Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Northern Territory Sexual Violence Prevention and Response Framework: Response to discussion paper

August 2019

Context

Central Australian Aboriginal Congress (Congress) is a large Aboriginal community controlled health service based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

- multidisciplinary clinical care;
- health promotion and disease prevention programs; and
- action on the social, cultural, economic and political determinants of health and wellbeing.

Congress delivers of range of evidence-informed, culturally safe services for Aboriginal children, aimed at improving their health and wellbeing during their early years and over the course of their lives.

We welcome the development of a Sexual Violence Prevention and Response Framework in the Northern Territory. The development of such as framework is timely, given the substantial rise in sexual assault over recent years, both Australia-wide and within the Territory.

The rate of sexual violence is disproportionately higher for Aboriginal people, who are 2.7 times likely to experience sexual assault than non-Aboriginal people. This is related to the overall inequity and disadvantage experienced by Aboriginal people. It is therefore important that the Framework acknowledge this disparity, and takes a holistic approach to prevention and addressing sexual violence that recognised the needs of the Aboriginal community. This includes:

- Addressing the social, economic and cultural determinants of healthy and cohesive communities
- Supporting Aboriginal Community Controlled Services as key providers of preventative programs to Aboriginal communities
- Improving on existing services and programs for people who have experienced sexual violence or who commit sexual violence, particularly in remote areas.

We have responded below to the individual questions in the discussion paper.

Summary of recommendations:

To understand and prevent sexual violence in Aboriginal communities, the Framework should:

1) *Include mechanisms to improve screening by service providers including enabling clinicians to identify sexual violence experienced by a client, and to refer appropriately*
2) *Acknowledge that sexual violence in Aboriginal communities is underpinned by disadvantage, inequality and poverty*
3) *Recognise that addressing the social and economic determinants of health and wellbeing in communities is key for preventing sexual violence in Aboriginal communities*

4) *Seek to elevate the position of women in communities within defined structures and institutions e.g. leadership, education and employment including the development of locally-led, targeted leadership and employment programs*
5) *Recognise that the key elements of a successful sexual violence prevention program in Aboriginal communities is comprehensive, holistic services that strengthen individuals, families and communities underpinned by support for cultural connection*
6) *Include the delivery of programs wherever there is need i.e. correctional centres, youth detention centres, schools, health clinics including remote areas.*

To support and respond to children, young people and adults who have experienced sexual violence in Aboriginal communities, the Framework should:

7) *Support for the addition of a 24/7 helpline for children to disclose sexual violence*
8) *Include the requirement for all specialist clinicians working in sexual assault services are adequately trained in sexual assault and complex trauma, particularly for children*
9) *Advocate for funding to be restored to the Sexual Assault Referral Centre (SARC) to provide remote outreach services, and that communities/health services have a say in how this service is designed and delivered*
10) *Support the development of new models for child-centred therapeutic and justice regimes*
11) *Includes access to safe and secure accommodation to Aboriginal people who have experienced sexual violence*

To support and respond to children and young people with problem and harmful sexual behaviours in Aboriginal communities, the Framework:

12) *Considers investing in specific programs for young people with problem and harmful sexual behaviour, and that these programs are adapted and delivered by Aboriginal community controlled health services*

To respond to adults who commit sexual violence in Aboriginal communities, the Framework:

13) *Includes the redevelopment and funding of sexual offender programs in Alice Springs Correctional Centre*

To strengthen the systems that respond to sexual violence in Aboriginal communities, the Framework:

14) *Should take into account the need for close collaboration and integration of health and justice services for sex offenders, with wrap around support services for both victims and offenders.*

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

The rate of sexual violence has risen dramatically within the total Australian populations. According to the Australian Bureau of Statistics (ABS) the number of sexual assault victims (ABS terminology) has increased by eight per cent across Australia from 2016, reaching an eight-year high in 2017.

In the Northern Territory (NT) the rate of sexual violence is disproportionately higher for Aboriginal people, who are 2.7 times likely to experience sexual assault than non-Aboriginal people.[1] Between 2010-2017 the rate of sexual assaults for Aboriginal people increased by 44 victims to 270 per 100,000, where-as the rate for non-Aboriginal people rose by 11 victims to 99 per 100 000, shown in the table below:

	2010 (number)	2017 (number)	2010 (rate per 100,000)	2017 (rate per 100,000)
Aboriginal & Torres Strait Islander	154	204	225.4	269.5
Non-Aboriginal	158	169	97.9	99.2
Total	328	401	142.7	162.9

*Northern Territory sexual assaults: number and victimisation rates. 45100DO004_2016 Recorded Crime, Australia. ABS.

Like other states and territories, young people aged between 15 and 19 years account for the highest proportion of victims in the NT (21 per cent for both Aboriginal and non-Aboriginal people), with the majority being female. Sixty-five per cent of Aboriginal victims in the NT identified the offender as a family member.

It should be noted that the full extent of violence of any kind within Aboriginal communities, and against Aboriginal women, is difficult to determine. This is due to underreporting and is therefore likely to be higher[2]. Comprehensive primary health care services play an important role in sexual health screening including where consent has not been given for sex. Congress conduct audits to ensure our practitioners are screening for Sexually Transmitted Infections, pregnancy and contraception in children under 16 years of age and that mandatory reporting is adhered to. This is vital to early detection of sexual abuse. Additionally clinicians provide education to children and young people on sexual health and safety.

Recommendation: That the Framework includes mechanisms to improve screening by service providers including enabling clinicians to identify sexual violence experienced by a client, and are able to refer appropriately.

Colonisation, breakdown of cultural and disempowerment underpins higher rates of sexual violence:

It is important to acknowledge that despite the higher rates of sexual violence in Aboriginal communities, this is not normal or customary behaviour compared with non-Aboriginal communities, and that it does not occur in every community and experienced by all Aboriginal people.
There are a number of interrelated factors that contribute to higher rates of sexual violence including colonisation; disempowerment; the suppression of culture and language; the forcible removal of children from their families. Much of the lateral violence that occurs within Aboriginal communities

and families is related to these factors including and its intergenerational effects of family violence, alcohol and other drugs, and socio-economic stressors; and the ongoing experience of racism and discrimination.

Harmful alcohol consumption:

Harmful alcohol consumption is associated with a wide range of health problems for the drinker, as well to those around them, including assault and family violence. Since the NT Government introduced a suite of measures to limit alcohol supply, in particular the introduction of a floor price on alcohol, point of sale interventions and a Banned Drinkers Register, alcohol related assaults and alcohol related domestic violence assaults have each been reduced by nearly half:

Alice Springs:	Oct. 2017 – Dec. 2017	Oct. 2018 – Dec. 2018	Difference
Alcohol – related assaults	382	192	190 (-49.7%)
Alcohol – related DV assaults	244	128	116 (-47.54 %)

It is expected that the reduced exposure to alcohol and alcohol related violence in the family home will have a significant impact on vulnerable children including reductions in Adverse Childhood Experiences, and repeating intergenerational cycles of violent and/or victim behaviour.[3]

Higher rates of developmental vulnerability in Aboriginal communities:

Adverse childhood experiences such as family violence, are a strong predictor for poor social functioning, impaired well-being, health risks and disease, and contribute powerfully to many major public health and social problems. There is a strong association between adverse childhood experiences and increased levels of depression, suicide attempts, sexually transmitted infections, smoking, alcoholism, higher levels of violence and antisocial behaviour, school underperformance and lower IQs, economic underperformance and poor physical health.[4]

As children's brains and social-emotional skills develop, they learn to regulate their emotions, attention and behaviour. Disruptions to healthy neurodevelopment lead to problems with the brain's executive functions such as impulsivity due to poor emotional self-regulation, problem solving, coping and decision-making skills. Impulsively, often but not always, under the influence of alcohol and other drugs, further reduces the capacity for emotional self-regulation and violent behaviours, including harmful sexual behaviour which is a precursor to high-risk sex offending as an adult.[5]

Aboriginal children are at a higher risk than non-Aboriginal children for unhealthy brain development and therefore impulsive behaviours. According to the Australian Early Development Census (AECD), 60 per cent of Aboriginal children are developmentally vulnerable on at least one measure of childhood development. Aboriginal children are twice as likely as non-Aboriginal children to be developmentally vulnerable in at least two measures (AED Census Report 2015). Furthermore, children living in very remote areas are 2.6 times more likely to be developmentally vulnerable than children living in major cities.

Social and economic stressors as a factor in sexual violence:

Social and economic disadvantage is a major factor in sexual assault across the world, both for victims and people who commit assaults.[6] For people who are sexually assaulted this may include: low education attainment and lack of economic empowerment. For people who commit rape this includes: Poverty mediated through forms of crisis of male identity; Lack of employment opportunities; Lack of institutional support from police and judicial system; General tolerance of sexual assault within the community. Alcohol and drug consumption by both the victim and the person committing the assault is a contributing factor arising from poverty and leading to sexual assault.

We know that Aboriginal people living in Alice Springs experience high rates of social and economic disadvantage, including:

- A median individual income at just over one third (34%) of that for non-Aboriginal people;
- Poor educational attainment - 86% of Aboriginal people did not complete schooling to Year 12; and 10% did not go to school at all; and
- Only 37% of the Aboriginal population of Alice Springs over the age of 15 are employed (81% for non-Aboriginal residents. [7]

Poverty also manifests in areas that increase the risk for sexual assault including housing and overcrowding. Over half (54%) of state-owned Aboriginal houses in the NT are overcrowded, while other states average about 8 per cent.[8] The social stress associated with over-crowding may also be a contributor to family and sexual violence.[9, 10].

In other words, the need to address inequality cannot be ignored as a fundamental measure to reduce sexual violence in Aboriginal communities. For Aboriginal people, these inequalities include poverty, poor education, poor housing, and lack of meaningful employment.

Recommendation: That the Framework acknowledges that sexual violence in Aboriginal communities is underpinned by disadvantage, inequality and poverty.

2. What can be done to prevent sexual violence in your community and across the NT?

Support for family and community cohesion is central to addressing sexual violence in Aboriginal communities. This requires action across the full range of social determinants through a whole-of-government commitment. For example, early childhood development and learning, primary and secondary education accompanied by psychosocial support measures (e.g. positive role models, healthy activities); support for workforce participation and development of skills; healthy relationships and community participation, and alcohol control are all measures that can strengthen social and emotional wellbeing and prevent sexual violence.[11]

Furthermore, strengthening the position of women in community through economic and political empowerment, for example: more women in governance positions, such as on boards; more women trained in high level management and professional positions; and greater opportunities and support for education at a secondary and tertiary level. This is in addition to community-led programs that facilitate resilience and healing.

Recommendation: That the Framework:

a) recognises that addressing the social and economic determinants of health and wellbeing in communities is key for preventing sexual violence in Aboriginal communities
b) Seeks to elevate the position of women in communities within defined structures and institutions e.g. leadership, education and employment including the development of locally-led, targeted leadership and employment programs.

3. What are the key elements of a successful sexual violence prevention program?

Successful sexual violence prevention programs must be comprehensive and take into account the social determinants of health and wellbeing. Aboriginal Community-Controlled Health Services deliver holistic programs address the broader needs of Aboriginal people including primary and secondary prevention measures that support healthy behaviours and relationships, and seek to prevent antisocial and violent behaviours.

As an ACCHS, Congress provides a suite of holistic and integrated services to support general, mental, sexual and reproductive health, as well as providing pregnancy and maternal health services, parenting and children's services. This is through health promotion activities, primary and secondary prevention and clinical services. Services work closely with other providers including education services and accommodation providers.

The following is an outline of Congress' programs and services that contribute to the prevention of sexual violence. This is not an exhaustive list. Programs and services are fully integrated and holistic, so the whole service supports the health and wellbeing of families and communities across the life span.

Supporting young people to make good decisions

Our services and programs support young people with the aim to protect and improve health and wellbeing outcomes, break the cycle of disadvantage experienced in many Aboriginal communities, setting a foundation for improved educational and employment outcomes. For example Since 1998 the Congress Community Health Education Program (CCHEP) has delivered the young males community health education program (YMCHEP) and the young woman's community health education program (YWCHEP) to youth aged 10 - 20 years of age, in schools and community services/organisations.

Both programs deliver similar units covering basic holistic health. The units covered in the female package include: puberty, sex, well women's checks, safe sex, STIs, contraception, pregnancy, relationships and body care. The male package includes; puberty, sex, well male's checks, safe sex, STIs, fatherhood, relationships and body care.

CCHEP's goal is to help young people gain the knowledge, skill and positive attitudes to grow as strong, aware and confident people who can make healthy choices about their relationships and sexuality. This is achieved in fun, interactive and culturally appropriate way, so that the learning experience is memorable. Education is through series of learning activities which are designed to encourage youth to actively participate and share their views.

Supporting children and families:

Family support: Congress' Family Support Services includes The Parenting Under Pressure (PUP) program combines all areas of life and how they influence a person's development, both parent and child, from the broadest influences (e.g. community, housing, income) to the more individual factors (nature of person, health, social connections). This includes parenting values and expectations, complemented by the parents developing an understanding of child development e.g. physical, behavioural, social, emotional, and cognitive development.

The Targeted Family Support Services (TFSS) is a voluntary early intervention service (i.e. pre-child protection involvement) that aims to promote the safety, stability, development and well-being of

vulnerable children and their families. TFSS provides a range of services including: information, active engagement, assessment, case management, counselling and in-home support.

The Intensive Family Support Program (IFSS) aims to improve the safety and wellbeing of children within the family and their community. Referrals to this program are aimed at parents and caregivers of children where neglect has either been substantiated by child protection or where child protection are of the belief that there is a high risk of neglect occurring.

Both the TFSS and IFSS programs work with high needs, vulnerable families, in partnership with other key service providers with the aim of supporting and empowering parents and caregivers to make sustainable changes in their lives to improve the health and wellbeing outcomes for their children.

Early childhood services:

Congress has a suite of early childhood programs to help children learn, grow and be healthy. These include:

- Routine and systematic child health checks and developmental screening, including identifying vulnerable and at risk children
- Further developmental assessments for delay and disability are provided through our Child and Youth Assessment service of allied health professions
- Evidenced-based early childhood learning programs (e.g. the 3a approach). Congress operates:
    - Two early learning centres for children from both working families and non-working families.
    - A Preschool Readiness Program.

Social and Emotional Wellbeing services

As an ACCHS, Congress provides fully integrated mental health services as part of comprehensive primary health care. Congress has pioneered the '3 streams' approach to mental health services which integrates: a) social and cultural support b) medical care and c) psychological therapy including AOD and suicide prevention including an intensive case management approach when needed.

Support for cultural connection and spirituality are important in addressing intergenerational trauma through supporting resilience, positive social and emotional wellbeing, and living a life free of addiction to alcohol and drugs [10].

Psychology services are provided in prisons, including offenders who have committed sexual violent crimes. However we are not funded to provide the specialised services and programs required to prevent reoffending of sexual violent crimes.

Congress will also be delivering a major youth diversion program which aims to keep young people out of prison and into education and employment. Our youth workers and other staff are trained in the 'Love Bites' education program which teaches respectful relationships for young people, including on relationship violence and sex and relationships.

Working with men:

Congress operates Ingkintja, our male-only place providing for example: health checks; medical care; sexual health care; anger management and family violence intervention support; nutrition, quitting

smoking and/or drinking and other healthy lifestyle support; referrals to Congress SEWB services; and a 'Men's Shed' to learn new skills.

Key to Ingkintja's effectiveness is the employment of local Aboriginal males who are language speakers and who are able to build trust and rapport with prisoners and provide cultural support so that men feel confident about engaging with services. For example, the Ingkintja Male Lifestyle Program delivers male lifestyle and health programs every Monday morning. The program focuses on educational sessions on tobacco use, alcohol use and issues, healthy relationships, community issues, general health issues including sexual health—in a cultural setting with a cultural perspective. Over the weeks, males developed confidence in yarning up in discussions and have taken a strong interest in health promotion messages. Since the program commenced, males are becoming more aware of their behaviour and its impact on their health. Some males have ceased smoking with support from the team. In addition, other programs and services have attended to talk with males and improve community relations.

Congress provides health and wellbeing programs to prisoners (adult and youth) of all security levels within Alice Springs Correctional Centre (ASCC) e.g. cultural support, smoking cessation, controlling alcohol use, leadership, problem solving, healthy lifestyle program and a limited psychology service.

We are increasing our capacity to support the broader health and wellbeing of Aboriginal prisoners after release from Alice Springs Correctional Centre. This includes assisting prisoners after their release to connect with Aboriginal health services for their health and wellbeing care, and to support the connection to culture, family and address the other social determinants of good health including access to housing.

Women's services:

Alukura is a women's only Aboriginal health service that delivers culturally safe and responsive, holistic and comprehensive primary health care to Aboriginal women and women having an Aboriginal baby. The service is guided predominantly by our traditional Aboriginal Grandmothers and aims to preserve and recognise Aboriginal identity, culture, law and languages as they relate to pregnancy and childbirth and the provision of culturally appropriate care for Aboriginal women and babies.

Alukura delivers the Nurse Family Partnership program where midwives support mothers from pregnancy up to when their child is 2 years of age. The program has shown to reduce the rate of hospitalisations of children for injury and the rate of reduced child protection system involvement for vulnerable families, especially in younger or first-time mothers.[12]

What else is needed?

Adequately funded, initiatives in town and remote areas, developed and led by Aboriginal women that, for example, empowers women e.g. economically through social enterprises, promotes healing and strengthens women individually and collectively. There are a number of initiatives identified through the Australian National Research Organisation for Women's Safety (ANROWS), particularly around addressing violence against Aboriginal women. Initiatives are designed and led by local Aboriginal women, are preventing and reducing the impact of violence, and are relevant to the context of the local region.[13][14]

As noted above, the position of women should be elevated in communities by increasing the number of women on boards, in employment, and in education. Aboriginal-led services are ideally placed to

initiate employment and leadership programs for Aboriginal women, though this should be extended to government departments.

Recommendation: That the Framework recognises that the key elements of a successful sexual violence prevention program in Aboriginal communities is comprehensive, holistic services that strengthen individuals, families and communities underpinned by support for cultural connection.

4. **Where should sexual violence prevention program be delivered e.g. youth detention centres, schools,**

Recommendation: That the Framework includes the delivery of programs wherever there is need i.e. correctional centres, youth detention centres, schools, health clinics including remote areas.

5. **Who should deliver sexual violence prevention program?**

Programs provided to Aboriginal people should be delivered by Aboriginal community controlled services. This is because Aboriginal services provide culturally secure primary prevention programs and services, with support for the social determinants including housing, employment and alcohol reduction strategies.

A major component of delivering culturally-safe care is the employment of an Aboriginal workforce. Aboriginal community-controlled services are significantly better at attracting, training and retaining Aboriginal staff leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community.

The service system must recognise the prevalence of intergenerational trauma not only on the wellbeing of individuals, but populations and communities as a whole.[15] All services accessed by Aboriginal people should therefore aim to be 'trauma-informed' such that they are able to recognise the different ways that the experience of unresolved trauma can manifest (for example, in mental health issues, or addiction, or violence) and address them in an informed way.[16]

6. **What words should be used when we talk about people who have experienced sexual violence and people who commit sexual violence?**

When speaking broadly about sexual violence, and not about specific people, offender or victim is acceptable.

'Survivor' or 'person who has experienced sexual violence' is acceptable and usually used in the therapeutic environment, as the violence should not define them as a person.

For adolescents both 'people with harmful sexual behaviour' or 'sex offenders' are appropriate.

For adult sex offenders 'offenders' or 'perpetrators' is acceptable.

7. **What can be done to support and respond to children who have experienced sexual violence in your community and across the NT?**

Safe disclosure:

There needs to be appropriate avenues for safe disclosure and that the victim feels protected, supported and believed. Aboriginal Medical Services Northern Territory (AMSANT) has advocated for 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.

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, limiting prevalence data on sexual violence in the NT. This makes it more difficult to make informed policy decisions about prevention and support.

A help line should be 24/7, free, confidential and anonymous so the child or young person can access critical services, referrals including counselling and interventions, and to feel believed and supported.

Adequately funded specialist services:

Congress currently refers children who have experienced sexual violence to the Sexual Assault Referral Centre (SARC) and reports incidents to Territory Families. All clinicians should be appropriately trained in complex trauma, and is provided with clinical supervision. Therapies should be guided by the client's individual needs.

Services must be culturally secure, gender appropriate and trauma informed so that Aboriginal children and families feel comfortable accessing these services. They should be adequately funded so that there is no wait time.

There is growing recognition in Australia that policies and service providers must address and respond to traumatic life events appropriately to ensure better outcomes. [17] This includes providing services in a safe way and creating the opportunities for people affected by trauma to regain a sense of control and empowerment. [18] Moreover, a trauma informed service is cognisant of the effects on staff who are exposed to this trauma and, if Aboriginal, may have also had traumatic experiences in their own or their families background.

We have raised concerns in the past about the defunding of the SARC remote outreach service. Anyone who has experienced sexual violence and who lives in a remote area must travel to Alice Springs or another larger centre in the NT. Funding must be re-established for remote outreach, and remote communities/health services have a say in how this service is designed and delivered.

Child-centred approach to justice and therapeutic services.

Therapeutic and justice models can be jointly developed around the needs of the child, to improve outcomes and reduce stress. The Barnahus Model, developed in Iceland and rolled out through

Scandinavia, includes systematically limiting the number of times a child needs to tell their story through clinical interviews by child psychologists. Interviews are observed by related professionals e.g. police, child protection services, legal representatives through video link, and questions relayed through the psychologists, in a child friendly way. The child does not need to appear in court, reducing the stress on the child and maintaining the integrity of the evidence, as repeated accounts of abuse reduces the quality. The model takes a child-centred approach to dealing with sexual abuse, to support the best therapeutic and criminal justice outcomes.

Recommendation: The Framework includes:

a) The addition of a 24/7 helpline for children to disclose sexual violence.

b) The requirement that all specialist clinicians working in sexual assault services are adequately trained in sexual assault and complex trauma, particularly for children.

c) That funding is restored to SARC to provide remote outreach services and communities/health services have a say in how this service is designed and delivered

d) The development of new models for child centred therapeutic and justice regimes.

8. What can be done to support and respond to young people who have experienced sexual violence in your community and across the NT?

As above, there needs to be appropriate avenues for safe disclosure and that the victim feels protected, supported and believed, including a 24/7 helpline. Congress currently refers young people who have experienced sexual violence to SARC and reports incidents to Territory Families under the mandatory reporting framework.

Congress provides ongoing general psychological and family support.

As above, all specialist service providers must be appropriately skilled and qualified culturally secure, gender appropriate and trauma informed so that young Aboriginal people feel comfortable accessing these services. They should be adequately funded so that there is no wait time.

Adolescent victims should feel safe and should have options for secure accommodation as needed. Young people may fear the consequences of reporting e.g. from other family or community members or being ostracised from community, or not believed.

The same recommendations therefore apply to young people as for children, with the addition of:

Recommendation: That the Framework includes access to safe and secure accommodation for young people as needed.

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

Any Aboriginal child exhibiting problem and harmful sexual behaviours should have a comprehensive assessment including for assessing for neurodevelopmental conditions in order to identify their needs for ongoing therapeutic care. Comprehensive assessments by a multidisciplinary teams are available in Alice Springs through Congress.

Any suspicion of sexual abuse should go through mandatory reporting channels and referred to the Sexual Assault Referral Service (SARC).

There are currently no specialised services to treat and manage children exhibiting problem and harmful sexual behaviours in the NT. There are models that could be used to develop a service for example: There are a number of existing models that could be adapted using these principles e.g. the WellStop program in NZ which uses a strengths-based model for children and young people, and their families to make positive changes, adapted for clients with cognitive challenges. Programs like these would need to be driven by and adapted according to community. Programs for children could be delivered within a larger program that includes adolescents (see below).

Recommendation: That the Framework recommends investment in specific programs for children people with problem and harmful sexual behaviour, and that these programs are developed and delivered by Aboriginal community controlled health services.

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

Any young Aboriginal person in contact with the health or criminal justice system in relation problem and harmful sexual behaviours should have a comprehensive assessment including for assessing for neurodevelopmental conditions in order to identify their needs for ongoing therapeutic care. High risk sex offenders tend to exhibit behaviours in adolescence, so identification and treatment at an early stage is imperative[19].

Comprehensive assessments by a multidisciplinary team are available in Alice Springs through Congress.

As with children there are currently no specialised services to treat and manage young people exhibiting problem and harmful sexual behaviours in the NT. For offenders it is important to achieve a balance of therapeutic care and while ensuring that young people are accountable for their actions.

Adolescents need to be treated differently to adults who commit sex crimes. This is because they process information differently, and experience developmental changes during adolescence around sexual identity, sexual interests and thoughts and feelings about sex[20]. A program for adolescents may include (with adaption to special needs e.g. for disability):

- Increasing Accountability and Responsibility for Past Offending
- Developing Sexual Offence-Prevention Plans
- Enhancing Healthy Sexual Interests
- Enhancing Healthy Sexual Attitudes
- Recovery from Traumatic Distress
- Working with Parents and Caregivers

There are a number of existing models that could be adapted using these principles e.g. the WellStop program in NZ which uses a strengths-based model for children and young people, and their families to make positive changes.

Griffith Youth Forensic Service is another example of specialist psychological services focused on young people who are sentenced in courts for sex offences. The clinical model includes: access for all young people regardless of location; individualised, multisystem assessment and intervention; and working with partners e.g. other professionals and families.

It is understood that there are few empirical studies on sex offending programs. Any program developed must be closely monitored and evaluated for outcomes, e.g. reduction in recidivism, to add to the body of research.

What is known is that young Aboriginal people who undergo programs for sex offending that are not adapted for Aboriginal culture and healing practices, and are not delivered by Aboriginal people or cultural-safe clinicians do not succeed in reducing recidivism outcomes compared to non-Aboriginal people. [21]

A model for young people with problem and harmful sexual behaviours must be chosen and adapted to the local context by the Aboriginal community through ACCHS, and then delivered by ACCHSs who are able to attract and train skilled and culturally safe clinicians.

Recommendation: That the Framework considers investing in specific programs for young people with problem and harmful sexual behaviour, and that these programs are adapted and delivered by Aboriginal community controlled health services.

11. What can be done to support and respond to adults who have experienced sexual violence in your community and across the NT?

As with children and young people, there needs to be appropriate avenues for safe disclosure and that the victim feels protected, supported and believed. Congress currently refers adults who have experienced sexual violence to the SARC. All clinicians should be appropriately trained in complex trauma, and is provided with clinical supervision, and therapies guided by the client and based on individual need.

Congress is able to provide ongoing, general psychological support.

Services must be culturally secure, gender appropriate and trauma informed so that Aboriginal people and families feel comfortable accessing these services. They should be adequately funded so that there is no wait time.

Victims should feel safe and should have options for secure accommodation as needed.

Recommendations: That the Framework include:

a) The requirement that all specialist clinicians working in sexual assault services are adequately trained in sexual assault and complex trauma

b) That funding is restored to SARC to provide remote outreach services and communities/health services have a say in how this service is designed and delivered

c) Includes access to safe and secure accommodation for adults as needed.

12. What can be done to respond to adults who commit sexual violence in your community and across the NT?

It is important to achieve a balance of therapeutic care and ensuring that adults are accountable for their actions. While offenders are in the prison system there should be opportunities to access specialist programs that address sexually violent offending behaviour. There are currently no services of this kind in Alice Springs since a specialist program delivered through Congress was defunded a couple of years ago. Prisoners must go to Darwin to access this service and few wish to leave Alice Springs.

There needs to be a specific program available in Alice Springs delivered by specialist psychologists at least two days a week. General psychological services are available to offenders in Alice Springs Correctional Centre, however specific specialist programs are needed to prevent reoffending.

Characteristics of cost-effective programs that reduce recidivism[22] includes specialist psychologists who are able to: develop strong therapeutic relationships with the offender; engage with offenders in ways that maximise their ability to learn; and who use cognitive-behavioural principles.

While there is some empirical research into the success of therapeutic programs for sex offenders, more is needed on specific programs for Aboriginal people. Health and social services seeking to address sexual violence should specifically work with men - as family members and individuals - from the perspective of disempowerment through colonisation and trauma, and the need for healing and support underpinned by cultural knowledge.

This approach recognises the complex issues related to family violence within Aboriginal communities including: intergenerational trauma; couple violence (i.e. both men and women fight); neurodevelopmental conditions; as well as overcrowding and unemployment.

Recommendation: That the Framework include the redevelopment and funding of sexual offender programs in Alice Springs Correctional Centre

13. How can we strengthen the systems that respond to sexual violence in your community and across the NT?

Responding to sexual violence in Aboriginal communities requires a whole-of-government response with intersections between specialist sexual assault services for people who have experienced sexual assault and ACCHSs to provide ongoing therapeutic care. There must be clear relationships between the justice system and ACCHSs so that there is a balance achieved between holding offenders to account and reducing recidivism through therapies.

For both victims and offenders there needs to be wrap around services that support healing and ongoing therapeutic care with connection to culture. This approach must be holistic and include addressing the issues that often precede sexual violence within populations i.e. the social determinant including housing, education, employment and alcohol control.

Recommendation: That the Framework take into account the need for close collaboration and integration of health and justice services for sex offenders, with wrap around support services for both victims and offenders.

14. What kind of changes does the justice system need to make to respond better to sexual violence?

People who commit sexually violent crimes must be held accountable however a therapeutic approach, particularly for children and young people in the youth justice system must also be undertaken. This includes comprehensive assessments of all children and young people going before the courts, particularly for problem and harmful sexual behaviour. This requires effective integration of the justice system with the health system to ensure that offenders are held accountable, and that there are effective therapeutic programs to reduce the risk of recidivism.

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