

SUBMISSION FROM CHRISTABEL CHAMARETTE on 10 August 2007

This submission is addressed to the Senate Committee examining the NT intervention legislation in the light of my experience as someone who has been involved with the treatment of paedophilia/ child sexual offending in both victims and offenders over the past 35 years. Please refer to the end of this submission for brief summary of my background experience and a description of the SafeCare Program. A more detailed CV has been supplied as an attachment with this submission.

Additionally through my experience in the Senate in 1993 during the passage of the Native Title Bill and my place on the Joint Standing Committee on Native Title from 1994-1996, I am familiar with the concepts within the legislative proposals currently under consideration by this Committee and underlying the Government's desire to push them through parliament in the final sitting period prior to the next election.

I would like to make four points:-

1. Lack of linkage of measures in the bill to the issue at hand i.e. the nominated problem of paedophilia in indigenous communities.
2. Compulsory acquisitions
3. Winding back of racial discrimination act
4. Absence of any community consultation and proper scrutiny regarding these measures.

1. Lack of linkage of measures in the bill to the issue at hand i.e. the nominated problem of paedophilia in indigenous communities.

No one is disputing the problem or the need to rectify the serious damage of child sexual abuse within aboriginal (and non-aboriginal) families in appropriate ways. The point is that every aspect of this legislative response indicates that it derives from a totally different agenda than that of the rhetoric. Information re the problem of csa has been available for 20 years and several investigations have reported to state and federal government. However none of these inquiries have been referred to beyond lip service and an ignoring of central recommendations as to needs of the children and families involved.

There is no explanation for the mechanism by which the legislative changes relate to any improvement in the life and safety of children from paedophilia.

No treatment facilities have been proposed or resourced for children and families where children have been abused or are at risk. Of the enormous expenditure predicted for the implementation of this legislation there has been no mention of any resource allocation whatsoever to augment the existing facilities which have been struggling to deliver healing and support as well as training to people within aboriginal communities.

The three bills approach the problem from an external perspective and focus on law and order measures rather than following any of the 98 recommendations of Pat Anderson and Rex Wild's Inquiry "Little Children are Sacred."

"Pat Anderson said the actions being taken in Aboriginal communities have nothing to do with the recommendations provided in the *Little Children Are Sacred* report she wrote with Rex Wild, QC.

"There is not a single action that the Commonwealth has taken so far that corresponds with a single recommendation," Ms Anderson told the *NT News*. "There is no relationship between their emergency powers and what's in our report. "

Ms Anderson and Mr Wild criticised the Government's response during a forum on indigenous health at the Garma Festival, on Yolngu land at Gulkula in Arnhem Land yesterday.

"We wrote the recommendations in a such way that they appeared so reasonable that you would feel any government would be absolutely unreasonable not to begin implementing what they said."

Mr Wild said he was shocked the Government said their response was not about the long term.

"Can you believe that?" he said.

"What is required is committed long-term funding."

2. Compulsory acquisitions

The use of compulsory acquisitions which dispossess aboriginal communities of their existing rights as well as being unjust and unjustified will only exacerbate the problems and underlying factors which contribute to social dysfunction, addiction, substance abuse and child sexual abuse.

Repeated requests by Aboriginal people for assistance and partnerships are being blatantly ignored by this legislative response. The impact of this legislation seeks to increase aboriginal dispossession by its failure to consult and to work in partnership and support of local communities and families to combat these problems.

To quote from a recent submission by SafeCare Inc. to a WA Legislative Assembly inquiry into victim services for sexual assault.

"Aboriginal Victims – Treatment And Support

Clearly child sexual abuse is a major issue at present in Indigenous communities and there is no doubt that many Aboriginal children over many generations, boys and girls, have been deeply traumatised and wounded by sexual abuse in

communities whose social fabric has been destroyed. However it is distressing that the media is conflating a number of terms such as ‘pedophile’, ‘child sexual abuser’ and inappropriate sexual activity by young people. Responses to the situations are also almost totally ignoring the destruction of psychosocial and socioeconomic wellbeing in those communities prior to the rise of such inappropriate behaviour.

Services specific to Indigenous families where sexual abuse has occurred require a very particular whole of community approach, taking into account many of the following issues which are neither excuses nor solutions but are explanations of some of the abusive behaviour which has taken place in recent years.

1. The dislocation caused by the stolen generations history for many Indigenous families and communities and the effect of this on normal boundaries and mores
2. The additional high emotional cost of the early and high death rate (including suicides) amongst older Aboriginal people who might have held the social fabric together
3. The consequent breakdown of appropriate family and community relationships
4. The disempowerment of Aboriginal men by unemployment, substance abuse, imprisonment
5. The difficulties involved for Indigenous people undertaking treatment programs as a minority and without cultural security.

A major implication of the above points is that services that don't treat the family as a whole are seen as part of the systemic process of family breakdown of Indigenous culture. Like the wider community of families in which abuse has occurred, most do not want their family to be destroyed – they want the abuse to cease. Highly trained and well supported Indigenous and non Indigenous therapists are essential to the rehabilitation of individuals, families and communities in which child sexual abuse takes place.

There is already evidence that the focus on inappropriate sexual activity in Indigenous communities is resulting in even more suicide and self harm, shame, dislocation and loss of community trust.”

For an example of proposed partnership models of support for Aboriginal communities seeking to address child safety and healing please refer to SafeCare's Family Safety Model at attachment 2.

3. Winding back of racial discrimination act

There is no need to wind back the Racial Discrimination Act if no discriminatory measures are being proposed. Therefore it is highly undesirable to support any

discrimination or loss of rights to aboriginal people under the guise of addressing the problem of addressing paedophilia. Any special measures to address child sexual abuse should also be available to the non-aboriginal community.

Once again I quote from a recent SafeCare submission in relation to these matters:-

“Child sexual abuse is a pervasive problem across the whole of the Australian community. Studies into the effectiveness of dealing with child sexual abuse show a disturbing gap between recognition of the problem and addressing it in a constructive way. Current approaches, such as mandatory reporting, have tragically made the high incidence of abuse increasingly apparent, without really being able to deliver any improvement in services and help. Identified victims, secondary victims (siblings, non offending parents and family and friends) and tertiary victims (helping professionals, the wider community and the economy) of the abuse represent a huge emotional and social cost to our community.

A safe community is one which recognises risk of danger or damage, actively takes preventative measures to reduce this and then focuses on assisting victims to ensure both healing and limited re-victimisation possibilities. Recognising that children and young people are vulnerable to sexual exploitation, a community can ensure public education and protective behaviours training take place. It can further ensure that the reporting of abuse **and receiving counselling or therapy** is relatively easy to undertake, without shame, guilt or loss of supportive networks. **Such a community also offers** those identified as offenders, at any age, **immediate** and effective **treatment** to ensure re-offending is kept to a minimum. SafeCare was established to meet this need.”

A recent publication by the Ministerial Advisory Council on Child Protection - “A Plan for Improving the Protection of Children and Children’s Wellbeing in Western Australia: A Report Prepared by The Ministerial Advisory Council on Child Protection, November 2006 makes a number of important points about child protection:

De-politicisation of child protection

The need for full and open public reporting, information sharing and discussion is essential. Present practices concerning Ministerial and bureaucratic responsibility, performance, reporting and monitoring, are not apolitical. Therefore, from a public accountability, transparency and effectiveness viewpoint, this is fraught with danger and leads to scepticism. New mechanisms of annual reporting, performance monitoring, direction and information sharing are needed. Consideration should be given to mechanisms by which reports on departmental performance, capacities, challenges and financial requirements should be subject to public scrutiny and policy review, independent at their source of parliamentary consequences. P7

Service Development

Several areas require immediate development and strengthening:

- Services for perpetrators and victims of violence, abuse, neglect and sexual abuse – these to include a range of integrated service responses from custodial and justice to community based and owned services
- Residential and non-residential community rehabilitative services for men (both coerced and self identified) who are violent in families and directly to children
- DCD, Health and non-government agency engagement and relationship with men in all family cases of dysfunction and failure to thrive
- Residential and non-residential long term rehabilitative and treatment services for individuals and whole families that include but are not limited to addressing alcohol, substance and drug abuse; violence, neglect and abuse. p15

4. Absence of any community consultation and proper scrutiny regarding these measures.

At this time in the parliamentary cycle it is highly undesirable to proceed with a series of bills that have not involved any opportunity for community consultation or scrutiny via the Senate or a more detailed Committee process than is currently available. I would like to point out that the NT Land Rights Bill was placed on the table in the House of Representatives for three months. It is ironic that these bills which seriously undermine that legislation have received no such opportunity of scrutiny or community feedback and have a sunset clause of 5 years. I would recommend that the Opposition parties support an amendment that will review the implementation of these bills and that the sunset clause be reduced to 12 months in order to allow the next government the opportunity to review and change it after due consultation.

In conclusion, I urge those with better understanding of parliamentary processes and mechanisms than myself to seek to amend this legislation in such a way as to mitigate the damaging consequences upon the aboriginal communities and people of the Northern Territory and Australia and to temper the progress of acceptance and assent and review in any way possible. Instead I urge that genuine efforts be made to address the ongoing and serious problem of child sexual abuse throughout Australia utilising the abundance of research and inquiries and recommendations which remain chronically under-resourced and too inadequately funded for implementation..

Christabel Chamarette M.Psych. MAPS ISPCAN ANZAPPL
 Clinical Psychologist
 Clinical Director of SafeCare Inc.

APPENDIX 1

BACKGROUND EXPERIENCE AND QUALIFICATIONS

Christabel Chamarette is a registered Clinical Psychologist with over 35 years' experience in the treatment of violence and sexual problems and adult victims of child sexual abuse. She is currently Clinical Director of SafeCare, a member of the WA Board of Professional Standards of the Anglican Church and single expert witness in the Family Court of WA. She was a deputy and principal member of the WA Parole Board from and an expert consultant to the Ministry of Justice from 2003 - 2006.

She qualified as a Clinical Psychologist in 1974 having completed a Bachelor of Psychology at the University of WA in 1970 and a Master of Psychology (Clinical) at the University of W.A in 1974 and has been a Registered Psychologist with a Specialist title (Clinical Psychologist) since 1980, and a Member of the Australian Psychological Society since 1985 and is a current member of the Australian and New Zealand Association of Psychiatry, Psychology and Law, and the International Society for the Prevention of Child Abuse and Neglect.

During the years 1971-1975 and 1980-1985, Christabel worked as a Clinical Psychologist at Fremantle Prison for the WA Department of Corrections / WA

Prisons Department which included extensive psychological assessment and psychotherapy with offenders and their families within the prison and in community settings, mainly providing psychological services at Fremantle Prison and three months at Bandyup Women's Prison and the provision of Psychological pre-sentence reports to Courts and to the Probation and Parole service.

From 1983-91, Christabel was a partner in a group Clinical Psychological Practice in Como, WA, where her responsibilities included provision of psychological assessments and individual, family and group psychotherapy, provision of Court reports, Psychological Pre-sentence Reports and appearances as expert witness in Children's Court.

Since January 1997 she has been the Clinical Director at SafeCare (formerly known as the Sexual Assault in Families Program) which provides counselling, support and group therapy to families where child sexual abuse has occurred or is at risk of occurring.

SafeCare is a private non-profit organisation partly funded by a WA Department of Community Development grant. Alongside the funded programs, SafeCare offers a private practice service for individuals and families who do not fit into the funding criteria. Her activities as SafeCare Clinical Director include the provision of psychotherapy to individuals and families, psychological reports for Courts, Community Corrections and lawyers, risk assessments to the Family Court, group and individual psychotherapy with individuals responsible for Child Sexual Abuse and also those who have experienced child sexual abuse as children.

BACKGROUND ON SAFECARE

SafeCare Incorporated is a community-based, not-for-profit organisation that provides counselling and support services to families where child sexual abuse is an issue. Formerly called SAIF - Sexual Assault in Families, SafeCare was founded in Perth in March 1989 by Jacqui Vince and Les Harrison. SafeCare currently receives funding from the WA Department of Community Development and private sources and presently offers its full services from one location in metropolitan Perth whilst a more limited service is also available in Bunbury.

No other service in Australia offers the same approach as SafeCare does. The SafeCare program is a unique and valuable approach to child sexual abuse in families. Unlike current statutory approaches to child sexual abuse, which often inadvertently fragment families, and isolate victims, the SafeCare approach uses the positive motivation created within families when the person responsible for the abuse is willing to acknowledge the offending and to seek help.

SafeCare integrates the treatment of offenders with safely supporting victims and other family members and can do this precisely because it works with both offenders and victims and families – ensuring that the offending cycle becomes much more apparent, that the offender takes responsibility for his/her behaviour and undertakes treatment, so that the victim and family are freed to heal.

The SafeCare treatment program reduces any further risk to families in a therapeutic way that avoids the usual damaging effects on the child and all family members of reporting or identifying abuse. It also works with families where young people between 12 and 18 years old have been victims and/or have begun to offend.

SafeCare operates three of nine non-government programs funded by the DCD (now Department for Child Protection) under the Child Sexual Abuse Treatment Services (CSATS) scheme. A review of the services was conducted in September 2006. The major objectives of the evaluation for individual CSATS and the scheme as a whole were to:

- determine whether the CSATS are providing an effective and efficient service
- assess the CSATS models with reference to contemporary approaches to the provision of community based CSATS and good practice principles for such services
- identify any gaps in service or improvements, which may be implemented.

The Report was quite clear in its findings that the services were extremely good value for money, professionally staffed and managed and of great value to the community.

Attachment 2

Treatment and healing is an urgent priority for aboriginal communities especially with increased reporting and charging.

Please read Judy Atkinson's comments in [australian policy online](http://www.apo.org.au/webboard/comment_results.shtml?filename_num=154957)
http://www.apo.org.au/webboard/comment_results.shtml?filename_num=154957

SafeCare response to Judy Atkinson's great article re Child sexual abuse treatment services for indigenous communities.

This is an open letter to anyone who is interested in supporting an approach to child sexual abuse which centres on a strengths-based treatment approach for families and a partnership with indigenous communities to assist in developing child safe practices and healing for trauma as referred to in Judy Atkinson's great article on what she would do if she were PM..

SafeCare Inc. in Western Australia is a unique counselling service that provides counselling and treatment programs for all family members where child sexual abuse has occurred or is at risk of occurring. This includes an intensive community-based treatment program for adolescent and adults responsible for abuse of children in their family. The model we have been using successfully since 1989 has been adapted and presented to indigenous leaders and the Roebourne community. As a consequence it has been requested as a treatment resource within the indigenous community by community members in Palm Island, Roebourne, Darwin and Halls Creek. Apart from one trip funded by the Aboriginal Medical Service in Roebourne it has not been possible respond to these requests by visits, delivery of information, education or training or to set up a local partnership as no funding has been available. I enclose information about our model (see below) and an account of the Roebourne visit.

SafeCare can offer experienced, professional assistance in the development of local indigenous therapeutic services to provide immediate and long term counselling and support for individual and families where child sexual abuse has occurred or is at risk of occurring. SafeCare particularly wants to work in partnership with indigenous communities to tackle the problem in the immediate and longterm. The one page summary of our model (Indigenous Communities Family Safety Program Outline file and below) is the quickest way to acquaint yourself with SafeCare's approach. Either as an individual or with other counsellors and psychologists (both indigenous and non-indigenous) I am willing to assist in the development of therapeutic services and training, education and support for local communities and families.in response to csa issues. Please feel free to contact me by email or phone 0431925860 (mob) or 0893359411 (SafeCare) for further information or specific questions. A brief summary of SafeCare is provided below and the website address is www.safecare.com.au

Family Safety Program

This document briefly outlines a possible Family Safety Program for indigenous communities across Australia. SafeCare wishes to present this model for consideration and discussion by those communities who feel dissatisfied by the current approaches to child sexual abuse and family violence and wish to set up more appropriate resources for families and communities.

WHAT IS SAFECARE

SafeCare Inc. is a community, not-for-profit organisation that provides counselling and support services to people who have an experience of child sexual abuse or family violence. Since being established in 1989 SafeCare has dealt with over 600 families.

SafeCare uses the positive motivation within families where the person responsible for the abuse is willing to acknowledge the offending and seek help. The treatment programs provide assistance for families to stop the offending and any further risk to children in such a way that the damaging aspects to the child and family that can arise from current approaches such as fragmentation, isolation and institutionalisation are avoided or reduced.

SafeCare aims to protect children by reducing the occurrence of child sexual abuse through provision of treatment to those who have been abused and those who abused them. Limiting the impact of trauma by offering support to the non-offending partner and other family members also protects children and families from further offending. The major child protection occurs by the prevention of re-offending through supporting whole families and all family members to restructure in a way that protects their children from exposure to child sexual abuse.

The organization is keen to extend its methodology to cover broader family violence issues and in particular develop programs that are effective in working with regional and remote Indigenous communities.

PROPOSED FAMILY SAFETY PROGRAM

SafeCare would like to work with the indigenous community to develop a program that builds on the existing services and support. In particular SafeCare would like to work with existing services such as Women's Centres and men's hostels and any other relevant organizations to create a program that focuses on change and healing in families where violence and sexual abuse has occurred by adults taking responsibility for their actions and for protecting their children.

The program may include some of the following elements:

- Support and counselling for all families members where violence and abuse has occurred.

- Halfway house or similar facility for men where they could live to recover from what has happened and get access to services to help with family violence, sexual assault and child sexual abuse.
- Support and empowerment of women to learn strategies for child safety and healing from trauma for themselves and their children.

The program would be set-up and run by SafeCare with particular indigenous communities who seek to establish such a program. Local Indigenous staff would be used wherever possible and training for staff and potential staff would be provided on an ongoing basis. In time the facility may become entirely managed and staffed by the community.