

Aboriginal child sexual abuse treatment services

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Nytunga Phillips is a Nyoongar Yamatji woman who works at Yorgum Aboriginal Family Counselling Service coordinating the Child Sexual Abuse Treatment Services in the Perth Metropolitan Area. In 1997, Nytungua received a Bachelor of Applied Science in Aboriginal Mental Health (with Distinction) and gained a position on the Vice Chancellor's List at Curtin University. She has been working in the area of sexual assault/abuse for 15 years, and has worked in organisations such as the Sexual Assault Referral Centre and the Aboriginal Child Care Agency (now known as Yorganop). Recently, Nytungua's work has been recognised nationally. In 1999 Nytungua wrote an award-winning program for Yorgum in child abuse prevention. The award conferred by the National Council for the Prevention of Child Abuse was for excellence in valuing cultural diversity.



Introduction

In this paper, Aboriginal child sexual abuse issues are identified and the roles that psychologists may play to assist children and their families are considered.

Following are the issues seen as antecedents to Aboriginal child sexual abuse.

Perpetration and risks of child sexual abuse

Most child sexual abuse perpetration today is not committed by a stranger and is often committed by those from the same racial group, usually by a male family or community member. Intra-familial child sexual abuse is on the increase. Evidence from disclosures of victims, small children and youths is indicative that it is a family member who has committed offences against them. According to Kickett:

Many children are being sexually abused and grow up with feelings of shame, of not being worth anything, anger and so on, they are frightened to report for fear of being disciplined and in most cases the abuser is a close member of the family. (1988)

Yorgum Child Sexual Abuse Treatment Program has developed safety measures with several other key Aboriginal agencies in the Perth Metropolitan area to enable Aboriginal families to disclose child sexual abuse. This is contributing effectively as many more Aboriginal families are disclosing and seeking assistance for their children. Nowadays, there is more effort from the Aboriginal community to intervene and support children, women, and some men in a healing way. Collusion and denial are no longer options for families as many children are resorting to substance abuse and/or suiciding. The core of families is being challenged when these incidences occur.

In previous generations, perpetrators were often non-Aboriginal people who had positions of power and authority over Aboriginal children in institutions like the Moore River Native Settlement, New Norcia Mission and Sister Kate's Children's home. Hence, it was more likely that institutional staff, foster parents and the siblings of the foster home, cattle station owners, farmers and the staff of these places were perpetrators of abuse. Abuse of this nature was known to be perpetrated by the Protectors of Aborigines at Moore River Native Settlement. In recent histories about Aboriginal people, there is evidence that 'protectors' abused their positions and used their authority to seduce and/or coerce young girls for sexual favours (Maushart, 1993).

Jack McPhee in his story *Wanamurraganya* (Morgan, 1989) mentions a particular protector, and how he would take girls into the storeroom for long periods of time. Apparently everyone knew that the children being born from the girls were his children, but he did not recognise them. Jack McPhee states that the protector considered sexual access to Aboriginal females as a 'perk of the office'. His usual victims, it has been claimed, were young women seeking permission to marry.

For some victims, abuse occurred in situations as mentioned, and also in institutions by Aboriginal co-inmates. Male children were not excluded from sexual abuse. (Personal disclosures by men in the Aboriginal community).

The current situation has shown that most perpetrators and/or parents have been abused themselves. Hence, the problem appears to be persisting over generations. It often occurred initially in institutions and in non-Indigenous employment and foster care, in juvenile detention and prisons. It frequently occurred after young people were taken away from family and in situations where the victims were powerless and in the care of others.

The main issues to focus on in Indigenous child sexual abuse programs are:

- victim support and treatment;
- prevention through supporting and strengthening the care and protection processes of the individuals preferably within the family environment and away from the offender;
- knowledge of families and local culture;
- perpetrator rehabilitation; and
- community awareness and education.

Programs must be operated in culturally appropriate ways, with the individual client, the family and their community knowledge and history taken into consideration. They must also consider Aboriginal terms of reference, which is inclusive of Aboriginal ways of conceptualising, processing and working.

When an individual person presents concerning child sexual abuse within a family and community, it is important to explore the possibility that there might also be others in the group who are 'at risk' of becoming a victim or a perpetrator. Often young boys in families who have been abused will act this out on their younger siblings. Unless intervention is available at an early age, there is the danger of consistent perpetration into adulthood. Hence, it is important to engage the family members to assist in this intervention. Ownership of the healing process by the family and community must be considered a priority and it would be advisable to engage Aboriginal mental health professionals to assist in the process.

Presenting symptoms of child sexual abuse

Addictions

Addictions often become involved. It is crucial for a process of detoxification to be put in place first before rehabilitation processes are begun for either/both victims and perpetrators. Evidence from professionals has indicated that many Aboriginal people with alcohol and drug problems have been abused as children (personal communication, Casey 1999) and also may suffer from other co-morbid effects such as depression and self-harm.

Children who escape their situation by glue and paint 'sniffing' and who are on the streets, are usually running from an intolerable situation of child sexual abuse and violence at home. Or they may be avoiding a relative from within the Aboriginal community; usually someone in a position of authority, who is not challenged because of this authority. Or there may be the threat of potential violence if a child or anyone else speaks up, so children are left to fend for themselves.

Suicide

Similarly, from experience with Aboriginal youth and child suicide, many have a history of having been sexually abused. There are cases where there have been several suicides clustered in families. This may indicate that the suicides come from the same family context of child sexual abuse. Even with many suicides occurring investigations need Aboriginal family members to participate to assist the police. Every now and then someone desperate enough will seek out the authorities, but at the risk of perpetual violence and isolation – in many cases from their family group.

Depression

Depression is a common underlying feature of both substance abuse and suicidal ideation and self-harm, sometimes resulting from the individual having been sexually abused as a child.

Offending behaviours

Offending behaviours leading to juvenile detention and imprisonment, including (but not only) sex offending, may also have a background in the individual having been sexually abused as a child. This may compound in institutionalisation. Early signs can be acting out and truancy.

For a long time, health services and individual mental health professionals and community members have been aware of the issue of Aboriginal child sexual abuse. Frequently they have been advised not to raise the issue, as they would 'open a can of worms'. It was known that once properly opened up, the issue would 'explode' because it has become increasingly prevalent and pervasive in recent years. There was a concern that it would prove complexly related to causal factors and experiences in Aboriginal history; in particular to the removal and institutionalisation of children. The issue is extremely sensitive and it was anticipated that it would come up against considerable containment. It would also involve serious risk since the perpetration is known to implicate, on some occasions, the inappropriate use of power and influence in systems of traditional authority and custom.

As with domestic or family violence, there may be a tendency to view child sexual abuse as a 'cultural' way. Again, as with domestic violence, Indigenous women and men do not accept this view. Child sexual abuse may have existed in earlier times, but was immediately punished.

Tatz (1989) who has undertaken extensive research in communities in the Kimberley region of Western Australia has spoken of the need to face up to the realities of life in Aboriginal communities. He described the situation where there is a great deal of violence within Aboriginal groups, particularly within families. The violence includes incest, suicide, self mutilation, grievous bodily harm, manslaughter and gross domestic violence. Much of this goes unreported. Tatz states that no society passively accepts child neglect, molestation of children, incest and rape. He concludes that the incidence of these are a cry for help.

Indigenous perceptions

Yorgum and the Coalition of Aboriginal Agencies in the Perth metropolitan area strongly speak out against child sexual abuse and are ensuring that child sexual abuse is stopped. Following are comments about the issue:

The excuses:

Being drunk, on drugs, angry, lonely, bigger or older, being told by someone else to do it, saying it was the child's fault because she led me on. Saying that it was the mother's fault because she should have known about it and stopped it. Because you paid the child for sex, because it was done to you, being an elder, culture.

The responses:

Child rape is a crime, not culture; to claim it is so is very wrong and offensive to those (ancestors) who came before us. Culture is not an excuse for the rape of children; there are no excuses.

The worms are out! It's too late to hide child sexual abuse – the young people need to talk, we all need to be there to help. There are no excuses; sexual abusers must be stopped.

We need to reclaim the rights to protect our own children.

The issue has now begun to be exposed, there have been community 'awareness raising' programs, and the urgent challenge now is to deliver appropriate and effective intervention and support. People need to be able to come forward and expose perpetration of child sexual abuse – to be protected in doing so, and to be able to access intervention for both victim support and perpetrator rehabilitation. At this stage we are still at the beginnings, and great care must be exercised in dealing with these cases, but without the old paralysis into not dealing with them at all.

There are various initiatives being developed across the country, and it is important for the psychologist to become informed of those in his/her region and the opportunities for consulting and involving the various services dealing with this issue.

The Yorgum program

In considering how a psychologist can best work in effective partnership with Aboriginal mental health professionals and Aboriginal families on child sexual assault issues, Yorgum sees the psychologist as working primarily to support Indigenous professionals. This involves recognition of Aboriginal case management. It must be accepted that the process is often family-centered and therefore working with families is very important. Assessment and intervention plans, delivery, monitoring and case control may all involve the family.

Crisis management in child sexual abuse

Protection is the key issue. This may require removal in the first instance, until suitable care and protection mechanisms are negotiated. There is often a reluctance to report due to a high sensitivity to, and fear of, removal of children from the family and, also, the possibility of the imprisonment of the perpetrator. This is due to the experience of a history of forced removal and high imprisonment rates. These issues can also be involved in the threats and/or pleas from perpetrators, as well as threats of physical violence (not uncommonly experienced by the victims). As well as 'containment' of victims within the home or community and limiting contacts with others, it is not uncommon for perpetrators to also coercively 'recruit' others into the perpetration of the abuse and contain them through threat of exposure. This can involve the perpetrator's peers, the victim's brothers, and even the mother and victim's sisters. Exposure may have profound ramifications in that the community is smaller and more closely knit. With this complexity, the Aboriginal mental health professional is essential in the development of effective ongoing safety and protection arrangements. There may also be culturally prescribed care and protection roles and lines of responsibility that the culturally informed worker can know about and assist to facilitate. Wherever possible, community ownership and processing of the issue are extremely important.

Establishing a client relationship

The Indigenous mental health professional in this program will often negotiate a safe and appropriate place and person(s) for the contact and counselling. Methods include:

- Introduction of family background in a cultural context, that is, not entering into talking straight away.
- Using drawing (colouring) together, about the child's relationships with others.
- Using this process as an opportunity to develop rapport and establish a relationship: we come from a place where we relate first, often in kinship ways.
- Then, the kids will come out (about the problem) when they're ready.
- We develop their language to talk about 'those things', as the disclosure, healing and development process begins.

The direct contact is best conducted by Aboriginal mental health professionals. However if a non-Aboriginal professional is involved, they should have cross-cultural training. They should also maintain a level of supervision and contact throughout this process from Aboriginal people. They can support the Aboriginal professional in this field as well.

Client information, personal and interpersonal skills development

The Service deals mainly with child victims. However the staff have experience with adult victims of child sexual abuse and interventions for the rehabilitation of perpetrators.

For victims (who are mainly young females), professional Aboriginal women counsellors deal with these issues normally on a one-to-one basis with the child, and also together with significant others in the family who stand in a caring relationship to that child.

Clients are informed of their rights as follows:

- Safety – you have a right to be safe. You have a right for your children to be safe. The counsellor becomes involved in the negotiations for establishing effective immediate and longer-term safety. Also, it is important to help the client develop normal and special strategies for personal and collective safety. The counsellor facilitates building and strengthening family protective behaviours. They also discuss perpetrator patterns; helping clients to identify risks and stopping and telling about inappropriate behaviours (discriminating between 'OK' and 'not OK' touching, good surprises and bad secrets); and how to know and to deal immediately, assertively and effectively with them.
- Taking control – knowing, feeling and being confident that there are now things that one can do about it, personally and together with others.
- Disclosure – feeling that you are now being heard, believed and no longer alone; facilitating acknowledgement within the family, especially through personally and culturally appropriate significant others.
- Support – reclaiming one's own self-esteem and developing a (personal and cultural) network of supportive and understanding relationships.
- Challenging often developmentally normative expectations of abuse and violence in the family and community – participating in developing more life-affirming ways.



- Therapeutic rehabilitation – dealing with trauma, fear and the damaging personal and interpersonal effects.
- Dealing with co-morbidity – such as anger and acting-out behaviours, depression, agoraphobia, anxiety and panic attacks, substance abuse and self-harm.
- Healthy relationships, affective intimacy and sexuality – reclaiming the rights including parental roles of protection and care, expectations, understanding, and interpersonal skills and confidence to engage in a positive lifestyle of healthy relationships, appropriate to one's age, and exploring how it should be.

Perpetrators

In dealing with perpetrators who are most frequently males, Yorgum has developed a program that will allow Aboriginal men to work with and counsel male offenders. This challenges the often developmentally normative attitudes and behaviours of abuse and violence. The program also develops a wider life skills repertoire through information, understanding, motivation and skills development. It involves:

- Breaking the denial – the program acknowledges that there is no excuse for child sexual abuse (see above). It facilitates establishing motivation to change, and identifying the cognitive/affective/behavioural pattern to acts of perpetration.
- Developing more appropriate behaviours – the program enables participants a number of options: alternatives to violence; examining frustrations and insecurities, associated skills and male role development; enhancing appropriate bases for self esteem; meeting affective needs through appropriate ways of relating interpersonally; and dealing with possibilities of developmental emotional deficit.
- Sexual Health – healthy, caring and responsible sexual behaviour.
- Therapeutic counselling with the perpetrator's own possible background abuse issues.
- Dealing with co-morbidity, such as depression and substance abuse.
- The role of care and protection of the father, uncle, grandfather etc., within the family kinship system.

Other agencies

In many cases there are associated issues that require some intersectoral liaison and negotiation, advocacy and referral:

- Temporary 'safe house' accommodation for victim and possibly carers;
- Medical examination, documentation and possible treatment;
- Police (Child Sexual Abuse Unit) involvement as necessary;
- Legal assistance with Restraining Orders and representation in the criminal justice system;
- Changes to welfare and family support arrangements;
- Housing – possible changes for longer-term protection;
- Aboriginal Education Worker support for any schooling issues arising;
- Access to children's recreational, vocational and educational and life-skills development programs.

Psychological and psychiatric support may be sought for clients in distress with emotional and behavioural disturbances such as acting-out, substance abuse, self-harm, depression or anxiety. In addition to behavioural treatment/counselling or medication for the presenting behaviour, care must be paid in appropriate ways to the possibility of underlying child sexual abuse which may need the primary attention.

Yorgum developed the following document for the Indigenous community.

Practical guidelines for helping the child and stopping the abuse

Helping a child who has been sexually abused:

- Don't ignore a child who tells you about sexual abuse.
- Tell the child that you believe them.
- Tell the child that no matter what happened, it was not their fault – it was the big person's fault.
- Don't make promises you can't keep, eg. like you won't tell anyone else.
- Work out a plan to stop the abuse and the abuser.
- Make sure the child sees a doctor for help and advice immediately.
- Make sure counselling for the child happens.
- Develop safety measures for the child.

Stopping the abuse

If you know that someone is sexually abusing a child:

- Let them know straight away that you and others know about it and they had better stop.
- Let the parent or parents who are not abusing the child know, but make sure the child does not get into trouble.
- Discuss with someone you trust how you can stop the abuser abusing this child and other children in the future.
- Develop a plan and put that plan into action.
- Family support services are available to stop the abuse; help the child and the family to recover from the damage done and prevent future abuse.
- Sexual abuse is a serious crime. Let the abuser know this. They are breaking Black law as well as White law.

Conclusion

In summary, psychologists need to be accessible to Aboriginal professionals and together develop appropriate methods to best meet the needs of Aboriginal families in their area and working in partnership with other key agencies, Aboriginal and non-Aboriginal, to prevent child sexual abuse. The Aboriginal professional is the first point of call. Future work in child sexual abuse prevention in the Aboriginal community will depend largely on the relationships between the professionals and how they can meet the individual, family and community needs when healing this issue.