



Centacare NT

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Submission to the Board of Inquiry into the  
Protection of Aboriginal Children from Sexual  
Abuse

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# 1. Introduction

## ***About Centacare NT***

1. Centacare NT is a social service agency of the Catholic Church in the Northern Territory. Centacare NT was established in 1993 but has programs that have been working in the Northern Territory for over 20 years. Centacare is a Diocesan based service accountable to the Bishop of the Catholic Diocese of Darwin and is a member of Catholic Social Services Australia.
2. Centacare NT has services in Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs, Nguiu, Wadeye and Pirlangimpi and provides regular outreach to Daly River, Amoonguna and Belyuen.
3. We have three main service delivery areas which include Family and Community Services, Drug and Alcohol Services and Employment Services. Centacare NT employs over 100 staff of which over 25% are Indigenous. Our services include delivering Australian and Territory Government Programs and some fee for service work.
4. Centacare NT's philosophical base is informed by Catholic Social Teaching with an emphasis on:
  - Respect for human dignity
  - Community and the common good
  - Rights and responsibilities
  - Preferential option for the poor and vulnerable
  - Believing that all people have a right to participate in the social, culture and economic life of society
  - Solidarity
  - Promotion of peace

## ***Purpose and scope of this submission***

5. As an agency of the Church and as a service provider to Indigenous people we work in partnership with communities as they seek to cope with the challenges facing them in regards strengthening their families and community.
6. The prevalence of social dysfunction in many of the communities we work in does not need a submission from Centacare for substantiation. Centacare NT did want to contribute to this submission to acknowledge the role that services such as ours and more broadly the Diocese has in the lives of Indigenous people. As an agency of the Catholic Church we recognise that while not responsible for child sexual abuse, we as a Church entity have been part of the history of child sexual abuse on some of the communities we work in.

## **Relevance of this submission to our mission**

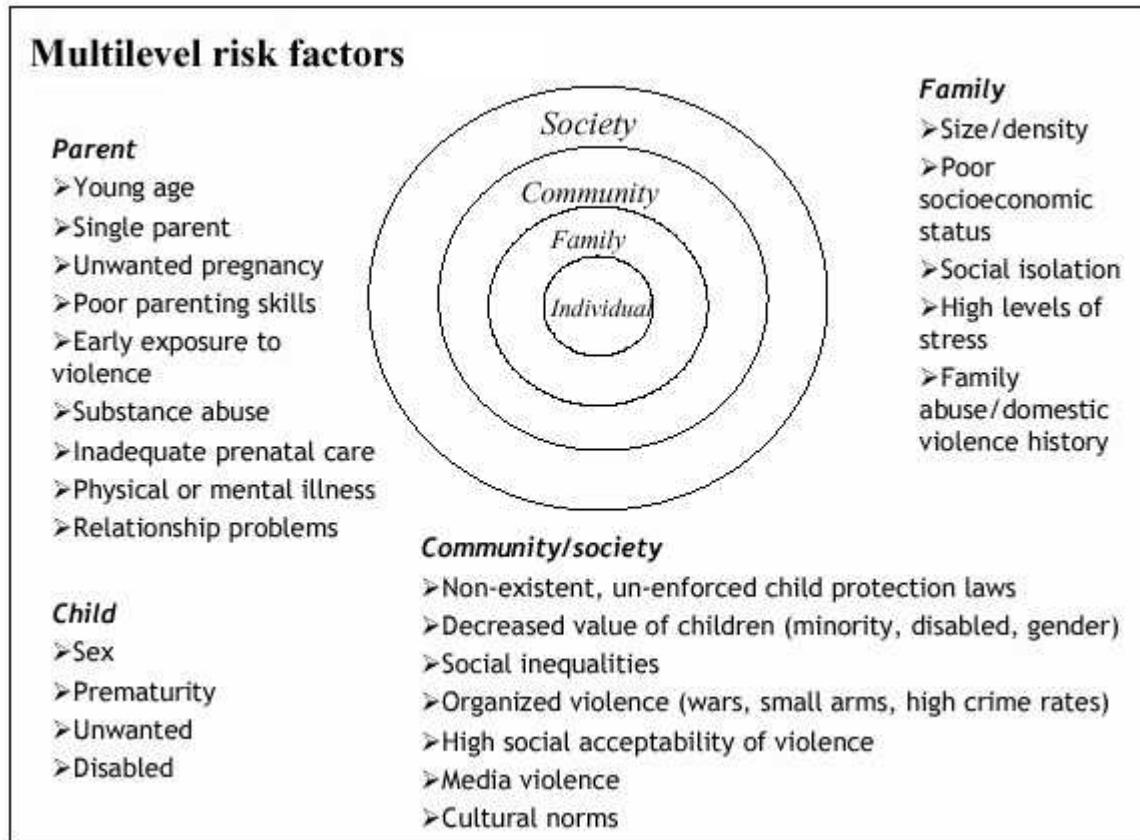
7. Centacare NT's mission is as follows, "Centacare NT contributes to a society that values all its members by strengthening individuals, families and communities in ways that respect their dignity and culture. We provide social services and are a voice for people in need"
8. *"In the family, which is a community of persons, special attention must be devoted to the children by developing a profound esteem for their personal dignity and a great respect and generous concern for their rights"* (Familiaris Consortio:1981). The church recognizes the vulnerability of children and recognizes that for some children, families are unable to provide the necessary environment to support and protect these children. Where parents are unable to properly care for their children they should be given every assistance and support so that they can competently care for their children.
9. Centacare believes that a community that does not place children as a priority, marginalizes them or reduces them to hopeless situations, will never know peace and harmony. The heart of our mission is strengthening families so they can take the responsibility for caring and nurturing their children.

## **2. Extent and contributing factors**

10. There are a multitude of well documented reason which stops Aboriginal people from reporting child sexual abuse which have been documented elsewhere (eg Coorey:2001) and it is only our intention to mention issues raised by and seen as significant to Centacare NT staff.
11. Child sexual abuse in Indigenous communities is undoubtedly underreported and is minimised by the Aboriginal community. While this is similar to the non-Aboriginal community the reasons behind it are possibly different. Aboriginal women are often very sympathetic towards men in the community including their husbands, and don't want to expose them even when their own children or grandchildren are involved. "It's happening a lot but people are keeping it 'SECRET'. Time to talk". Men have difficulty in acknowledging child sexual abuse as they themselves may have been victims of abuse or are themselves perpetrators "When child sexual abuse happens, some families say it's shame and they don't report it, it's family protecting the offender". It makes it difficult to talk about such sensitive issues when people are understandably defensive and may be experiencing their own shame or issues about their abuse.

12. According to the World Health Organisation Aboriginal children are at high risk of sexual abuse and other forms of abuse (see Figure 2.1). While this is not to say that all Aboriginal children who live on communities are at risk, certainly having multiple risk factors makes abuse more likely.

(Figure 2.1)



<http://www.who.int/en/>

13. Our experience is that some Indigenous people have a limited understanding of the concepts of what actually constitutes child sexual abuse. A recent example was when it was identified that a young child had an STD the Indigenous workers response was that it was important that the man who infected the child gets his STD treated so he doesn't infect others rather than thinking this man has committed a serious crime. For many families child sexual abuse has occurred intergenerationally and there is an understanding that sexual abuse is inevitable.
14. It is unrealistic putting increased pressure on Aboriginal women and children to be responsible for reporting child sexual abuse when we know this doesn't occur easily for non Aboriginal people. Apart from the barriers that face all women in reporting abuse, Aboriginal women face an additional barrier including family obligations. Confidentiality and trust are big issues as family networks are broad and encompass the whole community. Disclosure can

split the community, cause distress, and create an untenable situation for women.

15. Increasingly Aboriginal communities are faced with harsh sanctions, negative media coverage, intrusive and excessively demanding bureaucratic requirements and pressure to meet non-Aboriginal expectations. This in turn reinforces negative stereotyping and further instils a culture of failure. This particularly impacts on men who are traditionally leaders of their communities and families. An example of negative stereotyping includes media coverage showing Aboriginal men in a poor light for not taking available jobs on communities, when we know these jobs are short term, low paid, low skilled and low status jobs while non-Indigenous men have the opportunity to work in the 'real jobs'.
16. Solutions for Aboriginal people often undermine the roles and responsibilities of families and contribute to fragmenting and weakening families. Working to strengthen a family's capacity to cope and manage is seen as too difficult or too hard. Many services or workers underestimate the challenges of providing services in remote areas and become despondent and give up. Service providers need to be committed to the long haul and have adequate infrastructure so that the services can cope with staffing changes and other obstacles.
17. Alcohol and other substance abuse, mental health, family violence, gambling and poor housing (eg. overcrowding, extended families), all contribute to child sexual abuse in the community. Alcohol in particular is a significant contributing factor in child sexual abuse. "There are people who use their culture for their benefit. There is no more caring and sharing where substance abuse is concerned".

### **3. Barriers to effective responses**

18. **Skills and capacity of Non-Indigenous people**
  - People get worried about 'offending the community' and being racist so do not report or follow-up on allegations of abuse. For many non-Indigenous people the challenge of being accepted, and then the joy that that brings is then put at risk if they need to make difficult decisions.
  - People working with Aboriginal people do not have the skills to really hear what Aboriginal people are saying or not saying. Aboriginal people are likely to give the answer that the person most wants to hear. For example recently at Nguui we were approached by an organisation frustrated that after setting up a program for young girls there was no one attending. They were surprised as they had felt that everyone was saying that they wanted parenting for young girls. The reality is that determining what will work and how it might work takes a lot of time, a lot of listening and a strong community development approach. Importing programs that

work on the east coast even on Indigenous communities, will not necessarily be successful here.

- People working with Indigenous people are generally not required to undergo cross cultural training and when working in communities they then come to rely on particular (usually white people) who they can communicate with rather than finding ways engaging more authentically with the community.

**19. Skills and capacity of Non-Indigenous people**

Aboriginal people are not always the best people to be working with child sexual abuse. It can be seen as working with your own family and this may determine the extent to which services are accessed and whether abuse is reported or not.

**20. Leadership**

There is a perception that there is a lack of leadership on Aboriginal communities. However our experience is that there are leaders but because they are not convenient leaders (eg leaders are there but they may not be working 9 to 5) jobs, or do not like flying or don't speak English, and as such are not as easy for white people to work with. Value is given to leaders in paid positions and we undervalue the rich and available leadership that has been disempowered by western structures.

**21. Child protection capacity**

- Child protection responses to child abuse swing from swift removal into long term care (no appreciation or understanding of Aboriginal culture) or to doing virtually nothing (scared of perpetuating the past). Both have impacts on the safety of children and impacts on the credibility of child protection services.
- Child protection workers have low expectations about the capacity of Indigenous people to change and provide paternalistic responses (eg buying school uniforms, providing transport, removing from the community, getting assessments etc etc) rather than spending the time engaging with the parents and the community about how to achieve the best outcome for the child.
- In remote communities and towns, when child sexual abuse is reported there is a lack of time and understanding for the victim and victim's family.
- Child protection workers often discount the need for trained interpreters when working with families.

22. After a report of child sexual abuse is made the focus goes on what's best for the community not what's best for the child. For example the young person alleging the abuse will be removed from the community rather than the alleged perpetrator.

23. Momentum dies down after an initial crisis and follow up intervention does not occur. If things seem OK then it can be seen as best to let 'sleeping dogs lie'. This is also a result of workers having very limited resources in terms of what they can offer families on communities and frequently have to 'make do' with applying the standards at the barest minimal level.

### 3. Possible solutions or ideas

24. There is a need for authentic partnerships between Aboriginal and non-Aboriginal agencies as there are inherent problems with Aboriginal people providing counselling and child protection services to their own people and inherent problems with non-Aboriginal people providing these services to Aboriginal people. At Centacare NT we have unique partnerships with communities on the Tiwi Islands and in Wadeye. Centacare NT provides administrative and intensive program support to locally based Indigenous workers on the community. The workers are employees of Centacare NT and Centacare receive advice and direction from a locally based committee on each community. Each community has a pool of Indigenous volunteers who are supported by Centacare to support the local service.
25. Family based programs that include male and female workers that focus on strengthening families and providing ways of assisting families to better cope are needed. Family programs need to be holistic and attend to the physical, emotional, social, economic and spiritual life of the family. Programs need to have the capacity to engage equally with men and women.
26. Programs that target risk factors need to be developed eg family based AOD programs, intensive family support programs, and appropriate education programs.
27. The voices of marginalised men need to be heard and validated. While it is important to have services for women who experience violence, men must be afforded the same level of service to assist them in dealing with their issues. As we know that it is likely that these families will stay interconnected and that perpetrators need sensitive and appropriate programs.
28. A long term strategy is required to educate people about child sexual abuse and other forms of abuse.
29. Responsibility of child sexual abuse needs to be seen as a responsibility of men. Councils and other key Indigenous agencies need to be able to measure their success on their ability to keep their children safe from child sexual abuse and other forms of abuse.