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Sexual Violence Prevention and Response Framework

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Submission to the
Discussion Paper**

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Introduction

We commend the Northern Territory Government for its commitment to create a Framework for Sexual Violence Prevention and Response with the release of a discussion paper. We further commend the paper on its use of considered language regarding sexual violence. We echo the points raised in the AMSANT submission, particularly that policies and practices which label groups of people as ‘offenders’ has and continues to cause great harm and is counterproductive to the prevention and rehabilitation of sexual violence. For our submission, we have chosen to focus on how such a framework should engage with the Northern Territory context in light of the significant over representation of Aboriginal and Torres Strait Islander peoples as both victims and exhibitors of harmful and problem sexual behaviours.¹

Contrary to societal perceptions, sexual offences by a child against another child are not an infrequent form of child sexual assault.² A considerable proportion of sexual offending is committed by children or adolescents, including members of the victim’s family.³ Nationally, young people aged 15–19 commit sex offences at twice the rate of the general population.⁴ Furthermore, 10–14 year olds, an age group one would not generally regard as being the peak of sexual offending, are on par with the general population (35.1 and 30.1 per 100 000 respectively).⁵ Furthermore, juveniles aged 10–17 were responsible for approximately 18 per cent of the 6004 sexual assault offences recorded in Australia in 2014.⁶

There is now a considerable body of forensic literature on juvenile sex offending, recidivism, specialisation and the effectiveness of specialised treatment. For example, there is little evidence to suggest that young people who commit sex offences are likely to become adult

¹ Final Report of the National Indigenous Intelligence Taskforce 2006-2014 (2014), p 8.

² *Western Australia v A Child* (2007) 172 A Crim R 51, 55 [19].

³ Lorana Bartels ‘Juvenile Sex Offending: its Prevalence and the Criminal Justice Response’ *UNSW Law Journal* 48.

⁴ *Ibid*, 52

⁵ *Ibid*, 52.

⁶ *Ibid*.

sex offenders, although they have comparatively high recidivism rates for non-sexual offences.⁷

That is why DDHS believes that a real focus of this framework should be on how to respond child victims and support young people with problem and harmful sexual behaviours, a significant departure from current criminal justice responses. As such we have not answered every question posed in the discussion paper, only those relevant to our approach.

Our submission is guided by and structured around a public health model adapted for sexual violence prevention. A diagram of this model can be found in **Annexure A**. We too have adopted the language of the literature and may refer to those who have committed sexual violence as 'offenders' where the literature to which we have had regard tends to do so.

What are the problems related to sexual violence in your community and in the NT that the Framework should consider?

Issue 1: Non-Disclosure by Child Sexual Assault Victims

What's wrong: The National Indigenous Intelligence Taskforce (NIITF) has stated that Child Sexual Abuse is chronically undisclosed and under reported', and 'almost certainly affected a much larger portion of the Aboriginal population than is reflected in official statistics.'⁸ The barriers contributing to non-disclosure are said to be 'complex and varied',⁹ including but not limited to: trauma of the court system,¹⁰ fear of repercussions from disclosure,¹¹ fear of not being believed,¹² lack of understanding about what sexual violence is,¹³ and confidentiality of the system.¹⁴

Recommendation: The Framework should consider the inception of a '*Barnahus*' in the Northern Territory, as well as look at the establishment of a confidential Children's Helpline to remove the barriers to disclosure of child sexual abuse - all of which are explored later on in this submission.

⁷ See Alfred Allan et al, 'Juvenile Sex Offenders Compared to Juvenile Offenders in General in Western Australia' (2002) 9 *Psychiatry, Psychology and Law* 214; Alfred Allan et al, 'Recidivism among Male Juvenile Sexual Offenders in Western Australia' (2003) 10 *Psychiatry, Psychology and Law* 359; Ian A Nisbet, Peter H Wilson and Stephen W Smallbone, 'A Prospective Longitudinal Study of Sexual Recidivism among Adolescent Sex Offenders' (2004) 16 *Sexual Abuse: A Journal of Research and Treatment* 223; Boyd and Bromfield, above n 29, 5; Michael F Caldwell, 'Sexual Offense Adjudication and Sexual Recidivism among Juvenile Offenders' (2007) 19 *Sexual Abuse: A Journal of Research and Treatment* 107; Vandiver, above n 6; Franklin E Zimring, Alex R Piquero and Wesley G Jennings, 'Sexual Delinquency in Racine: Does Early Sex Offending Predict Later Sex Offending in Youth and Young Adulthood?' (2007) 6 *Criminology and Public Policy* 507.

⁸ Final Report of the National Indigenous Intelligence Taskforce 2006-2014 (2014), p 8, cited in Royal Commission Final Report Volume 3B, Chapter 36, Page 62.

⁹ *Ibid*, 63.

¹⁰ Ampe Akelyernemane Meke Mekarle "Little Children are Sacred", Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007, 74-80. (Little Children are Sacred)

¹¹ *Ibid*.

¹² World Health Organisation, International Violence Prevention, Guidelines for medico-legal care for victims of sexual violence, 1999, 3.

¹³ Above n, Little Children are Sacred.

¹⁴ *Ibid*.

Issue 2: Historical prevention, intervention and tertiary responses have been culturally inappropriate and inadequate

What's wrong: In the NT context; sexual violence, particularly child sexual abuse disproportionately affects Aboriginal and Torres Strait Islander peoples. Responses, on the other hand, are driven by a western paradigm of domestic, family and sexual violence, this paradigm prevents a culturally appropriate response. Current practice fails to achieve any preventative success as a result of its cultural ignorance.¹⁵ Programs and education campaigns have failed to understand the foundational causes of these behaviours in Aboriginal people.

The causes are a complex layering of disadvantage brought about by the continuing colonisation of Aboriginal people and ensuing cultural breakdown as well as the impacts of alcohol and other drugs, mental health issues, poverty and overcrowded housing.¹⁶ The cumulative impact of dispossession, child removal, family breakdown, substance misuse and exposure to violence has given rise to a cycle of intergenerational trauma.¹⁷ The manifestation of these causes are found in disadvantages in education, employment, housing, health, legal representation and life expectancy which in turn drive poor outcomes in early childhood, youth delinquency of which youth sexual offending is a function.

Recommendation: Listening to Aboriginal voices. A listening and hearing workshop should occur with representatives from Aboriginal Community Controlled Organisations who work with people who have experienced sexual violence and with people who have express problem sexual behaviours and/or have committed sexually violent offences. Such a session is vital to the development of this framework. The framework should then adopt the following as guided if guided by the outcomes of the workshop:

- An emphasis on place-based, community owned and run programs that target sexual violence through addressing inter-generational trauma, alcohol and other drug issues and social-emotional wellbeing through a process of 'healing' explored later in this submission.
- An overarching public health approach to sexual violence prevention which looks at the key causes of poor early childhood developmental outcomes and calls on each NTG department with the power to change policies to improve child and family welfare to do so.
- The use of culturally driven Restorative Justice practices that utilise Aboriginal notions of healing as a recognised criminal justice pathway considering their evaluated benefits to victim and offender rehabilitation.

¹⁵ Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework for Men and Boys, The Healing Foundation and White Ribbon Australia, 2017, 3.

¹⁶ Ibid.

¹⁷ Ibid.

Issue 3: Criminal Justice responses to young people with problem sexual behaviours and harmful sexual behaviours are not appropriate

What's wrong: Young People in the territory face a system that criminalises sexual activity between consenting teenagers. Furthermore, where a young person is committing harmful sexual behaviours the criminal justice response does not offer any targeted tertiary response, let alone a response that is culturally appropriate for Aboriginal youth. The overwhelming evidence in child development studies shows that the brains of young offenders are still developing when they exhibit sexually violent behaviour in their teenage years and that the prospects of rehabilitation are strong with the appropriate intervention.¹⁸

Recommendation: Appropriate therapeutic criminal justice responses are imperative to divert young people with problem and harmful sexual behaviours from further sexual and non-sexual offending, which as the evidence shows, is the most likely form of further offending.¹⁹ Through appropriate methods of diversion, comprehensive and holistic assessments and a more developed suite of sentencing options, we can strive towards preventing sexual violence and curb the likelihood of young people undertaking sexual and other forms of offending behaviour. This is explored later on in this submission.

¹⁸ Council of Europe Publishing 'Protecting children from sexual violence – a comprehensive approach' 2010, 254

¹⁹ Ibid, 249

What are the key elements of a successful sexual violence prevention program? Where should sexual violence prevention program be delivered e.g. youth detention centres, schools? Who should deliver sexual violence prevention program?

Universal Interventions– The Public Health Model

The link between youth who suffer abuse and neglect in early life and the increased likelihood of those youth going on to commit criminal offences is clear.²⁰ It is also known that male survivors of child abuse and neglect are more likely to go on and commit sexual offences than females.²¹ Emerging research has highlighted that for a large proportion of juvenile sex offenders, the problematic sexual behaviour may have more to do with a tendency towards general delinquency than with deviant sexuality per se.²²

A 'prevention' framework should therefore address the underlying social determinants which contribute to children being abused, neglected or suffering poor outcomes in early childhood. This cross-department framework should frame the public health response to sexual violence and call on each NTG department with the power to change policies to improve child and family welfare to do so. The public health model is the most effective and efficient way to reduce the prevalence of harmful sexual behaviours, avoid costly tertiary interventions as well as resolving the myriad other negative consequences driven by these social determinants.

“preventing sexual assault ... will require collaboration between different stakeholders. This will mean engaging stakeholders with varying priorities and interests, and that exert different degrees of power and influence. It will require identification of organizational partners with similar goals.”²³

Universal interventions in the Public Health approach to sexual violence would need to be grounded in the unique context of the Northern Territory.

Using current data, an Aboriginal child may be a member of a family that experiences:²⁴

- Overcrowded housing – 53% of Indigenous households in the NT are overcrowded compared to 8.7% of non-Indigenous households.
- Low household income – Indigenous households in the NT have a median household income of \$430 per week compared to \$1,247 for non-Indigenous households. The gap between Indigenous and non-Indigenous is significantly wider than any other

²⁰ Righthand, S and Welch C. (2005) 'characteristics of youth who sexually offend' *Journal of Sexual Offending* (3-9).

²¹ Nina Papalia, James R. P. Ogloff, Margaret Cutajar, Paul E. Mullen (8 July 2018) 'Child sexual abuse and criminal offending : gender-specific effects and the role of abuse characteristics and other adverse outcomes.'

²² Above n, 'protecting children from sexual violence – a comprehensive approach' chap 17, 231.

²³ Antonia Quadara & Liz Wall, 'What is the effective primary prevention in sexual assault? Translating the evidence for action.' 2012.

²⁴ 2017 Health Performance Framework Report (AHMAC, 2017).

state and Indigenous households in the NT have the lowest median income compared to every other state.

- Likely to be reliant on pensions or benefits – Indigenous Australians nationally are almost three times more likely to rely on benefits (60%) than non-Indigenous (21%). This brings a range of additional stresses related to Centrelink requirements including frequent reporting, basics card and the risk of breaches.
- Death and associated grief and loss – Indigenous families are dealing with death in the family and the community at much higher rates than other Territorians. The all-cause mortality rate for Indigenous Territorians (1,519 per 100,000) is almost three times the rate for non-Indigenous Territorians (581 per 100,000) and significantly higher than for Indigenous Australians nationally (991 per 100,000).
- In particular, Indigenous Australians are twice as likely as non-Indigenous Australians to die as a result of intentional self-harm.
- Psychological distress – Indigenous Territorians report high levels of distress at more than double the rate (22%) of that reported by non-Indigenous Territorians (8%).
- Challenging child characteristics – low birth weight remains high and one estimate suggests that up to 40% of children on Protection Orders had experienced prenatal alcohol exposure (in some locations this exposure was up to 88%) and 86% of children on Protection Orders had been affected in various ways by parental alcohol use.²⁵

These social determinants cannot be uncoupled from the history of colonial settlement and the multiple traumas resulting from dispossession, nor can solving these issues be isolated from the broader task of decolonising relationships between indigenous people and Anglo-Australian society.²⁶

As such, regard should be had to the research of nationally recognised Aboriginal and Torres Strait Islander violence prevention experts, such research has considered the socio-political context in which violence occurs, identifies critical elements to guide Aboriginal and Torres Strait Islander violence prevention and cites good practice approaches to violence prevention supported by case studies.²⁷

This research highlights the need for a cultural framework that engages communities to develop community healing programs that draw from both Indigenous culture and western practice.²⁸ It is clear under this model that any program that seeks to reduce and prevent sexual violence as an outcome should be developed in partnership with communities through a genuine co-design process that respects and supports local cultural governance.²⁹ There is a particular need for Aboriginal men to be supported to lead and work with other men and boys, to reconnect men to their core cultural practices and protocols as a central factor to create change. Such programs can be run at a universal level but also as secondary and tertiary responses to problem and harmful sexual behaviours.

²⁵ Walker, P. (2013). Prenatal Alcohol Exposure among Children in the Child Protection System in the Northern Territory. Australasian Fetal Alcohol Spectrum Disorders Conference.

²⁶ Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework for Men and Boys, The Healing Foundation and White Ribbon Australia, 3.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid, 4.

What can be done to support and respond to children and young people with problem and harmful sexual behaviours in your community and across the NT?

Primary Interventions

GOAL: The primary prevention-intervention goal is to change behaviours and environments that result in sexual violence. As distinct from other public health model primary interventions, prevention interventions in this instance happen before the violence occurs, and is targeted at the community as a whole as opposed to specific individuals who show evidence of becoming perpetrators or victims of sexual violence.³⁰ Primary prevention interventions, are in line with the National Framework for protecting Australia's Children 2009-2020 which recognised the method as one of the most effective ways to ameliorate the effects of maltreatment as discussed at the universal level of the model.³¹

FOCUS: In order to achieve this, we contend that a successful primary sexual violence prevention program should remove barriers that enable behaviour change. This means going beyond awareness raising, and focus on changing community attitudes and understanding to enable behaviour change. The World Health Organisation Report on Violence Prevention stated that it was important to change perceptions of what is acceptable and unacceptable behaviour by modifying the attitudes, beliefs and understandings that enable sexual violence. The report outlined that programs need to:³²

- Explore what is acceptable and unacceptable behaviour
- Explain body ownership
- Modify beliefs of male sexual entitlements
- Reduce attitudes and beliefs that are supportive of sexual violence
- Address gender norms
- Curb bystander behaviour.
- Change gender inequalities
- Change attitudes towards problem sexual behaviours
- Avoid labels that feed racial stereotypes

We submit that the factors outlined above are a starting point but that they are no substitute for programs developed and underpinned by principles co-designed with communities and experts in Aboriginal violence prevention. It is likely the case that some of the factors above are not as relevant to violence prevention for Aboriginal people in our community.

HOW: In creating programs which change the attitudes and understandings of the community, they should be designed, developed and delivered by Aboriginal controlled organizations where possible. This is because Aboriginal controlled organizations are more likely to have an intimate understanding of the current knowledge, culture and attitudes of that community, and

³⁰ Above n, Little children are sacred Report, 48.

³¹ Ibid.

³² Above n, World Health Organisation 'Violence Prevention'

moreover the community is more likely to accept and support the intervention activities.³³ This was a finding of the Little Children are Sacred Report, communities wanted to know more about child sexual abuse and responses to it, however did not want to be talked at, rather they wanted to enter into a dialogue so they could develop understanding, with information, assistance, support and time being given by the relevant agency to facilitate this process of learning.³⁴

WHERE: We contend that the sexual violence prevention program should be delivered at:

- **Schools** are an important area to change attitudes and understandings in young people due to students being a pivotal age of influence.³⁵ Schools were recognized in the World Health Organisation Report on Violence Prevention as the most prevalent strategy used globally to change attitudes and understandings of sexual violence. This has also been found in Australia, with educational institutions being utilized to change knowledge and understandings in a relatively inexpensive method of delivering primary prevention strategies.³⁶
- **Community Centres and Organizations**
 - Potential case study 1: **Lukas Williams** runs traditional healing circles in the Northern Territory which create a safe space for men to have an area where they can speak about hard issues.³⁷ Recognising that communication, amongst men and across generations, about social issues was not forthcoming, Lukas uses his healing circles to remove engrained social barriers, and creates a safe space where men can speak freely without being judged.³⁸ Through these circles Lukas facilitates discussions conducive among men of all ages about social issues and discussing ways to strengthen community bonds.³⁹ These sorts of healing circles will be helpful to run these primary prevention interventions as they are all culturally safe spaces which are conducive to changing the attitudes, beliefs and understandings that are supportive of sexual violence. The use of healing circles as the location for primary prevention interventions is in line with the NIITF's recognition that child sexual abuse needs to be combatted through the creation of safe spaces which could continue to provide preventative education for all ages.
 - Potential case study 2: **Sunrise Health Service Aboriginal Group** in the Northern Territory provides sessions on sexual health, relationships, anger management, gender roles and other issues.⁴⁰ These sessions that Sunrise run would be conducive space for the framework to incorporate as a space for their primary prevention interventions on sexual violence, as they are culturally

³³ Antonia Quadara & Liz Wall, 'What is the effective primary prevention in sexual assault? Translating the evidence for action.' 2012.

³⁴ Above n, *Little children are sacred*, 147.

³⁵ Antonia Quadara & Liz Wall, 'What is the effective primary prevention in sexual assault? Translating the evidence for action.' 2012

³⁶ Ibid.

³⁷ Central Australian Aboriginal Media Association News 'Traditional Healing Circles - a place for Aboriginal men to talk' (12 February 2019 <https://caama.com.au/news/2019/traditional-healing-circles-a-place-for-aboriginal-men-to-talk>

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Above n, 'Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework for Men and Boys' Healing Foundation.

informed, and as it has safe and supportive structures in place.⁴¹ Utilizing existing structures which are culturally competent and safe, is in line with evidence from communities which expressed desires to be informed about what constituted sexual abuse, however did not want to be talked at, the desire being to enter into a dialogue that could develop understanding, with information, assistance, support and time being given by the relevant agency to facilitate this process of learning.⁴²

Secondary Interventions

Currently, where youth exhibit problem or harmful sexual behaviours that involve a criminal justice response, the criminal justice system does not offer an appropriate or adapted response. These inappropriate responses can be summarised as follows:

Criminalisation of similar age consensual relationships

Laws which criminalise the sexual conduct of consenting teenagers are fundamentally inappropriate and unjust.⁴³ There is evidence that a considerable proportion of adolescents and teenagers under the age of consent engage in consensual sexual acts and that criminalising such behaviour is an inappropriate response which can have negative consequences in terms of inhibiting access to and the provision of health care and contraception.⁴⁴ Public health practitioners in the Territory have expressed concern over this law. They and community elders attribute syphilis and other STI outbreaks in the 12-16 age group to these laws as they act as a barrier to effective screening and treatment. While significant differences in age between individuals engaging in sexual behaviour may be an indicator of problem or harmful sexual behaviours, each situation needs to be individually assessed. Instead the current system is rigid, it not only discourages youth from seeking assistance and help but can completely destroy a young person's life through the non-discretionary application of criminal sanctions.

As an example, where a 17-year-old youth is in a consenting sexual relationship with a 15-year-old youth, the older youth is in breach of s127 of the *Criminal Code*. Under s26 of the *Care and Protection of Children Act 2007*, any person who is aware of such a relationship, including the parents of either youth must be report the youth to Territory Families who will investigate and refer the matter to police. As this 'offence' is a 'prescribed offence' in the *Youth Justice Act*, it cannot be diverted to any kind of restorative conference or any future therapeutic intervention. Instead these matters proceed to the courts. In court, this offence is a Schedule 3 offence, the *Sentencing Act* requires that the court impose a mandatory sentence.⁴⁵ Further still the sentence results in that individual's name being placed on the NT sex offender register and a national database for a minimum period of 8 years for a single count or 15 years for 2 counts. Having a registration on these lists can prevent those named from being employed in a range of industries as well as the demonization of the individual in the community as a 'sexual offender'. These rigid laws are entirely

⁴¹ Ibid.

⁴² Above n, *Little children are sacred report*.

⁴³ S126 *Criminal Code NT 1983*

⁴⁴ Matthew Waites, 'The Age of Consent and Sexual Consent' in Mark Cowling and Paul Reynolds (eds), *Making Sense of Sexual Consent* (Ashgate, 2004) 73, 73–92.

⁴⁵ S78F *Sentencing Act 1995*.

inappropriate, discourage health and help seeking behaviours and need to be reformed to reflect research into child mental and sexual development, take account of individual circumstances and reflect evolving community expectations.

In resolving this issue, we advocate that laws should be liberalised rather than the approach of other jurisdictions which has left the matter to be determined by prosecutorial direction.⁴⁶ There are strong arguments of principle against such a position. Relying upon prosecutorial discretion to remedy the overreach of the criminal law is contrary to the rule of law.⁴⁷ Furthermore, it is a waste of resources for these situations to trigger the mandatory reporting regime and resulting investigations.

Targeted responses are lacking

For those youth who do commit harmful sexual behaviours, there is emerging research on what the most appropriate response is. For youth who have committed harmful sexual behaviours and receive a criminal sanction there are currently no targeted, therapeutic programs for these youth. Global research has indicated that youth who have been convicted of sexual offences should only be admitted into treatment programs if it is believed they will benefit from it (reflecting that some sanctions are applied inappropriately as above).⁴⁸

Firstly, the evidence suggests there is a significant degree of heterogeneity amongst presentations of youth who have committed harmful sexual behaviours.⁴⁹ As a result, the response should recognise that a young person's behaviour is intimately interconnected and explicable only by reference to the whole picture. A holistic response should be proportionate to the behaviour considering what constitutes typical behaviour for a young person of that age and/or stage of development. A helpful distinction that has been developed by some researchers is to delineate Harmful Sexual Behaviours into Problem Sexual Behaviours and Sexually Abusive Behaviours noting that the former can be a forward indicator for the latter as a child develops and ages.⁵⁰

Secondly, the research shows that juvenile sex offenders are more likely to have prior non-sexual convictions than they are to have prior sexual offence convictions. They are also more likely to reoffend in non-sexual ways.⁵¹ This suggests that for a large proportion of juvenile sex offenders, the problematic sexual behaviour may have more to do with a

⁴⁶ Kate Warner, 'Setting the Boundaries of Child Sexual Assault: Consent and Mistake as to Age Defences' [2012] *MelbULawRw* 25; (2012) 36(3) *Melbourne University Law Review* 1010 (NSW, Queensland, Western Australia and the Northern Territory do not have a similar age consent defence, while the other Australian jurisdictions (Victoria, South Australia, Tasmania and the ACT) do).

⁴⁷ J R Spencer, 'The Sexual Offences Act 2003: (2) Child and Family Offences' [2004] *Criminal Law Review* 347, 354.

⁴⁸ Council of Europe Publishing 'Protecting children from sexual violence – a comprehensive approach' 2010, 249.

⁴⁹ Knight, R. A., & Prentky, R. A. (1993). Exploring characteristics for classifying juvenile sex offenders. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The juvenile sex offender* (pp. 45-83). New York, NY, US: Guilford Press.

⁵⁰ Adam M. Tomison, 'Exploring family violence: Links between child maltreatment and domestic violence' *NCPIC Issues* No. 13 — June 2000.

⁵¹ Above n, 'protecting children from sexual violence – a comprehensive approach' chap 17, 231.

tendency towards general delinquency than with deviant sexuality per se or,⁵² as Christodoulides et al tersely state: 'one of the most significant predictors of juvenile sexual offence recidivism is delinquency'.⁵³

Role of Healing in Restorative Justice

International research has highlighted the positive impacts that 'Healing' can have as a secondary intervention. Program's like the Canadian Community Holistic Circle Healing Program (CHCH) served a restorative justice function in an indigenous community that suffered high rates of child sexual assault.⁵⁴ In the Canadian Indigenous community of Hollow Waters, Researchers found that 75% of Hollow Water residents were victims of child sexual assault, with 35% being perpetrators.⁵⁵ Furthermore, Intergenerational child sexual assault could be attributed to abuse that began when Indigenous children were removed from their parents and placed in institutions where children were subsequently abused.⁵⁶

In 1987 the CHCH was created, co-ordinating child protection workers, a community health representative and people from the school division and community churches. In addition, an insider knowledge base was utilised:

'Almost everyone on the community team has been a victim of long standing intra-familial child sexual assault, which allowed them the ability to empathise with the victim at hand [and] understand the complexities of child sexual assault'.⁵⁷

The program worked whereby once criminal charges are laid, the offender can undergo the traditional criminal justice route or enter a guilty plea, assume full responsibility and enter the Healing program.⁵⁸ The team then requests a delay in sentencing so they can begin their healing work and prepare a pre-sentence report. This report comprehensively assesses the offender's state of mind, chance of rehabilitation, and also takes into account the role of the victim, the non-offending spouse and the families of each'.⁵⁹ An action plan is proposed based on a Healing Contract spanning 2-5 years. Failure to adhere to the contract will result in the offender being subject to criminal prosecution.

The Healing Circle program was evaluated in 2001 with significant health and wellness improvements reported by the community. Similarly, recidivism was substantially reduced, with only 2 out of 107 offenders reoffending.⁶⁰ Research attributed the program's success to its cultural sensitivity and access to financial and human resources.

Lessons from the Hollow Waters experience and other restorative justice projects globally,

⁵² Ibid.

⁵³ Christodoulides, T., Richardson, G., Graham F, Kennedy, P. and Kelly T (2005) "Risk assessment with adolescent sex offenders". *Journal of Sexual Aggression*, 11 (1), 27-48.

⁵⁴ Myvanwy Hudson, 'Speaking through the silence: Adult female survivors of intra-familial child sexual assault envisioning justice and resistance in Australian criminal justice systems' *University of New South Wales*, 2013, 60.

⁵⁵ Ross, R. (1995). *Justice as Healing: Aboriginal community healing in action: The Hollow Water Approach*. Native Law Centre (Spring).

⁵⁶ Sivell-Ferri, C. (1997). *The Four Circles of Hollow Water: Aboriginal Peoples Collection*. Ottawa, Ministry of the Solicitor General, Ottawa.

⁵⁷ Above n Ross.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Cormier, R. B. (2002). *Restorative Justice: Directions and Principles –Developments in Canada*. Canada: Public Works and Government Services Canada.

based on traditional notions of healing, could be used to develop similar programs for youth and adults in the Northern Territory. What is clear is that there is strong global evidence to support cultural responses to sexual violence as an effective way to improve outcomes for victims and reduce the likelihood of recidivism by offenders.⁶¹

The Tertiary Response

Targeted therapeutic interventions for youth who commit harmful sexual behaviours

For those youth who have been convicted and are required to reside at a secure facility and would benefit from a targeted intervention, there is good evidence that a targeted version of culturally appropriate, community driven 'healing' programs for Aboriginal boys reduces further sexual and non-sexual offending.⁶² The manner and form of these interventions for youth is a matter for further research, research suggests the following holistic approach should be adopted which provides children and young people with more age-appropriate and individual treatment programs.⁶³

- a multi-agency comprehensive assessment should be carried out before any treatment plan made as part of the youth's rehabilitation,⁶⁴
- intervention should be used to help youth understand and modify behaviours instead of labelling as sex offender.⁶⁵
- Best practice Interventions globally have been:
 - o holistic – focusing on children's needs across all aspects of their lives and development⁶⁶
 - o systemic – involving families and parents in order to improve the children's social environments, attachments and relationships,⁶⁷
 - o goal-specific – designed to address concrete issues⁶⁸

Research indicates positive outcomes occur when involving parents in assessments during intervention and that cognitive behavioural treatment and sexual psycho-educational approaches have both been successful in working with children who have exhibited sexually harmful behaviour.⁶⁹ It is important for policy makers to be aware that young people are still developing when they exhibit problem/harmful sexual behaviour. They are not fully developed and do not have the intellectual reasoning, understanding, emotional, behavioural, self-control, and cannot rationalise the implications of their actions as with other forms of young offending, this should be taken into account when sentencing.⁷⁰

⁶¹ Jülich.S., Buttle, J., Cummins, C and Freeborn, E (2010) Project Restore NZ: An exploratory study of restorative justice and sexual violence, Auckland University of Technology.

⁶² Healing foundation paper

⁶³ Above n, 'protecting children from sexual violence – a comprehensive approach' Ch 18, 253.

⁶⁴ Ibid, 254.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid, 260.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

What can be done to support and respond to children who have experienced sexual violence in your community and across the NT? What can be done to support and respond to children with problem and harmful sexual behaviours in your community and across the NT?

In this section we argue that to overcome the multiple barriers to disclosure, to alleviate the re-traumatisation caused by the evidence taking process of the criminal justice system to child victims and provide support for children who suffer sexual harm from close relatives and family members, the following should be considered as part of this framework:

- The establishment of a '*Barnahus*'; a multi-disciplinary service that supports victims to disclose and recover from child sexual abuse; and
- a Territory based confidential children's helpline

Moving towards a child-centred system

A child-centric view is the core tenant of the *Barnahus* model. The model was derived from the Children's advocacy centre's in the United States.

Children's Advocacy Centres

Children's Advocacy Centres (CAC) were developed in the United States in the 1980s in response to criticism of a system induced trauma on children who have been assaulted. CACs bring together, in one location, a team of child abuse professionals (medical professionals, psychologists, forensic psychologists, prosecutors, police officers and trained social workers) to assist young people, and their families through the process of making disclosures, dealing with the trauma of assault and the court processes.

The first centres were established in 1984 in Los Angeles and 1985 in Huntsville Alabama, and now there are over 900 throughout the U.S, accredited through the National Children's Alliance (NCA) (formerly known as the National Network of CACs).⁷¹

Barnahus Model

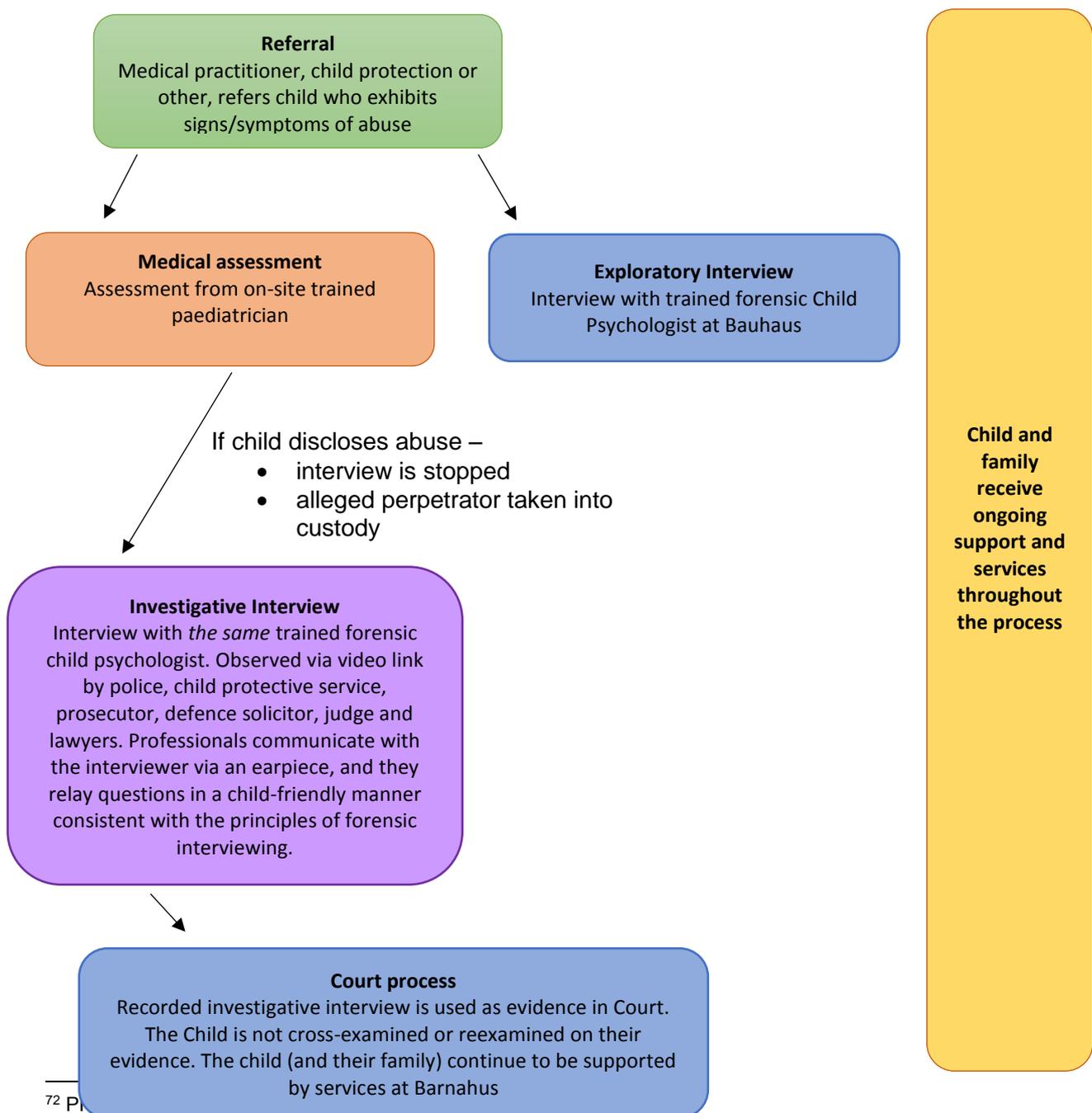
Building on the CAC model, the *Barnahus* model was first established in Iceland in 1998. The *Barnahus* model derives from the principle that the needs of children in sexual assault matters are totally different from those of adults in the same situation, and so a multi-disciplinary approach is required. It is a child-centred approach, which places the health and wellbeing of children and young people at the centre. It addresses the barriers to reporting by providing a child-friendly space where children and young people can be supported to make a disclosure, and can receive all the services that they need under one roof, therefore providing tertiary intervention for those who have been sexually abused, to lessen its impact upon them and facilitate a return to a positive situation.

The *Barnahus* model goes beyond the CAC model as whilst CACs provided a safe place for young people to attend and receive support with disclosure, investigation and the court process from a multi-disciplinary team, the *Barnahus* model involves a multi-disciplinary team who actually carry out all these processes under one roof.

⁷¹ National Child Advocacy Centre <https://www.nationalcac.org/>

In Iceland, Children and young people are referred to the *Barnahus* by child protection services, medical practitioners or other concerned people, when they exhibit some symptom suggestive of sexual abuse. Children and young people can also self-refer. This model has since been implemented throughout Europe – in Sweden, Norway, Greenland, Denmark and Croatia, and it is currently being implemented in the U.K. European Barnahus Quality Standards have been developed.⁷²

Barnahus model – Iceland Diagram



⁷² P

<http://www.childrenatrisk.eu/promise/wp-content/uploads/2017/06/PROMISE-European-Barnahus-Quality-Standards.pdf>

Principles and benefits of the Barnahus Model - Iceland

Encouraging disclosure of abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse recently noted that, one of the major reasons cited by victims for their delay in disclosure, is that, at the time of abuse, there was nobody that they felt that they could tell.⁷³

The Barnahus model addresses this barrier by creating a safe-place that children and young people can attend, or can be referred to, where they are interviewed by a trained forensic interviewer to facilitate disclosure. During this 'exploratory interview' a child psychotherapist trained in forensic interviewing can work with the child to elicit a disclosure of abuse in a non-leading manner, enabling early intervention. In Iceland in 2014, approximately 48% of exploratory interviews resulted in a disclosure of sexual abuse.⁷⁴

A home-like setting

The Barnahus is an unmarked residential property, located in a typical street. The buildings are designed to be non-threatening and child friendly. This is distinct from Sexual Assault Referral Centres (**SARC**) throughout the NT – which are used for both adult and child referrals and are not generally child-friendly, or culturally appropriate. As *the Little Children are Sacred Report* noted, 'best practice would certainly suggest an environment which decreases emotional stress on young people in these pressured situations.'⁷⁵ At the Barnahus all services are delivered under one roof, including the forensic interview, medical examination and child/family therapy. This in turn helps to ensure access to all necessary supports, and encourage disclosure.

Minimal interviews conducted by child-expert staff

Most cases of child sexual abuse do not involve any physical evidence, and so the testimony of the victim is the key evidence. In light of this, it is vital that the child is supported to provide a detailed and full-account, in a manner that elicits the key information but minimises re-traumatisation of the child. The Barnahus Model involves having the minimal number of interviews possible, all conducted by child-expert staff, trained in forensic interviewing. There are two interview types:

- *exploratory* – this is where the child has not made direct disclosure of abuse, but has nonetheless exhibited signs and symptoms which suggest that sexual abuse may have occurred;
- *investigative* – this is where the child has disclosed sexual abuse

The exploratory interview is a formal process which provides a safe place for children to disclose in a non-leading manner. Where a child discloses during an exploratory interview, the interview is stopped so that the alleged perpetrator can be taken into custody. An investigative interview is then convened as soon as possible after this.

⁷³ Royal Commission into Institutional Responses to Child Sexual Abuse Final Report (2017)

⁷⁴ Unpublished data provided by Icelandic Child Protection Agency, cited in U.K Children's Commissioner 'Barnahus: Improving the response to child sexual abuse in England' p 5.

⁷⁵ Report of the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse at 5.2 – The Little Children are Sacred Report (2007) at p 114.

In Iceland (and other European countries) the investigative interview is observed via video link by a range of professionals, including the police, child protective service, prosecutor, defence solicitor, judge and the child's state appointed legal representative. Professionals communicate with the interviewer via an earpiece, and they relay questions in a child-friendly manner consistent with the principles of forensic interviewing.

This process helps to minimise re-traumatisation caused by repeating the same story in multiple contexts – hospital or medical clinic, SARC, police station, in court.

Improved evidence

The criminal justice process is embedded within the Barnahus. The recorded investigative interview serves as testimony for the court.

In the NT, under the vulnerable witness provisions in the *Evidence Act*,⁷⁶ the court may admit a pre-recorded statement as the witness's evidence in chief or as part of the witness's evidence in chief.⁷⁷ In child sexual assault matters, this means that the child's forensic interview with the CAT team, which is recorded at the time that the child discloses the sexual assault, will be played to the jury as the child's evidence. However, at the trial the lawyer for the accused person will generally cross-examine the child on this evidence (that is, ask the child questions about it). Under the vulnerable witness provisions, the child does not have to appear in court for the cross-examination, but instead has the right to appear via video link from a 'vulnerable witness room' (that is, another room in the courthouse)⁷⁸ with a parent or support person.⁷⁹

Though these provisions are a step in the right direction of protecting the interests of the young person, and preventing re-traumatisation, we are of the view that they do not go far enough. In particular, the requirement that the child be cross-examined months, or even years after the event, poses significant risk of the child being re-traumatised, as they are caused to re-live the experience in such an invasive way. The time-gap between the initial evidence (CAT interview) and cross-examination often diminishes the potential quality of their evidence, as a child or young person will often have forgotten many of the details of their initial account.

The Barnahus model goes one step further than the NT vulnerable witness provisions as the prosecutor, defence lawyer and accused are present via video link at the investigative interview. Only the forensic interviewer interviews the child, but the defence attorney and prosecutor are listening in and have an opportunity to put questions to the child via the interviewer during the investigation interview. The child is therefore not required to attend or give evidence in court. This approach, which is also being considered for implementation in the UK, minimises the trauma experienced by the child and improves the quality of evidence.

Since the model was introduced in Iceland the number of cases of child sexual abuse where the alleged perpetrator is charged has increased considerably. In the period 1995 – 97 there

⁷⁶ *Evidence Act* (NT) part 3.

⁷⁷ *Evidence Act* (NT) s 21B(2)(a)

⁷⁸ *Evidence Act* (NT) s 21A(2)(a)

⁷⁹ *Evidence Act* (NT) s 21A(2)(c)

were 51 indictments and 101 convictions. By the period of 2011, after the introduction of the model, there were 141 indictments and 101 convictions.⁸⁰

Rapid access to therapy for abused children

The Barnahus model is based on the principle that undertaking the interview and providing support quickly will improve criminal justice and therapeutic outcomes for victims of sexual abuse. By interviewing the child immediately upon referral to the Barnahus, it is less likely that they will forget important information regarding their abuse, which may be crucial evidence. It is also possible to provide therapeutic support much more quickly.

In 2014, approximately 50% of referrals to the Barnahus in Iceland led to court testimony being recorded in less than a week. A further 30% of referrals resulted in court testimony within 1-2 weeks. In each case, the child and their family is offered therapy immediately following the interview, enabling the process of recovery to be without delay.⁸¹

International Law

The *Barnahus* model exemplifies and engages several key articles in the Convention on the Rights of the Child. It can be elicited from the evidence and experience of the model above that child rights are enhanced, namely;

- Article 3: 'that in all actions concerning children ... the best interests of the child shall be a primary consideration.'
- Article 12: 'that children capable of forming their own views have the right to express those views freely in all matters affecting them particularly with an opportunity to be heard in any judicial and administrative proceedings affecting the child.'
- Article 19:
 1. 'State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of ... maltreatment or abuse, including sexual abuse, while in the care of the parent(s), legal guardian(s) or any other person who has the care of the child.'
 2. 'Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate for judicial involvement.'
- Article 34: 'State Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.'
- Article 39 requires State Parties to take 'all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of ... abuse. Such recovery shall take place in an environment which fosters the health, self-respect and dignity of the child'.

⁸⁰ U.K Children's Commissioner 'Barnahus: Improving the response to child sexual abuse in England' see < <https://www.childrenscommissioner.gov.uk/publication/barnahus-improving-the-response-to-child-sexual-abuse-in-england/>>

⁸¹ Unpublished data provided by Icelandic Child Protection Agency, cited in U.K Children's Commissioner 'Barnahus: Improving the response to child sexual abuse in England' p 6.

Practice reform in Australian Jurisdictions

Relevant Recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse

In its *Criminal Justice* report, The Royal Commission into Institutional Responses to Child Sexual Abuse made a raft of recommendations to encourage the reporting of and improve the investigation in cases of suspected child sexual abuse. The Royal Commission specifically outlined that Investigative interviews can be used as evidence in chief and that 'Intermediaries should be available to assist in police investigative interviews of children and other vulnerable witnesses'.⁸² Furthermore, at the prosecutorial level, the report recommended that intermediary schemes be established for a witnesses with communication difficulties.⁸³

In relation to the use of pre-recorded material in cases for both evidence in chief and cross examination, the Commission recommended:⁸⁴

52. State and territory governments should ensure that the necessary legislative provisions and physical resources are in place to allow for the prerecording of the entirety of a witness's evidence in child sexual abuse prosecutions. This should include both:
 - a. in summary and indictable matters, the use of a pre-recorded investigative interview as some or all of the witness's evidence in chief
 - b. in matters tried on indictment, the availability of pre-trial hearings to record all of a witness's evidence, including cross-examination and re-examination, so that the evidence is taken in the absence of the jury and the witness need not participate in the trial itself.

It is clear that a *Barnahus* style model, adapted for our jurisdiction, would be consistent with the recommendations of the Royal Commission.

Australian Multidisciplinary Models

Several other Australian Jurisdictions have established child specialist Multi-Disciplinary teams to investigate and support victims of child sexual abuse. For example, the Multi-Disciplinary Centres in Victoria, the co-located Joint Investigation Response Team in NSW and Wraparound in the ACT.⁸⁵ The model most similar to the *Barnahus* is that being conducted by the George Jones Child Advocacy Centre (CAC) in Parkerville, Western Australia. Since 2015 the Parkerville CAC has implemented a 'Multi Agency Investigation and Support Team (MIST)' which includes elements of a *Barnahus* model.⁸⁶

⁸² Royal Commission into Institutional Responses to Child Sexual Abuse, *Criminal justice report Recommendations* (2017) rec 9.j.

⁸³ *Ibid*, rec 13, d.

⁸⁴ *Ibid*, rec 52.

⁸⁵ James Herbert, Leah Bromfield, 'Multiagency Investigation and Support Team (MIST) Pilot: Evaluation' (2017), 8.

⁸⁶ *Ibid*.

MIST - Perth

MIST involves the co-location of a Child Abuse Squad, Police, child protection workers, specialist child interviewers, medical services, psychological therapeutic services and family advocates. Currently, MIST responds to all child sexual abuse cases reported within the South East metropolitan corridor of WA but is due to open a second CAC in Midlands after the success of its initial operation.⁸⁷ Within MIST, an advocate remains with the child while children are being interviewed by child specialist interviewers and work to engage families with supportive services.⁸⁸ An evaluation of the MIST pilot in 2017 found that cases were being investigated faster, agencies involved collaborated more closely and staff believed that the approach was more child centred compared with results from a 'practice as usual' control group.⁸⁹

NSW Pilot

In March 2016 the NSW District Court began a 3-year pilot program for child victims of sexual abuse involving over 700 children. The pilot is aimed at reducing trauma and getting the best evidence from children.⁹⁰ The program involves pre-recording children's evidence through appointing one of 44 trained "witness intermediaries" who help children to understand questions and get their answers across effectively. Around half the intermediaries are speech pathologists, the rest are occupational therapists, teachers and social workers. Importantly, the trial also allows 'cross examination' to occur pre-trial in a recorded setting. Both the witness intermediaries and the pre-recording of cross-examination were recommendations of the Royal Commission into Institutional Responses to Child Sexual abuse.

An 18-month review undertaken by UNSW found there was broad support from stakeholders; including prosecutors and defence for the program. Early results indicated that the process led to the faster gathering of evidence and that children suffering from disabilities and cognitive impairments were able to give evidence that otherwise may not have been able to. It is important to note that this pilot has elements of the *Barnahus* model but the Child Abuse Squad and the Intermediaries are separate, it's not the 'one door policy' which the Nordic countries has been found to have the greatest impact in lowering traumatisation and improving the outcomes for child victims.

Barnahus Model for the NT

Key differences in the NT

1. Adversarial Legal System

Most countries that have currently adopted the Barnahus model – Iceland, Sweden, Denmark, Croatia – are all civil law countries, and so have an inquisitorial legal system. The inquisitorial legal system is a legal system where the court, or a part of the court, is actively involved in investigating the facts of the case. This is different to an adversarial system

⁸⁷ Susan de Ruyter, 'Parkerville Charity's \$25m historic Midland move', *The West Australia*, 9 May 2018.

⁸⁸ James Herbert, Leah Bromfield, 'Multiagency Investigation and Support Team (MIST) Pilot: Evaluation' (2017), 8.

⁸⁹ *Ibid*, 11.

⁹⁰ <https://www.abc.net.au/news/2017-10-02/child-sex-abuse-victims-helped-by-new-court-pilot/9007220>

(which we have in Australia) where the role of the court is primarily that of an impartial referee between the prosecution and the defence lawyers, and so the judge has no investigative role.

The role of the Judge in an inquisitorial system means that they can be more actively involved in the investigation of child sexual assault cases – and so, for example in Iceland, they are able to observe the investigative interview and make assessments about the credibility of the child witness.

However does not mean that the Barnahus model could not operate in the NT. Whilst the Judge could not be present in interviews in the NT, the interview can still be recorded and used as evidence for the jury to assess credibility.

2. Cultural Context

Though child-sexual abuse is an issue across both Aboriginal and non-Aboriginal communities, there are particular issues faced by Aboriginal people in making disclosures of child sexual assault, as noted throughout this submission. For this reason, we believe that in the NT we need culturally competent facilities targeted at encouraging Aboriginal children and young people to make disclosures. These facilities should be run by Aboriginal Community Controlled Organisations.

3. Funding

In the NT, we believe that Aboriginal Community Controlled Health services are best place to manage and deliver the services of a Barnahus type facility. This is because:

- The focus of the centers should be on therapeutic care
- There are pre-existing relationships of trust that exist between ACCHOs and Aboriginal people

Key Features to be considered for implementation in the NT

Establishment of a Safe place for children

We propose the establishment of two ‘children’s houses’ – one in Darwin and one in Alice Springs, that, like in Iceland, bring together a multidisciplinary team of trained professionals to assist young people through the processes of disclosure, investigation and prosecution of child abuse claims.

Central to the function of the houses should be minimizing statutory contact for the young person, by ensuring that:

- Interviews are undertaken by trained child psychologists;⁹¹
- Forensic/medical examinations occur at the time of referral and interview;
- Support services are provided to young people and their families at the time of disclosure, that remain constant throughout the process.

⁹¹ Note, this is different to the status-quo in which interviews are with trained forensic interviewers from the CAT team (a section of the policeforce)

Minimizing interviews

For the children's houses to be most effective, they must:

- minimize the number of interviews carried out (to judge exploratory and investigative like in Iceland);
- minimize (or ideally eliminate) the need for a child to be cross-examined on their evidence months or years after the event

This can be achieved by the 'investigative' interview being carried out at the children's house with the prosecutor, defence lawyer and accused being present via video link.

Ideally only the forensic interviewer (who is the same as the exploratory interviewer) will interview the child, and the defence and prosecutor are listening in and have an opportunity to put questions to the child via the interviewer during the investigation interview.

Confidential Children's Helpline

The establishment of the children's helpline will address the barriers faced by children and young people in reporting sexual violence and assault by providing easy to access, confidential advice and support. Similar helplines are well-established worldwide, especially throughout Europe, and they have been reported to provide a reliable means of reporting accurately on sexual violence, supporting victims with counselling and referral, and calling attention to gaps in child protection systems.⁹²

Why is it needed?

The Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (**The Inquiry**) found through consultations and submissions, that while some reports of suspected child sexual abuse are being made to the relevant authorities, there is also, at best, a reluctance to make reports and, at worst, a failure to do so. In particular, children and young people who are exposed to sexual violence are often reluctant to report this to the relevant authorities.⁹³ There is no reason to believe that this situation has changed, and current mechanisms put in place to address the situation – namely mandatory reporting and the NT Child Abuse Taskforce, have failed to address the issue.

Recommendation 58 of the *Little Children are Sacred Report* stated that the "government [should] establish an Advice Hotline ...to provide advice to community members and professional service providers about the options available to them if they are concerned about possible child sexual abuse. The advice hotline must be culturally accessible for Aboriginal people and adequately resourced to ensure the advisory service does not affect the timely and appropriate responses to child protection reports". A Children's Helpline builds on this recommendation as detailed below.

⁹² See Marieke Noz 'Child helplines as awareness-raising, referral and reporting mechanisms on sexual violence against children' *Child Helpline International* at <<https://www.coe.int/t/dg3/children/1in5/Source/PublicationSexualViolence/Noz.pdf>>

⁹³ Report of the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse at 5.2 – *The Little Children are Sacred Report* (2007) at <http://www.inquiryasaac.nt.gov.au/pdf/bipacsa_final_report.pdf>

There are multiple identified barriers to reporting sexual violence, particularly for children and young people:

- Fear of the consequences of reporting – violence from family or community members or being ostracised from community
- Fear of being removed – exacerbated by the past history of interaction with powerful authorities (Territory Families and Police) and the history of Stolen Generations
- Fear about the perpetrator going to jail and implications of this in terms of community repercussions (memory of deaths in custody)
- Fear of not being believed
- Lack of understanding about what constitutes ‘sexual abuse’

In light of these complex barriers, rates of reporting are low, and in turn we do not have accurate data about the prevalence of sexual violence in the NT. This makes it more difficult to make informed policy decisions about prevention and support.

The proposal

We propose the establishment of a 24 hr x 7 days per week free-call, confidential and anonymous helpline with to provide a wide range of critical services, including active listening, counselling and if needed referral services or direct intervention. As the underlying principle of helpline is the protection of children’s rights, children are treated with dignity and respect.

Objectives of the child help line

- to reach out to vulnerable children and young people in need of care and protection by responding to calls/contacts and emergencies received
- to ensure access to support and information to the most marginalized children and young people
- to advocate for services for children that are currently inaccessible, inadequate or non-existent
- to strive for quality services for children in need of special care and protection and to ensure that the best interests of the child are secured
- to provide referrals and linkages to support systems and therapeutic services for children and young people in need of care and protection
- to provide an opportunity for children and young people to advocate for issues concerning themselves and to place young people at the centre of advocacy and policy development

How a Helpline overcomes existing barriers

Barrier	What Confidential Children’s Helplines overcome this barrier
Confidentiality	<ul style="list-style-type: none"> • Easy access and anonymity via a phone call⁹⁴

⁹⁴ Marieke Noz, ‘Child helplines as awareness raising, referral and reporting mechanisms on sexual violence against children’ (2011) Child Helpline International, 129.

	<ul style="list-style-type: none"> ○ Confidentiality of the call empowers victim – more confidence to disclose, explore, and talk about issues at hand⁹⁵ ○ Due to confidentiality, overseas, they have seen that children’s helplines are usually Child Sexual Assault victims first port of call⁹⁶ ● Strict confidentiality protocols before referring a caller to other actors in the child protection system. ● Informed consent is compulsory and only broken when child is in immediate danger. ⁹⁷
Understanding of what constitutes sexual abuse/sexual violence	<ul style="list-style-type: none"> ● A helpline offers information on abuse signs and warnings and can provide tools and articles to help make informed decisions and better help
Trauma	<ul style="list-style-type: none"> ● Helpline staffed by trauma educated counsellors⁹⁸ ● Helpline will also operate with intervention and follow-up model so that if requested, each caller will receive counselling, rescue if necessary and intervention to ensure long-term rehabilitation of the child. Conduct outreach and follow up. ⁹⁹
Fear of repercussions and reporting from community and family	<ul style="list-style-type: none"> ● Due to strict confidentiality measures, they can disclose without fear of repercussions.

NT ‘Call’ Landscape

The Australian Institute of Family studies lists following helplines and counselling services for children, young people and parents:¹⁰⁰

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ <https://aifs.gov.au/cfca/publications/cfca-resource-sheet/helplines-and-telephone-counselling-services-children-young-people>

Northern Territory

Helpline/Counselling service	Description	24-hour service?	Contact
Alice Springs Women's Shelter	A specialist domestic and family violence support service that provides counselling, outreach, referral and crisis accommodation for women and children.	Yes	(08) 8952 6075 Alice Springs Women's Shelter 
Parentline	Provides confidential telephone counselling to support and nurture positive, caring relationships between parents, children, teenagers and significant other people who are important to the wellbeing of families.	No	1300 301 300 Mon–Sun: 8am – 10pm Parentline 
Sexual Assault Referral Centre (SARC)	Provides a counselling service to both adults and children who may have experienced any form of sexual assault (recent or past). Medical and legal support is also available.	Yes	(08) 8922 6472 (Darwin) (08) 8973 8524 (Katherine) (08) 8962 4361 (Alice Springs) Mon–Fri: 8am – 4.20pm) All other locations call 1800 RESPECT Darwin Sexual Assault Referral Centre
Territory FACES (Family and Children's Enquiry and Support)	Provides connections for families to support services and resources. This Northern Territory Government helpline is available to anyone experiencing difficulties such as parenting problems, family relationships, money issues, and housing.	No	1800 999 900 Mon-Fri: 8am - 8pm (ACST) Territory FACES

Not listed above but the service most similar to the one proposed is the national '**Kids Helpline**' run by the Queensland based NGO 'Yourtown'.

Issues with current 'Call options'

The issue with the services offered by the phone lines listed above is that they are either not confidential, not targeted towards children or, in the case of the Kids helpline, are not culturally appropriate or marketed correctly for Aboriginal children in the Northern Territory. For instance, there is no inbuilt interpreter service within the 'Kids Helpline' which precludes a large number of young Aboriginal children from using the service. This is especially relevant considering the proportion of child sexual abuse victims who are Aboriginal in the

Northern Territory. We believe there is a gap in the services being offered in this space that other call lines and organisations are not filling.

Target Group

Vulnerable children and young people living in the Northern Territory with a focus on meeting the needs of vulnerable Aboriginal children and young people.

Confidentiality

Confidentiality will be the core principle to ensure the effectiveness of the helpline. In Europe, Children's helplines are bound by consented intervention and referral. Child helplines must follow strict confidentiality protocols before referring a caller to other actors in the child protection system. When a referral is for information only it is less complicated, but where other persons and organisations are brought into the process, the informed consent of the individual involved is compulsory. This golden rule should be broken only when a child is in immediate danger. In such cases a child helpline may have to make the decision to breach confidentiality.

We propose that callers will be asked to remain anonymous and so mandatory reporting requirements will not apply.

Intervention and follow-up model

The helpline will operate with an intervention and follow-up model so that each caller will receive counselling, rescue if necessary and intervention to ensure long-term rehabilitation of the child.

What is required for implementation?

- Allocation of a toll-free number
- Recruitment of staff to manage callers – these should be culturally competent staff, preferable Aboriginal staff with trauma informed training
- Funding for the promotion of the service
- Government to provide funds to strengthen co-operation with existing referral institutions

Conclusion

The prevalence and effects of Sexual Violence in our community has long been an issue vexed with racially charged, ill-informed and misguided rhetoric and policy. We hope that this framework represents a chance to reset how sexual violence, particularly child sexual abuse, is approached. Guided by our recommendations and those of other Aboriginal organisations, the framework must engage with the Territory's context and provide the necessary reforms to improve disclosure and support for victims, and rehabilitation for those who have committed harmful behaviours.

Annexure A – Public Health Model for Sexual Violence Prevention

Tertiary: Holistic Therapeutic Intervention –is proportionate to the severity of the behaviour, offers a culturally appropriate and therapeutic intensive program that targets developmental causes of offending including healthy relationship building. Incorporates restorative justice practices.

Secondary: Statutory – recognises and does not criminalise consenting sexual behaviours between teenagers, Intensive youth and family services that do not label youth as sexual offenders but offers cultural appropriate targeted interventions for youth and families with Harmful sexual behaviours

Primary: Non-Statutory – The primary prevention intervention goal is to change behaviours and environments that result in sexual violence. Primary prevention interventions in this instance happen before the violence occurs, and is targeted at the community as a whole as opposed to specific individuals who show evidence of becoming perpetrators or victims of sexual violence.

Universal public health programs: ‘Healing’; SEWB for Intergenerational trauma, Housing, AOD, Parenting support, child health, Health literacy, financial literacy, early childhood education, healthy parent child relationships

