Child Abuse and Family Violence in Aboriginal Communities - Exploring Child Sexual Abuse in Western Australia

For the Western Australian Government Inquiry into Responses by Government Agencies to complaints of Family Violence and Child Abuse in Aboriginal Communities

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Executive summary

Within the Australian Indigenous community, family violence is commonly used as a broad term, encompassing all forms of violence between members of a kinship group or the immediate community. Concomitantly, abuse of Indigenous children, and particularly sexual abuse, is generally viewed as a community issue, rather than within the narrower nuclear family context used in the non-Indigenous community. The two bodies of knowledge (child abuse within the Indigenous and non-Indigenous communities) also differ in terms of their ‘ways of knowing’ - knowledge on Indigenous issues frequently coming from personal experience.

As in the broader Australian community, the extent of family violence in the Indigenous community, is unclear, although it is known that violence levels are much higher in the Indigenous than the non-Indigenous population. In WA, Aboriginal children are over seven times more likely to be the subject of a substantiated child abuse incident than non-Aboriginal children. Indeed, the levels of violence appear to be so high that there is a risk that this behaviour will become ‘normalised’ in some communities, thus perpetuating the experience of trauma in future generations.

The causes of family violence in Indigenous communities are commonly viewed in terms of a response to past traumas, including the impact of the large-scale removal of Indigenous children from their families and the long history of oppression and dispossession, as well as being due to present significant disadvantage. The present problems relate to economic, social and health disadvantage, complicated for some, by the experience of racism, substance abuse and behavioural problems. It would appear that repeated layers of pain have contributed to manifestations of despair and self-destruction, behaviour that did not appear to be present prior to the disintegration of many traditional cultural laws.

WA is the only Australian state which does not have mandatory reporting of at least some forms of child abuse by at least some professionals. While there is no requirement in any state to report occurrences of sexually transmitted diseases, the mandatory reporting of child abuse laws in other states do provide a base-line cover for sexually abused children, one which is not available in WA.

Best practice responses and solutions to Indigenous violence are difficult to find due to both what would seem to be a dearth of programs and the lack of documented evaluations about the effectiveness of programs. The many reports on the problems within Indigenous communities conclude that the general failure to find solutions is exacerbated by a significant lack of resources, an on-going paternalistic approach towards Indigenous people and a reluctance to address the problem. The latter being due to issues such as Indigenous mistrust of the government and government uncertainty about what should be done. A number of broad principles for programs are repeatedly identified in the literature. They include the need for major policy change which gives power and decision-making back to the Indigenous community,
together with financial resources adequate to make a change and professional support to the community.
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Introduction

This brief takes the form of a review of the literature and commentary on family violence and child abuse associated with Indigenous peoples in Western Australia, with particular reference to child sexual abuse. The intention is to inform the Western Australian Government Inquiry into Responses by Government Agencies to complaints of Family Violence and Child Abuse in Aboriginal Communities.

In order to understand this issue, the authors have reviewed existing Australian material, and where relevant (and available) the literature in relation to other Indigenous communities, particularly those in Canada and the USA.

Family violence - encompassing the totality of violence

For the purpose of this brief the term ‘family violence’ will refer to violence which ‘...occurs between people who are known to each other by way of familial or other domestic relationships, past or present. It includes abuse of parents, siblings and other relatives, but predominantly involves violence against sexual partners and the abuse of children’ (Domestic Violence & Incest Resource Centre [DVIRC] 1998: 12).

‘The term “family violence” has become widely adopted as part of the shift towards addressing intra-familial violence in all its forms, including child abuse and neglect, rather than taking a focus on a particular form of intra-familial violence. Family violence is widely seen as the term that ‘best encompasses the various forms of violence that may take place between family members. It is the most inclusive term, and is capable of encompassing changing ideas about what “family” means in late 20th century Australia’ (DVIRC 1998:36).

Family violence is the term adopted in Australian Federal Law (DVIRC 1998) and is also the term preferred generally by Aboriginal and Torres Strait Islander communities (Cummings & Katona 1995; Bagshaw, Chung, Couch, Lilburn & Wadham 1999). The latter perceive the term to most accurately describe ‘how violence reverberates through the entire family or community’ (DVIRC 1998:13); it allows for the range of family members who may perpetrate violence and a wide conception of violence; and ‘it is not dependent, to the same extent as the term “domestic violence” on a clear delineation between private and public spheres, which are more blurred for indigenous than for non-indigenous people’ (DVIRC 1998:13).

In addition, there is a preference in indigenous communities for issues of violence to be seen as a community issue that takes into account intergenerational issues and not to be seen as a ‘woman’s issue’ (DVIRC 1998).
Second, popular or mainstream conceptualisations of violence are often rejected by indigenous communities as a result of the perception that western definitions are not sensitive to the culture and traditions of indigenous Australians (IINA Torres Strait Islander Corporation Research and Resource Centre 1996; SNAILC 1996; Bagshaw et al. 1999).

Third, indigenous community groups often indicate a preference for programs that take an holistic approach to addressing issues of violence, loss of cultural identity, substance abuse, and specifically address the needs and rights of indigenous women and children (National Crime Prevention 1999a).

Finally, there is a preference for identifying and discussing ways of defining indigenous violence that do not alienate perpetrators and/or victims/survivors (Bagshaw et al. 1999). ‘Family violence’, like all terms that describe aspects of intrafamilial violence, does however suffer from issues of definition (for example, how is ‘family’ defined?; what sorts of violence are encompassed by the term ‘family violence’?) (Extract from Tomison 2000:2-3).

The use of the generic term, ‘family violence’ also accommodates the growing body of evidence that different types of violence may occur simultaneously in the same family and that the presence of one form of violence may be a strong predictor of another (for example, Goddard & Hiller 1993, Stanley & Goddard 2002, Tomison 1995b). The literature also indicates the importance of assessing all forms of family violence when investigating child abuse (Tomison 2000).

Throughout this brief, unless otherwise specified, the term ‘child abuse’ will include sexual abuse (defined below), physical abuse\(^1\), emotional abuse\(^2\) and neglect\(^3\).

**Child sexual abuse**

A widely used definition of child sexual abuse is that used by Kempe and Kempe (1978). They define child sexual abuse as: ‘(T)he involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to and that violate social taboos of family roles’ (1978: 60).

Tomison (1995a: 2) explains that this ‘may involve activities ranging from exposing the child to sexually explicit materials or behaviours, taking visual images of the child for pornographic purposes, touching, fondling and/or masturbation of the child, having the child touch, fondle or masturbate the abuser, oral sex performed by the child, or on the child by the abuser, and anal or vaginal penetration of the child’.

While studies have indicated that the majority of all sexual abusers are men (Leventhal 1990), a consistent profile of child sex abusers has not emerged (Oates 1990). Perpetrators of child sex assault ‘constitute a markedly heterogeneous group’

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1. Physical abuse is defined as ‘any non-accidental physical injury inflicted on a child by a person having the care of a child’ (Tomison & Poole 2000: 10).

2. Emotional abuse is determined as ‘any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma’ (Tomison & Poole 2000: 10).

3. Child neglect is ‘any serious omissions or commissions by a person having the care of a child which, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child’ (Tomison & Poole 2000: 10).
(Wurtele & Miller-Perrin 1993: 16). Factors which increase the likelihood of sexual abuse include the opportunity to offend (for example maternal absence, lack of privacy), the power discrepancy between the offender and the victim, and often the use of alcohol or drugs to overcome inhibitions (Finkelhor 1984, reported by Tomison 1995a).

**The status of Indigenous people in Western Australia**

In 1996, Western Australia (WA) had an Indigenous population of 56,205 people, representing 14.6% of the total Indigenous population in Australia and 3.2% of the total population in WA (Edwards & Madden 2001). Based on the lowest estimates of projected population growth, the WA Indigenous population was estimated to be 61,505 in 2001 (Edwards & Madden 2001). Edwards and Madden report that 285 discrete Indigenous communities have been identified in WA, 200 of these having less than 50 people (Edwards & Madden 2001). Most of these discrete communities (92%) are categorised as living in remote and very remote areas (based on the Accessibility/Remoteness Index of Australia).

In the 1996 Census, Aboriginal and Torres Strait Islander people were found to be disadvantaged across a range of socio-economic measures (Australian Bureau of Statistics (ABS) 2001). They experienced ‘lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership’ (ABS 2001: 1). Available evidence suggests that Indigenous people continue to suffer from higher levels of ill health than the rest of the Australian population (ABS 2001).

For example, life expectancy at birth of an Indigenous male is 56 years, compared with 76 years in the total Australian male population. Life expectancy is 63 years for Indigenous females, compared with 82 years in the total female population (ABS 2001). Data from 1994 and 1995 indicated that Indigenous people were more likely than non-Indigenous people to smoke, consume alcohol at hazardous levels, be exposed to violence, and to be categorised as obese (ABS 2001). In WA, Aboriginal people comprised: 31% of people who received services from State Welfare, 32% of the prison population, 31% of the state’s population who used services for homeless people, 18% of those in public housing but only 2% of those receiving Rent Assistance in the private rental market (State Homelessness Taskforce 2002, reported by Bromilow 2002).

**History of contact between the Indigenous population of WA and white settlement**

The history of contact between the Indigenous population of WA and white settlement is documented in the report, ‘Bringing them Home’ (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families 1997) (See chapter 7, which reveals the subjugation of the Indigenous population from the first white settlement in WA, in 1829).

There is a marked difference between the history of child protection of Indigenous children and non-Indigenous children (Jackson 2001). Early in the white settlement of the colony Indigenous people were regarded as ‘savages’ to be controlled and separated from the European community (Jackson 2001). While it is unclear when the separation of children from parents began, the practice had become clear by the
second half of the nineteenth century when legislation was passed which allowed removal of Aboriginal children from their families and their re-location at institutions and missions.

From 1915 to the 1930s Indigenous people were forcibly re-settled into ‘native settlements’ (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families 1997: 105). However, from the age of 14 years, children of mixed descent were being sent away from the settlements to work, particularly on pastoral stations. First documentation of the sexual abuse of female Indigenous young people appears to have occurred at this point, as it was recorded that ‘a large proportion of the young women returned pregnant’ (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families 1997: 108). In the 1950s, Indigenous children were removed for ‘education’ reasons and many Western Australian children were also removed for ‘neglect’ under the Child Welfare Act 1947. From the 1960s the policy changed to one of ‘integration’, which then moved to ‘self-management’ (Jackson 2001). Despite this, in 1972, almost one in every ten Aboriginal person in WA was in an institution, the majority of these being children. The Aboriginal Child Placement Principle which states that Indigenous children in out-of-home care should be placed with an Indigenous family, became policy in 1985.

The difference between sexual abuse of Indigenous children and non-Indigenous children

The issue of child sexual abuse in Indigenous communities is largely viewed from a different perspective to that taken in relation to child sexual abuse in Australian society generally. Child sexual abuse in Australian society generally tends to be viewed in individualistic terms; two predominant theories of causation have arisen. Based on family therapy, the ‘family dysfunction’ model views child sexual abuse as occurring as a result of dysfunctional family relationships, where the emphasis is on the role of sexual abuse as a means of maintaining equilibrium within the family system. Thus each family member would be seen as having an interest in the continuation of the abuse (O’Hagan 1989).

However, feminist theorists view child sexual abuse from a sociological rather than a familial perspective (Tower 1989), considering the sexual assault of children as an outcome of societal values. According to this view, women and children have inferior social status under the current patriarchal social structure and are subject to male dominance. Using such a ‘social power’ framework, sexual abuse is seen merely as one part of the range of violence perpetrated by men against women and children (O’Hagan 1989).

In contrast, child sexual abuse in the Indigenous community is largely represented in the literature as arising from a pathological community context. Child sexual abuse is seen as arising from multiple causes, many of which relate to cultural disintegration, unresolved community trauma and racial abuse. Thus, as noted earlier, the issue of child sexual abuse is commonly viewed as one facet of a broader issue of violence in Indigenous communities. While it would seem that a large percentage of child sexual assault is perpetrated by Indigenous men, it is unclear what percentage of assaults are perpetrated by non-Indigenous men who have joined the Indigenous community or who are outside the community.
The prevalence of family violence and child abuse in Aboriginal communities

Family Violence

Accurate statistics about the incidence of family violence in Aboriginal communities are scarce (Bolger 1991). Although the statistics that are available are imperfect, ‘they are sufficient to demonstrate that the occurrence of violence in Indigenous communities and among Indigenous people ‘is disproportionately high in comparison to the rates of the same types of violence in the Australian population as a whole’ (Memmott, Stacy, Chambers & Keys 2001: 6). O’Donoghue (2001) illustrates the extent of the problem of family violence, noting that many Indigenous children are growing up in communities where violence has become ‘a normal and ordinary part of life’ (O’Donoghue 2001: 15).

Ferrante and colleagues (1996) suggest that Aboriginal women living in rural and remote areas are one and a half times more likely to be a victim of domestic violence than those living in metropolitan areas and 45 times more likely to be a victim of domestic violence than non-Aboriginal women.

While there are few figures available from Western Australia, available data from the Northern Territory indicate that there are around 6000 incidents of assault on Indigenous women in the Northern Territory per year. That is, approximately one-third of the Northern Territory’s Indigenous female population is assaulted each year. Weapons are reported to be used in around 50-60% of Indigenous attacks between spouses (Memmott et al. 2001).

There would appear to be a clear need for more extensive and consistent assessment of the nature and extent of violence in Aboriginal communities. However, Hatty (1988, cited in Bolger 1991: 23) suggests that ‘we should give up our preoccupation with the incidence of domestic violence’ as there will always be a dark or hidden figure of crime of this type. Rather than attempting to develop a precise estimate of the extent of violence in Indigenous communities, she argues that time and resources would be better spent focusing on the nature, structure, history and dynamics of such violence (Memmott et al. 2001).

Child Abuse

There is little information available on the prevalence of child abuse in Australia generally, or for Aboriginal and Torres Strait Islander children specifically. The most reliable statistics available are the national child protection statistics that have been collated by the Australian Institute of Health and Welfare (AIHW) since 1990. These statistics suggest that the number of child protection notifications in Australia is increasing every year, with 115,471 notifications being made in 2000/01, 27,367 of
these being cases substantiated or confirmed as child abuse (AIHW 2000/01). The statistics also reveal that Aboriginal and Torres Strait Islander children are significantly over-represented in the protection and care system of all states and territories (AIHW 2000/01). This trend has been evident each year since the first collation in 1990.

However, it must be noted that the AIHW statistics only deal with cases of child abuse which were reported to authorities and are an underestimate of the incidence of child abuse across the nation. There is a ‘flaw in the current statistics regarding child abuse or child sexual abuse, due to the [perceived] lack of response when cases are reported. Many Aboriginal women believe that “it is no use reporting because they don’t believe you anyway”’ (Robertson 2000: 100).

It has been suggested that incidents of sexual and physical abuse of Aboriginal children are often not being reported to authorities ‘…due to lack of assistance from police or fear of reprisals, or shame’ (Robertson 2000: 101). There are several other factors which lead to the under-reporting of child abuse in Aboriginal communities and this includes the fact that many communities are located in rural or remote areas of Australia where surveillance and contact with child health or welfare professionals are at a minimum. There has also been some concern that government agencies have been reluctant to intervene in Aboriginal communities for fear of reprisals from the community and media and therefore ‘relied upon cultural politics to justify inability to intervene’ (Robertson 2000: 91).

Further, the Queensland Women’s Taskforce found anecdotal evidence to suggest ‘that sexual abuse of young males is increasing, and remains largely unreported, because of the hidden nature of male to male sexual attacks and the shame that is often expressed by victims’ (Robertson 2000: xv).

Overall then, with regard to child sexual abuse, it has been found that ‘whether by coercion or rape, the incidence of sexual abuse of minors [is] indicated to be far more frequent than is commonly acknowledged’ (Robertson 2000: 182).

**Australian Trends**

Since 1996-97, the rates of Indigenous and Torres Strait Islander children where abuse has been substantiated has increased in all states except Tasmania and the ACT. In all states, cases involving Aboriginal children are more likely to be substantiated than cases involving other children. The total number of Aboriginal and Torres Strait Islander children subject to substantiations in Australia for the 2000/01 period was 3004. Aboriginal and Torres Strait Islander children comprise 2.7% of children in Australia, yet constitute 20% of those placed in out-of-home care (Cuneen & Libesman 2000). As of June 2001 there were 4,073 Aboriginal children in out of home care. It has also been suggested that the rate of sexual abuse of young Aboriginal girls who are in the Juvenile Justice system is around 80% (Atkinson 1990).

**Western Australia**

In Western Australia, in the period 2000-2001, Aboriginal children were 7.6 times more likely to be the subject of substantiated child abuse cases than children from
other cultural backgrounds. The total number of Aboriginal children on care and protection orders in WA at this time is 355 (with Aboriginal children in WA being 7 times more likely than other children to be on care and protection orders). Aboriginal children were more likely to have been the subject of a substantiation for neglect than other children (AIHW 2000/01).

At the time of the AIHW report there were 456 Aboriginal children in out of home care with 79% being placed with an Indigenous family or relative and 21% (97 children) being placed with neither an Indigenous family or a relative (a key facet of the Aboriginal Placement Principle).
Causal factors of family violence and child abuse in Aboriginal communities

Introduction

This section outlines what the literature says about causal factors of family violence and child abuse in Aboriginal communities. While the broader literature on the causes of family violence outside Aboriginal families is not reviewed in detail here, it should be noted that there are strong parallels between the two bodies of literature. For example, Tomison (2000) reports on research which has found that adults (particularly males) who were physically abused while an adolescent and/or who witnessed domestic violence, were more likely to be involved in marital aggression themselves (Straus et al. 1980, Rodgers 1994). Aboriginal writers and commentators also make this link (for example Hazelhurst 1994).

It should be noted that a comparison between the two bodies of literature (mainstream and Indigenous) reveals a marked difference in the ‘ways of knowing’. Mainstream knowledge is generally only reported after (and only if) it has been acquired by a highly structured and defined process of knowledge gathering - via the ‘research method’. In contrast, much of the knowledge coming from the Indigenous community is based on personal and first-hand experience, rather than a structured form of data collection. This knowledge is commonly repeated and confirmed by many people, thus providing the information with some validity. Very little research in the violence area has been done by, or with, Indigenous communities, it is important that the knowledge generated by Indigenous peoples is incorporated into any future attempt to develop solutions to violence.

The causes of child abuse - an overview of ‘mainstream’ knowledge

In the decades since Kempe, Silverman, Steele, Droegemueller and Silver (1962) published their description of the ‘battered child syndrome’, a large body of research has been produced on the causes of child maltreatment. Initially, most of the approaches focused on identification of single factors (Browne 1988). These factors, derived from retrospective studies included: adult psychopathology; sociological factors which took into account the external factors that may promote abuse (social isolation, overcrowding and poor housing, unemployment); and abuse-provoking child characteristics (Browne 1988, National Research Council 1993).

However, in the 1970s the limitations of focusing on single factors was recognised. In particular, it became clear that no single factor could account for child maltreatment. Researchers then began to investigate the interactions of parent, child and environmental factors. The increased recognition of the role of ecological or situational factors gradually led to the development of ‘interactive models, which
emphasise the importance of the sociocultural context of child maltreatment’ (National Research Council 1993: 107).

These social interactionist models emphasise the importance of viewing child abuse and neglect within the context of the child, family, their local community and society. Thus theories of the causes of child maltreatment have shifted from explanations based on individual pathology to explanations where abuse is a symptom of significant childrearing problems, often occurring in families with other significant family problems (e.g. unemployment, substance abuse) (Browne 1988, National Research Council 1993). Under this perspective, child abuse may result from complex constellations of factors whose influence may increase or decrease over different developmental and historical periods (Holden, Willis & Corcoran 1992, National Research Council 1993).

The causes of child abuse in Indigenous communities

While there exists a number of different theories on the causes of family violence and child abuse in Indigenous communities, it is commonly believed that child abuse is caused by a multitude of factors. ‘The overwhelming evidence supports the position that the various forms of Indigenous violence have multiple originating causes’ (Memmott et al. 2001: 11). This view is supported by the majority of commentators from the 1980s onwards. The researchers/commentators also identify a remarkably similar range of factors which they say causes family violence.

For example, the National Aboriginal Health Strategy Working Party (1989) reported that domestic violence⁴, which the noted was frequently associated with alcohol consumption, could not be attributed to any one cause. ‘Domestic violence has its roots in institutionalisation, incarceration, loss of role, loss of parental and role models, low self esteem, and alienation’ (1989: 8.17.2). Atkinson (1996b), an important Indigenous commentator, lists some of the contributing factors to family violence in Indigenous communities as being: poverty; unemployment; substandard or inadequate housing; limited access to societal resources and services; loss of identity and self esteem; abusive styles of conflict resolution; sexual jealousy; imbalance and inequity within male and female roles, responsibilities, status and contribution to family life; neglect of family responsibilities; lack of respect within families; emotionally damaged family members; neglect or abuse of children; suicide; and alcohol abuse.

Mow (1992) took a more social/political perspective and identified the causes of the problem of violence among Aboriginal and Torres Strait Islander people as oppression and dispossession, the enforcement of protection and assimilationist policies up until the 1970s that fragmented many Indigenous families, as well as poverty and alcohol. Mow also noted that cultural factors relating to ‘shame’ interferes with the recognition of the problem itself, and help seeking behaviour.

Blagg (1999a: 5-6) undertook a meta-analysis of the literature on violence in Indigenous communities. He listed the following multi-causal factors for high rates of violence:

• marginalisation and dispossession;

⁴ The term ‘domestic violence’ has now largely been replaced with the term ‘family violence’ in the Indigenous literature.
• loss of land and traditional culture;
• breakdown of community kinship systems and Aboriginal law;
• entrenched poverty;
• racism;
• alcohol and drug abuse;
• the effects of institutionalisation and removal policies; and
• the ‘redundancy’ of the traditional Aboriginal male role and status, compensated for by an aggressive assertion of male rights over women and children. One factor contributing to this is the forced westernisation of marriage relationships in Aboriginal communities around the concept of adolescence, where previously girls were married at the onset of puberty.

Memmott and colleagues suggested that the causes of violence are often, and probably best, considered in three contributing categories. These are:

• precipitating causes (one or more events triggering a violent episode);
• situational factors (such as combinations of alcohol abuse, unemployment, and welfare dependency); and,
• underlying factors (historical circumstances) (Memmott et al. 2001).

The literature provides some details in relation to a number of causal factors. This information is now reviewed, using Memmott and colleague’s categories of ‘underlying factors’ and ‘situational factors’. It should be noted that various causal factors may be given different emphasis by different authors and commentators, similar factors may be described in a number of varying ways, and the factors are not discrete but are inter-related, often with multi-directional causes and effects.

Underlying factors which cause family violence

Intergenerational layers of trauma

A number of prominent Indigenous spokespersons believe that present dysfunctional behaviour that occurs within Indigenous communities, including violence in general and the sexual assault of Indigenous children, is grounded in unresolved grief associated with multiple layers of trauma which has spanned many generations (for example, Atkinson 1994, Pearson 2000, Robertson 2000). Indeed, ‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ (Robertson 2000) states that many Indigenous people are suffering from post-traumatic stress disorder. To survive over the years, many Aboriginal people have had to suppress and/or deny their feelings of distress and despair. This pain has become internalised within the family, expressing itself in destructive behaviours such as family violence, alcohol and drug abuse and suicide (Atkinson 1994: 10). This enacting of trauma is a form of ‘coping mechanism’ (Robertson 2000: 31).

Pearson draws attention to the fact that this trauma is not just seen as an issue for individuals and families - it is seen in the context of communities, as ‘the community is traumatised’ (Pearson 2000: 33). While variously described, these traumas almost exclusively relate to the impact on Indigenous communities of their interface with the dominant white communities throughout the history of white settlement of
Australia, including contemporary Australian society. Pearson (2000: 33) sums up the traumas as relating to ‘the process of dispossession and the operation of racism throughout history’.

‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ states that this trauma relates to Indigenous people suffering from ‘genocide, enslavement, cultural violence and racism’ (Robertson 2000: 25). The report talks about the fact that many Indigenous people have suffered ‘profound violations in their childhood’ (Robertson 2000: 31). ‘Indigenous people have endured decades of oppression and neglect. The massacres and inhumane treatment of their families remain fresh in their minds. Many members of contemporary Indigenous Communities can still remember the policies that isolated them from the broader community, that exempted them from associating with family and kin, that forcibly removed them as children and subjected them to treatment that breached even the most basic human rights’ (Robertson 2000: xiii).

Atkinson (1994) believes that the traumas relate to:

- a failure to adequately grieve for family deaths and injury from introduced diseases;
- starvation because of economic (land) dispossession;
- the experience of physical and sexual brutality; and,
- covert structural violence including forced removal of people to reserves, institutions, stations and homes as ‘domestics’.

Cunneen and Libesman (2000) relate present disadvantage back to the historical experience of previous government policy of assimilation, as well as the dispossession and marginalisation experienced by Indigenous people. There are suggestions in the literature that the sexual assault of Indigenous children and young people has a long history, the early assaults being perpetrated by white colonists. For example, the recent Queensland Fitzgerald report (2001) states that the 1901 Amendment Act (of the 1897 Aboriginals Protection and Restriction of Opium Act) addressed continuing sexual abuse of girls and women, including the practice of taking women from place to place like chattels and tying them up to prevent escape. The amendment required that permits be obtained for all employment of females and decreed that sexual assault was now an offence ‘if medical proof showed the girl to be pre-puberty’ (2001: 11). This, by implication, permitted the sexual abuse of girls who had reached puberty.

There is general agreement in the literature that trauma experienced by Indigenous people is not only historic but new traumas are being created in the present. The contemporary social problems experienced by individuals and families (for example, alcohol, drug addiction and family violence), while related to stress in the past, are in turn creating present stresses for many Indigenous people.

**The intergenerational transmission of violence**

There is some suggestion, particularly by Atkinson (1990-1996) and supported by Hazelhurst (1994), that Aboriginal family violence is a learned behaviour.

‘It was learned by Aboriginal people from the initial aggression of white occupation, and has since been transferred through the fabric of Aboriginal

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5 For a detailed analysis of the intergenerational transmission of violence, see Tomison (1996c, 2000).
Hazelhurst (1994) also reports of Aboriginal women being increasingly concerned about the ‘plight of children who are exposed to lifestyles of alcoholism, binge drinking, and violence’ (1994: 25). She explains that ‘children who learn self abusive and family abusive behaviours from their parents’ generation will apply it quite early in their own lives’ (1994: 25). Evidence consistent with this pattern is readily available in many Indigenous communities throughout Australia.

The Stolen Generations

Particular mention needs to be made of the large-scale removal of Indigenous children from their families as a major contributor to the experience of trauma. The release of the ‘Bringing them Home’ report in 1997 (Human Rights and Equal Opportunity Commission) and more recently the work of Read (1999) have focused attention on the multiple layers of trauma experienced by the ‘stolen generations’ (as well as the mothers and other family members) and how this then impacts on the parenting skills of those stolen children as adults.

Read (1999) notes that whilst there exist some positive stories of the stolen children becoming leaders and role models for their Indigenous communities, the majority of the stories reveal stolen children growing into traumatised adults. These are adults who have died prematurely, who have beaten their spouses or children, who may have abandoned their own children and who have been unable to maintain constructive lives. Expert testimony to the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families argues that the ‘‘early loss of a mother or prolonged separation from her before the age of 11 is conducive to subsequent depression, choice of an inappropriate partner, and difficulties in parenting the next generation. Antisocial activity, violence, depression and suicide have also been suggested as likely results of the severe disruption to affectional bonds’ (Human Rights and Equal Opportunity Commission 1997: 181). The removal of children is thus presented as a direct contributing factor for the increased levels of violence within Indigenous families.

Research undertaken by Vinson, Baldry and Hargreaves (1996) is of interest here. They have shown that communities facing similar issues and with similar levels of social problems (communities were matched on a number of different variables, such as size, social disadvantage) may produce varying prevalences of child abuse. The variation appears to be due to differences in the quality of the occupants’ social relationships or ‘connectedness’. Vinson and colleagues found that those communities identified as having less social connectedness (fewer and weaker social relationships with others) were those having higher levels of child abuse (reported by Tomison & Wise 1999). Thus, the break-up of families and loss of extended family and support networks (kinship groups) as has occurred to many Aboriginal families, would appear to directly contribute to child abuse in the present communities.

Social disadvantage - the present

Poverty and unemployment, economic, health and social disadvantage
Tomison and Wise (1999) draw attention to the fact that considerable research has shown the association between stressful, negative community conditions, and maladaptive coping behaviour and social dysfunction. What have been labelled as ‘toxic environments’, comprise communities ‘plagued by various social ills’ such as high unemployment, high crime rates, poor transport facilities and poor access to professional services (Tomison & Wise 1999: 5).

Memmott and colleagues (2001) describe this pattern in communities as ‘dysfunctional community syndrome’. It would appear from the descriptions available of many Indigenous communities that they suffer from a ‘toxic’ environment which together with geographical and social isolation, is associated with the break-up of families (Garbarino & Abramowitz 1992).

Using data obtained as part of the 1996 Census, Edwards and Madden (2001) have recently published a report on the health and welfare of Indigenous people. The authors reveal that Indigenous people are disadvantaged across a range of socioeconomic factors (see also the ‘Introduction’ section of this Brief). These included ‘lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership’ (Edwards & Madden 2001: 2). Indigenous people were more likely to be in improvised dwellings (sheds, humpies, tents and park benches), be in overcrowded living conditions and live in houses in high need of repair, than non-Indigenous people (Edwards & Madden 2001: 2). The report states that inadequate and poorly maintained infrastructure, particularly water and sewerage systems, are major issues and ‘potentially major causes of ill health’ for Indigenous communities, particularly those in remote and rural areas of Australia (Edwards & Madden 2001: 24, 29).

Robertson (2000) reports that there is an association between violence in Indigenous communities and high unemployment, poor health, low educational attainment and poverty. However, a more detailed understanding of this association is needed. It would appear that there may often be intervening variables. For example, the presence of domestic violence may cause children to roam the streets which makes them more vulnerable to sexual abuse, especially in areas with high alcohol consumption. Further, female heads of households often care for large numbers of children (which may in itself be due to family violence) and are forced to live in derelict houses that cannot be adequately locked to prevent external intruders entering the house and assaulting residents (children or adults).

The high levels of poverty, unemployment, homelessness and ill health found in Indigenous communities can make some Aboriginal and Torres Strait Islander families more susceptible to becoming involved with both child protection and juvenile justice services (Cunneen & Libesman 2000), due to the greater levels of surveillance which will be present. However, surveillance is less likely to occur in the more remote areas of Australia, where the service system is less developed and there is a lack of contact with government authorities.

It should be noted that while this section concentrates on the problems of Indigenous communities, Indigenous communities can also have strengths, many of which may not be immediately obvious to non-Aboriginals. Culturally-based strengths may be

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6 A Western Australian Aboriginal Child Health Survey has been undertaken by the Institute for Child Health Research in WA. However, these findings will not be available until early 2003 (Howell, personal communication).
present and available to be built upon, through increased autonomy, respect and resources.

The mental health of Indigenous Australians

Developing an understanding of the mental health of Indigenous people has been hampered by a range of issues. These include the failure to adequately measure Indigenous mental health and the confusion between behaviour suggestive of mental illness and cultural practices (Edwards & Madden 2001).

Edwards and Madden (2001) point out that The National Inquiry into the Human Rights of People with Mental Illness (Human Rights and Equal Opportunities Commission [HREOC] 1993) reported that the recognised definitions of mental health do not fully apply to Indigenous people because of the way they incorporate physical, mental and spiritual wellbeing. Thus, environmental and social factors (perhaps more than in white Australian culture) can have a ‘lasting and significant impact’ on Aboriginal psychological wellbeing and are linked to the development of anti-social and self-destructive behaviour (HREOC 1993: 695).

Within Indigenous communities disturbed behaviour is often not identified as mental illness but instead often leads people to the criminal justice system (HREOC 1993, reported by Edwards & Madden 2001). Again, this highlights the importance of viewing the mental health of Indigenous people within the context of the impact of ‘colonisation, loss of traditional lands, loss of culture, separation of children from their families, racism, social inequity, trauma, loss and grief’ (Swan & Raphael 1995, reported by Edwards and Madden 2001:143).

Substance abuse

The literature commonly draws an association between alcohol consumption and drug abuse, and violence in Indigenous communities. In a survey of alcohol consumption in Australia, fewer adult Indigenous people reported using alcohol in the previous week, than did non-Indigenous Australians (Edwards & Madden 2001, reporting ABS data for 1995). Unfortunately this survey excluded people living in remote areas, so may not be entirely accurate. Of those who reported drinking, twice as many Indigenous Australian males were drinking at what was judged to be a high-risk level, than non-Indigenous males.

‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ found that the ‘women spoke strongly about alcohol as a major cause of violence. It was seen as influencing all aspects of their lives and creating chaos even for those who didn’t drink’ (Robertson 2000: xxiii). The report quotes Noel Pearson: ’(O)urs is one of the most dysfunctional societies on the planet today; surely the fact that the per capita consumption of alcohol in Cape York is the highest in the world says something about our dysfunction’ (Robertson 2000: 71). Atkinson (1991) believes that family violence is compounded and sometimes precipitated by alcohol misuse. Bolger (1991) reports that ‘excessive consumption of alcohol is often seen as the cause of many social problems in Aboriginal communities today’, although she notes that there are conflicting views about the part played by alcohol in the incidence of violence. Fitzgerald (2001) draws attention to the problem of foetal alcohol syndrome in Indigenous communities.
The Cape York Justice Study (Fitzgerald 2001: 13) notes that ‘the available evidence indicates clear links between alcohol consumption, violence and injury, although the relationship is complex and not necessarily one of simple causality. Injury patterns are clearly related to the cycle of Community Development Employment Project (CDEP) and Social Security payments, with high rates on paydays and the day following, and marked declines when canteens’ are closed.’

The complexities of the association between violence and alcohol consumption are noted by other writers. Hunter (1990b) and Atkinson (1991) say it is not acceptable to only blame alcohol as the reason for the violence in Indigenous communities. Bolger (1991) believes that a considerable amount of violence is not connected with alcohol, particularly in the case of Indigenous women. He also outlines some of the links between family violence and alcohol abuse. For example, Bolger notes that it is not known how many men who drink do not assault their wives and it is believed by some that men drink so that they will have an excuse for beating their wives. This perspective is supported by Robertson (2000) who says that in some situations alcohol may facilitate or incite violence by providing a socially acceptable excuse for the negative behaviour. Alcohol is sometimes seen as a disinhibitor, allowing people to do things they would not normally do when sober (Bolger 1991). Alcohol may boost the morale of a man with low self-esteem and give him a sense of power. Finally, Bolger (1991: 45) states that ‘some people argue that there are cultural expectations as to the behaviour of a person under the influence of alcohol and that in some cases aggression is the expected mode of behaviour’.

The use of alcohol and drugs as a way of coping with past traumas of colonisation and dispossession is a point made by virtually all commentators. However, substance abuse is, in turn, creating its own trauma in communities, such that there is now a link between substance abuse, growing violence, and the current ‘dysfunction and despair’ in Indigenous communities (Robertson 2000: 30).

The literature refers to a number of compounding factors which relate to the use of alcohol in Indigenous communities and the association between substance abuse and family violence. Some of these are referred to below.

*The historical establishment and facilitation of the use of alcohol by Aborigines*

Robertson (2000) provides a historical perspective on how ‘during the latter half of the nineteenth century and well into the twentieth century, large numbers of Indigenous peoples, some of them in chains, were taken against their will to government-owned or controlled reserves’ which were often operated in conjunction with the Christian churches (Robertson 2000: 26, 27). These people ‘lost contact with their ancestral lands, their family, their customs and traditions, often being punished for practising their traditional culture’ (Robertson 2000: 28). They were often provided with inferior food, being not allowed to hunt for traditional food.

Alcohol was introduced as a reward - ‘it facilitated the breakdown of Indigenous culture and deterioration into violence and abuse’ (Robertson 2000: 28). In addition, alcohol was used in the past as a currency in lieu of wages by some employers (Robertson 2000). This alcohol was often of low quality and very potent.

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7 Canteens serve a similar function as hotels in Indigenous communities - a place to buy and drink alcohol.
Further, Kahn and colleagues (1990) draw attention to the use of alcohol as a means of exploiting Aborigines: as a bribe for sex and entertainment (Hunt 1986); and through intoxication and subsequently impaired personal faculties, used as a means of manipulating Aboriginals into less than ideal outcomes (Kahn 1986).

Recent publicity has been given to the practice of publicans holding bank saving cards owned by Aborigines, a practice that is said to be widespread in the West Australian Goldfields (Martin 2002). This practice not only prevents the card being used for other needs but leads to the high accessibility of alcohol. It is reported as being associated with an increase in alcohol-related incidents including domestic violence and assaults on young girls (Le Grand 2002).

Government policy in relation to alcohol consumption by Indigenous communities

There has been a contradictory and confusing attitude by government to Indigenous alcohol consumption (Robertson 2000). As noted above, in the past the government allowed payment of wages in alcohol. In the 1950s alcohol consumption was banned except where an Indigenous person obtained an Exemption Certificate and had proven the ability to assimilate with the non-Indigenous community (Hunter 1990a).

Permission was granted to drink alcohol on reserves in the 1960s. In the 1970s canteens were erected to serve alcohol on reserves. Alcohol became openly available after the 1967 referendum, which granted Indigenous citizenship (Robertson 2000). In some communities, the local council has become dependent on the revenue raised from the sale of alcohol. For example, the Sunday program (Channel 9, Victoria, 28th April 2002) reported that on Palm Island, with an unemployment rate of 95%, the ambulance service and most of the community services are funded by the sale of alcohol. There has also been a failure by governments to adequately police the ‘sly grog trade’ and a failure of authorities to prosecute breaches of the regulations (by Indigenous and non-Indigenous people), exacerbating the alcohol problem, and thus, violence in the community (Robertson 2000).

Learned behaviour

Hunter (1990a) makes the connection between the greater access to alcohol in the 1970s and an increase in Indigenous violence, particularly increases in female homicide, suicide, parasuicide and self-mutilation in the 1980s. He notes that the children and young people who currently engage in self-destructive behaviour are the children of that generation who were young adults at the time of rapid change in the 1970s. They are the first generation to have grown up in environments with normative heavy drinking. As Robertson notes, ‘having been socialised into a culture of alcohol, substance abuse, violence and anarchy, the crimes committed by some offenders reflect those witnessed or experienced as a child’ (Robertson 2000: 31).

Alcohol use and traditional culture

Pearson (2000) identifies alcohol as corrupting some of the most basic laws and customs in Aboriginal communities, in particular the traditional obligations of sharing resources. For example the traditional obligation to share food obtained from a hunting trip has been turned into an obligation to share alcohol. Fellow drinkers will challenge Aboriginal identity in order to establish obligation to contribute money to buy grog: ‘Come on, don’t be flash! We not white fellas! You-me black people’ (2000: 17).
Pearson (2000: 17) explains that there exists a drinking circle in which ‘social and cultural relationships between the drinkers are expressed, reinforced and reiterated whilst people are engaged in drinking’. Everyone is obliged to share the money and the alcohol. Outside of the drinking circle are the women, children and non-drinkers who are required to provide the most basic resources (food) for all within the community, including the drinkers. However, when women and children are the least powerful, and where the driner is the head of the household, all the money that comes in to the house goes into the buying of alcohol. It then becomes the responsibility of the old people (mainly women) to keep the community fed. Other obligations and relationships are ignored or abused by those addicted to alcohol. Pearson (2000: 18-19) then queries why the obligations to children are given lower priority than the ‘so called obligations’ to cousins and uncles for drinking.

Substance abuse by children who have been abused

In some communities Indigenous children are using alcohol at a very early age (Robertson 2000). ‘Abused children may use altered states of consciousness to escape from untenable situations. In later life, young adults may seek altered states of consciousness through the use of alcohol and drugs’ (Robertson 2000: 35). ‘In altered states, the ordinary relations between body and mind, reality and imagination, knowledge and memory no longer hold’ (Robertson 2000: 35).

More recently, it appears that the inhaling of solvents (paints, petroleum) has become widespread in some Aboriginal communities. However, there is little information available on drug use within the Aboriginal community. A recent study by the National Drug Research Institute and the Nyoongar Alcohol and Substance Abuse Service in WA, has found that drug injecting in Aboriginal communities has doubled since 1994, although no actual rates are given in the reporting of this by Watts (2002). This problem was largely found to be associated with young, urban-based Aborigines who also often used cannabis and alcohol.

Disturbed behaviour and loss of skills

Robertson states that anger ‘is a natural feeling that results from boundary violation, frustration, fear and loss’ (2000: 32). Often this anger is not expressed against the person or group causing the original trauma but against someone close to the offender who becomes the substituted object of the violence’ (Robertson 2000: 33).

‘Cycles of violence can occur when people who have been hurt are unable to express the pain of that hurt safely to themselves and others . . . . Children who have been victims may run the risk of being re-victimised, or they may begin to victimise others’ (Robertson 2000: 34).

Robertson also describes how young people who have matured early may look for love and move into precocious sexual activity at an early age. ‘They may then become young parents, sometimes falling into unstable relationship that flounder, and the children of the next generation may become the next victims and potential victimisers’ (Robertson 2000: 35). Robertson (2000: 35) believes that this pattern is the basis of the cycle of violence being witnessed in Indigenous Communities.’ The report, ‘Bringing them Home’ found that the past forced separation of Indigenous children from their families and communities has resulted in a loss of parenting skills and abilities (Human Rights and Equal Opportunity Commission 1997), thus
increasing the likelihood of the involvement of child protection services in Aboriginal families (Cunneen & Libesman 2000).

**Spiritual oppression and destruction of traditional values and culture**

The loss and destruction of culture has contributed to the current crisis in which many Indigenous people find themselves (Robertson 2000). Robertson notes that ‘Indigenous people generally have been profoundly affected by the erosion of their cultural and spiritual identity and the disintegration of family and Community that has traditionally sustained relationships and obligations and maintained social order and control’ (Robertson 2000: xii). The breakdown of culture and values is a common thread behind many other causal factors of family violence in Indigenous communities. Atkinson (1991: 4) believes that ‘the level of Aboriginal male violence towards Aboriginal women reflects a breakdown in Aboriginal social order’.

**Passive welfare**

In the past three years, a number of people, most notably Noel Pearson, have focused attention on the issue of ‘passive welfare’ as a cause of many of the problems affecting Indigenous communities. Pearson (2000) believes that passive welfare has undermined Aboriginal law, traditional values and relationships. He describes passive welfare as being the ‘assistance to needy citizens who may never repay via their taxes what they have received, and of whom nothing further will be required or expected’ (2000: 11). He says ‘passive welfare is an irrational, “gammon” economic relationship, where transactions between the provider and the recipient are not based on reciprocity (a respected cultural value). The principle in this relationship is “money for nothing” or “help for nothing”. Essentially it is charity’ (2000: 21).

Pearson argues that ‘our dispossession is the ultimate cause of our passive welfare dependency. Upon our dispossession the traditional economy of our ancestors was ruptured and we were engulfed by the new economic order, in which our official and actual place until 1967 was in the underclass: quasi-slaves, workers in fact but not in status’ (2000: 13). He believes that welfare is a mentality that is ‘internalised and perpetuated by recipients who see themselves as victimised or incapable and in need of assistance without reciprocation’ (Pearson 2000: 21).

Welfare dependency is also viewed as a problem in ‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ which states that because of a breakdown of traditional social support and the lack of infrastructure and real employment, people, particularly in rural and remote communities have become almost totally reliant on welfare (Robertson 2000). Compounding the problem, health, family and welfare agencies are not able to meet the increasing demands for these services (Robertson 2000).

**Racism**

The link between racism and family violence is mentioned in the literature, but the association is not usually clarified. It is likely that the experience of racism and discrimination attacks self-esteem and personal well-being, thus contributing to a break-down in social order and a community’s sense of worth and therefore a contributing factor leading to family violence. Pearson (2000) argues: ‘(M)ake no mistake, racism is a terrible burden. It attacks the spirit. It attacks self esteem and
the soul in ways that those who are not subjected to it would have not an inkling of understanding about. Racism is a major handicap - it results in Aboriginal people not recognising opportunities when they arise, in not being able to seize opportunities when they arise, in not being able to hold on to opportunities when they have them . . . Australians concerned about the position of Aboriginal people in this country should not underestimate the decisive role that racism plays in the wellbeing of Aboriginal individuals and society’ (2000: 34).

**Community silence and denial**

Silence and denial within the Indigenous community would appear to impact on why many children get abused by the one perpetrator and why the abuse is allowed to continue. Melva Kennedy, an Aboriginal woman working on educating the Indigenous community on issues of child sexual assault and the effects of domestic violence on children, states that ‘(A)s long as the veil of silence and denial remains over this area, the opportunities for children to suffer without help remain as well as services available to the rest of Australian society will not be adapted and made accessible for Aboriginal communities’ (Kennedy 1991: 16).

Mow (1992) identifies community silence as a barrier to overcoming the problem itself. Mow quotes Tonkinson (1985: 299) who says that ‘discussing family matters with an outsider, even one wishing to help, might be almost impossible because of shame. Also, approaching someone of the opposite sex on matters that are thought to be the business of one’s own sex can be too shameful to contemplate . . . . Shame is compounded in Aboriginal-white relations by expectations of rejection, by unfamiliarity with procedures and personnel, and by loyalty to one’s own vis-a-vis the dominant society. Put in a nutshell, given Aboriginal experience of white institutions and authority agents, it is scarcely surprising that, ultimately, some women appear to find a violent spouse less threatening than the agencies from which they might seek relief’ (1985: 299).

**Media influences**

There has been little research on the impact on children of viewing sexual material – both normal and pornographic, and the research is still indeterminate about the impact on children of viewing of violent material (Stanley 2001). Even less is known on the impact of viewing this material by young people living in isolated and depressed circumstances in remote Australia (Atkinson 1990). However, first hand experience reported by a couple of commentators suggests that the viewing of offensive material in the Indigenous community is a factor contributing to sexual violence. This issue is likely to be more problematical with the increase in use of the internet in outback Australia.

Hazelhurst (1994) states that ‘over a 15-20 year period community workers have observed changing patterns of physical behaviour and sexual offending among Aboriginal men and boys which, they are convinced, have been induced by exposure to violent images in the media. This ‘new scourge’ in remote communities has been attributed by local people to the introduction of a diet of macho and violent television programs and, more recently, of violent and pornographic videos available through local distributors and inter-state mail order outlets’ (1994: 26-27). Atkinson (1990) reports that Aboriginal women say violence and sexual abuse has increased since pornography entered communities. Sometimes offensive videos, brought in by
white men as forms of entertainment, are the only understanding young men have of mainstream culture (Atkinson 1990). Hazelhurst (1994) further reports that women complain that they have been asked to participate in viewings of offensive material and to imitate sexual acts which are offensive and distressing to them. ‘Assaults on young children, infants, and animals by young males, sometimes roving in gangs, escalate after shipments of pornographic videos’ (Hazelhurst 1994: 27).

Hazelhurst (1994: 28) makes the comment (which also has some resonance with the trading of sly grog in many remote Aboriginal communities) that ‘to unscrupulous interests, Aboriginal society is "a sitting duck".’ She goes on to say that ‘(in) one northern Queensland community I visited it was the non-Aboriginal owner of the community garage who ordered in this material from Canberra, and rehired these to Aboriginal men at a considerable profit. It was the Aboriginal women who were asked to perform the acts that were seen on these videos, or the young children who were assaulted by highly excited teenagers after a viewing. Without proper authority to set up their own controls these communities are a vulnerable and ready made market for the worst of what western society has to offer’ (1994: 28). Cripps notes (personal communication) this latter comment is particularly pertinent to the capacity of Indigenous people to implement such controls to stop pornography within their communities if they do not have sovereignty and the power to determine, implement and control local public policy. Even if it were possible for the Indigenous community to ban their members from owning or renting such material, they are likely to have greater difficulty in enforcing this within the non-Indigenous population in their area who are responsible for ‘pushing’ some of the material.

Cripps (personal communication) also comments that the portrayal of Indigenous family violence in the media also serves to silence the community as it stereotypes violence in Indigenous communities as being ‘normal’ and/or part of the ‘culture’. Many Indigenous people will choose not to report on the grounds that they’re protecting their ‘own’ from the wider society. This is supported by a comment made by Daphne Naden reported in ABC News Online during the debates on family violence in June and July 2001. ‘To suggest, as some people have, that Aboriginal people, particularly Aboriginal men, do not care about the protection of women and children is deeply hurtful and blatantly false.’ (ABC News Online 2001).

**Indigenous communities - the overseas experience**

Available literature suggests that the experience of white colonisation on Indigenous communities in Canada and the United States has many characteristics similar to the experience of Australian Aborigines. North American communities also suffered a policy of removal of the Indigenous population’s children from their homes in order to assimilate the children into the non-Indigenous population (Hill 2000, Lynch 2001). Similarly, the consequences of this policy are now viewed in terms of being ‘tragic’, ‘devastating’ and ‘destructive of American Indian life today’ (Lynch 2001: 504).

Loss of identity and identity confusion have also been a problem for many other Indigenous peoples (Lynch 2001). For example, a child may identify with white culture, but that same culture may subject the child to racial discrimination due to the child’s Aboriginal background. Further, Hill (2000) states that there continues to be high rates of removal of Indigenous children in North America on child protection grounds (four times higher than the wider community).
Finally, despite anecdotal evidence of some Aboriginal (First Nation) communities in Canada overcoming significant social dysfunction and enhancing the health and wellbeing of children and families, this has not yet become the dominant pattern (Hill (2000)).
Aboriginal beliefs about gender and sexuality

A comprehensive review of Aboriginal beliefs about gender and sexuality is beyond the scope of this brief. Rather, this brief provides information to address specifically one of the main arguments that has been used to support inaction regarding Indigenous family violence. That is, the belief that family violence is ‘normal’ in Indigenous communities and part of the traditional behaviour of Aborigines.

Indigenous Australians are not a homogeneous people (Australian Law Reform Commission 1987). It is estimated that there were about 600 Aboriginal languages when white colonists arrived (Blainey 1980). The literature suggests that indiscriminate violence towards family members within these various societies or cultures was not present. While some forms of violence were used, this violence was practiced within Aboriginal law, largely as a punishment for breaking laws.

While laws varied between Aboriginal societies, there were some commonalities (Australian Law Reform Commission 1987). Indigenous laws were closely tied to spiritual beliefs (Australian Law Reform Commission 1987), and they related to the maintenance and healing of relationships between people within families and among groups across the social system (Atkinson 1996a). Through the law Aboriginal people had a clear guide as to appropriate and inappropriate behaviour (Atkinson 1990).

Law was known and maintained by a selected group of both women and men, each having different areas of responsibility. Many Indigenous women stress that they held an equal position with men in pre-colonial traditional society (Kimm 1999). For example, the women in some tribes were responsible for ceremonies and ritual solely for women and had important influence over ‘kinship ties, marriage arrangements, land-relationships, and other rights and duties’ (Australian Law Reform Commission 1987). According to Atkinson (1996a) Aboriginal women were the custodians of certain aspects of the law and Aboriginal men were responsible for the enforcement of law.

The Australian Law Reform Commission (1987: 221-222) identifies examples of transgressions to Aboriginal law as including:

- unauthorised homicide (that is, not decreed as a punishment for another offence);
- sacrilege (that is, the unauthorised possession of sacred knowledge and objects and the unauthorised observation of sacred rituals);
- unauthorised sorcery;
- incest;
- cohabitation with certain kin;
- abduction or enticement of women;
- adultery with certain kin;
- adultery with potential spouses;
- unauthorised physical assault;
- usurpation of ritual privileges or duties;
- theft and intentional destruction of another’s property;
• insult (including swearing, exposure of the genitals);
• physical neglect of certain relatives;
• refusal to make gifts to certain relatives; and,
• refusal to educate certain relatives.

The identification of these transgressions is important as they suggest that particular acts of family violence and child neglect were unacceptable under traditional law.

Private bargaining, public debate, threat of punishment, oral abuse, ridicule, sorcery and a range of punishments, often physical, were used where women and men transgressed the law (Atkinson 1990; Australian Law Reform Commission 1987; Bolger 1991). There were recognised punishments for specific transgressions and ‘they were carried out by particular people under community control’ (1991: 49). All members would have understood what was considered a breach of that law and what the consequences of that breach would entail (Australian Law Reform Commission 1987). Daily participation in ceremonies and rituals reinforced knowledge of rights and responsibilities in relation to others’ well-being (Atkinson 1996a).

There appears to be an association between a failure to up-hold traditional law and the growth in family violence in Indigenous communities. Talking about the Murri people, Lucashenko & Best (1995: 20) comment that ‘one of the saddest and most destructive legacies of the colonial era’ is the idea that traditional societies were lawless or that indiscriminate violence against Aboriginal women was sanctioned by traditional law.

It would appear that sexual assault, particularly child sexual assault, was practically unknown in traditional Indigenous communities (Atkinson 1990, reported by Greer 1992, Tatz 2001). ‘Aboriginal people had a clear guide about good and bad behaviour, with discipline being strictly maintained by tribal elders’ (Greer 1992: 189). Penalties ranged from physical beating, through ritual spearing and exile from the community, to death’ (Tatz 2001: 135-136). ‘Less than 100 hundred years ago …rape was punished by death, or occasionally life may be spared but the offender severely maimed’ (Atkinson 1990: 11). According to Tatz (2001: 135-136), traditional Aboriginal systems of incest prohibition remain the world’s foremost model yet, in practice, ‘most of the structure and discipline have fallen away, to the point where the abuse is committed with impunity’.

Bolger (1991: 50) reports that ‘there are now three kinds of violence in Aboriginal society - alcoholic violence, traditional violence, and bullshit traditional violence. Women are victims of all three. By bullshit traditional violence is meant the sort of assault on women that takes place today for illegitimate reasons, often by drunken men, which they then attempt to justify as a traditional right’ (1991: 50). While it may be hard to differentiate between these forms of violence, "bullshit" traditional violence was tendered as a defence in a case heard in the Northern Territory Supreme Court last year and reported in The Koori Mail 16/05/2001 (Anonymous 2001b). In this case the judge rejected a man’s explanation that he was executing Aboriginal customary law when he bludgeoned a women with a chair. It was claimed the defendant had attacked the woman because she had supposedly broken tribal law by telling his wife he had had an affair. Confusion about this issue leads to non-interference by both police and community leaders, with the result that the tacit message to the offender and the community is that violence is condoned (Hazelhurst 1994).
Sutton (2001: 154) raises an important issue. He notes that an understanding of the impact of the breakdown of traditional law will not necessarily lead to a solution. Finding a workable solution may be difficult, as the ‘authority vacuums that have led to chaotic developments in many settlements seem strongly resistant to the reinstatement of older forms of power, which may be remembered fondly by the elderly but are feared and resisted by the young.’ Sutton (2001) believes that there is little evidence that formal tribal law can be re-instated once it has been so thoroughly destroyed. However, this may not necessarily be the case in all Indigenous communities. Sutton also queries whether violence as a punishment within traditional law should be supported and promoted in the present.

Some have suggested that rather than a blanket return to traditional ways, there is a need for spiritual healing and an opportunity to redefine cultural identity. Robertson suggests, for example, that there should be a development of ’special places’, including women's and men's centres (Robertson 2001: 277).
Research findings regarding mandatory reporting of child abuse and sexually transmitted infections

Mandatory Reporting of Child Abuse Requirements in Australia
(From the Australian Institute of Health and Welfare 2000/01)

New South Wales

Since 1977, NSW medical practitioners have been required by law to report suspected cases of physical and sexual abuse and the Children (Care and Protection) Act 1987 mandated teachers, counsellors, social workers and early childhood workers to report cases of suspected sexual assault. In New South Wales, teachers are mandated to report sexual abuse but are also required by the Department of School Education to notify for cases of suspected physical and emotional abuse and neglect. The police and Department of Health workers are also required to report cases of child maltreatment.

In 2000, the NSW Parliament proclaimed the Children and Young Persons (Care and Protection) Act. Under this Act the range of professionals working with children who are legally required to report children or young people who are at ‘risk of harm’ (which represents a broadening of the scope of mandatory reporting) has been expanded. They include people who deliver health care, welfare, education, children’s services, residential or law enforcement services to children, including managers and supervisors.

Victoria

In 1993 the Victorian Government introduced mandatory reporting via legislative changes to the Children and Young Persons Act 1989. As a result Victorian doctors, nurses and police are mandated to report child physical and sexual abuse. Primary and secondary school teachers and principals were mandated to report physical and sexual child abuse, in 1994. While other professionals were identified for inclusion as mandated reporters in a planned third extension of mandatory reporting, this has been postponed indefinitely.

As a result of the introduction of mandatory reporting in Victoria, by the end of 1994-1995 reports of child abuse had increased by 58%, and in 1995-96 there was a 91% increase in reports of child abuse (Goddard, Saunders, Stanley & Tucci 2002).

Queensland
The Health Act 1937 mandates Queensland medical practitioners to report \textit{all cases of suspected child maltreatment}. School principals are also mandated to report all forms of child abuse and neglect via an Education Queensland policy and teachers are required to report suspected abuse to principals, however this is not legislated. All officers of Family, Youth and Community Care Queensland and employees of licensed care services are required by the Child Protection Queensland Act 1999 to report when they suspect harm to children placed in residential care.

\textbf{South Australia}

In South Australia the Children’s Protection Act 1993 mandates the following persons to notify the Department of Human Services (Family and Youth Services), if they suspect on reasonable grounds that a child is being \textit{abused or neglected}: medical practitioners, nurses, dentists, pharmacists, psychologists, police, probation officers, social workers, teachers, family day care providers, and employees of, or volunteers in, government departments, agencies or local government or non-government agencies that provide health, welfare, education, childcare or residential services wholly or partly for children.

\textbf{Tasmania}

In Tasmania there are a number of professionals who are mandated to report \textit{all suspected cases of child abuse} to the Child Protection Board. These professionals are: medical practitioners, registered nurses, probation officers, child welfare officers, school principals, kindergarten teachers, welfare officers appointed under the Alcohol and Drug Dependency Act 1968, guidance officers and psychologists.

\textbf{Australian Capital Territory}

Mandatory reporting was introduced in the ACT in 1997. Those mandated to report child abuse include doctors, dentists, nurses, police officers, teachers, school counsellors, public servants working in the child welfare field and licensed childcare providers. Mandated professionals are required to report if they reasonably suspect that a child or young person has suffered, or is suffering, \textit{sexual abuse or non-accidental physical injury (physical abuse)}.

\textbf{Northern Territory}

In the Northern Territory it is mandatory for any person who suspects that a child is or has been \textit{abused or neglected} (any form of maltreatment) to report their belief to a Family and Children’s Services office or police station.

\textbf{Western Australia}

Western Australia is the only state in Australia that has not introduced mandatory reporting of child abuse. Instead, as Goddard notes ‘as a consequence perhaps of the voluntary reporting system, more attention appears to be paid to procedures for
specific disciplines’ (Goddard 1996: 100). That is, referrals to child protection services about possible harm to children are facilitated by a series of reciprocal protocols which are negotiated between government and non-government agencies.

Although the rate of substantiated child abuse has been increasing since 1995/96, from 1.7 cases per 1,000 children, to 2.5 cases per 1,000 children in 2000/01, Western Australia still had the second-lowest rate of substantiated child abuse (AIHW 2002). However, because of differences between the way the various Australian jurisdictions count notifications (reports) of child abuse, it is no longer possible to directly compare the States or to create national statistics (AIHW 2002).

**Child protection statistics**

Western Australia is the state with the most radical approach to managing child protection reports. In 1995, Western Australia set up a new differentiated model of intake, where a report was classified as either a generic ‘child concern report’ (requiring a more generic, ‘problem solving’ approach) or as a ‘child maltreatment allegation’ (Tomison 1996b). Regardless of the ‘stream’ into which the report is initially designated, the intention of the model is that all reported children would undergo a full risk and needs assessment and would then receive professional supports, where necessary.

However, only the ‘child maltreatment allegations’ are counted as child protection reports. Thus, one of the changes resulting from policy change was initially, a substantial drop in the number of reports recorded across the State. (See Tomison 1996b for a more detailed discussion of this issue). More recently, Parton and Mathews (2001) reported that the total number of reports received by the Department post-implementation of this new policy (‘child concerns’ and ‘child maltreatment concerns’), approximated the total number of reports pre-implementation. This was taken as an indication that reporting practice had not been negatively affected by the new approach, although this explanation may not take into account the subsequent increase in substantiated cases since 1995. (That is, the closure of the ‘gap’ may be due to increases in actual abuse, rather than demonstrating that the new policy had no impact).

**Mandatory Reporting - the costs and benefits**

There have been many arguments both in favour of, and against, the introduction of mandatory reporting laws for child abuse. Those who support mandatory reporting suggest that children ‘have the right to be protected’, that it ‘makes a public commitment to child protection’ and increases the general public's awareness of child abuse (Goddard 1994: 6). Those in favour also suggest that mandatory reporting assists in establishing the true nature and incidence of child abuse (Goddard 1994).

It has been suggested that professionals generally have a reluctance to ‘break well-entrenched and long established habits of professional confidence’ and have an ‘unwillingness to become involved in legal proceedings, which may expose them to professional discipline and criticism by their peers’, factors which may contribute to a disinclination to report (Quinton 1991: 5).
Legislation can overcome this reluctance to become personally involved by imposing a public duty to do so. Indeed, mandatory reporting laws have been said to provide safeguards for professionals involved in cases of child abuse and serve to protect relationships with parents because professionals can explain that they are compelled to report. However, in reality very few people are ever prosecuted for not reporting child abuse, even if mandated (Goddard, Saunders, Stanley & Tucci 2002).

In contrast, arguments against mandatory reporting suggest that such laws may:

- drive families underground and discourage them from seeking help for fear of being reported to ‘the Welfare’;
- remove discretion from workers who are in a sensitive position; and,
- be used by governments as a cheap substitute for services for prevention (Goddard 1994).

What has been apparent since the 1990s, however, is that mandatory reporting substantially increases the number of reported cases of child abuse (Quinton 1991; Tomison 1996b). This increase in reports has often resulted in system overload for child protection services, with a resultant failure to adequately assess and support those families most in need. This leads to a need for greater resources and often produces a raising of the child protection ‘threshold for intervention’. That is, stricter gate-keeping is employed to ensure that only those most in need are accepted for investigation and case management. For example, a recent Victorian study (Goddard et al. 2002: 13) found that in response to mandatory reporting requirements, ‘statutory child protection services appear to have responded by steadily restricting the criteria which trigger a protection’.

In addition, in order for mandatory reporting to be effective it would seem important for mandated professionals to be aware of their responsibilities. However, a Victorian study found that 19% of a sample of community professionals did not correctly identify their obligations to report cases of child abuse, and 29% of community professionals in the sample were misinformed or uncertain about their obligations to report cases of child abuse under Victorian law (Goddard et al. 2002). Further, few professionals found the decision about whether or not to report a child to be straightforward, 63% finding this decision to be difficult or complex. Being a mandated professional did not make the reporting decision any easier. For many, the decision was based on a range of factors which included expectations about the outcome for the child, factors relating to the child’s family, such as cultural factors and fear of parental response, and factors associated with the professional’s work (Goddard et al. 2002).

Mandatory Reporting of Sexually Transmitted Diseases and Child Sexual Abuse

The West Australian Coroner presiding over the inquiry into the death of Susan Taylor stated that:
'in my view in every case where a young person has been infected with a sexually transmitted disease there should be mandatory reporting by medical practitioners and other health workers to the Department of Community Development and the Police Service and statistics should be maintained as to the outcome of any investigations.'

This comment was made following disturbing evidence presented at the Coroner’s Inquiry by Dr Sandra Thompson, Medical Co-ordinator of the Sexual Health Centre of the Western Australia Department of Health.

Her evidence, and a background paper that was submitted to the Inquiry by the Sexual Health Centre (SHC unpublished), offers detailed insight into the WA guidelines for the reporting of Sexually Transmitted Infections (STI) in young people. It states that ‘at present health care professionals are not mandated to report signs or suspicions of child abuse to child protection authorities’ (SHCunpublished). It also states that the Department of Health has a set of Guidelines for the Management of STI’s including a section on appropriate actions when a child is diagnosed with an STI. It states that

‘based upon reasonable suspicion, Health Care Professionals (HCP) should report cases to the Department of Community Development for investigation and action as necessary’, however, there is no legal obligation for a health care professional to do so (SHC unpublished).

Unlike some other countries, such as the United States, which has had legislation for the mandatory reporting of sexually transmitted infections in minors across every state for more than 30 years (Baker 1978), Australia has no legal requirement to report STIs. However, the mandatory requirement of medical practitioners to report child abuse and neglect in every state except WA, does provide a ‘fallback’ position for the protection of children with STI’s in these states. This fallback position, of course, relies on the assumption that medical practitioners will make the connection between sexual assault and STI’s in minors. Thus, by not having mandatory reporting of child abuse and neglect, there is a greater risk in WA that those children who have been sexually assaulted and have contracted a STI, may remain unprotected.

The ‘Sexual Health Centre Background Paper’ does offer some arguments in favour of mandatory reporting of STIs. These include the fact that it would send a clear message that the state does not condone child sexual abuse, and more cases of abuse would be uncovered and interventions made to protect children. However, more detailed discussion in the Paper is directed towards the reasons against introducing mandatory reporting of STIs. These reasons include the fact that ‘there are other physical and/or medical presentations which may also signal sexual abuse, including pregnancy in a minor . . . as both live births and terminations of pregnancy in children under the age of 16 are indicators of carnal knowledge and potential sexual abuse’ (SHC unpublished).

The Background paper also warns, that ‘we would not want legislation that discourages individuals from being tested for an STI. This would seem to be a risk with linking STI diagnosis with mandatory reporting’ (SHC unpublished). It also suggests that the introduction of mandatory reporting would undermine current practices where, if a child who presents to a health care professional is considered mature enough to accept or decline treatment, they may do so without fear of the matter being taken further. At present a Health Care Professional must seek the
child’s consent before disclosing abuse or suspected abuse to a third party, which may be the police, or the Department of Community Development. The Paper also raises the issue that ‘if reporting were to be mandated up to a certain age, an appropriate age for the use of discretion by the medical practitioner would need to be determined. At what age should the presence of an STI prompt a suspicion of sexual abuse?’ (SHC unpublished).

Finally, some concern is expressed regarding the introduction of mandatory reporting in WA, based on the experiences of other states, where ‘mandatory reporting (not just upon diagnosis of an STI) leads to an increased concentration on forensic aspects of case work which alienates the reporting professionals and the child’s family, reducing trust and engagement with services’ (see above).

Overall, it is clear that a number of issues would need to be resolved prior to the introduction of mandatory reporting, however in the opinion of the authors of this brief, these do not provide a compelling case for not reporting. It is important to remember that in such situations where a child is being abused, a criminal offence is being committed, from which a child has the right to be protected. All adults, whether they are mandated to report or not, have a moral obligation to ensure that the most vulnerable members of our society who have been subject to violence, are given the assistance and protection they deserve. The introduction of mandatory reporting of STI legislation would send this message to the community and provide better information on the scope and nature of the children’s sexual contact and sexual assault in West Australian communities.

The mandatory reporting of Sexually Transmitted Diseases and its effect on Aboriginal Communities

The ‘Sexual Health Centre Background’ paper states that the rates of STI are high across all Aboriginal age groups, including minors. At the Coroners Inquiry into the death of Susan Taylor it was suggested by Dr Thompson that the gonorrhoea rate in 10-14 year olds is a rate approximately 186:1 for Aboriginal to Non-Aboriginal notifications (Hope 2001). She also stated that the rates of Chlamydia in the same age group is 124:1 (Hope 2001). Submissions to the Fitzgerald Inquiry (2001) stated that ‘girls as young as seven or eight are now being diagnosed with sexually transmitted diseases’ (2001: 20).

It is therefore suggested that the impact of introducing mandatory reporting of STI’s ‘will impact proportionately more heavily on Aboriginal Communities. The higher rate of STI in Aboriginal minors is an indication that sexual activity - consensual and non-consensual - is more frequent in young Aboriginal people in some communities’ (Sexual Health Centre unpublished). Given the high rates of STI’s in Aboriginal Communities, the introduction of mandatory reporting of STI’s has the potential to benefit Aboriginal children in particular.

However the Centre also warns that ‘if reporting of STI in children were to be made mandatory, professionals currently aware of abuse and likely to begin reporting would be those in culturally and/or geographically remote areas where a nurse or Aboriginal Health Worker is the primary health provider’ (SHC unpublished). It suggests that this would be problematic as ‘those professionals in remote areas may find that although they report suspected abuse, the services are not in place to
investigate and protect the child. In addition, health care professionals in remote communities themselves may be ostracised and/or endangered’ (SHC unpublished).

While the failure to have an effective professional support system in place is cause for concern, and may lead to negative outcomes for the children, families and professionals involved, detailed consideration is required before a decision is taken to oppose the introduction of mandatory STI reporting. The failure to introduce mandatory reporting may send the community the message that government is not concerned with the high rate of sexual abuse and STI’s. Further, consideration needs to be given to the harms that may be caused by the failure to report, in conjunction with a failure to take action, or to work to provide sex education or to prevent sexual assault. Mandatory reporting would highlight the nature and size of the problem (especially in Aboriginal communities) and may be a vehicle to increase funding for support and investigative services in these areas, rather than merely sending services into crisis.
Best practice in Government agency responses to sexual abuse of Aboriginal children and solutions to Aboriginal family violence

Introduction

This section explores potential solutions and best practice principles for governments attempting to address the issue of family violence in Indigenous communities, particularly child sexual abuse. There is no panacea for the problems of family violence, but there are clear themes evident in the available literature produced by Australian and overseas Indigenous commentators and practitioners.

If interventions are to be effective, a number of factors need to be recognised. Firstly, effective solutions will require a ‘sea-change’ in government policies and practices. Given the current failure to effectively address family violence in Aboriginal communities, there appears to be a need for a philosophical change across the whole of government: specifically, a stronger commitment to addressing Indigenous violence, a preparedness to devolve power and decision-making to the Indigenous community, and a willingness to adequately resource interventions over time. For this to work, there needs to be Indigenous community participation and ownership - Aboriginal people need to take responsibility for their communities and attempts to prevent family violence. Secondly, prevention and intervention initiatives need to be systematic and multi-faceted. As noted above, there are many factors that can contribute to the perpetration of violence. These interact in highly complex ways, and will not be amenable to simple, single-focus, short-term interventions.

This section explores some of these issues in greater detail. The setting or context for best practice in general, is reviewed. Unfortunately there has proven to be a number of major hurdles to effective practice within Indigenous communities. Some of these are identified and discussed. Broad best practice principles for intervention within the Indigenous community have been identified in the literature. These are outlined, followed by a range of more specific solutions and a review of some of the programs currently in place.

The context of best practice - learning from the wider professional sector

Adopting an ecological approach

Tomison and Wise (1999: 2-3) provide a good overview of current understanding of the setting and directions of best practice for prevention and intervention in the field of child abuse. They draw attention to the importance of the environment within which effective intervention should take place, as well as the need for a multi-layered approach. These factors are of particular relevance to best practice approaches in relation to family violence within Aboriginal communities.
Current theories of the causes (or etiology) of child abuse draw heavily on Urie Bronfenbrenner’s ecological theory of human development (Bronfenbrenner & Mahoney 1975, Bronfenbrenner 1979). Underpinning the various theories is recognition of the complex, multidimensional nature of child abuse and neglect (Garbarino 1977, Belsky 1980, National Research Council 1993).

Belsky’s (1980) model of the etiology of child maltreatment integrates a number of diverse single factor approaches, including psychological disturbance in parents, abuse-eliciting characteristics of children, dysfunctional patterns of family interaction, stress-inducing social forces, and abuse-promoting cultural values. He offers a conceptualisation of child maltreatment as a ‘social-psychological phenomenon’ where abuse is determined by the mutual influences of the individual child or parent, family, local community, and the wider culture or society.

The central theme of Belsky’s multi-level modelling approach is the interaction of protective and risk factors. That is, the overall likelihood of child abuse results from the combination and interaction of complex constellations of factors, some enhancing and some minimising the potential for abuse, whose influence may increase or decrease over different developmental and historical periods (Holden, Willis & Corcoran 1992, National Research Council 1993).

Implications for prevention and intervention

Until recently, most child abuse prevention strategies have focused on addressing child, parent and family-related factors that are associated with a greater propensity for child abuse, with scant attention paid to the societal and community factors that cause harm to children, or that impact on the lives of children and families (Hay & Jones 1994, Korbin & Coulton 1996, Reppucci, Woolard & Fried 1999).

As referred to earlier, the US psychologist James Garbarino (1995) has argued that there is currently a toxicity of some social environments similar to the toxicity of some physical environments, and that aspects of the contemporary social environment, wider society, local communities and neighbourhoods, are particularly harmful for children. Garbarino identified a series of toxic factors including violence in all its forms, poverty, unemployment, poor housing and an under-resourced education system, that may be presumed to lead to an increased potential for abusive or neglectful behaviour in families, or higher incidences of other social ills. He asserted that the management of socially toxic environments should be analogous to the management of the physically toxic environment – requiring a similar, if not greater, level of perceived urgency by the public.

To be truly effective, consideration must therefore be given to the means to remedy the socially toxic factors that underpin child abuse and other family violence via the adoption of community or neighbourhood and society-wide approaches (Parton 1985, Seagull 1987, Limber & Hashima 1992, Harrington & Dubowitz 1993, Rayner 1994, Thompson 1995, Cox 1997). Greater recognition that ‘programs focused solely on the individual seem destined to failure if they do not take into account community context,’ (Reppucci et al. 1999: 411) has led to the perception that child abuse cannot be overcome through ‘administrative, legal, technical and professional measures which leave social values, structures and dynamics unchanged’ (Gil 1979: 1). Concomitantly, there has been a move to develop multi-level prevention and intervention efforts that typically maintain an individual or family-level component, but which also address the socio-cultural context within which children and families live (Cox 1997, Reppucci et al. 1999).
This understanding is of particular relevance to the Indigenous community, where as discussed earlier, significance is given to the broader psycho-social context in understanding the cause of family violence in general and child abuse in particular. Thus, concomitantly, best practice intervention must address these broader issues if effective solutions are to be reached.

Risk and Resiliency

Researchers investigating the risk factors that may heighten children’s vulnerability to various social ills, such as child abuse and neglect, have consistently identified some children who are able to achieve positive outcomes in the face of adversity – children who are ‘resilient’ despite facing stressful, high risk situations (Kirby & Fraser 1997).

Resilience appears to be determined by the presence of risk factors in combination or interaction with the positive forces (protective factors) that contribute to adaptive outcomes (Garmezy 1985, 1993). The interaction of risk and protective factors occurs at each stage of child development and within each ecological level (that is, it is affected by a child or parent’s internal characteristics, aspects of the family, and of the wider social environment) (Kirby & Fraser 1997). A number of studies, particularly those by Werner (Werner & Smith 1989, Werner 1989, 1993, Rutter 1987, Garmezy 1985, 1993), have led to further investigation of the interaction of risk factors and the buffering, or protective factors, that may protect a child from risks and enhance resilience (Bowes & Hayes 1999). However, research is still required to determine precisely the ways in which interactions between risk and protective factors may influence child outcomes (Kaufman & Zigler 1992).

Three types of resiliency have been identified and described. First, overcoming the odds, where positive outcomes are attained, despite high risk status; for example, an infant born pre-term is considered to be at high risk because of an association with poor health outcomes but may achieve good health outcomes. Second, sustained competence under stress, where, in environments where stress and conflict is high, children display an ability to cope well. Third, recovery from trauma, where children function well after experiencing severe trauma – for example, war, severe violence or a natural disaster (Kirby & Fraser 1997).

It is important to note that just as risk factors may be unique to particular populations, resiliency is also culturally determined. Behaviour considered adaptive and normative in one culture may not be perceived in the same way in other cultures. A second potential source of variation in childhood resilience is associated with the nature of children’s developmental processes. That is, children respond differently to risk over time, with vulnerability or resilience shifting as a function of ‘developmental or maturational changes’ (Kirby & Fraser 1997: 15).

Garmezy (1985) identified three main types or constellations of protective factors which contribute to the level of resilience or positive outcomes that are achieved.

Dispositional attributes of the child – the personal characteristics or skills that may foster resilience, such as rapid responsivity to danger, precocious maturity, the use of relationships for survival, the conviction of being loved, and a sense of optimism (Mrazek & Mrazek 1987, McQuaide & Ehrenreich 1997).
Positive family relationships – resilience is associated with, among other factors, high levels of parental monitoring and high levels of support from at least one parent, a history of good parenting, effective interpersonal communication between family members, and low socio-environmental stress (Herrenkohl et al. 1994, Fantuzzo & Atkins 1995, McCubbin et al. 1998, Resnick et al. 1996, Pharris et al. 1997).

External social supports from the community – good social and cultural supports, a strong religious affiliation, few stressful life events, positive life expectations, and ongoing opportunities for positive connections from families, schools, and communities are protective factors associated with more positive developmental outcomes (Langeland & Dijkstra 1995, Benard 1993, Vinson et al. 1996 Pharris et al. 1997).

These findings reinforce the importance of the socio-cultural context of the child’s situation and the ecological nature of child development, vulnerability and resilience.

Implications for prevention and intervention

In order to intervene in child abuse more effectively, strategies are required that focus on both reducing risk factors and strengthening protective factors that foster resiliency. As Cox (1997: 253) notes: ‘(T)ruly ecological approaches that are developmentally attuned demand concurrent programs that work on protective as well as risk factors and that reflect and impact on processes working within and across various domains of the child’s world.’ Thus, in relation to Indigenous children, it will be important to foster resilience by drawing on family and community cultural strengths to assist the child and his or her family to overcome risk factors.

Barriers to best practice within the Indigenous community

A number of barriers to reducing the level of violence in Aboriginal communities have been identified, some of which are discussed below. While there is some commonality between the barriers to solutions to child abuse within the non-Indigenous community, most of the outlined barriers are particular to Indigenous communities, often arising from, and entwined with, the causal factors of family violence.

On-going paternalism in government policy

It is generally recognised that past government policies were often misguided and paternalistic, being designed to ‘protect’ or ‘assimilate’ Indigenous people (Robertson 2000). The impact of these policies was that they ‘damaged or destroyed social systems integral to the healthy functioning of their (Indigenous) society’ (Robertson 2000: 109). A major barrier to the solution to family violence relates to the fact that Indigenous child welfare policy is still based on the premise that the government should decide what is best for Indigenous people (Sweeney 1995). While many programs implemented by government are well-intentioned, they are not working because they are developed and implemented from a Western paradigm (Robertson 2000). Insufficient input from Indigenous people has led to political and social vulnerability, powerlessness and bureaucratic processes governing their lives.
The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report states that ‘Indigenous people can no longer live under a system that defies and inhibits autonomy and self-determination’ (Robertson 2000: xi). The report gives a clear message: ‘Indigenous Communities must be afforded the opportunity to be the architects of their own solutions …so that they can be active participants in initiatives that affect their lives, and not silent recipients’ (Robinson 2000: 195). The ‘time is overdue for politicians and service providers to hear and acknowledge the voices of Indigenous people’ (Robertson 2000: 111).

**Inadequate services**

Review of the literature on services for the Indigenous community leads the authors to draw a number of conclusions. In brief, it was difficult to find out just what services to address family violence are available for Indigenous communities, due to the apparent scarcity of programs tailored specifically for the Indigenous community, and the short-term and uncoordinated nature of the programs.

The findings from a recent national audit of Australian child abuse prevention programs (Tomison & Poole 2000) confirms the low number of family violence prevention programs for Indigenous people. In the Audit it was found that only 16% of over 1800 identified Australian child abuse prevention programs were reported to be targeting Aboriginal and Torres Strait Islander people. However, more detailed analysis revealed that only one quarter of these programs (i.e. 4% of the 1800 programs) had been specifically developed or tailored for Indigenous people - the majority of programs were actually generalist programs servicing a range of clients. Tomison and Poole note that given that Indigenous people ‘often prefer to attend services offering culturally relevant programs, staffed and managed by their own communities’, the failure to adapt or develop services for Indigenous needs is a significant problem (Tomison & Poole 2000: 86).

Much of the literature that is available relates to Aboriginal issues and programs in Queensland. The Fitzgerald report (2001) documents the fact that there are few services in the Cape York communities that can address violence and substance abuse; provide programs for perpetrators; or provide trauma and grief counselling. Again he confirms that those services that are available are based on service models that are not accessible or relevant to Indigenous people in Cape York. Again addressing North Queensland issues, Ketchell and Sweetman (2001: 9) note that ‘the money set aside to combat Aboriginal domestic violence across the entire community this year would not be enough to build two women’s shelters’. Exacerbating the problem, Ketchell and Sweetman report that two key services for victims of domestic violence in North Queensland Aboriginal communities closed in the three months prior to the article’s publication (1/7/02). One of these programs which was administered by Apunipima Cape York Health Council and serviced the entire Cape York region, was closed when the $553,000 three year funding ran out.

The latter issue leads to the second group of problems which can be summarised as the ‘ad hoc’ nature of many of the programs. Commentators commonly express concerns about the short-term nature of funding. Funding duration is usually for a maximum of three years under state and federal government grants, with no commitment for a continuation of funding. Programs, having ‘arisen out of desperation’, may be provided on a voluntary basis or funded through non-recurrent grants or pilot initiatives (Fitzgerald 2001: 20). Thus, by the time programs are
established, have developed effective links with the community and community organisations, often only 18 months may remain in which to actually offer services, prior to service closure (Cripps, personal communication). One example of this is the service, ‘Healing Our Families: Apunipima Family Violence Advocacy Project’, which closed due to a lack of funding (Cripps, personal communication).

Funding concerns also relate to the complexity of the funding arrangements associated with programs, many of which have developed through ‘ad hoc allocations of Commonwealth and State funds’ (Fitzgerald 2001: 31). Fitzgerald explains that ‘current funding arrangements are complex, highly fragmented, and may in some cases cause competing and conflicting priorities’ (2001: 31). There is little coordination between funding sources that include Commonwealth and State grants and subsidies, and sources of revenue generated by the communities. A ‘silo mentality’ is often present which restricts the cooperation between agencies and collaborative work (Fitzgerald 2001).

Robertson describes this problem as the ‘confused and contradictory legislative responsibilities’ that is further complicated by the three levels of government, and a ‘serious lack of inter-governmental collaboration and cooperation which has led to duplication of services and wastage of money’ (Robertson 2000: 109). For example, in Queensland there was an annual changing of priorities of funding in the 1980s which meant that there was no sustainable development in Indigenous communities (Robertson 2000).

Indeed, both Fitzgerald and Robertson argue that the lack of an accepted, sustainable service system directly contributes to an increase in the community’s problems and exacerbates the likelihood, and levels, of violence.

**The need for responses to the problems rather than repeated Inquiries**

Allied to the need for effective services (above) is a perception that there is a need to shift attention and resources away from re-assessments of the problems within Aboriginal communities, moving them towards a focus on actual service development ‘on the ground’. An ATSIC (Aboriginal & Torres Strait Islander Council) Media Release in February 2002 said that ‘there have been far too many Government reports on Aboriginal Affairs which have been written and simply allowed to gather dust in a filing cabinet. Talk is cheap. It is time for action and we are calling on the State and Federal Governments to respond with enough financial resources to ensure we can adequately tackle domestic violence in our communities’ (ATSIC 2000).

This view is held by other Indigenous commentators. Robertson (2002) points out that Indigenous family violence was recognised as a top priority last year during the media debate surrounding Geoff Clark (ATSIC Commissioner) and family violence. However, as yet nothing has happened on the ground to address that violence. Fitzgerald states that while ‘communication between outsiders, including public officials, and the people in the communities is impeded by lack of interest, cultural barriers and justifiable resentment’, it is also being hampered by the constant outside research and debate about Indigenous lives ‘without any noticeable improvement in their circumstances’ (2001: 52).
Mistrust of the present system

A number of issues have been identified in the literature as barriers to the effectiveness of the programs to address family violence. Sometimes there is a mistrust and a lack of confidence in the services which are provided, leading to a failure to use the services.

Such feelings are exacerbated when services have been provided, but where they fail to take effective action. For example, the Robertson report notes that there was ‘an alarming number of cases where there was a clear breach of legislative responsibilities on the part of both Queensland Police and the Department of Families, Youth and Community Care’ (Robertson 2000: 185).

With particular reference to the sexual abuse of children in Indigenous communities, Greer (1992) draws attention to the following issues which present as obstacles to intervention in relation to sexual assault:

- Previous experience with authority leads some communities to keep child and adult sexual assault under wraps;
- Given past poor relationships with the police, reporting may be viewed as a betrayal;
- Even when a report is made there may be a feeling that nothing will be done anyway; and,
- Concern about the criminal justice system and the possible imprisonment of offenders.

Fitzgerald (2001) also writes that Indigenous women often do not use support services for fear of what will happen to the perpetrator in custody and are more likely to use refuges as respite and then return to the violent partner. This problem is compounded by a number of issues:

• a lack of information about the legal process and an unwillingness to seek legal advice (Fitzgerald 2001);
• in remote communities women may not have access to transport or telecommunications, thus making it very difficult to leave a violent relationship (Fitzgerald 2001); and,
• the fear of their partner dying in jail is a justifiable fear of women particularly in communities in Cape York, parts of Northern Territory and Western Australia, particularly where tribal law is still practiced and respected. Apart from the trauma caused by the death, such a death in custody would be viewed as being the woman’s fault and she would be subject to payback from his family which may result in her death or a significant injury (Fitzgerald 2001, O’Donoghue 2001).

Blagg (2000b) identifies a problem for Aboriginal women in relation to the difficulty they have in translating their requirements into the language demanded by government agencies. Rather than government involvement, here the solution may be to support the community infrastructure, such as Aboriginal women’s groups, by giving them the resources (and professional support) to address the community problems (Blagg 2000b, reporting the Aboriginal Women’s Task Force and the Aboriginal Justice Council 1995).

Finally, the Aboriginal Women’s Task Force and the Aboriginal Justice Council (1995) noted problems in relation to policing and justice systems and the ability to
protect women on remote communities. They identified a lack of police services, racist attitudes of some police, the failure of the police to respond rapidly and appropriately and the inability of all aspects of the criminal justice system to deal with family violence in a culturally sensitive manner.

Thus, in circumstances where there is no response or a very limited or poor quality intervention by services, or where Indigenous people do not have the skills and/or means to handle often complex service systems, people are left to cope with violence unassisted. Such responses have increased the mistrust of governments and services providers by the Indigenous community, thereby making these services even less available.

Worker trauma

Given the extent of family violence in Indigenous communities, it is likely that child protection workers and other service providers are experiencing trauma from their work (Stanley & Goddard 2002). Recently published research has shown that traumatised workers who also feel isolated in their work have a reduced ability to protect children who have been severely abused, from further abuse (Stanley & Goddard 2002).

Cripps (personal communication) reports that this is a particular problem in Indigenous communities as the workers are often in great danger as they live and work in the same community. Workers also have to contend with the fact that an offender may be a member of their own family or a community Elder and there may be conflicts of interest and confidentiality to resolve before any intervention or support can be undertaken.

Further, many workers are severely overworked and suffer from burnout, thus making them less able to cope with other forms of stress (Stanley & Goddard 2002). Memmott and colleagues (2001) identify both a personal safety risk in relation to violence intervention workers and the problem of stress and burnout. For some time a number of Aboriginal workers have also been requesting further professional training and support from government services. Unfortunately, this request has not always been responded to (Tomison, personal communication).

Conflict between the welfare of the Indigenous child and the welfare of the Indigenous community

A major issue in child protection (and one that is commonly overlooked) is the philosophical conflict between family preservation and child protection. Preserving the family and protecting the child may be incompatible aims in some cases of child abuse (Goddard 1996). It would seem that this problem is magnified in the situation of Indigenous children, where there is an additional overlay of complexity associated with the clash of two cultures – Indigenous and non-Indigenous. That is, there can be a conflict between protecting Aboriginal children from abuse and allowing the Indigenous community cultural independence and self-determination. Thus, there may be conflict between ‘the best interests of the community’ and ‘the best interests of the child’ (Lynch 2001: 506).

This conflict is addressed by Lynch (2001), who describes the problem in relation to Australian Aboriginals and Canadian First Nation Peoples, and makes some suggestions as to how the issue should be viewed. Lynch argues that the 'best

Lynch notes that ‘the dominant consideration to which all other factors must remain subordinate must be the welfare of the child’ (2001: 507). Yet to understand the best interests of an Indigenous child necessitates an exploration of the ‘fundamental links between culture and identity and the concomitant importance of family and community to the meaningful existence and survival of First Nations and Aboriginal children’ (Lynch 2001: 508, 509).

The dominant court system individualises people, abstracting them from their family, cultural and racial contexts, in contrast to viewing children as part of a community identity - a perspective held in Indigenous culture. Thus conflict may arise as:

• in both First Nations and Aboriginal communities, responsibility for child welfare and nurturing often resides with an extended family or kinship network and the community as a whole;

• mainstream law entails the notion of stability of residence, whereas Aboriginal communities may have a practice of mobility of children between responsible adults;

• there is also a risk that in considering Aboriginal and First Nation culture, it will be ‘frozen’ and conceived in static terms relating to the origin of the cultures, traditions, norms and customs, rather than as a dynamic and fluid culture; and,

• there is a problem that the law will ‘construct’ the culture by the law shaping and defining it.

Thus, there is a risk that much ‘contemporary child welfare law and practice is aimed at ‘normafication’ - assimilation in a veiled guise as the values of the dominant group are imposed on First Nations and Aboriginal peoples’ (Lynch 2001: 523).

Lynch believes that the Indigenous child’s need for safety and security should generally override concerns for the preservation of cultural links, affiliation and identity.

‘Relationships that damage the integrity of a child cannot be justified by a child’s identity interests: membership in a community, or involvement in identity-related practices or beliefs, does not eliminate a concern for the dignity of the child’ (Lynch 2001: 523).

However, once a child has been removed, the child must be placed back with the family as soon as possible without lowering the minimum level of protection and care for the child.

According to Lynch, assessing the best interests of Indigenous children and their communities involves:

1. Consideration of the best interests of a First Nations or Aboriginal child in his or her community and culture and the rights and interests of the community.
He notes that recent legislative amendments in both Australia and Canada go some way towards satisfying this. However, Lynch argues that these changes (in Australia and some Canadian states) do not go far enough and should go beyond the ‘consideration’ of how ‘Indigenality’ may be relevant to a custody, placement or care determination. ‘Indigenality’ should be considered peremptory or presumptive and should include (as with the Canadian states of Alberta and Quebec) not only the rights and interests of a First Nations or Aboriginal child in his or her community, but also the rights and interests of a First Nations or Aboriginal community in its children. US legislation in relation to Indian child welfare, requires that ‘meaningful recognition and application of the rights and interests of an Indian child in his or her community, and vice versa’ (Lynch 2001: 537). Thus, usually the First Nations or Aboriginal community itself will be best positioned to determine whether a child has been neglected. Placement of a First Nations or Aboriginal child should take place only on the advice, recommendation and instruction of that child’s Indigenous community.

2. Sensitivity to customary traditions, laws and practices

Education of decision-makers is needed. In addition, where Indigenous communities are involved, they need to be funded and equipped to properly attract, assess and train alternative First Nations or Aboriginal carers (Lynch 2001). Lynch quotes Kline (1992: 216) who says Indigenous communities must ‘be empowered, financially, politically, and otherwise, to develop their own child welfare services outside the framework of existing ...schemes’.


4. Addressing underlying causes of child maltreatment in Indigenous communities, including the broader social, economic, political, historical and cultural issues.

A major risk associated with the failure to recognise and resolve policy and principles in relation to the potential conflict between the wellbeing of the child and the right to Indigenous self-determination is that the child will not receive adequate protection to ensure his or her safety. There is some evidence that this may be happening. The legacy of past mistakes by child protection services appear to be sometimes leading to a present fear of child protection staff/departments to take action to intervene when a child is at risk of harm. There appears of be a fear of the community’s reactions and confusion about what action (or inaction) is in the best interests of Indigenous children.

This conclusion is supported by a recent statewide review of out-of-home care services for Aboriginal children and young people in Victoria (Practice Leadership Unit 2000) (and highlighted in a number of media articles). The review identified a practice of minimisation of statutory involvements by Department of Human Services Protective Services in cases where intervention was/is required to avoid significant harm to Aboriginal children. Muriel Cadd from SNAICC (Secretariat of National Aboriginal Islander Child Care) reports that little intervention is being taken at present in the Northern Territory in relation to the neglect of Indigenous children (personal communication, 2002). It is likely that this issue is playing a role in relation to intervention of child protection services in relation to the sexual abuse of Indigenous children.
Sutton (2001: 141) also expresses the view that in Australia at present there is evidence of the conflict between child welfare and Indigenous rights to self-determination. He states that ‘more neglect is tolerated for some Australian children than for others, notably Aboriginal children in the more isolated settlements’. Sutton (2001: 141) states that in a community ‘enjoying “self-determination” he observed a young woman in advanced pregnancy staggering along a road with a can of petrol to her face’.

**Recommended solutions**

The literature proposes a number of solutions to the high levels of family violence and the disproportionate number of Indigenous children who are involved with child protection services. The solutions range from a complete re-writing of the model of child protection used with Indigenous communities, to specific suggestions about best practice intervention. The underlying theme throughout the literature is the need for greater involvement and ownership by Indigenous community members of child protection/anti-violence policy, program design and implementation. The only variation across the literature relates to the extent of the involvement.

**Arguments for a radical policy change in relation to the provision of child protection services within the Indigenous community**

Many commentators argue for radical change in relation to the provision of child protection services within the Indigenous community, the extent and nature of this change varying between them.

Cunneen and Libesman (2000) point out that ‘The Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families’ found that not one submission from an Indigenous organisation saw the current interventions from child welfare departments to be an effective response to their child protection needs. The model of operation of child protection services, based on ‘individualising’ and ‘pathologising’ a particular family, is culturally suited to white Australian culture, not Indigenous culture (Cunneen & Libesman 2000: 105).

Litwin (1997) acknowledges that the NSW Department of Community Services has taken measures directed at advancing self-determination, empowerment and acknowledging Indigenous culture. These steps include recruiting Indigenous field officers and policy advisers, funding Indigenous organisations, and including the Child Placement Principle (see below) within the child protection legislation (Litwin 1997). However, attempts to adjust programs to Indigenous culture tend to be largely tokenistic (Cunneen & Libesman 2000). For example, although an Indigenous departmental officer may be employed, there are still interventions from other non-Indigenous professionals and organisations, and key decision-making still remains with non-Indigenous officials. The over-representation of Indigenous children in the care system can be taken as a demonstration that these policies are not leading to successful outcomes (Litwin 1997).

Litwin (1997) notes the paradox of child welfare bureaucracies providing a service to Indigenous people when, as she states, the Welfare Department contributed to the need for these services in the first place. She points out that Indigenous communities
do not have a tradition of active involvement in child welfare policy, their response, based on past history, being one of suspicion and resistance. Thus the administration of the self-determination policy has required an ever-increasing level of government intervention. Indeed, even the attempt to make child welfare bureaucracies more attuned to Indigenous needs will be swamped by non-Indigenous culture and processes. Not only is it unrealistic to believe that the few Indigenous employees will be able to positively influence departmental policy and practice, but these workers are faced with the conflict that they are working within a child welfare system which ‘...has been implicated in the ongoing generation of profound social and cultural trauma for indigenous Australians’ (Litwin 1997: 334).

Litwin (1997) states that there has never been an attempt by child welfare to understand the nature of the differences between the Indigenous and non-Indigenous concepts of childcare. The legacy of the past is still overshadowing present intentions in relation to Indigenous policy (Sweeney 1995). Litwin (1997) points out that there is not a precise definition of ‘self-determination’ and what this means in practice, such as how it is to be negotiated, the constraints which may limit autonomy and how competing interests can be resolved. She argues that the power imbalance between the Indigenous community and welfare bureaucracies is ‘overwhelming’. Without these major issues being addressed, and a determination of where the Indigenous culture is expected to fit in with the bureaucratic child welfare culture, ‘institutionalised racism’ will continue (Litwin 1997: 337).

Cunneen and Libesman (2000), and Sweeny (1995), argue for a complete revision of child protection services in relation to Indigenous Australians, while others recommend fairly radical legislative changes. Sweeny (1995) draws on the report, ‘Learning from the Past’, which was commissioned by the NSW Department of Community Services and prepared by the Gungil Jindibbah Centre at Southern Cross University (the date is not given), which argues for a greater focus in State policies on the concepts of collaboration and empowerment. ‘Learning from the Past’, recommends that counselling services and measures to reunify Indigenous families should be undertaken by independent Indigenous organisations, and that the role of the child protection departments should be limited to funding and referral (Sweeney 1995). However, Sweeny believes that the recommendations of the report do not go far enough. He believes that control and responsibility for Indigenous child welfare needs to be passed to the Indigenous community. He doubts whether the child protection system is capable of real change, without this process.

Sweeny (1995) also makes the recommendation that there should be an holistic approach by the government in relation to Indigenous children which coordinates all areas of child welfare, including the services of child protection, adoption, juvenile justice, custody and education. He argues for a broader approach which examines issues such as:

- the need to reduce the number of Indigenous children removed from their families;
- the need to ensure that cultural factors are considered in all decision-making stages;
- the need for children who have been removed from their family to have the maximum possible contact with the community; and,
- the need for communities to have involvement in all post-removal decisions.

The Inquiry (‘Bringing them Home’) recommends that new legislation be enacted, based on self-determination by Indigenous people, where far greater control over
matters affecting young people is given to the Indigenous community (Cunneen & Libesman 2000). Cunneen and Libesman (2000) report that it was recommended by the Inquiry that the Federal government establish negotiations to allow Indigenous people to formulate and negotiate an agreement, leading to legislation, on measures best suited to their needs. The Inquiry also recommended that legislation set out minimum standards as a basis for future developments in relation to Indigenous children. However, such legislative and policy change is a state responsibility, and according to Cunneen and Libesman (2000), there has also been no indication that State/Territory governments will move towards law reform in order to transfer power to Indigenous communities. The authors of this brief also draw attention to the issue that it is likely that there will be considerable difficulties associated with locating (or developing) an Indigenous agency to undertake the task of protection.

Alternatives for Indigenous offenders to the present criminal justice system

With regard to domestic violence, Blagg (2000b) states that Aboriginal and Torres Strait Islander communities have a clear preference for change strategies that do not require the violent offender to leave the family. He recommends that, wherever possible, intervention should aim to divert Aboriginal offenders from unnecessary contact with the justice system. Emphasis should be given to developing ways to achieve family and community healing. Talking largely about domestic violence, he says that ‘interventions should:

• be delivered by Aboriginal people and organisations;
• offer culturally relevant support services;
• respect cultural and family obligations and ties; and,
• assist Aboriginal people in determining longer term solutions’ (Blagg 2000b: 1).

Robertson (2000) draws attention to the importance of providing funding for community groups to develop, trial and assess programs which could be alternatives to sentencing options for lesser offences. It is noted that this has been done in Australia - referring to the work of Blagg in WA, a men’s group in Mt Isa, work done for men on Palm Island, and in Brisbane (Robertson 2000). It would appear that the ability to offer an alternative to the criminal justice system, such as a system which returns to traditional Indigenous laws, would address issues around a failure to acknowledge violence due to issues of shame and the loss of confidence in present government agencies and processes.

Aboriginal Magistrate Pat O’S Shane has reiterated comments made in Atkinson’s 1990 book ‘Finding the Dream’ that prison is not that answer in domestic violence situations. O’S Shane suggests that ‘men who abuse and batter women should be made to go on courses to learn how to manage their lives and respect others’ (Anonymous 2001 25th July: 2). She said ‘courts should promote a healthy, happy community by making offenders go through programs to help them build self respect and repair their lives and relationships’ (Anonymous 2001 25th July: 2). She continued by stating that prisons are a breeding ground for ‘violence and misogyny’ and they should be considered as a last resort and only for serious or repeat offenders in sentencing (Anonymous 2001 25th July: 2).

Fitzgerald (2001) acknowledges that there are a number of emerging models of practice addressing family violence, and that many of these reject the criminalisation of the violence as the sole strategy. He reports that Indigenous communities are currently exploring new approaches to family violence that are based on customary
law practices and principles of restorative justice, much information regarding the latter coming from New Zealand. Nicholson (1995) believes that a Federal Act should be created, which is applicable to all States and Territories, which recognises Aboriginal customary law. He goes on to say that ‘little or no progress will be made’ unless the Federal government is prepared to act.

Indeed, it would appear that WA is making some concessions towards this model. It is reported that Justice Carmel McLure in the WA Supreme Court gave a lighter sentence to an Indigenous man as he had already been subjected to a tribal punishment, spearing in the legs and thighs (Kappelle 2002). A report in The Koori Mail states that the WA government is undertaking a review with the Law Reform Commission of how Aboriginal customary law can operate within the bounds of the mainstream legal system (Moncrieff 2001).

Also of interest is that in WA in 1994, a report on gender bias in the law and administration of the law, was produced (Iorns 1994). A number of key recommendations were made, including the establishment of a permanent committee to monitor how the operation of the courts impact on Aboriginal women, and the establishment of a dispute resolution process, which offers an alternative to litigation for matters of Indigenous family violence. Iorns (1994) notes that unfortunately this report repeats recommendations made in earlier reports which have not been acted upon.

One final alternative to the conventional application of justice may be the use of mediation (Ralph 1997). Mediation, as commonly defined and practiced in an Aboriginal context, is more like the process of counselling and seen as a process which would strengthen an Aboriginal community (Suave 1996, reported by Ralph 1997). It should be noted, however, that mediation is often rejected by women’s organisations in contexts of violence because of power differentials.

Service development and delivery

The literature offers a number of ‘best practice’ suggestions for intervention into family violence in Indigenous communities. ‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ states that it is now too late for prevention services (Robertson 2000). In contrast, the authors of this brief suggest that prevention services are a vital part of a total package of responses, rather than being seen as ‘either/or’ services.

There is a common call in the literature that effective intervention into family violence needs to address both the past traumas and present situational problems and health disadvantages of Indigenous communities. Almost without exception the literature notes the need for inclusion/participation of the local community. The authors draw attention to the guide, ‘Working with Indigenous Australians: A Handbook for Psychologists’ (Dudgeon, Garvey & Pickett, 2000) which provides some useful information and approaches to working with Aboriginal communities.

Service delivery principles and needs
Commentators provide a range of broad principles as a basis for all service provision in the Indigenous community. Many of these principles relate to themes commonly repeated by the various authors.

Building on the tenets laid down by Sweeney (1995), Blagg (2000b) provides a summary of some of the intervention service models that may be effective in reducing violence. The author believes that the following broad principles need to be considered when planning services:

- participation;
- ownership/self-determination;
- infrastructure (training and education); and,
- support services to support child protection function.

Fitzgerald (2001) identifies four themes which he recommends should guide a reform agenda. These are strengthening of individual family and community capacity, creating safe environments, building sustainable environments, and re-orienting service delivery ‘to ensure that services are technically competent, coordinated, integrated, flexible and accessible’ (2001: 35).

Blagg (2000b) says that while there is a lot of criticism of existing intervention models into family violence, there is not, in Australia, a lot of fully developed alternative models. Blagg (2000b) notes that the literature supports models of intervention that:

- are tailored to meet the needs of specific localities;
- are based on community development principles of empowerment;
- are linked to initiatives on health, alcohol abuse and similar problems in a holistic manner;
- employ local people where feasible;
- respect traditional law and customs where appropriate;
- employ a multidisciplinary approach;
- focus on partnership between agencies and community groups;
- add value to existing community structures where possible;
- place greater stress on the need to work with men; and,
- place more emphasis on intervention that maintains family relationships and healing.

‘The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report’ emphasises the need for the inter-linking of services to address the multiple forms of violence in the communities, the need to meet the need for healing and the need to be flexible in approach (Robertson 2000). Multi-service delivery centres must be established to provide a coordinated service for alcohol and drug addiction, family violence, sexual assault, grief counselling, advocacy for women, child counselling and support groups for men (Robertson 2000). Aboriginal communities have the notion of ‘healing’, which describes a dynamic and unfolding process of individual and collective problem-solving.

The report recommends some ‘best practice’ principles for programs which need to:

- ‘build on skills of people at Community levels and promote open Community discussion;
- be based on the belief and practice that any form of violence is unacceptable;
- include protocols and guidelines for service delivery, and for the behaviour of staff;
- establish the safety of victims of violence as a first priority in protocols;
- include trained, skilled workers;
- provide sound, appropriate training for workers;
- network across agencies - coordinate between services and agencies, including police;
- empower people for personal and Community change;
- inform and help people who have been victimised so that they do not remain victims;
- build on a partnership between men and women who are involved in increasing the knowledge and skills of the Community;
- proactively direct crime prevention strategies;
- ensure the appropriate application of domestic violence/sexual assault legislation’ (Robertson 2000: 120, 121).

A number of specific suggestions are made by the commentators, including those outlined below.

The need for services to address alcohol abuse

The need for services to address alcohol abuse is often mentioned in the literature. Robertson (2000) notes that in isolated rural and remote areas services to treat alcoholism can only be described as ‘inadequate and pitiful’ (Robertson 2000: 30). Robertson suggests that the isolation of some Aboriginal communities would assist in the surveillance of the provision of alcohol, making it easier to undertake road checks of vehicles and people entering communities. There should be alcohol awareness programs. Indigenous people should be represented on Health District Service Boards (Robertson 2000).

Fitzgerald (2001) has recommended that the government allow individual communities three years to reduce the levels of alcohol consumption before giving consideration to banning the sale of alcohol in them altogether. Cripps believes that this approach is returning to the days of protection and assimilation in which white people determine who is, or is not, fit to drink in Indigenous communities (personal communication).

The need for program evaluation and research

Another commonly raised recommendation is for the evaluation of programs. ‘All services must have built-in evaluation, measurable positive outcomes and accountability’ (Robertson 2000: 119). Part of this process is the determination of base line indicators (Fitzgerald 2001). Sutton (2001: 143) reported that of the 130 remedial violence programs in the Indigenous communities in the 1990s (identified by Memmott and colleagues 2001), only six programs had undergone a ‘reasonable evaluation that was in a documented form’. This pattern is very much a reflection of the wider professional’s community failure to come to grips with program evaluation, although a greater focus on evaluation is beginning to bear fruit (Tomison & Poole 2000).

Robertson says that a good example of an accountable service is SAAP (Supported Assistance Accommodation Program), a service which should be extended to the Aboriginal Communities. Best practice should be developed at a national level to
define the principles of service delivery on matters of family violence in Aboriginal and Torres Strait Islander Communities across Australia (Robertson 2000).

It was reported in The Koori Mail that Reconciliation Australia supported public debate on the issue of Indigenous family violence but felt that it was more important for the debate to be centred on the identification of best practice models of Indigenous family violence programs that are already working in Indigenous communities. ‘Communities struggling with the issue need guidance on what works and what doesn’t. Solutions must be community-driven, and best practice examples of community programs and initiatives would greatly assist’ (Anonymous 2002 March 20th).

There is also a need for research and theory development on the issues of violence in Indigenous communities in order to achieve greater understanding on the associations between race, gender and age, within a colonial context. ‘Without these considerations, poorly researched and prepared programs often create more problems than they solve’ (Robertson 2000: 46). While there are many reports which cover the territory of family violence in a broad way, the authors found little specific research on child abuse within Indigenous families, an oversight confirmed by Muriel Cadd (Stanley & Tomison 2001). Cadd (Chairperson of SNAICC) believes that this gap is present partly because there is no person or organisation in Australia who takes special responsibility for the welfare of Indigenous children. The ‘Proposed Plan of Action for the Prevention of Child Abuse and Neglect in Aboriginal Communities’ (SNAICC Secretariat National Aboriginal & Islander Child Care 1996) places high priority on the need for more research on child sexual abuse in Aboriginal communities.

More specifically, Sanders & Markie-Dodds believe that the ‘Triple P’ program, one that is being increasing used throughout Australia, needs to be evaluated with Indigenous groups, ‘whose mental health needs have been largely ignored by psychology as a discipline’ (1996: 81). Zubrick and colleagues believe that information on the mental health needs of Aboriginal and Torres Strait Islander populations is ‘critically needed’ (2000: 573).

*Provisions for education and training*

SNAICC (1996) notes that to effectively address the multi-faceted dysfunction/problems plaguing Aboriginal communities, there is a need to develop and support Aboriginal welfare/support services operating within the communities (e.g. Aboriginal Infant Welfare services). They advocate establishing a community-controlled Aboriginal children and family resource centre to gather information, develop training and education resources.

It is important that a strong training program for Indigenous people already working as volunteers or community-based professionals (e.g. in Aboriginal Child Care Agencies) is developed. For example, it is reported that Aboriginal and Torres Strait Islander Councils are asked to undertake tasks beyond their capacities in the area of administrative skills (Robertson 2000). In addition, broader leadership skills need to be developed in the community. Robertson recommends that tasks should be spread around more community groups and training in the local government system be provided.

Education on violence prevention and the harms of alcohol and drugs is needed throughout the community and in schools. Education is needed on issues such as
general education, health, child development and violence. Post-release perpetrator programs are needed (Robertson 2000).

Training in cultural awareness is needed for non-Indigenous professionals working with Aboriginal communities. Non-Indigenous professionals should be trained by skilled Indigenous facilitators. In addition, more Indigenous workers should be employed in mainstream services and given access to training to increase their skill levels. De-briefing should be available to all workers who may be traumatised by the intensity of their workload (Robertson 2000). Professor Andrew Armitage from Victoria University, Canada, reports the establishment of an Indigenous stream of social work with subjects in Indigenous studies and where reflection on the inter-face between the two cultures is facilitated (personal communication).

**The need for the community to take responsibility**

Pearson (2000) reports that the solution is not a matter of blame. ‘People are caught in an economic and social system which precipitated this misery. But it is a matter of responsibility. Our people as individuals must face their responsibility for the state of our society - for respect and upholding our true values and relationships. Our own laws and customs’ (2000: 19).

This argument is supported by Ah Kit (2002:15), who notes that ‘Aboriginal organisations must bite the bullet and develop innovative strategies to overcome the cancerous ideology of despair.’ One measure to take responsibility is a 21-member National Indigenous Working Group on Violence which is presently being convened by the Aboriginal and Torres Strait Islander Commission (ATSIC 2002).

As well as the Indigenous community taking responsibility, there is a need to involve the broader community in regional summits between Aboriginal groups, the government, Community Councils, mining companies and private businesses, to develop strategies and objectives for the social and economic developmental needs of Aboriginal communities (Robertson 2000). The Government should aid small business enterprises in Aboriginal communities (Robertson 2000).

**Current solutions and programs**

**The Aboriginal and Torres Strait Islander Child Placement Principle**

Ah Kee and Tilbury (1999) outline the Aboriginal and Torres Strait Islander Child Placement Principle, which has been enacted in most Australian states. The principle sets out the right for Indigenous children to be brought up in their own family. It gives guidance for alternative placements and continuing family contact, and requirements for consultation with Indigenous agencies. In NSW and WA guidelines in child protection services require that Aboriginal children are placed with an Aboriginal family (Ainsworth & Maluccio 1998).

Ah Kee and Tilbury (1999) believe that, despite a concerted effort to try and make the principle work in Queensland over a 15 year period, there has been little real improvement in outcomes for Indigenous children in care. The authors outline the steps which have been taken, such as research, training, the use of Indigenous community workers to work alongside front-line staff and the development of the Child Protection Reform Strategy which has been developed in conjunction with
Indigenous agencies. Ah Kee and Tilbury (1999) also outline some of the reasons for the limited progress. The reasons include a lack of constant reinforcement in relation to the Placement Principle, tensions between the child protection department and the Indigenous agencies, the lack of evaluations and particularly, a persistent lack of funding. In Queensland about 10% of alternative care funding goes into Indigenous agencies, whereas 25% of children in alternative care are Indigenous (Ah Kee & Tilbury 1999).

In Victoria, it is reported in a statewide review of out-of-home care services for Aboriginal children and young people that there is still concern about the extent of placement of Aboriginal children with non-Indigenous families (Practice Leadership Unit 2000). The reasons for this relate to the small number of Aboriginal foster carers available, the difficulties child protection workers have in locating family members able to care for Aboriginal children and young people, and to some extent, requests from parents to have their child/ren placed with non-Indigenous families (Practice Leadership Unit 2000).

Problems such as these add to the difficulties and complexities of protecting Indigenous children. The Department of Human Services, Victoria, has reviewed solutions to some of these difficulties in collaboration with the Victorian Aboriginal Child Care Agency (Jackson 2001). Ideas revolved around modifications to the present system of child protection, such as the use of Indigenous child protection workers to work solely with Indigenous children and their families, the development of reciprocal training and consultation with Indigenous services and better liaison with Indigenous services (Jackson 2001). Funding has been provided to SNAICC (Secretariat of the National Aboriginal and Islander Child Care) to provide an Indigenous support worker for Indigenous children who have contact with child protection services (Cadd, personal communication).

**Programs currently in operation**

It is very difficult to identify programs which address family violence, let alone understand the success of the program and the ‘best practice’ issues which can be learnt from the program. This problem has been identified by a number of writers (for example, Memmott et al. 2001, Tomison & Poole 2000). This is partly because of the limited number of programs; the ‘ad hoc’ nature and the limited life of the programs; as well as the impression gained by the authors that much effective work is being done at the grass-roots and community level but not necessarily being ‘officially’ recognised. In addition, many programs do not necessarily identify themselves as ‘violence prevention programs’ as they have the aim of addressing, for example, recreation or health needs, and alcohol prevention services (Memmott et al. 2001).

In 1998, Memmott and colleagues (2001) recorded 131 family violence prevention programs with Indigenous people in Australia, 25 operating in WA. They offered the following categories of services: support; strengthening identity; behavioural change (men and women’s groups); night patrols; refuges; justice programs; dispute resolution; education; and composite programs. Information is provided on some of the types of programs, and programs which appear to be successful.

Another publication, the ‘Through Young Black Eyes’ handbook (SNAICC 2002) provides a very useful Australian-wide list of Indigenous services.
Men’s Groups

A number of men’s groups have been formed in the last five years, throughout Australia (Anonymous 2001a January 10th). The Yarrabah Men’s group in Queensland has had at least 15 men referred to them by the courts under intensive correction orders or probation, none of whom have re-offended. The group aims to teach the men self respect, encouraging them to take responsibility for overcoming violence, as well as having socialisation and learning objectives, such as the art of fishing and hunting (Anonymous 2001a January 10th). This group has recently produced a promotional video to send a message of self respect, anti violence, and anti-substance abuse to the community.

Robertson (2000) reports on a Palm Island Men’s Group which formed to work in conjunction with the Local Justice Group, the Katana Women’s Shelter and Queensland Police. Following 17 suicides on the island the previous year, there was not one suicide after the group was established. Similar joint efforts by men and women have been made at Kowanyama, Yarrabah, Mt Isa and Cherbourg.

Aboriginal Night Patrols

The first night patrol originated in Tennant Creek, in 1989, and was established by the Julalikari Council. From there the concept has spread and been adopted and adapted to meet the needs of communities throughout NT, WA and in some parts of NSW and Queensland (Memmott 2001: 68). Operating in cooperation with police, the Patrols attempt to address family violence situations and may be an alternative to police intervention (Blagg 2000b).

The majority of Night Patrols use volunteers that include community Elders and leaders who travel around the township to resolve and settle disputes, particularly in areas where alcohol abuse is a major problem (Wright 1997). The night patrols also assist police when required and transport victims of alcohol and/or abuse to hospital (Wright 1997). The sobering-up shelters are used to enable aggressive drunken men to ‘cool-off’. A night patrol in Numbud, WA, which has been in operation since 1995, has recently expanded their service to include picking up children from local communities and ensuring they get to school, in an attempt to prevent the extent of drinking and violence by young people (Blagg 1999b: 19).

In 1997-1998, ATSIC spent $946,000 on the funding of 23 night patrols (MacDonald 1999). However, the situation with at least one of the Night Patrols can demonstrate some of the problems these units face. Warden schemes operating in the Kimberley region of WA were identified as failing to cope with the demands placed on them. Blagg believes this situation may have been resolved if the schemes had been properly resourced, staffed by properly trained people, had the backing of the community and council, supported by outside agencies, achieved a gender balance and reflected tribal groupings (Blagg 2000b).

Education Programs

Indigenous responses and program initiatives on family violence have, in many cases, been education driven. For example the Awabakal Aboriginal Medical Service, Hunter Health’s Aboriginal Health Team and the Hunter Centre for Health Advancement worked in partnership to develop and launch a special education program known as Walkabout Learning. The program aims to build community awareness of the issues of family violence, alcohol and drugs and to support and
build the capacity of Indigenous workers to address these issues when working with clients who may be at risk. Practical guide books have been developed, service directories, as well as a interactive touch screen computer kiosk, housed in the waiting room of the Awabakal Aboriginal Medical Service for clients and their families to access (Anonymous 2001 July 11th).

Other communities and community organisations are also developing similar educational material to raise awareness of family violence in the community. The Domestic Violence Advocacy Service located in New South Wales produced a resource booklet for Aboriginal women about domestic violence and the law in New South Wales, entitled ‘Our Dream ... Stopping The Violence’ (Anonymous 2000 January 12th).

Palm Island has an annual domestic violence week and march organised by the Kootana Women’s Organisation (Howes 1999). Men, women and children joined together to march for the first time, in 1998. The Kootana Women’s Organisation reports that the designated week and the march develop an awareness in the community about family violence. It is reported that the Kootana Women’s Organisation also raised funds for emergency accommodation, an idea developed by the local children (Howes 1999: 23).

The National Child Protection Clearinghouse Audit (Tomison & Poole 2000) reports that a number of schemes have been undertaken to provide cross-cultural awareness training for non-Indigenous workers (for example, Deemal-Hall & McDonald 1998; Firebrace 1998). The Audit also reports that Indigenous cultural issues have been incorporated into a variety of programs, such as the Protective behaviour curriculum and training materials. A number of government and non-government agencies have employed Indigenous workers to work with local communities. The example is given of a program developed by ‘The Education Centre Against Violence’, Parramatta, NSW, which provides training and resources for NSW professionals working with children and adults working with family violence. The Audit also notes that the Centre was developing a course on Aboriginal family violence for Aboriginal family health workers.

In 1999, the ‘Education Centre Against Violence’ produced, and has since distributed, two videos tackling the ‘taboo’ subject of child sexual assault, and the equally difficult subject of domestic violence. ‘Big Shame’ is a story about child sexual assault involving a young girl who is being sexually abused by her grandfather, a well respected Elder in the Aboriginal community. The second video, ‘Who’s the Loser?’, is a story about the impact of family violence on children (Anonymous 1999 November 17th).

Family Support

In June 2001, the Victorian Government announced the launch of an Aboriginal Family Preservation Program which would provide intensive support to help overcome parenting or family problems. The $224,000 program would help families in crisis by delivering support at home and reunify children already separated from their families. With the support of the Victorian Aboriginal Child Care Agency this program will provide an intensive home based service to families for up to three months, with longer extensions if necessary (Anonymous 2001 June 13th).

‘Healing Our Families’, Apunipima Family Violence Advocacy Project
The Apunipima Cape York Health Council launched the ‘Healing our families: Apunipima Family Violence Advocacy Project’, in 1999 (Condie 1999). The project has since closed down as funding ceased in September 2001. The main features of this project included the Council:

- taking on the role of intermediary between Cape York communities and service providers;
- assisting in the development of health promotion strategies;
- working to improve response times to Indigenous women and children who experienced family violence;
- using the existing value systems in a community to develop violence prevention strategies; and,
- ensuring community women are involved in intervention policies targeting families who are repeatedly at risk.

Under the project, women who were victims of family violence received appropriate legal assistance, referral advice, community support, and safe relocation out of a community, if required. Perpetrators of family violence were dealt with by Elders’ Justice Advisory groups who made the decision about the appropriate course of action, which, in the case of imprisonment would involve post release support to stop the cycle of violence.

‘Tuckandee’ - Using Aboriginal Art to teach

This program, which anecdotal evidence suggests is most successful, uses traditional Indigenous stories and production of paintings to educate the community in issues such as parental responsibility and promoting shared responsibilities for child protection. Part of the program is a travelling art exhibition. The program is run by Aboriginal artist, Tex Skuthorpe and colleague, Anne Morrill (Taylor 2002).

Partnerships Against Domestic Violence Programs

Six new programs have been funded within the Indigenous community under the ‘Partnerships Against Domestic Violence’ Programs (Partnerships Against Domestic Violence 2001). The services have a preventative focus as well as a crisis response, and have the aim of addressing violence in the communities.

‘Best Start’ program

Lambert and colleagues (1999) note that the program, ‘Best Start’, which offers early intervention in the form of family support and parent education, appears to have had a positive impact on Aboriginal families and the rate of child abuse. An evaluation of 16 Best Start projects was to commence in 1999.

Stronger Families Fund Projects

The Federal Government’s Stronger Families Fund project has allocated $20 million over four years to be used with Indigenous families (Stern 2002). The principles underlying these projects were planned at an ‘Indigenous Community Capacity Building Roundtable’. It is planned that these programs will use, and build on, community strengths and empower Indigenous leadership (Stern 2002).

A key facet of the government support is provided through the Australian Institute of Family Studies, who have set up a ‘Stronger Families Learning Exchange,'
specifically designed to provide action research evaluation support to the various funded projects. The first Bulletin of the Learning Exchange, (Anonymous 2002) describes a program that has begun operation in Derby, WA. Commenced in 1994, and established by the Jalaris Aboriginal Corporation, this service provides a drop-in centre for the local children, offering them food, education, recreation, and attention to health needs. Funds from the Stronger Families Fund will enable this service to be extended and provide education and advice to the service.

Models used with Indigenous communities overseas

As with the situation in Australia, while there is some literature on models of child protection used with Indigenous communities, this literature is small and difficult to access. Sweeney (1995) gives some information on models of child protection services in Canada, New Zealand and the United States, where part, or all, protective responsibilities have been transferred to the Indigenous population. Pellatt (1991) provides an overview of the position of child protection in relation to Indigenous communities in many countries, although the information is somewhat dated. She records an overall world trend towards less intrusive protective practice and notes that Indigenous communities in Australia, Canada and the US are seeking legislative change.

Canada

Since the late 1970s, there have been attempts to develop child protection and family support services run by (and for) the First Nations peoples. Hill (2000) outlines some key issues for consideration when developing services for the protection of children in Aboriginal communities. Underlying this approach is recognition of the ‘cycle of poverty and dependency perpetuated by the very services designed to resolve the social ills of First Nations communities’ and that First Nations people had to become active participants in the resolution of social problems that impacted them’ (Hill 2000: 163).

Subsequently, Aboriginal foster care programs and child protection services - staffed and run by the Indigenous community and with statutory authority - were provided in a way that recognised the cultural integrity of the people. The new services were developed under the auspices of the mainstream child protection body, but were not a unit of the Department.

Underpinning the service development was the following:

• recognition of the need for formal training and professional education for Aboriginal workers;

• adoption of ‘least intrusive’ approach to child protection work (unless overridden by risk of harm) and the greater emphasis placed on seeking to work with extended family as an alternative to placement, thereby maintaining the child within the family and cultural community. ‘However, accepting these new opportunities also required First Nations to embrace the legal system in situations where involuntary interventions were necessary to protect a child’ (Hill 2000: 166); and,
• recognition of collective Aboriginal rights – if court intervention is necessary for protection of a child, the child’s tribe is entitled to be notified and has the right to send a representative as a third party to the court proceedings.

In addition, a variety of family support programs were developed, particularly culturally appropriate parent education programs for Indigenous parents, and the development of ancillary services, such as an Indigenous co-operative day nursery.

It is interesting to note that the development of all these services, including the statutory services, could be characterised as conflictual, as ‘at every step …there emerged political clashes, formal and informal, for decision making power’ (Hill 2000: 166).

Overall, many of the tenets of the approach described by Hill have been embraced by Indigenous groups/agencies (and to an extent, government departments) in Australia. However, a statutory child protection service controlled and run by the Indigenous community has not been trialed yet.

Unfortunately, implementation of such a model is not easy, nor has it necessarily led to significant improvements in Canadian First Nation communities’ health and wellbeing and/or a reduction in violence. Although providing an example of how to move forward with more effective services, Hill’s model has some serious ‘gaps’. It does not seem to address issues of how to place a child within their Indigenous community if the community is beset by familial violence, substance abuse etc. Nor does it provide a solution to the mainstream statutory authority’s (or Aboriginal authority’s) reluctance to intervene with Aboriginal families, which may leave children in serious harm. Finally, it does not address the issue of effective prevention and/or community development to minimise the removal of children and violence in the first place.

Lynch (2001: 506) believes that the ‘standards and interests of the dominant paradigm have been applied to First Nations and Aboriginal peoples, particularly children, with insidious effect’. He supports the call by many First Nation and Aboriginal groups that there is a need for them to make decisions for themselves from within their own legal, political, cultural and social frameworks, in relation to child placement and protection principles and laws, and management of their own child welfare agencies and services. However, until this happens, there is a need to adapt the prevailing ‘best interests principle’ (Lynch 2001: 505). There also needs to be the option available that some Indigenous groups will remain within the mainstream legal system.

Comment on 'best practice' services

It would appear that past practices still leave a legacy, impacting on both Indigenous people and present government policy and practice within Indigenous child welfare. Unfortunately many of the well-intentioned policies, such as the use of Indigenous officers in child protection services, appear to have only resulted in superficial changes, rather than fundamental change. Many writers argue that the control of child protection services and other child welfare should be given to the Indigenous community (with professional support from mainstream statutory child protection services). There are overseas precedents for this approach, the success of which needs further examination.
It is also apparent that many of the tenets underlying what may be ‘successful’ overseas approaches are well-known to both Indigenous and mainstream services, but that implementation of new approaches has been a highly politicised, difficult process that is unlikely to proceed quickly.
Conclusions

A number of clear messages have come from this review of the literature. The extent of family violence and child abuse associated with Indigenous people in Western Australia and in Australia generally, is extraordinary. It would appear that the problem is so extensive that it is highly likely that another generation of Indigenous people will be scarred by this present trauma. While it is hard to get a clear picture of the extent of present disadvantage of Aboriginal people, certainly some communities appear to exist in a ‘toxic’ environment (Garbarino 1995). The levels of violence, disadvantage and despair are such that it would appear that this has become normalised and self-perpetuating. Any improvement in this situation is going to require a large-scale response, encompassing courage to address the problem, funding and resources, and large-scale attitude and philosophical changes.

It would seem that while there are a number of exceptions, the response to this problem, by both Indigenous and non-Indigenous people, has largely been a failure to act decisively. The reasons for this appear to be multifaceted. They include a reluctance to face the full magnitude of the problem, shame and a fear of racial stereotyping by Indigenous people, a fear of white authority, (for example that their children will be removed), an inability to understand what to do about the problem, a lack of resources, racism, apathy and indifference, ignorance and incompetence. In some areas, services are simply not being offered (for example, basic infra-structure services and substance abuse responses, such as in relation to children and chroming). In other areas, the services that are available are providing a less than adequate service to Aboriginal people.

While there is an increasing recognition of the need for Indigenous people to be empowered and participate in decision-making, many of the changes to facilitate this take the form of minor adjustments to the present systems, which remain within the dominant mainstream culture. What appears to be needed is a paradigm change where Indigenous people take responsibility for preventing violence and protecting their children. In the words of Ah Kit, the Northern Territory Minister assisting the Chief Minister on Indigenous Affairs in the NT,

‘the government, in partnership with Aboriginal people, must allow the development of forms of governance that allow Aborigines the power to control their lives and communities’ (2002: 15).

However, this will only be successfully achieved with support and training provided by statutory child protection services and the provision of funding and resources which are generous and long-term to the communities.

Prevention and crisis intervention programs

A search of the literature suggests that there are very few programs presently operating which address Indigenous family violence. Information from other
sources, such as the media, provides some information about programs. However, the fact that information about these programs is difficult to obtain suggests that measures to address family violence tend to be ‘ad hoc’, uncoordinated, short term, not evaluated for effectiveness and there is limited knowledge growth and development. There is an urgent need for significant resources to be made available to reverse the trends which suggest that violence is increasing, and to repair associated traumas. There appear to be few counselling services available for children who have been sexually assaulted, and it is reported that those available have long waiting-lists. Unless significant steps are taken to repair the trauma experienced by Indigenous children who have experienced and witnessed violence and abuse, then it is likely that significant problems will occur, and compound, in the next generation.

Research

There appear to be significant knowledge gaps about Indigenous family violence. The need for program evaluations has been noted. This includes documentation about the process of program development by the Indigenous community, details of the programs and information about the success of the programs. Research is needed in a number of other areas. For example, the literature does not provide any sense of whether family violence occurs across all communities or whether it is concentrated in particular communities or is more common in urban, rural or isolated Indigenous communities. Similarly, information is not available on the distribution of substance abuse within Indigenous populations. Few studies appear to examine family violence within Indigenous communities in urban areas. Of particular relevance to this Inquiry, is the lack of information on the association between sexual assault and the suicide of children and youth. The literature provides no voice from the Indigenous youth and children about the issues in relation to family violence.

There have been many reports into aspects of family violence in Indigenous communities. Many of these cover the same ground, such as the Robertson Report, followed by the Fitzgerald Report, in Queensland. Many of the causal factors, barriers to change, and steps needed to address the violence and prevent further violence, are known in broad terms, similar findings being repeated in the many reports. Many of the recommendations of these reports have not been responded to. It would seem that action to address the issues, rather than further reports, is needed.

Finally, the authors of this brief support the introduction of mandatory reporting of child abuse in WA and the mandatory reporting of sexually transmitted diseases throughout Australia. The child protection system must be governed by the needs of children, not the level of resources allocated to child protection on some other basis.
Abstracts

Prevalence of Child Abuse and Neglect

*Australian Institute of Health and Welfare (2002)*
Child protection is the responsibility of the community services department in each State and Territory. Children who come into contact with community services departments include those: who have been or are being abused or neglected; or whose parents cannot provide adequate care or protection. The AIHW reports on national data on children who come into contact with the community services departments for protective reasons. The three areas of the child protection system for which national data are reported are: child protection notifications, investigations and substantiations; children on care and protection orders; and children in supported overnight out-of-home care.

*Bolger (1991)*
This study is concerned with violence against Aboriginal women in the Northern Territory. Eight communities were included in the study, four in Central Australia and four in the Top End, and each was visited for a period of approximately two weeks. An attempt was made to sample a variety of different types of communities on the basis of a number of factors including: population size and homogeneity/heterogeneity; language and culture; distance from and/or ease of reaching a major town; presence or absence of a police station, a health centre, or alcohol. In addition research was carried out in Darwin, Alice Springs and Tennant Creek. The report is arranged under the following chapters: Women and violence; Facts and figures; Violent experiences; Causes of violence against women; Dealing with violent situations; Public sector response; Future action.

*Ferrante, Morgan, Indermaur, Harding (1996)*
The focus of this analysis is on quantitative indicators of domestic violence in Western Australia. The data sources for estimating the incidence and prevalence of domestic violence analysed are: data related to crimes recorded by police; the results of the Community Safety Survey conducted by the Crime Research Centre in Perth in November 1994, involving a random sampling of 3061 households; applications for restraining orders lodged at magistrates’ courts in Western Australia; and data made available by hospitals and non-government organisations involved in victim support. The final chapter of the book discusses the implications of the combined measures for the estimation of the incidence and prevalence of domestic violence. A range of estimates is discussed, from the largest to the smallest, together with an appraisal of the measurement difficulties. Included in this discussion is a consideration of the adequacy of the estimates and their relevance to policy development. The book also discusses the extent of domestic violence against men and particular attention is also paid to the position of Aborigines and rural Western Australian inhabitants.

*Memmott, Stacy, Chambers, Keys (2001)*
An important focus of the National Crime Prevention program of the Commonwealth government is to identify priorities for violence prevention in Indigenous communities, where statistics show it is occurring at higher rates than for
the rest of the Australian population. This publication is the result of a research consultancy, the aims of which were to: identify priorities concerning the prevention of violence in Indigenous communities through a literature review and consultations with key stakeholders across disciplines and sectors; develop a strategic framework to incorporate policy recommendations designed to address the prevention of violence, and proposals on how to implement policy recommendations; and produce recommendations designed to inform the development of at least one demonstration project that would centre on the prevention of violence in Indigenous communities.

Robertson (2000)
Established in December 1998, the objectives of the Queensland Aboriginal and Torres Strait Islander Women’s Task Force on Violence were to identify the factors behind the escalation of violence in Aboriginal and Torres Strait Islander Communities in Queensland and to provide advice on community-based strategies for prevention and intervention. The Task Force called for public submissions through regional and local newspapers on 30 January 1999. A literature review was also conducted. This report presents the findings and recommendations of the Task Force. Section 1 covers forms of violence, transgenerational trauma as cause and effect, and case studies; section 2 focuses on causes and contributing factors; section 3 is titled Rhetoric or reality? The extent of violence; and section 4 is titled Working for change. Discussion includes theoretical perspectives on violence and its causes; abuse of alcohol and other addictive substances; cultural and spiritual violence; socioeconomic disadvantage; neglect, abuse and violence against children; suicides, self-harm and other self-inflicted injuries; reporting rape and sexual assault; policies and services; education as empowerment; Indigenous health and well-being; families and security; the Indigenous experience of justice; land - spirit culture - identity.

Causal Factors of Family Violence and Child Abuse

Atkinson (1994)
WE AL-LI is a self help community group located in Rockhampton, Queensland which has developed over the past eighteen months a whole healing approach to issues of violence in families and communities. A case study of an extended indigenous family or community is likely to show multiple, intergenerational layers of pain and trauma. This trauma may result from ungrieved family deaths, injury from introduced diseases, physical and sexual brutality and the forced removal of people to reserves and the separation of children from their parents. For the cycle of pain to be broken, the WE AL-LI group saw the need to create safe places, healing circles where people could start to break the denial, talk together and share stories. This article explains the contents of the WE AL-LI workshops and how participants have benefited from them. The workshops cover issues such as child abuse, juvenile offending, adult violence, and drug and alcohol addiction. Workshops are also being run for indigenous prisoners.

Blagg (1999b)
This is a report prepared for the National Crime Prevention (formerly known as the National Campaign Against Violence and Crime) and the National Anti-Crime Strategy which covers the second phase of a project aimed at developing strategies to prevent domestic violence by intervention with adolescents. The first phase was undertaken in Northam, WA (Working with adolescents to prevent domestic violence: rural town model), while this report focuses on Derby in the West
Kimberley region of Western Australia. In this report emphasis was placed on a careful analysis and mapping of the institutional and cultural context of the locality, and on consultations with stakeholders and communities. It was widely accepted that negotiating with indigenous communities must preface any policy initiative and that respect for indigenous culture requires that due weight be accorded to the unique qualities of specific indigenous peoples and places. The report sets out the framework for a domestic violence prevention initiative specifically targeted towards indigenous adolescents, their families and communities.

Read (1999)
Coming from a background of writing about and working with the Aboriginal stolen generations including co-founder of Link-Up, an organisation which reunites separated Aborigines with their communities and their Aboriginality, Peter Read in this book examines who the stolen generation are, revealing through interviews, written and oral evidence the experiences of Aboriginal people who were taken away from their families. The establishment of Link-Up is described and its work with Aboriginal clients is outlined. The Bringing Them Home Report; the Royal Commission into Aboriginal Deaths in Custody; the United Nations Declaration of Human Rights; and the issue of reparation in the courts are examined. The refusal of the government to apologise is addressed and common objections to the Bringing Them Home Report are identified.

Hunter (1990b)
Author discusses the way in which violent incidents involving Aborigines are presented in the media. Goes on to discuss the current level of violence in Aboriginal communities and analyse whether the incidence of violence has risen recently, or whether more attention is now being paid to it, making it appear to have increased. Reviews the position of men and alcohol in today’s Aboriginal society.

Hazelhurst (1994)
This book addresses the problems of alcohol addiction, family violence, and community breakdown which are destroying the spirit and lives of indigenous people. The author gives an account of the current problems and programs in preventative action taking place amongst Aboriginal leaders in Australia and Canada.

Lynch (2001)
The author acknowledges that Australian Aboriginal children and Indigenous Canadian (First Nations) children have been removed from their communities from the time of European invasion, firstly in order to ‘merge’, ‘absorb’ or ‘assimilate’ those children into the non-Indigenous population and more recently in the name of the best interests of the child. He calls for reform of child welfare law, policy and practice which currently places a disproportionate number of Aboriginal and First Nations children in care, excluding them from their cultural identity and heritage. Although he believes that ultimately self-determination for Indigenous people should transfer responsibility for the welfare of their children back to them, in the meantime the prevailing best interests principle needs to be adapted and applied by the courts and decision makers to acknowledge the unique nature of Indigenous culture, identity and child care practices. Decisions about where the child’s best interests lie should be informed by the best interests of the community as long as this approach does not mean that a child is left in an abusive situation.

Aboriginal beliefs about gender and sexuality
Atkinson (1996a)
Are Aboriginal people being asked to turn to a legal system for protection from violent assaults which are, in part, its product? The author looks at the issue of violence in Aboriginal families and communities by drawing on a number of case studies. She argues that there has been very little progress for Aboriginal women and their children despite all the myriad reports, Commissions of Inquiry and bureaucratic activity in Australia. Violence is increasing and taking on a new, uglier dimension. The legal system fails to meet the needs of Aboriginal women at all levels, nor does it serve most Aboriginal men, and in fact may contribute to the complexity of behaviours we call anti-social and/or violent, the author argues. Her conclusion is that she is ‘yet to be convinced that the legal profession and the government have the will and commitment for real justice reform that will restore to Indigenous individuals, our families and communities the ability to rebuild our lives from the multiple intergenerational traumatisations that comprise the colonising impacts’. She does, however, have implicit faith that her people will to do the work of healing and rebuilding, of regenerating and restoring, and she requests that governments and legal institutions give them support.

Greer (1992)
Rape is placed in the context of the particular difficulties faced by Aboriginal communities, beginning with the impact of colonisation. The extent of sexual violence in Aboriginal communities is discussed, and obstacles to intervention are outlined. Author highlights the fear and mistrust felt by Aboriginal people toward outside intervention into Aboriginal issues. She believes ‘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’. She notes that Aboriginal women have begun speaking out against sexual violence, and have taken steps to organise at a national level, and concludes by suggesting other developments such as changes in service provision.

Lucashenko & Best (1995)
The idea that Aboriginal people suffer high levels of violence is one readily accepted in most of mainstream Australia. The widespread violence experienced by Aboriginal women by their partners has received little attention, however, assert the authors. What are the causes of this violence against Aboriginal women? If large-scale violence in the Aboriginal family is not traditionally sanctioned behaviour, the obvious place to locate its cause becomes the process of invasion, dispersal and dispossession following colonisation. The authors present three ideas for change. Firstly, the bashing of Aboriginal women, children and men must become totally unacceptable to Aboriginal people. Secondly, Aboriginal people must identify, challenge and change sexist behaviour and rebuild the status black women enjoyed before white settlement. Finally, there is a critical need for highly skilled Murri violence workers in urban areas.

Tatz (2001)
Aboriginal suicide has unique social and political contexts, and must be seen as a distinct phenomenon, states the author. To understand Aboriginal suicide one has to understand Aboriginal history: their way of life has been destroyed, resulting in a loss of structure, cohesion and meaning. The legacy for the present generation is a loss of basic communal values. The continuing effects of that history on today’s Aborigines are more important to the understanding of Aboriginal suicide than any psychological, sociological or medical theories. To ignore, or worse, to deny that history is to obfuscate the origins, causes and nature of a current problem and to
forestall any possible alleviation. The author’s report on Aboriginal youth suicide is presented in the following chapters: The social and political contexts; The origins of the ‘new violence’; An anthropology of suicide; The prevalence of Aboriginal suicide - definitional problems; The prevalence of Aboriginal suicide - the data; The nature of Aboriginal suicide; Social factors - community values; Contributing factors - societal values; Lessons from abroad (including South Africa, Canada and the United States, the Pacific Islands, and New Zealand); Towards alleviation.

**Mandatory Reporting**

*Goddard (1994)*
With the phasing-in of mandatory reporting of some forms of child abuse in Victoria during 1993 and 1994, only Western Australia retains a system of voluntary reporting. This article places mandatory reporting in context, presenting discussion of, What is child abuse?; The arguments for and against mandatory reporting; and the implications of such reporting laws.

*Cumneen & Libesman (2000)*
The removal of Indigenous children from their families within contemporary Australia is considered by way of both child protection and juvenile justice interventions and within the context of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. In particular, the article considers the findings and recommendations of the Inquiry in relation to contemporary removals and Government responses to those recommendations. (Journal abstract)

*Quinton (1991)*
This paper, produced as an issues paper for the ACT Community Law Reform Committee, sets out arguments for and against mandatory reporting of child abuse in the ACT and discusses the degree to which people are obliged to report circumstances of child abuse in the ACT.

**Solutions to Aboriginal Family Violence and Child Abuse**

*Ah Kee & Tilbury (1999)*
The Aboriginal and Torres Strait Islander Child Placement Principle has been the policy guiding the placement of indigenous children in most Australian child protection jurisdictions for around fifteen years. The Principle requires the involvement of Aboriginal and Torres Strait Islander community representatives in decision making concerning indigenous children, and ensuring that alternative care placements of Aboriginal and Torres Strait Islander children are with Aboriginal and Torres Strait Islander care providers. Most jurisdictions still have a significant number of Aboriginal and Torres Strait Islander children placed with non-indigenous care providers, and community based Aboriginal and Islander child care agencies continue to express dissatisfaction about the nature and level of consultation which occurs when welfare departments are taking action to protect indigenous children. This paper examines why there has been such limited improvement in Child Placement Principle outcomes. Work undertaken in Queensland to address the over representation of Aboriginal and Torres Strait Islander children in the child protection system is outlined from both a departmental and community perspective. The paper argues that if strategies for addressing these
issues are not located within a framework of self determination for Aboriginal and Torres Strait Islander people, then they will not work. (Journal abstract)

Sweeney (1995)
This article refers to an apology made by New South Wales Premier Bob Carr for past government policies which resulted in the breaking up of Aboriginal families and calls for reform of Aboriginal child welfare policies and practices. The historical background and legal basis of policies leading to the removal of Aboriginal children from their families is discussed. The terms of reference of the Wilson Inquiry into the separation of indigenous children and their families are outlined. The report ‘Learning from The Past’ by the NSW Department of Community Services is analysed and the author questions whether its recommendations would lead to a real transfer of control of Aboriginal child welfare to Aboriginal communities. Experiences in Canada, New Zealand and the United States involving the transfer of indigenous child welfare services to community control is discussed. The author questions the ability of government agencies such as the Department of Community Services to adequately change and he advocates a holistic approach to the care and upbringing of Aboriginal children rather than the present fragmented approach to child welfare, child protection, adoption and juvenile justice.

Litwin (1997)
In recent times, child welfare bureaucracies have been required to re-define their relationship with indigenous communities, particularly in view of the impacts associated with their past interventions within these communities. This process of readjustment has been grounded in the apparent endorsement by child welfare bureaucracies of the principle of indigenous self determination and their declared acknowledgment of the desirability of devolving greater responsibility for decision making about child welfare matters to indigenous communities. This paper suggests that, despite statements to the contrary, the processes and mechanisms employed by child welfare agencies to promote indigenous autonomy have not adequately acknowledged the saliency of indigenous social domains nor have they seriously challenged the precepts of the existing administrative domains that govern child protection interventions. Consequently the processes employed by child protection agencies to develop culturally appropriate services have seldom matched the rhetoric associated with them. It is still the case that indigenous Australians are expected to fit within the current structure of child welfare agencies, and that their expectations should conform with the accepted orthodoxies that govern child protection interventions. This paper seeks to examine the processes by which child welfare bureaucracies have, on the one hand, attempted to re-cast their relationship with indigenous communities, while, on the other hand, maintaining the primacy of their administrative domains. (Journal abstract)

Pellatt (1991)
The purpose of this paper is to examine ways in which child welfare services are provided to Aboriginal communities in the following countries: Canada, United States, New Zealand, Australia, Sweden, Norway and Finland. The paper identifies and describes varying approaches to the delivery of child welfare services to Aboriginal communities; identifies problems and issues (constitutional, structural and practical) associated with the varying methodologies; and develops a typology of the child welfare models identified. The focus is on describing programs and initiatives developed at the band, tribal, and community level. The paper also examines issues Aboriginal people are dealing with in the process of re-establishing the primacy of community-based networks of caring and decision making.
Dudgeon, Garvey & Pickett (2000)
This handbook begins to show the ways of working in culturally sensitive and culturally affirmative ways. It is intended to help psychologists working in a cross cultural context, particularly with Indigenous clients and co-workers. The focus is on social justice, inclusion, ethics, and reconciliation. The handbook is divided into the following five sections: Conceptualising psychology and Indigenous Australians, subdivided into history, Indigenous mental health and contemporary Aboriginal life; cultural difference and cross cultural communication; psychology and Indigenous people, subdivided into history and psychology, and cross cultural practice; alternative models and community initiatives; and the last word. Concluding papers by Richard Wilkes and Joan Winch are presented along with personal insights into locally driven programs and issues from Andre D’antoine, Esther Bevan, Cheryl Osies, and Nik Wevers. All remaining papers are individually indexed and can be retrieved by title of the book.
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