

**New South Wales  
Interagency Plan**

**To Tackle  
Child Sexual Assault  
in Aboriginal  
Communities**

**2006 - 2011**



New South Wales Government



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# INTERAGENCY PLAN TO TACKLE CHILD SEXUAL ASSAULT IN ABORIGINAL COMMUNITIES

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## introduction

This document sets out a five year plan to tackle one of the most pressing social issues in NSW. Sexual assault of children has long-term devastating consequences for those who have experienced it and their families. It is a serious crime punishable by law, and there are no excuses for it. Those who commit this crime must take responsibility for their actions.

The preparation of a whole-of-government plan has been prompted by concerns that child sexual assault in Aboriginal communities is widespread and widely underreported. The Aboriginal Child Sexual Assault Taskforce (ACSAT) report, publicly released in July 2006, highlights these concerns. However, the reported incidence of sexual assault of Aboriginal children is already far higher than for non-Aboriginal children.

In NSW, the rate of child sexual assault of Aboriginal females under the age of 16 years in 2004 was more than double that of non-Aboriginal females in the same age group (respectively, 468.7 and 192.1 per 100,000). However, NSW Health data indicates that of all the children in NSW who accessed services that respond to sexual assault during 2003/04, only 11 percent were Aboriginal. Approximately 27 percent of children and young persons in out-of-home care in 2004-05 were Aboriginal. This is a rate of 42.4 per 1,000 Aboriginal children, compared with 4.8 per 1,000 non-Aboriginal children.

The literature indicates that child sexual assault in Aboriginal communities is a complex problem that is interconnected with other aspects of Indigenous disadvantage such as substance abuse, social and economic disadvantage, poor mental and physical health, and exposure to family violence. For example, the 2003 report *Speak Out, Speak Strong: An Inquiry into the Needs of Aboriginal Women in Custody* found that 70 percent of Aboriginal women in custody had been victims of child sexual assault, and communities consulted by ACSAT identified child sexual assault experiences as an underlying driver of substance abuse and poor mental health.

The Taskforce report observes that the NSW Government delivers a broad range of services that respond to different parts of the problem of child sexual assault in Aboriginal communities. These may be categorised differently, such as family support, juvenile justice or family violence programs. But it is clear that while the components of a comprehensive service response exist, the Government itself can do better around

coordinating service delivery, encouraging Aboriginal people's access to services, and matching service planning to community need to provide appropriate levels of support, particularly in regional and remote areas. A whole-of-government approach is needed to sustain improvements to service responses to child sexual assault in Aboriginal communities and to prevent Aboriginal children and families falling through gaps between services.

But this problem will not be solved by the NSW Government acting alone. A key element of this plan will focus on improving the way the NSW Government works with Aboriginal communities as partners to address this issue, building on existing frameworks such as *Two Ways Together*. It is critical that Aboriginal communities work with the Government and show leadership and community strength in breaking the cycle of violence and abuse.

There has been a positive response to the ACSAT report within the Aboriginal community. This plan draws upon the Taskforce recommendations, measures to address child sexual assault in Aboriginal communities that were agreed to by the Council of Australian Governments in July 2006, and measures developed within Government to improve the way services are planned, coordinated and delivered. This plan will build on the lessons which we are increasingly learning about working in partnership with communities.

This Plan is informed by the Government's State Plan, whose key policy directions include:

- *Rights, Respect and Responsibility* – keeping people safe; creating and enforcing strong laws.
- *Delivering Better Services* – measurable improvement; shaping services around the needs of the customer (empathy and flexibility); needs of the vulnerable.
- *Strengthening Aboriginal Communities* – closing the gap between Aboriginal and non-Aboriginal people on numeracy and literacy, improving the health of Aboriginal people, and reducing rates of child abuse and neglect.
- *Prevention and Early Intervention* – embedding in government services the principle of prevention and early intervention to tackle disadvantage.

The NSW Government provides a range of prevention and early intervention strategies to assist families in NSW, which comprise part of its service response to child sexual assault in Aboriginal communities. These include Families First, which has been progressively implemented across NSW, the Intensive Family Based Services Program, and Aboriginal specific strategies such as the Yareka Policy Framework and the Aboriginal Child, Youth and Family Strategy.

The Government's response also builds on *Two Ways Together*, NSW's long-term plan for improving the wellbeing of Indigenous people. In 2004, the Government approved \$40 million in funding over four years for initiatives in seven priority areas. Progress is being made in implementing practical initiatives, as well as in developing new governance structures, from community-level arrangements to State-level Cluster Groups.

The Government believes that through this plan it can make significant advances in reducing child sexual assault in Aboriginal communities. However, the complexity of the problem cannot be overstated. It requires a multi-layered response across a range of strategies and actions that are tailored to meet effectively the circumstances of individual communities. This plan will need to be refined over time as the evidence base for what works is built up.

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## **the aboriginal child sexual assault taskforce**

The Attorney-General established the Aboriginal Child Sexual Assault Taskforce in July 2004 to examine the incidence of child sexual assault in Aboriginal communities, and to review the effectiveness of Government service responses to this issue. The Taskforce's report, *Breaking the Silence: Creating the Future. Addressing Child Sexual Assault in Aboriginal Communities in NSW*, confirms that the incidence of child sexual assault in Aboriginal communities is likely to be significantly greater than suggested by the official statistics.

The report found that child sexual assault is endemic and intergenerational in some Aboriginal communities in NSW, is poorly understood, and is often affected by that particular community's dynamics, such as the community standing of the perpetrators, geographic location, and levels of substance abuse. The Taskforce reported that Aboriginal communities perceive government and non-government responses to Aboriginal child sexual assault to be often ineffective, culturally inappropriate or inconsistent in their responsiveness, and were mistrustful of some government services due to historical and present day factors. The Report contains 119 recommendations for implementation across Government. This plan outlines the NSW Government's strategic policy response to the report.

## an overview of the interagency plan

### goals:

**This plan has three high level goals:**

- 1. To reduce the incidence of child sexual abuse in Aboriginal communities;**
- 2. To reduce disadvantage and dysfunction in Aboriginal communities; and**
- 3. To build up Aboriginal leadership and increase family and community safety and wellbeing.**

### four strategic directions:

**The Government's plan has a suite of proposals built around four strategic directions to achieve these high level goals:**

- law enforcement**
- child protection**
- early intervention and prevention**
- community leadership and support**

This plan attempts to strike a balance between these four areas of government action. There are strong justice interventions, recognising that child sexual assault is a serious crime against children requiring immediate “circuit-breakers”; these are balanced against comprehensive early intervention and prevention services to support families at risk of violence and child abuse and to promote the wellbeing of Aboriginal children and young people. The plan thoroughly considers how to improve the way child protection services operate; these measures are balanced against robust support for community capacity and leadership to assist Aboriginal communities to ensure the safety of their children and families and to address this problem in ways that are culturally meaningful.

### actions:

**The strategic directions are each subdivided into three parts, according to how these will be implemented by the NSW Government:**

- Proposals for immediate statewide implementation;**
- Proposals to be rolled out in, and tailored to, key locations where communities require intensive assistance; and**
- Proposals for further consideration and possible implementation in the longer term.**

### A. Immediate Statewide Actions

A range of proposals are appropriate for implementation immediately across the State because they address issues that are common from one community to the next.

Key proposals in this category include:

- Improved communication and operational protocols for Joint Investigative Response Teams (JIRTs).
- An advisory panel to oversee implementation and to lift the profile of Aboriginal leadership on the issue in NSW.
- Measures to improve the protection of victims and witnesses in the context of bail applications.
- A review of the adequacy of child protection powers available to the Director-General of the Department of Community Services to protect children at risk.
- Enhanced drug and alcohol treatment programs.

### B. Location Specific Actions

There can be no simple, one size fits all solution to the problem of child sexual assault in Aboriginal communities. In addition to statewide actions, a major component of the Government's plan will consist of tailored responses to the circumstances of individual communities where child sexual assault is known to be a significant issue.

A range of proposals will be rolled out in stages, beginning immediately with Focus Communities, which are priority communities that show acute levels of disadvantage and dysfunction. Resources and services will be coordinated and targeted towards developing effective interventions tailored to each Focus Community's circumstances and capacity to tackle the problem.

There is little evidence-based evaluation of what actually works to reduce the incidence of child sexual assault in Indigenous communities. Staged implementation of the plan will enable the Government to build up the evidence base on what works, and to refine the strategy as it is rolled out in each location. It will also allow the plan to evolve to accommodate other developments.

Locational responses will have three key benefits:

- 1) Resources are targeted immediately at those communities that need them most.
- 2) Solutions to child sexual assault in high need communities are a tailored mix of actions that best reflect the resources and capacity of that community.
- 3) New ways of working are trialled to improve outcomes and to build up the evidence base.

Key proposals in this category include:

- Additional resources for witness assistance programs and forensic examinations.
- A suite of culturally appropriate awareness-raising programs to target the causes and address the consequences of abuse, and to inform communities of government services.
- Additional legal education resources and support for victims.
- Measures to promote the wellbeing, educational attainment, and healthy sexual development of young Aboriginal people.
- Expanded NSW Health sexual assault counselling provision to provide more timely and culturally appropriate responses to victims and their families.
- Enhanced service provision and staffing in regional and rural areas.
- Encourage compliance with mandatory child protection reporting requirements in at risk communities.

Additional efforts will be made to enhance and increase access to services within Focus Communities. This will help to ensure that in the aftermath of an incident of child sexual abuse quick action to provide protection to the victim and family can be taken, supplemented by other support services, such as counselling and health care.

The response in each location will be a unique balance of law enforcement, child protection, prevention and early intervention, and community leadership measures that address the needs of the community. The Government will build up the evidence base on what works, refining the strategy as it is rolled out in each location.

### C. Proposals for further research, assessment or development

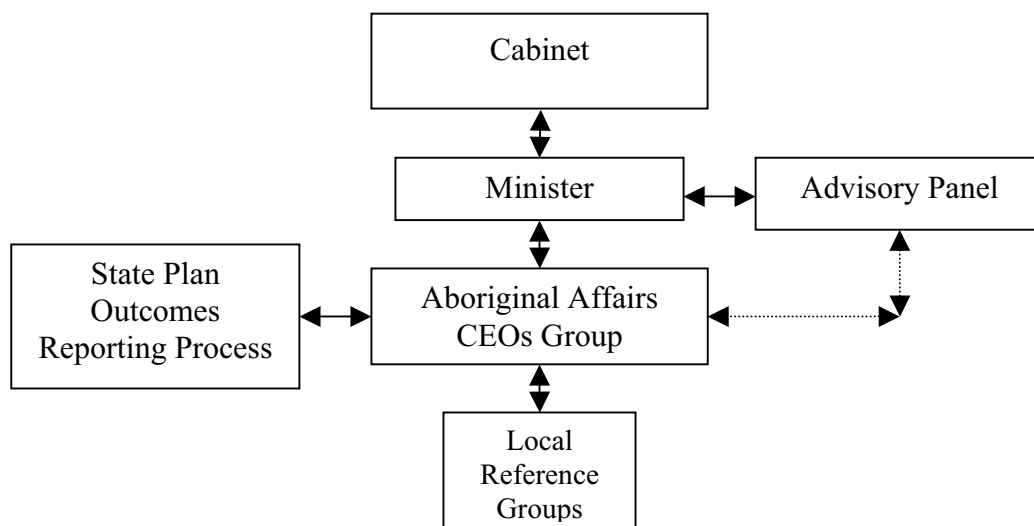
There are a range of measures that require further appraisal or development in light of their complexity, limited evidence or high cost. These are recommended for rigorous evaluation by Government before they are implemented.

Key proposals in this category include measures to:

- Ensure the criminal justice system can detect and respond to early ‘grooming’ behaviours aimed at procuring children with the intention to sexually assault.
- Review Area Health Service counselling services to identify best practice techniques and models for counselling Aboriginal people, including those in correctional facilities, and implement the findings of these reviews as appropriate.
- Consider a universal offer of two years of early childhood education for Aboriginal children.
- Develop options for increasing safe housing facilities for victims and families.
- Develop alternative accommodation options for Aboriginal persons who are granted bail or subject to AVOs or Place Restriction Orders relating to child sexual assault, including some accommodation for under 16 year olds.

## implementation, monitoring and reporting:

The Plan will be implemented, monitored and reported as depicted below.



- An Advisory Panel to advocate statewide on the issue of child sexual assault in Aboriginal communities, reporting to a Minister, and to advise on the implementation and reporting of the plan, which will be undertaken by the Aboriginal Affairs CEOs Group. The Panel will comprise Taskforce members, and other Aboriginal representatives.
- The Aboriginal Affairs CEOs Group will coordinate and monitor implementation of the plan, drive the achievement of key milestones, and ensure accountability around funding. The Group will oversee and provide regular reports to the Advisory Panel, the Minister and Cabinet on implementation. It will also seek to build up the evidence base on best practice interventions and programs about child sexual assault in Aboriginal communities. The Department of Aboriginal Affairs (DAA) will support the Aboriginal Affairs CEOs Group in overseeing implementation of the Plan.
- Local Reference Groups (LRG) in Focus Communities will comprise existing local forums where appropriate, such as the TWT Partnership Communities, Community Working Parties or Community Justice Groups. LRGs will develop local Aboriginal Child Sexual Assault Prevention (ACSAP) plans and work with local agencies on service provision. The Department of Community Services' (DOCS) Aboriginal Child Protection Liaison Officers will participate in the LRGs (see Action 38), with administrative support provided by DAA regional offices.

### How will we know?

The Government will develop indicators to monitor implementation of this Plan (Action 77). Progress of implementation will be reported through the State Plan and *Two Ways Together* reporting processes. *Two Ways Together* reports are released every two years, with the next report due in 2007.

1. Priority R1 of the State Plan seeks to reduce violent crime. The *Two Ways Together* reporting framework will report specifically on rates of Aboriginal violence and child sexual assault; and
2. Priority F7 of the State Plan seeks to reduce rates of child abuse and neglect. The *Two Ways Together* reporting framework will report specifically on rates of sexual assault involving Aboriginal children.

## strategic directions

### 1. law enforcement and safe communities

*This strategic direction reinforces that all people in NSW have the full protection of the law, and aims to build trust with Aboriginal communities around the role of law enforcement in family and community safety through effective crisis responses and ‘circuit breakers’.*

#### Strategic outcomes:

- Aboriginal communities are informed about child sexual assault, and are encouraged to report crime and abuse.
- Victims and witnesses maintain their involvement in the criminal justice process, from initial report to prosecution.
- More offenders are successfully prosecuted, based on boosted efforts to gather robust evidence.
- Better protection for victims and witnesses.
- Improved relations between law enforcement agencies and Aboriginal communities.

Strong and consistent law enforcement is a necessary pillar of the Government’s overall response. Child sexual assault is a crime. The apprehension and prosecution of offenders are important ‘circuit breakers’ to protect children and families, and to bring offenders to justice. While NSW’s law enforcement processes for dealing with child sexual assault are sound, improvements are needed to increase the reporting of assault by Aboriginal communities and the number of successful prosecutions. The Taskforce report concluded that many cases of child sexual assault are not disclosed and, where there is disclosure, successful investigation and prosecution is difficult due to a high drop-out rate of Indigenous victims and witnesses.

Victims face disincentives to come forward including the length and complexity of trial procedures, victims’ fear of offenders, and inadequate witness assistance support throughout the trial process. The Taskforce report identified communities’ views that decisions to pursue investigations were inconsistent, and at times discriminatory. The Taskforce report identifies BOCSAR figures from 2003, that indicate only 16 percent of recorded incidents of child sexual assault in NSW resulted in prison sentences and, of those convicted, nine were Aboriginal offenders. A sample of 45 cases revealed that the median number of days from arrest to case outcome was 406 days.

Importantly, the Government remains committed to addressing the over-representation of Aboriginal people in custody, and this plan attempts to strike a balance of law enforcement measures with measures aimed at supporting Aboriginal youth and development, supporting Aboriginal wellbeing and reducing crime and family violence. For example, this plan proposes to enhance protection for victims and families during investigations by encouraging the police and the Office of the Director of Public

Prosecutions (ODPP) to ensure that the safety and wellbeing of victims and witnesses are considered in the granting of bail. However, as Aboriginal men and women are respectively 10 and 17 times more likely to be held on remand than other people in NSW, this plan also provides for the development of additional alternative accommodation and bail brokerage options.

<b>Statewide Actions</b>	<b>Partners</b>
1. Significantly boost surveillance and evidence gathering efforts by NSW Police to investigate any paedophile activity, focusing efforts on select rural and remote communities.	Police
2. Support the Australian Crime Commission’s National Indigenous Violence and Child Abuse Intelligence Taskforce and second two NSW Police officers to the Taskforce to obtain evidence and develop information sharing capacity to better inform police operations and investigations into paedophiles.	Police
3. Participate in Commonwealth/State Joint Strike Teams as appropriate, including major operations where paedophilia is involved.	Police, Cth
4. Implement reforms to AVOs as soon as possible, and ensure a review of their effectiveness is undertaken.	Police
5. Provide better protection to victims and families in the context of bail applications by offenders, by encouraging Police prosecutors and the ODPP to seek Place Restriction Orders as part of bail, or to have other relevant conditions attached to a bail order to restrict the movements of the accused.	AGD
6. Further develop and implement the NSW Police Aboriginal Strategic Direction in light of the recommendations of the ACSAT report.	Police
7. The Attorney General reapply for a guideline judgment from the Criminal Court of Appeal, prescribing a sentencing range for child sexual assault matters; and	AGD
8. Monitor implementation of the Standard Minimum Non-Parole period that applies upon conviction to sexual offences committed after 1 July 2003.	AGD

9. Reinforce Police awareness of Prosecution Guideline 14, and encourage Police to follow any advice from the ODPP as to the charge, further investigation or prosecution of that case.	ODPP, Police
10. Review and reinforce all relevant Police Standard Operating Procedures that impact on child sexual assault in Aboriginal communities or the arrest of an Aboriginal person for child sexual assault.	Police
11. Ensure consistent data collection on Aboriginality of offenders by Police, Juvenile Justice and Corrective Services to monitor trends and patterns.	Police, DCS, DJJ
12. Require every Local Area Command (LAC) to address the following elements in LAC Aboriginal Action Plans: <ul style="list-style-type: none"> <li>• measures to improve relationships with Aboriginal communities.</li> <li>• annual local Aboriginal cultural awareness training.</li> <li>• training of Aboriginal Community Liaison Officers (ACLOs) in recognising child sexual assault.</li> <li>• better utilising ACLOs in police inductions, mentoring and training.</li> <li>• more effective rostering of ACLOs to utilise their role as advocates and referral agents.</li> <li>• local employment strategies to recruit more females in ACLO positions.</li> <li>• commitment to working cooperatively with DCS, DoCS, Health, Education and the community on agreed processes/protocols to manage issues that arise.</li> </ul>	Police
13. Roll out cultural competency training across the state for all Witness Assistance Service (WAS) officers and prosecutors; and	AGD
14. Expand the provision of cultural awareness advice and training to judicial officers statewide. This could be done in partnership with the Judicial Commission and Aboriginal Community Justice Groups, and could build on the training provided as part of the Child Sexual Assault Jurisdiction Pilot, subject to its evaluation.	

## Location Specific Actions

## Partners

15. Employ additional Aboriginal WAS officers to provide support during child sexual assault prosecutions, and refer ODPP matters on child sexual assault in Aboriginal communities to an Aboriginal WAS officer for assistance and support.	AGD
16. Ensure that the statewide roll-out of technologies used in the Child Sexual Assault Specialist Jurisdiction Pilot occurs first in priority locations, and aim to reduce total length of court process to less than one year; and	AGD
17. Ensure that JIRT office equipment is compatible with new Court technologies in priority locations.	Police, Health, DoCS
18. Require Police recruitment panels in areas with significant Aboriginal populations to include an Aboriginal person, or an employee of the DAA regional office.	Police
19. Focus on Aboriginal police recruitment and retention strategies (for Aboriginal men and women) through the roll out of locational responses, including: <ul style="list-style-type: none"><li>• special intakes of Aboriginal students to ensure that Aboriginal recruits support each other; and</li><li>• where possible, locate police training facilities closer to Aboriginal communities to minimise the dislocation experienced by Aboriginal recruits and to foster better relationships with Aboriginal communities.</li></ul>	Police

## Proposals for Further Development

## Partners

20. Develop options for providing alternative accommodation (eg bail brokerage) for Aboriginal persons who are granted bail or subject to AVOs or Place Restriction Orders relating to child sexual assault. This should include some accommodation for under 16 year olds; and	AGD, Police, DCS, DJJ
21. Ensure that community treatment services and counselling are linked to alternative accommodation for perpetrators.	AGD, Police, State Parole Authority

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|---|----------------|
| 22. Explore the introduction of legislative measures including new categories of offences under the <i>Crimes Act 1900</i> for grooming and procurement of children for the purposes of sexual assault.   | Police,<br>AGD |
| <hr/>   |                |
| 23. Review the effectiveness and use of parole provisions and non-association or place restriction orders, and strengthen requirements on the Parole Authority to apply such orders where a child sex offender may be at risk of re-offending. This may involve the use of electronic monitoring devices to accompany place restrictions. | DCS,<br>AGD    |
| <hr/>   |                |
| 24. Consider expanding the DCS trial of enhanced monitoring of offenders, including homes visits, frequent contact, and global positioning devices, subject to positive evaluation of the trial.  | DCS            |

## strategic directions

### 2. child protection

*This strategic direction aims to provide appropriate, consistent and effective child protection responses, ensuring that ongoing support and treatment are available, and that services earn the confidence of their Aboriginal clients.*

#### Strategic outcomes:

- Adequate powers to provide care and protection to children.
- Effective partnerships between agencies involved in child protection and the community.
- Effective and consistent reporting by those described under the *Children and Young Persons (Care and Protection) Act 1998* as ‘Mandatory Reporters’.
- The Aboriginal Placement Principles are implemented effectively, to ensure the safety of Aboriginal children.
- Joint Investigative Response Teams (JIRTs) are able to work with the community to investigate reports effectively.
- Adequate, culturally appropriate sexual assault medical services are accessible for women and children.
- Adequate safe accommodation is provided for families and victims to escape violence.
- More Aboriginal staff in child protection and support roles.

DoCS data indicates that in 2004/05 more than 21 percent of reports of incidents of actual harm or risk of harm involved Aboriginal children in NSW. Of these reports, 312 concerned sexual abuse, 613 related to physical abuse, and the rest involved emotional abuse and neglect.

However, despite the large number of initial reports, there is strong anecdotal testimony from service providers of a significantly high drop out rate of Indigenous clients in relation to sexual abuse cases between the period of report and completion of court case. This drop out rate is due to a number of reasons including lack of support during the process, delay between disclosure and the JIRT interview process, difficulties around language used for evidence and disclosure, the formality of the recorded interview process and the rigour of JIRT guidelines around disclosure.

The Taskforce’s report identifies some weaknesses in the child protection framework and in the way it is applied. While Aboriginal children are over-represented in the child protection system, there was a strong sense by some Aboriginal communities that the system needed to be more culturally sensitive, and respond more consistently to reports. The literature identifies the ongoing historical sensitivity among Aboriginal communities and families around the removal of Aboriginal children from their family homes, and a poor understanding of the role and breadth of services provided by DoCS. For this reason, this section focuses on increasing the responsiveness and sensitivity of child protection service provision to Aboriginal

communities, and improving communication and engagement at those points where Aboriginal families are likely to come into contact with the child protection system.

There is a clear argument that in a situation where sexual assault of a child is occurring, the removal of the offender (by criminal justice agencies) must be the preferred response to removal of the child. As such the criminal justice and child protection responses must work together. A key focus of the NSW Government's child protection response is on improving the way Joint Investigation Response Teams (JIRTs) operate. JIRTs comprise DoCS, NSW Police and NSW Health professionals. Importantly, JIRTs ensure that the service response reflects the circumstances of each case by providing a mechanism for investigation and assessment that incorporates the child protection assessment by DoCS, the criminal investigation by Police, and Health's assessment of appropriate support services, including medical examination, counselling and therapeutic services.

<b>Statewide Actions</b>	<b>Partners</b>
25. Expand sexual assault medical services for children through extending existing NSW Health Child Health Networks (three across NSW) to provide additional training for doctors, nurses and GPs and to establish a professional advice and response line including an on-call roster of doctors.	Health
26. Implement findings of the review of JIRTs [See Actions 27- 31].	Health, DoCS, Police
27. Data collection systems and administrative support to maintain these systems should be enhanced within the three agencies to (a) capture data relevant to the JIRT process and outcomes for children, (b) enable sharing of relevant information for the three agencies, and (c) enhance quality improvement.	Health, DoCS, Police
28. Review and enhance JIRT Operational procedures/protocols including: <ul style="list-style-type: none"> <li>• conduct of initial response meetings;</li> <li>• the criteria for acceptance of cases by JIRT;</li> <li>• the process for making referral assessment decisions</li> <li>• development of safety, welfare and wellbeing plans in appropriate cases;</li> <li>• improved availability of counselling services;</li> <li>• the focus on a child's disclosure in the JIRT response procedures;</li> <li>• communication protocols for keeping victims and families informed throughout the JIRT investigation;</li> <li>• support where appropriate with Local Area Police Commands to assist JIRT investigations; and</li> <li>• consistent application of the Referral Pathways Protocol.</li> </ul>	Health, DoCS, Police

<p>29. Enhance interagency protocols including, for example:</p> <ul style="list-style-type: none"> <li>• timely exchange of information during referral stage;</li> <li>• functioning of Local Coordinating Groups; and</li> <li>• resolution of operational management issues.</li> </ul>	<p>Health, DoCS, Police</p>
<p>30. Resolve workforce issues including, for example:</p> <ul style="list-style-type: none"> <li>• review medical services including forensic medical services provided for physical abuse and neglect of children and the networking and training of medical practitioners;</li> <li>• undertake joint interagency training to enhance professional development, support and clinical supervision leading to increased retention of qualified and experienced staff;</li> <li>• JIRT agencies will utilise more Aboriginal staff to advise and assist with matters relating to Aboriginal clients; and</li> <li>• JIRT agencies will develop plans to increase employment and rotation of Aboriginal staff, and retention strategies that include a system of peer support, mentoring and supervision.</li> </ul>	<p>Health, DoCS, Police</p>
<p>31. Strategies for more effective liaison/engagement with Aboriginal communities:</p> <ul style="list-style-type: none"> <li>• a designated support person during the JIRT process to assist the child and family/carers;</li> <li>• JIRTs with significant numbers of Aboriginal referrals develop plans for regular proactive engagement with Aboriginal communities in the area, including community education strategy about the JIRT process, and links with other services such as Women’s Groups;</li> <li>• cultural awareness training for all relevant JIRT staff that will improve their knowledge and understanding of issues that impact on Aboriginal people and their communities;</li> <li>• development of a culturally appropriate JIRT model of intervention for Aboriginal children and young people by a working party of Aboriginal representatives and staff from Police, DoCS and Health; and</li> <li>• building safeguards to protect client confidentiality.</li> </ul>	<p>Health, DoCS, Police</p>
<p>32. Review the adequacy of powers available to the Director-General of DoCS in providing appropriate care and protection to children at risk, in the context of the Government’s current review of the <i>Children and Young Persons (Care and Protection) 1998</i>.</p>	<p>DoCS</p>
<p>33. Reinforce the appropriate application of the Aboriginal Placement Principles such that placement decisions are separate and secondary to threshold decisions around the removal of children from harm. Apply thorough placement assessments, and Working with Children Checks for each DoCS supported placement.</p>	<p>DoCS</p>

<p>34. DoCS review its procedures for providing feedback to mandated and non-mandated reporters, in relation to reports relating to Aboriginal children or young people, and having regard to privacy considerations and risks to the family and the issues associated with ensuring reporters are encouraged to act in identifying abuse or ongoing abuse or neglect.</p>	DoCS
<p>35. DoCS review its interagency information sharing processes to ensure that other agencies (eg Health and Education) can assist with tracing children and families at risk who move location. This would seek to ensure continuity of service delivery for Aboriginal people and families suffering child abuse and family violence.</p>	DoCS, DET, Housing, Health
<p><b>Location Specific Actions</b></p>	<p><b>Partners</b></p>
<p>36. For at risk communities, encourage compliance with mandatory reporting obligations, conduct a re-education and awareness raising campaign around fines for non-reporting, interagency guidelines on child protection intervention and child sexual assault indicators, and conduct targeted compliance work in those communities for breaches; and</p>	DoCS, DET, Health
<p>37. Direct all frontline staff to report all Sexually Transmitted Infections (STIs) in children and young people under 16 years.</p>	
<p>38. Trial Aboriginal Child Protection Liaison workers to work with Child Protection caseworker teams in Aboriginal communities, as the interface with communities and Community Service Centres.</p>	DoCS
<p>39. Link the DCS Probation and Parole Service to JIRT teams, to inform the court and pre-sentence report on the level of risk the offender poses, sentencing options and the degree of supervision that would be required if a community-based sentence were imposed.</p>	DCS, Health, DoCS, DJJ, Police

## Proposals for Further Development

## Partners

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| 40. Develop options for increasing the provision of safe living environments including safe houses and refuges for victims, witnesses and families at risk of child sexual assault where required. This could include: <ul style="list-style-type: none"><li>• indigenous-run emergency foster care and halfway houses in key locations as short-term options until suitable/stable placements can be arranged; and</li><li>• the use of NSW Aboriginal Land Council (NSW ALC) rural properties as respite centres for Aboriginal people at risk of violence.</li></ul> | DoCS, Peak NGOs, AHO, DAA, Housing, Cth, Police |
| 41. Compile research on safe houses for Aboriginal women and children undertaken by NSW Police, NSW ALC, the Women's Refuge Movement and the UN Rapporteur.   | NSW ALC, Police, DoCS, AHO, Cth, AACEOs         |
| 42. Develop options for removing impediments to reporting child sexual assault and family violence, including the provision of alternate financial assistance and support for families and primary carers where a family member has been removed or charged for committing child sexual assault, and additional assistance for situations where primary carers and victims wish to re-locate.   | AACEOs, DAA, DoCS, Housing, AHO                 |
| 43. JIRT, Victims Services, ODPP, DCS and Education Centre Against Violence develop joint culturally appropriate court preparation materials and information packages.  | DoCS, Police, ODPP, AGD, DAA, DCS, ECAV         |

## strategic directions

### 3. prevention and early intervention

*This strategic direction aims to improve the future life chances and wellbeing of Aboriginal children overall, to strengthen families, and to reduce the occurrence of child sexual assault by intervening at strategic points to address problem behaviours and to support people at risk.*

#### Strategic outcomes:

- Coordinated delivery of prevention and early intervention services.
- Effective intervention and support for families at risk to promote positive and stable families, parental skills and competence, and resilience and coping.
- Effective treatment to prevent escalation and recidivism of sexual assault crimes for young sex offenders.
- Aboriginal children and youth attend school and develop in positive, safe learning environments.
- Aboriginal children and youth at risk are identified quickly and referred to appropriate support and services through their health and education providers.
- Effective sex education and youth support are provided to Aboriginal youth to promote positive relationships, self-awareness and protective behaviours.

This section outlines proposals to reduce the occurrence and likelihood of child sexual assault by intervening at strategic points to help decrease problem behaviours, to support people at risk, and to prevent the intergenerational transmission of abuse. This recognises the relationship of child sexual assault in Indigenous communities with other dysfunctional behaviours such as substance abuse, the presence of family violence, unresolved trauma, and poor community understanding of the issue of child sexual assault. There are several types of approaches in this section.

First, there are measures to increase, improve and better coordinate intensive support services for families and communities across government and non-government services. A key indication of this plan's overall effectiveness will be that more Aboriginal families can provide positive and stable environments for children, where parents demonstrate competent parenting skills, and where families develop resilience and coping behaviours.

Second, treatment programs will be developed and targeted where these are most effective, a youth who have committed or who are at risk of committing sexually offending behaviours, to prevent the entrenchment of patterns of sexual offending. Research indicates that on average, perpetrators commit their first child sex offence during adolescence (around 12 years old).<sup>1</sup>

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<sup>1</sup> Bedford, K., & Moloney, M. (2005), *Through young black eyes: a handbook to protect Indigenous children from the impact of family violence and child abuse: 2005*. Secretariat for National Aboriginal and Islander Child Care. <http://www.snaicc.asn.au/publications/>

Evidence demonstrates that treatment programs for young people are effective and can reduce sexual re-offending.

Measures will also be put in place to help break the relationship between alcohol and substance abuse and child maltreatment. The Royal Commission into Aboriginal Deaths in Custody (1991) found that alcohol abuse was linked to family violence, and that in a substantial proportion of cases, family violence is committed by people under the influence of alcohol. There is also research that supports a link between incestuous offending and alcohol abuse.<sup>2</sup> Similarly, the Taskforce report identified drug and alcohol use as often being present when offending occurs.

Third, support for victims of child sexual assault will be enhanced with increased services for Aboriginal youth to promote resilience and healthy relationships. This also focuses on a link that is made anecdotally between unaddressed experiences of child sexual assault and criminal offending. While in the broader literature there is only a weak link between a history of childhood sexual abuse and sexual recidivism, the 2003 Report *Speak Out, Speak Strong* and communities consulted by the Taskforce stated that child sexual assault experiences and the trauma caused by such experiences are underlying drivers of criminally offending behaviour, substance abuse and poor mental health. The 2001 Justice Health Survey found 60 percent of women surveyed and 37 percent of men had been sexually abused before the age of 16.

Fourth, this section focuses on improving Aboriginal education outcomes and attendance. This will have the dual benefit of ensuring the healthy development and wellbeing of Aboriginal children, and providing a safe environment for children in which abuse and neglect can be detected and addressed more effectively. A study in 2001 identified poor school attendance and lack of supervision as a factor that creates higher risks of harm for Aboriginal children and affords them less protection from sexual predators particularly in rural and remote communities.<sup>3</sup> In July 2006, COAG agreed to focus on educational attainment and attendance to break the cycle of intergenerational social dysfunction in Aboriginal communities.

### Statewide Actions

### Partners

44. Expand regional and state-wide sexual assault counselling capacity to provide more timely and culturally appropriate responses to victims and their families. Provide additional Aboriginal specialist child sexual assault counsellors and establish “special response groups” to travel to communities as required and to work with local service providers.

Health

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<sup>2</sup> Tomison, A.M., (1996), *Child Maltreatment and Substance Abuse*, Discussion Paper no.2, Spring.

<sup>3</sup> Coorey, L. (2001), *Child Sexual Abuse in Rural and Remote Australian Indigenous Communities: A preliminary investigation*, Canberra: Senate Select Committee on the Administration of Indigenous Affairs.

45. Implement the Government's package of measures to address domestic violence, and monitor Aboriginal specific elements as part of the Government's plan on child sexual assault in Aboriginal communities.	Police, AGD, DCS, DoCS, Health
46. Review existing drug and alcohol services and expand service capacity in these services (eg MERIT) where required, through such measures as cadetships for Aboriginal drug and alcohol counsellors;	Health
47. Raise awareness amongst courts and legal professions of the availability of these programs for use as conditions of bail where the offender has a history of drug or alcohol related violence; and	AGD
48. Link offender based drug and alcohol services provided by the DCS to Health drug and alcohol services to ensure coordinated service delivery.	DCS, Health
49. Government agencies to review and enhance strategies to support, mentor and recruit Aboriginal staff, and enhance workforce development where necessary;	DoCS, Health, DET, DCS, DJJ, Police
50. Make available the <i>Aboriginal Cultural Education Program</i> (TAFE Certificate IV) to all NSW Government agencies to enhance cultural awareness training and build staff cultural competency. The program was developed by the Department of Education and Training; and	DET, DoCs, Health, Housing, Police, others
51. Where necessary, agencies consult and work with the Education Centre against Violence to tailor cultural awareness training to the needs of Aboriginal clients.	
52. Establish consistent assessment tools for identifying domestic violence in families, to assist in referring victims more quickly to services that meet their needs without families falling through the 'gaps' where there are inconsistent arrangements. Ensure that the assessment tool addresses violence in Aboriginal families specifically.	Health, DoCs, Police
53. Review justice agencies' health and mental health screening processes to ensure that questions and protocols to address child sexual assault victimisation are adequate.	Justice Health, DCS, DJJ

54. Review the child sexual assault training package for DJJ staff and supervisors to improve and fill gaps in training for “screening, detecting, responding and referring” clients who are victims of child sexual assault.	DJJ, DCS, Health, DoCS, ECAV
55. Establish an Overarching Partnership Agreement between Government and peak bodies to address child sexual assault that consolidates existing protocols and funding agreements, in view of the Interagency Guidelines. Key NGOs and peaks could include: <ul style="list-style-type: none"> <li>• Aboriginal Health and Medical Research Council</li> <li>• NSW Aboriginal Land Council</li> <li>• NCOSS</li> <li>• Aboriginal Child, Family and Community Care State Secretariat</li> <li>• NSW Family Services Incorporated</li> <li>• Aboriginal Education Consultative Group</li> <li>• NSW Justice Advisory Council</li> <li>• Association of Children’s Welfare Agencies.</li> </ul>	DoCS
<b>Location Specific Actions</b>	<b>Partners</b>
56. Establish an additional community-based treatment program (based on the New Street program) to service rural areas to treat Aboriginal children and young people aged under 10 years and 10-17 years who sexually offend or display sexually abusive behaviours, which is accessible through self and agency referral and operates outside the criminal justice and child protection systems.	Health, DJJ, CCYP, DoCS
57. Conduct cultural camps for Aboriginal children, men or women and include education about child sexual assault and promote healing. Link the camp to support services and trained staff/counsellors to ensure that appropriate support is provided if/when disclosure occurs.	AGD
58. Develop interagency protocols/ governance frameworks for service delivery as part of local Aboriginal Child Sexual Assault Prevention (ACSAP) plans, covering allocation of personnel to regions, duration of service, referral between agencies, and engagement with Aboriginal communities, to facilitate the building of effective working relationships with Aboriginal communities. These should build upon the Interagency Guidelines.	HSCEO Forum

59. Monitor implementation of the <i>Schools in Partnership</i> Program and ensure these programs are available to Focus Communities; and	DET, DAA
60. Review the effectiveness of <i>Two Ways Together</i> Kids Excel and Youth Excel numeracy and literacy programs and ensure these programs are available to Focus Communities.	
61. Implement a truancy reduction strategy in relevant priority locations, encompassing measures to enforce school attendance such as door knocking, and funding for individual schools to offer incentives to students such as recreational rewards for school attendance. This would incorporate an evaluation of the Dubbo truancy reduction strategy; and	DET
62. Work with communities to develop and enhance school holiday activities, sport and recreational facilities and transport assistance. Link these initiatives as incentives to truancy reduction outcomes. This action should incorporate existing services where possible, for example, PCYC programs.	DSR, DET, DAA, Prems Dept, DoCS, Police (PCYC)
63. Develop and implement incentives packages to attract experienced staff to service agencies in rural and remote areas. Implement measures to address staff burn out and stress.	Prems Dept, Health, DET, Housing, DoCS
64. Roll out the Aboriginal Maternal Infant Health Strategy (AMIHS) and build stronger links to the <i>Aboriginal Child, Youth and Family Strategy</i> , using the AMIHS as the entry point to the broader service system.	Health, DoCS
65. Initiate an interstate working group with Queensland (and later Victoria) to consider the need for legislative amendments to support interventions and cooperation in cross-border areas on child sexual assault around: <ul style="list-style-type: none"> <li>• privacy and information sharing for child protection</li> <li>• AVO recognition</li> <li>• health and emergency service access</li> <li>• child protection</li> <li>• sharing of forensic evidence.</li> </ul>	Prems Dept, DoCS, Health, Police
66. Focus Aboriginal recruitment and retention efforts in JIRT agencies in locations where there is a large Aboriginal client base, providing additional professional supports and opportunities to debrief.	Police, Health, DoCS

67. Review resources for the teaching of existing sexual health and child protection education to ensure that suitable material for Aboriginal students, including information on related services for young people, are identified and promoted in schools. This is to include specific support roles for secondary schools implementing ‘talking sexual health and negotiating consent’ with Aboriginal students.	DET, CCYP
68. Introduce mandatory personal safety/ protective behaviours courses in juvenile detention centres’ programming with an Aboriginal component.	DJJ, Justice Health, DET
<b>Proposals for Further Development</b>	<b>Partners</b>
69. Review current Juvenile Sex Offender Programs provided in juvenile detention and where necessary adapt programs to the needs of Aboriginal young sex offenders aged 10-17 years and encourage completion of treatment programs. Link to community-based treatments to encourage continuity of treatment post-release.	DJJ, DCS, Health, DoCS
70. Additional Aboriginal Teacher Scholarships.	DET
71. Consider a universal offer of two years of early childhood care/ preschool/ supported playgroup for Aboriginal children.	DoCS, DET
72. Develop strategies to build the school counsellor/ student support workforce to meet the needs of Aboriginal students and victims. This should consider customising TAFE training courses for prevention of child sexual assault to cater for Aboriginal students.	DET
73. Review Area Health Service counselling services, including best practice techniques, principles and models for counselling Aboriginal people including those in correctional facilities, the need for a register of Aboriginal counsellors and review of specialised medical services delivery in rural and remote areas. Implement findings of this review as appropriate.	Health

74. Conduct research into males and juveniles in custody/detention with regard to victimisation of sexual assault/child sexual assault modelled on the *Speak Out, Speak Strong* report. AGD

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75. Monitor the extension of the Aboriginal Intensive Family Based Services Program in Campbelltown, and consider expanding to Focus Communities in the longer term. DoCS

## strategic directions

### 4. community leadership and support

*This strategic direction aims to improve the way governments and Aboriginal communities work together to minimise risk factors and raise awareness of child sexual assault in Aboriginal communities, and empower Aboriginal leaders and communities to respond to child sexual assault.*

#### Strategic outcomes:

- Aboriginal communities understand, report and actively address the problem of child sexual assault.
- Government agencies engage in constructive partnerships with Aboriginal communities to encourage reporting and to ensure services are coordinated and culturally appropriate to Aboriginal communities and victims.
- Aboriginal leaders and advocates speak out on the issue of child sexual assault in Aboriginal communities.
- Enhanced legal education and assistance for Aboriginal victims of child sexual assault.
- Increased capacity of Aboriginal communities to respond to child sexual assault, in collaboration with Government and non-government organisations.

The ACSAT report identified that abuse and family violence have become self-perpetuating in some Aboriginal communities. This is compounded by poor understanding of the problem in some communities and reticence to use government services. The ACSAT report identified the need for community education and leadership development. This would build community capacity to respond to child sexual assault and improve Aboriginal communities' access to services, rates of reporting, and community confidence in mainstream services.

There is a deficiency of empirical research around effective programs in Indigenous family violence. The available literature, however, suggests that community engagement and building agency presence can assist that community to address the issue of child sexual assault more effectively. In a review of good practice in Indigenous family violence prevention programs, Memmott et al identified various recurring features of effective family violence programs in Indigenous cultures:<sup>4</sup>

- Involvement of Elders and community leaders as important carriers of knowledge, to 'ground' the programs and key messages within a culturally/socially meaningful context for Aboriginal people.
- Programs to engage men as a long-term approach to address family violence perpetration.
- Programs to empower women.

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<sup>4</sup> Memmott P, Chambers C., Go-Sam C., Thompson L., (2006) *Good Practice in Indigenous Family Violence Prevention – Designing and Evaluating Successful Programs*, Issues Paper 11, June 2006, Australian Domestic and Family Violence Clearinghouse.

- Programs are community ‘owned’ and based to ensure they are sustained and supported.
- Programs incorporate training and skills acquisition of family violence workers.
- Flexibility to adapt projects in different community settings.
- Programs foster collaborative partnerships and networks between Indigenous community-based groups and mainstream agencies.

This strategic direction therefore seeks to build the long-term capacity of Aboriginal communities to tackle the issue of child sexual assault, and promote the role of Aboriginal leadership in the development and implementation of the Government’s plan. Thus, while some of these measures will be implemented immediately, the outcomes sought will be achieved in the longer term.

### Statewide Actions

### Partners

76. Appoint a Statewide Advisory Panel to advise on the issue of child sexual assault in Aboriginal communities, comprising Taskforce members and other Aboriginal representatives such as Aboriginal child protection experts.	DAA
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77. Develop milestones and indicators to measure success in implementing the plan and reducing Aboriginal child sexual assault, to be reported/monitored under the <i>Two Ways Together</i> and State Plan reporting frameworks.	DAA
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78. Include a statement on child sexual assault in Aboriginal communities in the Bilateral agreement and develop a plan or schedule with the Commonwealth for improved service provision and support for local solutions to child sexual assault.	IAAG
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79. Call on the Commonwealth to expand the Family Violence Prevention Legal Service (FVPLS) for Indigenous victims, and provide a child sexual assault position in each Service.	Cth, TCO
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### Location Specific Actions

### Partners

80. Develop a network of local Aboriginal reference groups in priority locations to help develop the service response, to link families with local services, and to raise the local public profile of child sexual assault within their communities. Where appropriate, this will utilise existing working parties and community level governance structures, and will include local agency representation.	DAA
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<p>81. Develop a suite of culturally appropriate awareness raising programs to target the causes and address the consequences of abuse. This will build on existing programs, where appropriate, including prevention, education, community development and healing programs. This work will involve collaboration between all agencies with interest or expertise in particular aspects. The suite of programs will include:</p>	<p>Health, ECAV, DoCS DCS</p>
<ul style="list-style-type: none"> <li>• providing Aboriginal children, young people, families and communities with an understanding of the indicators of child sexual assault so that they can readily recognise children in their communities exhibiting these behaviours, and to know how to report suspected abuse;</li> <li>• providing Aboriginal communities with targeted information on the roles of NSW Government agencies and on the type and nature of services that may be provided to children and families who have experienced sexual assault;</li> <li>• teaching Aboriginal children and communities protective behaviours to prevent abuse from occurring. Giving Aboriginal community members skills and knowledge to effectively support children and families who have experienced abuse; and</li> <li>• local information resource kits on the dynamics of sexual offending and grooming behaviours.</li> </ul>	
<p>82. Fund a multi-media campaign, initiated by the Aboriginal community, to educate people about child sexual assault and their legal rights.</p>	<p>AGD</p>
<p>83. Expand funding and resources for community legal education and victim support for Indigenous child sexual assault, through the bilateral agreement with the Commonwealth.</p>	<p>IAAG, AGD</p>
<p>84. Extend initiatives to support Aboriginal women to be advocates and to access services. For example, distribute the ATSI Women’s Key Phone Book, and increase provision of legal workshops to familiarise Aboriginal women with legal language, court processes and to develop their leadership skills.</p>	<p>AGD, OFW, DoCS</p>
<p>85. Monitor and extend strategies to increase the number of Victims Services Approved Counsellors experienced in Aboriginal issues.</p>	<p>AGD</p>

## **Proposals for Further Development**

## **Partners**

86. Develop for further consideration a model of restorative justice for Aboriginal sex offenders that adapts the principles of the Hollow Waters model and Circle Sentencing.

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DAA, AGD,  
DCS

87. Request the Victims Services to report to Government on its development of an Aboriginal counselling model, for possible application to other agencies.

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AGD

88. Raise the 22 hour cap on Victims Services counselling for Aboriginal victims of crime.

AGD

## abbreviations

AACEOs	Aboriginal Affairs CEOs Group
ACLO	Aboriginal Community Liaison Officer
ACSAT	Aboriginal Child Sexual Assault Taskforce
AGD	Attorney General's Department
AHO	Aboriginal Housing Office
AVO	Apprehended Violence Order
BOCSAR	NSW Bureau of Crime Statistics and Research
CCYP	Commission for Children and Young People
Cth	Commonwealth Government
COAG	Council of Australian Governments
DAA	Department of Aboriginal Affairs
DCS	Department of Corrective Services
DET	Department of Education and Training
DJJ	Department of Juvenile Justice
DoCS	Department of Community Services
DSR	Department of Sport and Recreation
ECAV	Education Centre Against Violence
Housing	Department of Housing
HSCEOs	Human Services CEOs Forum
IAAG	Intergovernmental Aboriginal Affairs Group
JIRT	Joint Investigative Response Team
MERIT	Magistrates Early Referral Into Treatment Program
NSWALC	New South Wales Aboriginal Land Council
ODPP	Office of the Director of Public Prosecutions
OFW	Office for Women
Prems Dept	The Premier's Department
PCYC	Police and Community Youth Clubs
TCO	The Cabinet Office
WAS	Witness Assistance Service



