

Interventions to halt child abuse in Aboriginal communities

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A chance to make real gains in eliminating child abuse and the health, social, and economic problems associated with it

The vigorous involvement of the Australian Government in addressing issues of child abuse in Aboriginal communities in the Northern Territory has been widely welcomed.

The discussion that followed the Howard Government's announcement (Box)¹ has not been about whether there is a need to act — some of these interventions, in particular increased policing and better health services, have been called for by these NT communities for many years — but there has been debate about the way in which action should be taken.

The intervention is attempting to confront a real and acute problem of child sexual abuse, using a legalistic and "tough love" policy approach. However, as well as an urgent response, sustainable solutions are needed to deal with the broader health and social issues that underpin child abuse, and it is important that these articulate with the longer-term aspirations of Aboriginal and Torres Strait Islander peoples and communities. These aspirations are much more comprehensive than a law and order approach delivering an "absence of fear".

A complex set of factors are associated with the occurrence of child abuse. A review of child abuse in the United States found poverty to be the most frequently and consistently noted risk factor.² Community-related risk factors included a high crime rate, lack of social services, and a high unemployment rate. Parental-related factors included a history of physical or sexual abuse, being teenage or single parents, poor coping skills, low self-esteem, substance misuse, lack of parenting skills, mental health problems, and having multiple young children. Although there is far from an exact parallel between the situation in the US and that in the NT, there are some factors in common. Strategies recommended for preventing child abuse in the US included: increasing economic self-sufficiency; discouraging all forms of violence against children, including corporal punishment; making health care more accessible; expanding and improving the coordination of social services; improving treatment for psychological problems, and for substance misuse and spouse abuse; providing affordable child care; and educating parents about child behaviour, discipline, safety and development.²

The recent report from the Australian Productivity Commission entitled *Overcoming Indigenous disadvantage*³ provides contemporary information on many of these risk factors in the Aboriginal population. The report shows that rates of substantiated notifications of child abuse have increased. However, unemployment rates are down, there is more home ownership, basic education levels are improving, and there have been increases in native title determinations. While some aspects of child health are improving (although there is still a considerable way to go), a lack of progress or even deterioration in some health indicators point to continuing inadequacies in health services for Indigenous Australians. The problem of overcrowding in houses has not been solved, and risky alcohol consumption has not abated for men and has increased for women. Imprisonment rates for adults have increased, and the gap between Indigenous and non-Indigenous juvenile detention rates has widened.

1 Measures announced by the Australian Government to halt child abuse in Indigenous communities of the Northern Territory

On 21 June 2007, the Australian Prime Minister, John Howard, announced the following measures to combat child abuse in Indigenous communities in the NT:¹

- Widespread alcohol restrictions on NT Aboriginal land for 6 months
- Medical examinations of all Indigenous children in the NT under the age of 16 years
- Quarantining of 50% of the welfare payments to parents of children in the affected areas for the purchase of food and other essentials
- Enforcing school attendance by linking income support and family assistance payments to school attendance for all people living on Aboriginal land
- Taking control of townships through 5-year leases to ensure that property and public housing are improved
- Requiring an intensive clean-up of communities to make them safer and healthier, by marshalling local workforces through Work for the Dole arrangements
- Scrapping the permit system for common areas and road corridors on Aboriginal lands
- Banning the possession of x-rated pornography in the proscribed areas
- Increasing policing levels, and making law and order a central focus of the measures announced
- Amending NT land rights legislation

In announcing the measures that the government would take to deal with child sexual abuse, the Prime Minister drew attention to the comprehensive report into child sexual abuse in the NT by Pat Anderson and Rex Wild entitled *Little children are sacred*. However, the government's response, at least as regards the initial strategies, has been in direct contrast to the recommendations of this report,⁴ in both content and philosophy.⁵ The government measures involve considerable reliance on uniformed services and coercive interventions, and limited consultation with the Aboriginal communities and leaders concerned.

Evidence for the effectiveness of some of the Howard Government's strategies does not appear to exist; nor does this seem to have been a dominant consideration. The relationship of land tenure to child sexual abuse is very poorly defined in the intervention, and detailed clarification of this aspect by the government would help to instil some trust in this aspect of the government's response in the relevant communities. The same applies to the removal of the permit system: the need for permits would logically appear to be a deterrent to predators entering Aboriginal communities. Finally, it is not clear whether alcohol prohibition really works in the long-term. No one would say it was a spectacular success in the US or Russia, and in

2 The Anderson Wild report⁴

The 97 recommendations covered:

- Leadership by the federal and Northern Territory governments in consultation with Aboriginal people, government responses to ensure child safety, the role of the Family and Children's Services program in the NT, and family support services;
- Health aspects, both crisis intervention and prevention through primary health care;
- Policing, police education, cooperation with the Family and Children's Services program, support for victims, bail applications (when the alleged offence is sexual abuse of a child), and offender rehabilitation;
- School attendance, the role of communities, community education and awareness, and housing;
- Alcohol and other substance abuse, pornography, and gambling;
- Community justice;
- Cross-cultural training of staff; and
- Implementation of the report.



Indigenous communities in the Cape York Peninsula and in Canadian Indigenous communities the results of this measure have been mixed. In Native American communities in the US, it has been counterproductive,⁶ but it has provided some benefits in the particular circumstances of Alaska.⁶ A majority of remote NT Aboriginal communities are already "dry" by choice, and any such action should be negotiated with individual communities, and must include planning for the withdrawal of alcohol, as well as counselling.

On the positive side, the government's intervention will focus much more attention on the issues associated with child abuse, and give voice and opportunity to attempts to say much louder that the unacceptable really is unacceptable. So, at least, some short-term gains may be made, and there is some prospect of a residual shift in attitudes to child abuse and domestic violence. More importantly, the intervention engages the government and a committed Minister in efforts to tackle these vitally important issues.

Nevertheless, the abuse of children cannot be dealt with effectively as a separate issue without also addressing the related health, social, education, and economic issues — and it will not occur without the full engagement of Aboriginal communities. Attempts to confront this emergency will immediately come up against long-standing problems, not just of the welfare system and exposure to alcohol and pornography, but of environmental and housing issues; and deficiencies in mental and other health services, in the law enforcement system, and in social services; and, finally, the manifest weaknesses of the criminal justice system. There are also problems related to workforce, training and accommodation for staff working in Aboriginal communities. Most importantly, there is the lack of self-esteem, the need for cultural strengthening, and the paucity of meaningful activities for individuals and communities.

The record of those initiatives in Australia, no matter how well intentioned, which have been largely driven by the non-Indigenous community and lacked full Indigenous partnership, is pretty bleak. Disempowerment of Aboriginal people is a significant factor in the complex set of problems, and measures that lead to further disempowerment have, at best, doubtful prospects. We urge that, at the earliest possible stage, the government consider enlisting the support and involvement of Indigenous leaders in the health field, and give much more serious consideration to the community-engage-

ment strategies and the more comprehensive approach outlined in the Anderson Wild report (Box 2).⁴

Child sexual abuse is not restricted to the NT, and the proper vehicle for addressing this issue at a national level is the Council of Australian Governments. The starting point ought to include those strategies that have been found to be effective in dealing with the abuse of children in Australia and other countries. Intervention trials, such as the initiative led by Noel Pearson in the communities of the Cape York Peninsula, should provide valuable information. The solution lies in taking action with Aboriginal people and communities rather than *for* them.

With the Prime Minister's promise⁷ that whatever resources are needed will be provided by the federal government, there is a tremendous opportunity for innovation, as well as effective implementation of the many strategies that have appeared in numerous government reports over many years in both health and other fields. It is a chance to make real gains in eliminating child abuse and the health, social, economic and other problems that are associated with it, but this requires bipartisan commitment for sustained, long-term interventions. The worst that could happen is that these communities are promised real, positive changes and the promise is again not fulfilled. We must do whatever it takes to save these children from sexual abuse today, but we must also ensure safe, healthy communities and a meaningful life for the children born into these communities in the years to come.

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