Department of Community Services) have a need to prioritise all the time when a notification comes to them otherwise the case gets filed away without any action.

A refuge worker spoke of a case where a child was first identified as having been sexually abused at the age of eighteen months when she attended the local hospital. No action was taken that would help stop the abuse. She alleges that at age nine, the child returned to the town with the family, was admitted to hospital and again, it was discovered that the child was being sexually abused. The Department of Community Services had three days to intervene whilst the child was in hospital but did not make contact. The refuge worker maintains that it was because of the child's age that the case was not a priority. The family have since left the town.

Lack of Choice of Services and Service Providers

'Small communities' can also mean:

- a lack of choice of services and service providers

- geographical isolation and
- a lack of transport resulting in an inability to access services if travel is necessary when outreach services are not available.

On the subject of choice of service providers, the NSW Health Department's Report on Services for adult survivors of child sexual assault states,

'Some workers commented that Aboriginal people would not go to a non-Aboriginal counsellor. Others, particularly in rural areas, said a non-Aboriginal worker was preferred for reasons of confidentiality and trust. Fears about confidentiality emerged as a major barrier to disclosure and use of services. Family networks were broad, often encompassing the whole community. Disclosure was seen as splitting the community, leading to great distress between members and sometimes involving factions and confrontations. Aboriginal workers were often in a difficult position as they were usually members of the local community' (1997 p.40).

One Aboriginal woman speaks very highly of the help family members related to her, received from mainstream services. These services were provided by non-indigenous workers. She stresses very strongly that the only Aboriginal involvement in the case (which ended up in Court), was from the Police Department (Aboriginal Police Liaison Officer, and this had been problematic because the officer knew the perpetrators and their family and refused to do anything to help the victims and their family. The Aboriginal Court Support Officer was very supportive but unable to make herself available to the family due to heavy commitments with other Aboriginal clients on the days of the Court hearings.

One non-indigenous social worker states that people come and tell her about child sexual abuse rather than talk to Aboriginal staff she works with, because of a fear of retribution. They do not want their names mentioned when they speak of this problem in their community. She encourages them to come with her to the Department of Families, Youth and Community Care. Colleen Brown, a retired Aboriginal Health Worker refers to the problems for clients when they disclose their abuse to a worker who is not trained to deal with child sexual abuse. She states that making a disclosure takes great courage on the part of the client, and time and effort in assessing whether they can trust this worker. If the worker does not know how to respond, then that client has to go and find someone else who can help them to do something about the abuse. They may be reluctant to repeat this exercise (2000).

Almost everyone knows each other in small communities. It is not surprising to hear that some Aboriginal people prefer to go to another town for assistance because they want confidentiality, are scared and want to protect their child from community pressures that would result from exposure.

However, one Aboriginal Health Worker who grew up in the area, has put a lot of effort into demonstrating to her people that she is professional, maintains confidentiality and respects their need for privacy. She stated that this is important when working with Koori Aboriginal people. They will only speak to workers they trust - Aboriginal or non-

Aboriginal, and these are usually people who demonstrate a genuine interest in them and their problems, and go out of their way to accommodate their needs. Kooris will encourage others to come and seek help from these types of workers. They have a reputation of being 'very good' with Aboriginals and word gets around. This worker has an excellent working relationship with the other hospital and community health staff she works with. They are also respected by local Kooris who have gone to them for help with child sexual abuse and other child protection matters as well as to the Aboriginal Health Worker.

Another problem with lack of choice of service providers is the gender issue. It is said that there are too many men employed as district officers and family services officers in some rural areas. Marcia Langton et al noted this of the Police Department. She cites a case of the gang rape of an Aboriginal woman where the woman refused to speak to the only available male police officer (1991 p.316). Traditionally, Aboriginal and Torres Strait Islander women do not speak to males (irrespective of their profession) about sexual matters. This needs to be taken into consideration when matters of rape and child sexual abuse need to be discussed.

Some Aboriginals and Torres Strait Islanders in small communities are reluctant to use any services whether local or elsewhere. According to a Witness Support Worker, when there is a disclosure of child sexual abuse, some families leave town until things calm down. Then they come back later – they always come back to their family but they are back and forth which makes it difficult to provide support when court hearings are about to happen. The bulk of indigenous children, she says, do not receive any counselling prior to coming to court. If children present to hospital following a sexual assault, then they have contact with a counsellor but because they move around, the contact is usually brief with small therapeutic gain.

The crisis of sexual assault can last for some time as the child and the family have a lot to contend with given the issues to do with safety, fear of retribution from their own family as well as that of the perpetrator, 'small community' pressures and other factors such as police investigations, prosecution and court proceedings. If Aboriginal children utilise counselling services, the casework needs to be short term and task centred. If the counsellor is not located in the community where the client lives, then there needs to be a reliance on telephone contacts and on the support of local generalist community health workers between appointments (Baxter 1992 p.177).

A number of health workers and educators admit they are letting people down when they do not have the time to return to communities to follow up the disclosures that women and girls are making at workshops and on camps. Hopes and expectations are raised but there is often no follow up. This is needed every month, suggested one Aboriginal worker. Some feel that if they had gone back, there no doubt would be more disclosures as people get to feel more comfortable with, and trusting of them. They would then need ongoing support. In many cases, it would be impossible to visit all the areas participants are from as they often travel long distances from all over New South Wales, to attend.

Lack of Trained Child Sexual Assault Workers and Culturally Inappropriate Services

Lack of Appropriate Training for a Complex Problem

Indigenous child sexual abuse affects all family members and whole communities. Any intervention to address the impact of abuse will need to include all parties and require the adequate skills to deal with families and communities. The care of children for example, tends to involve other members of the community. Hence, any measures to gain increased protection for children, require some intervention that targets all carers in the communities.

The subject of intervention skills is even more complicated as Boni Robertson, Chairperson of the Aboriginal and Torres Strait Islander Women's Task force on Violence, acknowledges. She states,

'Unskilled people are often sent into communities to deal specifically with child sexual abuse but even professionals have told her that it is too hard to intervene, the issues are too complex and too difficult. The task actually requires someone who can not only work with sexual violence but also with multi-traumatised children (2000).

Judy Atkinson states that there is a real lack of services when people are put in jobs without proper skills (2000). Often, services to Aboriginal and Torres Strait Islander people are mainstream services that lack cultural appropriateness (fail to consider the special needs of Aboriginals and Torres Strait Islanders³⁴ culturally and as clients). Judy Atkinson strongly indicates that being Aboriginal or Torres Strait Islander does not equip you to do the job – neither does being a non-indigenous professional who is not trained in Aboriginal sexual violence (op.cit.). Gwen Demaal-Hall suggests there need to be checks on government and non-government workers to assess whether they are adequately equipped to deal with child sexual assault. She is concerned that a number of workers tend to be 'too laid back, are untrained in this field, and some are related to offenders and thereby reluctant to do anything about the problem' (2000).

An Aboriginal Elder speaks quite critically of some Aboriginal Health Workers. She asserts they need to have a higher visibility and to be seen more by the community and trusted; they need to be more conversive with what is happening and not operating as 'taxi drivers.' They need to put more effort into getting Aboriginal women to access services. She suggests one way to do this is to work with the men to put pressure on them to encourage their wives/partners to get help.

³⁴ Torres Strait Islander and Aboriginal communities are culturally distinct and have distinct characteristics and traditions. They are so diverse that generalisations cannot be made and certain protocols need to be adhered to with each group. People working in areas where both groups reside, need to change their practices depending on which group they are dealing with. It also needs to be acknowledged that there is much diversity within each cultural group.

Some workers in the field are concerned that they are not adequately trained to intervene in this area. Attempts were made in the Cape York, to train Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) workers in child sexual abuse but many are too scared to bring up the subject of child sexual abuse because it is such a specialised and sensitive area.

A complaint by a number of professionals working in the field of sexual assault is that they receive no training from their University in how to deal with sexual assault in indigenous communities and in rural areas. There is a need for practical input of the nature – ‘this is the best way to intervene,’ comments one sexual assault worker who feels inadequate to some extent like many other informants of this study when working with Aboriginal clients. She, like others, finds that Aboriginal clients express a desire to see non-indigenous workers rather than indigenous and she would like to meet their counselling needs in the best possible way so that critical needs are being addressed.³⁵ However, indigenous therapy training is scarce. One such course offered by Judy Atkinson at the James Cook University has recently been discontinued.

A major difficulty for non-indigenous workers is that there is much secrecy around Aboriginal and Torres Strait Islander cultures and norms that they are not privy to. This means that they can never be adequately equipped to understand the nature, sensitivities, complexities and special requirements of indigenous clients. However, on the other hand service providers have an obligation to educate or advise Aboriginal and Torres Strait Islander people of their services, how they can make use of them, how they can lobby for more (or appropriate) services and how they can be represented on decision making bodies. One suggestion is that an advocacy service, providing translation, explanation and information about government services, be established to bridge these inherent gaps.

Sharon Tomas, a sexual assault worker speaks of the impact of providing quality services for women, on their readiness to bring their children for counselling and support following disclosure of sexual abuse. If women’s own experience of a service is not positive, then it is unlikely that they will want to take their children there. She states that if the services are not there to begin with for women, then Centres are starting on a backfoot. Aboriginal women need to know there is a service for their children and that it would be a good quality service (2000).

Inappropriate Attitudes and the Need for Consultation with Aboriginal and Torres Strait Islander People

Some non-indigenous workers, particularly professionals, who have little (or no) cultural awareness of Aboriginal and Torres Strait Islander people, may have what Gwen

³⁵ A number of Aboriginal Mental Health Workers and sexual assault workers speak of the value of using Narrative Therapy with Aboriginal and Torres Strait Islander victims of child sexual assault. Others suggest an eclectic model that incorporates a number of different therapeutic approaches. There is a desperate need for such input into training in these approaches, and for evaluation of their effectiveness with indigenous clients.

Ridgeway calls, a 'bad attitude.' This can make counselling highly problematic for both clients and workers as she has observed from her extensive experience of working with professional people, particularly psychologists. An adult male survivor of child sexual assault spoke of his experience of having to deal with people with 'bad attitudes'. He stated, 'The white system is not user friendly for non-indigenous people let alone for indigenous and it's a bastard of a system to deal with.' He went on to discuss the need for an effective cultural exchange between Aboriginals and white service providers. He also suggested that services for Aboriginal people should be overseen by Aboriginal people with respect to evaluating their cultural appropriateness.

A number of informants involved in the investigation and prosecution of child sexual abuse cases mention that sometimes, city-based judiciary come to country towns to hear cases. The attitude of some are considered 'totally inappropriate' when there are obvious unfamiliarity with cultural issues. Far North Queensland Aboriginals are attempting to deal with this problem with respect to the criminal justice system and the Department of Families, Youth and Community Care. Eric Deraal, an Aboriginal Elder spoke of his own early experiences of the Child Welfare being the 'boogey people' who take children away. Now they come first and consult him and other Elders, who have formed the Elders Justice Group. This is also done by the police and members of the judiciary who appear to have great respect for their views and opinions. He states this is one way to ensure culturally appropriate concepts are being adopted (2000).

Another problem is that sexual assault services are often developed without consultation with Aboriginal and Torres Strait Islander people. An Aboriginal woman employed under the Partnerships Against Violence Program in a remote New South Wales town, speaks of the need for service providers to be mindful and respectful of the fact that often, there are many factions of Aboriginals within the one community (a result of resettlement programs in the past. See Finlay 1990 p.108) and that there is a need for Aboriginal communities to have some ownership of the solutions to their problems. Everyone needs to have a say and service providers have to take the time to consult the various groups making sure that no one is alienated. The approach needs to be informal and consultations should be conducted in their own communities. She states that respect plays a big part in getting their support.

Trust

A number of workers, both indigenous and non-indigenous, providing regionally based services (some of them sole workers) state there is a need to take the time to get the trust of Aboriginal and Torres Strait Islander people if any intervention is going to be successful. For example, Rhonda Gleeson, a former sexual assault worker based in country New South Wales speaks of the need 'to walk the Mallee' with Aboriginal clients. By this she means giving them the time to trust the worker in a setting that is conducive to feeling comfortable. Gwen Ridgeway, who works with Aboriginal sex offenders says she will allocate a whole day to do one home visit to a sex offender discharged from gaol. She states it often takes that long for the trust to build up.

Taking the time to develop trust can often mean that scarce resources are being stretched further. However, this is a reality that needs to be considered when determining satisfactory levels of staffing and a satisfactory level of service for these communities. Sharon Tomas, a part-time sexual assault worker who provides a service to Dubbo and to a number of towns around Dubbo, states that she, like other colleagues, has back-to-back appointments and a waiting list. She has had to stop doing home visits because of the extra time involved in travelling and because of a work policy that two workers must attend home visits for safety reasons. (Apparently staff have had violent confrontations with some clients.) A second member of staff would have to be another sexual assault worker of which there are very few.

In addition to this difficulty, there is the problem that when interviews are conducted in some locations outside the Centre, there are too many distractions. There is a desperate need for more staff and for support workers who can assist Aboriginal and Torres Strait Islander clients with getting to appointments, irrespective of the location. Working across agencies can prove valuable in getting such support for clients. For example, Aboriginal and Torres Strait Islander Police Liaison Officers can support clients and their families, and encourage and remind them to attend appointments.

One non-indigenous social worker who has worked in both Aboriginal and Torres Strait Islander communities says it can take years for a non-indigenous worker to establish trust. Unfortunately, the average worker does not stay for years. The stress, pressure of heavy workload demands, the isolation and lack of support and the intense heat can make it difficult for outside workers to stay on in jobs in remote areas.

Attracting Staff

It is suggested that there be Aboriginals and Torres Strait Islanders in child sexual assault positions but it is said of some areas that employers cannot attract them. Colleen Brown, a retired Aboriginal Health Worker believes that this is because they get too angry when dealing with this subject (2000). Judy Atkinson states that she knows of people who would like to work in this field but they fear burnout and a lack of support as often Aboriginals are employed in sole positions without colleagues around them who can provide them with the necessary de-briefing (2000). The lack of available supervision may also contribute to this reluctance to take up this area of work.

Another issue to do with attracting staff to some remote communities is the lack of available housing. When positions requiring professional qualifications become available there is the suggestion that local unskilled people should fill them to avoid the problem of housing for any newcomers. This creates some concern as the service provided by inadequately trained people will not be of a sufficiently high standard.

Gwen Ridgeway, who works with Aboriginal sex offenders both in and out of gaol, states that where outside Aboriginals are employed in positions, it is important that they have credibility where they come from, otherwise local Aboriginals will not trust them. She suggests that when you are an outsider, they will want to 'check you out – do a pedigree check.' This entails finding out about them from the contacts they have in other places.

She says, 'If you are new in town, you will have to be around long enough for people to get to know you. If you are okay, they will listen to you.'

High Visibility of Services

Services that are flown in or which are locally based, are often highly visible. Shame and stigma make it hard for people to approach services that are highly visible. A suggestion is that sexual assault services be located in multi-function centres or hospitals where clients can be afforded some privacy.

Some Aboriginal Medical Services come under criticism as many Aboriginal people are not going to them for assistance. Many see these centres as 'family concerns' - run by a family who employs family members as staff, and who nominates them for management committee members. There is a reluctance to access them if clients know staff or belong to an opposing faction. Some towns have various tribal groups, and conflicts and tensions are not uncommon. For example the town of Dubbo in New South Wales has nine different communities in West Dubbo alone.

A further difficulty with utilising Aboriginal Medical Services is that they do not provide specialist sexual assault services. One Aboriginal informant states that child sexual assault is a low priority in most Aboriginal Medical Services because it interferes in 'men's business' and 'women's business' and initiation. However, a non-indigenous counsellor working from a country-based Aboriginal Medical Centre is doing excellent groupwork with young girls who feel comfortable in opening up about their childhood experiences of sexual abuse although this is not the specific focus of the group. There are other Services who recognise the need for staff training in this area.

Aboriginal and Torres Strait Islander People as Clients

Comments by informants on the difficulty in working with some indigenous clients are listed:

- Indigenous people do not work to appointments like non-indigenous clients
- they rarely access services³⁶
- workers give up if they fail to attend appointments twice
- it is hard to get them to come back after even one appointment largely because of a lack of transport.
- for many mothers with other children, it is impossible to leave them at home to make the journey to a regional centre with the child that requires counselling and to afford overnight accommodation where needed

³⁶ Because of the constancy of trauma in their lives, some people see themselves as powerless and unable to effect change. They may look to others for help but be angry and resentful and push aside any help that is offered (Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.22).

- Aboriginal people tend to be very transient and this has affected the ability to engage

in counselling for any length of time³⁷

- the inability to attend counselling means there is no follow up nor ongoing professional support
- some clients will just drop in now and then, when they want to talk³⁸
- waiting lists which most under-resourced centres have, are not appropriate for Aboriginal and Torres Strait Islander clients (should they present to a Centre they should be offered help then and there)
- it is difficult to contact them regarding appointments by mail because of illiteracy, and by telephone because they might not have access to one. Also it is very likely they may have left town

Pam Greer, an expert on violence in indigenous communities, says she has done enough consultations with Aboriginal people to know that they do want counselling and that they would come if it was available and if possible to get to appointments (2000). Tomas notes that more and more Aboriginals are coming from outlying towns to Dubbo for crisis services including medical examinations following a sexual assault (usually transported by police), and a number of committed mothers have made a big effort to bring their children for counselling (2000). Children need strategies to deal with the rape. However, most are not willing to go ahead with court proceedings.

Court cases can drag on for many years, and in that time, clients and their family may endure pressure from their own family and that of the perpetrator's to not press with charges. This can also affect client's willingness to attend counselling for any great length of time. As Sharon Tomas explains, people just want to get on with their lives (2000).

Lack of Community Awareness of Child Sexual Abuse

Another factor related to child sexual abuse in rural and remote areas is the lack of community awareness about the problem. Many workers spoke of the need for community education programs, parenting education programs,^{39 40} and programs in schools about sexual abuse and about sexually transmitted diseases. Like the rural workers interviewed in the New South Wales Health Department's study on services for adult survivors of child sexual assault, they believe community awareness programs especially on the radio, would help victims realise that the abuse is not their fault and that help is available (1997 p.43). There have been suggestions that some isolated areas of New South Wales may not be receiving full television broadcasts so that national media campaigns about child sexual abuse may not be getting through (op.cit. p.44).

Child sexual abuse affects whole communities and for this reason, communities need to be involved in doing something about the problem. The following suggestions are offered:

- awareness campaigns need to happen locally
- they need not necessarily be anything formal though there is value in a mixture of formal and informal networks
- communities must first own the problem of child sexual abuse
- not deny its existence

- not rely solely on white people to report abuse (as is usually the case)
- openly state that it is unacceptable behaviour
- Elders in particular, need to speak out and say, 'It's not our way!'
- destructive attitudes need to be challenged for example, accusing victims and their non-offending family members of victimising the perpetrator when reporting abuse
- children must be safe and be protected from any suggestion that the abuse is their fault
- healing practices (Aboriginal way or through counselling) are to be encouraged as 'there are still so many personal stories out there to do with sexual abuse on missions, in institutions, in families and in communities – too painful to talk about'
- given that raising awareness about indigenous child sexual abuse can result in an increase in reporting, there needs to be a coordinated and effective response from government and non-government agencies with responsibilities for intervening

Staff Burnout

The staff burnout rate is high in rural and remote areas. This is particularly the situation for child sexual assault workers although it appears to be endemic across all government departments and other agencies. Staff shortages and vacancies, sometimes for long periods, place great demands on existing staff stretching services to the limit. Waiting lists for some services are common. One of the symptoms of burnout is the lack of recognition of its existence even though absenteeism rates may be high and due to stress related illness. Burnout affects the quality and continuity of services being offered.

Burnout can arise after a relatively short period of time when staff:

- are sole workers (as is often the case with indigenous workers or when they are one indigenous staff member in a large white team)
- are new to the job
- are new graduates
- are not adequately trained (especially in how to deliver their service in a rural context and with sensitivity to Aboriginal and Torres Strait Islander cultures)
- get little support
- have no supervision⁴¹
- work day and night when the professional boundaries in small communities can easily become blurred
- get little recognition for the good work they do
- have few resources to work with such as funding for projects being undertaken, office equipment etc.
- are indigenous and are heavily pressured from family members, to carry out tasks not part of their job description, for example providing a 'taxi service'
- are dealing with complex and daunting problems most of the time
- have narrow training specialties when the complexity of rural and indigenous problems presented require a broad based understanding and level of intervention – and there is no one else to assist the clients

Strategies for burnout need to address the above issues and include the provision of:

- variety in workloads, for example casework, research, community projects, education
- job transfers⁴²
- incentives to stay in the job such as promotion, rise in salary
- time out of the community
- nurturing and personal self-esteem raising activities
- multi-skilled training for rural workers

Inadequate Staff Training

Many Aboriginal and Torres Strait Islander informants made suggestions for the training of staff working in the areas of child sexual assault and with indigenous people. These suggestions refer to attitude and communication, and are offered by way of ensuring cultural sensitivity, respect and engendering client trust. Workers need to learn to adopt the following:

- unconditional respect for clients
- an egalitarian approach – not dictating nor patronising
- being ‘down to earth’ and genuine in the way and manner they communicate with clients⁴³
- good communication skills to engage clients
- language (both verbal and written) that is simple, understandable and jargon-free
- the practice whereby, as often as possible, material is written by Aboriginal and Torres Strait Islander people, and includes artwork; or spoken by them⁴⁴ with the focus on learning through listening and observation and demonstrations through ‘show and tell’ – the way many indigenous people pass on information
- the practice of using designated professional interpreters where possible and be mindful of the need for confidentiality when doing so
- an allowance of time for trust to develop and demonstrate trustworthiness
- confidentiality
- instilling hope but being realistic
- an awareness of the history of colonisation, dispossession and the subsequent grief clients experience
- a strong consideration of the concept of ‘trauma’ in order to understand Aboriginal and Torres Strait Islander people as trauma permeates all aspects of their (disadvantaged) lives and is replicated in the way they behave (Atkinson 2000). Intervention may have to involve working with these factors that encroach on their well being, and will most likely require a multi-focussed approach.
- an awareness of the diversity that exists not only between indigenous and non-indigenous people but within Aboriginal and Torres Strait Islander groups
- the belief that the needs of Aboriginals and Torres Strait Islanders are different – they are distinct cultures with distinct characteristics

- an openness to input and to being educated by indigenous people – white people have a lot to learn and a lot to gain from the wisdom that can come from, and privilege of, such interaction
- venues for contact (including workshops, camps) that suit clients
- careful preparation which involves and respects the contributions of key Aboriginals and Torres Strait Islanders in the planning and delivery of workshops and camps⁴⁵

6 CRIMINAL ASPECTS OF CHILD SEXUAL ASSAULT

There is a debate as to whether the Criminal Justice System should be involved in indigenous child sexual abuse matters or not and whether native or tribal punishment should be enforced.

One Aboriginal woman states, 'Traditional laws were designed specifically to stop incest. They were strong laws that are still in place in Central Australia and the Northern Territory. We need to go back and re-learn this kinship and tradition.' Nytung Phillips (1996) argues that the problem of child sexual abuse arose with the breakdown of black law and men's roles, especially to do with community protection of women and children. Women and children have since been left very vulnerable and without support. She adds that with the loss of traditional ceremonies, there is no proper Aboriginal way to heal rape. Aboriginal women are left to the ways of white law for protection and this does not always work because the perpetrator is not accountable 'Aboriginal way' (1996). It has been said that offenders were ostracised, 'shamed', made to leave communities and if returned and re-offended, were killed (speared to death) (Eric Deraal 2000).

A lot of contemporary Aboriginals and Torres Strait Islanders advise that many traditional practices are no longer commonplace and that if left to traditional law, child sexual offenders would not be dealt with. It is argued that some people who uphold the belief in traditional law, have little knowledge of the white criminal justice system, therefore they do not have the information required to make an informed opinion. However, it is said that those who advocate tribal punishment would alter their stance when it is their own child who is raped. They want the white law involved. Traditional law is based in patriarchy, particularly in Western and Central Australia, far North Queensland and Torres Strait islands. It is administered by men who tend to support other males who may be hesitant to carry out punishment. A lot of indigenous women do not have the confidence in a patriarchal (male-dominated) traditional law.

Currently, the Aboriginal legal support structures that have been set up under the white system such as Aboriginal Legal Services tend to favor male offenders and not support victims, whether women or children.

In the white criminal justice system child sexual abuse is established as a crime and the legal implications are clear. One Aboriginal woman referring to the debate, comments,

'Apart from what individuals want, child sexual assault is a crime – it's about an adult hurting a child. **If there is a legal response to a white child being raped then there should be a similar legal response when a black child is being raped, otherwise there is discrimination.** Why have a law that is clear for white people but not clear for blacks?'

She adds,

'It suits a lot of people (police, courts, government departments), to say that Aboriginal people do not want legal involvement that will help protect women and children. To keep arguing over the suitability of native law versus white law perpetuates the inaction. Because Aboriginal people's experiences with the white

criminal justice system have been negative, they do not want to access it and as a result there has been a lot of unnecessary suffering and even death. Either they go to the police or they go to the cemetery.’

Dealing with the white criminal justice system poses many problems for indigenous people. The system often fails both indigenous and non-indigenous victims and this is well documented (for example in the ‘Heroiners of Fortitude’ study by the Department for Women⁴⁶; Blagg 2000a; Blagg 2000b; Latham 1992; Coorey 1988). There are many cases where women report child sexual assault and want an effective legal response but some police, district officers and family services officers and members of the judiciary believe it is something that Aboriginals and Torres Strait Islanders should deal with themselves (Boni Robertson 2000). The present legal system, at times, is of no or little benefit to women and child victims of sexual assault both in terms of protection for themselves, and prosecution of offenders. As Blagg notes, some Western Australian women feel they have little to gain from the coercive sanctions of the criminal justice system being imposed on Aboriginal men. He states,

‘They see prisons and police lock-ups as *part of the violence cycle*, desocialising, brutalising, de-skilling and sometimes killing their men and damaging community structures’ (2000b p.6).

Regardless of the debate the reality is that throughout Australia there is a white criminal justice system in place. Unless it works effectively and has successful outcomes in prosecuting child sex offenders, regardless of race, there will be a reluctance to use it, and children and young people will not be protected from abuse. Participating in criminal proceedings has a significant impact on all children and families and many problems arise in the course of these proceedings. Some of the general and special problems pertaining to indigenous children and families are listed below, and need to be addressed for a more effective response to indigenous child sexual assault.

General Problems With the Legal System

Police and District Officers/Family Services Officers

- there is a shortage of specially trained police and district officers/family services officers to investigate child sexual abuse cases.
- a lack of locally based police and district officers/family services officers results in a delay in investigation and collection of medico – legal evidence, or sometimes a failure to do this. It can also mean a distrust of officers who are not known to locals
- insufficient female police and district officers/family services officers to interview female child victims, as required culturally
- insufficient female Aboriginal Community Liaison Officers who work with the police. These are gender specific positions which are able to be advertised as such – yet there has not been the support from the Police Service to use the special exemption available to do this. Aboriginal women are unable to discuss sexual abuse with male Aboriginal Community Liaison Officers and are upset that these positions when advertised, are not specifically targeting female applicants.
- some police are not acting on reports of child sexual assault (and domestic violence) particularly on missions and remote areas, where there are high levels of violence

- some rural State police and district officers/family services officers have a social relationship with offenders and therefore are reluctant to investigate cases
- some Aboriginal and Torres Strait Islander Police Liaison Officers and Community Police are unable for cultural reasons to get involved when they are related to the offenders⁴⁷
- some Aboriginal and Torres Strait Islander women do not regard the police as a service unlike non-indigenous women because of negative dealings with them (Blagg 2000b. p.7)
- there is pressure from their own people, to not seek assistance from the police and report child sexual assault as this is perceived as ‘betrayal’ (Blagg 2000b.p.8)
- some Aboriginal women have a strong distrust of police having heard of alleged rape by police on Aboriginal women who have gone to report sexual assault and domestic violence⁴⁸ This distrust makes it unlikely that they will take their children to them to report sexual abuse
- Aboriginal women are unlikely to go to police with complaints of child sexual abuse as they are likely to get arrested by police as has been some Aboriginal women’s experiences when reporting rape or domestic violence because they had used violence to ward off an attack, were drunk at the time, or there was a warrant out for their arrest (Blagg 2000b. p.7; Department for Women 1996 p. 95).

Legal Support

- over 80% of indigenous people in rural Australia are more than 50 km from the nearest legal service (Mukherjee et al 1999 p.14)
- some legal services, particularly in Far North Queensland, fly in and out of communities in a day, acquire little information in that time and offer little or no support to victims.
- some informants state that some Aboriginal Legal Services are reluctant to support Aboriginal women and children in defense against Aboriginal offenders – this is not considered an acceptable practice. Some Aboriginal women report that solicitors from Aboriginal Legal Aid Services threaten women that if they proceed with sexual assault charges - that they will be responsible for the next death in custody (Department for Women 1996 p. 96)
- adolescent victims of sexual abuse get cross examined by Aboriginal and Torres Strait Islanders Legal Services solicitors or lawyers who may have supported them in a past case
- Aboriginal Women’s Legal Services are only just beginning to be established in some rural communities (Walgett, Kempsey and Moree in New South Wales) and are not available in many others. These are funded by ATSIC but are very under-resourced.
- Although the Federal Government funds the Aboriginal Women’s program within the New South Wales Women’s Legal Resource Centre, this service is also under-resourced and would not survive without the administrative and legal support from the Women’s Legal Resource Centre. There is only one solicitor attached to the Aboriginal Women’s program to deal with Aboriginal women and children for the whole of New South Wales.

Courts

- Aboriginal and Torres Strait Islander women face double discrimination in court because they are Aboriginal and because they are women. Aboriginal and Torres Strait children are said to face similar disadvantage because no allowance is made for their special needs as Aboriginals and Torres Strait Islanders.
- many Court Houses do not have the services of Aboriginal and Torres Strait Islander Liaison Officers who can provide translation and explanation of court proceedings and legal language.
- many communities do not have access to Court Witness Assistance Services. The Department of Public Prosecutions who employ them are trying to attract Aboriginal applicants, however they must have a social worker or psychologist qualification (few Aboriginals have these qualifications) Currently held positions are stretched as they cover all sorts of crime not just child sexual assault
- court proceedings take so long to be heard (several years). There is a long wait for court matters to be settled when district courts sit only two or three times a year in some communities. During this time there is harassment from the perpetrator's family and pressure from their own. This is particularly a problem in the small communities where there is no escape.⁴⁹
- often there is no ongoing support or counselling especially with respect to coping with and surviving the court process.
- a high turnover of court staff servicing rural and remote areas means services are fragmented, and victims need to establish new working relationships and tell their story over and over
- the fact that court hearings are not conducted in some local communities is a deterrent to reporting
- there is inconsistency in sentencing of sex offenders
- victims are traumatised having to tell their story repetitively when cross-examined in court, only to have the offender get off⁵⁰
- many people fear the ramifications of an offender walking free. Payback is still firmly entrenched in Aboriginal and Torres Strait Islander communities today⁵¹
- white criminal legal system is culturally inappropriate and needs to be adapted to take the issues pertaining to Aboriginal and Torres Strait Islander children into consideration.⁵²
- little confidentiality. Although, the court case may not be publicised and the court may be closed on the day to the public, there is no protection for the identity of the child because a list of notices regarding the accused appear in front of the courthouse.⁵³

Indigenous Children Face the Following Problems as Witnesses:

Children often lack trust of adults (especially after a history of abuse), particularly of police and district officers/family services officers where this distrust is instilled by parents and others. This distrust inhibits disclosure.

- indigenous children are often shy by nature and have difficulty speaking out, let alone in a court environment.⁵⁴ Beresford and Omaji speak of Aboriginal children's lack of self-confidence (because of their low levels of self-esteem) to relate to court proceedings (1996 p.109).
- culturally many Aboriginal children are taught not to make eye contact with others. In a court of law this behavior may be interpreted as an indication the child is lying.
- language barriers - different communities use different words for body parts which are unknown to non-indigenous lawyers and magistrates. For some Aboriginal and Torres Strait Islander children English is not their first language.
- illiteracy is high among Aboriginal and Torres Strait Islander children and adults. This is a barrier to their accessing reading material that could assist them.
- some are intellectually disadvantaged because of a lack of schooling, poverty, poor nutrition and substance abuse (petrol and glue sniffing, alcohol and other drugs).
- they are often unsupported by their own families.⁵⁵
- a lack of court preparation, because of the transient nature of their existence and because hearings may not occur for several years after the reporting of the incident.
- there is no ongoing counselling and support following the abuse to assist them with surviving criminal procedures, particularly the court process, in addition to coping with daily life.

7 INTERVENTION FOR CHILD SEXUAL ASSAULT IN RURAL AND REMOTE INDIGENOUS COMMUNITIES

Indigenous children, as evident from the discussion above regarding the various hardships and disadvantages they are subjected to, are experiencing multiple and compounded traumas and impacts. These are considered to be cumulative over time (Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.33). Some children cannot talk to their family or community members about what they are experiencing. This is because these people themselves are in crisis, and are unable to protect them. They often cannot hear about the child's pain as it reflects their own unbearable pain (op.cit.).

Most youth do not seek help and often the help that is available is inadequate to meet their needs. For example Beresford and Omaji state, 'There is little evidence ... that existing education, training, health and welfare services are widely used by Aboriginal youth or, if they are, that they are of any real benefit. In fact, our research has shown that these social institutions are themselves part of the problem in so far as they have maintained a dysfunctional contact with young Aborigines' (1996 p.146).

Another difficulty in addressing the broader problems of indigenous people lie in the magnitude and overwhelming nature of them. As Maggie Brady believes about drug and alcohol problems of Aboriginal communities, the key to successfully tackling substance abuse is focusing on it tightly, rather than the wider issues of dispossession and colonisation. She is quoted in the Sydney Morning Herald as saying, 'I have always been anti the huge-scale analysis...because it invokes a sense of helplessness in people' (September 26, 2000 p.12).

The same can be said in regard to tackling child sexual abuse. The immediate concerns are the protection and safety of children and the successful prosecution of offenders to ensure the safety of other children. However there are some wider problems that can, and need to be addressed at some level (individual, family or community, and organisation/bureaucracy), to alleviate the stress in the lives of children, carers and communities. Taking away some of these stresses can help improve the plight faced by indigenous children being abused or who are at risk of being abused.

The problems that Aboriginal and Torres Strait Islander people have, make it difficult for them to focus on their children and put protective measures in place that will ensure their safety. Butler makes the point that,

'...child protection ...is not just a matter of identifying child abuse and neglect of an individual child; it is a matter of improving the conditions of life of all Aboriginal people so that they are better able to care for themselves and their children' (NSW Child Protection Council 1995 p.59).

The NSW Child Protection Council adds that Butler does see a need to address the immediate needs of children and families (op.cit.) and there are a number of things that Aboriginal communities can do to support child abuse prevention programs in

consultation and coordination with mainstream services (op.cit. p.60). There is a need for indigenous people to work together with mainstream services. As the New South Wales Aboriginal Education Consultative Group note, abuse and its effects must be seen as a whole–community problem... and has far reaching implications for all members of all Aboriginal families affected (1992 p.30).

Boni Robertson, Chairperson of the Aboriginal and Torres Strait Islander Women’s Taskforce on Violence argues that the underlying factors of child sexual abuse must be dealt with. She states, ‘Otherwise, we will still be talking about indigenous child sexual abuse in 20 years to come! No one has done proper intervention and prevention’ (2000). Developing appropriate intervention and prevention strategies, and evaluating the effectiveness of such strategies, need to be undertaken on a national scale (perhaps after a National Inquiry into the problems of indigenous child sexual abuse) as a service to all Aboriginal and Torres Strait Islander children. Special allowances for the diversities that exist across Australia, can be made at the implementation (delivery) level.

Informants were given the opportunity to provide their views and suggestions as to how the problems of child sexual abuse should be tackled. Their comments are recorded below

Timing

‘Intervention needs to happen now. Not 10 years down the track as these kids will be our leaders.’

‘This problem has been neglected for far too long, we need action now.’

‘The problem is too serious and too urgent to be waiting for change to take place on a major scale with respect to all the problems all Aboriginal and Torres Strait Islander people face.’

Levels of Intervention

‘Intervention needs to be multi-focussed and multi-layered – a holistic approach. We need to deal with the underlying issues.’

‘It needs to include counselling, relationship programs, such as parenting education programs, young relationships (getting into relationships, developing respect). These programs need to be accessible for people in rural and remote areas.’

‘Child sexual assault is so widespread that a community development approach is needed, in addition to help for individuals and their families.’

‘We need to look at how we can use the infrastructure of communities to be of assistance to children and their families.’

‘A co-ordinated approach is necessary and needs to involve all the relevant agencies and organisations such as family support services⁵⁶, justice, education and health.’

Who Needs to be Involved?

The Community

‘The first step is to make it safe for people to speak out about what is happening to them. Women, male and female children and indeed, any male adult who is being raped, need to report the abuse and seek help. The way to make it safe is to get the community to bring the subject of child sexual assault out in the open – to acknowledge that it is happening, and that everyone has the right to live their life without fear of being violated and abused, and threatened if they disclose what is happening to them.’

‘We need community consultations. If the community is prepared to talk about child sexual assault, this will open the floodgates to getting help. The first step is getting them to talk. It is a broad issue that affects the whole community – it is not just about intervention for children.’

‘We have to work together to get everyone to realise we have a problem, and to understand the problem is a common one. We need to focus on many things to develop appropriate models. We have to go into each community but start off in the home first – the family, then the community. We have to start from the “bottom up”. We have to go into schools and involve the young people in discussions. We have something to learn from everyone.’

‘We need to establish a network of mentors – people that children trust and will open up to.’

‘We need good role models. Introducing a ‘Big Brother, Big Sister’ or ‘Aunties and Uncles’ program may be effective in some communities where children lack good role models in their families. They can meet up in informal settings, such as on a fishing trip and establish a relationship of trust.’

‘We need to work with leaders to strengthen the community to deal with the problems of child sexual assault and to start speaking out.’

Indigenous and Non-Indigenous

‘A partnership is needed between Aboriginal and Torres Strait Islander organisations/agencies and mainstream services. Most Aboriginal communities do not have the capacity to do anything about the problem about child sexual assault. It’s like asking family to solve its own sexual problems – they can’t.’

‘Our culture can not deal with all these problems – they are too big and there are no resources. Many people feel powerless and inadequate. We have to combine our resources with Local Councils, not just Aboriginal Community Councils - plan alongside each other. Our lives are too sensitive towards cultural issues – this can stagnate us.’

‘Decision-making bodies need to have a greater representation of Aboriginal people.’

Indigenous Women and the Men

‘Start off working with communities who have strong women who are able to give the support required by children after they report child sexual abuse.’

‘We have to involve the men. We have to have good strong men who can support the women. To say child sexual assault is mainly “women’s business” is wrong.’

‘We have people in the family, both men and women, who are not abusers, who children can talk to. These people can be supportive to those who’ve been abused. The best “counsellors” are those who have been abused themselves – they know what it feels like.’

Different family members (traditionally) have different roles and responsibilities with respect to the care of children’.

What do we need to do?

‘A pilot study should be introduced, targeting five communities. We need to make a concerted effort to put everything into these communities (funding and resources) for the next 10 years whilst the children are growing up. If people think there will be changes in six months or a year they’re wrong. We need to work constantly for 10 years with these communities in every area – education, health, community services, police, courts, and assess as we go, the benefits, the gains and what needs addressing. They all need to do their part and they all need to get the same message across – “You can’t sexually abuse children.” At least this will give these children a good enough chance to heal from sexual abuse and go on to become well-adjusted adults.’

‘We need to conduct a National Inquiry into Indigenous Child Sexual Abuse, establish a Reference Group to direct it, and devise strategies on a national level to address it.’

‘We need our own Child Protection Service operated by trained counsellors where women and children can receive crisis help over the telephone, or even be brought in for assistance. This Service would be centrally located, record notifications, and provide State-wide referrals for follow up. This Service would be beneficial to country areas, especially where district officers are not based locally.’

Address funding issues

‘We have to do something about the inadequate resources to government departments responsible for child protection, particularly in the Torres Strait Islands and Cape York communities.’

‘Often funding of programs for indigenous people is short-term and not ongoing and is just at the whim of the government of the day to achieve political gains. Funding should be guaranteed and ongoing with evaluations being conducted to ensure positive outcomes and to correct any problems with the program.’

Community Awareness and Education

‘We have to address the ‘risk factors’ that increase our children’s vulnerability to sexual abuse.’

‘We need community education programs about the possibility of abuse, and awareness campaigns on children’s safety so that if women and children come forward they are backed up by the community. These need to be worked out by all the services involved in child sexual abuse and the safety of children.’

‘We need to produce posters that are designed by Aboriginal and Torres Strait Islander people for indigenous people that can educate the community about child sexual abuse⁵⁷. Publicity will help people feel more comfortable about seeking help’

‘It is important that we target schools and encourage teachers to educate kids about what child sexual abuse is. This could be done in a life education class.’

‘Booklets such as the adaptation of the New South Wales Child Protection Council’s Fact Sheet No. 2, “Reporting Child Abuse” by Melva Kennedy, should be regularly updated with respect to services and widely distributed.’ (The title of this adaptation is, “Child Protection is Everybody’s Business”)

‘We need Aboriginal friendly protective behaviours programs designed specially for, and made readily available to Aboriginal children and adults.’

‘We need a bigger and better “Operation Paradox”⁵⁸ advertised throughout the Aboriginal and Torres Strait Islander communities to help alleviate some of the problems of reporting an offender.’

Safety Issues

‘We need safe houses for children of non-offending family members.’

Addressing Inaction

‘We have to get past this fear of “Aboriginal people not approving”. Teachers, district officers and other service providers are so concerned about being non-racist and about not offending “the community” that they are not taking any action to intervene in child sexual assault. These communities are in crisis.....The community can respond in any way they like, who cares? Children are being neglected. We have to protect our kids. Why go into a job if you’re not prepared to do it?’

‘All government departments need to focus on individuals not “groups of Aboriginals – the community. When they get a notification of abuse or neglect, the focus very quickly goes to community issues instead of to the kids. I keep saying, “Drain the colour out of it”.’

‘We have to increase the rate of reporting and prosecution, so that offenders and potential abusers know this behavior is unacceptable and that something is being done about it.’

Strengthen Family and Kinship Ties

‘The family unit has to be strengthened. It is fragmented and shaky. There needs to be control restored in the family. They need to start doing things together as a family unit.’

‘We have to strengthen ties between older and younger women and children – traditionally there were strong ways of maintaining the ties. It is harder now but one way we can do this is to run camps where women can meet and feel empowered together. The opportunity to meet with other Aboriginal women has always been an integral part of our culture. There is no space to do this – we have to create this space for them to meet.’

Examples of Existing Services and Strategies in Some Rural and Remote Areas

Camps/Workshops/Groups

Numerous camps are being run for Aboriginal women and children. Such camps as the Biyani camps, run for women living in the south west of Sydney; those run at Burrendong Dam in country New South Wales; the Comeback camps run by the “Anti-Violence Against Koori Women and Children Group’ on the south east coast of New South Wales; and workshops organised by the Macleay Valley Aboriginal Women’s Family Violence Protection Project are examples.

A smaller number of camps are being run for Aboriginal men and young boys and include the Hopevale/Cooktown camps in Far North Queensland for men and boys.

Such camps provide the opportunity for indigenous people to come together and talk about the violence in their lives in addition to other issues. Some of these camps have input from non-indigenous educators and lawyers about violence and how to deal with it. Feedback from some participants and organisers who attended these camps, have indicated that they are very successful in raising awareness about child sexual assault, recognising when abuse is occurring, creating a safe environment in which women and children feel comfortable in disclosing their own experiences of abuse, and supporting and empowering women and men to do something.

At the groups/workshops for women organised by the Family Violence Advocacy Project Team in Apunipima in North Queensland, women have the opportunity to talk about issues such as traditional roles and what is happening in their lives today. They are provided with support and information on how to access services.

As Trish Munday from the Indigenous Women’s Program with the Women’s Legal Resource Centre in Sydney notes,

‘The significant indicator of whether women will speak out in such forums, is the level of support from other women. It is important that we foster a spirit of support in our workshops/groups. It is also important that we give the right messages, that women get the right support to underpin their community and which will make them stronger. If you support the women, you support the children. If we succeed in getting the women to speak up, we need to have the backup of resources and services to assist them. But often they are not there, for example, sexual assault counsellors’ (2000).

Another point made about running workshops/camps, is the importance of presenters being able to return to the community a number of times, to follow up the gains made in such venues. Often women and children will disclose abuse but not receive any follow up counselling. Participants are left feeling exposed and unsupported as a result.

A Remote Area Model⁵⁹

The Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) program is funded through the Queensland Government and started operating in Far North Queensland in 1991 and in the Torres Strait Islands in 1992. It was originally established to provide child care and parent education services in a culturally appropriate and locality specific manner. The program also addresses issues of social justice and

equity of access to services for families in remote communities. In the last few years, their role has extended to include child protection work.

Through the program, 41 services have been developed by community groups in the Gulf, Cape York Peninsula and the Torres Strait Islands.

A RAATSICC Advocacy Group has been set up as an incorporated organisation with members of communities and groups who access funding through the RAATSICC funding program of the Queensland Department of Families, Youth and Community Care. Members also include other remote communities who attend their forums to discuss issues and to network with other communities with similar concerns. The Advocacy Group has established a Mainland RAATSICC Advisory Office in Cairns which offers professional support, advice, resources and referral to workers of member organisations in such fields as child protection, family support, child development and domestic violence. The Office employs a RAATSICC Co-ordinator and a Child and Family Resource Co-ordinator.

An Advisory Office has been set up in the Torres Strait Islands and has similar roles to the Mainland Office. However, whilst there is a RAATSICC Co-ordinator, there is not a Child and Family Resource Co-ordinator who would provide RAATSICC workers with support and updated information on child protection and on how to assist victims, families and communities where there are cases of child abuse. The Cairns based RAATSICC Child and Family Resource Co-ordinator is involved in the process of drawing up a protocol between RAATSICC and the Department of Families, Youth and Community Care, and between the Department and different communities in order to define everyone's responsibilities and to allow local communities to have greater input into child protection issues. For example, in keeping with the new Child Protection Legislation (1999), local RAATSICC workers with local knowledge of the communities can assist Departmental Officers with identifying suitable carers in the community who can care for abused children rather than removing them. Child safety is a critical concern here, and communities need to be educated about sexual and other forms of abuse - the paradox being the removal of the perpetrator from the community or the child.

The opinion of many informants is that there is not enough resourcing and supports for communities on the outer islands, compared with the mainland. The sole Family Services Officer with the Department of Families, Youth and Community Care covers a population of some 15,000 people across the vast areas of land (and water – 10,000 kilometres in total). His role is crisis work in child protection and juvenile justice. This position is not complemented with the appointment of a Community Resource Officer as is the case in the mainland Cairns Departmental Office where this Officer makes three-monthly visits to remote communities in the Cape York Peninsula. The cost of sending an officer from Cairns to the remote Torres Strait Islands

The Community Resource Officer's role is a preventative and community development type one, assisting communities in addressing ways of reducing the number of indigenous children coming into care – that is, entering the child protection and juvenile justice systems. The position also entails providing information about other programs that the

Department funds that could be strategies in meeting the various communities' needs. Whilst mainland communities maintain they are remote, the Torres Strait Islands are even more remote. There are no doctors on site on the outer remote islands (only on Thursday Island) for domestic violence and child protection emergencies. There is no ready access to other professional services for such crisis intervention and no strategies for dealing with this problem.

RAATSICC, through their objectives, aims to reduce the risks of children being harmed within the family, and to increase the ability of communities to provide community controlled support to individual children in need. The services are grouped in clusters and, as a result of the Department of Families, Youth and Community Care's Child Protection Reform Strategy in the late 90's targeting rural and remote areas, funding has been made available to employ Child and Family Support Workers in each cluster. The changes in the new Child Protection Act (1999) have meant that the role of RAATSICC workers has become more restricted and has necessitated the need for more training in this area. The Department trained another group of child care workers, the Aboriginal and Islander Child Care Associates (AICCA), but not the RAATSICC workers who, it is suggested, they assumed were the same. RAATSICC workers had to struggle to get the necessary training as they work in partnership with the Department, and child protection is a significant part of their workload.

RAATSICC workers in the Torres Strait Islands assist the sole Family Services Officer from the Department of Families, Youth and Community Care. The Family Services Officer cannot attend all notifications of abuse and neglect unless the cases are critical and police are involved. On these occasions, they accompany the Family Services Officer. Their role is similar to most workers on the Mainland, is multi-faceted and includes:

- talking with the family following an allegation of abuse or neglect
- interpreting and translating for the Family Services Officer and other non-indigenous people involved in investigations, to overcome language barriers. In some communities there are the two cultures and several different dialects – Aboriginal and Torres Strait Islander
- changing their practices depending on which cultural group they are working with
- providing an educative role in helping parents to care for their children
- talking about new practices of child-rearing
- mediating between government officials and families
- advising of legal issues and procedures - 'pseudo-lawyers'
- providing support and referral to appropriate services – 'pseudo-social workers'
- meeting regularly with other RAATSICC workers to discuss child protection issues, for in-service training, and to support one another in an environment that is very isolated, especially for those on the more remote islands

A number of informants complained that this Service is under-resourced and not recognised by the State government for all the Child Protection work they carry out.

Funding needs to be guaranteed if the Service is to operate properly. CDEP funding is inappropriate. Lobbying for more adequate levels of funding has been a difficult exercise.

Few RAATSICC staff have formal qualifications. A number of staff are undertaking Child Care Courses to upgrade their skills, and in-service training regarding the Department of Families, Youth and Community Care's notification requirements (these have to be put into practice in a way that is sensitive to both cultures). They have tried to get welfare trained workers into the organisation but cannot find any. Another difficulty in trying to bring in trained people is that, in some communities, there is no available housing.

Professional services for victims of child sexual assault and their families are minimal. A psychologist is meant to visit communities every three months for one day. However she has not been seen for six months in one community. There have been attempts to bring in people to provide training on child sexual assault, but some staff are too scared to bring up the subject. There is never any follow up for children with respect to therapy.

On rare occasions, a case will go to court. In these cases, detectives from Cairns have to investigate the complaints. Suspected cases of abuse are monitored by the Suspected Child Abuse and Neglect (SCAN) teams which include visiting doctors, the local police sergeant and RAATSICC workers. In some cases, staff from the Cairns based Aboriginal and Islander Child Care Agency, Yuddika, accompany Departmental officers. Some informants express concern that staff from this Cairns office are coming into communities and not observing local protocols. Each community has protocols and each community is different. It is felt that local RAATSICC workers are more accepted by these communities to work with Departmental officers.

If there is concern about safety issues, permission is sought from the Department of Families, Youth and Community Care to place the child. In keeping with the objectives of RAATSICC to encourage remote communities to respond to the needs of their children in ways that are culturally appropriate, this process involves calling a family meeting and telling the older women what is happening and asking them where the child can go. It is their decision.

Medical and Other Health Services

Tony Bailey, a former solicitor with the Aboriginal Legal Aid that serviced the Gulf of Carpentaria and Cape York Peninsula and other regional parts of Australia, currently operates out of Brisbane and flies regularly to these areas where he has over 1000 female and child clients who are victims of physical and sexual abuse. Over the past five years he has developed a strategy for dealing with the physical injuries of his clients – some injuries, the result of sexual violence. Many victims have sustained 'grotesque' injuries, scarring and deformities as a result of the violence they have been subjected to. Some injuries are quite visible and the women and children feel great shame and embarrassment as a consequence.

At great cost (which is mostly recovered once victims compensation claims are finalised) professional health teams are flown in to provide assessments, medical information, and treatment where possible. In many cases victims need to be flown to major centres for surgery and/or specialist treatment (Cairns, Townsville, Brisbane) and are given as much information as possible to make informed decisions about their treatment options. Tony Bailey states,

‘Aboriginal people are used to being “bottom shelved”, but we take the “top shelf” and give them all the help they need. Options are offered to them, so that they can be involved in their own treatment. Should they be willing to travel to another centre for medical treatment, they can bring a friend or relative to accompany and support them. They will be met at the airport and provided with all transport and accommodation needs’ (2000).

In addition to his medical and legal interventions, Tony Bailey, the aircraft pilot, and the professional people he flies in to these communities, have assisted many new cases of abuse. For example, recently they assisted a 15 year old girl who was raped, with getting out of the community for her safety. They transported her to another community where her grandmother could take care of her. The two psychologists on board the plane were available to support her and arrange for the mandatory notifications and interventions necessary to assist her. On this same visit, they assisted another case where a number of children in a family were abused. They were able to make appropriate referral arrangements for these children before leaving.

The costs involved are astronomical, particularly for the use of chartering aircraft – the only means of accessing these communities, and to entice medical specialists to give up their time and be away from their surgeries for up to a week at a time. Costs have to be met up front, but may not be reimbursed for a number of years or how ever long compensation cases take to get settled. Having ongoing and guaranteed funding would enable this service to operate on a more solid foundation, however Tony Bailey has been unsuccessful in gaining funding from the government and ATSIC. There has been systematic opposition and a lack of support demonstrated towards his request for funding, borne out of fear of exposing the true extent of the physical and sexual violence in these communities. Apart from the women and child clients, the only support for this medical and health service has come from the Carpentaria Lands Council.

Indigenous Family Violence Action Group (IFVAG)⁶⁰

The Cape York Peninsula region has been described as ‘being the last frontier’ in Australia. It is one of the only places that remains in Australia, which does not have graded roads, and many communities are only accessible by aircraft or helicopter.

Communications are also poor in many areas, with the most remote areas unable to access telephone services or receive radio and television communications. This means that during the ‘wet season’ many communities become totally ‘cut off’ and inaccessible, often up to five months of the year. As a consequence, women and children are particularly vulnerable to incidences of domestic violence and child sexual abuse, with little or no assistance from service providers during this period.

The isolation of the region has also limited the ability of the Federal and State governments to provide effective services to meet the grave needs of the indigenous people in the area, which is renowned for its high levels of alcohol, substance abuse, violence and sexual assault. The Family Violence Advocacy Project based in Cairns, has developed a 'model for best practice' to deal with domestic violence, sexual assault and child protection in 16 Cape York communities. They are funded by the Partnerships Against Domestic Violence strategy for three years. The model is called the Indigenous Family Violence Advocacy Group Project (IFVAG). Several relevant agencies whose work has an impact on family violence and sexual assault, are involved. These include the Apunipima Health Council, Department of Housing, Centrelink, Lifeline, Department of Education, police, Aboriginal Legal Services, Department of Families, Youth and Community Care, Yuddika Child Care Agency, Women's Shelters and sexual assault and domestic violence services.

The goal of the Indigenous Family Violence Advocacy Group is to work with communities to alleviate family violence through better service provision and healing for Aboriginal and Torres Strait Islander people, and to increase their awareness of the range of services available and how they can access them.

The model has a three-prong approach, consisting of:

- The establishment of a network of regional groups of service providers who meet monthly to ensure a co-ordinated approach is fostered
- The provision of information sessions, groups and workshops for community women to educate them about violence, services available and how to access them
- Follow-up meetings (called 'building bridges') to encourage interaction between community women and local service providers

This model is regarded as a very sound, well-considered and effective approach. It is one of the steps to building a more solid service which can be built up from the preliminary tasks of achieving and providing information, education, awareness, and the empowerment of women in their community. The next steps involve trying to get resources together to co-ordinate their activities so that they can be applied to any setting in a stream-lined approach. Funding for this project is only for three years and they are more than half way through already. The achievement of goals will be difficult without guaranteed, ongoing funding.

8 INTERVENTION FOR MALE OFFENDERS

The following comments about indigenous men generally and about child sexual assault offenders suggest that many Aboriginal and Torres Strait Islander people, particularly women, care, and are concerned about their men, and for the need for intervention strategies that can help them.

Education

‘Most Aboriginal and Torres Strait Islander communities are patriarchial. The man is boss no matter how well or how poorly he provides for the family. It is important that intervention programs concerning male offenders are managed by other males.

Indigenous males will listen to other indigenous males. An indigenous man must be challenged by an indigenous man. It is the only thing that works.’

‘There’s got to be more male Health Workers educating men though some men would listen to some Aboriginal women.’

‘Education is the big thing that is needed. Men will listen to other men.’

‘We have trouble convincing women that rape in marriage is wrong and is a criminal offence similar to physical violence. We need to educate our people about this but we are only talking to the women. We need to get to the men. Unfortunately the men don’t like being told otherwise.’

‘We’ve got to get the right men on side. That is, those who want to work in the area of domestic violence and sexual abuse.’

Services for men

‘Sexual health and sexual assault services for men in gaols and generally in communities, are poorly funded, although sexual assault and domestic violence programs are starting up through the Cape York Health Council.’

‘There are no services for men who want to do something about their abusive and violent behaviour.’

‘There is a need for crisis services especially for men with a 24 hour emergency phone number.’

‘The only help for men is from groups and camps (if they are willing to go). As a victim of domestic violence I would like to think that men would seek out these groups or talk to other men who can help them with their bad attitudes, drinking and other problems, and violent behaviour.’

The Men’s Healing Conference in Bourke in outback New South Wales each November is a great opportunity for men to get help with domestic violence and other men’s issues. They should meet more frequently than once a year though.’

‘We need to evaluate programs written and run by men for men as sometimes there are perpetrators amongst the writers and those delivering the programs.’

Getting Men to Start Taking Responsibility and to Seek Help

‘Only the women will talk about child sexual abuse. Men need to start doing this otherwise they will never even begin to do something about the problem.’

‘We want men to start taking responsibility for the sexual abuse of children, not blaming it on the grog. They know what they’re doing is wrong.’

‘We have to get the men more involved in the family – to get to know and respect the kids more, like what used to happen in the past.’

‘Women and men have to get together to talk about sexual assault but the dynamics are different – women and men are fighting for different rights.’

‘The groups that are being run for men are addressing substance abuse, poor self-esteem, depression, loss and grief, but many are not including violence towards women and children and sexual abuse.’

‘Men are so unhappy. They have lost their traditional roles and this is why they drink and become violent. But why don’t they do something else with their sadness instead of interfering with children and “stuffing up” their lives as well.’

‘Women want men to address issues of dignity and why they are violent today.’

‘Men are jealous and there is often friction between stepfather and child that is at the basis of the sexual abuse. They are resentful of the attention their partner gives to her children. Alcohol also plays a part in feeding into this jealousy. But, there is no excuse. They could try to do something about their jealousy – even if it is just to understand where it comes from. It may have come from feeling insecure in their own childhood.’

‘We are living in male-dominated societies where predominantly men are perpetrators. Not a lot of Aboriginals are into “gender issues”. We have to challenge them. A lot of men head Lands Councils and CDEP. They control money. They control cars. People look up to them because of their position of power, but some are perpetrators.’

‘We have to get the Elders to take a stand with this problem. A lot of offenders move through communities and are protected by community Elders. Adults know the perpetrators but turn a blind eye because they don’t want to upset the community.’

‘We are always looking to excuse our men for their behaviour. But we have to get to the stage where we’re worrying about the kids.’

‘Men need to start realising what women are experiencing and accept some responsibility for this. Women get depressed and when in a place of depression, they may start using alcohol “to make them feel better.” Not all women drink but almost all get depressed. They try their best to raise children with a man who beats them, rapes her children, neglects her, and neglects the kids. The mother gets blamed for everything. The man is never blamed unless someone catches him with a gun in his hand. Then if he gets caught, they blame colonisation etcetera.’

‘People are always giving reasons for the misuse of alcohol and violence etcetera..But the fact is, Aboriginal men react much more than they act. The reasons are just “cop outs”. It’s like the argument, we can’t control our kids. That’s an excuse. We don’t want to be parents. You get this sort of information if it is Aboriginals doing the research..’

‘Perpetrators are hiding behind the alcohol issues and hiding behind cultural issues. These are the reasons Aboriginal people do not do anything about child sexual abuse. They are not the real reasons why children are sexually abused. I can see the connection of these things with issues of mental health, violence etcetera, but not with child sexual assault. Men need to realise they have choices. The fact that nothing is getting done about it, is very worrying. So long as they say all this, they can’t do anything about it. As long as

excuses exist, nothing will happen. We need to have more Aboriginal people saying this as we cannot apologise for this behaviour.'

'Men think they own women and can do anything they want with women.' 'But, being powerful means "knowing that you are, but choosing not to use it".'

'Men need personal development before economic and social development because they will never fully participate whilst they've got personal problems. Money is going to community development when it should be going on personal development first.'

'Our men need to talk in groups, they need personal development to work out why they are so cruel and jealous. They need to talk about the breakdown in traditional male and female roles and about what is happening today. They don't have a clear perspective when they are living in it everyday.'

'We need Aboriginal workers (men and women) with good listening skills who can talk to others informally, for example while on a fishing trip. In informal settings they can talk about these sorts of things – not in board rooms. We've been systematised by governments – put into 'groups' – this community group, that community group – yet we are individuals and we need to develop ourselves.'

'We have to take away the restrictions "men's business" and "women's business" put on our ability to do some positive things for our people, especially for our men.'

Going to Gaol

'A lot of women have said that they don't like their men going to jail. But, when you ask them what should happen to the men who are sexually abusing children, they say things like "They want to punch their heads in"; "They want justice done"; "They want their men brought to task".'

'When Aboriginal sex offenders go to gaol, they don't get separated from other Aboriginal prisoners like white sex offenders do. White offenders need protection from early on, but I think Aboriginal inmates tolerate the things they're used to. We need to educate our people in gaol about the wrongness of sexual abuse. We also have to acknowledge that a lot of them have also been abused as kids and need help with dealing with this.'

'Child sexual abuse is not a taboo subject amongst the Aboriginal prison population. It is not thought to be such a serious offence as with white prisoners, unfortunately. We are starting an Aboriginal and Torres Strait Islander sex offenders treatment program at the Townsville Correctional Centre. In amongst this will be child sexual assault.'

'I don't see any difference in my work with sex offenders - whether adult or child sex offenders. But there is a big difference because so many paedophiles are in protective custody.'

'New South Wales Correctional Centres have an extremely effective domestic violence and drug and alcohol packages for Aboriginal inmates developed by Les Bursill and Gerry Cutmore, which use Aboriginal artwork and cartoons to get some very powerful messages across. It's a pity so many Aboriginal people have blocked attempts to develop a similar package for child sexual abuse. This is because they see it is as such a sensitive subject, so widespread, and because they fear the implications.'

'We need to take programs for sex offenders to regional gaols (not just to the metropolitan Centres where sex offenders usually are located), and deliver them in culturally appropriate ways.'

‘There is such a high percentage of men in gaol with a history of sexual abuse as kids, that when we are working with offenders we need to work with trauma issues. The behaviour is inexcusable, but if the trauma is not addressed, there will be outcomes for that community.’⁶¹

‘We need programs in gaols to de-institutionalise people and to address the usage of sexual violence in these institutions.’

‘Indigenous sex offenders need a lot of follow up once back in the community. If you are a pedophile and non-indigenous, you need just change your address and re-invent yourself. If you are Aboriginal and a pedophile, it is impossible to change yourself. Everyone knows who you are– word filters through.’

9 PREVENTION

Prevention is a necessary part of addressing the problem of child sexual abuse. As Melva Kennedy writes,

‘These children are our future, this country’s heritage. They are precious and the way they are treated today will influence their attitudes and behavior in years to come’ (1999, p.221).

Of course the reference here is not only to the way the children are treated by their families and the people in their community, but also to those agencies and government departments that have responsibilities for looking after their interests. The Aboriginal and Torres Strait Islander Women’s Task Force on Violence and Tony Koch, chief reporter with the Courier-Mail, lend further support to this argument,

‘The time for preventive measures is long past. Both Indigenous and non-Indigenous people must work together to stop the carnage through proactive intervention. Indigenous people can no longer live under a system that defies and inhibits autonomy and self-determination. In the spirit of reconciliation and reciprocity, a whole of Government approach is required, with Indigenous people also taking responsibility to repair the broken lives of an increasing number of people. There must be no skimping; no shortcuts or kneejerk reactions, because as an elder indicated ‘there may not be another chance’ (Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report 2000, p.xi).

Tony Koch believes that, because alcohol plays such a significant part in the physical and sexual abuse of indigenous women and children, there is a need to urgently address this major problem in communities. He strongly states,

‘The issue to be addressed is not why Aboriginal men drink. It is how they drink, and the effects that drinking has on others – particularly their own family and society members. The sooner a proper inquiry is set up to answer those two questions and find solutions for them, the better. The more it is delayed, the more women and children are made to suffer at the hands of their own men. But men, white and black, have had decades in which to do something about the situation and instead, have chosen the coward’s response – and turned their backs. In doing so they have denied the most basic of rights to human beings who are, without a doubt, more in need of genuine, immediate help than any other section of the Australian population....Every flogging, every rape of a child, every stabbing, could be avoided if only people had the guts and common decency to demand that something be done about the alcoholism and violence now’ (Courier-Mail October 31, 1998 p.21).

With respect to whether the subject of ‘why’ Aboriginal people drink, should be addressed, some Aboriginal commentators stressed strongly, that to deal with any alcohol-related problems, it is imperative to examine why there is such endemic alcohol consumption in some communities.

The following comments by informants provide some additional guidelines for preventative strategies in relation to child sexual abuse:

‘We have to address those factors that increase children’s vulnerability to sexual abuse – alcoholism, emotional and material disadvantage in families, violence, inadequate and poorly funded child protection, legal and other services. This is obviously beyond the scope of any one government department. We have to get State and Federal Government departments together and with Aboriginal and Torres Strait Islander people to look at

how policies, practices and service delivery can help to significantly improve the lives of indigenous children and reduce the risk of them being harmed.'

'We need to involve men early in parenting. This means breaking the tradition of what is perceived as "men's business" and what is perceived as "women's business". We have to encourage men's groups for example the "Hey Dad" program, to allow women to come in and say these sorts of things.'

'Men's groups need to present women's issues in a proper way. For this to happen, we have to bring women into their groups.'

'Fathers need to get in and look after babies when they are first born. They need to be there from the beginning for bonding. Then maybe, they will be less likely to abuse them.'

'We need to return to our custom of respecting Elders and to tradition, particularly with respect to kinship ties, and responsibilities and roles to do with caring for children.'

'To deal with this serious problem, we need to generate new inner and collective strengths which can be restored by returning to our traditional ways of spirituality and of attachment to the land.'

'The reason why such atrocities are going on is because we have lost our cultural concept of the family. All indigenous countries all over the world have a concept of love, respect for one another and caring and sharing. We have gone right away from this spirituality but it was always there and still can be resurrected. Moving back to our land will help us get back to this spirituality, our original values, our identity (who we are and where we came from) and our language.'

'We need to get into places where we can teach children about sexual violence – that it is wrong – so that they don't go on to become abusers.'

'We have got to speak out and say, "This behaviour is unacceptable." We cannot build enough prisons to put our people in. We need educational programs.'

'We have to keep our people out of gaols. This was a recommendation of the Royal Commission into Aboriginal Deaths in Custody.'

'The subject of child sexual assault is sensitive to everyone. It is understandable why so few indigenous people will discuss it. However, videos such as the eight part British Broadcasting Corporation's series entitled "The Big Picture – The Human Body" will go a long way to get to the mind and soul of our people. Videos are recommended as a form of visual aids for education because a lot of our people don't read. This particular series holds back nothing about the human body. All indigenous people all over the world respect the human body. We can get respect back for the human body, for the spirit that lives in it, and for creation. This series should be shown to both men and women – on camps, in gaol or wherever.'

'Non-indigenous people need to overtly demonstrate more respect for Aboriginal and Torres Strait Islander Elders and for the position of authority they hold as teachers, healers, judges and spiritual leaders. As one Elder remarked to white participants at a forum on Native Law held in Nowra, New South Wales, November 2000, "How do you expect our young people to respect us, if you don't?''

'Our youth, particularly our boys, need supports and guidance whilst growing up to learn the right ways to behave towards others. They are otherwise too easily influenced by the damage and disadvantage around them.'

APPENDIX

SOCIAL ENVIRONMENT

Child sexual abuse is only one of many problems in the lives of Aboriginal and Torres Strait Islander children in rural and remote areas. The social, emotional and material disadvantage in the lives of many indigenous children has reached crisis point and has marginalised them from wider society. Unless the factors that contribute to this marginalisation of this special group of Australians are addressed, many children will be ‘cut off’ from the opportunities available to other children in this country.

When one considers the various aspects of their daily lives, it is apparent that indigenous children are severely disadvantaged and suffer enormous hardship compared with non-indigenous children. Indigenous children in urban areas are also highly disadvantaged compared with non-indigenous children. However for those in rural and remote areas, the problems are exacerbated by many factors such as the lack of political power of rural Aboriginals and Torres Strait Islanders, geography, the lack of services and inappropriate services. There needs to be a major shift in the political power of Aboriginal and Torres Strait Islanders, (particularly with respect to drawing political attention to the needs of their children), and in the thinking of most Australians and those in positions of power such as politicians (of all parties), bureaucrats and some indigenous leaders and stakeholders, before any significant changes will occur. Some comments by informants indicate there is a need for dramatic improvements in the way Aboriginal and Torres Strait Islander affairs are being handled, and suggest the need for a major shake-up:

- ‘There is a lack of input and support on all levels: political, judicial and executive.’
- ‘Aboriginal politics have killed so many organisations. This is leading people to mainstream services which do not meet the special needs of indigenous people.’
- ‘Neither the government nor educational institutions are meeting their obligations and responsibilities.’
- ‘There’s no real commitment in ATSIC about issues of child sexual assault. So many senior people are focussed on political issues.’
- ‘There are some excellent Aboriginal leaders who can bring people together. They need to be guided towards proper management arrangements.’
- ‘The government is failing in its duty regarding alcohol.’
- The hardships Aboriginal and Torres Strait Islander children experience, relate to poverty, violence, housing, education, and health. They are all interconnected with one another and thereby make the lives of children complicated, increase their vulnerability to sexual abuse, and make the solutions to their problems, complex.

Some of the hardships that exist for indigenous people are briefly outlined below.

Poverty, Welfare Dependency and Unemployment

Many informants speak of the poverty in their Aboriginal and Torres Strait Islander communities. The lack of employment opportunities is a problem faced by most people in rural and remote areas where there are no viable or accessible labor markets. Jobs are scarce in most towns. For the two-thirds of Aboriginal Australians who live in remote areas, there is no Centrelink centre within 300 kilometres (Sydney Morning Herald, April 6, 2000 p. 11). However in areas where positions are available, Aboriginal people have greater difficulty in competing successfully for permanent jobs compared with white people. This is because a lack of education, problems of literacy, alcohol and drug addictions, racial prejudice, perceptions by some white employers of Aboriginals as 'drunk, lazy and thieves,' and, in some cases, a criminal record all play a part in disadvantaging indigenous people's chances of getting work.

Some industries such as the tourist industry tend to employ non-indigenous people over Aboriginals. For example, Lionel Quartermaine, an administrator of the local Aboriginal housing group in the tropical tourist town of Kuranda in North Queensland, believes shop owners think 'a black face behind the counter would be bad for business' (Sydney Morning Herald, November 30, 2000 p.17). Racial prejudice is very prominent in many country towns where few Aboriginal people are employed in main street shops, or indeed, any shops. It is usually government departments, including local councils, who offer them jobs or property owners.

In rural and regional Australia most employment for Aboriginal people is available through Community Development Employment Programs (CDEP) operating through community councils and other indigenous corporations. Participants are effectively 'working for the dole', receiving not much more for their efforts than unemployment benefits. Although some communities do offer excellent employment initiatives coupled with training through CDEP, participants are mainly engaged in low stimulation activities such as lawn mowing.

For those wanting work but unable to get employment, there is a sense of being forced to be on welfare payments, and forced to be dependent on government for virtually everything.

There is resentment to public money going to Aboriginal groups without any accountability and at the expense of ordinary white people. This is also noted in a major Federal Government study of community attitudes and referred to as 'the Aboriginal industry' (Kaye Healey 1998 p.26). This study found that in regional areas particularly, there is immense resentment towards government funding of such things as school breakfast programs, after-school tutoring, excursions and other benefits for Aboriginal children. Very few understand the reasons for the aid, and many are blaming Aboriginals for their circumstances. The study also states that non-indigenous people do not see a connection between past treatment of Aboriginals and their current disadvantage (op.cit.).

There is also a belief by Senator the Hon John Herron, former Federal Minister for Aboriginal and Torres Strait Islander Affairs, Cape York Aboriginal activist Noel

Pearson, the former governor-general, Bill Hayden and others, that welfare deprives many indigenous people of such things as purpose, activity, identity and authority (Sydney Morning Herald November 30, 2000 p 7; Sydney Morning Herald October 12, 2000 p.2, p.12; Sydney Morning Herald August 17, 2000 p.12). Noel Pearson claims that, in his area, 'sit-down money' poisons indigenous communities, diminishing the responsibility of parents who drink it, gamble it and leave the care of children to others (Sydney Morning Herald November 30, 2000 p.7).

However, economic independence and sustainability, according to members of the Aboriginal and Torres Strait Islander Women's Task Force on Violence, cannot be achieved without significant cultural and social development (2000p.xv). One Aboriginal woman interviewed believes the process has to start with personal development – that Aboriginals cannot begin to embark on any of these avenues of cultural, social, economic or even community development, without some personal shifts to do with pain, grief, alcohol and substance abuse, domestic violence, sexual abuse and inner healing.

Contrary to non-indigenous welfare recipients, the welfare dollar has a different role in indigenous communities such as these. It is viewed as belonging to families, rather than just to individuals. It reflects obligation, sharing and the kinship system which existed pre-colonial times and which are deemed to be integral values in Aboriginal and Torres Strait Islander societies. Indigenous people survive through their family networks, sharing food and money. This web of social support enables them to deal with poverty, grants them a place to stay, especially older relatives who can take over childcare and share resources when the money runs out. However this firmly entrenched social system is not properly backed by the welfare system and critics argue that Aboriginal people would be financially better off if their unique system was recognised by authorities (Sydney Morning Herald, November 30, 2000 p.17; see also Kaye Healey 1998 p.22).

For example, fathers rarely pay maintenance. One way to deal with this is for the Federal Government to top up indigenous sole mothers' welfare payments (Sydney Morning Herald, November 30, 2000 p.17). Another suggestion is that the Government should recognise the way in which children move around households and are cared for by many different members of their extended families by testing a 'Kids Care Card.' This would comprise a debit card which would follow an individual child, enabling welfare payments to be made to a succession of carers (op.cit.).

However, some informants in this study believe it is this movement of children between the homes of the members of the extended family (albeit in line with 'who is better financially off in a given week') that increases their vulnerability to sexual assault. It means that children do not receive consistent supervision from a small number of sources. Also, as a number of Aboriginals lament, 'the practice of caring and sharing and looking after everyone is gone. Too many people are in crisis and cannot care for themselves or others, let alone protect children.' This view is also noted by the Aboriginal and Torres Strait Islander Women's Task Force on Violence (2000 p.33).

Violence

As an Aboriginal Elder from Brisbane states, Aboriginal and Torres Strait Islander people did not always live with violence. He comments,

‘...we were once placid people...The alcohol, the breaking of culture and the hurt that many of our people carry with them, does not excuse the violence that we witness, but must be acknowledged and addressed if there is to ever be a break in the cycle of violence and abuse that we are seeing’ (Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report 2000p.79).

Extent of the violence

For indigenous children today, violence is a familiar part of their daily experience (Aboriginal and Torres Strait Islander Women’s Task Force on Violence 2000 p.ix; p.xii; p.xiii). It is overt and reaching epidemic proportions with both indigenous and non-indigenous people being offenders (op.cit. pxiii; Atkinson cited in NSW Child Protection Council’s Review of the Literature on the Effectiveness of Child Abuse Prevention Programs 1995 p.59).

In some communities there are reports of ‘mind-blowing’ levels of violence of epidemic proportions, with grotesque injuries, especially on pension days which is when the violence really escalates.’ According to Adam Tomison from the Australian Institute of Family Studies, 70% of families in Aboriginal communities experience some form of violence (2000). Nearly half of the indigenous population in a survey conducted by the Australian Bureau of Statistics in 1994, believe that ‘family violence’ is a common problem (Mukherjee et al 1999 p.15). Interestingly, a higher proportion of females than males consider it a problem (op.cit.).

Tony Koch, chief reporter with the Courier- Mail newspaper, and Tony Bailey, a solicitor, both based in Brisbane frequently visit the Cape York Peninsula. Both, along with a number of other informants, describe the violence there, and in other parts of Australia, as being similar to a ‘war zone.’⁶² One Aboriginal informant states,

‘There’s no war in this country but the things that are happening to Aboriginal and Torres Strait Islander women and children in this country, are like being in a war zone. We have to get past the fear of our people not approving of bringing this out in the open, if something is to be done.’

Tony Bailey, a lawyer based in Brisbane, has over 1000 female and child clients in the Cape York Peninsula and carries out his work despite obstruction and a deliberate lack of support from many non-indigenous and indigenous leaders who are concerned that his work highlights, and gives damaging exposure, to the gross amount of violence that exists in Aboriginal communities. His clients are all victims of either physical or sexual violence, or both. Some have horrendous injuries and most require urgent medical intervention and surgery. A number of cases involve children requiring surgery to repair vaginal damage that would otherwise render them infertile. He desires government assistance to meet the cost of flying medical specialists into the Cape communities.

The figures for violence, particularly against indigenous women, are very disturbing and are well documented (Women's Network Services 2000 pp.8-9; Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000 Section 3). As Harry Blagg notes, Aboriginal people generally, are over-represented in victimisation statistics. He quotes research from the Aboriginal Justice Council conducted in the late 90's, that shows that Aboriginal people (males and females) are 4.6 times more likely to be victims of violent crimes than non-Aboriginal people. Blagg also adds that three-quarters of these victims are women. Aboriginal women are 12 times more likely to be victims of assault than non-Aboriginal women (Blagg 2000a p.12) and their injuries are much more severe than those sustained by non-Aboriginal victims of violence (Bagshaw et al cited in Women's Services Network 2000 p.8). Violence against indigenous women is often very public unlike violence in non-indigenous communities (Blagg 2000a p.5; Women's Services Network 2000 p.9).

The type of weapons used against women (and others) is changing and in fact, getting worse. Whereas knives and fence pickets and other objects were being used, now all sorts of weaponry are being used (Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p. 92; Langton et al 1990 p.310). Langton et al note that severe injuries and even death are common (op.cit.). She writes in another article,

'As the third highest killer of Aboriginal adults in the Northern Territory, injury is a problem of enormous proportions which governments must assist Aboriginal people to address by recognising Aboriginal Law and by working with Aboriginal Law and culture so that the problem of arbitrary violence can be overcome. This violence is based in traditional styles of conflict resolution but has been intensified by alcohol abuse so that it is now an almost uncontrollable problem in Aboriginal communities whenever alcohol is present' (1992 p.12).

Newspaper Reports have shown an increase in violence in Far North Queensland. Five deaths were recorded in Arukun in one month, including a woman who stabbed her partner to death during a drinking spree. This year a woman was knifed to death in Cairns for refusing to hand over a cask of wine and a 16 year old sustained a fractured skull during a fight in Porumpuraww (The Australian Magazine, September 16 – 17, 2000 p. 26).

Concerns about Children's Experiences of Violence and their Attitudes to it

Young indigenous kids are clearly witnessing and experiencing violence from a young age. They are also seeing their parents' or close-carers' fear reactions to violence and sometimes the violent death of a parent, carer, close family member or friend (Macksound et al 1993 cited in the Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.33). According to the Kids Help Line's Review of concerns of callers from Aboriginal and Torres Strait Islander backgrounds, calls about violence including sexual assault account for 7% of calls from indigenous youth. This represents a rate 60% higher than the proportion from non-indigenous Australians (1999, p12). Don Clark, President of the Indigenous Social Justice Association in New South Wales, commenting on these calls, states that many of the callers are from abusive, drug and alcohol affected families. He adds,

'Many of these parents or significant others have also been abused and often grow up to expect that this is normal for family relationships. Many of the parents do not know better themselves and their kids end up bearing the brunt of the family dysfunction. The dynamic is often that which has been visited on the parent – and this has often been abusive due to alcohol, drugs, being a stolen child and myriad other assorted reasons' (Kids Help Line 1999 p.20).

A survey of 5000 young people's experiences of violence, by the Crime Research Centre at the University of Western Australia reveals that those who report witnessing violence, are more likely to be of lower socio-economic status, live in households that do not include both parents, or are indigenous (Canberra Times April 26, 2000). Indigenous children are also among that group of young people who are victims of repeated and multiple forms of violence – emotional, physical and sexual (op.cit.; Blagg 2000a p.12). A number of studies indicate that a significant proportion of children subjected to domestic violence are also victims of sexual assault (Armstrong 1998; Tomison 2000 p.7).

Children are learning violence as part of their upbringing and socialisation (Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000 p.xv). They do not become used to violence, they adapt to it (op.cit.p.33). Unfortunately, they are affected by growing up, and living in a climate of fear (Melva Kennedy 2000; Daphne Naden 2000). According to Daphne Naden, they act out violence in their schools. She believes children look at violence as a normal way of life. Because they live in isolated communities they do not have anything to compare it with. The patterns of abuse continue into the next generations. This cycle of violence needs to be addressed through intervention with young people (Kids Help Line 1999 p.12). The impact of violence and the strategies children need to survive it, are now starting to be addressed in women's shelters in New South Wales whereas in the past, the main focus of refuge workers was mainly on the mothers⁶³.

For many children growing up with violence, and perceiving it as a normal way of life, there is almost an expectation that they will be treated badly by others. In one country town of New South Wales, girls have said, 'If your boyfriend doesn't bash you, you're not a real woman' (Channel Nine Television 60 Minutes Program May 21, 2000). This expectation includes sexual abuse. One Court Witness Assistance Officer in a New South Wales country town commented that there is a real ignorance in Aboriginal adolescent girls about what is 'consensual sex.' For 13-16 year olds, there is a lack of knowledge of the range of sexual behaviours that are unwanted and are therefore classified as 'rape.' There is no acknowledgement of them being a crime, and a great deal of denial that abuse has occurred. Some Aboriginal girls expect to be sexually abused and see themselves as 'sluts' – this is what they are told.

Some Aboriginal women state that sexual violence is 'accepted' because it is so common and so widespread. It happens to so many women and children they know. Some women even went as far to say that it happens to everyone they know and that is why it is not reported. They see the need to get women together to talk about sexual abuse, to support them, and to strengthen the view that is 'unacceptable.'

Many informants of the Aboriginal and Torres Strait Islander Women's Task Force Against Violence blame the failure of both indigenous and non-indigenous agencies to deliver critical services as a reason for the rise of violence in Aboriginal and Torres Strait Islander communities. The critical services needed are, for example, with respect to the lack of proper policing of the 'sly grog' trade where both indigenous and non-indigenous agencies are allowing this problem to occur with damaging consequences of violence and poverty for the victims (women and children) (2000 p.xiv). Other critical services that also lead to violence are to do with the stress generated by overcrowded and sub-standard housing, poor education, poor health, poverty and welfare dependency (op.cit p.xiii).

Gang rape is considered to be very common especially in some of the remote communities in Far North Queensland where alcohol is said to play a contributing part. Informants suggest that sexual practices and behaviour be looked at closely by these communities. There is concern, however, that there would be a reluctance to do this because some Lands Councils and Community Councils are allegedly involved in the 'sly grog' trade and do not welcome intervention. As Marcia Langton et al say, the introduction of alcohol and substance abuse dramatically changes the style and intensity of the violence (1990a p.310).

Housing

Amongst Aboriginal and Torres Strait Islander households, it is common for extended families to reside together. According to a survey conducted by the Australian Bureau of Statistics in 1994, 8% of indigenous households were multi-family households compared to less than 1% of all Australian households (Kaye Healey 1998 p.31). Overcrowding and substandard housing often result.

Overcrowding and Substandard Conditions

Aboriginal and Torres Strait Islander people tend to be transient. Sometimes they choose to move from one location to another. Other times, they move because they are homeless following domestic violence, family feuding or because of poverty or a failure to pay rent. Due to the high shortage of housing in some communities, it is inevitable they will move in with relatives.⁶⁴ Although relatives may not know these people well, or their background, it is culturally wrong to refuse a family member to stay. In many Aboriginal and Torres Strait Islander cultures it is imperative that hospitality and respect are always displayed to family members no matter how far removed they are in family ties. This means that generous relatives may find themselves either temporarily or permanently inundated with large numbers of people. At night it is commonplace for mattresses and bedding to fill all available space in homes, with adults and children sleeping together in close vicinity. This overcrowding and alcohol abuse, as mentioned above in the section 'The Higher Consumption of Alcohol and Substance Abuse,' places children at a great risk of being sexually abused. Professor Hunter also makes this observation and states that where there are a large number of drinkers congregating in houses on payday,

children may lie awake all night, scared or unable to fall asleep. Sexual abuse is much more likely to occur to children in these situations (1994 p.22).

A household survey conducted by the Australian National University Centre for Aboriginal Economic Policy Research found, for example, that a house in Kuranda, North Queensland, changed in composition within a fortnight with 27 adults and 15 children sleeping there, with only seven adults and four children residing there the entire time (Sydney Morning Herald November 30, 2000 p.17).

Research by the Centre for Aboriginal Economic Policy Research (CAEPR) reveals that high rates of indigenous mobility, large numbers of visitors and the resultant overcrowding in indigenous households, mean faster deterioration in the condition of housing,. It also means an exacerbation of environmental health problems and ‘visitor-induced’ stress on social relations, and stress on the expenditure capacity of indigenous households (cited in Kaye Healey 1998 p.22).

Home Ownership

Few Indigenous people own their own homes. They predominantly reside in rented homes. Census figures for 1996 indicated that 30.8 percent of indigenous households were owned or being purchased, compared with 70 percent generally (The Sydney Morning Herald April 6 2000 p.11). Approximately 64 percent of Aboriginals rented their homes, compared with 27 percent of the total population (op.cit.).

Inappropriate Design

The design of many homes in Aboriginal and Torres Strait Islander communities is based on the needs of a non-indigenous nuclear family and as a result, is culturally and environmentally inappropriate.⁶⁵ Some attempts have been made by members of the building industry to construct houses in areas such as the Northern Territory, which take into account factors such as the extended family system and the need for ample living spaces, cultural requirements and the climate of the region (such as heat, dust and wind).

However, badly planned houses featuring small living areas, one bathroom and toilet and inadequate air-conditioning continue to be built on a wide scale for indigenous families by various State and Territory Departments of Housing, Aboriginal and Torres Strait Islander Commission’s (ATSIC) community housing and infrastructure program, indigenous housing corporations and community councils.

Langton et al blame ‘overcrowded and inadequate and badly designed housing that doesn’t take traditional lifestyles’ into consideration, for the ‘social tensions’ that often arise. They quote one Aboriginal person,

‘I think it is caused by not enough space for the families, the way the houses where built, is a tiny, small house. They don’t think about the extended families. They try to bring in the European system which is only the natural families and I think that because, even though the houses where built for one family, still other members of the family comes and lives in the house so you have a small house like that

accommodating 1 or 2 families. It just gets crowded and that causes a lot of problems, you have no space to move around, the children have got no privacy, violence occurs in a tight small areas. Say for the housing problem, I think people have to think about building houses to accommodate more than one family in an Aboriginal community and I am sure the education housing management and all that sort of thing has been tried out before but it needs to be constant' (Langton et al 1991 p.478).

The Australian Bureau of Statistics found in 1994, that 11% of dwellings did not have enough bedrooms and 10% did not have enough living area. Furthermore, 6% of dwellings had inadequate bathing facilities and 6% did not have sufficient insulation or ventilation. (Kaye Healey 1998 p.31). Badly planned housing results in overcrowding and exacerbates problems that already exist such as high levels of family violence, sexual assault, and health issues including the spread of contagious illnesses.

Tony Koch, chief reporter with 'The Courier- Mail' newspaper has written many articles on the high levels of violence and sexual assault in Cape York communities. Although he acknowledges that many factors contribute to the sexual abuse of children, he concedes that the dilapidated state of housing increases their vulnerability. He notes that families sleep in houses often with no windows or doors. It is therefore relatively easy for men roaming around, to wander into homes and commit the abuse.

Shortage of Housing

Overcrowding of homes is acknowledged by the Aboriginal and Torres Strait Islander Women's Task Force on Violence as a major problem. The report states that although action has been taken to build new homes in Deed of Grant in Trust Communities (DOGIT) and remote communities over the past decade, the level of demand far exceeds the number of houses that have been constructed (2000 p.162). Indigenous communities are experiencing a 'baby boom' (Australian National University's Centre for Aboriginal Economic Policy Research cited in the Sydney Morning Herald Nov 30, 2000 p.17) and the population growth is outstripping the rate at which new homes are built and at which repairs are being carried out on existing homes (The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.162). Therefore, for many indigenous people, present living standards are utterly inadequate. Houses are inferior, hygiene and ablution facilities appalling... (Langton 1992 p.11)

Despite this, many women who may wish to escape with their children from a perpetrator of child sexual assault or domestic violence, may not have an alternative.. The waiting list for public housing can be several years and private housing can be extraordinarily expensive, escalated by the high demands for housing.⁶⁶ The only option available for many Aboriginal women in isolated communities are the homelands which offer only a basic standard of living, and where running water and essential services are scarce (The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.163).

Education

It has become evident in compiling this report that Aboriginal and Torres Strait Islander people have identified that it is not only child sexual abuse that is interfering with some children's ability to focus on their schooling, but that there is a myriad of factors (some that are to do with their basic needs such as food, good health, love and affection, decent housing etcetera), that are responsible for this.

Many indigenous leaders believe that education of their youth is the key to greater autonomy for Aboriginal and Torres Strait Islander communities. It is their goal to see their young people gain qualifications in important fields such as medicine, law, and education, and to return to work for the betterment of their communities. They also want their children to gain the necessary qualifications to take up positions with government departments (the largest employer in many communities) enabling indigenous people to have greater control over services and resources. Unfortunately, despite this aspiration, the reality is, few indigenous young people complete high school, let alone go on to tertiary education. As one informant strongly states,

'The many reasons that are holding children back from gaining a good education have to be acknowledged by everybody, black and white, and something has to be done about it or our next generation will be worse off than us, and God knows it has been tough for us.'

The following section highlights some educational difficulties indigenous children encounter in their ability to achieve at school. However, it is important not to stereotype all children and to acknowledge the successes of many Aboriginal and Torres Strait Islander children, some who have done extremely well, academically.

Completion of Schooling

A recent inquiry into rural and remote education by the Human Rights and Equal Opportunity Commission found that less than three in 10 Aboriginal boys and only four in 10 Aboriginal girls progress beyond the age of compulsory schooling of Year 9 (Sydney Morning Herald, March 28, 2000 p.2). Indigenous children are half as likely as non-indigenous children, to finish Year 12, only one-fifth will go on to tertiary education, and they are more likely to be illiterate compared with non-indigenous children (Sydney Morning Herald, April 6, 2000 p.11).

Don Anderson, a former school principal with approximately 20 years schooling experience in the Cape York Peninsula recently told 'The Australian magazine' that 'education has reached crisis point', with only one teenager on the Cape completing Year 12 last year (The Australian Magazine, September 16 – 17, 2000 p. 26).

However, despite these poor statistics, there has been some improvement, particularly in regard to the retention rate. Figures have demonstrated between 1991 and 1998 there has been a 40 percent increase in indigenous school enrolments and a 60 percent rise in those seeking higher education. These figures still do not fare well in comparison to non-indigenous Australians with the retention rates to Year 12 for indigenous students at 32

percent compared to 70 percent for the rest of the population (Sydney Morning Herald, April 6, 2000 p.11).

One Aboriginal Health Worker believes the future is bleak for indigenous children, particularly girls that leave school at the age of 13 or 14. She claims that not having completed their education, they become limited in their employment opportunities. As they are too young to access unemployment benefits or undertake CDEP work, they become pregnant in order to access welfare. Pregnancy to these young girls may also be viewed as a solution to the boredom they are experiencing as a result of leaving school early.

Although, some progress has been made with Federal Government policies such as the Aboriginal Literacy and Numeracy program (\$1 million has been committed to this program), in the Year 2000, indigenous students continue to lag behind fellow non-indigenous students in educational achievement. (Sydney Morning Herald, April 6, 2000 p.11). There are many factors contributing to the underachievement of indigenous students and these include:

- no access to formal education in some isolated communities
- high rate of absenteeism
- parental attitude to schooling and the education system
- family dysfunction
- child sexual abuse
- poor nutrition and health
- substance abuse
- bullying and racism
- low levels of literacy and numeracy
- language difficulties
- no English as a Second Language (ESL) classes
- cultural incompatibility of educational curriculum
- quality of teachers.

Some of these factors are discussed below.

Isolation and Transport

Significant numbers of Aboriginal children in isolated regions do not have access to formal education. It is estimated by the Human Rights and Equal Opportunity Commission that, in one area in the Northern Territory, 1000 indigenous children do not have access to school. They found that two hundred school age Aboriginal and Torres Strait Islander children have no school in a remote area of Queensland (Sydney Morning Herald, March 28, 2000 p.2).

The Human Rights and Equal Opportunity Commission also refer to isolation and transport being a major problem for many rural and regional children wanting to access schools. Many pupils experience long days because of travel to and from school, or to

outside school activities such as sports day and cultural performances. The report reveals that in one area in Western Australia, up to 30 percent of students are absent from school, partly as a result of long distances (op.cit.).

For those children who reside outside major population centres in Australia and who do have schooling, education is considered to be 'second-rate' according to the Human Rights and Equal Opportunity Commission's report. Geographical isolation is said to impair the quality of education available to rural students and often limits the range of subjects available (Sydney Morning Herald March 28, 2000 p.2).

Absenteeism

High levels of school avoidance is evident among Aboriginal and Torres Strait Islander children. It is commonplace in many communities to witness large groups of children on school days at home or in the streets. One can then draw the conclusion that the education system is failing many indigenous children and is not perceived to be a fun or important place to be. Informants suggest that schools should take a serious look at why attendance is so poor and do something to address this.

In the Northern Territory, Elders complain that Europeans berate them if they take their children out of school to teach them traditional ways, and particularly if they take their sons out of school for initiation. Given that the initiation phase continues for some years, and that it would be shameful for a newly initiated man to rejoin his uninitiated younger colleagues in school, they tend not to return to the school system (Langton et. al. 1991 p. 376).

The reasons for avoiding school differ from child to child and community to community. However, many would argue that some major contributing factors are:

- the unavailability of transport
- bullying and racism
- cultural incompatibility of the curriculum
- the teacher's method of teaching and
- parental attitudes to their children's education.

Parental Attitudes to the Education System

Some parents harbor a lasting legacy of resentment towards the school system. Informants advise that those parents who were enrolled in the school system at the time when policies of assimilation were implemented, would have horrific memories of their schooling years. They viewed many educators and teachers as being racist. It is difficult for many of these parents to differentiate their own experiences from the education system today.

This negative attitude is sometimes inherently passed on to their children (Beresford and Omaji 1996 p.54). These experiences may have also deterred them from becoming involved in the education of their children (op. cit. p.55). An example of this is their reluctance to join an organisation such as the Parents and Friends Association - an ideal forum to give them the opportunity to lobby for a better, more culturally appropriate education system for their child.

The Aboriginal Issues Unit of Western Australia records the comments of locals from the Busselton community, that it is the poor formal education level of parents along with their low self-esteem that leaves parents without either the motivation or understanding to ensure their children did well at school. Children then drift to the streets (1990, para.5.2.1 cited in Beresford and Omaji 1996 p.68).

Another problem highlighted by informants, is that many indigenous parents left school at an early age and do not possess the skills to continue the education of their children at home, such as assisting their children with homework.

Discipline imposed by schools on indigenous children is also viewed by many indigenous people as being in conflict with traditional 'child rearing practices.' (op.cit. p.65). 'Discipline conflicts' occur as a result of faulty relationships between teachers and students. Teachers are perceived, through their discipline methods, to be oppressive, exploiting students, and not recognising their unique needs (op. cit. p.61). However, on the other hand, informants claim that some teachers argue that inconsistent parenting at home and a lack of supervision causes poor behavior in students, and disruption in classrooms.

Poor Nutrition

There is much evidence on how poor nutrition can impact on a child's performance at school, especially with respect to concentration levels. Health Workers interviewed repeatedly raise the issue of under-nourishment in children, the long periods of hunger they endure, and how prevalent it is amongst some communities. Some suggest that educational problems for children begin prior to even starting school. This point is reflected in a statement made by an Aboriginal Social Worker to Beresford and Omaji, researchers into Aboriginal juvenile crime, and highlights the need for prevention through early intervention. She states,

'... many Aboriginal children by the age of five years have suffered a level of physical and social disadvantage from which it is unlikely and in some cases impossible to recover ... many young Aboriginal children before they enter the educational system, are so affected by malnutrition and disease, that they often lack the capacity to benefit from whatever educational opportunities are available and have difficulty in achieving at a level that will allow independent social functioning' (quoted in Beresford and Omaji, 1996 pp. 148-149).

One Elder reporting to the Royal Commission into Aboriginal Deaths in Custody, states,

'What kind of future is our kids going to have? Little kids starving. They got another 40 – 50 years to go. They starving – can't be good student (Langton et al. 1991 p. 311).

And another commented:

'In many communities, most people, especially those with no other source of income, are hungry a week after the social security cheques arrive, surviving only on tea and damper in some areas (op. cit. p. 380).'

It is this fact which has precipitated the introduction of breakfast programs in many schools.

A Channel Nine Television 60 Minutes program highlights the success of providing meals to students in the Wilcannia School in outback New South Wales, and the significant difference it makes in the educational progress of students. The Principal explains that approximately 50% of his students are not fed breakfast and often do not receive any food from Sunday until Wednesday after the Social Security money runs out (Channel Nine Television 60 Minutes, May 21, 2000).

Substance and Alcohol Abuse

Children affected

Substance abuse has reached epidemic proportions in Aboriginal and Torres Strait Islander communities with damaging effects on health and schooling. Young people abuse a range of substances such as alcohol (including methylated spirits), boot polish, marijuana, petrol and glue. Informants advise that Far North Queensland communities are experiencing problems with children sniffing deodorant cans and fragrances – particularly the popular brand of 'Impulse.'

Petrol sniffing has particularly hit central Australian communities hard. According to the Weekend Australian, 'every major community on Aboriginal lands west of Alice Springs is in crisis' (August 5-6, 2000 p.4). It is estimated that 500 full-time sniffers live in Central Australia alone (Sydney Morning Herald, September 8, 2000). Hermannsburg located in the Northern Territory has a population of 600 people and it is estimated to have between 60 and 80 sniffers (The Weekend Australian, July 15 – 16, 2000 p.8). The Weekend Australian also reports in Mt Liebeg, 'kids as young as eight sniffing in front of the store' (op. cit. p.8).

According to the Weekend Australian newspaper, the impact of petrol sniffing is quite marked. Petrol virtually melts the protective membrane around the peripheral nerve endings in the brain causing 'a shorting effect which jumbles messages.' Children have frightening hallucinations and lose contact with reality (August 5-6 2000 p.4). Concentration is impaired, and children have no interest in, or ability to cope with schooling.

Need for drug and alcohol education program in schools

Several Aboriginal and Torres Strait Islander Health Workers mention the need for drug and alcohol education programs in schools. It is also raised by Langton et al in the 'Royal Commission into Aboriginal Deaths in Custody National Report – Volume 5.' The following suggestions made by Aboriginal Elders are noted in the Report:

'What about educating kids about grog – just like they advertise on TV about drugs – what about grog?.'

'I don't think our school has any programs about petrol sniffing, alcohol or legal studies. Not part of curriculum. We as the Women's Council should put pressure on the school to get this curriculum into school.'

'We need more education system. We've talked about using our media – our local video centre. We can use it to get some messages across' (Langton et al. 1991 p333).

Effect of Parent's drinking on children's education

Many informants raise the problem of parents who abuse alcohol and drugs, and the impact it has on children in so many elements of their lives, including their education. Some state they are too stoned or drunk to attend meetings at the school about their children's progress. This is also mentioned in the Channel Nine Television 60 Minutes Program (May 21, 2000) and in the Royal Commission into Aboriginal Deaths in Custody.

'Parents are too slack or drunk - can't get organised to get their kids to school. The family relationship is our strongest tie, with our kids. Right from the start he learns from the example we set' (Langton et al 1991, p. 312).

Bullying and Racism

For some indigenous children, the school environment represents a place where they are subject to bullying and racism on a daily basis, particularly in schools where their race is deemed to be a minority. Phone calls directed to the Kids Help Line indicate that indigenous children experience high levels of bullying which takes a variety of forms including, emotional and physical harassment, exclusion from peer groups, intimidation, extortion and violence (Kids Help Line 1999 p.12). This report found bullying is more prevalent among younger children with 76% of indigenous callers aged between 10 and 14. Their experiences tend to be more severe than for non-indigenous callers (op.cit.p.13).

Excluding or alienating an indigenous child from peer groups in the school environment is one manifestation of racism and has the detrimental impact of exacerbating poor self-image, making the possibility of positive school experiences unlikely for that child (Beresford and Omaji 1996 p.55).

Levels of Literacy and Numeracy

This fact is also referred to in a Northern Territory Public Accounts Committee report published in August 1996, which determined that students in remote Aboriginal schools perform 3 to 7 years behind urban students of the same age in literacy and numeracy tests (Kaye Healey 1998 p.37). Figures released by the Federal Government earlier this year, showed literacy figures continued at discouraging levels with 34 percent of Aboriginal students failing literacy benchmarks and more than 70 percent failing in the Northern Territory (Sydney Morning Herald, April 6, 2000 p.11).

English as a Second Language

The Northern Territory Public Accounts Committee report found that poor performances of Aboriginal students from remote Aboriginal schools in literacy and numeracy tests, could be attributed to English being a second language for many of the students. In the Torres Strait, English may in fact be a third language for children, as a particular dialect and Torres Strait Creole (pigeon English) are predominantly spoken at home. In fact television and the school environment may be the only times these children are exposed to English.

Despite this fact, Aboriginal and Torres Strait Islander people have not been recognised by the Commonwealth, as requiring English as a Second Language (ESL) funding and support (Kaye, Healey, 1998 p.37). One Torres Strait Islander woman recalled a school supplying an ESL teacher for a young Vietnamese child in a primary school class, however this child experienced as many difficulties in mastering English as his fellow Aboriginal and Torres Strait Islander students.

Cultural Incompatibility

For many Aboriginal and Torres Strait Islander children from traditional communities entering a school environment that is based on Western civilisation learning principles, can be an immense culture shock! According to Beresford and Omaji the philosophy of Western education is based on a concept to change the world and value technology and progress. However Aboriginal and Torres Strait Islander people are taught from a young age, how to relate to their environment and their world, and how to value harmony in human relationships (Beresford and Omaji 1996 p.62).

Traditionally children were provided with a holistic education about life, health, survival, child-rearing practices, maturational processes and responsibilities to family and kin. They were taught these things collectively by men, women, families and extended family members, guided by the values and teachings of Elders and the customary lore (Aboriginal and Torres Strait Islander Women's Task Force on Violence Report 2000 p.47).

The Western education system promotes individual achievement, which is in contrast to the co-operative, group-centred cultural values of the Aboriginal lifestyle (op.cit. p.64). Also, the methods in which they encourage learning in children, are incompatible. 'Most Aboriginal learning is through observation and imitation rather than through verbal instruction, oral or written, as is the case in European schools and society' (op.cit.).

Pat Naden, an Aboriginal Health Worker also acknowledges that this is an issue, which needs to be considered by policy makers. She advises that Koori children have a different way of learning and therefore teachers needed to apply different teaching methods for indigenous children than those used for non-indigenous children (2000).

She, like other informants, strongly believes schools need to recruit the assistance of Elders to teach students culture, languages and dance as happens in some schools in Far North Queensland (Eric Deraal 2000) and in Bourke in outback New South Wales. However, other informants argue that including cultural programs in schools can present problems in those communities, which accommodate a variety of indigenous groups and languages. Educators need to keep in mind the diversity of communities.

A North Queensland teacher told of the significant improvements the local school has experienced in attendance, since the introduction of a cultural program featuring customs and dance, taught by Elders. The program also leads to the opportunity for students to perform in a major cultural festival. She says that significant patterns of attendance have emerged with the children, depending on what days the cultural programs are taught. As a result, the school no longer has a set day for their cultural programs. They teach them spontaneously. This approach has proved to be an effective deterrent against school absenteeism, as the students endeavor to attend each day in order not to 'miss out' on the cultural programs. They consider them 'fun' and relevant, and therefore benefit from a wider educational experience.

The employment of more Aboriginal and Torres Strait Islander teachers in schools offering education about indigenous issues, culture, language, history etcetera, will help make education more relevant and culturally appropriate. It will also help to instill pride, dignity and optimism in children.

Quality of Teachers

The quality of teachers can be attributed to a number of factors, including the difficulty small communities have in attracting competent teachers.

Often new graduates take up country positions. Many lack the life experience to cope with living in rural and remote areas, and to relate to different cultural groups.

Absenteeism Leading to Crime

Beresford and Omaji found that poor schooling experiences is a major factor that contributes to juvenile crime. They cite the combined effects of disadvantage, alienation, resistance to education, breaking school rules and school discipline, and the despair and poor-self image these can create, as invariably leading to the committing of offences (1996 op. cit.p.68).

A survey of Aboriginal youth detained in the prison system reveals that over 80 percent are irregular school attenders and almost one quarter begin committing crimes at the ages of between seven and ten (op. cit.p.123).⁶⁷

Informants claim the reasons children commit theft and other crimes stem from boredom, poverty (need for food and clothing), a desire to obtain material possessions in line with the 'white community', or the influence of substance abuse.

Health

Indigenous babies are two to three times more likely to be born with a low birthweight of less than 2500 g – a condition linked to maternal smoking, poor nutrition and complications during pregnancy and which is an indicator of future health problems. Furthermore, indigenous babies are up to four times more likely to die at birth (Kaye Healey 1998 op. cit p.2). Sudden Infant Death Syndrome is also at a high level, with rates four times higher than for the rest of the Australian population (op. cit.).

Informants also claim that the environmental conditions of indigenous children residing in homes which are in a poor condition and overcrowded, make them more susceptible to infectious diseases. The lack of running water and poor ablution facilities mean poor hygiene. One Aboriginal consultant on family violence acknowledges the poor conditions some families are living in, but also believes that many Aboriginals did not learn basic domestic skills and hygiene, because no one taught them. Consequently children do not learn how to care for themselves. She believes the lack of personal hygiene contributes to children's low self-esteem. She says,

' People say it's a parent's responsibility and it gets fogged off as a little thing. But, if you've got bad skin, scabbies or scarring, or bad body odour, you get called names. Our kids like sport, but particularly in puberty years, body odour can be a problem. The schools try to deal with it, but they are not there to deal with personal hygiene. It is the parent's responsibility. But no one taught them about these things. Our own people are too frightened to open up their mouths and educate people. This is further neglect of their people. No one wants to do their job'

According to Commonwealth statistics and World Vision, treatable diseases such as trachoma (which can lead to blindness), glue ear (which causes deafness in children) and heart disease are rampant in many communities. Aboriginals are up to 18 times more likely than other Australians to die of infectious diseases (The Australian Magazine, September 16 – 17, 2000 p. 24).

Aboriginal and Torres Strait Islander children are likely to have a future in which they are prone to a number of diseases. Some of these diseases are preventable and some are lifestyle related, particularly with respect to smoking, poor diet; and excessive consumption of alcohol. These include: death rates for infections of the kidney are 23 times higher than for the Australian average; tuberculosis (16 times higher); alcohol dependence (11 times higher); cancer of the cervix (7 times); chronic respiratory disease (4 times); pneumonia (10 times); diabetes (11 times) (Kaye Healey 1998 p10).⁶⁸

The Federal Government has increased its spending on health services for indigenous people by 23% since 1996 and it is budgeted to rise by 61% in real terms by 2002 – 2003. Since 1996, funding has also been spent on an additional 26 primary health-care services and a further twelve communities will receive these services (Sydney Morning Herald, April 6, 2000 p.11). Despite huge injections of funding into Aboriginal and Torres Strait Islander health and some progress made, indigenous people continue to have the lowest life expectancy than for any other indigenous minority within a first world country (Kaye Healey 1998. p.8).

According to ‘The Australian Magazine’ outside a war zone or a country/region experiencing famine, **Aboriginals are the only indigenous people in the world whose life expectancy has not increased during the past 15 years** (The Australian Magazine, September 16 –17, 2000 p. 24).

The expectation of life presently is 16 – 20 years less than that for the total population, showing an immense disparity between comparable countries with indigenous populations such as New Zealand, Canada and the United States. These countries have achieved considerable success in indigenous health programs with the life expectancy of their indigenous people now at a level of three to five years behind non-indigenous people (Kaye Healey 1998 p.8). Half of all Aboriginal men and four in 10 women will die before they turn 50 (The Australian Magazine September 16 – 17, 2000 p.24).

In some communities the life expectancy is less. In the Channel Nine Television 60 Minutes Program, it is reported that the average life expectancy for males in Wilcannia is 33 years of age (May 21, 2000).

Some deaths can be prevented with early detection and treatment, for example, cervical cancer. Indigenous women died from cervical cancer at nine times the rate of the general population between 1995 and 1997 (The Australian Institute of Health and Welfare cited in the Sydney Morning Herald, September 12, 2000 p.6). It is believed that many indigenous women ‘feel shame’ to undergo pap smears, which provide early warning of abnormalities, from which treatment would be commenced. Dr Paul Jelfs from the Institute, believes the recruitment of more female doctors in rural and regional communities would encourage indigenous women to access screening services, as it would be in line with ‘women’s business’ customs. (Sydney Morning Herald, September 12, 2000 p.6).

The failure to undertake medical checks or screenings also leads to the lack of detection of sexually transmitted diseases. Health education programs which encourage medical checks, need to be a priority in Aboriginal and Torres Strait Islander communities along with other prevention programs that include rectifying poor living conditions.

High Rates of Sexually Transmitted Diseases

Sexually transmitted diseases are rife amongst Aboriginal and Torres Strait Islander people, especially those living in northern Australia. They are often untreated.

A number of Aboriginal Health Workers in country New South Wales state they know of communities that have high rates of sexually transmitted diseases such as gonorrhoea. One worker reports that the local doctor is treating almost everyone in the town with penicillin. However, in the Cape York Peninsula and the Torres Strait Islands, a new strain of gonorrhoea has surfaced that is apparently resistant to penicillin (The Weekend Australian July 8-9, 2000 p.5).

In 1994, in the Royal Darwin Hospital, sixty sufferers of pelvic inflammatory disease, caused by untreated sexually transmitted diseases were admitted. As many people do not seek treatment for symptoms, health workers estimate Darwin has about 180 cases of pelvic inflammatory disease and approximately 1000 people will contract chlamydia and gonorrhoea each year. (Kaye Healey 1998 p.19).

According to Chris Barron, Regional Program Manager for Sexual Health and HIV Co-ordinator, based in Cairns, there is an excessively high incidence of sexually transmitted diseases in Northern Australian communities. He states young people (indigenous and non-indigenous) from Cape York communities aged under the age of 25, have 60% chance of contracting one sexually transmitted disease and 30% chance of contracting two or more sexually transmitted diseases (Barron 2000).

Reluctance to Use Protection

Informants argue the high prevalence of sexually transmitted diseases among indigenous people can be attributed to a possible lack of knowledge and/or to their reluctance to use protection such as condoms. The cost of condoms is also considered a factor.

Even though in isolated communities condoms are sold in local supermarkets and chemists, and are available in some public toilet blocks, they are not as readily available as in the city. Some young Aboriginal and Torres Strait Islanders might feel 'shame' to purchase them from a supermarket where a relative or a family friend is serving at the counter.

Informants state that in many indigenous cultures, men and women do not openly discuss the act of sex as it is taboo. Therefore they are hesitant to raise the issue of using a condom. In the Northern Territory, health workers endeavored to address this problem a few years ago through a community awareness program by creating a character called 'Cous Congress.' This character based on a superhero, visited Secondary Schools in Alice Springs and featured in posters and advertisements on Imparja, the indigenous television station. Another superhero character 'Condo Man' featured in posters and the central focus of his message delivered with good humour was 'No shame, use a condom.' These commercials which also encouraged a healthy lifestyle, are no longer in use, but they were effective in promoting a positive health message to a wide indigenous audience.

Similarly, in the Torres Strait, the sexual health team on Thursday Island has produced posters and leaflets which are presented in a culturally sensitive way in the language of Torres Strait Creole.

Reluctance to Seek Treatment

Informants concede that many young people may be aware that they have a sexually transmitted disease, but however may feel too embarrassed to seek treatment. Generally speaking, young people do not access primary health services (Barron 2000).

On the other hand, some people do not always have overt symptoms with a sexually transmitted disease or the symptoms appear but go away after a few days. They assume incorrectly that there is no need to seek treatment. One sexual health worker advised that chlamydia and gonorrhoea are two sexually transmitted diseases, which do not always display symptoms. One Aboriginal Health Worker says it is common for women to have two or more sexually transmitted diseases, as a result of not seeking treatment for previous sexually transmitted diseases.

A number of Sexual Health Workers interviewed, express concerns about the fact that their clients do not contact them regarding test results, (some may not have a phone and not be contactable). Consequently, follow-up treatment can not be arranged.

An Aboriginal Health Worker raised the problem of some Aboriginal Medical Services being family controlled. Young people will not access this service as they would be compelled to seek treatment from a relative and may fear a lack of confidentiality.

An informant elaborated further on that point, stating that one Far North Queensland community has a sexual health unit accommodated in the primary health centre and their Sexual Health Workers are known to the general public. Unfortunately, people seeking treatment are required to wait in a public waiting area, until the Sexual Health Worker calls their name. She states that being collected by this Health Worker, immediately alerts others to the fact that they have a sexual health problem.

Lack of Resources to Address Sexually Transmitted Diseases

One Sexual Health Worker acknowledges that greater funding is required to address the sexual health problems in indigenous communities. Some communities do not have the resources or the staff required to manage sexual health promotion programs. She advised in New South Wales, one percent of the health budget is directed to sexual health, which does not match the magnitude of the problem.

Even when a particular primary health service has the appropriate resources to employ a Sexual Health Worker, an informant advises that rural communities experience problems attracting staff, particularly medical specialists in this field.

Children with Sexually Transmitted Diseases

Some diseases which are usually transmitted sexually (such as herpes) are not in themselves necessarily an indication of child sexual abuse, as they can be passed on from mother to child at birth.

In some cases, child sexual abuse is only brought to the attention of authorities when a child with a sexually transmitted disease is admitted to hospital for other reasons. Informants speak of cases where hospital staff discover symptoms in children as young as 18 months old, and in one of these cases again when the child was 9 years of age. On a number of occasions when hospital staff raise the subject with the parents, it is alleged they remove the child from the hospital and leave town before the Department of Community Services intervene.

A number of informants express concern that some general practitioners do not report the detection of a sexually transmitted disease in a child either to parents or authorities. One informant believes that child sexual abuse is such a sensitive subject, that this reluctance of doctors to report, may stem from a fear of being deemed racist or of retaliation from the family of the child. Many informants state doctors should be brought to task for failing to report sexually transmitted diseases and suspected sexual abuse.

It is the concern of many informants that some children may become infertile as a result of untreated sexually transmitted diseases.

Mental Health

Joseph Reser speaking of the mental health problems that contemporary Aboriginal communities are facing mentions child sexual abuse along with suicide, youth gangs and widespread binge drinking as all being

‘a relatively recent and bewildering problem...dealing with them is beyond people’s experience or the ability of faltering social control systems. There have been many formal and informal requests from communities for assistance, assistance which, in some communities, is desperately needed’ (1991 p.279).

It is only recently that the mental health needs of indigenous Australians are being systematically addressed, states Professor Hunter (1998 p.12). He believes this is due to a growing awareness of mental health professionals of the special needs of this ‘underserved’ population and also as a result of national inquiries, which have demonstrated both the mental health needs of indigenous people and the evident failure of mainstream mental health providers to meet these needs. These inquiries include the Royal Commission of Aboriginal Deaths in Custody (1991) and the Human Rights and Equal Opportunity Commission’s Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (1997) (op.cit.).

Hunter cautions that although some mental health workers and bureaucrats uphold the ‘socially constructed concept of indigenous mental health’ (which) ‘prioritises wellness,

holistic health and culturally informed approaches to healing', there are a number of practitioners who continue to 'medicalise and trivialise entrenched social problems' (op.cit pp.12-13). Research conducted by Alex Gulash et al (1999) provides valuable insights into how mental health professionals can assess, and begin to understand the nature of indigenous mental health. Some guidelines for establishing professional/client relationships are provided as well.

With so many social and emotional problems afflicting Aboriginal and Torres Strait Islander people, it is understandable that the mental health of many people would be affected. Domestic violence, overcrowded housing, poverty and unemployment can be added to Reser's list - all impact on the ability of individuals to cope. Indigenous people are subjected to these problems on a daily basis. For some people these problems are additional to the more serious mental illnesses such as schizophrenia.

Some communities are constantly in grief with frequent deaths. For example, in Wilcannia a Welfare Worker states that there is a death every two or three weeks. She adds, 'They are constantly in upheaval, mourning. They are bleeding' (Sun-Herald June 4, 2000)⁶⁹.

Abuse of drugs and alcohol can also play a major part in the deterioration of mental health. Alcohol has a depressing effect on mood. The abuse of some drugs such as marijuana can lead to an onset of schizophrenia, when there is a pre-disposition to this. It is a vicious circle as for many indigenous people, past traumatisation led to their initial abuse of alcohol and drugs as an 'escape' from their circumstances. However, it in fact exacerbates their despair and contributes to further dysfunction.⁷⁰

Professor Ernest Hunter discusses the detrimental effect alcohol has on the mental health and other aspects of indigenous people's lives. He writes,

' In Western Australia, for which the most reliable information is available, during the period 1989 – 1991 the rates of Aboriginal male and female deaths from alcohol caused conditions were 5.2 and 3.7 times those of non-Aboriginal men and women. Furthermore the frequent co-occurrence of serious psychological disorders and affective symptoms with heavy alcohol consumption has been demonstrated (Hunter, Hall & Spargo, 1991; Unwin, Thomson & Gracey, 1994). The behavioural consequences include an indigenous homicide rate some eleven times that of the wider society (Strang, 1992) (1998 p.12).

Despite the high incidence, mental health problems in Aboriginal and Torres Strait Islander communities are difficult to treat due to the fact that communities still attach a great deal of stigma to mental illness. It is for this reason and the fact that many mental health problems have their origin in the socially disadvantaged environment that indigenous people live in, that the term 'social and emotional well being' is used by many Aboriginal and Torres Strait Islander Health Workers, instead of 'mental', which conjures up negative connotations for indigenous people (Gulash et.al 1999 p. 25).

Suicide

Langton et al document the many ways that the concept of the traditional Aboriginal family (the immediate parent – child relations, or the wider kin network in which these

are located) has changed over the last two centuries, resulting in a breakdown in family and community support structures. The addition of alcohol and substance abuse by adults as well as by children impinges on an already fragile society (1991 pp.475 – 495). This means that many indigenous children are growing up without a supportive environment around them.

Informants to this report advise that the problems that Aboriginal and Torres Strait Islander youth face, become so traumatic that they either attempt or are successful in committing suicide. The ‘risk factors’ for suicide amongst indigenous youth are high and include low self-esteem, sense of being neglected, rejected and unloved, child sexual abuse, depression, grief, stress, poor coping skills, substance abuse, and a perceived belief that there is little hope for their future.

Some informants believe there is a direct correlation between sexual abuse and suicide. One informant advises that in one Far North Queensland community, locals refer to a tree as ‘the hanging tree.’ Apparently, over a period of time, a number of young males had hung themselves from this tree. This informant says the rate was so high, that eventually authorities investigated the incidence of suicide, discovering that many of the boys had been sexually abused.

This correlation between child sexual assault and suicide is also noted by an Aboriginal and Torres Strait Islander Mental Health Worker. He states,

‘A lot of the Aboriginal and Torres Strait Islander prisoners/inmates that have been suicidal in the last month I have found to have repressed sexual abuse issues from their past. In their own minds they have exhausted all avenues of support, help or being able to disclose... Getting rid of that deep psychological guilt and anger and frustration and all the rest of it and I have found that people using heroin and other drugs and self harming behaviour disclose sexual abuse issues and that most of our community has kept it quiet’ (Gulash et. al 1999 p.19).

Suicide has increased dramatically among indigenous people over the previous three decades according to Professor Hunter (1998 p.12). He cites Baum (1997) that in Queensland, the suicide rate for indigenous males aged 15 to 29 is 3.8 times than that of their non-indigenous peers. He sees a connection between the past and present day suicide. He writes,

‘These are the traces of the past in the present. Internalisation by indigenous people, reinforced by stereotyping and victimising on the part of sections of the wider society, serves to locate responsibility for these tragedies with contemporary indigenous people themselves – blaming the victim’ (op.cit).

In Western Australia, indigenous youth suicides are at an alarming rate with 12 Aboriginal youth suicides in the Kimberley in 1998 – 1999, and nine in Broome including a nine-year-old boy (Sydney Morning Herald, September 13, 2000 p. 6). Mr Ted Wilkes, of the National Aboriginal Community Controlled Health Organisation has called for action to address indigenous youth suicide. He stated,

‘I don’t know any Aboriginal person who has not been affected by the impact that suicide has on our communities. If the wider Australian population was touched in the same way there would be outrage’ (op.cit.).

The 'at risk' factors need to be urgently addressed to eliminate suicide as an option for indigenous children and adults who are suffering and in need of help.

Funding Issues

Never before has so much money been allocated towards programs for Aboriginal and Torres Strait Islander people that would hopefully reduce the stress in peoples' lives that is generated by the disadvantage in the key areas of education, health, employment and housing. The Federal Government's spending on 'indigenous-specific programs' has climbed almost 50% to \$2.24 billion since John Howard became Prime Minister (Sydney Morning Herald, April 6, 2000 p.11).

There is no evidence as yet to assess whether this additional injection of funding is having an impact although the Sydney Morning Herald allude to a disappointing lack of progress in many areas. There appear to be a multitude of reasons why positive outcomes are not apparent especially to do with the implementation of strategies, difficulties of evaluating successful outcomes, and inadequate funding levels to achieve 'ambitious plans' (op.cit.). When asked to comment on the adequacy of government funding for indigenous programs, informants' comments are unanimous in their observations that money does not get filtered down to communities and that some people and some communities are benefiting more so than others. Some of their comments are listed below. Some comments relate to child sexual assault services, others refer to specific and general services/programs, and infra-structure development.

'Some money does not go beyond the Blue Mountains.'

'Coastal Lands Councils are wealthy compared with the Orana and Far West Region of New South Wales.'

'Local Shire Councils get \$400-\$500 per Aboriginal resident but the benefits do not filter down to Aboriginals.'

'Those Aboriginals in charge of the money appear to be the ones to benefit. The fat cats are getting fatter and are stealing from their own people – depriving them of benefits they are entitled to.'

'Some of these self-appointed leaders are just not delivering to the people.'

'You only have to look at those ICAC (Independent Commission Against Corruption) reports to suggest that resources be protected from those current/present Aboriginal structures which are highly corrupted and don't help their clientele.'

'If we ever established our own Child Protection Service, we would only want staff who are there to help children and not their own people.'

'The same families who are running the Aboriginal Medical Services for years, are successful in getting money, but are stopping the money from going elsewhere where it is needed. Many of these Services are not being used by a lot of Aboriginal people who don't get on with the families running them.'

'Representation on all Aboriginal and Torres Strait Islander organisations should be based on traditional family and clan structures. It would be best to have equal representation from each clan, tribal group or family residing in the community, otherwise small groups dominate.'

‘We can’t do jobs to do with child sexual assault on CDEP money. We need funding from ATSIC (the Aboriginal and Torres Strait Islander Commission) to make sure the system is working properly and we need funds that are guaranteed for the next ten years at least.’

‘We have to compete for funding. Sometimes, it is difficult to put your agenda up when people in positions of power have their own agenda. Priorities change a lot. On some issues, people get defensive (when you suggest change) and become personal.’
Some services are set up for failure because unskilled people are put in charge and expected to manage large budgets.’

‘The money needs to go directly into communities.’

‘Despite the high injection of funds into health (and other services), the money isn’t getting to people at the grassroots level. The high costs of administration, poor managerial skills, and the misappropriation of funds can be blamed for this. The only way to overcome this is by having ‘bottoms up’ funding whereby local groups can apply for financial assistance directly from the government.’

‘Unfortunately the government always sees us as ‘Aboriginals’ and not as human identities – a woman, a child. They do damage always talking about us as a group rather than seeing the focus on individuals. The ‘group’ focus has a bad image – unemployed etc. Their handouts of money are “gestures” and don’t get to individuals at the grassroots.’

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