

CHILDREN ON THE APY LANDS COMMISSION OF INQUIRY

**Part II Child sexual abuse on the Lands**



## Part II Child sexual abuse on the Lands

Part II of this report is divided into three chapters.

**Chapter 1 The law** discusses the application of the criminal law to the sexual abuse of children on the Lands and its inter-relationship with the mandatory reporting obligations as set out in the *Children's Protection Act 1993*.

**Chapter 2 Nature and extent of child sexual abuse** mentions how the Inquiry established the nature and extent of child sexual abuse on the Lands, including its sources of information and methodology. Using its standard of proof - whether it is reasonably possible that the evidence and information does establish the existence of sexual abuse – the Inquiry established that 141 children resident on the Lands had been sexually abused. There is a brief discussion about the Inquiry's sources of information regarding allegations. First there are the records from Families SA, SA Police, Nganampa and NPY Women's Council; secondly the reports and studies reviewed; and finally the general observations about children's sexualised behaviours and their medical conditions, in particular the prevalence of sexually transmitted infections.

**Chapter 3 Allegations** of child sexual abuse summarises the Inquiry's examination of those cases of child sexual abuse which could be investigated. The cases have been grouped into the broad categories of extra-familial men abusing girls; extra-familial men abusing boys; extra-familial children abusing children; and intra-familial abuse. In reality, an abused child rarely falls into one category. Therefore, if one child's case has been mentioned in one category, it will not appear in another category.

# CONTENTS

<b>Chapter 1 The law</b>	17
<b>Criminal law</b>	17
<b>Child protection laws</b>	18
Mandatory notification	19
<b>Chapter 2 Nature and extent of child sexual abuse</b>	22
<b>Sources of information regarding allegations</b>	22
Introduction	22
Approaching people on the lands	22
Relevant records	23
Families SA Records	23
Police records	24
Nganampa client files	25
NPY Women's Council	25
School records	25
Court files	25
<b>Types of information</b>	26
Reports and studies	26
General observations about children's behaviour and medical conditions	28
<b>Sexualised behaviour</b>	31
Sexually transmitted infections	32
Evidence of specific allegations: a statistical overview	33
<b>Reporting of child sexual abuse</b>	35
Observations	37

<b>Chapter 3 Allegations</b>	40
<b>Nature of child sexual abuse</b>	40
Confidentiality	40
Extra familial – adult male on female child	41
Sex for petrol	50
Sex for food or marijuana	59
Sex for money for gambling	60
Promised wife	60
Extra familial – juvenile on juvenile	62
So-called ‘consensual’ sexual behaviour between juveniles	63
No consent by victim	71
Intra-familial abuse	73
Unknown perpetrators	77
Offences against small children	79

When considering the nature and extent of child sexual abuse on the Lands, there are the two relevant strands of South Australian law, the criminal law and child protection laws.<sup>1</sup>

## Criminal law

The general law of South Australia applies on the Lands, including the criminal law. The criminal law regards very seriously each of the sexual offences that constitute sexual abuse, as defined in the Inquiry's terms of reference.

As mentioned in Part 1, a sexual offence for the purpose of the Inquiry is defined in the *Commission of Inquiry (Children in State Care and Children on the APY Lands) Act 2004* to mean a sexual offence within the meaning of section 4 of the *Evidence Act 1936*. A sexual offence is defined in section 4 of the *Evidence Act 1936* to mean:

- rape
- indecent assault
- any offence involving unlawful sexual intercourse or an act of gross indecency
- incest
- any offence involving sexual exploitation or abuse of a child, or exploitation of a child as an object of prurient interest, or
- any attempt to commit, or assault with intent to commit, any of the foregoing offences.

A brief history of the legislative changes relating to the various criminal offences that constitute child sexual abuse is summarised in Appendix B. For some offences, life imprisonment is the maximum penalty. Appendix B also shows that in recent years, the *Criminal Law Consolidation Act 1935* (CLC Act) has increased penalties for sexual

offences. For example, in respect of the offence of indecent assault, since May 2006, the maximum penalty was increased from imprisonment for 8 to 10 years. The age of the victim is an important factor and parliament has increased the penalty if the victim is under 14 years (previously it was under 12). Also, parliament has introduced the concept of an aggravated offence. An example of aggravating circumstances would be if the offender deliberately and systematically inflicted severe pain on the victim; or if the offender used, or threatened to use, an offensive weapon when committing the offence.

The summary of the penalties listed in Appendix B clearly shows that the criminal law regards sexual abuse of children most seriously. Except for the crime of rape, consent of the child is irrelevant to these sexual offences. Therefore sexual offences are committed even if the victim consents.

The policy of the law is clear - children under 17 years (and in some cases 18 years) do not have the maturity to consent to sexual activity. The criminal law is an essential part of the law relating to protection of the young.

There has long been debate and discussion as to whether the age of consent should be reduced but parliament has not seen fit to do so. Indeed, in various amendments to the CLC Act, the age of consent remained unaltered. It is a serious crime for a person of the age of criminal responsibility to have sexual activity with a child.

Where two young persons have consensual sexual activity together, which amounts to a crime such as unlawful sexual intercourse, indecent assault or gross indecency, a crime is committed. According to the Inquiry's terms of reference, such sexual activity constitutes sexual abuse by both of them.

<sup>1</sup> The *Criminal Law Consolidation Act (SA) 1935* and the *Children's Protection Act (SA) 1993* respectively.

### Child protection laws

The *Children's Protection Act 1993* (CP Act) is also part of the general law of South Australia and applies on the Lands. As is indicated by its title, the legislation relates to the protection of children, including Aboriginal children, and is a central part of the law of the State regarding child protection.

An Aboriginal child is defined in section 6 of the CP Act as meaning a child who is a descendent of the Indigenous inhabitants of Australia and who regards himself, or herself, as an Aboriginal, or if he or she is a young child, is regarded as an Aboriginal by at least one of his or her parents. A child is defined in that section as meaning a person under the age of 18 years.

Families SA, a division of the Department for Families and Communities (DFC), carries out the DFC child protection statutory duties pursuant to the *CP Act 1993*. This Act came into force on 1 January 1994.

Since 1 February 2006, the objects of the legislation set out in section 3 are:

- (a) to ensure that all children are safe from harm; and*
- (b) to ensure as far as practicable that all children are cared for in a way that allows them to reach their full potential; and*
- (c) to promote caring attitudes and responses towards children among all sections of the community so that the need for appropriate nurture, care and protection (including protection of the child's cultural identity) is understood, risks to a child's wellbeing **are quickly identified**, and any necessary support, protection or care **is promptly provided**; and*

*(d) to recognise the family as the primary means of providing for the nurture, care and protection of children and to accord a high priority to supporting and assisting the family to carry out its responsibilities to children.*

The bolding is by the Inquiry and in this Inquiry emphasis is given to section 3(c). Risks to a child's wellbeing should be quickly identified and necessary support, protection or care promptly provided. The sense of immediacy is stressed.

Section 4 of the legislation sets out what are called 'fundamental principles'. They include:

- *every child has a right to be safe from harm*
- *every child has a right to care in a safe and stable family environment or, if such a family environment cannot for some reason be provided, in some alternative form of care in which the child has every opportunity that can be reasonably provided to develop to his or her full potential*
- *in the exercise of powers under this Act, the above principles and the child's wellbeing and best interests are to be the paramount considerations.*

The CP Act makes special provision for Aboriginal children as may be seen from the ACPP enacted in section 4 which is discussed in Chapter 1 of Part IV of this report.

Also section 5 of the CP Act sets out specific provisions relating to dealing with Aboriginal children, including that no decision or order is to be made as to where or with whom an Aboriginal child will reside unless consultation has first been had with a recognised Aboriginal organisation.

## Mandatory notification

Part 4 of the CP Act relates to notifications and investigations of abuse or neglect. 'Abuse or neglect', in relation to a child, includes 'sexual abuse of the child'. Sexual abuse is not defined in the CP Act. However, the plain ordinary English meaning obviously includes any conduct that constitutes a sexual offence.

The mandatory reporting process requires certain groups of people to report to Families SA on the Child Abuse Report Line (CARL) if they suspect, on reasonable grounds, that a child is being abused or neglected and this suspicion is formed in the course of their work. A person who is mandated to be a notifier and fails to comply can be prosecuted for a breach of the Act and fined a maximum \$10,000: section 11(1).

Section 11 of the CP Act relates to notification of abuse or neglect. Section 11(1) provides:

(1) If -

- (a) a person to whom this section applies suspects on reasonable grounds that a child has been or is being abused or neglected; and
- (b) the suspicion is formed in the course of the person's work (whether paid or voluntary) or of carrying out official duties, the person must notify the Department of that suspicion as soon as practicable after he or she forms the suspicion.

Section 11(2) provides a list of persons who are to be mandatory notifiers. They include a medical practitioner, a registered or enrolled nurse, a police officer, a social worker, a teacher, and any other person who is an employee or volunteer and is engaged in the delivery of services in a

government, local government, or non-government organisation that provides health, welfare, education services wholly or partly for children.

The Department referred to in section 11 is DFC. Families SA is a division of DFC and receives the notifications.

The CP Act provides that once a person forms the specified suspicion in the relevant circumstances, the obligation to notify DFC promptly is mandatory and a failure to do so attracts a criminal sanction. There is no room for the exercise of discretion.

Section 12 of the CP Act provides that a mandatory notifier cannot be held to have breached any code of professional ethics or professional conduct and, if having acted in good faith, incurs no criminal or civil liability in respect of the notification or information.

Section 13 of the CP Act provides that the notifier's identity must not be disclosed.

Division 2 of the CP Act provides that children who are in danger may be removed by a police officer or a Families SA employee authorised by the Minister.

Division 3 of the CP Act relates to investigations. Section 19 provides that if the Chief Executive of DFC suspects on reasonable grounds that a child is at risk and believes that matters causing the child to be at risk are not being adequately addressed, the Chief Executive must cause an assessment of, or investigation into, the circumstances of the child or must effect an alternative response which more appropriately addresses the potential or actual risk to the child.<sup>2</sup> It is the Chief Executive who must make the decision - not the notifier. That function has also been delegated to Families SA.

<sup>2</sup> Section 57 of the CP Act provides that the Chief Executive may delegate any of the persons under the Act.



## Part II Child sexual abuse on the Lands

### *Child Abuse Report Line (CARL) and Yaitja Tiramangkotti (YT)*

Throughout South Australia, the department uses a mandatory notification system known as the Child Abuse Report Line (CARL) and Yaitja Tiramangkotti (YT), which is staffed by Aboriginal workers. If the notification relates to an Aboriginal child it is referred to YT. A person who telephones CARL (13 14 78) contacts a 24 hour Adelaide-based office<sup>3</sup> and/or YT.

At the point of notification, an initial safety assessment is done to assess immediate or imminent danger of serious harm<sup>4</sup> and incorporates a tiered response to notifications.<sup>5</sup> Tier 1 is immediate danger requiring assistance within 24 hours and includes child sexual abuse; Tier 2 is primarily at risk of serious harm; and Tier 3 is in low risk in the short term.

It may be seen that Families SA is obliged to play an integral part in child protection once a notification is made and is classified as Tier 1. There must be an assessment and investigation and a decision made as to appropriate action

<sup>3</sup> The Child Abuse Report Line is responsible for receiving all child protection notifications across South Australia. Families SA told the Inquiry that this allows for consistent assessment and recommendations of assessments'.

<sup>4</sup> Families SA says it is commonly referred to as the Differential Response System, which has the following goals: To respond immediately and effectively to all reports of children in danger and to participate in a coordinated investigation with other key agencies; to investigate thoroughly reports of children at risk and to complete investigations and inform parents/caregivers of the outcomes as soon as possible; and to respond in a less intrusive manner and engage the family in a shared approach where needs are more significant than immediate risks.

<sup>5</sup> Families SA advised the Inquiry that the Differential Response Model is referenced in the Families SA, Child Abuse Report Line Manual of Practice, 5th ed, 2007



### Chapter 2 Nature and extent of child sexual abuse

#### Sources of information regarding allegations

##### Introduction

At no time during the considerable field work of the Inquiry, or otherwise in the taking of evidence, did any person inform the Inquiry that he or she had been sexually abused as a child resident on the Lands. However, the terms of reference do not limit the scope of the Inquiry to considering allegations by persons who themselves were sexually abused as children. The Inquiry had to investigate the incidence of sexual abuse of children on the Lands, examine allegations of that nature regardless of who made them, and report on the nature, extent and consequences of sexual abuse of children. The Inquiry has adopted what it regards as the ordinary English meaning of incidence namely 'the occurrence, rate, or frequency of something'. In effect, the incidence of the abuse means the extent of it.

At a meeting of teachers on the Lands, the Inquiry was informed that Anangu desperately want to do something but they were not sure what to do or how to approach the problem. The Inquiry was told that there is no Anangu word for sexual abuse and that it is referred to as 'funny business'.

That no persons came forward to the Inquiry and disclosed they had been sexually abused is not evidence that there is little or no sexual abuse of children on the Lands. Rather it indicates difficulties of victims and survivors and their families of reporting sexual abuse to authorities. Those difficulties as perceived by the Inquiry are mentioned later in this chapter.

During the field trips, the Assistant Commissioners and staff detected, as the Inquiry proceeded, that women were placed under pressure in a variety of

ways not to talk to the Inquiry. Women did not attend follow-up meetings. At times, there were clear signs of fear and concern by women who had given some information. The Inquiry was told about the efforts of some men to dissuade women from coming forward; there were threats of personal violence to them or family members.

On occasions, some men attended meetings the Inquiry had arranged with women and health workers. There was evidence that health workers had been threatened if they made mandatory reports of suspected child sexual abuse.

In these circumstances, it was decided not to force women and workers to give evidence by compulsory processes under the CISC Act, particularly as facilities for protecting them once the Inquiry left a particular community could not be provided.

These matters of threats of violence and intimidation indicate the importance of making the communities safe so that disclosure of sexual abuse and protection of sexually abused children, can, and will occur.

##### Approaching people on the Lands

During the field trips the Assistant Commissioners and staff stayed at Umuwa and made daily trips to communities. On one occasion they stayed for four days at Amata. The Commissioner stayed at Umuwa and visited Amata on his visit to the Lands.

The methodology of the Inquiry during the field trips to obtain information about child sexual abuse on the Lands included explaining the purpose of the Inquiry to senior Anangu men and women, Anangu women's groups, the community councils, staff in schools, health professionals, police, domestic violence workers, social workers, youth centre co-ordinators and home maker centre

co-ordinators. Information also was provided to, and received from, staff and students at Wiltja and Yirara College. The Wiltja Program is run by the Woodville High School in metropolitan Adelaide and is attended by young persons from remote Aboriginal communities including from the Lands. About 50 students live at the Wiltja Residence, Northgate, in suburban Adelaide. It is mentioned later in this report in Part IV Chapter 3 on Education. Yirara College, based in Alice Springs, is run by the Lutheran church and offers boarding for Aboriginal children from communities in central Australia, including the Lands.

At the time of the field trips, radio and television had made Anangu aware of the intervention of the Commonwealth Government in the Northern Territory and that investigations into child sexual abuse were being undertaken. This helped to spread information about the Inquiry and its purposes, but it was necessary, at times, for the Inquiry to explain that it was doing things the 'quiet way' and the Army was not about to enter the Lands.

A consequence of this approach was that the Inquiry received a considerable body of information during its field trips about sexual abuse of children in the communities although not from the victims themselves. In some instances the information disclosed allegations of sexual abuse of particular children and by whom. In other instances the information disclosed circumstances, behaviour and conditions of children that suggested they had been sexually abused. Rather than merely accepting this information as clearly establishing the existence of child sexual abuse on the Lands, the Inquiry investigated the allegations raised by that information.

### Relevant records

The Inquiry conducted investigations through records of SA Police, Families SA and Nganampa Health Council (the Anangu controlled community health organisation) and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC). To better understand the nature of the Inquiry's investigations, it is necessary to mention aspects of these organisations' processes and their respective records.

### Families SA records

As has been mentioned section 11 of the CP Act provides for mandatory reporting by specified types of persons of suspicion on reasonable grounds formed in the course of the person's work, or carrying out official duties, that a child has been, or is being, neglected or abused which includes sexual abuse. The reports are made to Families SA as a division of the Department for Families and Communities. The specified persons include a medical practitioner, a registered or enrolled nurse, a police officer, a social worker or a teacher.

Families SA may become aware of an allegation of child sexual abuse through the mandatory reporting process.

As mentioned CARL or YT assess each notification - or 'intake' - and allocate a Tier rating, which directs the Families SA office closest to the child how to respond.

In many of instances examined by the Inquiry, CARL or YT gave a Tier 2 or Tier 3 rating. In only a handful of cases involving a suspicion of intra-familial abuse or serious violence were Tier 1 ratings given. Where concerns are raised about unsafe sex or drug abuse, the assessment 'Adolescent at Risk' or 'AAR' usually accompanies the Tier rating.



## Part II Child sexual abuse on the Lands

However, in response to many of the suspicions of child sexual abuse on the Lands notified to CARL or YT, no Tier rating was applied. This is especially so for suspected extra-familial abuse, where the classification of 'extra-familial' or 'EXF' is used. When an EXF assessment is made, the usual practice of Families SA is not to investigate or inquire further. The suspect is not a close family member and, it appears that the child was considered by Families SA to be safe. Allegations are referred to police and intakes closed. One of the criticisms the Inquiry has of Families SA's responses to allegations of child sexual abuse on the Lands is the failure sometimes to investigate the safety of children in situations of extra-familial abuse. The poverty, homelessness, violence and power imbalances within which sexual abuse of children appears to have occurred on the Lands so often means that these children are not safe from further harm. This is illustrated in the allegations, summarised in Chapter 3 of this part of the report.

Once a notification or intake has been assessed by CARL or YT, the assessment is immediately transferred electronically to the appropriate District Centre of Families SA for action. There are five District Centres in Adelaide and six District Centres in country areas. The nearest District Centre to the Lands is at Coober Pedy, which is about three hours' drive from the nearest community (Iwantja) and about 10 hours' drive from the most remote community (Pipalyatjara). At times, assessments are upgraded or downgraded following discussion between the Coober Pedy District Centre and CARL/YT, as local officers can bring additional information to the assessment process.

The Inquiry had electronic access to all the Families SA intakes concerning children on the Lands since 1993 via their Client Information System, known as the 'CIS'. The Inquiry was told

that the CIS is a reliable record of all mandatory notifications, the assessment of those notifications by CARL/YT, brief details of investigations, the outcome of any investigation conducted by the Coober Pedy District Centre, and any reason why an intake would be closed prior to the completion of an investigation. In some instances the CIS also records whether a child is placed in relative care under a family care meeting agreement pursuant to Part 5 Division 1 of the CP Act and the terms of that agreement, or placed under the guardianship of the Minister.

The Inquiry also viewed client files in Coober Pedy and in a limited number of cases made follow up requests to view a file.

It is important to note that the Inquiry did not have much information concerning the work done by Families SA through the Coober Pedy District Centre with children and families on the Lands outside the context of an intake. For example, Coober Pedy staff may conclude an investigation 'abuse not confirmed' but continue to visit the family. Such visits would be recorded only in the client file, not on the CIS. As the Inquiry did not have prolonged access to client files it does not comment upon that aspect of Families SA's work.

### Police records

The Inquiry also had limited access to SA Police records.

The Inquiry inspected records concerning all alleged victims and some alleged perpetrators on the computerised Justice Information System, or 'JIS'. Records on the JIS the Inquiry was given access to were limited to Incident Reports, Apprehension Reports and Ancillary Reports. Only in a relatively small number of cases did the alleged victim disclose to the police, or did the police themselves come across situations of

possible sexual abuse and an Ancillary Report was created. The JIS provided relevant information in the minority of cases examined.

In addition to the JIS, the Inquiry inspected the child abuse case management files held at the CIB office in Coober Pedy, which services the Lands. A child abuse case management file should be raised on receipt of allegations of child sexual abuse regardless of whether the police have sufficient information to investigate and charge. Families SA, informants, and the children and/or their family are the usual sources of these allegations.

In many instances the Inquiry could not locate any relevant police records. It is possible that police were not notified of allegations by Families SA or, having been notified, police failed to raise a record. In a few cases the Inquiry made further requests for records to ascertain the police response.

### **Nganampa client files**

Files are kept by Nganampa at the various health clinics for each patient that record all information relevant to diagnosis and treatment. Information contained in Nganampa patient files was important to the investigations undertaken by the Inquiry, especially information concerning requests for contraception, pregnancies, STIs, relevant physical injuries, substance abuse and mental illness.

Nganampa has clear obligations of mandatory reporting, and advised the Inquiry that a record of any mandatory report is contained in the patient file. The Inquiry observed, however, that such notes were often not on the file. It has therefore relied upon the Families SA CIS records to determine whether mandatory reports were made.

Understandably, Nganampa was concerned to protect the confidentiality of information relating to its clients. Although the information would be kept in confidence by the Inquiry in view of the

obligation to do so as indicated by the Act, a summons was issued to Nganampa pursuant to section 6 of the Act to produce files that were identified. They were produced by Nganampa at Umuwa and inspected by the Inquiry on site.

### **NPY Women's Council**

NYP Women's Council (NYPWC) is based in Alice Springs. One of its initiatives is the 'Cross Border Domestic Violence Service – NT, SA and WA'. In 1994, the NYPWC developed the cross border service 'Good Protection for All Women' to provide protection for Aboriginal women and girls who were experiencing domestic violence. It is not uncommon for Aboriginal women and girls in situations of domestic violence to also be experiencing sexual abuse.

The Inquiry examined the records of the Cross Border Domestic Violence Service. As in the case of Nganampa, a summons was issued pursuant to section 6 of the Act to compel the NPYWC to produce files. Files were made available to the Inquiry and inspected at the Council's premises in Alice Springs.

### **School records**

The Inquiry did not specifically request school records. However, one school on the Lands made records of some children available to the Inquiry. Copies were made and retained by the Inquiry.

### **Court files**

A limited number of the allegations examined by the Inquiry proceeded to trial and court files were requested. Time restrictions on this Inquiry prevented any serious consideration of how sexual abuse charges were prosecuted. However, in some instances the court file produced useful information on the alleged facts, impact upon the victim, and sentencing.

### Types of information

The Inquiry received, in broad terms, three types of information and evidence about child sexual abuse on the Lands:

- reports and studies
- general observations about children's behaviour and their medical conditions and
- specific information that identified particular victims and perpetrators.

### Reports and studies

The reports and studies considered by the Inquiry relate to children, including Aboriginal children, generally. The Inquiry did not become aware of any reports and studies relating specifically to children on the Lands.

Many reports and studies since the early 1950s demonstrate that there is a high incidence of sexual abuse of both female and male children that exists on an international scale as well as in Australia. These are mentioned in the CISC Inquiry Report in Chapter 4 State Response, Section 1 State response to sexual abuse of children in State care: Child sexual abuse, page 348.

Briefly, studies overseas estimate prevalence rates as in the range of 20 per cent to 35 per cent for girls and 7 per cent to 20 per cent for boys.

Australian studies indicate that the incidence is in the vicinity of 20 per cent to 27 per cent for girls and 16 per cent for boys. On this basis, it may be accepted that in the general population at least one child in every five has been, or will be, sexually abused. Slightly more men (51.3%) than women disclosed having been sexually abused as children in State care to the CISC Inquiry.

In its submission to this Inquiry, DFC cites the observation in the report of the Commonwealth Government Productivity Review of Government

Service Provisions *Overcoming Indigenous Disadvantage: Key Indicators 2007*.<sup>1</sup> 'In 2005-2006, Indigenous children were nearly four times as likely as other children to be the subject of a substantiation of abuse or neglect.'

The abuse in this observation is not confined to sexual abuse or to children in remote communities.

The Key Indicators 2007 report states:

*Many indigenous families and communities live under severe social strain caused by a range of social and economic factors. Alcohol and substance misuse and overcrowded living conditions are just some of the factors that can contribute to child abuse and violence.*

In its submission to the CISC Inquiry, Relationships Australia (SA) states:

*There is considerable evidence that the incidence of child sexual abuse is especially high within indigenous communities. In the Australian context a particular consequence of colonisation is that many Indigenous families are trapped within impoverished environments where ill-health, substance abuse and lack of educational employment opportunities have contributed to escalating interpersonal violence, including high rates of family violence and child abuse.*

On 31 July 2002 the Gordon Report in Western Australia was published: *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*. The communities considered were all in Western Australia and are set out in Appendices 9 and 10 of that report. In Section 2, Chapter 3, the prevalence of family violence and child abuse, including sexual abuse, in Aboriginal communities is

<sup>1</sup> <http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/keyindicators2007>

discussed. It was found that 'the true prevalence of Aboriginal family violence is unknown, but Aboriginal children were significantly over-represented in the protection and care system and there was serious under-reporting of family violence and child abuse incidents. In that report reference is made to 'an epidemic of family violence and child abuse in Aboriginal communities'.

It was reported to the Gordon Inquiry by community members that there are many instances of child abuse, particularly incest. Many children are abused by intruders in homes. Child sexual abuse is under-reported. The sexual abuse of young boys is increasing and the incidence of sexual abuse of children is more frequent than is commonly acknowledged. While this report was not concerned with communities on the Lands, there is extensive reference to reports and statistics.

In the report of the *Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, dated 30 April 2007, co-chaired by Mr Wild QC and Ms Anderson, (The Little Children are Sacred Report) it is stated

*... there is, in one view, sufficient anecdotal and forensic and clinical information available to establish that there is a significant problem in the Northern Territory communities in relation to sexual abuse of children. Indeed, it would be remarkable if there was not, given the similar and significant problems that exist elsewhere in Australia and abroad.*

Wild and Anderson received what they described as 'anecdotal' evidence of opportunities of sexual abuse of children, of such abuse in the context of alcohol abuse, of sex as a bartering tool, and of children's early involvement.

*Finally, it should be emphasised that the Inquiry has not spent its time investigating the*

*extent and nature of all cases of alleged sexual abuse in the Territory. As has been the case with previous inquiries in Australian jurisdictions (e.g. NSW Aboriginal Child Sexual Assault Task Force 2006; Gordon Inquiry 2002), the Inquiry accepts that sexual abuse of Aboriginal children is 'common, widespread and grossly under-reported'.*

The Central Australian Rural Practitioners Association (CARPA) in Alice Springs published a standard treatment manual<sup>2</sup> in 2003 and periodically publishes the CARPA Manual Reference Book on-line. The CARPA publications are discussed further in the Part IV Chapter 2 on Health.

In the reference book in the section Child Health: Sexual assault and abuse of children there is a lengthy article by Nettie Flaherty, which contains discussion of sexual abuse in Indigenous communities. It acknowledges that accurate data on the rate of sexual abuse of children is not available but states that in many communities, including the Indigenous community, dialogue about the issue of sexual abuse of children is beginning to be heard by wider society. The following appears:

*Throughout the consultations there were calls from both men and women to expose the severity and serious long-term effects of sexual abuse for victims, particularly children, who reportedly are increasingly being sexually violated ... Time and again the Task Force [the Aboriginal and Torres Strait Islander Women's Task Force on Violence] were told of young girls becoming pregnant at an early age, some of whom had been sexually abused repeatedly throughout their lives. Some, through such abuse, had grown up with a distorted sense of what constitutes a loving, nurturing and caring relationship ... Whether*

<sup>2</sup> CARPA Standard Treatment Manual 4th edition (the CARPA manual)

*by coercion or rape, the incidence of sexual abuse of minors was indicated to be far more frequent than is commonly acknowledged. This is an area that warrants urgent attention by way of increased reporting of offences, appropriate interventions, expanded education programs, and the employment of more sexual health workers in all regions, but especially in rural and remote regions.*

### **General observations about children's behaviour and medical conditions**

The Inquiry received general information that indicated sexual abuse of children such as health information about pregnancies of underage girls and sexually transmitted infections (STIs). There was evidence of rape and other serious sexual offending by men upon young girls. There were also problems with 'wrong way' relationships between young boys and girls which have reference to the Anangu kinship system.<sup>3</sup>

The Inquiry received other evidence that indicated child sexual abuse, such as young girls being sexually active and seeking contraception; allegedly consensual sex between children; children running away from families where sexual abuse may have occurred; and children granting sexual favours for petrol or for money to allow continuation in gambling.

Also the Inquiry received a considerable body of evidence of sexualised behaviour of children on the Lands which may be an indicator of those children having been sexually abused.

Information also was provided about the living

conditions of many children. Some children were in overcrowded homes. Some parents and other carers were abusers of drugs or alcohol and afforded little protection to, or supervision of, children. Pornography was available in some homes and watched by children of all ages. Some young teenage girls engaged in sexual relations with married men. Information was supplied about young persons self-harming and attempting suicide, which may be indicators of child sexual abuse.

The approach of the Inquiry was not merely to accept such information as having established the existence of sexual abuse of children on the Lands, although the information was important in that regard. The Inquiry was not prepared to act only upon indirect or anecdotal evidence as establishing that sexual abuse of children existed and was widespread. It looked for direct evidence relevant to the terms of reference. What the Inquiry found was evidence of sexual abuse relating to 141 children in the past 23 years. That evidence is summarised in the following chapter.

The Inquiry received evidence from witnesses who had worked extensively on the Lands and in various communities and had direct close contact with women and made observations about the men, women and children. One witness worked extensively with women and children on the Lands over many years.

*I believed and understood that there was probably a high level of sexual abuse [of children] in those communities where I was working, but that it was largely under-reported, was difficult to get disclosures on it.*

<sup>3</sup> The choice of marriage partners is influenced by membership of social categories of Aboriginal society. 'Membership is determined by descent from either father or mother and cannot be changed from one category to another. Aboriginal societies are divided into two groups known as moieties, the word moiety meaning half': *An Introduction to Aboriginal Societies* (2nd ed) W. H. Edwards, p62-63. An anthropologist informed the Inquiry that traditionally, a wrong way relationship occurred if the basic rule that governed the kinship system was broken. The basic rule was that one never married someone one generation above or below, or every third or fifth. '...the whole reason for the moiety system is to avoid incest, to make sure you're marrying the right way and surviving ... But what was always very heavily punished, even by death, was marrying the wrong person. That was skewing the kinship system'. The term 'wrong skin' is also used in this context.

According to one person, when disclosures did come to light it was through the medical system because of forensic evidence, or a sexually transmitted infection (STI) being detected, or a child being taken to the clinic or to hospital for treatment of physical injury through the sexual abuse. This person also heard allegations made by women about sexual abuse of children.

A former health professional on the Lands in the 1990s, who worked mainly in one community, but also in two other communities was asked if sexual abuse was occurring on the Lands. She responded 'Most definitely. It was quite clear it was happening' to both girls and boys. She heard stories from them that indicated they had been sexually abused. She observed symptoms that could have been consistent with child sexual abuse, including injuries consistent with interference with genitalia. Some of the children were aged 10 years or less.

An Aboriginal woman from central Australia worked extensively in communities on the Lands for about 10 years until recently. She worked with women in all of the major communities. She told the Inquiry that sexual abuse of children within families on the Lands was 'everywhere'. Often it is not disclosed because family members do not want to see the family destroyed by it and they keep it inside and protect it in a way. Also they are concerned as to what family members will do if they confront the perpetrator.

The CISC Inquiry was informed by professionals at Coober Pedy that there is regular intra-familial abuse of Aboriginal girls aged from 11 years to 15 years at a community on the Lands.

A health professional told the CISC Inquiry that she previously had worked in communities on the Lands. She had seen evidence of sexual abuse of young Aboriginal boys and girls on the Lands and

had heard many stories about that abuse. She had observed symptoms that would have been consistent with effects of child sexual abuse, including STI, and injuries consistent with interference with genitalia.

Another person who had worked as a health professional on the Lands for many years told the Inquiry she had seen evidence of confirmed STI in children that were not followed up as to the cause. She did not know if the cause was sexual abuse. In those days, she said she did not know about mandatory reporting. She said she thought the children had been sexually active but did not have any direct disclosures made to her but received information to that effect from other staff.

This worker also observed teenage pregnancies and, on some occasions, a girl disclosed the male who was involved. A girl would not disclose if she wanted to protect the male. On occasions, this worker said she had heard girls talking among themselves. After some years she had become aware that there was considerable sexual abuse of girls by older people. She was informed of elderly men who were involved and a number of middle-aged men. Girls were in her home nearly every night and they 'sit outside and they sit and talk the story with the wire and they tell stories in the sand'. Sometimes they mentioned the names of some of the men.

According to a health professional on the Lands, sexual abuse of children was 'an ongoing problem' and there were not the resources to deal with it. Children became sexually active early in life. Another health professional told the Inquiry that over the years evidence of sexual abuse of children had been encountered. The children usually were under the age of 12 years and presented with physical symptoms.

## Part II Child sexual abuse on the Lands

According to one witness, many children began to have sex when they started to develop physically. Children frequently lived in crowded houses and saw sexual activity regularly as part of life. Girls were targeted for sex 'Probably the mass majority of them probably didn't want to do it - their first experience. A lot of them just can't wait.'

During one of its field trips, the Inquiry was informed by school teachers that there was considerable sexual interaction, either consensual or non-consensual, between children, some of whom were aged between 10 to 12 years. Health professionals had spoken to the children about sexual matters and especially to boys to raise awareness of the age when sexual intercourse was lawful. The sexual activity was causing fights. A senior man had spoken to the children and advised them to wait until they were older. Also health lessons were organised through the health clinic. A teacher informed the Inquiry that children had indicated that some types of sexual behaviour had commenced when they were aged two years.

*You learn that everyone is having sex. It just seems so normal and for girls how do you say no or it is not right. It is just such a closed society.*

A woman who has a long history in education on the Lands told the Inquiry that she had seen many young girls grow up and become mothers at a young age. They were sexually active with young boys very early at ages 12 and 13 years. The women saw it as a problem because the girls were too young to be a parent. After the death of a young girl aged about 12 there had been much consternation across the Lands about young teenage pregnancies. Workers brought girls into the health clinics and talked to them about sexual activity. 'There was a surprising incidence of young girls who had been sexually active and who had sexually transmitted infections.'

Another worker on the Lands, who has considerable experience working with children and young persons, told the Inquiry there had been a lack of sex education in schools in her community. When sex education commenced in one community, the girls had gone out into the schoolyard and had called out to the boys 'We can say no'. She said she was aware of some girls aged 12 years who were sexually active; some of them became pregnant; and some of the pregnancies were terminated.

Staff from the Wiltja Residence told the Inquiry about sexual abuse of particular young persons and the incidence of child sexual abuse on the Lands generally. One of those witnesses had formed the view, from information over the years, that sexual abuse of children on the Lands was widespread.

He said young boys pressured young girls to have sex. Many girls had sex that was not consensual. Girls talked about rough sex, which was understood to be rape. It occurred in communities. Some girls did not say 'no' because 'they're going to drag me off anyway'. One girl had said she was detained in a home and not allowed to leave until she had sex with the occupiers. She did not want sex. She said that it happens all the time. She had no concept that sex could be pleasurable. 'It was just something she had to do'.

Boys followed girls around. 'If a boy says he wants sex, it's just like, well anyway, you've got to do it because of fear of being bashed up or detained.' Girls aged as young as 11 years were pressured. Mention was made of one boy and five girls who had disclosed that they had been sexually abused as children on the Lands.

## Sexualised behaviour

Another possible source of evidence as to the incidence of child sexual abuse is sexualised behaviour by children.

The Inquiry received a considerable body of evidence from people living and working in communities on the Lands as to sexualised behaviour of children, including very young children of ages less than 10 years. This evidence was given by education workers, counsellors, social workers and health workers. The evidence of the education workers and some other witnesses, and the types of behaviour, are mentioned later in this report: Part IV Chapter 3: Education.

Dr Terence Donald is a paediatric physician and is the head of the Child Protection Services at the Women's and Children's Hospital in Adelaide, which investigates allegations of sexual abuse of young children and provides a therapeutic response when appropriate. He told the Inquiry that there was no absolute form of sexualised behaviour that indicated sexual abuse and that even in cases of extreme sexualised behaviour, many of the children were in very substandard environments of care with little supervision. There were no parental sanctions about sexual play or sexual interests as would be expected from many parents. These matters could explain sexualised behaviour in children without their having been sexually abused.

Some of the children on the Lands were in crowded accommodation. They may have seen people being sexually active. The only link with sexual abuse that could have been definitely established by sexualised conduct alone was if there was sexual aggression towards animals.

However, according to Dr Donald, a link between sexual abuse and sexualised behaviour cannot be excluded. It is necessary to keep an open mind and to see what is disclosed during the

investigation. The incorrect approach was to commence with the assumption of sexual abuse having occurred. There needed to be a therapeutic role, not a behavioural management role, so that the child could develop an appropriate relationship with the therapist and might disclose eventually.

In Dr Donald's experience, little girls who have been sexually abused are more likely to disclose the abuse when they are at school when they acquire information about conduct that is inappropriate. Until then they may internalise what has happened.

According to Dr Donald, most of the behaviours that are troublesome are male behaviours. At school, the older children with these problems are usually boys and appropriate investigation is required. He has provided some assistance to teachers in schools on the Lands but not to any major extent.

Sexual aggressiveness in older children can mean that they have lost social responsibility as well. Sexual aggression can be due to sexual abuse or any other long-lasting psychological trauma.

It is clear from Dr Donald's evidence that while it cannot be assumed that sexual abuse is the cause of sexualised behaviour, the possibility exists that it may be, and must be investigated.

Based upon the evidence received by the Inquiry to ascertain the facts it is not possible to say to what extent sexualised behaviour of children on the Lands is caused by their having been sexually abused except in cases where sexual abuse is indicated by other evidence. The necessary investigation by suitably trained experts, such as the staff of the Child Protection Service, has not been undertaken.

However, it is recognised that sexualised behaviour can be the result of sexual abuse and in the majority of cases of sexualised behaviour examined by the Inquiry, other evidence indicating

sexual abuse existed. Given the extent and nature of the sexualised behaviour it is reasonably possible that many of the children have been sexually abused.

### Sexually transmitted infections

The presence of a STI in a child was one of the most common potential indicators of sexual abuse considered by the Inquiry. More than 70 children investigated had at least one positive STI before the age of 17.

Nganampa operates a well-respected annual STI screening program for adolescents and adults. It also undertakes STI testing for some children aged under 14. Nganampa's STI screening activities are discussed further in Part IV, Chapter 2 on Health.

The Inquiry considers STIs to be a reliable indicator of sexual activity. The Inquiry received evidence about the reliability of testing and the means by which STIs are transmitted.<sup>4</sup> The Inquiry is satisfied that positive results for all STIs since 2004 have at least a 90% probability of being accurate. Prior to 2004, the testing of gonorrhoea may have resulted in about 50% of cases having a false reading. For this reason, the Inquiry's statistics do not include children who have only one unconfirmed positive gonorrhoea result prior to 2004 and no further corroborating evidence of sexual activity. The Inquiry also has excluded from its statistics results of STI tests from areas other than the genitals.<sup>5</sup> Some evidence was received that infections in some parts of the body may not be sexually transmitted.

Furthermore, STI data on the number of children

between the ages of 0 and 13 years diagnosed between 2000 and 2007 with at least one STI (24 children) that was given to the Inquiry, accords approximately with the number of cases referred by Nganampa to the Health Department (26 children) in compliance with its obligation to report a 'notifiable disease'.<sup>6</sup>

Finally, for each child who had at least one positive STI result, the Inquiry found some other corroborating evidence of sexual activity. In the case of teenage children, they often disclosed to health clinic staff of being sexually active. In the case of younger children, a health professional usually was suspicious of sexual abuse having occurred.

Considering all of these matters, the Inquiry is satisfied that a positive STI result in a child on the Lands meets the Inquiry's threshold test of a reasonable possibility that child has been sexually abused.

The Inquiry was informed that a statistic showing the number of children on the Lands with a STI does not, in itself, provide a guide about the prevalence of sexual abuse as compared with any other community in South Australia. Children on the Lands are routinely tested for STIs more than any other Aboriginal or non-Aboriginal community in South Australia. Coupled with a high underlying rate of STIs on the Lands, it follows that rates of STIs amongst children on the Lands will be higher than children elsewhere. Expert witnesses said that statistically, of all children sexually assaulted on the Lands, only the minority of perpetrators would carry a STI.

<sup>4</sup> Nganampa, CPS, and the Royal Adelaide Hospital gave evidence about the testing and transmission of chlamydia, gonorrhoea and syphilis, the three primary STIs on the Lands.

<sup>5</sup> Strains of STIs can appear in the eye, for example, which are not actually sexually transmitted.

<sup>6</sup> STIs can be passed to babies at birth, however there were no cases of babies contracting STIs that were examined by the Inquiry. The Inquiry was told that chlamydia was 'definitely passed through sexual contact'. Gonorrhoea is a more robust infection and can be passed through non-sexual contact, such as sharing a towel, but it is 'almost certainly' passed through sexual contact. As one expert explained 'all things are possible but some things are more probable than others'.

### **Evidence of specific allegations: a statistical overview**

Using the sources of information that have been mentioned, the Inquiry examined allegations of sexual abuse concerning 141 children. These allegations related to events between the years 1984 to 2007. With some exceptions, all of the allegations investigated are summarised in the following chapter.

In all, the Inquiry has found that it is reasonably possible that 141 children were sexually abused over this period: three in the 1980s, 14 in the 1990s, and 129 between 2000 and June 2007, 5 of whom were also abused in the 1990s. In all 141 individual cases were investigated. Since 2003, there were nine cases of extreme sexualised behaviour. The Inquiry concluded that it is reasonably possible that they had been sexually abused. Twenty-eight of the children are male and 113 are female.

The small number of allegations in the 1980s and 1990s does not indicate a lower incidence of child sexual abuse in those years. As has been mentioned the Inquiry became aware of the allegations through reports and records of Nganampa, Families SA and SA Police. Reporting of indicators of child sexual abuse is more frequent in the years since the STI screening began and the passing of the CP Act. Also records are now more readily available. The frequency of health checks has increased and the need for mandatory reporting probably has been better understood in recent years.

The Inquiry attempted to examine the extent to which any one child was possibly abused. It was established that the number of allegations to be examined far exceeded the number of children alleged to have been abused. Many children had been sexually abused frequently over a period of time and some by more than one perpetrator. The Inquiry examined 269 allegations concerning the 141 children, and also, as has been mentioned, the significance of the sexualised behaviour of the other nine children.

It has not been possible to calculate the number of allegations in relation to each of the children. By way of example, many of the children were in sexually abusive relationships over a period of months or years. It is impossible to draw any accurate conclusion as to the number of times they were actually sexually abused particularly as they have not formally made disclosures to the Inquiry. These situations may have been taken by the Inquiry as only one allegation. In many cases there is only one clear indicator of sexual abuse, such as a pregnancy. In the case of another child who was diagnosed with six STIs over a period of a few years, six allegations are recorded. Nevertheless, the Inquiry has been able to conclude that 64 children were offended against on multiple occasions.

In addition to investigating the incidence of child sexual abuse on the Lands, the Inquiry also sought in the case of each child investigated, information about the nature, possible causes and consequences of their alleged abuse. Specifically, the Inquiry attempted to ascertain information on

the following matters but not always with success:

- what was the age of the child at the time of the alleged abuse
- was the identity and age of the alleged perpetrator known
- what relationship did the child have with the alleged perpetrator, if any
- in which community did the incident occur
- was a mandatory report made
- was the child at any stage of his/her life the subject of a report to welfare about neglect
- did the child, the child's carer(s), and/or the alleged offender use substances: petrol, alcohol and/or marijuana
- was the child exposed to family violence, either before or after the alleged abuse
- did the child suffer from an intellectual impairment, mental illness or behavioural problems
- did the child suffer other health consequences as a result of the abuse, namely a STI, pregnancy, mental illness or behavioural problems
- were there any education consequences as a result of the alleged abuse, namely, did the child leave school or was the education process disrupted
- did the child and/or their family move away, or seek to move away, from the Lands?

Information about the age of the child and the alleged perpetrator and their relationship to one another, if any, is borne out in the allegations as summarised in the chapter following. Information about the year and place of the alleged abuse is not provided for reasons of confidentiality.

It was not possible for the Inquiry to answer many of the questions for each child. Answers to these questions very much depend on the quality of records kept, whether this type of information was relevant to the record keeper, and whether mandatory reports were made. Mandatory reports were made in respect of only 69 of the 141 children. Nonetheless, the Inquiry considers the statistical information to be relevant but also likely to understate the underlying contributors and consequences identified.

Of the males:

- neglect was alleged in seven cases
- family violence was noted in one case
- substance abuse was recorded in 10 cases
- mental health or behavioural problems were recorded in 14 cases
- STIs were recorded in 11 cases
- none were noted as moving away or actively considering moving away
- educational consequences were noted in 11 cases.

Of the female victims:

- neglect was alleged in 27 cases
- family violence was recorded in 42 cases
- substance abuse was recorded in 58 cases
- mental health or behavioural problems were recorded in 27 cases
- pregnancies were recorded in 28 cases
- STIs were recorded in 62 cases
- moved away or actively considered moving away from the Lands in 13 cases
- educational consequences were noted in 26 cases.

**Reporting of child sexual abuse**

The Inquiry accepts, on strong evidence, that there is under-reporting of child sexual abuse on the Lands. Consequently, the rate of reporting received by Families SA through the mandatory reporting process is not a true reflection of the actual incidence of child sexual abuse on the Lands. The Inquiry’s own findings are also for this reason likely to under-estimate the extent.

This section discusses why child sexual abuse is rarely reported or disclosed by Anangu children, their families or their communities and why, if it is disclosed, such disclosure is not maintained.

First, it should be noted that it is difficult to ascertain the actual levels of child sexual abuse in any community setting. The extent of child sexual abuse in remote Aboriginal communities is easily hidden with failure to disclose and failure to report and, therefore, a failure to respond.

Families SA provided some statistics to the Inquiry. An overview of all notifications received by the Child Abuse Report Line (CARL)/Yaitya Tirramangkotti (YT) show that of all the notifications received in SA for the year 2006/07, 1.1% were identified as notifications passed on to the Coober Pedy District Centre (see Table 4 below). Not all of these notifications relate to children on the Lands. The Coober Pedy District Centre receives notifications of abuse/neglect of children who live in Coober Pedy itself, the nearby Umoona Aboriginal Reserve, Oodnadatta and the Lands.

**Table 4: All notifications Coober Pedy and Statewide comparison 2006/07**

	<b>Aboriginal</b>	<b>Total</b>
Coober Pedy	277	327
Statewide	5735	29814

It may be seen that there is a high proportion of notifications about Aboriginal children, but Families SA could not indicate how many relate to children on the Lands.

Families SA categorise child safety concerns under five primary areas: physical abuse, emotional abuse, sexual abuse, neglect and high-risk infants. Table 5 sets out the number of notifications by nature of abuse received by the Coober Pedy District Centre over the past five years relating to Aboriginal children. It shows that in 2006/2007 58 per cent of all Coober Pedy District Centre notifications dealt with neglect and 17 per cent dealt with sexual abuse.

**Table 5: All Coober Pedy Aboriginal notifications by type**

	2002/03	2003/04	2004/05	2005/06	2006/07
High risk infants	0	4	4	4	7 (3%)
Physical abuse	33	21	24	15	23 (8%)
Neglect	62	84	119	149	160 (58%)
Emotional abuse	13	16	8	28	40 (14%)
Sexual abuse	27	27	33	10	47 (17%)
<b>Total Aboriginal notifications for Coober Pedy District Centre</b>	<b>135</b>	<b>152</b>	<b>188</b>	<b>206</b>	<b>277 (100%)</b>

Families SA told the Inquiry that the reason for the higher number of notifications in 2006/2007 was because many of them related to STIs in that period. This was the first time Nganampa notified Families SA of all children aged 17 years and under who were positively diagnosed with a STI during Nganampa's annual STI screening.

Table 6 shows that sexual abuse notification for Aboriginal children within the Coober Pedy District Centre region was about 11% of all Aboriginal sexual abuse notifications in South Australia.

**Table 6: Coober Pedy District Centre Aboriginal sexual abuse notifications as a percentage of state Aboriginal sexual abuse notifications**

	2002/03	2003/04	2004/05	2005/06	2006/07
Aboriginal sexual abuse notification - Coober Pedy in comparison to Aboriginal sexual abuse notifications statewide	9%	9%	10%	3.4%	10.7%

## Observations

The Inquiry has concluded that there is an under-reporting of child sexual abuse on the Lands. The extent to which it is under-reported is difficult to determine. Many of the factors identified as placing Anangu children at risk of sexual abuse on the Lands also play a part in discouraging Anangu not to disclose and report sexual abuse of children.

The evidence in Part II of this report, including the summary of the evidence of allegations of individual cases of sexual abuse of children on the Lands in Chapter 3, establishes matters of grave concern about the safety and protection of children.

The Inquiry has concluded that there is significant under-reporting of child sexual abuse to Families SA and its predecessors over the years and to SA Police. Also there has been a significant lack of response when mandatory notifications have been made. It is a misunderstanding of responsibility under the CP Act not to investigate matters that are the subject of notifications because child sexual abuse has not been proved or confirmed. As can be seen from many of the summaries, in the next chapter, serious child protection issues arise even without proof of sexual abuse.

As will be seen in Part IV Chapter 1: Welfare and Child Protection, Families SA Coober Pedy District Centre has substantial difficulties in discharging its function under the CP Act with respect to children on the Lands due to lack of resources and problems caused by distance from communities on the Lands. Nevertheless, it must be acknowledged that lack of response to notifications of child sexual abuse for whatever reason has serious implications for the children and the communities.

At times it appears that Families SA, or its predecessors in name, applied the wrong classification under the Tier system. Allegations of child sexual abuse should attract Tier 1 status. Also it is not an adequate response to merely refer allegations of that nature to SA Police. While there must not be interference with, or contamination of, a police investigation, significant child care and protection issues also must be investigated and resolved.

It is mentioned elsewhere in this report that there has been a reduction in the incidence of petrol sniffing among young Anangu and it is accepted that the extent of marijuana consumption has substantially increased. Drug abuse has been a feature of many instances of child sexual abuse.

The evidence establishes the need for a permanent presence of Families SA staff on the Lands, not only social workers in schools but also child protection workers to receive and respond to mandatory reports about children.

Also, the summaries establish that there are usually devastating consequences to children and young persons of sexual abuse. An adequate response requires more than the cessation of the abuse. A therapeutic and protection response is required.

Some children who were exploited had no carers and were, in effect, homeless. Others were ostracised. Many carers and young persons did not feel able to disclose sexual abuse to Families SA or other services.

Also, the evidence discloses the need for not only an effective child protection system but also an effective, efficient and fair criminal justice system.

The Inquiry heard evidence, particularly from teachers and health professionals that children



## Part II Child sexual abuse on the Lands

become adept at hiding sexual abuse which may be due to the shame and discomfort that it causes. Also, failure to disclose by some parents and carers may be due to fear as to what will happen to the children. Will they be taken away?

Some Anangu believe that it is pointless to disclose child sexual abuse because they feel that there is no one on the Lands who can provide assistance even if disclosure is made. There is a perception that when child abuse is reported, police and welfare 'do nothing'.

There are some Anangu who feel too intimidated to talk to police and welfare workers because of language difficulties. Others fear retribution or payback.

The Inquiry was informed that some Anangu children, particularly girls, have an expectation that they will be sexually abused but the extent of that expectation could not be determined by the Inquiry due to lack of disclosure. Also, there is a tendency to assume that many young persons consent to sexual activity. The Inquiry was informed that some of them merely accept that it will happen and that resistance is futile.

A considerable body of evidence was received by the Inquiry of overcrowding in houses on the Lands with significant adverse consequences. Some children see sexual activity between adults, pornography, or are required to share a bed with an older person which may lead to sexual activity.

Information was provided to the Inquiry that substantial funds have been allocated by the Commonwealth Government to upgrade and increase availability of housing on the Lands. That process should commence as a matter of urgency.

Those matters indicate the real difficulty in ascertaining the true incidence of sexual abuse of children on the Lands and the nature and extent of the abuse. That information can be ascertained only if Anangu develop confidence in themselves and in authorities to make disclosure which will require safety on the Lands and some positive consequences of the disclosure.

Throughout this report evidence of the nature and extent of sexual abuse is mentioned and what is required to prevent the abuse and to assist the communities in which it occurs.

The Inquiry has done what it can to address the terms of reference on the information available which it has actively sought. From all of the evidence and information it may be safely concluded that the incidence of child sexual abuse on the Lands is widespread and a serious problem for all Anangu.

All of the allegations which the Inquiry has identified have been examined and the nature of the sexual abuse raised by the allegations and general evidence is mentioned throughout the report.

Also the Inquiry accepts that the sexual abuse of children is totally foreign to Anangu traditional culture and law. The reasons for the abuse are complex and difficult to determine, particularly because the Inquiry did not receive any evidence from victims or perpetrators.

However, the Inquiry received information from various persons with a long association with the Lands that child sexual abuse and the other problems on the Lands are of comparatively recent existence. Such conditions did not exist in the early

1970s and have developed over the years. However, it is likely that the general dysfunction of the communities, violence, drug and alcohol abuse, poverty, despair, disempowerment and hopelessness are significant factors. They are all matters which have been mentioned in previous reports.

Immediate and effective action is required by government and Anangu to address the problems so that over the next few years improvements will occur and the conditions for sexual abuse of children will have changed.

### Chapter 3 Allegations

#### Nature of child sexual abuse

As mentioned, the Inquiry's investigations found evidence of sexual abuse relating to 141 children living on the Lands where it was reasonably possible that they had been sexually abused. This chapter presents a summary of that evidence. The case summaries that relate to each child who was reasonably likely to have been sexually abused have been put into categories based on the relationship between perpetrator and victim and the nature/reason for the sexual abuse. The categories that are written up here are:

- extra-familial – men abusing girls
  - Sex for petrol
  - Sex for food or cannabis
  - Sex for money and gambling
  - Promised wife
- extra-familial – juvenile on juvenile
  - So-called 'consensual' sex between juveniles
  - No consent
- intra-familial abuse
- offender unknown.

The evidence relating to children who displayed only sexualised behaviour is presented and discussed in the Education chapter, Part IV Chapter 3, because the source of that evidence was from people involved in schools.

The evidence regarding children on the Lands with sexually transmitted infections is discussed in the Health chapter, Part IV Chapter 2.

#### Confidentiality

Mention has been made in Part I of the report of the requirement of confidentiality. In the conduct of

the Inquiry and in this report all reasonable steps must be taken to avoid identifying, or leading to the identification of a victim of child sexual abuse or a witness, or perpetrator, unless the interests of justice so require.

Therefore, the case summaries that follow do not mention what community the child lived in, or when the abuse occurred. To mention some of those details may have the unintended consequence of identifying persons who should not be identified or prejudicing a criminal investigation or prosecution. For those reasons the persons supplying the information concerning allegations of child sexual abuse are not named. Nor, with a few exceptions, is their position in the community or relationship with the child disclosed. The sources of records are not identified unless such information illustrates how a relevant service provider responded to an allegation. The term 'carer' or 'relative' has been used in an attempt to further disguise the identity of the victim and offender.

Over the period encompassed by the investigations, the predecessors of the Department of Families and Communities and Families SA have had different names. For the purpose of this chapter the expression welfare is used. To use the name of the department at the time relevant to a particular investigation, along with other information, may tend to identify a victim, perpetrator or witness.

Some children's cases of abuse may fit into more than one of the categories which have been mentioned. However, the allegations of sexual abuse relating to an individual child has been written up only once. Some of the allegations have been mentioned again in subsequent chapters where relevant.

### Extra familial – adult male on female child

As a result of the Inquiry's investigations, it has examined many instances of sexual abuse by adult Anangu men of young Anangu girls, the youngest of whom was 10 years of age.

The statistics alone do not adequately reveal the range of child sex offences identified that involved an older man on a younger, post-pubescent Aboriginal girl. The following section attempts to indicate the essence of the nature and extent of such offending, and some of its contributors and consequences. The types of offending are broken into categories of 'opportunistic offenders'; sexual favours in return for petrol; and those involving the 'promised wife'.

Families SA submitted to the Inquiry that anecdotal information indicated that sexual offending on the Lands against children and young people is intergenerational and cyclic across numerous community groups. Families SA said that one group of offending could be called 'opportunistic offending', which was

*Where there is intent to engage in such behaviours may exist, however, the timing of actual acts is unpredictable, offenders may engage in such activities due to inebriation, desire or assumption of right to do so. This type offending is difficult to predict and monitor given its unplanned and spontaneous nature.*

One 15-year-old girl, who was being treated for STIs, was involved in a relationship with an adult man. Her family considered him to be unsuitable. The girl's family had been trying to break up the relationship, and the girl was threatening to self-harm. The family allegedly inflicted physical punishment on the girl, including beatings from male family members.

An older man was also believed to be making sexually motivated advances towards the girl, so

her family intervened and moved her from the community. One witness told the Inquiry

*... the thing that's really confirmed in my mind that he was trying to force something to occur there. So they've obviously, I think, felt the need to remove this child from this situation.*

A girl, aged 15, was allegedly raped and an 18-year-old man was arrested. Records describe the girl as a 'chronic petrol sniffer, having numerous sexual partners.' DNA tests showed recent sexual activity with another adult male named by the girl as a witness. Police did not pursue further inquiries with the girl concerning this man.

Records indicate that after the arrest the families of the alleged offender and witnesses threatened the girl. There is no evidence that a mandatory report was made until police contacted welfare seven months later. Welfare records indicate the girl was 'moved to another community by supportive family members but has returned '... hanging out again with the same men who raped her.' The welfare file was closed: 'matter referred to police, family supportive, no further action required or taken'.

Police records show the prosecution tendered no evidence in court. This Inquiry was told that the girl 'did not want to proceed... she was intimidated at the time. (The) evidence wasn't particularly strong'.

The girl tested positive for STIs at the time of the alleged offence and on three other occasions. The Inquiry found no evidence of the results being reported to welfare.

Another girl came to the Inquiry's attention as a result of a person giving evidence about an assault. This girl, aged 15 years, was suspected of having been beaten by the man with whom she was sexually involved.

Records show the girl was the subject of at least four relevant mandatory reports over a three-year period.

## Part II Child sexual abuse on the Lands

First, welfare was notified that at the age of 12, the girl was part of a group of girls having sex with teenage boys and young adult males. There were doubts that these sexual relations were consensual. The female police officer spoke to the girls, who denied they were having sex. The police did not tell the girls' parents 'because of sensitivity of situation and possibility violence may occur in community once information is disclosed to parents'.

Welfare records indicate that the girl, aged 13, was the subject of a mandatory report, which alleged she was in a 'wrong-way'<sup>1</sup> sexual relationship with an 18-year-old man. Attempts to locate the family and the girl were delayed due to staff shortages. By the time welfare travelled to the Lands to find them they had moved interstate. Police made inquiries and a police incident report was raised but the girl made no disclosures and police investigations ceased.

Aged 14, the girl was in the company of a 19-year-old man, who was threatening suicide. Health professionals warned the man that having a sexual relationship with anyone under 17 was a criminal offence.

About a year later, specialist health professionals reviewed the girl because of concerns about her mental health state. The girl admitted to the assessing doctor of her ongoing sexual relationship. The doctor noted that 'her immediate family have distanced themselves from her, alienating her further from any support network'.

Police made two attempts to discuss the matter with the girl, but she did not disclose a sexual relationship with the man. There were indications that the girl was not consenting to the relationship.

Shortly after, a male in the school grounds physically assaulted the girl. The police located the girl's family who advised that the girl was fine and

living with her boyfriend. Police records note that the family was not interested in discussing the alleged assault. Police spoke to the suspect but concluded there was insufficient evidence to proceed until the girl could be located.

As a 15-year-old, the girl was reported as residing with a 19-year-old man. Police report to welfare that they have been unable, even with local assistance, to locate the girl since the assault, two and a half months after it occurred. Records note

*the issues to be explored are whether (the girl) is in a consensual relationship or in a sexually and physically abusive relationship.*

Welfare records indicate the girl stated she was in a consensual relationship but that her boyfriend has violent outbursts and that these scared her. Welfare helped the girl to identify a safe house in the community and encouraged her to contact the office if she needed to.

Six months later, the girl, aged 15, was physically assaulted by a 20 year-old male in a violent attack.

A girl, aged 15, was diagnosed with a STI. Records note that the girl was suffering from depression and talking about committing suicide. She was sniffing petrol and carers were struggling to supervise her. Her carers were said to be concerned about the girl's relationship with a young adult male and wanted 'whitefella police' to ensure the girl resided with them or not be in the community.

Welfare assessed that the girl is an 'adolescent at risk' because of her petrol sniffing. They are later advised that the girl had been in a 'wrong-way' relationship with a 21-year-old man since she was 14. Police decided to refer the questioning of the girl to her local medical clinic because of concerns over her emotional instability. Welfare described their efforts to interview the girl and obtain

<sup>1</sup> Like all societies Anangu have fixed rules around marriage. Traditionally a 'wrong way' relationship occurred if the basic rule that governed the kinship system was broken.

disclosures as 'unsuccessful' and closed the intake. Police took no further action.

Later that year, the girl was referred to a psychiatrist, who noted that

*she has become ostracised by what family supports she did have in (the community) due to her wrong way marriage ...*

*... the couple were evicted ... a few days previously after a protracted marital dispute that escalated and involved threats of self harm...*

The girl did not participate verbally with the psychiatrist so 'a cognitive assessment could not be performed. After all this is not an easy situation to deal with!' There is no evidence that the girl received any follow up mental health assessment or counselling support.

Over the next two years, the girl, aged 16 and 17, was diagnosed with four STIs. The Inquiry saw no evidence of reports concerning these STIs being made to welfare. At the age of 18, the young woman was involved in a domestic violence incident. Medical notes indicate symptoms of depression and swollen black eyes. The young woman revealed that she had been bitten, dragged and beaten with steel.

A group of community members allegedly saw a man in his mid-30s from outside the Lands having sex with a girl aged 15 years. The girl was said to be 'obviously not liking it' and walked away from the incident crying. There were allegations that the girl was depressed and regularly using marijuana, given to her by her carer's boyfriend.

Some months later, the girl was diagnosed with gonorrhoea and chlamydia. She said she had a sexual partner from outside the Lands but couldn't remember his name. There appears to have been no mandatory report.

About a year after the alleged rape, welfare was notified. They classified the intake 'extra-familial' abuse and referred the matter to police. Police investigations were closed 'abuse not confirmed'. The details of these investigations are not known to the Inquiry.

In one case, a girl aged 12, was pregnant and had a sexually transmitted infection. Records show arrangements were made for the girl to see a social worker interstate for further counselling and assessment. She was treated for the infection and the pregnancy was terminated. The girl refused to name the man but he was believed to be 'youngish'. Having informed the police, welfare closed the intake.

Police advised the Inquiry that a record was raised but because the victim nominated no 'suspect', the case was closed.

A year later, aged 13, the girl reported to the health clinic. She was again pregnant and diagnosed with chlamydia. Records state: '[the girl] is known to be in a relationship with an older person'.

Welfare assessed the situation as requiring a Tier 2 intervention.

*intervention is warranted due to the uncertainty of how protective the mother is in keeping [the girl] safe. [The girl] will need supports in place to assist her in her pregnancy due to her young age.*

The next day the assessment was down-graded as 'there is no indication that family are not protective hence it does not fit Tier 2 assessment'. There is no suggestion that welfare met with the family or the girl to come to this conclusion. The pregnancy was terminated and welfare closed the intake. There is no record of a report being made to police.

In subsequent years, the girl was again diagnosed with STIs. The Inquiry could find no record of these being reported to welfare.

## Part II Child sexual abuse on the Lands

Police learned of a rumour that the girl, at the age of 17, was raped. The police spoke to the girl, who denied that a rape had occurred. She said she was drunk and refused to name the man involved. A key witness immediately left the state. The man was said to be powerful in the community.

Police took five months to file a mandatory report. By that time, the girl had turned 18 and welfare had closed her file.

**R**ecords show a girl aged 13 years was pregnant and the baby's father was aged 19. The girl and a relative went to a hospital where the pregnancy was terminated. The matter was reported to the Child Abuse Report Line (CARL) and assessed as 'extra-familial'. Welfare was advised that the relationship appeared acceptable to the girl. CARL directed the matter to be referred to police and passed it on to the Coober Pedy welfare office. Ten months later the notification is closed: 'No action was taken on this notification as staff were absent due to sick leave'. Police were notified but it is unclear what action they took. The record that 'the relationship appeared acceptable to the girl' is surprising and of considerable concern given her age.

Records show that as a 15-year-old, this girl was admitted to hospital as a result of being assaulted by the man who was the father of the aborted baby. The man pleaded guilty to this assault and was given a period of community service. The Inquiry saw no record of any charges being laid for unlawful sexual intercourse. The matter was assessed as 'extra-familial' and the girl as an 'adolescent at risk' as 'she has thwarted attempts by those wanting to help her get into a safer environment'. Welfare assessed the matter by phoning local health professionals for an opinion of the girl's carer. The Inquiry saw no record that welfare met with the girl, her carer or her partner.

Welfare closed the notification 'No grounds for intervention'.

Aged 17, the girl tried to commit suicide. Records allege that the girl's partner was 'frequently sniffing and smoking dope' and had been charged on a number of alcohol-related offences. Notes describe the girl as 'downcast' and refer to 'ongoing issues of domestic violence' including violence against the young man by the girl's family. The girl was transient between the Lands and another community where her partner was living.

Police records showed that the girl continued to be physically assaulted by her partner. The Inquiry saw no record of the girl receiving counselling or mental health treatment except when her pregnancy was terminated.

**P**olice records allege a teenage girl was dragged down a creek bed and raped by a man in his 40s. About three months after the alleged rape, the girl was noted as pregnant. Records indicated that the offender was an older man.

A man was consequently arrested and charged with six sexual offences against the girl. At trial, he was found not guilty of all alleged offences. This Inquiry was told that 'the jury got very distracted by the evidence about drinking and petrol sniffing ...'

**W**elfare records show that a girl, aged 13, twice tried to commit suicide in the space of a month. Her primary carer recently had died. The second attempt was serious and the girl was evacuated from the community for psychiatric treatment. A witness to the events had a 'gut feeling' that the girl may have been sexually abused by a relative because she commented that a person had been drinking and touching her. The Inquiry saw no note of these sexual abuse concerns being forwarded on to the police.

Later that same year, a mandatory notification was made alleging the girl and several other girls were having sex, possibly against their will, with young Aboriginal men. The police identified a number of suspects, and according to records 'kicked them out of the community'.

Records show that a few weeks later that girl made another suicide attempt. There were suspicions the attempt had been triggered by community accusations that the girl was having a sexual relationship with a married man. She was classified by welfare as an 'adolescent at risk' and referred to the welfare district office. Records state that welfare had had 'almost nil contact recently' with the girl and mentioned the matter to the police because 'perchance the local CIB were visiting'.

A few months later, the girl was hospitalised after a physical assault. Health professionals expressed frustration at welfare's apparent lack of action.

*...is a girl forced prematurely into an adult role for which she has had inadequate preparation. A history of severely disrupted attachments, a dysfunctional family... Her current situation is very worrying. She is prey to older men sexually... She is in no way psychologically competent to negotiate these types of relationships, which are indeed exploitative and possibly predatory as they are currently constituted. Moreover, (the girl) may seek such relationships for the ephemeral sense of support/caring that such relationships may provide albeit temporary and destructive. For such individuals any form of relationship whether it be abusive or not is better than nothing. I would urge (welfare) to undertake the appropriate assessment and care of this 14 year old girl who I believe is not under adequate family supervision, is not attending school, is being sexually exploited, becoming substance dependant (petrol), is at medium to long term risk of self-harm.*

Consequently, a family care meeting was held and a care agreement was agreed upon which included an obligation on the family to keep the girl safe and ensure she attends school. Welfare was obligated to monitor her health and safety via fortnightly visits. Another professional observed

*I am pessimistic about this family's ability to keep this agreement but at least a monitoring process has been set up ... I still believe that this child needs to go to school and be looked after out of the community...*

About a week later, the girl was diagnosed with a STI. The girl was believed to be having sexual relations with an unidentified male. What followed after the family care meeting was made is not known to the Inquiry because it did not request the girl's file. The Inquiry, observes however, that no further mandatory reports are recorded.

A police incident report shows that a drunken, unidentified Aboriginal man saying 'I love you' grabbed a 15-year-old girl at work on the backside and groin. She pushed his hand away and told him she would call the police. Another man arrived at the scene. Police were unable to establish the identity of the offender.

A girl, aged 15, was diagnosed with a STI. The Inquiry saw no record of a report being made to welfare. A few months later a mandatory report was made following concerns that the girl was sniffing petrol and that her family home had become a sniffer's residence. CARL assessed the situation as requiring a Tier 2 response and noted:

*....allegedly there is no real adult supervision in this house. Due to her sniffing petrol and being vulnerable to harm an investigation by the department is warranted to assess these concerns and ongoing care and protection.*

The matter was referred onto the Coober Pedy welfare office for action. One year later the intake was closed with no action and marked 'resources prevent investigation'.

As a 16-year-old, the girl was pregnant and had a STI. The Inquiry could find no record of these matters being reported to welfare. The pregnancy was terminated. Records state that 'most of [the girl's] family are indulging in petrol sniffing or alcohol abuse and have not provided much support.'

Records show that aged 17 years, the girl was severely physically assaulted after she refused to have sex with her boyfriend. Both were sniffing petrol. A witness to the Inquiry said that the perpetrator had said

*'...she deserved it. She sleeps with other men. She goes off with other men.' He just thought that's what you should do ... that was his clear attitude ... he just volunteered this information ... arrogantly.*

In court, the man pleaded guilty, was convicted and sentenced to imprisonment for several years. Records indicate the man had an extensive criminal history of violence, breaching court orders and a conviction for sniffing petrol.

Welfare notes reveal that shortly after the attack, the girl physically assaulted a relative on a number of occasions. CARL assessed the girl as being an 'adolescent at risk', concerned that she would become homeless because her family could not tolerate her behaviour, and because she was declining medical help. The girl received a mental health assessment and was diagnosed as having behavioural problems. Records indicate that no mental health plan for ongoing treatment was prepared.

A witness told the Inquiry that the girl was 'scarred for life'. The witness was critical of the court's sentence.

*Imagine, if you can, being (assaulted) for refusing sex and the person gets effectively a*

*slap on the knuckles ... Why would you go through years of vilification, abuse and ostracisation in small communities? ... it's just wrong that this guy doesn't get any effective punishment.*

*You know, this is educative for communities. ... You can be violent and destructive to get your own way... and anybody who stands up to you gets publicly vilified and hounded, sometimes having to leave communities and always being talked about and sniggered about by... often powerful men in communities, so, not surprisingly, people don't want to testify.*

**H**ealth records show that a girl, aged 15, became pregnant, allegedly to a 27-year-old man with whom she was living. She attended the clinic in the fifth month of her pregnancy after a friend notified the clinic. The girl was also diagnosed with a STI. She died in hospital following complications with the pregnancy. The Inquiry saw no record of any of these matters being reported to either welfare or police.

**R**ecords show that a girl, aged 12, was diagnosed with a STI. Records indicate that the girl's carer had concerns for her: 'perpetrator was sent out of the community after he got a bashing from the girl's family, apparently (the girl) was a consenting partner.' It was suspected that the male involved was a young adult.

At the age of 13, the girl became pregnant and had a baby. The age of the girl's partner is unclear. The Inquiry saw no record of the pregnancy being reported to welfare or police. Some years later a close relative allegedly sexually abused this baby. At the age of 15, the girl was diagnosed with a STI. The Inquiry saw no record of alternative care arrangements being considered for this girl.

Other records indicate the girl subsequently came to the notice of police for petrol sniffing over several years as a young adult. She had a relationship with another petrol sniffer and during this period records indicate that she suffered 19 different reported instances of domestic violence fuelled by petrol, alcohol and marijuana. She had another child who regularly became the subject of mandatory reports of neglect and was hospitalised on several occasions. Many of the domestic violence attacks also were directed at the young child. In one instance records indicate that no cooperative family member could be located to accompany the baby on an emergency medical evacuation flight.

The baby was put into relative care under a family care meeting agreement. A carer removed the child from relatives on several occasions, breaching the agreement.

**A** 10-year-old girl was taken to a health clinic in a distressed state by a relative. The relative said the girl had been raped. The whole of the medical notes relevant to this incident are not on the file or have not been copied by this Inquiry clearly. The incident happened before relevant computerised police and welfare records were kept. Nothing further is known about the matter.

**R**ecords show that a teenage girl was at a youth centre when she was tricked into getting into a car with a man in his 20s. The girl's mother told the Inquiry

*I sent my kids to the youth centre ... like any other mother would think that their kids going to the youth centre, that they're going to be safe... They will be protected, and everybody is family and they all look after each other ...*

Records allege the man drove the car out of the community and attempted to rape the girl. She

escaped and ran several kilometres back to her home. The police were called.

The next day, police drove several hundred kilometres and arrested the alleged offender, which resulted in substantial community unrest involving spears and iron bars.

Subsequently, the girl's father was arrested and imprisoned for violence-related offences against the alleged offender and his family. The culture of 'payback' continued with violence against the girl's family.

The school organised a meeting about the safety fears concerning the mother's children. 'The only thing they could offer... was to send [the girl] away [to school off the Lands] ... I took up the offer ... I wanted her to be safe ...'

One witness told the Inquiry the girl 'felt she could never go back to her community, walk on country, share happy times and stories ... He could go back no worries.'

Some time after these events, the mother took her children from the Lands to live elsewhere. The mother said they left for safety concerns. The community 'had just totally changed; a lot of drugs, petrol, alcohol was coming in'.

**W**elfare records suggest that a 14-year-old girl was involved in an allegedly 'consenting' sexual relationship with a much older Anangu man. A family member had caught the girl with this man and had dragged her out of the house. The family member belted her with a stick, which resulted in bruising. A notifier expressed concern that the girl was unfed and wandering around the community after midnight. Records describe the girl's mother as a big petrol sniffer. The daughter also was known as a petrol sniffer.

CARL assessed the matter as Tier 2 and directed the alleged physical abuse and neglect by family

to be investigated. The Inquiry saw no mention of welfare seeking to investigate concerns for the child's safety given the circumstances of her sexual relationship.

Arrangements were made for the girl to stay with a non-Anangu carer. Welfare records state that the family were unaware of where the child was staying and that it would be inappropriate to discuss concerns about neglect or physical abuse with the child or her family at this point. Welfare noted that the child was soon to spend time with a relative interstate and that there was 'no need to inquire into this further'. It was remarked that 'due to the consensual nature of the relationship charges are unlikely to be pressed'.

Police records show that the identity of the man was suspected but never established. It appears that police did not interview the girl or the suspect. The final entry on the police report says 'victim is no longer at risk. Insufficient evidence exists or likely to be obtained with view to prosecution'.

The girl returned to the community some months later unhappy with staying with her relative interstate. She returned to live with the non-Anangu carer. Welfare assessed that their involvement was not required. A year later, the girl was notified for sniffing petrol and assessed by CARL as 'being at high risk of harm'. Welfare records indicate that they could not find the girl and that she was allegedly staying with a different carer. The Inquiry saw no further records concerning this girl.

A girl, aged 13, gave birth to a baby, whose father was aged 19, according to records. The Inquiry could find no record of the pregnancy or birth being reported to welfare or police. Later that year, according to records, domestic violence allegedly occurred when the girl was hit on the head with a rock while she had the baby in her hands. Welfare became involved and initially assessed the girl and the baby to be at risk. The

intake was closed some weeks later with the 'abuse not confirmed'. The child was said to be 'living in a marriage relationship' and well supported by relatives. Agencies report that the incident is out of character for the man.

A year later the baby was admitted to hospital for failure to thrive concerns. Records allege that the girl had not been caring for the baby due to alcohol abuse. The girl said she was not able to care for the baby and the baby was formally placed in the long-term care of a relative.

Health records show that aged 15 and 16, the girl was diagnosed with STIs. The Inquiry could find no evidence of them being reported to welfare. Police records show that aged 17, the girl was the victim of domestic violence when she was struck with a piece of steel.

Aged 12, a pregnant girl presented at a hospital with complications and as a result the pregnancy was terminated. Police records show 'foetal matter was not gathered for evidence. If it had been, [named man] could have been charged with unlawful sexual intercourse'. The man was in his 20s and the relationship was 'wrong way'.

Welfare records state that the girl was in the care of a relative living interstate. Her mother had passed away and her father was living elsewhere. The pregnancy was reported to welfare.

Whilst 12 and 13 years of age, the girl made eight separate complaints to police about domestic violence committed upon her by this named man, who was seven years her senior. According to police records, she subsequently withdrew four of these complaints on the ground that she did not want him to go to court as she was planning to marry him.

The girl and her violent and sexual relationship as a 12-year-old was notified to welfare when she

presented to hospital following an assault. The man had told the notifier 'white man's law does not apply on the Lands and that lot of girls younger than ... live like they are'. The girl had scars all over her body and the family was said to be concerned about this relationship. The girl said she did not know why the man hit her but that he was not drinking. CARL assessed the matter as 'notifier only concern ... insufficient information has been provided to allow a ... response'. Some days later, CARL reassessed the matter as Tier 2, noting:

*It is very concerning that [girl] appears to be living in a violent relationship with a much older man, apparently without the support of a guardian, and at such a young age. ... is at significant risk of ongoing physical abuse and is not of an age where she can give informed consent to a sexual relationship. An investigative response is warranted to assess her immediate and ongoing safety.*

Two days later following discussion with welfare officers, the matter was downgraded to 'notifier only concern':

*... alleged perpetrator of physical violence directed at the girl is her current partner and not her caregiver ... [the girl] is placing herself at further risk of harm by remaining in this domestic violence relationship.*

Police records show that aged 13, the girl was bashed so severely that she was admitted to hospital. This bashing also breached a restraining order. Following one assault, welfare noted that '[the girl] expresses concern about her partner telling her that the evil spirits will cause her harm if she does not sleep with him'.

The girl subsequently left that violent relationship and, aged 16, entered another violent domestic relationship, which has seen further police and

court involvement. The girl became pregnant at the age of 16 and had a baby during this relationship. Her partner allegedly assaulted her on several occasions, including kicking her in the stomach and she attempted suicide during her pregnancy. The Inquiry could find no record of the pregnancy or some of the alleged assaults being reported to welfare.

Aged two months, the baby was notified to welfare after reports someone had shaken the baby. Welfare investigated and confirmed the abuse.

Records indicate that at the age of 13 years, a girl disclosed that an 18-year-old 'had sex with her ... it was unwanted and she was not happy it happened ... she went home afterwards and had not told anyone'.

The 18-year-old male was implicated in a number of other allegations examined by this Inquiry. The girl was asked if the police should contact her, but she 'appeared not to have any understanding as to why police should be told'.

Police records show the Sexual Crime Investigation Branch (SCIB) of SA Police interviewed the girl, who did not make any disclosures. She had earlier told welfare that she did not want the man to go to jail but wanted police to tell him not to do this to her again.

Later that year, still aged 13, the girl became pregnant to a 16-year-old boy. Records indicate that the girl was admitted early to hospital because she did not have a stable place to stay and had received little antenatal care. Her carer 'has a chronic gambling and alcohol problem and because of this does not maintain accommodation' for the girl. Welfare confirmed that child abuse and neglect had occurred.

Welfare records note that they were 'aware that the father of the baby is the same age as the girl and pregnancy is not a result of sexual assault'. The matter was reported to police but the extent and results of investigations are unclear as a police incident report was not raised. Whilst pregnant the girl was assaulted by another man visiting the family home after she refused to have sex with him.

According to health records, a 13-year-old girl presented to the clinic concerned that she was pregnant. As a 15-year-old she was diagnosed with STIs. The Inquiry could not find a record of these matters being reported to welfare.

The girl had come repeatedly to the attention of welfare since a baby, with allegations of her physical abuse and neglect confirmed almost annually up to the age of 10. At the age of 14 and 15 police records show she allegedly had been the victim of two assaults on her by females.

Records show that at the age of 16 the girl was diagnosed with a STI. The Inquiry could find no record of the STI being reported to welfare. Two months later, records show that the girl was staying with a man in his 20s because she had nowhere else to go. They were considered to be married but not in a traditional sense. She had earlier been the subject of a mandatory notification due to a domestic violence incident. Police records do not record such allegations being reported or investigated. The girl was noted as having returned to her mother's care in another community.

At the age of 17, the girl was diagnosed as pregnant to a 20 year-old male. Records suggest that the girl may have been the victim of domestic violence in the early weeks of pregnancy. Neither the pregnancy nor the suspicion of physical abuse were reported to welfare. The baby was born when the girl was aged 17 years. Some months later, the girl was reported to police as being assaulted by her partner, endangering the baby. The baby's

parents were confirmed by welfare as maltreating the baby following incidences of domestic and public violence, and drunkenness.

In all, the Inquiry noted 49 welfare intakes for this girl relating to neglect, ill-health, failure to provide medical care, poor school attendance, parental absence, violence and alcohol abuse.

### Sex for petrol

The Inquiry received evidence of girls having sex with men in exchange for petrol. During the years 2001 to 2006 girls of the ages of 12 years to 16 years were involved in two particular communities. Two of the girls, while in their mid-teens, gave birth to children. One of the girls gave her child away. Although there is no evidence that the children were conceived when sex was given for petrol, the Inquiry was informed that 'sex for petrol' was a common practice.

Other girls were involved and suffered serious consequences of the sexual activity, including attempts at suicide.

The incidence of petrol sniffing on the Lands was widespread over the years, as was reported by the State Coroner after the inquests in 2002 and 2004, which are mentioned in Part III of this report.

Surveys undertaken by Nganampa indicate that over the years the incidence of petrol sniffing has reduced. In 1993 it was reported that there were 178 petrol sniffers. In 2006 it was estimated that about 70 people were sniffing petrol and in 2007 about 38 people.

The Inquiry was informed that until the introduction of Opal petrol onto the Lands in 2005, the practice of petrol sniffing was rife and many girls were involved. That type of petrol is not suitable for sniffing. Although the extent of petrol sniffing has substantially reduced, the practice still exists and 'sex for petrol' probably continues to occur.

In 2003, the petrol sniffing epidemic on the Lands resulted in Families SA social workers, who were based in the Coober Pedy District Centre, being unable to give meaningful response. One mandatory report outcome includes

*... family and the community are feeling a sense of hopelessness re: petrol sniffing and ways of deterring such behaviour.*

*This is one of nine intakes received about the issue of petrol sniffing. The DC [district centre] do not have resources to respond to these young people... is discussing this issue with members of Executive so that a [welfare/health department] response can be arranged.*

Mandatory reports made to CARL told how girls were 'prostituting themselves either for petrol or money to buy it' and how suspects were

*... hanging around the school yard ... offering petrol in exchange for sexual favours ... asking the young people to lie down beside the cars so they don't get caught.*

A relative of one girl told the Inquiry how one night his niece didn't come home.

*People said 'Oh, she's just got in this car', and I then drove up a bit further and asked, 'Oh, the car has just gone past here,' and we tracked her right out bush, out to a homeland ... at that time she was probably 13 or 14, and she had a friend who was 12, and I discovered that there was a man that was taking out girls for petrol to a homeland just out here.*

*I found the girls next morning, at about 8 o'clock, and where they'd ended up sleeping, and I got them back in the car. I took them home, and I was very angry ... I felt like I*

*wanted to ... grab a baseball bat ... stop him in his car in the road and knock all his windscreen out, his headlights and all that.*

The man sought counsel with the extended family of the girls, who told him

*'you can't do that by yourself. We have to do this together. He's been doing that for a long time, blah blah blah.' so everyone knew about it. That was what probably distressed me most - was that everyone knew about it and it had been going on for a long time. They said, 'if it happens again, we'll come with you and we'll all do it.' So I didn't ... I just left it at that point.*

At one community, there were several men, aged in their 40s, whom many suspected were involved in supplying petrol in return for sexual favours.

A person who spoke to the Inquiry said that one of the men had a stockpile of petrol at his homeland;

*I followed up with the homelands office, and they had been delivering, at his request, 44-gallon drums of the real stuff because he said Avgas was no good for his car.*

This man was the most-often mentioned sex-for-petrol suspect; being the subject of nine police reports in 2003 and 2004. A police report says

*The girls are believed to have been chosen by him due to their petrol sniffing and because they do not have fathers or older male family members in the community to protect them.*

This targeting of vulnerable 'sex for petrol' girls was highlighted in mandatory reports that included girls who 'do not have a home and just wander around and sleeping in friends' beds when they get up'.

Another girl, aged 14, was 'diagnosed with a sexually transmitted infection ... is a chronic petrol sniffer as is her mother'.

## Part II Child sexual abuse on the Lands

One girl, due to her father's death and her mother's drinking habit, had a history of being looked after by her over-burdened relative. A mandatory report recorded that the relative was 'buckling under the strain. The relative did not have enough food for all her family. ...did not have any money to buy food for them'.

Another girl was described to the Inquiry as '... effectively homeless from the age of seven...' moving between community and between relatives and friends.

*She was going to school, she was apparently well fed and happy, but just this nomadic homeless existence. She has got family members who have interfered with her care by insisting that she come back to their care. Once she was in hospital in Adelaide ... arrived back here on Friday and on Saturday they were out [interstate] and left her on her own.*

Police interviewed one suspect who was found in possession of petrol but he denied any 'sex for petrol' allegations. A social worker reported that the families of the petrol sniffers stated that the man had made threats to the girl for her not to tell. At the time of these incidents, uniform officers policed the Lands.

In mid-2004, a local police officer submitted a report to his regional superior officer. The report stated that police and welfare workers had spoken to several girls and that the suspect had been stopped and questioned numerous times but no disclosures or a confession had occurred.

Teachers, community members and carers of the girls had been approached. Suspicions of the man's activities were passed on but no one was willing to give an incriminating statement. The report of the police officer stated

*There are a number of issues such as, fear of reprisal, culture, gender and age, which are a*

*barrier to police obtaining statements and information from members of such communities and in particular, young people. None the least is a lack of familiarity and trust of police officers.*

The officer requested that two female police officers from a nearby town be tasked to visit the community as often as possible for the purpose of

*... engaging the youth, in particular young girls with the goal of gaining their confidence and building better rapport. The school has expressed their keenness to facilitate such police interaction, which could include presentations on protective behaviours.*

His report stated that

*such a tasking would result in a greater level of confidence among the youth to communicate with police ... may give them the confidence to confide in police when they are, as they often are, the victims of ... sexual abuse.*

He also highlighted that the provision of such police involvement in the school would be no greater than that enjoyed by many schools in the Adelaide metropolitan area.

*Whilst my concern ... is directed towards the child abuse issue in this community, I would like to see a similar involvement in each community. I recognise this would have substantial resource implications, but it may, in the long run, show more benefits than other programs that are equally resourced.*

The police officer said that permission was given for the women police officers to work with the school, provided operational staffing requirements could be met. However, police staffing numbers did not allow for his plan to become a reality.

The Inquiry identified many more children who were involved in giving sexual favours in return for

receiving petrol. The following summaries set out immediately below describe the nature of that sexual abuse.

**A** mandatory report stated a man took a girl aged 12 years (and another girl aged 14 years) 'into bush for sex in exchange for petrol'. The welfare child protection outcome is noted as 'referred to police'. The girl moved to away from the Lands for schooling.

Records show that some months later, the girl, then aged 13 years, had returned to the Lands for the school holidays. She was diagnosed with a STI and she requested contraception from a health clinic.

Shortly after, welfare received a number of mandatory reports concerning the girl's petrol sniffing and sexual activity. One notifier suspected that the girl, and another girl 'are prostituting themselves either for petrol or money to buy it... No one is looking after the girls'. Another advised that the girl was living in the sniffer's house and her carer appeared to have no control over the girl's abusive behaviour. Neglect, however, was not confirmed by welfare's investigations. The matter was again referred to police.

The police records show the suspect suppliers of petrol in return for sex were Aboriginal men aged in their 40s. Welfare records show that two of these police reports mentioned the 12-year-old girl as being a victim of this 'sex for petrol'.

The police records state that

*children had shown where (the man) takes girls out into the bush to have sex with them in return for petrol.*

Police interviewed the man, who was found in possession of petrol but he denied any 'sex for petrol' allegations. Soon after, records allege that the man made threats to the girls for them not to tell. Police and welfare visited the community and spoke to the girls but none of the girls would discuss any involvement with the alleged suspect.

At the age of 14 years, the girl was again diagnosed with STIs and continued to sniff petrol. At the age of 15 years welfare records indicate that plans were made to assist the girl and her family to relocate to Adelaide for her safety. It is not known whether this occurred as some months later the girl was living interstate when she became a victim of domestic violence. Concerns were also voiced that she may have been sexually assaulted.

**R**ecords show that a girl, aged 14 years, was diagnosed with STIs and that it was suspected that petrol sniffers had raped her. Concerns were also expressed that the girl may have had unconsenting sex with her boyfriend and it was suggested that the girl be given a mental health assessment. The girl was not attending school and was her mother's primary carer from time to time. Her mother was disabled as a result of chronic petrol sniffing. Her father was absent. Police records show that the girl did not make a disclosure when spoken to.

Yaitja Tirramangkotti (YT) welfare was advised and YT, concluded that intervention was warranted 'to address her abusive behaviour'. However, the welfare office at Coober Pedy closed the intake because they were 'unable to respond'.

About six months later, aged 15, she was again diagnosed with STIs, according to health records. They do not appear to have been reported to welfare.

Shortly after, the girl was again reported to welfare as petrol sniffing with her mother. YT again directed that welfare intervene 'to provide assistance, support and to empower young person and caregiver to make safe and healthy lifestyle choices'. Two months later welfare recorded 'case will be closed as there is no identifiable case management role for an allocated worker.'

At age 16 years, the girl was identified as one of many petrol sniffers who were suspected of

engaging in 'sex for petrol'. In assessing the matter, YT conclude that 'whilst concerns raised are very concerning, there is no specific information that reasonably suggests that child abuse has occurred'. It was also noted that the Coober Pedy welfare office did not have the resources to respond. The matter was referred to police.

Records show that Child and Adolescent Mental Health Services (CAMHS) was asked to review the girl, aged 17

*... has been sniffing petrol for at least three years ... has not had effective parenting for most of her life... suspect that she has a degree of intellectual impairment.... suspect that she has been sexually exploited over the years.*

The Inquiry could find no record of CAMHS seeing the girl or providing advice in writing.

**O**ne girl, 14, had a serious petrol sniffing habit. She gave birth to a child and is believed to have kept the baby, with support from relatives. Shortly afterwards, she was strongly suspected of trading sex for petrol with older men in her community. The Inquiry found no records of her pregnancy being reported to welfare or police, and does not know if any action was taken over her petrol sniffing habit.

**R**ecords show that a young boy, aged 15 years, had a history of petrol sniffing and engaging in unprotected sex. He had also acquired a STI. On one occasion, there was a violent incident involving an older member of his family, who allegedly assaulted the boy in an attempt to stop him from petrol sniffing. Records suggest that over the next few years, the boy continued to sniff petrol and also sell it to others. There are no records to suggest that this behaviour was reported to police.

**A** 15-year-old girl, with a long history of STIs, became pregnant and gave birth. Teachers became concerned because she withdrew from school, and was believed to be exchanging sex for petrol. Records show there was considerable concern for the girl and her baby as '...she was now sniffing petrol and drinking alcohol and unable to look after the child'. The girl gave the care of the baby at eight weeks of age to a relative.

Police also witnessed the teenager spending a lot of time with an older man, who was known as a supplier of petrol for sex, and other men who were known to the police for engaging in unlawful sexual intercourse. It was also reported that the girl's mother was frequently seen in the community drinking. Police and other agencies tried to stop the girl from mixing with the men, and sought to engage with her and other girls to 'give them the confidence to confide in police when they are, as they often are, the victims of physical and sexual abuse'.

The girl continued to sniff petrol. Welfare reported that the family and community were '... feeling a sense of hopelessness re: petrol sniffing and ways of deterring such behaviour'. At 16 years of age she requested the removal of a contraceptive device because she wanted another baby. Her first baby was still in the care of a relative.

Over the following two years, the girl was noted as being a repeated victim of domestic violence, including during pregnancy, and made a serious attempt to commit suicide. About a year later a custody dispute arose between the young woman and the relative caring for her first child.

**A** young girl began sniffing petrol at the age of 11, and over subsequent years was the victim of domestic violence and sexual abuse. Reports suggested that she was representative of

'recent allegations of young girls receiving petrol for sex or being plied with petrol until they are vulnerable to sexual advances'.

The family told welfare they were unable to prevent her from petrol sniffing and wanted assistance to move her out of the community to stay with relatives. The child was moved, but it was unsuccessful. A neuropsychological assessment found that the girl

*had extremely limited cognitive functioning ... her history of petrol sniffing was significant ... her impairment is such that she may become disorganised, disinhibited, sexually promiscuous and at times very violent.*

A girl, aged 12 years, contracted a STI. Records report that her mother was not surprised but the perpetrator was not known.

Police records show that about a year later, the girl attempted suicide after sniffing petrol. She was resuscitated and evacuated interstate. Two months later, the police suspected the girl was trading sex for petrol but it was not confirmed.

Later that year, the girl threatened suicide because 'she was sick and tired of her mother... being continually drunk and fighting with other members of community'. Around the same time, the girl's mother was arrested for assault.

Police records show that aged 14 years, the girl threatened to commit suicide several times. On one occasion the girl's family allegedly told police, who were investigating the family's involvement in a street fight, that they were not going to look for the girl because they were intoxicated and did not have a car.

Aged 15, the girl was diagnosed with a STI. This was reported to welfare some months later and assessed as a Tier 3 concern. Welfare reported two months later that they were unable to locate the

girl. The Inquiry saw no record that the girl received specialist assistance with managing her behaviour and drug abuse.

Records show that a girl aged 13 years was 'caught by police coming out of the bedroom of a known petrol sniffer.' She denied any sexual activity had occurred.

*... it is well known that older males are enticing young females into sniffing petrol and that they offer petrol for sex on the lands or the males get the females 'out of it' and just take advantage of them.*

Welfare assessed the girl to be an 'adolescent at risk' but concluded 'there has been no actual incident of child protection raised'.

A mandatory report later that year concerning the girl indicated that a number of suspect suppliers of petrol were 'hanging around the schoolyard and driving around the community offering petrol in exchange for sexual favours asking the young people to lie down beside the cars so they don't get caught.' Welfare closed the matter a month later 'no further role at this time' after referring the matter to police.

Three months later the girl was the subject of two similar mandatory reports. A notifier reported to welfare that one man

*drove around [the community] for 2 ½ hours looking for [the girl]. Notifier was told by three people that they had seen [the girl and another girl] get into [man's] car... then showed notifier the 'bush track' that they saw the car go up ... found [the girl] next morning about 11.00 am ... [the girl] admitted she had been with [the man].*

Police interviewed the suspect. He was found in possession of petrol but he denied exchanging it for sex.

Shortly thereafter, the girl, aged 14 years, was nominated as a STI contact and admitted to health professionals that she was sexually active. The Inquiry could find no record of these matters being reported to welfare.

After the fourth mandatory report, welfare directed an investigative response to assess the girl's ongoing care and protection. The matters were closed some months later as 'resources prevent investigation'.

A fifth mandatory report was made concerning the girl's sexual activity and petrol sniffing that year. It said the girl, aged 15 years, 'was ... prostituting herself either for petrol or money to buy it ... [the girl's] carer has 'lost control of her'. Her primary carer was said to be interstate, drinking. Welfare again classified the matter as 'extra-familial and adolescent at risk' and referred the matter to police. There is no indication these matters were ever investigated by welfare and an outcome reached. Police interviewed the girl, who denied any sexual involvement. It is unclear whether police took these matters any further.

Aged 16 years, the girl was diagnosed with a STI. The Inquiry saw no record of a report being made to welfare. She fell pregnant aged 16 and had a child at the age of 17, possibly while living for a period in another community.

Records show that a girl, aged 14, was found in the company of others and three adult males who allegedly preyed on young petrol sniffers. About nine months later, welfare reports show that she was 'one of the young people allegedly involved in sexual favours in exchange for petrol'.

Police records show that aged 15, the girl was the victim of a vicious attack interstate by another petrol sniffer, during which she was raped and stabbed. The offender pleaded guilty and was imprisoned. Welfare was notified that the girl 'has

been or is at risk of sexual abuse by older men ... older men are selling petrol to the young girls for sex'. Health records show that later that year, the girl was diagnosed with a STI. The Inquiry could find no record of this being reported to welfare.

A year or so later, the girl's case was closed by welfare, with records revealing frustrations at being unable to engage the family in the girl's care.

Another girl was aged 12 years when she was suspected of having been sexually abused by a male relative. She was brought to the attention of welfare with concerns that she was petrol sniffing, that she was not going to school and that her parents were generally neglecting her and drinking to excess. It was stated that she was going to live away from the community, to remove her from a dangerous environment. Welfare investigators confirmed that child abuse had occurred. The allegations of intra-familial abuse were not, however, mentioned in this assessment and do not appear to have been referred to police.

At the age of 14 years, the girl was diagnosed with a number of STIs. These concerns were relayed to welfare but there does not appear to have been a response. Some months later the girl again came to the attention of welfare, with repeated concerns that she was regularly moving between the Lands and other communities without supervision, sniffing petrol and had been seen trading sex for petrol.

The matter was assessed as Tier 2. 'Information suggests that family members have not intervened to ensure young person's safety and well-being and therefore an investigative response is warranted.' Welfare assessed the girl's risk as high and assisted her to return to her parents.

The following year the girl aged 15 years was again diagnosed with STIs and moved interstate. She was allegedly sexually involved with a petrol sniffer. During this time she was also a victim of a serious domestic violence attack. The file indicates that the

girl said she had finished with her boyfriend and married another man. Whilst the domestic violence matters were referred to police there is no indication that the allegations of sexual abuse were also referred.

**A** girl aged 13 years was allegedly in the grip of chronic petrol sniffing. Health records show the girl tested positive to a STI, but the result was equivocal. Shortly thereafter an Anangu male named her as a sexual contact.

Later that year, the girl was diagnosed with a STI. Police records show they ascertained the perpetrator probably was a man aged 19 and 'wrong skin' to the girl, but the girl refused to make a disclosure. The police took no further action.

Records show the girl had indicated interest in pursuing counselling services. There is no indication that specialist services were provided, but health professionals on the Lands attempted regularly to engage the girl with little result.

Welfare officers interviewed the girl's relatives who were caring for her. The girl's mother was living elsewhere and allegedly drinking, and her father was deceased. The relatives

*denied that they were aware of [the girl] having sex and stated they were very upset by this story. They wanted police involved. ... They have been having trouble with [the girl] as she is petrol sniffing and stated that she could have had sex with anyone ...*

Subsequent events suggest that the sexual relationship between the girl and the man continued.

Aged 14 years, the girl went to a house in the community in a hysterical and frightened state, after allegedly being beaten by the man, who was described in records as the girl's 'partner'. The domestic violence was said to be ongoing.

Aged 15 years, records show she was reported to be 'one of the young people allegedly involved in sexual favours in exchange for petrol'. A notifier expressed concerns that the girl

*... 'wasn't on this earth'... been sniffing for four years ... assaulted a staff member ... [the girl's] brain is starting to give way due to her abuse of petrol ...*

The action/outcomes of the welfare report state 'it is agreed that these issues are to be reported to Executive for intervention'. However, no further response was possible allegedly due to staff shortages.

Aged 15 years, the girl told police that a man had raped her a couple of years earlier. The girl nominated her 'partner' as the man and named him. She gave police a list of witnesses. Police spoke to those witnesses, who said they were not aware of the incident.

Police noted

*that the victim's allegation is unsustainable and unable to be corroborated. To arrest or report a suspect on the strength of the victim's statement would be irresponsible on the part of the reporting officer ... There is no credible avenue of enquiry available to investigators.*

Records show that the girl threatened suicide on numerous occasions. She was admitted to a mental health ward in a hospital. Some months later another report was made to welfare stating that, the girl, aged 16 years, was 'sniffing petrol and glue ... she wanders around all night and does not sleep or eat ... the petrol is brought by people outside their community'.

The girl was allegedly also 'prostituting herself either for petrol or money to buy it ... not coping at school ... crying and smashing things'. This intake was assessed 'young person is having sex with

## Part II Child sexual abuse on the Lands

unknown persons in exchange for petrol'. The intake was sent to police for follow up but a later file note suggests the case was never followed up, as the girl moved out of the community.

**A** teenage girl was the alleged victim of an older Aboriginal man trading sex for petrol on the Lands. While the girl had told some relatives who the offender was, she refused to co-operate with police or provide any statements.

When aged in her mid-teens, the girl was diagnosed with STIs as she moved between several communities in the region. The alleged perpetrator often travelled with the girl, and was trying to obtain the drug Viagra. At one stage, the girl's older relatives had taken her to a remote community for safe-keeping, but the man drove around looking for her. Several people told the Inquiry that this alleged situation of abuse was well known in the community but people were afraid to confront it because of the man's senior status. One person told the Inquiry that the man did not seem to appreciate that what he was doing was wrong.

One witness told the Inquiry that he first met the girl when she was seven, and formed the belief that she was uncared for and effectively homeless.

*She has got two parents who are alcoholic and are neglectful. I'm trying to say that the biggest concern about these kids isn't actually the sex sometimes. It's the fact that there's nobody to look after them. ... she would move from community to community. She'd stay with relatives, she'd stay with friends and, you know ... she was pretty evasive; but she was going to school, she was apparently well fed and apparently happy, but, you know, just this nomadic homeless existence.*

Despite several attempts to encourage the girl to make a disclosure, police were unable to

encourage her to name her abuser. She did, however, disclose that she had been sexually abused by an older male relative several years earlier; there is no evidence seen by the Inquiry that further action was taken regarding this allegation.

The girl continued to trade petrol for sex, and threatened suicide on multiple occasions. A disability services report found the girl

*... actively engages in petrol sniffing ... on a daily basis. ... will routinely prostitute herself to gain access to petrol... while sniffing, she is non-compliant with medication for the management of STIs ... regularly strips naked and runs through the community 'kicking and screaming' ...*

Numerous attempts to provide mental health care and substance abuse rehabilitation to the girl appeared to have had little impact.

**I**n the mid-2000s, a girl aged 14 years attempted to commit suicide. She was sniffing petrol and had previously come to the attention of welfare for concerns about neglect. She was detained under the Mental Health Act, assessed by local health professionals, and allowed to return home.

A couple of months later, the girl was found by police in a house with other children and adults petrol sniffing. She was suspected of exchanging sex for petrol. Police cautioned the girl and reported the situation to welfare. Welfare consulted with relatives, health professionals and her school. Arrangements were made by relatives to have the girl go to relatives at another community for a short time for her protection. It is not known whether this occurred because the girl was the subject of several other similar intakes within months. The welfare intake records that she is a young person at risk because 'she is sniffing petrol and appears not to respond to any attempts at supervision'. On

one occasion welfare closed the intake because of difficulties in engaging the girl. During this time, the girl moved between several relatives.

At the age of 15 years the girl was diagnosed with STIs. Soon after, she made a serious suicide attempt. She was found hanging and evacuated to hospital. She was seen by a psychiatrist but did not disclose much information. Mental health services interstate indicated they would not be following up as they had no service for children. A youth worker had been unsuccessfully attempting to engage the girl.

Six months later the girl was again diagnosed with a STI and welfare were alerted. Nine months later they closed the notification having made two failed attempts to locate the girl and her family. She was referred to CAMHS but they did not locate her. The local school counsellor continued to monitor the girl, who was reported as attending school intermittently.

**H**ealth records show that a girl aged 13 years attended a health clinic with her carer and requested contraception. As a harm minimisation measure, a contraceptive device was inserted after the consent was obtained. Counselling was provided and a mandatory report was made to welfare but the Inquiry saw no evidence of any welfare response.

Police records show that about six weeks later, the carer went to a reputed petrol sniffer's house to attempt to get the girl away from petrol sniffing influences. She forcibly attempted to remove the girl but a male petrol sniffer assaulted her and the girl ran away.

Some months later, the girl's predicament was again notified to welfare. Welfare was informed that 'the girl associated with older sniffers, was being sexually exploited' and was 'probably too stoned to

know who she has sex with'. The welfare outcome is recorded as 'referred to other agency', most likely the police.

Police spoke to the girl and noted she 'was unwilling to be interviewed and no information was obtained'. Also, according to police records, her carer who became infuriated with the girl's petrol sniffing and involvement with boys allegedly assaulted her.

Aged 15 years, the girl was 'married' to a man aged 21 years, according to notes kept by NPYWC. When the Council queried welfare why police were not involved in this matter, welfare advised that 'sexual relations between the two need to be proven'. NPYWC noted 'this needs to be followed up otherwise there is no point in having this law'. NPYWC noted that the girl already had informed welfare that her partner had been abusive towards her and she no longer wanted to be married to him. The Council concluded: 'This would seem to be enough to investigate the underage sex'. The Inquiry could find no record of this matter being referred to police.

### Sex for food or marijuana

The Inquiry did not examine specific allegations concerning exchange of sex for other commodities, but received information from which an inference could be drawn that such activities occurred. The Inquiry was informed of one situation where a girl was sent by a group of women who were gambling to obtain food and the girl provided sex in order to obtain that food.

*It would be very late, where they're setting up camp a fair way away, and the girls have been told to go find food and bring it back, and they've gone in towards more or less the community itself to find food and they've been told if they have sex they'll be given food, and*

*basically they've had to sell themselves for the food to be able to take it back out to camp.*

A witness to a marijuana deal between an adult male and a girl also provided information to the Inquiry.

*I came on this as he was handing it over, and he said 'She had no money. I told her she had to come and see me later' as income and have sex or perform a sexual act on him. So sex isn't seen as something you consent to. It's seen as something that they have that they (men) can take or that they can bargain for with whatever they've got, whether that's through violence, whether it's with money... It's more of a transaction.*

Given the evidence to the Inquiry about the extent to which marijuana is replacing petrol as the drug of preference, and the relatively higher cost of marijuana to petrol, the Inquiry reasonably expects that there is a concerning incidence of sex being exchanged for marijuana.

### **Sex for money for gambling**

The Inquiry was informed that an increasing number of teenage girls are gambling by playing cards for money. As losses occur, which would prevent further participation, some girls leave the games and go into the community and give sex for money so that they can resume gambling.

No one was identified and investigation by the Inquiry of particular cases could not be undertaken.

### **Promised wife**

The Inquiry was informed that some persons in welfare, health and police, accept the view that an adult or teenage male may have sexual relations with underage girls, including very young girls, because she has been promised to him traditionally.

Information provided to the Inquiry indicates that such a view is incorrect. There is no basis in traditional law for sexual activity with girls outside marriage. It is unnecessary to mention all of the information provided to the Inquiry about the Anangu concept of 'marriage'. It is sufficient to say that there are strict formalities and procedures which must be observed.

A girl may be promised just as a boy may be promised. Both men and women may have a number of potential promised spouses. Many remain potential partners throughout their lives. That stage of being promised does not provide any status to either of them in the sexual context. Sexual activity is permitted only when the actual 'marriage' occurs.

There are strict formalities about 'marriage' which requires acceptance, instruction and permission by senior people.

Also, there is no reason to assume that 'marriage' occurs merely because young females and males live together and have sexual relations. Evidence to the Inquiry indicates that some health professionals, welfare staff and police, have taken the view that boys and girls living together are 'married' for that reason alone.

As has been mentioned, the law of South Australia applies on the Lands and underage sexual activity is not permitted.

Staff at a school became concerned for a girl aged 14 years because stories were circulating that she had been captured and taken interstate as a 'tribal' promised wife. These concerns were not reported to welfare. Around this time the girl's mother expressed concerns to local police that the girl may be sexually active and could become pregnant.

Health records show that about a year later, the girl returned to the community and she was treated for

a STI and given contraception. She told the health professionals that she recently had had unprotected sex interstate. There was no report to welfare.

At the age of 17, the girl fell pregnant to a young man, also aged 17, and gave birth aged 18. In the baby's early weeks, the father, who was being treated for mental health problems, was reportedly having difficulty in managing his new role and making physical threats to the mother and baby.

**A** married man allegedly raped a girl aged 12. A witness allegedly saw the girl being forcibly taken from the house in which she was living and when she was located later she was crying and bleeding, according to health records. The man was arrested and charged with rape, according to police records. The girl's carers were allegedly heavy drinkers who lived in another community.

A year later there were rumours that the girl was continuing to be abused by the same man. The girl was then diagnosed with a STI and counselled on safe sex. Concerns were expressed to welfare that the girl required ongoing counselling and that her current carer could not provide adequately for her. Records suggest that ongoing social work was being conducted with the girl's carers but there was no indication of specialist counselling being provided.

Some months after, the girl, aged 13 years, was physically assaulted by her carer allegedly to punish or deter her from 'walking around at night'. Welfare confirmed that child abuse had occurred and placed the child in foster care for a month. She was then returned to her carers on the Lands. It was also alleged that the girl was in a sexual relationship with other young men in the community. The Inquiry could find no record of this alleged sexual abuse being either investigated by welfare or referred to and investigated by police.

Between the time the man was arrested and his trial date, it was alleged that the girl was a 'promised wife' of the man. This fact was disputed in an expert's report to the Director of Public Prosecutions (DPP), which stated that the relationship was 'wrong way'. The man subsequently pleaded guilty to unlawful sexual intercourse, assault and breaching his bail and he was imprisoned. Later it was alleged that the families had signed a form allowing the man to return to the community. The girl, then aged 14, allegedly signed a form promising to marry the man under the legal age. At the age of 15 the girl was diagnosed with STIs. These were not reported to welfare.

At the age of 16, the girl allegedly was taken interstate by the same man.

**A** girl, aged 14 years became pregnant to an older man to whom she allegedly had been 'promised'. Records suggest the man was subsequently imprisoned interstate as a result of this sexual liaison.

Records describe the girl's parents as drinkers and allege the child was diagnosed with possible foetal alcohol syndrome. Some years prior to the pregnancy, the girl was placed in the care of relatives. Medical notes allege that '[welfare] became reluctantly involved' in the care of the children. After two years this relative care was terminated following allegations that the girl had been physically, sexually and emotionally abused whilst in their care. The girl was transferred to the care of another relative on the Lands. Welfare records refer to an 'unsubstantiated rumour' that this girl was raped by some boys at the age of 10. The Inquiry could find no record of the police being notified of these allegations.

During her pregnancy the girl declined a STI screening and frustrated attempts to provide

sexual education. Records described the girl as having poor emotional social functioning and anticipated she would be challenged to care for her new child as

*Child [the baby] considered to be an Infant at Risk given mother suffers some form of intellectual impairment, that mother is extremely transient, mother's poor role modelling and general limited parenting and life experiences given her own young age ...*

Records indicate that the girl had been extremely transient and passed between carers for much of her life.

### **Extra familial – juvenile on juvenile**

During the course of the Inquiry, information was received that there is a high incidence of sexual intercourse between children and young persons on the Lands. Some witnesses offered the explanation that once children attain the age when they are sexually capable, sexual intercourse occurs consensually and frequently. There is other evidence to the contrary which indicates that many young people, particularly girls, do not consent to sexual intercourse but do not resist because they feel they have no option. The Inquiry concluded that in the majority of cases the latter explanation is likely.

Whatever is the position in any particular case, the act of sexual intercourse with an underage girl constitutes sexual abuse as defined in the Act setting up the Inquiry.

Later in this report the significance of consensual sexual activity between underaged children of about the same age is discussed: Part IV Chapter 2: Health and well-being. As will be seen, a person with the responsibility of mandatory reporting should not assume that sexual activity involving a young person is consensual. It constitutes sexual abuse and should be notified for appropriate action to be taken by child protection authorities.

Unlawful sexual intercourse, indecent assault and gross indecency involving children and young persons constitutes sexual abuse even if there is consent.

As has been mentioned, sexual abuse was not regarded as permissible or acceptable under traditional Aboriginal law.

The Inquiry notes that the Little Children are Sacred report said at p107

*However, from a health perspective, a critical concern raised with the Inquiry is that mandatory reporting of all STIs, even for children under 16 years, may deter a young person from seeking treatment, resulting in the risk of negative outcomes in the longer term, and of further spreading of the disease.*

In the Inquiry's view, mandatory reports of any legal minor who is suspected of being a victim of sexual abuse (which would include STIs) ought to be made by the relevant notifier to comply with his or her statutory obligations pursuant to the Children's Protection Act. While the Inquiry accepts that the presence of a STI in a child is not conclusive proof of sexual abuse, by not reporting the matter, the opportunity for the relevant authorities to investigate that possibility is denied. Also, apart from a breach of a statutory duty, if a report is not made, it is possible there will be a further breakdown in Aboriginal cultural 'skin' relationships; there is an increased risk in unwanted teenage pregnancies; the likelihood of spreading STIs increases and there is the possibility of community violence resulting from fights that arise out of feelings of jealousy.

This sub-chapter briefly sets out the results of the Inquiry's investigations that relate to juvenile to juvenile sexual relations that came to its attention. The first part of the chapter sets out cases that appear to be 'consensual' sexual relations. The second part deals with instances that appear to be 'non-consensual' sex between juveniles.

### So-called 'consensual' sexual behaviour between juveniles

Several people gave evidence to the Inquiry that they were concerned about the frequently asserted view that Aboriginal children on the Lands and other remote communities in Australia begin their sexual lives earlier than non-Aboriginal children and a 'that's just how it is' attitude. Evidence accepted by the Inquiry that a more acceptable view is the concern that Anangu children, compared to many others, lack the communication skills, emotional maturity and awareness of the law to negotiate sexual relations and in reality consent to them.

A teacher with 30 years of experience told the Inquiry:

*I've been concerned for quite some time that the 10-to-15-year age group are sexually active. I personally have not witnessed any of those sorts of incidences, but last year the kids were getting really ratty in class and their behaviour was quite noticeably different. You could pick up odd words that were of a sexual nature. They were all going behind our teachers' houses ... up around that area, and I was informed that they were having sex. Some of it I'm not sure was consensual, because some of the - or if it was consensual, it was under a bullying sort of scenario, because a couple of the girls that were involved in it, it was for them to be popular. One of the girls I would suspect as being a special ed girl. You know, really struggling with her literacy and numeracy ... she would have been about 11.*

Nganampa gave evidence of their concern that seemingly consensual sexual activity was happening too early in the lives of children and that

sexually active pre-teenage and young teen children might be being abused. Sexual assault in these circumstances was identified as being a 'symptom of neglect'. Several witnesses said neglect was often a larger concern than the sexual abuse.

*You can't give consent if you don't know what's going on. You can't give consent if you don't think you've got an alternative. You can't give consent if you believe that boys can do this to you and you don't have a say.*

The question of comprehension of 'consent' by young girls is illustrated in the case of a 13-year-old girl who, during a STI investigation, told the health professional that a named adult had sex with her and it had been unwanted. The girl said she was not happy it had happened, but she did not tell anyone at the time and since that time she had not ventured out at night.

A health professional told the Inquiry that another health professional described what he had seen in one house on the Lands

*... he's in the place and the TV is just running, and there's this explicit, you know, X-rated video just running on the TV and there are little kids walking through and there are some teenagers watching the TV, and it's just there as background kind of music.*

Witnessing other children who have been sexually abused act out sexual activity in the classroom was also cited as a reason for children engaging in early sexual experimentation.

Evidence before the Inquiry indicates, that it is unlikely that many girls are really consenting to sex.

Several witnesses told the Inquiry that adolescent girls were expected to be sexually available for men.

*Aborigines are 'on board' with the idea of stopping abuse of young children but they have a different view in the case of adolescent girls. There is a 'she's big enough' attitude ... Men say: 'if you've got the body you do the thing'. The attitude of the kids when they have been interfered with is 'well it must be my turn' or 'I must be big enough'.*

Another witness, concerned about the extent of sexual activity between 10 to 15 year olds, said that they doubted that it was consensual because of the bullying and peer pressure involved.

A domestic violence worker, with vast experience of working on the Lands, said

*There seems to be no sense that sex is something to be negotiated between two people ... for a long time I didn't specifically ask; in the last year or so I did start to ask about it, and would then get responses about demanding sex.*

A health professional working on the Lands told the Inquiry

*... of all the girls who have ... had their first sexual experience ... the mass majority of them probably didn't want to do it. ... I think a lot of the men would be dumbfounded by the concept of asking somebody if they're prepared to have sex or if they want to have sex ... I guess it's a measure of your masculinity and in a situation where there is a vacuum as regards establishing your masculinity, the only other thing they have really is their kind of cultural initiation. It's one of the few things they feel is theirs and they have a right to assert it. ... as regards consent ... I think very, very few men would see it as an issue.*

These observations are contrary to views expressed by traditional men and women to the Inquiry. Sexual contact between young persons should not occur outside 'marriage'.

Over several days, a 12-year-old girl presented at a health clinic with extensive genital ulcerations. She had just returned to the community and she was known to have been petrol sniffing. Medical staff attempted to talk with the girl, but she said nothing

*problem explained at length, no contact or sexual partner named, no information given to indicate whether she had been raped.*

Despite these concerns, neither welfare nor police were advised.

At the age of 13, the girl was confirmed as pregnant to a boy, believed to have been 15, although his name was never disclosed by the girl. Police advised welfare that as there was no name of an alleged perpetrator given they are unable to take any action.

One girl presented to a medical clinic as a 12-year-old, seeking birth control. The girl did not want her parents notified because she was in a 'wrong way' relationship with an older boy. Her tests for STIs were negative, and doctors decided to place her on contraception as a harm minimisation strategy.

Other investigations by the Inquiry suggest the boy she was involved with was possibly a victim of child sexual abuse and a perpetrator against other girls. One witness described the boy as 'exploitative'. Records also suggest concerns that he was potentially violent.

Welfare investigated and were satisfied that the girl's carers were attempting to protect the girl. Police also spoke to the family but the outcome of their investigations is not known. A few months later, the girl was diagnosed with a STI. Welfare again investigated and concluded the carers were protective. There was some discussion that the girl would be better off going to school off the Lands.

A girl, aged 14 years, according to records, attended a health clinic and admitted that she was involved sexually with a number of boys. She was diagnosed with STIs. These matters were not reported to welfare.

A 15-year-old girl, according to health records, was diagnosed with a STI and she named the contact. The Inquiry saw no evidence that a mandatory report was made. The girl was being cared for by a relative as one parent was allegedly 'sometimes in the community but leaves for drinking', and the other lived off the Lands. The Inquiry could find no record of any care arrangements ever being formalised or assisted by welfare.

At age 16 years, the girl 'married' a youth of the same age. Records suggest that this was a physically and sexually abusive relationship for several years. At age 17 years, the girl became pregnant. Around this time, the youth was charged with physically assaulting the girl. Records indicate that he was smoking a lot of marijuana. It was said that he was regularly abusing alcohol and engaging in some petrol sniffing. Records seen by the Inquiry contain no record of sexual offences being raised by police. Also there was no record of any of these matters being reported to welfare.

Despite many years of domestic violence reports, records suggest that the man successfully avoided any convictions for assault against the girl/woman or breach of a restraining order during these years. The Inquiry was told that in recent years restraining orders often have allowed contact to occur because most couples from the Lands continue their relationships even though domestic violence has occurred.

The couple had a number of children who were repeatedly the subject of welfare notifications and

investigations for neglect and abuse. Records indicate:

*these children are fortunate to have survived... suffered periods of starvation and neglect and had life-threatening illnesses on at least one occasion when their life was in jeopardy and assistance from the extended family to secure the health and safety of the child was not forthcoming.*

The children were eventually placed in the care of relatives off the Lands.

Upon this relationship ending, the man entered another sexual relationship with a teenage girl upon whom he inflicted lifelong injuries as a result of a vicious assault.

Health records show that a girl, aged 12 years, had a STI screening at a health clinic after her carer '... voiced concerns about her 'growing up' and being 'silly with the boys' The screening test was positive. There is no record of a mandatory report being filed.

Several months later, according to health records, the girl admitted to health clinic staff that she was having sex with a boyfriend of own age group and was given contraception. The carer told health professionals the girl 'goes off after school and at night ... says she is not being forced to have sex, but is off with boys her own age ...'

The Inquiry saw no records of any mandatory reports made in respect of these concerns.

A carer took a three-year-old girl to a health clinic. Records indicate the girl's labia were swollen and red. No cause of this problem was recorded.

When the girl was aged nine years, concerns were reported to welfare that the girl was being neglected. It was suggested that the girl was

always hungry and dirty and had become withdrawn. Records indicate the notifier fed the girl for about a fortnight. Welfare investigated the matter and confirmed that child sexual abuse had occurred. There was a history of alcohol abuse by close relatives. The girl experienced two further situations of confirmed neglect in the years that followed.

Records show that at age 13 years, the girl went to a health clinic with two adult female relatives and sought birth control as she was having sex with her boyfriend, aged 16. There were no suspicions of sexual abuse referred to welfare. Some months later, there was a suggestion that the girl had a sexual liaison with a boy in another community. Concerns were expressed to welfare that the girl was sexually active and had inadequate supervision. Welfare sought to discuss these matters with the family but they were not located and the case was closed.

None of these matters was reported to the police.

Welfare records indicate that as a 14-year-old, during a school lesson, when class members were asked to write about how they felt about themselves, the girl wrote the word 'abused' although she did not disclose to anyone any actual abuse. Medical professionals considered that she was exhibiting psycho-somatic symptoms related to anxiety and possibly a 'first sexual encounter'.

Some months later, the girl was again brought to the attention of welfare after she expressed suicidal desires and asked for help. She had been smoking marijuana and drinking. She was sent away for medical treatment and counselling under the care of relatives off the Lands.

**A** girl, aged 13, presented at a health clinic seeking contraception. She was counselled on safe sex and the age of consent. She denied being sexually active. Consistent with medical consent laws, she was asked to return to the clinic

with a guardian to see the doctor. The Inquiry could find no records of suspicions of sexual abuse being referred to welfare.

Later, the girl aged 14, presented to the clinic 25 weeks pregnant. The father was believed to be about the same age and of the 'wrong skin'. Welfare were advised that the girl was 'in a consensual sexual arrangement with people of a similar age ... [who] are petrol sniffing and [girl] is also believed to be petrol sniffing'.

Medical notes said the girl was resisting antenatal care and there was

*possible serious foetal abnormality... no family support - or supervision for some years ... alcoholic mother ... doesn't see her father ... also drinks ... closest family member ... has schizophrenia, is non-compliant with medication ... currently in ... drinking. It would be good if social work involvement began early.*

Despite this background, the girl had no welfare child protection history until this pregnancy was notified. Welfare assessed the girl as an 'adolescent at risk' because of her young age, limited supports and substance abuse. Concerns were also expressed that the girl was being cared for by a relative who showed little interest in her health or welfare. The relative had a long history of experiencing domestic violence and whose own children had formally been placed in relative care because of neglect.

There were also allegations that the girl's 'situation is openly being discussed in the community and she is being teased about her situation'. Medical records indicate there were pressures by relatives to have a termination because of the 'wrong skin' relationship but the pregnancy was detected too late. The pressure on the girl by relatives to terminate the pregnancy allegedly continued after it ceased to be medically possible.

The Inquiry could find no indication that there was any investigation by welfare into the 14-year-old being neglected or sexually abused. The matter was not referred to the police. Welfare's own internal directions to investigate appear to be limited to concerns about the unborn child.

The baby was born with severe physical and intellectual disabilities. At the age of one month, it suffered a non-accidental injury. Welfare records reveal that police investigated the incident but were not able to identify a perpetrator. The baby was placed under guardianship of the Minister.

Although the Inquiry did not conduct a full investigation as to whether allegations were referred for victims of crime compensation, this is one of only two matters where it sighted confirmation of such a referral. Inquiries with the Victims of Crime Commissioner indicate that no victim of sexual abuse from the Lands has ever proceeded with a claim.

**A** 15-year-old boy, who was engaging in allegedly consensual sex, was noted as having a sexually transmitted infection. No mandatory report was made. Several years later, the boy was found to be sniffing petrol, and was suspected of selling petrol to other petrol sniffers. Some months later he was apprehended on his way to the Lands with a large amount of alcohol. The Inquiry considers the boy may have been a juvenile offender, but there was not enough information provided to further investigate.

**H**ealth records show that at the age of 14, a girl was diagnosed with a STI following a routine community screening. After discussions with her carer, the girl received contraception and treatment for the STI. A month later, the girl was again diagnosed with a STI as a result of the same screening. The girl named her contact. The Inquiry saw no evidence that welfare was alerted.

Aged 15, the girl was diagnosed with STIs. The girl denied she had the STIs and that she was sexually active. Upon being treated, the girl named her contact as a male in another community.

Two months later, concerns that the girl was engaging in unsafe sex were reported to welfare. Three months after the report, welfare attended the community to find the girl, but did not locate her. They discussed their concerns with police and Child Protection Services. Almost two months later, welfare officers returned to the community to investigate but again could not locate the girl. The case was closed upon the carer advising that all of the girl's sexual activity was consensual sex with a peer that involved no petrol sniffing.

**W**elfare was notified on three occasions that a 14-year-old girl was regularly sniffing petrol. Concerns were expressed to welfare that the girl was wandering around at night sniffing petrol and had inadequate care. She was staying in a house where 'one of the main suppliers of petrol in the area' also resided. Welfare closed the file 'not located' after one attempt to locate the girl. Records indicated that the girl's mother was living interstate and her father was not on the Lands. She had been a 'failure to thrive' baby.

A few months later, the girl was diagnosed with chlamydia and gonorrhoea, treated, and prescribed contraception. She named her contact. The Inquiry could find no evidence that these matters were reported to welfare or police.

Records show that when aged 16 years, the girl was pregnant and she was also named as contact for syphilis. The Inquiry could find no evidence that these matters were reported to welfare or police.

Just prior to the baby's birth, the records indicate that the girl's partner had badly assaulted her. There was a history of domestic violence in the relationship. The girl was hospitalised as a result of this attack and remained in intensive care following

## Part II Child sexual abuse on the Lands

complications during the birth of her child. Police were notified. They could find no record of any domestic violence matters concerning this girl. Records show that within two weeks of the birth of the baby, the girl applied to welfare for money to buy food for herself and the baby.

**P**olice and welfare records show that aged 13, a girl, once a 'fail to thrive' baby, approached police on the Lands displaying signs of suicide ideation. Inquiries revealed she was out of the house most nights and that relatives caring for the girl, who suspected that she was indulging in 'young age' sex, were encouraging her to go to a homeland away from the community. There were no investigations by welfare of child sexual abuse. Records show that later that year she attempted to commit suicide.

Aged 14, the girl had a 'wrong way' marriage to an older teenager. The girl became pregnant and the youth committed suicide. Welfare records suggest that fear of punishment under traditional law for the 'wrong way' relationship and pregnancy may have contributed to the youth's suicide. The girl was allegedly told that she would be punished when the child was born, or to a lesser extent if the pregnancy was terminated. The girl was considered responsible for the youth's death and an assault on her carer had occurred as part of payback.

Welfare sought advice as to the threat of payback and were told that payback for 'wrong skin' relationships rarely happened any more. One witness told this Inquiry that children were taught about 'wrong skin' but the old people were 'tired of young people doing it and don't try and stop it'.

The girl was referred to specialist medical treatment interstate and welfare was notified. Welfare records allege that Nganampa had not made a mandatory report for fear that welfare involvement would place the girl at greater risk of

harm from the youth's family. Nganampa was noted as being 'extremely concerned that welfare [was] aware' as the situation was 'supposed to be kept quiet'. The Inquiry could find no record of police having been informed or investigating these matters.

Welfare records suggest that the child was regularly exposed to domestic violence.

**A** 14-year-old girl attended a health clinic requesting contraception. She was involved in a 'consensual relationship' with a boy of her own age group. A STI check resulted in her being diagnosed with a 'low probability' STI. There was no mandatory report made.

Less than a year later, police records show the girl, still aged 14 years, was found with other girls sniffing petrol. Welfare records indicate that around this time she had been involved in a fight during which she had thrown rocks at another girl. Her carer allegedly also assaulted the other girl.

At the age of 16, the girl attempted to commit suicide. Welfare records state that 'it is believed that there has been tension between her and another female recently over the affections of a male.'

**H**ealth records show that a girl, aged 13 years, attended a clinic seeking a 'women's check' to see if she was pregnant. The girl said she was having sex with another adolescent but would not provide his name.

The girl was placed on contraception and welfare was notified. Welfare accepted the notifier's opinion that the child was not at risk and did not talk to the girl or her family.

Aged 15, the girl came to the attention of welfare because she had serious medical problems and carers were not ensuring that she received essential medical treatment. Records allege that the girl had not been at school since the age of 12.

Welfare records show that a girl, aged 12 years, was diagnosed with gonorrhoea and chlamydia. She told a health professional she was having consensual sex with a 17-year-old. Medical notes name a boy as the contact. Welfare records indicate that the matter was closed without further inquiry despite the child's safety and the nature of her relationship with the youth being stated by welfare to be 'unknown'

Police records indicate that they were notified, including notification of the boy's name. However, their response is not known to the Inquiry.

Aged 14 years, the girl was diagnosed with a STI. Welfare records state '... confirmation that [girl] in consensual relationship ... young person was now attending school. No further concerns and no further role for [welfare]'

Health records show that a girl, aged 12, was diagnosed with a STI following a routine screening. Aged 14, the girl was named as a sexual contact and she was treated for a STI. That same year she attempted to take her life. Aged 15, the girl was diagnosed with a STI and she admitted to being sexually active and named her contacts. Aged 15, the girl fell pregnant to her 17-year-old boyfriend and gave birth to the baby. The Inquiry found no record of the STIs and pregnancy being reported to welfare.

Police and welfare records show that at 17 and 18, she and her young child experienced domestic violence. As a 19-year-old, she twice attempted suicide. The girl's family were reportedly well known to domestic violence services.

A girl, aged 13 years was taken to the clinic by a relative who was concerned that the girl might have a STI. The relative allegedly appeared unconcerned that the girl was sexually active. The girl said she was having consensual sex with her

boyfriend, aged 15 years and was put on contraception. Concerns were expressed that '... if police investigated, this may be a problem and would be most helpful for [welfare] to follow up to assess situation for girl'.

Coober Pedy CIB, advised welfare that

*while sexual activity inappropriate and an offence given girl is only 13 years old, very hard to act on information and police intervention may not improve situation.*

YT assessed the matter as Tier 2 and requiring a child protection and investigation response as the girl was well below the age of consent.

Records suggest that Nganampa advised welfare that the girl was mature and well cared for, and had been engaged in an education program held at the clinic for young women on contraception, sexual awareness and cultural obligation. They acknowledged that there was an issue of 'Wadis<sup>2</sup> sometimes assuming sexual rights'. Nganampa said that they would talk with the family about the inappropriateness of the sexual relationship and recommended that welfare not do their own investigations. No further investigation was undertaken by welfare or police. Nganampa agreed to renotify if further concerns arose. At the age of 15 years, the girl was diagnosed with a number of STIs and given sexual health counselling. The Inquiry saw no evidence that welfare was not notified.

According to health records a girl was diagnosed with STIs. She had just turned 12. Approximately two years later, the girl, disclosed that she was sexually involved with a 16-year-old boy but would not give his name and declined contraception.

Some months after the disclosure of the sexual relationship, the girl aged 14 was confirmed to be

<sup>2</sup> an initiated male

## Part II Child sexual abuse on the Lands

pregnant. Welfare investigated sexual abuse concerns. There were concerns that the girl was left alone in the community without supervision. The girl was said to be too young to have the baby without support. It was alleged that the girl's carers had a drinking problem and threatened staff at the clinic. The carers said they did not mind that the girl was living with the boy because they were married.

One witness told the Inquiry that the girl stopped going to school at the age of 11 or 12 and is now 'always locked up'. The youths lived together in the home of one of their families. 'They are not promised but are living together like they married, even though they are 'wrong skin' but her [carers] don't try and stop it.'

One witness to this Inquiry suggested this situation was not uncommon.

*Some of those young girls who are married really early, ... part of the abuse is they're locked in rooms where family often don't see them, no-one sees them, where they are subjected to abuse; not only physical but sexual abuse. That's a common pattern, especially young girls whose family - you know ... the mother's dead, father's drinking ... so vulnerable, so, so vulnerable.*

It was not explained what was meant by 'married', but in any event the law does not permit abuse, including sexual abuse, in marriage. It is doubtful that the young persons mentioned were 'married' under non-Aboriginal law or traditional law.

Lack of concern about wrong skin relationships was confirmed by a witness whose experience on the Lands begins in the 1960s.

*... kinship, skin groups ... there's just things that are not talked about any more ... Most of the kids wouldn't even know that any more ... no-one sort of worries too much now.*

Another witness advised the Inquiry that up until about a decade ago

*... families reacted strongly to pregnancies from wrong-way relationships and the couple were separated but now families feel powerless to change something that has become common.*

A 15-year-old girl was diagnosed with a STI as part of an annual screening, according to health and welfare records. Welfare spoke to the girl and she indicated she had an ongoing boyfriend and that she was attending the clinic for treatment of the STI. There was no indication that the sex was non-consensual. The matter was referred to SA Police and CPS.

Medical records show that for more than a year a teenage girl suffered from ongoing sexually transmitted infections. Aged 15, the girl admitted to having a partner who had other partners. The girl continued to suffer STIs.

Around this time, the girl attempted suicide after she and her carer allegedly suffered minor assaults as part of a family feud. Police records show a police officer assisted the girl, who was taken to a health clinic for assessment. A police report says '... Suspicions that this child may be the subject of abuse. 'Welfare records show a family care meeting was held subsequently.

Aged 16, the girl requested that her contraception be stopped so that she could have a baby. Her 'husband' lived in another community.

Aged 10, a girl was notified to welfare on concerns that she was petrol sniffing. Welfare did not investigate because the girl was staying in another community. As a baby she had come to their attention for failure to thrive.

At age 14 years the girl was diagnosed with a STI after she had attended a health clinic requesting

birth control as she had a boyfriend. The girl appeared happy and was attending school.

A couple of months later, the girl requested another STI check, which returned positive for gonorrhoea and chlamydia. She declined to name her partner(s).

### No consent by victim

According to notes, an 11-year-old girl reported to a relative that she would like to go to school but she was too frightened because boys were 'putting their fingers' in her 'bum'. She said that boys were cheeky and they had 'fingered' her. Around the same time, peers at the girl's school alleged that the girl had been raped by young adolescent boys and named the boys.

Welfare was notified and assessed the situation as 'no ground for intervention' because the girl was moving to another community interstate and the notifier did not obtain a direct disclosure. 'However, if the girl returns to the community the intake may need to be reassessed.' The girl frequently returned to the community but the Inquiry saw no record of the intake being reopened. SA Police were notified but the Inquiry saw no record of them investigating these allegations.

The girl was in care under the CP Act. Concerns were raised that men and boys living in the same house were sniffing petrol and one was a convicted sex offender. The girl was moved into the care of other relatives. These relatives subsequently were assessed by welfare to have neglected their own child.

At the age of 15 the girl was placed on contraception. A notification was made to welfare on the suspicion she was sniffing petrol and her carers were aware of this. Some months later welfare closed the intake but there are no notes on the Client Information System (CIS) as to what, if any, action was taken.

An eight-year-old girl was noticed having difficulty at school, as well as displaying behaviour that raised suspicions that she had been sexually abused.

*She found it really hard to concentrate; she was very agitated, like, couldn't just sit and do her work. She got teased a lot by the other kids. She would draw a lot of sexual pictures. She would get scissors and just be cutting pencils and then try to cut herself. She'd just display all these kind of different things that were just warning bells, alarm bells. I thought that she had been interfered with, sexually abused.*

No mandatory report was made.

Agged about 11 years, a girl was allegedly involved in sexual activity. One witness to the Inquiry described how children aged 10 to 15 years were regularly using an outside area in the community for sexual activities. The witness believed that this girl had an intellectual impairment and had participated either because she was bullied or to become popular. 'I think the boys just used her'. No mandatory report was made.

A 15-year-old girl came to the attention of health professionals when she was about 20 weeks' pregnant. She had attended the clinic to obtain contraception. Health professionals concluded that they were '... satisfied that this pregnancy did not result from an exploitative intimate relationship. Will not be notifying (welfare) at this stage.'

Subsequent police records indicate that the girl had been in this sexual relationship with a boy of similar age for a couple of years. Both young people had a history of petrol sniffing. The girl had been notified to YT the previous year but Coober Pedy welfare had closed the file without action, noting 'resources prevent investigation'.

Records indicate that shortly after the pregnancy was diagnosed the girl's carers advised the clinic that the sexual relationship was at first consensual but then continued under duress. It was also 'wrong way'. ' (The girl) saying that (boy) has been making her have sex - and assaulting her if she refuses. Has happened over some time.'

Records confirm that the family felt shamed by the girl engaging in a 'wrong skin' relationship and wanted the pregnancy terminated. After it was too late, consideration was given to the girl moving away from the community during the pregnancy and adopting out the baby.

The girl was referred to CAMHS on concerns that she may have been sexually abused and required support to make decisions about adoption. The Inquiry saw no record of the girl being seen by CAMHS. The Inquiry received evidence from CAMHS that around this time they were refusing to take referrals because of insufficient funding.

The baby was born and some time later the girl was approached by the youth while she was in the school yard. When she declined to go with him he assaulted her and took her away. The youth was convicted of assault.

Despite various allegations that this girl was the victim of sexual assault the SA Police could provide no further information to the Inquiry as to whether and how these allegations were investigated and matters concluded.

**A** girl, aged 10 years, was evacuated to a hospital with her carer. She had significant genital injuries suspected to have been caused by sexual abuse. Records state

*... carer said, 'the other day she heard the child crying from behind the water tank.*

*When she got there she was confronted by a small group of young Aboriginal men who said to her that they found a 15-year-old male there*

*with his pants down trying to interfere with child. Small group of males then allegedly chased him and beat him up.'*

Medical examinations of the child indicated that she had been previously sexually interfered with.

Welfare records show it assessed the matter Tier 2. They recommended that the 'child to be professionally interviewed/ counselled' and that a strategy discussion was held with a CIB detective.

Northern Territory police took a statement from the child's carer. A copy of the statement was faxed to the Coober Pedy Police Station: the Inquiry was provided with a copy of the statement. Coober Pedy CIB then faxed a copy of the carer's statement to the Coober Pedy welfare office.

The Inquiry was unable to locate a Police Incident Report for this matter and made a formal request to SA Police for all relevant records. SA Police advised that they had only one record for this incident which noted receipt of a notification from welfare and that having liaised with welfare and police in the NT, an attempt would be made to transfer the child to the CPS in Adelaide for examination 'rather than cross jurisdictional problems'. The SA police further advised 'It appears that for some reason no Police Incident Report was raised regarding this matter, which is contrary to normal SA Police procedure. 'As far as this Inquiry can ascertain, these allegations were not properly investigated, or possibly not investigated at all by SA police.

Welfare investigated the matter and confirmed on the basis of medical evidence that child abuse had occurred. They were satisfied that the child was now safe but noted that they would continue to monitor that situation.

The girl returned to the Lands. A few years later she was diagnosed with gonorrhoea, according to health records. The girl told health professionals

she had been engaging in unsafe sex. She did not name her contact.

Welfare were notified but closed the file without intervention. The girl's carer was aware of a consensual sexual relationship and had consented to the STI treatment.

**W**elfare records show that a girl, aged 2, was in Adelaide in the 'care' of a relative after being 'given away' by her parents. The relative threw the girl on the ground and bit her on the face. The injuries required medical treatment. Welfare oversaw the child's return to the Lands.

The girl, when aged 14 years, went to a health clinic. Tests confirmed she was pregnant. She would not disclose the identity of the father and failed to return to the clinic. The carer took the girl allegedly so she could go to school interstate. Later it was ascertained that the male involved was a boy aged 14 years who was known to have other sexual partners in the community. This sexual liaison was 'wrong way'.

The girl's pregnancy was terminated.

Subsequently, the police became aware of the matter. Using the girl's relative as an interpreter, police spoke to the girl, who alleged she had been raped. The Paedophile Task Force (PTF) of SA Police went to the community and met with the girl to make follow up inquiries. The girl subsequently withdrew her allegation of rape.

The investigating police officer from the PTF told the Inquiry that police faced difficulties during the investigation, including interpreter problems, and a lack of understanding of Anangu culture and relationships.

**A** boy, aged 11, presented at a health clinic with lesions on his penis. The health professional was concerned about the cause of these lesions and asked if any one had touched his penis. The boy said that one of the big boys had done so. No notification was made at the time.

Late last year, a notification was made as a result of questions being asked by the Inquiry. A STI test was conducted and found to be negative. The boy was diagnosed with a skin infection. Welfare assessed that the matter did not raise child protection concerns. There was no referral to police.

**T**he Inquiry received evidence about two non-Indigenous men who were in positions of trust and responsibility in different communities who were eventually charged with sexual offences involving young boys.

Neither of these cases has been finalised. Consequently, it is not appropriate to discuss them in this report or the consequences of the sexual abuse to the boys and their communities. However, it is appropriate to say that the Inquiry was informed that there were many boys involved and they suffered adverse consequences of the abuse. The Inquiry was also informed that there was community disbelief and anger when the conduct of the two men became known.

### **Intra-familial abuse**

The Inquiry identified 11 cases that involved intra-familial child sexual abuse. All cases involved male family members allegedly abusing girls within the family.

To avoid identifying the relationship between the child and the alleged abuser, the terms 'girl' and 'man' or 'male relative' are used.

**P**olice records shows a man allegedly sexually assaulted a girl aged five years, and that a young boy, even though he was unwilling, was forced by the man to participate in the incident.

The Inquiry examined medical notes and police records that indicate on the night of the alleged sexual assault, the girl's carer noticed that the girl was vigorously washing her genital area in the shower. For the next couple of days the girl acted

## Part II Child sexual abuse on the Lands

out of character, such as going straight to bed, not coming straight home from school and also falling asleep at school.

A few days later, the girl was taken to the community's health clinic after she had told her parents about the sexual assault. With the assistance of an interpreter, the police interviewed the man and the boy, who were both related to the girl. The police records show that the boy 'has no concept of sexual intercourse or differences between girls and boys'. The man was arrested and kept in custody.

CPS interviewed the girl and records indicate there were language difficulties during the interview but the girl disclosed the male relative had 'put his penis in her mouth and she had received a touch to the inside of her vagina ... She stated this made her feel sad and she cried.'

Several weeks after the man's arrest, he was released after a magistrate determined there was 'no case to answer' because

*the whole of the interview with the girl was inadmissible. The statement used certain language and there is no statement anywhere to attempt to translate them or explain what they mean. She talks of two people and there is no explanation as to who they are. There was no evidence of penetration and no DNA found on the clothing ...*

The Inquiry has not examined the evidence or submissions before the magistrate and makes no comment about this conclusion.

The girl and boy both were considered victims and were referred to CAMHS for assessment. Records show CAMHS were 'unable to proceed with the assessments due to a number of issues'. Several months later, CAMHS visited the community and assessed that the boy's school attendance had

improved significantly in the recent weeks even though he presented with a history of alleged sexualised behaviour. CAMHS did not follow up the girl because her family moved away from the area.

In another case, a report to the CARL shows a suspicion of sexual impropriety between an 11-year-old girl and a male relative on the Lands. It appears the girl was not attending school.

The girl disclosed no sexual activity and a health check disclosed no sexual abuse. Later that month, a police incident report classified the suspected offence as persistent sexual abuse of a child by a man and gave the offending dates as a five-week period. It was believed that this man was forcing the girl to be his 'wife'.

A couple of days after that police record was made, a mandatory report was made on suspicion that the girl and the male relative had a sexual relationship. Further examinations and interviews revealed nothing.

A couple of months later, the girl ran away and went into hiding. Records indicated that the male relative was seen walking around the community threatening to flog her once he found her. The police were called.

Records show the police and welfare then discussed the matter, which resulted in the girl leaving the Lands to live with a female relative. The girl made no disclosures.

Sometime later, after the man had left the community, the girl returned. The Inquiry was told that the girl was 'really lost' and she thought it was 'her fault'.

*... she's come back and she's like an outcast. ... I just feel really sad for her, because she has done nothing wrong and, she's like a black sheep of the community. It's really sad.*

A witness told the Inquiry that on one occasion when CAMHS were visiting the Lands the girl was brought to their attention as needing help.

*CAMHS came to visit me. I said, 'did you go and see this young girl?' 'Yes, we know all about it. We looked for her, but we couldn't find her.' So I said, 'Did you really go out of your way to find her?'*

It was later reported that the girl was sniffing petrol.

**R**ecords show a teenage girl's carer reported that a relative allegedly had sexually abused the girl on the Lands several years earlier. The girl, attending boarding school, had just disclosed the alleged offending to her carer. The girl did not want to return to the community for school holidays as the alleged abuser still lived there. The carer sought NPY Women's Council advice about moving to Adelaide and schooling her youngest child there. The carer wanted to report the matter to the police in Adelaide as she did not feel safe reporting to the police on the Lands.

Police records show that about two years before the girl's disclosure, the alleged offender had come to police notice for selling petrol to young girls in exchange for sex.

**A** girl, aged 13, recently alleged to police interstate that when she was aged about eight years old and living on the Lands, a male relative sexually abused her.

Police records indicate that the girl said she and the male relative had been in a car when he had rubbed her breast area and upper leg near her private parts. The man's whereabouts is unknown and he has been listed in SA as 'wanted for questioning'.

**I**n another case, records indicate the mother of a baby girl reported that the child's father on several occasions patted the baby on the vagina in a sexual manner. The mother also complained of physical and sexual assault upon herself.

Police and welfare investigated. The mother and child were removed from the community, an action that caused fighting amongst the families. The next day, the mother retracted her statements and refused to cooperate with the police or welfare agencies. The matters did not proceed any further.

The mother was reported to have problems with alcohol and regularly subjected to domestic violence. On a number of occasions allegations were made that the father had also struck the child. None of these allegations were confirmed. The mother and child eventually left the Lands and moved into emergency housing.

**A** girl was the subject of numerous mandatory reports, beginning as a baby when she was notified for being underweight. At the age of three it was alleged that a family member badly beat the girl, who 'is like a frightened puppy'. There were also concerns that the girl may have been sexually abused by other children.

About six months later it was alleged that a young male relative raped the girl. The incident was said to have been witnessed by a community member who was too frightened to report it. It was noted that the girl's carer was powerful in the community. There is no record of the matter being referred to police.

Shortly after, another mandatory report was made raising the same concerns and stating that the matters had been 'sorted out within the community'. Welfare closed the intake 'resources prevent investigation'. No sexual abuse allegations were referred to police.

Within a few weeks of the matter being closed, another mandatory report stated that the same boy had sexually assaulted the girl. Records allege that the girl and the boy had been acting out sexually, were difficult to manage and relatives were seeking ongoing therapeutic support for the children. Other family members denied the allegations of sexual

## Part II Child sexual abuse on the Lands

abuse. Welfare records note that the community had given its approval for it to become involved.

Welfare decided to refer the children for psychological assessment; however, it appears from the records that only the boy was referred.

A psychiatrist concluded that they boy was suffering from

*severe disorganised attachment disorder and severe intellectual impairment. He needs to realise the consequences of his behaviour.*

*This could take the form of him being charged with the offences that he may commit.*

The Inquiry saw no evidence that the boy was charged with sexual offences or formally cautioned.

A girl aged 15 years was diagnosed with a couple of STIs over a short period and she disclosed that she was in a sexual relationship, according to health records, but would not disclose with whom. Welfare records show that the girl had been seen engaging with well-known petrol sniffers. The girl's mother was said to be deceased and her father's whereabouts unknown. Earlier records suggested that the parents were living interstate.

A couple of months later, the girl took refuge in the clinic. She was distressed and afraid someone was following her. She said that she had had sex with a relative against her will. Later she said that some men had physically assaulted her. A little later, she said that nothing had happened.

The police investigated and its records indicate that the girl made 'no disclosure and withdrew statement'. Efforts by welfare to engage the girl were not successful.

In another case, an 11-year-old girl was living with a male relative, who suffered an intellectual impairment. Records indicate that one night

screams were heard coming from their residence. The next night, the girl was heard saying 'no' and the man made grunting noises consistent with sexual activity. The girl later said the man had been tickling her and they had been play fighting.

Police followed up the report with the man and the girl, but no disclosure was made. Records indicate the girl told a psychologist that the man 'never touched me in a way I did not like'. The girl told police she wanted to live with family in another community and not return to live with the male relative.

Records show the girl moved around with her male relative a lot and lived in squalid conditions, sometimes described as uninhabitable. Welfare investigations confirmed several allegations of neglect of the girl over the years and there were numerous mandatory reports on suspicion that the man was sexually abusing the girl when they lived off the Lands. On one occasion the girl was alleged to have told another child that the man let her touch his penis. There also were suspicions that she was being sexually abused by a friend of the man who was travelling with them and who previously had been convicted for child sex offences. For all but a brief period, the child has remained in the relative's care.

In another instance, police interstate interviewed a girl, aged 7, who was a resident of the Lands. Police records show the girl told police that her male relative would rub her head, stomach, chest and feet on the outside of her clothing.

An Anangu education worker, who had seen the girl's relative attempt to forcefully remove the girl from school grounds and on another occasion kiss her on the face, accompanied the girl to the police. It was alleged that on both these occasions, the man had been sniffing petrol. The education worker told police she had heard from others that

the father had grabbed the girl's hand and told her she was his wife. A doctor referred the girl to a paediatrician on the suspicion of possible sexual abuse.

Police records show no disclosure of sexual assault. Police

*... could not take any action [as the man] rubbed his hands over her body whilst she was clothed and because [the relative] is said to have been psychotic he may have thought he was a witch doctor.*

The Inquiry makes no comment about this record except to say that it would be surprising if either of these reasons could have influenced SA Police.

About 20 years ago, a teenage girl was abused by a male relative and gave birth to their child. The relative alleged that he and the girl were now married.

Records indicate that police sought advice from senior Anangu men as to whether traditional law permitted this activity. The senior men advised the police that it was forbidden because of the incestuous relationship, because the girl was too young to have sex and because he was 'wrong skin' to her. The man was arrested and charged with unlawful sexual intercourse. Records indicate that a magistrate found no case to answer and the matter never went to trial.

Nearly 20 years ago, a girl, aged six years, was digitally raped by a male relative, according to police records. The girl suffered physical injuries and was taken from the Lands. The man was convicted and given a suspended sentence of imprisonment.

At some point she returned to the Lands and began living with a relative. Aged 13 and 14, the girl was reported as not attending school. Her carer was looking after 12 children, including five

of the girl's siblings. The girl's parents were said to be elsewhere, drinking.

At the age of 20 years, the young woman was living with her partner and two-month-old son. The partner, in two separate incidents reported to welfare, allegedly punched and threw shoes at the baby, the latter while under the influence of petrol. Child abuse was confirmed but there was no suggestion of sexual abuse of the baby.

### Unknown perpetrators

In several of the cases examined, the Inquiry was unable to locate sufficient information about an alleged perpetrator or the context in which the sexual activity was said to have taken place. In some instances this is simply because such information was not recorded in any records seen by the Inquiry and there was no informant. In other cases there is evidence of the refusal of the child to disclose the alleged offender's identity. Most of the cases in this group concern assaults on small children. When small children are the victims of sexual abuse it can be difficult to obtain disclosure, and to identify the perpetrators.

At the age of 10 years, a girl was left in the care of relatives by her mother who had moved out of the community for several weeks. After not hearing from the mother for weeks, the relatives notified welfare because they had no money for the child.

When she was aged 15 years, the girl gave birth to a baby. There were complications and the baby required ongoing medical treatment, but the girl was not taking the baby to the clinic. Records indicate

*The child ... has been passed on from one person to another ... aware that this is cultural practice, however the child requires special care and needs one person to be responsible.*

The young mother was said to be in 'complete shock, refusing to accept the child.' At one stage she refused to go with the baby for emergency hospital treatment and refused to allow the baby to travel with someone else. She took the baby into the bush, leading to a police search.

There was also conflicting information about who was the father of the child, with two young men believed to have been arguing over paternity, one of them allegedly threatening to hurt the baby if the girl and the baby did not go home with him.

Some months later allegations of neglect of the baby were confirmed after the girl left the baby with an unknown person so she could visit another community, possibly for drinking. The baby was passed through the hands of several people until someone wanting to care for the child was found.

A girl aged 12 years, who admitted to being sexually active, was diagnosed with STIs. There were many reports to welfare over her lack of adult supervision. The girl's carer advised welfare that the child was out of hand and hard to handle. There were numerous allegations of neglect of the girl, some of which were confirmed. The girl never disclosed with whom she had been sexually involved but it was reported that she had lots of 'boyfriends'.

A girl aged 14 years attended a health clinic asking to be given contraception injections. Over the next few years the girl continued to present to the clinic, seeking advice on contraception while at the same time denying she was sexually active. She was also diagnosed with STIs at the age of 16. The Inquiry found no evidence of any of these matters being reported to welfare.

On one occasion it was reported that the girl was struck by her carers as punishment for spending time 'with boys'. The incident had come to light

when a change in the behaviour of the girl's sibling was observed.

A girl aged 14 years tested positive for chlamydia, and was noted as being 'terrified of being touched'. The girl did not disclose anything about sexual activities.

The girl had a long history of abnormal behaviour, psychotic episodes, thought disorder and auditory hallucinations. She had been displaying sexualised behaviour at school, and a psychological assessment found that she had significant developmental delay.

Another case involved a girl, who was pregnant at 12 years of age, but sought a termination. A mandatory report was filed, but no perpetrator was named. The police DNA tested a number of suspects but were not able to identify the father of the child. Police received advice that the DNA indicated that a close relative may have been the perpetrator, but subsequent expert advice to the police was to the contrary. The investigation was filed pending further information from the victim or a third party.

Another situation where a teenage pregnancy occurred, a girl aged 15 years was taken from her community. While it is not clear if the reason was to arrange a termination, the girl required urgent medical assistance upon arrival interstate.

*They went and did a scan, and she was having an ectopic pregnancy and everything had burst and she nearly died ... and she said, 'I was coming down to talk to you and my auntie, but I didn't get the chance. I got too sick.'*

There was no further investigation as to male involvement, and the medical records make no mention of his identity. The Inquiry could find no record of a report being made to welfare.

A girl aged 15 years presented to a health clinic pregnant. Records indicate that initially a termination was requested because the baby was 'wrong skin' but the girl subsequently decided to have the baby and arranged for it to be 'grown up' by a relative. It was alleged that the girl was a petrol sniffer. The Inquiry could find no evidence of any of these matters being reported to welfare or police and the perpetrator was not identified.

Health records show that a girl, aged 15 years, was diagnosed with STIs. Just over a month later she was found to be pregnant.

Initially, termination of the pregnancy was considered because it was the result of a 'wrong way' relationship but it was considered by health professionals to be too late for this to occur.

Two months after diagnosis of the pregnancy the girl was again diagnosed with a STI. The Inquiry could find no reports to welfare by mandated notifiers of any of these matters. There was no indication that they were reported to police.

One witness informed the Inquiry that the girl had her first child at the age of 14 years but the Inquiry was unable to confirm this from medical records.

One girl aged 14 years, with a history of familial domestic violence, was detected as having STIs. She admitted sexual activity, and nominated two contacts.

Records indicate that the child came from a family where domestic violence was 'chronic', and several instances of physical abuse were investigated by welfare and confirmed as child abuse. Her carers were said to be heavy marijuana smokers.

### Offences against small children

A girl was taking her pants down in class, simulating sexual intercourse and putting plastic objects inside her vagina. On several occasions the girl 'trashed the classroom, ripping down posters, tipping over chairs, pulling kids hair'. There was a history of petrol sniffing by her parents. As a baby the girl had been hospitalised being 'dangerously underweight'. A program had been developed for cooking and feeding her but her parents were non-compliant.

CPS said they would not assess the girl because she was eight and their protocol with police was to only assess children seven years and under.

According to the records seen by the Inquiry the girl was seven years of age. Around this time she was also diagnosed with chlamydia. CPS was again approached 'the chlamydia test is positive [which] in the presence of other background evidence, must be a compelling reason for a serious and immediate investigation'.

CPS again said they could not see the girl. She had just turned eight years old. The girl was interviewed by SA police for three days. She did not make any disclosures and the police investigation ceased. Education and health professionals worked closely with the girl and reported a marked improvement in her behaviour.

One girl aged seven years was diagnosed with a STI but it was not determined how she acquired the infection. There was no evidence that a mandatory report was made to welfare or that police were notified.

As a young teenager, she again presented with infections and admitted to being sexually active. Records indicate that the girl had also stopped going to school and had little parental supervision. She was said to be moving around from house to house.

This girl aged eight years was found to have several STIs. While the results of the initial testing were not reported, after the second occasion, the girl was taken from the community for future testing and treatment. The physical examination found no evidence of sexual interference and there were no disclosures. Welfare ceased investigation because other allegations of sexual abuse had come to light which were causing community unrest.

Welfare records show that a girl, aged 4 years, told medical staff that a boy 'pulled her pants down and put his finger in her vagina' and that on the same day the boy 'was chasing other girls around and also hitting them'. It was when the girl's carer observed a degree of sexualised behaviour by the girl that she learned of the incident. The named boy was aged 15 years.

Welfare records show CPS assessed the girl in Alice Springs. There was no evidence of any physical harm. Police records show it received a synopsis of the interview of the girl. 'No disclosures made.' Consequently, the investigation was closed.

A witness told the Inquiry

*... I do know that steps were taken at the school to make sure that this girl wasn't in danger from the boy. I don't know how effective they were, but I'm sure they would have heard about it if they weren't. ... the girl was now aware that this wasn't appropriate.*

The behaviour of one girl aged five years began to change. Her carers were concerned, and after investigation it was determined the girl had a STI.

A thorough medical examination did not reveal any physical damage. Police also investigated the matter, but it did not proceed due to lack of disclosure from the child or physical indicators of abuse. It also was reported that the girl could have contracted the STI through autoinoculation.

The girl's carers were however convinced that the girl had been sexually abused by a local man who previously had been convicted for child sex offences, and moved her to another community for safety.

A girl aged five years was diagnosed with gonorrhoea and also had other physical symptoms consistent with sexual abuse. The girl's carer believed the girl had contracted the disease from the local swimming pool, and did not believe the child had been abused.

Welfare investigated and concluded 'sexual abuse confirmed on medical grounds'.

The Inquiry was told the girl's case had been passed on to police, however no police incident report was located and no child abuse case management records were sighted.

A girl aged seven years was diagnosed with chlamydia and referred to CPS for assessment. The child was in the care of relatives as her mother had an alcohol addiction.

The girl made no disclosure to either CPS or her carer. Police records note that there was some trouble with the interpreter, but no further information is known to the Inquiry. Welfare closed the file: 'abuse not confirmed' because the child made no disclosures.

**A** medical check on a girl aged three years revealed a STI. After further medical tests, health professionals were concerned that the child had been sexually assaulted.

There is no evidence of a mandatory report being made. A witness to this Inquiry was told ‘... she’s positive for STI and the family don’t want no-one to know about it.’

**R**ecords indicate that a girl aged four years was found on the street having been raped vaginally and possibly anally. Injuries to her vagina were so severe that she required hospitalisation. Her mother was also evacuated to hospital with head injuries.

An offender was not identified and police closed their investigations. Welfare confirmed that child abuse had occurred but the Inquiry could find no further information on follow up welfare work with the child or her family. The girl had been a ‘failure to thrive’ baby, and her mother was described as a ‘chronic petrol sniffer’.

The girl died several years later in an accident.